

Eighteenth Series, Vol. V No. 14

Friday, December 13, 2024  
Agrahayana 22, 1946 (Saka)

# **LOK SABHA DEBATES**

**(Original Version)**

**Third Session**  
**(Eighteenth Lok Sabha)**



*(Vol. V contains Nos.11 to 20)*

**LOK SABHA SECRETARIAT**

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**OFFICERS OF LOK SABHA**

**THE SPEAKER**

Shri Om Birla

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**LOK SABHA DEBATES**

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LOK SABHA

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Friday, December 13, 2024/ Agrahayana 22, 1946 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

## **REFERENCE BY THE SPEAKER**

The Tragic Incident of Terrorist Attack on Parliament  
House on 13<sup>th</sup> December, 2001 and Homage to Martyrs

**माननीय अध्यक्ष :** माननीय सदस्यगण, आज यह सदन और सम्पूर्ण देश 13 दिसम्बर, 2001 की उस दुःखद घटना को गहरी संवेदना के साथ स्मरण कर रहा है, जब कुछ आतंकवादियों द्वारा हमारे लोकतंत्र के उच्चतम प्रतीक, भारत की संसद पर हमला किया गया था।

संसद परिसर की सुरक्षा में तैनात हमारे सतर्क सुरक्षा बलों ने अदम्य साहस और वीरता का परिचय देते हुए इस हमले को नाकाम कर दिया था। आतंकवादियों के इस हमले का बहादुरी से सामना करते हुए संसद सुरक्षा सेवा, दिल्ली पुलिस और केन्द्रीय रिजर्व पुलिस बल के 8 सुरक्षाकर्मी शहीद हो गए थे। इस हमले में एक सीपीडब्ल्यूडी कर्मचारी भी शहीद हुए थे।

यह सभा 13 दिसम्बर, 2001 के आतंकवादी हमले के दौरान संसद की रक्षा करते हुए वीर गति को प्राप्त सभी महान शहीदों के सर्वोच्च बलिदान के प्रति अपनी विनम्र श्रद्धांजलि अर्पित करती है और उनके परिवारजनों के प्रति अपनी गहरी संवेदनाएं व्यक्त करती है।

इस अवसर पर हम आतंकवाद का मुकाबला करने के अपने संकल्प को पुनः दोहराते हैं और अपनी मातृभूमि की एकता, अखंडता और संप्रभुता की रक्षा के अपने संकल्प की पुनः पुष्टि करते हैं।

अब यह सभा दिवंगत आत्माओं के सम्मान में कुछ देर मौनखवा खड़ी रहेगी।

**11.01 hrs**

*The Members then stood in silence for a short while.*

**माननीय अध्यक्ष:** ओम शांति: शांति: शांति: ।

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**11.02 hrs****ORAL ANSWERS TO QUESTIONS**

**माननीय अध्यक्ष :** प्रश्नकाल, क्वैश्चन नम्बर-261., श्री कंवर सिंह तंवर जी ।

**वर्ष 2025 तक क्षय रोग का उन्मूलन**

**261. †श्री कंवर सिंह तंवर:**

**श्री भर्तृहरि महताब:**

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

- (क) क्या सरकार ने देश में वर्ष 2025 तक क्षय रोग (टीबी) के उन्मूलन का लक्ष्य रखा है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस लक्ष्य को पूरा करने के लिए क्या कदम उठाए गए हैं;
- (ख) क्या सरकार की '2025 तक क्षय रोग समाप्त करने' की प्रतिबद्धता के तहत हुई प्रगति निर्धारित लक्ष्य के अनुरूप है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस लक्ष्य को पूरा करने के लिए क्या कदम उठाए गए हैं;
- (ग) क्या सरकार ने क्षय रोग उन्मूलन के लिए कोई कार्यक्रम शुरू किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और छत्तीसगढ़ सहित देश में उक्त कार्यक्रम के कार्यान्वयन के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का विचार है;
- (घ) विशेषतः अमरोहा संसदीय निर्वाचन क्षेत्र सहित देश भर में क्षय रोगियों की राज्यवार/संघ राज्यक्षेत्र-वार कुल संख्या आज तक कितनी है; और
- (ङ) क्या दवा-प्रतिरोधी (डीआर) क्षय रोग के लिए अपेक्षाकृत कम अवधि के लिए मुख मार्ग से दवाएं लिए जाने वाला उपचार शुरू होने से उपचार के परिणामों में सुधार हुआ 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 (ड): विवरण सभा पटल पर रख दिया गया है।

### विवरण

(क) से (ड): भारत सरकार ने वर्ष 2025 तक टीबी उन्मूलन के उद्देश्य से एक राष्ट्रीय कार्यनीतिक योजना (2017-2025) लागू की है, जो संयुक्त राष्ट्र के 2030 तक के सतत विकास लक्ष्य (एसडीजी) से पांच वर्ष पूर्व है। यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तत्वावधान में राष्ट्रीय टीबी उन्मूलन कार्यक्रम(एनटीईपी) को क्रियान्वित करता है। एनटीईपी द्वारा भारत को टीबी मुक्त बनाने के लिए महत्वपूर्ण प्रयास किए गए हैं। भारत में टीबी की घटना दर 2015 में प्रति 100,000 जनसंख्या पर 237 से 2023 में प्रति 100,000 जनसंख्या पर 195 तक थी, जो 17.7% की गिरावट दर्शाती है। टीबी से होने वाली मौतें 2015 में प्रति लाख जनसंख्या पर 28 थी, जो 2023 में प्रति लाख जनसंख्या पर 22 रह गई; इस प्रकार 21.4% की कमी हुई है।

उपर्युक्त लक्ष्यों को प्राप्त करने के लिए सभी राज्यों/संघ राज्य क्षेत्रों (छत्तीसगढ़ सहित) में सरकार द्वारा उठाए गए कदम इस प्रकार हैं:

- राज्य और जिला विशिष्ट कार्यनीतिक योजनाओं के माध्यम से उच्च टीबी भार वाले क्षेत्रों में लक्षित हस्तक्षेप।
- टीबी रोगियों को निःशुल्क दवाइयां और निदान की सुविधा उपलब्ध कराना।
- प्रमुख संवेदनशील और सह-रुग्ण आबादी में अभियानों के माध्यम से क्षयरोग के सक्रिय मामलों का पता लगाना।
- आयुष्मान आरोग्य मंदिर को टीबी जांच और उपचार सेवाओं के साथ एकीकृत करना।

- टीबी मामलों की अधिसूचना और प्रबंधन के लिए प्रोत्साहन के साथ निजी क्षेत्र की भागीदारी।
- उप-जिला स्तर तक मोलेक्यूलर नैदानिक प्रयोगशालाओं का विस्तार।
- टीबी रोगियों को पोषण सहायता के लिए नि-क्षय पोषण योजना के अंतर्गत कवरेज का विस्तार।
- सामाजिक बदनामी की भावना को कम करने, सामुदायिक जागरूकता बढ़ाने और स्वास्थ्य संबंधी व्यवहार में सुधार लाने के लिए गहन सूचना, शिक्षा और संचार (आईईसी) हस्तक्षेप।
- टीबी उन्मूलन के लिए संबंधित मंत्रालयों के प्रयासों और संसाधनों का अभिसरण।
- टीबी रोगियों के संपर्कों और संवेदनशील आबादी को टीबी निवारक उपचार का प्रावधान।
- नि-क्षय पोर्टल के माध्यम से अधिसूचित टीबी मामलों की ट्रैकिंग।
- नि-क्षय मित्र पहल के तहत टीबी रोगियों और घरेलू संपर्कों को अतिरिक्त पोषण, नैदानिक और व्यावसायिक सहायता का प्रावधान।

उत्तर प्रदेश के अमरोहा जिले में 2023 और 2024 (31.10.2024 तक) में रिपोर्ट किए गए टीबी मामलों की संख्या क्रमशः 3,574 और 3,498 है। 2023 और चालू वर्ष (31.10.2024 तक) में रिपोर्ट किए गए टीबी मामलों की संख्या का राज्य/संघ राज्य क्षेत्रवार का ब्यौरा संलग्न **अनुबंध** में दिया गया है।

दवा प्रतिरोधी टीबी के लिए लघु मुख सेव्य उपचार 2021 में शुरू किया गया था। इस उपाय से दवा प्रतिरोधी टीबी रोगियों की उपचार सफलता दर 2020 में 68% से बढ़कर 2022 में 75% हो गई है।

### अनुबंध

2022 से 2024 तक राज्य/संघ राज्य क्षेत्र-वार सूचित टीबी के मामले*		
राज्य/संघ राज्य क्षेत्र	2023	2024 (जनवरी-अक्टूबर)
अंडमान और निकोबार द्वीप समूह	561	445



आंध्र प्रदेश	89064	69371
अरुणाचल प्रदेश	2604	2430
असम	51862	42202
बिहार	186974	167193
चंडीगढ़	6721	5885
छत्तीसगढ़	38924	32526
दादरा और नगर हवेली व दमन और दीव	1167	889
दिल्ली	100523	88868
गोवा	2082	1710
गुजरात	144507	113431
हरियाणा	80490	73703
हिमाचल प्रदेश	15648	13429
जम्मू एवं कश्मीर	11754	10442
झारखंड	61717	53213
कर्नाटक	81862	65186
केरल	21799	17267
लद्दाख	320	235
लक्षद्वीप	6	6
मध्य प्रदेश	184691	149093
महाराष्ट्र	227664	186706
मणिपुर	2495	2067
मेघालय	4908	3890
मिजोरम	2273	1985
नागालैंड	4287	3419
ओडिशा	62387	48917
पुदुचेरी	4169	2843
पंजाब	55224	49739

राजस्थान	165123	145405
सिक्किम	1391	1122
तमिलनाडु	98251	77820
तेलंगाना	74994	62722
त्रिपुरा	3386	2760
उत्तर प्रदेश	632872	563573
उत्तराखंड	26829	24984
पश्चिम बंगाल	102728	83962

डेटा स्रोत: नि-क्षय

**श्री कंवर सिंह तंवर :** अध्यक्ष महोदय, मैं माननीय प्रधानमंत्री जी और माननीय स्वास्थ्य मंत्री जी का आभारी हूँ, जिसके योग्य नेतृत्व में हमारे देश ने तपेदिक उन्मूलन की दिशा में समर्पित यात्रा की है। मैं माननीय स्वास्थ्य मंत्री जी से जानना चाहता हूँ कि प्रधानमंत्री टी.बी. उन्मूलन कार्यक्रम के तहत विभिन्न राज्यों में सरकार क्या-क्या प्रयास कर रही है?

**श्रीमती अनुप्रिया पटेल :** अध्यक्ष महोदय, प्रधानमंत्री नरेंद्र मोदी जी के नेतृत्व वाली सरकार भारत को टी.बी. मुक्त बनाने के लिए पूरी तरह से संकल्पित है। इस दिशा में हमारी यह कोशिश है कि निरंतर टी.बी. के इंसिडेन्स रेट में और टी.बी. से होने वाली मृत्यु दर में गिरावट आए। डब्ल्यूएचओ द्वारा जो ग्लोबल टी.बी. रिपोर्ट निकाली जाती है, उसमें स्पष्ट तौर से आंकड़े सामने आए हैं कि भारत के अंदर हमारी जो टी.बी. इंसिडेन्स रेट है, वह घटकर 17.7 परसेंट हो गई है, जो ग्लोबल रेट ऑफ डिक्लाइन से कहीं ज्यादा, दुगुनी है, जो 8.3 परसेंट है। यह दर 237 पर लाख पॉपुलेशन से घटकर 195 पर लाख पॉपुलेशन पर आ गई है। इसी प्रकार हमारी जो मोर्टैलिटी रेट है, वह भी घटकर 21.4 परसेंट पर आ गई। निरंतर टी.बी. के इंसिडेन्स और टी.बी. की मोर्टैलिटी को घटाने के हमारे प्रयास सभी राज्यों में चल रहे हैं। अभी गत 7 दिसम्बर को हमने एक 100 दिवसीय इंटेन्सीफाइड कैंपेन की शुरुआत की, जिसके जरिए हमारी कोशिश है कि हमारे देश भर के राज्य और यूनियन टेरिटोरी के अंदर जो 347 हाई बर्डेन एरियाज हैं, जहां पर वलनरेबल पॉपुलेशन है, जिसको ज्यादा जोखिम है, हम उस वलनरेबल पॉपुलेशन की मैपिंग कर रहे

हैं।

ऐसे तमाम लोग जो 60 वर्ष से अधिक की उम्र के हैं या डाइबिटिक हैं या पीएलएचआईवीज़ हैं या स्मोकर्स या अल्कोहोलिक्स हैं, ऐसी वल्लरेबल पापुलेशन के बीच जाकर उनकी एक्टिव स्क्रीनिंग, टेस्टिंग और अर्ली डाइग्नोसिस की जा रही है। हम उनको ट्रीटमेंट देने का काम कर रहे हैं तथा हम उनको न्यूट्रिशनल सपोर्ट भी दे रहे हैं।

महोदय, मैं आज के इस अवसर पर आपके माध्यम से सभी माननीय सांसदगण से यह अपील करना चाहती हूँ कि हमने जो 100 दिवसीय इंटेन्सीफाइड कैंपेन लॉन्च किया है, जो 7 दिसंबर से लेकर 24 मार्च अर्थात् वर्ल्ड टीबी डे तक चलेगा। सभी लोग उसमें बढ़-चढ़कर भागीदारी करें। यदि 347 जिलों में कोई है, तो आप उसमें बढ़-चढ़कर लोगों की अर्ली डाइग्नोसिस और ट्रीटमेंट में हमारी मदद करें।

**श्री कंवर सिंह तंवर :** महोदय, मैं माननीय स्वास्थ्य मंत्री जी से पूछना चाहता हूँ कि क्या मंत्रालय टीबी सेवा वितरण को आयुष्मान आरोग्य मंदिरों तक विकेन्द्रीकृत करने की योजना बना रहा है?

**श्रीमती अनुप्रिया पटेल :** अध्यक्ष महोदय, हमारा टीबी एलिमिनेशन का जो कार्यक्रम है, उसमें हम एनएचएम के तहत आरसीएच फ्लेक्सी पूल में जो राज्य हैं, उनको फंड्स रिलीज करते हैं। हमारे आयुष्मान आरोग्य मंदिरों में जो डाइग्नोसिस की फैसिलिटी है, वह हम दे रहे हैं। यदि हमें सामान्य जनता की टीबी इन्फेक्शन की जांच करनी है, तो वहां पर यह हो सकती है। हम पीएचसी और सीएचसी पर इसके सैंपल का एनॉलिसिस भी कर सकते हैं। इसके उपचार के लिए दवाइयां, डाइग्नोसटिक्स इत्यादि जो कुछ भी चाहिए, जो हमारे सामान्य टीबी मरीज हैं या जो हमारे ड्रग रेजिस्टेंट टीबी मरीज हैं, उन्हें राज्यों के अंदर आयुष्मान आरोग्य मंदिर से लेकर, जो हमारे पीएचसी, सीएचसी और जिला अस्पताल हैं, वहां ये सारी सुविधाएँ दी जा रही हैं।

**SHRI BHARTRUHARI MAHTAB :** Thank you, Sir. After listening to the exhaustive answer by the hon. Minister, my question is this. In response to evolving medical

insights, the National Tuberculosis Elimination Programme introduced comprehensive care packages and decentralised TB services which include an expanded roll-out of shorter oral regimen for patients with drug-resistant TB.

Has the Programme prioritised minimising treatment delays and enhancing the quality of TB care with a specific focus on addressing co-existing health conditions such as malnutrition, diabetes, HIV and substance abuse through a differentiated care approach and by focus on the NTEPs approach as the Programme has significantly expanded access to TB preventive treatment?

**SHRIMATI ANUPRIYA PATEL:** Sir, we adopt a differentiated TB care approach once we identify whether the patient is TB infected or the patient is an active TB case. If it is a case of TB infection, we offer preventive treatment and if it is an active case, then we adopt a differentiated approach which is for the high-risk patients or the drug-resistant TB patients for whom we have different regimens that are offered to them.

You had also asked a question about shorter regimen. I would like to mention that we have three types of regimens. We have a longer regimen that used to be for a duration of 20 months. Then, we came up with a shorter duration that was for 9-11 months and there has been better treatment outcome for the shorter regimen, which was for 9-11 months where the treatment rates have improved from 68 per cent to 75 per cent. Also, on the 1<sup>st</sup> November, we have come up with another even shorter and more effective regimen, which is for a period of only six months. We have introduced it and we will be implementing it very soon for our drug-resistant TB

patients.

**SHRI K. C. VENUGOPAL:** Thank you, Speaker Sir. There is a growing concern all over the country regarding TB cases nowadays. India accounted for 26 per cent of the TB cases in 2023. Globally, our country is number one as regards TB cases. What specific measures are being implemented to reduce the alarming figure?

In my Constituency, I took the meeting of DISHA and I found out that there is lack of funds everywhere for exact treatment, identification of the patient, early detection and proper examination.

The Government has mentioned that the programme has already been implemented and NHM is already monitoring all the things. But on the field, the reality is that, in my own constituency, I have found that the mortality rate is increasing. Some other disease may also be the reason but the mortality rate is increasing. The study calls for more investment in TB cases, case detection and effective treatment, including for drug resistant TB. What is the current allocation for this area under the National Tuberculosis Elimination Programme? How is the Ministry planning to scale up efforts to meet the 2025 elimination goal? This has to be taken seriously.

**SHRIMATI ANUPRIYA PATEL:** Sir, insofar as the budgetary allocation is concerned, it used to be only Rs. 640 crore in the year 2014-15. We increased it to Rs. 3,400 crore by the year 2021-22. Beyond 2022-23 onwards, we have started releasing the funds under NHM as part of the RCH Flexi Pool, and this includes TB as well.

Insofar as India's performance is concerned, I have already stated in my first reply that because of the intensified efforts that the Government is making, our incidence rate is declining and it is better than the global rate of decline. Mortalities have also declined. The expansion of treatment coverage has also increased by 32 per cent in India. It used to be 53 per cent and then it went up to 85 per cent in the year 2023. We are providing nutritional supplement. We have also enhanced the amount that we provide to the patients through DBT. It used to be Rs. 500 which we have enhanced to Rs. 1000. We also have 1.8 lakh Nikshay Mitras – an attempt to involve the community.

Once again, I appeal to the hon. MP to participate and cooperate in the 100 Days Intensified Campaign in his own constituency so that more and more patients could be identified, especially those who are part of the vulnerable population, which will include the elderly, the PLHIVs, the smokers, the alcoholics, and the people who are malnourished.

I would also like to inform the hon. Member, through you, that we are giving them energy-dense nutritional supplement for two months, especially for patients who are undernourished. So, it is a collective effort that the public representatives, the Government, the administrative machinery, and everybody has to make together.

Insofar as efforts towards TB elimination are concerned, we have made substantial progress. We have scaled up our infrastructure facilities also in terms of our DMCs or our molecular diagnostic laboratories. So, there is no stone left

untuned in so far as the Government is concerned. We all have to collectively come together and make sure that no individual, who is TB infected or who is an active TB case, is left behind. We are there with you. You also have to come and work hand in hand with us.

**माननीय अध्यक्ष :** माननीय मंत्री जी ने डिटेल में जवाब दे दिया है।

**माननीय अध्यक्ष :** प्रश्न संख्या 262,  
श्री मनीश तिवारी।

### **INDIA'S NEIGHBOURHOOD FIRST POLICY**

#### **\*262. SHRI MANISH TEWARI:**

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

- (a) The core objectives and guiding principles of India's Neighbourhood First Policy;
- (b) The specific initiatives and programme undertaken under this policy to enhance bilateral and regional cooperation with neighbouring countries;
- (c) The details of neighbouring countries that have an explicit "India First" policy;
- (d) Whether changes in regimes in neighbouring countries like Bangladesh, Sri Lanka and Maldives have impacted India's bilateral relations with them, particularly in the context of ongoing projects and strategic partnerships;
- (e) If so, the details thereof; and
- (f) The manner in which the Government plans to address the challenges posed by geopolitical competition especially from China in India's immediate neighbourhood

**THE MINISTER OF EXTERNAL AFFAIRS (DR. SUBRAHMANYAM JAISHANKAR):**(a) to (f) A statement is laid on the table of the House.

**STATEMENT**

(a) to (f): The 'Neighbourhood First' policy, which guides the management of India's relations with countries in its immediate neighbourhood, focuses on creating mutually beneficial, people-oriented, regional frameworks for stability and prosperity, including through the building of physical, digital and people to people connectivity. India engages with these countries on a consultative, non-reciprocal and outcome-oriented basis, driven by the principles of Samman (respect), Samvad (dialogue), Shanti (peace), and Samriddhi (prosperity).

As part of India's 'Neighbourhood First' policy, the Government has been extending necessary developmental assistance and capacity building initiatives, as per needs and aspirations of the neighbouring countries, thereby contributing towards holistic economic development of their countries. Under this approach, India has been assisting neighbouring countries on development of infrastructure projects ranging from large scale infrastructure to community related provisioning of assets and platforms, augmentation of capabilities and extending financial, budgetary and humanitarian assistance.

A very large number of initiatives and programmes have been undertaken by India within the ambit of this policy. Among them are:



- (i) humanitarian assistance to Afghanistan in the form of food and medical aid, as well as scholarship schemes for Afghan students;
- (ii) several development cooperation projects in Bangladesh in the areas of cross-border power, energy and transport linkages;
- (iii) assistance to Bhutan for capacity building and in the development of its hydropower resources, as well as cross-border connectivity linkages, including energy, rail links, road, trade infrastructure and digital connectivity;
- (iv) with Maldives, cooperation has focused on maritime security, connectivity, people to people exchange, and creation of community building infrastructure projects, besides assistance to overcome financial instability;
- (v) assistance to Myanmar for several connectivity infrastructure development projects and capacity building, besides humanitarian relief and aid to help it recover from natural disasters;
- (vi) a very elaborate programme of development cooperation with Nepal aimed at promoting connectivity, and developing economic, energy, digital and cultural ties, including through the implementation of High Impact Community Development Projects (HICDP) in building hospitals, schools, colleges, drinking water facilities, sanitation, drainage, rural electrification, hydropower, embankment and river training works, so as to improve the overall quality of life at the local level.

(vii) cooperation with Sri Lanka, including connectivity, agriculture, power, education, human resource development, culture and economic engagement, as well as a significant financial assistance programme.

India's assistance under its Neighbourhood First policy is regarded as valuable by diverse sections of public opinion among our neighbours, ensuring a sustainable basis for these assistance programs to continue despite changes in administration in these countries. India's comprehensive and longstanding ties with its neighbouring countries also stand on their own footing and are independent of the relations of these countries with third countries. Government keeps a vigilant watch on all developments which have a bearing on India's national security and takes all necessary measures to safeguard it. India is confident about the strength and enduring nature of its bilateral ties with the neighbouring countries and will continue to work together with them towards advancing bilateral ties for mutual benefit as well as safeguarding India's interest in the region

**SHRI MANISH TEWARI** : I thank the hon. Minister for a very detailed reply. But before I ask my first supplementary, let me flag a few issues which should be of concern to all of us.

**माननीय अध्यक्ष** : आप प्रश्न पूछिए, मुझे मत रखिए। यह प्रश्न काल है।

**श्री मनीश तिवारी** : अध्यक्ष जी, मेरा प्रसंग बहुत संक्षेप में होगा। जो सवाल मैं पूछना चाहता हूँ, यह उसका पूरी तरह से उल्लेख करेगा, तो थोड़ा सा संरक्षण दीजिएगा, क्योंकि वह सवाल पूछने के लिए जरूरी है।

India was the 8<sup>th</sup> country which the new President of Maldives visited after being elected on an 'Oust India' Campaign, that too under very severe economic compulsions. Secondly, China was the first country which the newly elected Nepalese Prime Minister visited and signed off on the 'Belt and Road Initiative'. Sir, 12.95 per cent of Sri Lanka's external debt is still held by China, which gives it an economic leverage.

**माननीय अध्यक्ष :** माननीय सदस्य, आप वरिष्ठ सदस्य हैं।

... (व्यवधान)

**श्री मनीश तिवारी :** सर, मैं सवाल पूछ रहा हूँ।

**माननीय अध्यक्ष :** आप प्रश्न पूछिए।

... (व्यवधान)

**श्री मनीश तिवारी :** सर, हां। मैं सवाल पूछ रहा हूँ। ... (व्यवधान)

**माननीय अध्यक्ष :** हां, आप सवाल पूछिए।

... (व्यवधान)

**SHRI MANISH TEWARI :** The Sino-Bhutan border negotiations are in a very advanced stage and Doklam is in a fray, and Bangladesh continues to be in turmoil. My question, therefore, to the hon. Minister is this. While India may have a neighbourhood-first policy, is there any neighbour of India which has an India-first policy?

**DR. SUBRAHMANYAM JAISHANKAR :** Sir, I am very glad that the hon. Member referred to visits and timing of visits. Before Prime Minister Narendra Modi went to Nepal, for 17 years, there was no visit from India to Nepal. Does that mean that

nobody in India cared for Nepal? For Sri Lanka, for 30 years there were no bilateral visits before Prime Minister Modi went there. So, visits are important, I accept it. Visits are also subject of timing, of convenience, of agenda. We give them priority. The hon. Member asked, "do they give us priority?" And the answer is, yes. One has to look at what we do with each of these countries. He referred to Maldives. With this Government in Maldives, we have inaugurated the Abdul Link Road and Reclamation Project. I myself went for it, and 28 islands there were provided water and sewage facilities. And by the way, the President of Maldives was present at the oath taking of this new Government.

So, I think the idea or if there is a desire to somehow show the foreign policy of this Government in a bad light for political purposes, that is the Member's privilege. But then, you know, it is not my nature to make foreign policy partisan. But I would like to remind the hon. Member, Sir, through you, that the very Maldives he is talking about was also the country from which the Indian companies were driven out for an important project in 2012. The same Sri Lanka was the place where Hambantota Port was built by the Chinese in 2008. The same Bangladesh was giving support to terrorism till 2014. The same Myanmar was hosting Indian insurgent groups. So, if one looks today at the development projects, development projects require both sides to cooperate. If one looks today at the number of projects, the volume of trade, the exchanges which are taking place, I think the answer is very clear. Now, our neighbours also have their politics. There are ups and downs in their countries. It will have some implications for us. But it is important we are mature and we do not

get into point scoring.

**SHRI MANISH TEWARI** : Mr. Speaker, Sir, for my second supplementary question, let me turn to our Northern neighbours.

In the January of 2023, there was a paper written by a senior IPS officer presented to the Conference of Directors General and Inspectors General of Police. In that paper, it was pointed out that 26 out of the 65 patrolling points from Karakoram Pass to Chumur were inaccessible to the Indian security forces as a consequence of Chinese transgressions. This fact was never officially controverted by the Government at any level. Can the Minister confirm to this House that after the recent disengagement, all those 26 patrolling points, which were ostensibly inaccessible have become accessible? Number two, whether the current disengagement in any manner, *ispo-facto*, validates the 1959 Chinese claim line?

**DR. SUBRAHMANYAM JAISHANKAR**: Sir, what somebody wrote as a paper is for that somebody to answer for. I can answer for the Government.

Sir, let me, through you, remind the hon. Member that I gave a very detailed statement on the disengagement and recent developments in the India-China border area.

In that statement, I highlighted that the last of the disengagement agreements had taken place, which pertain to Depsang and Demchok. I also would like to convey to the hon. Member – it was in the statement as well – that the understanding envisages that Indian security forces would be going to all the patrolling points in Depsang and would be going to the East-ward limit which has historically been our

patrolling limit in that part. We have also, in the same statement, made it clear that we have had some previous disengagement agreements. Those disengagement agreements also had certain provisions where both sides on a temporary basis had agreed to put certain restraints on themselves. So, I think, the position is very clear in that statement and I would urge the hon. Member to read that statement again.

**SHRI NAVEEN JINDAL :** Thank you, Speaker Sir. I would like to ask the hon. Minister, through you, this. What steps is India taking to improve our relations with our neighbour, Pakistan? Also, what steps are we taking to increase the trade and commerce with them? Thank you, Sir.

**DR. SUBRAHMANYAM JAISHANKAR:** Sir, I would like to inform the hon. Member that in terms of improving ties with Pakistan, like any other neighbour, we would like to have good ties. But like with any other neighbour, we would also like to have ties free of terrorism. So, this has been the position of the Government. We have made it very clear that it is for the Pakistani side to show that they are changing their behaviour of the past, and that if they don't, of course, there are implications for the relationship and for them. So, I think the ball is very much in Pakistan's court in this regard.

Regarding trade, I think some of the disruptions which happened, happened because of decisions by the Government of Pakistan in 2019. It is a matter on which you know they took the initiative. We have an agnostic position on this.

**SHRI ASADUDDIN OWAISI :** Can the hon. Minister enlighten the House about this? Nepal has printed on their currency showing Indian territories. What steps are being

taken to stop the drug entering India from Myanmar? We have committed ten billion US dollars to the development of Bangladesh. What steps is the Government taking to ensure that the Hindus in Bangladesh are protected and temples are protected? What steps is the Government taking to stop the dumping of fabrics from Bangladesh, which is destroying the power loom industry in India?

**DR. SUBRAHMANYAM JAISHANKAR:** Sir, regarding the point made by the hon. Member on the Nepal currency, our position regarding our borders is very clear. So, I think, if there is any expectation in any of our neighbours that by doing something it would get India to change its position they should be very clear that it is not the case. I am sure that the entire House agrees with me in that regard.

With regard to Myanmar because of the very disturbed conditions in Myanmar, we have had to review the open regime policy which has historically been there. But we are sensitive to the requirement of the border communities. So, it is something which we are working on. Part of the challenge is that there is very little Government authority on the other side of the border. So, most of what we have to do, we have to do ourselves. But definitely, there is today a much greater presence there to secure our borders and to monitor the movement of people across the borders.

Regarding Bangladesh, we have a good history of development projects. In fact, when we speak about the Neighbour First Policy, almost in everyone of our neighbouring countries, with the exception of Pakistan and China, we have had important development projects. That is the case with Bangladesh as well.

And certainly, it is our hope that with the new dispensation in Bangladesh, we

will settle down to a mutually beneficial and stable relationship.

With regard to the treatment of minorities in Bangladesh, it has been a source of concern. There have been multiple incidents of attacks on them. We have drawn our concern to their attention. Recently, the Foreign Secretary visited Dhaka. This subject came up during his meeting. And it is our expectation that, in its own interest, Bangladesh would take measures so that its minorities are safe.

**माननीय अध्यक्ष :** प्रश्न संख्या 263,

श्री बस्तीपति नागराजू ।

### **CAPACITY BUILDING UNDER AYURGYAN SCHEME**

#### **\*263. SHRI BASTIPATI NAGARAJU:**

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

- (a) the details regarding the total number of institutes/organizations including Government and Private which have applied under the Capacity Building and Continuing Medical Education component of AYURGYAN Scheme in the country, State/UT-wise, especially in Andhra Pradesh;
- (b) the total number of proposals received both proactive approach and reactive approach from the State of Andhra Pradesh and sanctioned for the last three years;



(c) the details of total amount of funds allocated to the components such as Capacity Building and Continuing Medical Education (CME) and Research and Innovation in AYUSH, State/UT-wise;

(d) whether the Government has any data regarding the total number of trainees trained under the Capacity Building and Continuing Medical Education component and if so, the details thereof; and

(e) whether the Government has conducted or plans to conduct any impact study/assessment to review the effectiveness and outcome of the scheme and if so, the details thereof?

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

(क) से (ड): विवरण सभा पटल पर रख दिया गया है।

#### विवरण

(क): 'आयुष में क्षमता निर्माण और सतत चिकित्सा शिक्षा (सीएमई)' आयुर्ज्ञान नामक केंद्रीय क्षेत्रीय योजना का एक घटक है जिसे वर्ष 2021-22 से कार्यान्वित किया गया है। सीएमई की समग्र संरचना का उद्देश्य आयुष कर्मियों को आवश्यकता-आधारित व्यावसायिक प्रशिक्षण प्राप्त करने और ज्ञान संबंधी अभावों को दूर करने के लिए प्रोत्साहित करना है।

'क्षमता निर्माण और सीएमई' घटक के तहत, 20 राज्यों/संघ राज्य क्षेत्रों से कुल 147 संस्थानों/संगठनों नामतः महाराष्ट्र में 22, तमिलनाडु में 16, कर्नाटक में 15, उत्तर प्रदेश में 13, मध्य प्रदेश में 12, गुजरात में 11, दिल्ली में 08, राजस्थान में 7, तेलंगाना में 7, केरल में 6, ओडिशा में 5, पश्चिम बंगाल में 5, हरियाणा में 4, उत्तराखंड में 4, असम में 3, हिमाचल प्रदेश में 3, जम्मू और कश्मीर में 3 तथा आंध्र प्रदेश, मेघालय और पंजाब में प्रत्येक से 01 आवेदन किया गया है।

(ख): केंद्रीय क्षेत्रीययोजना होने के कारण, संगठन प्रशिक्षण कार्यक्रम के संचालन हेतु प्रतिक्रियात्मक दृष्टिकोण से वित्तीय सहायता प्राप्त करने के लिए सीएमई घटक के तहत आयुष मंत्रालय को सीधे प्रस्ताव भेज सकते हैं। विगत 03 वर्षों के दौरान आंध्र प्रदेश राज्य में स्थित संगठनों से 02 प्रस्ताव अर्थात् पंचकर्म पर शिक्षकों हेतु 01 (6-दिवसीय) सीएमई कार्यक्रम तथा आयुर्वेद चिकित्सा अधिकारियों के लिए 01 (6-दिवसीय) सीएमई कार्यक्रम प्राप्त हुए और उन्हें मंजूरी दी गई।

(ग): आयुर्ज्ञान योजना के अंतर्गत वित्त वर्ष 2021-22 से 2024-25 तक के लिए 35.92 करोड़ रुपये (अर्थात् क्षमता निर्माण और सीएमई घटक के लिए 17.95 करोड़ रुपये तथा आयुष घटक में अनुसंधान और नवाचार के लिए 17.97 करोड़ रुपये) की राशि आवंटित की गई है। योजना के तहत वित्त वर्ष 2023-24 के दौरान 46.16 करोड़ रुपये के वित्तीय आवंटन के साथ आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान नामक एक तीसरा (नया) घटक जोड़ा गया और उसके बाद वित्त वर्ष 2024-25 तक आयुर्ज्ञान योजना का कुल आवंटन बढ़कर **82.08 करोड़** रुपये हो गया। केंद्रीय क्षेत्रीय योजना होने के कारण, विभिन्न राज्यों/संघ राज्य क्षेत्रों में स्थित पात्र संस्थानों को निधियाँ सीधे जारी की जाती हैं। विभिन्न राज्यों/संघ राज्य क्षेत्रों में, पात्र संस्थानों को जारी की गई निधियों का ब्यौरा संलग्न **अनुबंध** में दिया गया है।

(घ): जी हां, आयुष घटक में क्षमता निर्माण और सीएमई के तहत कुल 4862 प्रशिक्षु अर्थात् वित्त वर्ष 2021-22 में 761 प्रशिक्षु, वित्त वर्ष 2022-23 में 2299 प्रशिक्षु, वित्त वर्ष 2023-24 में 1350 प्रशिक्षु और वित्त वर्ष 2024-25 (दिनांक 10.12.2024 तक) में 452 प्रशिक्षु प्रशिक्षित किए गए।

(ङ): इस मंत्रालय ने योजना की प्रभावशीलता और परिणाम की समीक्षा के लिए आज तक कोई प्रभावकारिता अध्ययन/मूल्यांकन नहीं किया है।

अनुबंध

आयुर्ज्ञान योजना के अंतर्गत विभिन्न राज्यों/संघ राज्य क्षेत्रों में पात्र संस्थानों को जारी की गई निधियों का विवरण निम्नानुसार है:

(लाख रूपये में)

क्र.स.	राज्य/संघ राज्य क्षेत्र का नाम	जारी की गई निधियां			आयुर्ज्ञान योजना के तहत जारी की गई कुल निधियां
		क्षमता निर्माण और सीएमई घटक	आयुष में अनुसंधान और नवाचार घटक	आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान घटक	
1.	आंध्र प्रदेश	18.00	-	1059.54	1077.54
2.	असम	9.73	-	-	9.73
3.	छत्तीसगढ़	1.09	-	-	1.09
4.	चंडीगढ़	-	0.83	-	0.83
5.	दिल्ली	98.26	305.07	-	403.33
6.	गुजरात	112.17	13.58	498.85	624.60
7.	हरियाणा	9.00	9.57	-	18.57
8.	हिमाचल प्रदेश	36.53	-	-	36.53
9.	जम्मू और कश्मीर	18.00	36.78	-	54.78
10.	झारखंड	-	26.15	-	26.15
11.	कर्नाटक	155.92	98.65	499.31	753.88
12.	केरल	28.22	36.09	-	64.31
13.	मध्य प्रदेश	145.50	-	-	145.50
14.	महाराष्ट्र	243.96	135.56	498.49	878.01
15.	मेघालय	45.00	-	-	45.00
16.	ओडिशा	73.38	29.73	-	103.11
17.	पुदुचेरी	-	23.80	-	23.80
18.	राजस्थान	201.39	-	-	201.39
19.	तमिलनाडु	122.95	215.56	-	338.51
20.	तेलंगाना	54.00	28.88	-	82.88
21.	उत्तर प्रदेश	215.75	54.84	56.00	326.59
22.	उत्तराखंड	18.00	34.69	-	52.69
23.	पश्चिम बंगाल	36.36	16.74	-	53.10
	<b>कुल</b>	<b>1643.21</b>	<b>1066.52</b>	<b>2612.19</b>	<b>5321.92</b>

**SHRI BASTIPATI NAGARAJU** : Hon. Speaker, Sir, my constituency Kurnool proudly hosts Dr. Abdul Haq Unani Medical College and Clinical Research Unit. Under the leadership of Shri Nara Chandrababu Naidu, two acres of land were allocated for its development. The Medical College has already submitted necessary documents for signing an MoU with the Ministry of AYUSH, which is critical for constructing the building and expanding its operations. This initiative holds immense potential to generate employment and foster growth of Unani medicine and AYUSH sector in the region.

Therefore, I would like to ask this question to the hon. Minister. What are the steps taken to expedite the MoU process and ensure its timely execution to facilitate the development of this institution?

**श्री प्रतापराव गणपतराव जाधव** : अध्यक्ष महोदय, माननीय सदस्य द्वारा दो प्रश्न पूछे गए हैं। यहां पर आयुर्ज्ञान के बारे में प्रश्न पूछा गया है और माननीय सदस्य के लोक सभा संसदीय क्षेत्र में जो भी कॉलेजेज हैं, उनकी स्थिति के बारे में प्रश्न पूछा गया है।

अध्यक्ष महोदय, मैं आपके माध्यम से इतना ही कहना चाहूंगा कि अभी आंध्र प्रदेश में तीन कॉलेजेज चल रहे हैं। आंध्र प्रदेश में सीआरयू यूनिट कुरनुल में है, सीसीआरएच की इकाई विजयवाड़ा में है, सीसीआरएच यूनिट गुड़ीवाड़ा में है। आंध्र प्रदेश में आयुर्वेद के तीन महाविद्यालय हैं, होम्योपैथी के सात महाविद्यालय हैं और यूनानी का एक महाविद्यालय है।

अध्यक्ष महोदय, माननीय सदस्य ने अपने यहां के कॉलेजेज के बारे में कहा है, तो निश्चित रूप से आयुष मंत्रालय के माध्यम से उनको पूरी तरह से मार्गदर्शन और सहायता वहां पर दी जाती है। अगर इसके बारे में उनको ज्यादा जानकारी चाहिए, तो निश्चित रूप से मुझसे मिलें या मंत्रालय में आकर मिलें, मैं उन्हें पूरी जानकारी देने और मदद करने की कोशिश करूंगा।

**\*SHRI BASTIPATI NAGARAJU :** Sir, Ayur Gyaan scheme is intended to promote research and innovation. It is a commendable scheme. As per a survey people who are depending on Ayush for their treatment has increased by 46% in villages and 53% in urban areas. In my parliamentary constituency Kurnool we have one Unani college by the name Dr Abdul Haq Unani Medical College. Presently this college offers 50 seats for undergraduate courses but there are no seats for postgraduate courses. I would like to know from the minister whether under the Ayur Gyan scheme postgraduate seats will be allocated to this college? If it is so, then that will promote healthcare in my constituency.\*

**HON. SPEAKER:** Hon. Member, please ask a short question.

Hon. Minister.

**श्री प्रतापराव गणपतराव जाधव :** अध्यक्ष महोदय, आयुर्ज्ञान योजना में मुख्य तीन घटक आते हैं। आयुष में क्षमता निर्माण, सतत चिकित्सा शिक्षा, दूसरा, अनुसंधान और नवाचार आयुष में आता है एवं तीसरा, आयुर्विज्ञान-जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान। इसके माध्यम से काम किया जाता है। इसमें सीएमई द्वारा शैक्षणिक-प्रशिक्षण कार्यक्रम के माध्यम से आयुष शिक्षकों, डॉक्टरों और पैरामेडिक्स एवं पेशवरों को उन्नत करना होता है।

जन स्वास्थ्य वितरण के हित के साक्ष्य उत्पन्न करने के लिए आयुष के क्षेत्र में अनुसंधान एवं विकास गतिविधि का भी अनुसंधान और नवाचार के माध्यम से कार्य किया जाता है। आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान के माध्यम से आधुनिक विज्ञान और प्रौद्योगिकी के संदर्भ में आयुर्वेद के सिद्धांतों, प्रक्रियाओं और उत्पादों की मौलिक समझ बढ़ाने के लिए अनुसंधान और विकास गतिविधि की

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\* .....\* English translation of this part of speech originally delivered in Telugu.

तरफ ध्यान दिया जाता है।

आंध्र प्रदेश के बारे में माननीय सदस्य ने यहां पूछा है कि आंध्र प्रदेश राज्य के संस्थानों के जो प्रस्ताव आए थे, सीएमई घटक के माध्यम से दो प्रस्ताव वहां से आए थे। उनको लगभग पौने ग्यारह करोड़ रुपये की धनराशि जारी की गई है। योजना की जितनी स्वीकृत धनराशि है, उसकी 20 प्रतिशत राशि आंध्र प्रदेश को भी दी गई है।

**डॉ. बच्छाव शोभा दिनेश :** माननीय अध्यक्ष महोदय, मैं आपके माध्यम से सम्माननीय आयुष मंत्री जी से महाराष्ट्र राज्य के लिए एक प्रश्न पूछना चाहती हूं। महाराष्ट्र राज्य के लिए पांच एकीकृत आयुष अस्पताल धाराशिव (उस्मानाबाद), जलगांव, जालना, ठाणे और नागपुर में स्वीकृत किए गए हैं, लेकिन किसी का भी निर्माण शुरू नहीं हुआ है। इसकी देरी का कारण क्या है? क्या सरकार मरीजों की दुर्दशा को देखते हुए मेरे धुले निर्वाचन क्षेत्र में आयुष अस्पताल स्थापित करने पर विचार कर रही है?

**श्री प्रतापराव गणपतराव जाधव :** माननीय अध्यक्ष महोदय, सम्माननीय सदस्या ने जो प्रश्न पूछा है, वह इस प्रश्न से संबंधित नहीं है। लेकिन मैं उनकी जानकारी के लिए इतना ही बताऊंगा कि आयुष मंत्रालय के माध्यम से जिला स्तर पर 50 बेडेड हॉस्पिटल, तहसील-ब्लॉक लेवल पर 30 बेडेड हॉस्पिटल देने की योजना है। जो भी हॉस्पिटल यहां पर स्वीकृत किए गए हैं, निश्चित रूप से वहां पर राज्य सरकार से जैसे ही प्रस्ताव आते हैं, उनको स्वीकृति देने का काम आयुष मंत्रालय से किया जाता है।

**श्री राम शिरोमणि वर्मा :** माननीय अध्यक्ष जी, आपका बहुत-बहुत धन्यवाद।

क्या माननीय मंत्री जी यह बताने की कृपा करेंगे कि उत्तर प्रदेश में मेरे संसदीय क्षेत्र श्रावस्ती के जो आकांक्षी जनपद हैं— जनपद श्रावस्ती और जनपद बलरामपुर, जो नेपाल सीमा से सटे हुए तराई क्षेत्रों में जंगल के किनारे बसा है, जहां तमाम प्रकार की चिकित्सा उपयोगी औषधीय पौधे पाए जाते हैं।

**माननीय अध्यक्ष :** आपका प्रश्न क्या है? आप शॉर्ट में पूछिये।

**श्री राम शिरोमणि वर्मा :** सर, मैं वही पूछ रहा हूं। उनके अनुसंधान और नवाचार जैसे घटकों का पता लगाने हेतु क्या सरकार का वहां पर कोई चिकित्सा, शिक्षा, अनुसंधान संस्थान खोले जाने का विचार है?

**श्री प्रतापराव गणपतराव जाधव :** अध्यक्ष महोदय, सम्माननीय सदस्य ने प्रश्न पूछा है कि उनके क्षेत्र में आयुर्वेद से संबंधित जो भी मेडिसिन प्लांट्स पाए जाते हैं, निश्चित रूप से पूरे देश में इसके शोध का काम और उस पर अनुसंधान करने का काम आयुष मंत्रालय के विविध संस्थाओं के माध्यम से किया जाता है। अगर वह कोई जानकारी देते हैं तो निश्चित रूप से उनके क्षेत्र में भी अनुसंधान करने की कोशिश हमारे मंत्रालय से की जाएगी।

**माननीय अध्यक्ष :** प्रश्न संख्या 264,

श्री श्रीरंग आप्पा चंदू बारणे।

### प्रधानमंत्री मातृ वंदना योजना

**\*264. श्री श्रीरंग आप्पा चंदू बारणे:**

**श्री अरविंद गणपत सावंत:**

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

- (क) क्या सरकार ने गर्भावस्था और प्रसव की स्थिति के कारण होने वाले मजदूरी के नुकसान की भरपाई करने और स्वास्थ्य संबंधी व्यवहार को बढ़ावा देने के लिए प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) शुरू की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार को यह जानकारी है कि 50 प्रतिशत से अधिक पंजीकृत लाभार्थियों को इस योजना के तहत तीनों किशतें नहीं मिलीं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने इसके कारणों का पता लगाने के लिए कोई अध्ययन किया है, यदि हां, तो इस संबंध में विशेषतः मध्य प्रदेश सहित राज्य-वार किए गए या किए जाने हेतु प्रस्तावित सुधारात्मक उपायों सहित तत्संबंधी ब्यौरा क्या है;
- (घ) क्या पहला बच्चा लड़का होने की स्थिति में, दूसरे बच्चे के जन्म पर उक्त योजना का लाभ देने का कोई प्रस्ताव है;
- (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 (ड): विवरण सभा पटल पर रख दिया गया है।

### विवरण

(क): महिला एवं बाल विकास मंत्रालय प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) कार्यान्वित कर रहा है, जिसका उद्देश्य मजदूरी हानि की आंशिक भरपाई हेतु नकद प्रोत्साहन प्रदान करना है ताकि महिला पहले बच्चे के प्रसव से पहले और बाद में पर्याप्त आराम कर सके; और गर्भवती महिलाओं तथा स्तनपान कराने वाली माताओं (पीडब्लू और एलएम) के स्वास्थ्य सम्बन्धी व्यवहार में सुधार किया जा सके। इस योजना में दूसरे बच्चे, यदि बालिका हो, के लिए अतिरिक्त नकद प्रोत्साहन प्रदान करके बालिका के प्रति सकारात्मक व्यवहार परिवर्तन को बढ़ावा देने का भी प्रयास किया जाता है।

(ख): 1 अप्रैल, 2022 से व्यापक मिशन शक्ति योजना की शुरुआत के साथ, पीएमएमवीवाई के तहत किस्तों की संख्या तीन (3) से घटाकर दो (2) कर दी गई है। इसके अलावा, पीएमएमवीवाई के तहत दूसरे बच्चे के लिए भी मातृत्व लाभ दिया जाता है, बशर्ते दूसरा बच्चा बालिका हो। इस योजना में संशोधन के परिणामस्वरूप मार्च, 2023 में एक नया पोर्टल पीएमएमवीवाई-सॉफ्टवेयर (पीएमएमवीवाई-सॉफ्ट) विकसित और शुरू किया गया। पीएमएमवीवाई-सॉफ्ट के तहत, यूआईडीएआई के माध्यम से आधार प्रमाणीकरण डिजिटलरूप से किया जाता है और भारतीय राष्ट्रीय भुगतान निगम (एनपीसीआई) सत्यापन सुनिश्चित किया जाता है ताकि निधि सीधे उनके डीबीटी-सक्षम आधार-सीडेड बैंक या डाकघर खातों में अंतरित किया जा सके। पीएमएमवीवाई-सॉफ्ट मोबाइल ऐप लाभार्थी सत्यापन प्रक्रिया के लिए चेहरा प्रमाणीकरण के माध्यम से आधार प्रमाणीकरण की सुविधा भी प्रदान करता है। इस नए पोर्टल की शुरुवात के साथ ही पुराना प्रधानमंत्री मातृ वंदना योजना-कॉमन एप्लीकेशन सॉफ्टवेयर (पीएमएमवीवाई-सीएस) पोर्टल को बंद और डीलिंग कर दिया गया है।



जी नहीं। पीएमएमवीवाई-सॉफ्ट एमआईएस के अनुसार, दिनांक 31.03.2023 की स्थिति के अनुसार, पीएमएमवीवाई के अंतर्गत पीएमएमवीवाई-सीएस पर पहली, दूसरी और तीसरी किस्त के लिए आवेदन करने वाले और जिन लाभार्थियों को ये किस्तें प्राप्त नहीं हुई हैं, उनका कुल प्रतिशत क्रमशः लगभग 8.06%, 5.22% और 4.89% है।

**(ग):** जिन राज्यों/संघ राज्य क्षेत्रों में ये भुगतान किये जा रहे हैं उनके लिए पीएमएमवीवाई-सॉफ्ट में एक सीएस भुगतान मॉड्यूल तैयार किया गया और क्रियाशील बनाया गया है।

**(घ) और (ङ):** मिशन शक्ति के तहत, पीएमएमवीवाई के अंतर्गत दूसरे बच्चे के लिए मातृत्व लाभ दिया जाता है, चाहे पहले बच्चे का लिंग कुछ भी हो, बशर्ते दूसरा बच्चा बालिका हो।

**श्री श्रीरंग आप्पा चंदू बारणे (मावल) :** माननीय अध्यक्ष महोदय, प्रधानमंत्री माननीय नरेन्द्र मोदी जी ने गर्भवती, मजदूर, गरीब महिलाओं, आदिवासी महिलाओं के लिए प्रधानमंत्री मातृ वंदना योजना की शुरुआत वर्ष 2017 में की थी। यह योजना सबसे अच्छी योजना है, जो कि गरीब महिलाओं को लाभ पहुंचाती है। मैं आपके माध्यम से माननीय मंत्री जी से कहना चाहता हूँ कि बहुत सारे लाभार्थियों को दिक्कतों का सामना करना पड़ता है, चाहे पेपर की कमी हो या शादी से पहले आधार कार्ड में नाम की समस्या हो, बैंक खाता न हो, ऐसी बहुत सारी समस्याएं आती हैं। मैं माननीय मंत्री जी से आपके माध्यम से पूछना चाहता हूँ कि इस योजना का लाभ लेने के लिए जो कमियां हैं, उसे दूर करने के लिए मंत्रालय द्वारा क्या कदम उठाए गए हैं?

**श्रीमती अन्नपूर्णा देवी :** माननीय अध्यक्ष जी, आदरणीय प्रधानमंत्री जी के नेतृत्व में, हमारी सरकार महिलाओं और बच्चों के सशक्तिकरण, सुरक्षा, संरक्षा तथा संपूर्ण विकास के लिए प्रतिबद्ध है। महिलाएं एवं बच्चे स्वस्थ होंगे, सुपोषित होंगे तभी भारत सशक्त भारत और विकसित भारत होगा।

प्रधानमंत्री मातृ वंदना योजना के तहत गर्भवती महिला और स्तनपान कराने वाली महिलाओं को

सहायता प्रदान की जाती है। इस योजना का मुख्य उद्देश्य समाज के वंचित वर्गों की महिलाओं को मातृत्व लाभ प्रदान करना है। जैसा कि माननीय सदस्य ने कहा है गर्भवती माताओं की पोषण संबंधी जरूरतों को पूरा करने में मदद के लिए एवं इसके साथ-साथ उनकी जो खोयी हुई मजदूरी है, वह देने का उद्देश्य इस योजना के तहत है। जैसा कि माननीय सदस्य ने कहा है, माननीय प्रधानमंत्री जी के नेतृत्व में यह योजना वर्ष 2017 में शुरू हुई। लोगों को कोई परेशानी न हो, इस योजना को पेपरलेस बनाने के लिए नये तरीके से, नया सॉफ्टवेयर विकसित करके इस योजना के तहत काम किये जा रहे हैं ताकि लाभार्थी उसमें स्व-पंजीकरण कर सकें या आंगनवाड़ी वर्कर्स के माध्यम से, आशा वर्कर्स के माध्यम से, ब्लॉक में जाकर वे अपना पंजीकरण कर सकते हैं और आवेदन दे सकते हैं। मोबाइल ऐप के माध्यम से इसे पेपरलेस बनाया गया है ताकि उनको कोई परेशानी और दिक्कत न हो। डीबीटी के माध्यम से हम इसका पेमेंट भी करते हैं। अगर हम देखें तो अब तक प्रधानमंत्री मातृ वंदना योजना में लगभग 3 करोड़ 64 लाख लाभार्थियों को इसका लाभ मिला है। इसके तहत पूरे देश में लगभग 16,305 करोड़ रुपए का भुगतान महिलाओं को किया गया है।

**श्री श्रीरंग आप्पा चंदू बारणे :** माननीय अध्यक्ष महोदय, माननीय मंत्री जी ने बहुत बढ़िया उत्तर दिया है। इस योजना को गरीब महिलाओं तक पहुंचाने के लिए, जो आदिवासी महिलाएं हैं, उन तक इस योजना को पहुंचाने के लिए आगे इसमें काम करना चाहिए। मातृत्व स्वास्थ्य पोषण में सुधार के लिए इस योजना की राज्यवार जानकारी हो, तो उसे दें क्योंकि मेरे चुनाव क्षेत्र में एक आदिवासी तालुका है, वहाँ तक यह योजना पहुंची है कि नहीं, माननीय मंत्री जी को इसकी जानकारी देनी चाहिए।

**श्रीमती अन्नपूर्णा देवी :** माननीय अध्यक्ष महोदय, मैं आपके माध्यम से माननीय सदस्य से कहना चाहूंगी, चूंकि आप महाराष्ट्र के बारे में पूछ रहे हैं, तो पूरे राज्य के ब्यौरे के तहत महाराष्ट्र में पीएमएमवीवाई के तहत लगभग 36 लाख से अधिक लाभार्थियों को लगभग 1624.64 करोड़ रुपए का भुगतान कर चुके हैं। जो भी लाभार्थी हैं, वे कभी भी किसी भी समय आंगनवाड़ी केन्द्र में जाकर, आंगनवाड़ी वर्कर्स या आशा वर्कर्स के माध्यम से रजिस्ट्रेशन करा सकती हैं और इस योजना का लाभ ले सकती हैं।

**श्री अरविंद गणपत सावंत :** माननीय अध्यक्ष महोदय, मैं एक छोटा-सा सवाल पूछूँगा। यह गरीबों और मजदूरों के लिए एक अच्छी स्कीम है। खास करके आप डिजिटल इंडिया की बात करते हैं, तो जहाँ तक मोबाइल की बात है, तो उनके पास क्या होगा? आपने अभी आंगनवाड़ी की बात की, यह अच्छा लगा। आप डिलीवरी के पहले और बाद में गर्भवती महिलाओं को कितनी रकम देते हैं? यह रकम डिलीवरी के पहले और बाद में कितने महीने तक दी जाती है? इसके लिए जो कंडिशन है, इसमें आपने लिखा है कि पीएमएमवीवाई के अंतर्गत दूसरे बच्चे के लिए भी मातृत्व लाभ दिया जाता है, चाहे पहले बच्चे का लिंग कुछ भी हो बशर्ते दूसरा बच्चा बालिका हो। यह गरीबों, मजदूरों, आदिवासियों की बात है, तो क्या इस शर्त को इसी प्रकार से चलाना है या इस शर्त को हटाने पर सरकार विचार कर रही है?

**श्रीमती अन्नपूर्णा देवी :** माननीय अध्यक्ष महोदय, समाज के हर वर्ग को हम इसका लाभ देते हैं। कोई भी पीछे न छोटे, चाहे वे अनुसूचित जाति की महिलाएं हों, अनुसूचित जनजाति की महिलाएं हों। जिनके पास राशन कार्ड है, आशा वर्कर, आंगनवाड़ी वर्कर से लेकर हर किसी को हम इसका लाभ देते हैं। हम यह पैसा दो किशतों में लाभार्थियों तक पहुंचाते हैं। यह हमारा उद्देश्य है, ताकि डिलीवरी के समय ... (व्यवधान)

**श्री अरविंद गणपत सावंत :** आप उनको कितनी रकम देते हैं? ... (व्यवधान)

**श्रीमती अन्नपूर्णा देवी :** हम पांच हजार पहली डिलीवरी पर, पहले बच्चे के समय देते हैं और एक हजार रुपए हैल्थ मिनिस्ट्री की ओर से भी दिए जाते हैं। ... (व्यवधान) यानी छः हजार रुपए उनको दिए जाते हैं। दूसरे बच्चे में, यदि वह गर्ल-चाइल्ड हो, तो हम उनको छः हजार रुपए देते हैं। ... (व्यवधान)

**श्री अरविंद गणपत सावंत :** क्या आप यह शर्त हटाएंगी? ... (व्यवधान) यह शर्त आपने क्यों रखी हुई है? ... (व्यवधान)

**श्रीमती अन्नपूर्णा देवी :** 'बेटी बचाओ, बेटी पढ़ाओ' अभियान, जिसकी माननीय प्रधान मंत्री जी के द्वारा शुरुआत की गई है। ... (व्यवधान) यह हमारी बेटियों के लिए है, ताकि हमारी बेटियों के प्रति लोगों का व्यवहार बदले, लोगों की सोच बदले। इसीलिए, दूसरे बच्चे के रूप में जब बेटी जन्म लेती है, तो हम उस

समय उनको छः हजार रुपए की प्रोत्साहन राशि देते हैं। ... (व्यवधान)

**DR. BYREDDY SHABARI** : Sir, the Pradhan Mantri Matru Vandana Yojana is a commendable initiative to promote maternal health, and also for supporting them.

I would like to ask certain things from the hon. Minister through you, Sir. As far as the State of Andhra Pradesh from 2019 to 2024 is concerned, during the year 2021-22, about Rs. 14.36 crore were released, where 1.22 lakh people benefitted. But, again, in 2022-23, about Rs. 70 crore were released benefitting only 1.8 lakh women. Is there any discrepancy observed by the Ministry? Has the fund been diverted or misused in the years 2019 to 2024 in the State of Andhra Pradesh?

**श्रीमती अन्नपूर्णा देवी** : माननीय अध्यक्ष महोदय, माननीय सदस्य ने आंध्र प्रदेश की बात की है। अगर हम देखें, तो आंध्र प्रदेश में 17.60 लाख लाभार्थियों को पेमेंट हुआ है, यानी लाभार्थियों की संख्या में से लगभग 90 प्रतिशत से ज्यादा लाभार्थियों को हमने भुगतान किया है। इसकी डिटेल्स हम माननीय सदस्य को दे भी देंगे, यह डिटेल राज्यवार है। जो पेमेंट है, वह सीधे लाभार्थियों के खाते में जाता है। आंगनवाड़ी केन्द्र में जाकर वे आधार कार्ड के माध्यम से रजिस्ट्रेशन कराती हैं। वे प्रेगनेंट हैं, इसका सर्टिफिकेट वे देती हैं। उसके बाद सभी लाभार्थियों को, जो इस योजना के तहत लाभांशित हो सकते हैं, उनको हम लाभ पहुंचाते हैं।

**माननीय अध्यक्ष** : प्रश्न संख्या 265,

श्री मगुंटा श्रीनिवासुलू रेड्डी।

## MONITORING OF AGENCIES RECRUITING INDIANS ABROAD

\*265. †SHRI MAGUNTA SREENIVASULU REDDY:

**SHRI G. M. HARISH BALAYOGI:**

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

(a) the total number of manpower consultancy/recruitment agencies presently registered and functioning across the country, State-wise;

(b) the steps/initiatives undertaken by the Government during the last five years to regulate manpower consultancy/recruitment agencies in the country, State/UT-wise especially those in Andhra Pradesh;

(c) whether the Government monitors/regulates the various employment packages offered by these agencies for recruitment of Indian people especially for blue-collar jobs abroad, if so, details thereof and if not, the reasons therefor;

(d) whether certain Emigration Check Required (ECR) countries provide explicit guidelines requiring employers to cover employees' visa sponsorship, medical insurance, inbound flight tickets and similar benefits, if so, the details thereof; and

(e) the measures taken/proposed to be taken by the Government to prevent manpower consultancy or recruitment agencies from exploiting the above mentioned employee benefits and profiting from both employers and employees?

**THE MINISTER FOR EXTERNAL AFFAIRS**

**(DR. SUBRAMANYAM JAISHANKAR):**

(a) to (e) A Statement is laid on the table of the House.

**STATEMENT**

(a) to (e)As per the available data on eMigrate portal, there are 2,164 registered Recruiting Agents (RAs) across the country till date. The state-wise details are given in the enclosed **Annexure**.

The Ministry takes appropriate measures and issues guidelines from time to time to regulate the registered RAs in the country including those in Andhra Pradesh. As per Section 10 of the Emigration Act, 1983, no person/agency can function as Recruiting Agent (RA) without a valid Registration Certificate (RC) issued by the Registering Authority i.e. Protector General of Emigrants (PGE). The process of registration of RA is done through a web-based application i.e. eMigrate portal which brings all the stakeholders, including the RAs, Foreign Employers (FEs) and the prospective emigrants on a common platform. Whenever, any complaint against a registered RA is received, a Show Cause Notice (SCN) is issued to the concerned RA, under Section 14 of the Emigration Act, 1983, directing them to resolve the complaint. In case, the RA fails to respond to the SCN or reply is not found to be satisfactory, their RC can be cancelled or suspended for 30 days as per Section 14(2) of the Emigration Act, 1983. The order of suspension can be revoked by the Competent Authority only after consultation with all the stakeholders and after ensuring that the complaint has been fully resolved to the satisfaction of the complainant. Ministry also publishes a list of unregistered RAs on the eMigrate portal. Advisories/alerts on fraudulent/illegal recruiting agencies are also hosted on this portal. Ministry also takes prompt action against illegal migration through unregistered/illegal RAs with the support of concerned State Governments.

Certain Emigration Check Required (ECR) countries such as Saudi Arabia, Qatar, Oman, Malaysia, United Arab Emirates, Kuwait, Jordan, Bahrain, Lebanon, and

Indonesia issue guidelines and relevant information in accordance with their local labour laws to cover visa sponsorship, medical insurance, flight tickets and similar other benefits by the employer of these countries to the foreign employees. This is ordinarily governed by the contract between the employer and the employee.

Government accords utmost priority to the welfare of the prospective emigrants. As per the Emigration Rules 1983 (as amended from time to time), no RA shall collect from the prospective emigrant the service charges more than the prescribed amount, in respect of services rendered by it to that emigrant and the RA shall issue a receipt to the emigrant for the amount collected by it in this regard. To prevent exploitation of Indian workers by Foreign Employers (FEs), the Government has fixed the Minimum Referral Wages (MRW) to regulate the wages of Indian migrant workers seeking employment in the ECR countries. Ministry enforces the MRW through the offices of Protector of Emigrants (POEs). POEs while granting the mandatory Emigration Clearance (EC), in accordance with Section 22 of the Emigration Act 1983, read with Rule 15 of Emigration Rules, checks wage offered by the Foreign Employers (FEs) and deny the EC if the wage so offered is below the prescribed MRW.

### **ANNEXURE**

#### **State-wise details of registered Recruiting Agents (RAs) on eMigrate portal till 08 December 2024.**

Sr. No.	State	No. of active RAs
1.	ANDHRA PRADESH	35

2.	ASSAM	2
3.	BIHAR	26
4.	CHHATTISGARH	1
5.	CHANDIGARH	29
6.	DELHI	327
7.	GOA	12
8.	GUJARAT	19
9.	HIMACHAL PRADESH	1
10.	HARYANA	26
11.	JHARKHAND	7
12.	JAMMU and KASHMIR	5
13.	KARNATAKA	70
14.	KERALA	308
15.	MAHARASHTRA	637
16.	MADHYA PRADESH	1
17.	MIZORAM	2
18.	ODISHA	6
19.	PUNJAB	155
20.	PUDUCHERRY	1
21.	RAJASTHAN	76
22.	TELANGANA	104
23.	TAMIL NADU	180
24.	UTTARAKHAND	7
25.	UTTAR PRADESH	90
26.	WEST BENGAL	37



	TOTAL	2,164
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**SHRI MAGUNTA SREENIVASULU REDDY** : Sir, I would like to commend the Ministry of External Affairs for the quick evacuation of the Indian nationals from war-torn Syria.

During the last Session, the hon. Minister Shri Jaishankarji had given a good response regarding the migrant workers in the Middle East. However, the troubles faced by the migrant workers have increased day-by-day. This is very concerning.

Therefore, I would like to know from the hon. Minister whether the Ministry could consider establishing specific Inter-Ministerial Desks or Agencies in those countries where we have a high-density of Indian migrant workers. Not only that, we are also registering Recruiting Agents. If these agents are found involved in any illegal activity, they are being punished only by cancelling their licences or suspension. There must be some provision of punishment to RAs.

**DR. SUBRAHMANYAM JAISHANKAR:** Sir, first of all, I am very grateful to the hon. Member for recognising the work which was done to get the Indian pilgrims, who were stranded in Syria, out very safely to Lebanon in the last two days.

Sir, it is also a fact that the world is a very difficult place. There are many conflicts; there are many situations of insecurity and violence. And, we have, today, a very large number of Indians who are exploring the global workplace. The hon. Member suggested that we should establish an integrated presence in an Embassy. The Embassy is an integrated presence. An Embassy may be under the

administrative jurisdiction of the Ministry of External Affairs, but it represents all the Ministries, the entirety of the Government, and in fact, the entire nation. And, we have had very, very good cooperation, whether it was Syria recently, or Operation Ganga, or Operation Ajay. I have had colleagues in different Ministries who have personally involved themselves with many of these at various levels. So, it is a fact that the Government is functioning very smoothly, and I can assure him that in any situation, the past record of the Modi Government should be a source of comfort and inspiration to him.

Sir, regarding the RAs, today, in totality – I have indicated it in my answer also – we have 2,164 RAs. Wherever we have situations where something is wrong, it is not only about revoking the license of the RAs. We have had situations in Cambodia and Myanmar where we have even recommended prosecution, in certain cases, to the State Government. So, rules are one thing. If any time any laws are violated, the hon. Member can be assured that we would take a very tough view of it and ask for full force of the law to be applied.

**SHRI MAGUNTA SREENIVASULU REDDY:** Sir, in the hon. Minister's reply, it has been stated just now that till 8th December, there were 2,164 Recruiting Agencies. But here the issue is this. Today, especially in the age of technology, people are being spammed by advertisements and social media posts. This is causing a lot of problem to the youth who are expected to go out of the country and work there. Once they reach there, all these agents get their passports deposited with them and also, they do not get full salaries for which they were eligible. It is because the agents

have a cut in it and then only, a small amount of salary is paid to them. So, through you, I would request the hon. Minister, to undertake action against such fraudulent and dangerous advertising agencies.

**DR. SUBRAHMANYAM JAISHANKAR:** Sir, the hon. Member has raised an issue but there are different aspects to it. One, which we have seen particularly in Southeast Asia, where fraudulent jobs are advertised. These are online scams. People are being taken to these countries. They are made to work in illegal places. And, we have been very active and vigilant here. From Cambodia, we have brought back 1,167 Indian nationals, and from Myanmar, we have brought back 497 nationals. We are in touch with the Governments of Cambodia, Laos and Myanmar, where these kinds of cyber scams and illegal activities are going on. In India, we have requested for the blocking of sites which promote such jobs. We have recommended prosecution in certain cases for people who have been involved in this. A different set of problems has been raised for West Asia, Gulf, Middle East, where often we have a situation of underpayment, non-payment of wages, and maltreatment of Indian professionals and workers. In these cases, our Embassies are very active. We do regular reviews and also have open house meetings. We do monitor the situation very carefully, and wherever the Embassy is required to step in, you can be assured that today, under the Modi Government, we put the interests of Indian professionals and Indian workers as the primary task of Embassies abroad.

**SHRI G. M. HARISH BALAYOGI :** Thank you, Sir, for giving me the opportunity to raise the supplementary question. Currently, along with the legal recruitment

agencies, there are numerous illegal recruitment agencies which have about hundreds of FIRs filed against them. Also, in my State of Andhra Pradesh, there are about 35 active legal recruitment agencies as compared to 500 illegal recruitment agencies, the highest in the country. Therefore, my question to the hon. Minister is this. What measures have the Ministry taken to ensure that unsuspecting citizens are not issued fraudulent visas? How effective are the monitoring mechanisms in identifying and addressing such cases? I also want to know whether the Ministry's monitoring system flags individuals travelling on fraudulent visas, and how the Ministry has collaborated with other countries to prevent such visa frauds? Thank you.

**DR. SUBRAHMANYAM JAISHANKAR:** Sir, the concerns raised by the hon. Member are justified. We have had such cases. Again, as I said, particularly with respect to Southeast Asia, Cambodia, Myanmar, and to some degree Laos, we have taken a number of measures in this regard. In the e-Migrate portal, because often somebody travelling there will check our website, we put cautionary notices in the websites of the embassies.

We are conducting campaigns here involving even public personalities to caution young people to be careful about getting trapped in such schemes. Wherever we have rescued people, I gave the numbers earlier. We have got information from them who exactly sent them to these places. We have collaborated with other Ministries and the State Governments. We have sent reports about who are all engaged in these activities. This is a constant problem. We have to be

constantly aware of it. I can assure the hon. Member that it will be taken care of.

**श्री मियां अल्ताफ अहमद :** स्पीकर सर, मेरा एक स्पेसिफिक क्वेश्चन ऑनरेबल मिनिस्टर से है कि बहुत सारे सादा लोग, खास तौर से हमारे जम्मू-कश्मीर से बहुत से लोग फेक रिक्रूटमेंट एजेंसीज़ के चंगुल में फंस जाते हैं और उनको बड़ी दिक्कत होती है। इसलिए गवर्मेंट को कोई ऐसा सिस्टम बनाना चाहिए कि जो लोग ट्रांसपेरेंट तरीके से जाना चाहें वे जाएं और जो एजेंसीज़ और इंडिविजुअल्स ऐसा काम करते हैं, उनको सजा मिले।

**डॉ. सुब्रह्मण्यम जयशंकर:** सर, मैं आपके माध्यम से संसद के साथी को यह सूचना देना चाहता हूँ कि ट्रांसपेरेंट किस्म के जो भी लीगल रिक्रूटमेंट एजेंट्स हैं, उनकी लिस्ट हमारे पोर्टल पर है। मैं सबसे यह अपील करूंगा, क्योंकि यह हर एमपी की प्रॉब्लम होती है, हर क्षेत्र में यह समस्या है। हमें आजकल कम्प्लेंट्स आती हैं कि कोई कहीं फंस गया है, कोई किसी के जाल में कहीं आ गया है। हम इस प्रकार के अवेयरनेस कैंपेन आजकल चला रहे हैं। हम सबसे कहेंगे कि जो पोर्टल में लिखा गया है, जो रिक्रूटमेंट एजेंट्स हैं, उन्हीं के माध्यम से जाएं और जो उनके अलावा अगर लोग आएं और आपको कुछ ऑफर वगैरह दें तो उसको मानना नहीं चाहिए। अगर किसी सदस्य के यहां कोई ऐसी शिकायत आए, अगर वे हमें उसकी जानकारी भेजें, तो हम जरूर उस पर एक्शन लेंगे।

**DR. C. M. RAMESH :** Sir, what is the regulatory mechanism being adopted by the Government to stop the rising incidents of fake employment and recruitment agencies duping people in the name of job offer and sending unemployed youths abroad for jobs. It is frequently happening in my constituency in Anakapalle and in Kadapa district. Majority of the people going to the middle east are cheated. Every day we get requests from them that they have been cheated and that we should look after it and discuss with the External Affairs Minister and things like that. Is there any regulatory mechanism to check these things? Thank you.

**DR. SUBRAHMANYAM JAISHANKAR:** Sir, I would like to inform the hon. Member that there is an Act, that is, the Immigration Act, 1983 which provides the Government powers to regulate immigration of people going out to work. That is the basis on which the recruiting agents are evaluated and cleared. Where any illegal activity or any activity against rules happens, either we can take action as per the Immigration Act or there can be other provisions of the law under which action can be taken. If somebody is cheated, that cheating will come under the provisions of the other law and we would recommend that other provisions of the law be applied.

Sir, I would also like the hon. Member to know that there are cases, but there are also, today, a large number of people who have genuinely found satisfactory employment. For example, we have seen this particularly in the last few years because under the Modi Government, our relationship with the Gulf countries has greatly improved. There was an earlier question where visits were raised. If you take a country like UAE – today the Foreign Minister of the UAE is here – for 30 years, no Prime Minister of India went to UAE till Narendra Modi went. Today, if you look, the quality of our relationship with every one of the Gulf countries is better and we are treated better out there. The Governments are more cooperative and looking after Indians who have gone there for work. The number of Indians they have accepted is very much more. So, there is also a positive story to report. And, we should balance it up with some of the irregularities which take place, but the Government's commitment to stamp down on the irregularities is very firm.

**माननीय अध्यक्ष :** प्रश्न संख्या 266,

श्री दिलीप शङ्किया ।

**अंतर्देशीय जलमार्गों के माध्यम से माल की आवाजाही**

**\*266. श्री दिलीप शङ्किया :**

**श्रीमती साजदा अहमद :**

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

- (क) अंतर्देशीय जलमार्गों के माध्यम से माल की आवाजाही के संबंध में हुई प्रगति का ब्यौरा क्या है और क्या पिछले दस वर्षों के दौरान इसमें कोई उल्लेखनीय वृद्धि हुई है;
- (ख) देशभर में माल की आवाजाही तीव्र हो सके, इसके लिए अंतर्देशीय जलमार्ग कनेक्टिविटी बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;
- (ग) असम सहित देश के उत्तर-पूर्वी राज्यों में जलमार्गों के माध्यम से माल/कार्गों की आवाजाही के क्षेत्र में कार्यान्वित की जा रही विकास परियोजनाएं क्या हैं और पिछले दस वर्षों के दौरान कितने नए जलमार्ग जोड़े गए हैं; और
- (घ) उक्त परियोजनाओं की वर्तमान स्थिति, लागत और धनराशि के अब तक किए गए कुल आवंटन का ब्यौरा क्या है?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS**

**(SHRI SARBANANDA SONOWAL):**

(a) to (d) A Statement is laid on the Table of the House

**STATEMENT**

(a) Significant progress has been made in freight transportation through inland waterways during last ten years. Cargo movement on National Waterways has increased from 18.10 million ton in 2013-14 to 133.03 million-ton in 2023-24,

recording a compound annual growth rate (CAGR) of 22.1%. The number of operational National Waterways has increased from 5 in 2014 to 26 in 2024.

(b) The steps taken by the Government to increase cargo movement through the National Waterways through infrastructure and policy measures to enhance inland water connectivity are given in the enclosed **Annexure-I**.

(c) and (d) The details of major development projects undertaken in the field of freight/cargo transportation through waterways in the North – Eastern States of the country including Assam, total fund allocation, cost incurred and present status are given in the enclosed **Annexure-II**. In addition, details of project approved/undertaken under Central Sector Scheme (CSS) for development of inland water transport infrastructure in North Eastern States is given in the enclosed **Annexure-III**. Till 2016, there were 5 National Waterways in the country. In 2016, 106 New NWs were added through the National Waterways Act 2016 taking the tally to 111 NWs. There was only one NW in NER till 2016. Presently, there are 20 NWs in NER.

### **ANNEXURE-I**

**Steps taken by the Government to increase cargo movement through the National Waterways indicating the infrastructure and policy measures:**

(a) Infrastructure measures: (i) Fairway maintenance works (river training, maintenance dredging, channel marking and regular hydrographic surveys) are taken up in various National Waterways (NWs) for providing a navigation channel of



35/45 m width and 2.0 / 2.2 / 2.5 / 3.0 m least available depth (LAD) for operation of vessels.

(ii) 49 community jetties, 20 floating terminals, 3 Multi-Modal Terminals (MMTs) and 1 Inter-Modal Terminal (IMT) have been constructed on NW-1 (River Ganga).

(iii) 12 floating terminals provided on NW-2 (River Brahmaputra) along with one MMT at Pandu and permanent terminals at Jogighopa, Bogibeel and Dhubri. Four dedicated tourist Jetties have been provided at Jogighopa, Pandu, Biswanath Ghat and Neamati with an investment of Rs. 7.09 crores. In addition to above, Jetties for cruise and passengers have been constructed for Sadiya, Lyka and Orium Ghat in Assam.

(iv) 9 Permanent Inland Water Transport terminals with godowns and 2 Ro-Ro/Ro Pax terminals have been constructed on NW-3 (West Coast Canal in Kerala).

(v) 3 floating concrete jetties were provided to Govt. of Goa in 2020 and 1 during September 2022 and installed in Mandovi River (NW-68). 4 Tourist Jetties on part of NW-4 (River Krishna) in Andhra Pradesh have been commissioned and 12 floating jetties on NW-110 (River Yamuna) in Mathura-Vrindavan stretch in Uttar Pradesh, 2 Jetties on NW-73 (River Narmada) and tender has been awarded for construction of 2 Jetties on NW-37 (River Gandak) in Bihar.

(b) Policy Measures:

- A scheme for providing 35% incentive to promote the utilization of inland waterways transport sector by cargo owners and for establishing scheduled service for cargo movement on NW-1 and NW-2 and NW-16 via Indo

Bangladesh Protocol has been approved by the Government. This scheme is expected to divert 800 million tonne Km cargo on IWT mode, which is nearly 17% of the current cargo of 4700 million tonne Km on NWs. The scheme is at a cost of less than Rs. 100 Crore for three years and can be scaled up or modified depending on the success of the scheme. The scheme also aims to start a scheduled waterway cargo service between Kolkata and Varanasi/Pandu using IWAI vessels through Shipping Corporation of India for demonstration effect and to increase trust of cargo movers/owners in the waterway movement.

- Shift of cargo by PSUs: For modal shift of cargo to waterways, more than 140 Public Sector Units have been approached to plan their movement using Inland Water Transport mode. They have been requested to outline their current status of cargo movement through the waterways and their plan for modal shift of cargo. The Ministry of PNG, Co-operation/ Fertiliser, Food and Public distribution, Heavy industries, Steel and Coal have been requested to advise the PSUs under their jurisdiction to utilize IWT mode as far as possible and earmark certain percentage of their cargo for IWT mode keeping in line the MIV targets.
- Integration with Ports: World over, waterways are most optimally utilised if they are linked to ports. Kolkata port offers an opportunity of seamless integration with NW1 and can also help in resolving the problem of multi

modality. Therefore, Syama Prasad Mookherjee Port, Kolkata has been requested for operation and management of Multi Modal Terminals at Varanasi, Sahibganj, Haldia and Intermodal terminal at Kalughat along with other terminals on NW-1.

- **Cargo Aggregation:** The cargo movement on the waterways suffer from problems of multimodality because of lack of industries along the waterways. Therefore, projects for development of cargo aggregation hub – Freight Village at Varanasi and Integrated Cluster- cum-Logistics Park, Sahibganj have been taken up. NHLML, a PSU under the Ministry of Road Transport and Highways has been engaged for development of these MMLPs. The work of Rail connectivity for three MMTs has been assigned to M/s Indian Port and Rail Company Ltd. (A PSU under MoPSW).
- **River Cruise Tourism:** To promote river cruise tourism, number of meetings with cruise operators have been organised. Based on their feedback, steps like provision of shore power at IWAI terminals, extra berthing arrangements, etc. have been made. New cruise circuits have been identified for operationalization. A total of 34 Waterways have been identified for cruise movement and 10 have already been operationalised.
- **IBP Route:** Indo Bangladesh Protocol route no. 5 and 6 between Maia and Sultanganj has been operationalized recently with successful trial movements.

Major development projects undertaken by IWAI in NER

**ANNEXURE-II**

**Major development projects undertaken by IWAI in NER**

<b>Sl. No</b>	<b>Particulars</b>	<b>Sanctioned Amount (in Rs. Cr.)</b>	<b>Cost Incurred (in Rs. Cr.)</b>	<b>Status</b>
1	Comprehensive Development of NW-2 (River Brahmaputra) from 2020-21 to 2024-25	474.00	405.17	85%
2	Development of Approach Road from Pandu Port Terminal to NH-27 and Development of Ship Repair Facility at Pandu, Guwahati (Assam) on NW-2	388.00	259.44	67%
3	Comprehensive Development of NW-16 (River Barak) from 2020-21 to 2024-25.	148.00	37.05	25%
	<b>Total</b>	<b>1010.00</b>	<b>701.66</b>	

**ANNEXURE-III**

<b>Sl. No.</b>	<b>Projects under Central Sector Scheme (CSS)</b>	<b>Cost (in Rs. Cr.)</b>
A	Assam	
1	Construction of Passenger Vessels of different capacities, construction of terminal facilities and capacity building of crews of IWT, Assam on River Brahmaputra NW2 and Barak NW-16.	25.00
B	Mizoram	

1	Preparation of DPR for development of IWT in River Tlawng.	0.89
2	Preparation of DPR for development of IWT in Chhimtuipui.	1.41
C	Nagaland	
1	Preparation of DPR for Promotion of Water Sports and Tourism at Noune and Shilloi Lake in Nagaland under Central Sector Scheme.	0.90
2	Proposal for preparation of DPR for development of IWT in Doyang Lake.	0.85
D	Tripura	
1	Setting up of linkage with Meghna River system in Bangladesh by developing Gumti River.	24.53
	Total	53.58

**श्री दिलीप शङ्कीया :** आदरणीय अध्यक्ष जी, देश के यशस्वी प्रधानमंत्री नरेन्द्र मोदी जी के नेतृत्व में पिछले दस सालों में काफी काम हुआ है। हमारे 140 करोड़ भारतीयों का जो सपना है, वह 'विकसित भारत' और 'आत्मनिर्भर भारत' है। इस 'विकसित भारत' और 'आत्मनिर्भर भारत' के लक्ष्य की पूर्ति के लिए पोर्ट, शिपिंग और वाटरवेज मिनिस्ट्री ने काफी सारा योगदान सुनिश्चित किया है। इसके लिए मैं आदरणीय मंत्री श्री सर्बानंद सोनोवाल जी को धन्यवाद देता हूँ।

महोदय, मैं सवाल करना चाहता हूँ। माननीय प्रधानमंत्री श्री नरेन्द्र मोदी जी के नेतृत्व में मेरीटाइम इंडिया विजन (एमआईवी) 2030 के अनुसार भारत सरकार का लक्ष्य अंतर्देशीय जल परिवहन की हिस्सेदारी को 5 परसेंट तक बढ़ाना है। इसके लिए केंद्र सरकार क्या कदम उठाने वाली है? इससे नॉर्थ-ईस्ट इंडिया को क्या लाभ मिलेगा? नॉर्थ-ईस्ट इंडिया करीब 1800 किलोमीटर पर है।

महोदय, मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहता हूँ कि इससे नॉर्थ-ईस्ट को क्या लाभ हुआ है?

**श्री सर्बानंद सोनोवाल:** माननीय अध्यक्ष जी, मैं सबसे पहले दिलीप शङ्कीया जी और श्रीमती साजदा अहमद जी को धन्यवाद देना चाहता हूँ, क्योंकि उन लोगों ने जलमार्ग के सिलसिले में सवाल उठाया है। जैसे आप सब को मालूम है कि पिछले दस सालों के अंदर जलमार्ग विकास के सिलसिले में परम आदरणीय प्रधानमंत्री श्री नरेन्द्र मोदी जी के नेतृत्व में जो भी काम हुआ है, उसके बारे में कई बार मैं इसी सदन में आंकड़े सहित जवाब दे चुका हूँ। मैं उल्लेख करना चाहता हूँ कि एकट ईस्ट पॉलिसी के द्वारा नॉर्थ-ईस्ट में ब्रह्मपुत्र नेशनल वाटरवेज नंबर-2, बराक नेशनल वाटरवेज नंबर-16 से लेकर जो नेशनल वाटरवेज नंबर 20 है, इनके विकास के लिए अलग-अलग कदम उठाये गए हैं।

महोदय, सबसे ज्यादा निवेश पिछले दस सालों में ही हुआ है। इसके पहले नेशनल वाटरवेज की संख्या वर्ष 2016 तक सिर्फ पाँच तक सीमित थी। वर्ष 2016 के बाद देश में कुल मिलाकर 111 नेशनल वाटरवेज बने हैं। इसके विकास के लिए अगर सबसे

ज्यादा इन्वेस्टमेंट हुई तो वह मोदी जी के कार्यकाल में हुई। जलमार्ग के क्षेत्र में 6000 करोड़ रुपये से ज्यादा का पहली बार निवेश हुआ है।

### **12.00 hrs**

इसलिए मैं कहूँगा कि नेशनल वाटर वेज में वर्ष 2014 तक हमारी कार्गो हैंडलिंग सिर्फ 18.1 पर्सेंट तक सीमित रही, लेकिन 10 सालों के अंदर ही 133 मिलियन मीट्रिक टन की कार्गो हैंडलिंग कैपिसिटी बढ़ी है। इससे साफ अंदाजा लगा सकते हैं कि देश में जल मार्ग के जरिए विकास कैसे तेजी से होने लगा है। अध्यक्ष जी, मैं चाहूँगा कि इस विषय पर और भी सवाल हमारे परम आदरणीय सांसद उठाएं। देश में इस विषय पर विस्तार से चर्चा होनी बहुत जरूरी है।

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### WRITTEN ANSWERS TO QUESTIONS

#### पाकिस्तान की जेलों में बंद भारतीय मछुआरे

**\*267. श्री उमेषभाई बाबूभाई पटेल:**

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार को यह जानकारी है कि संघ राज्यक्षेत्र दादरा और नागर हवेली तथा दमन और दीव के कई मछुआरे पाकिस्तान की जेलों में कैद हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार उन्हें रिहा कराने के लिए कोई प्रयास कर रही है;

(ग) यदि हां, तो इस संबंध में सरकार द्वारा की गई/की जाने वाली कार्रवाई सहित तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार ने ऐसे मछुआरों को रिहा कराने के लिए कोई नीति बनाई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

**विदेश मंत्री (डॉ. सुब्रह्मण्यम जयशंकर):**

(क) से (घ) 21 मई 2008 को हस्ताक्षरित 'भारत-पाकिस्तान कोंसली सहायता करार' के अनुसार, दोनों देशों की जेलों में बंद नागरिक कैदियों और मछुआरों की सूची का आदान-प्रदान प्रति वर्ष 1 जनवरी और 1 जुलाई को किया जाता है। 1 जुलाई 2024 को जिन सूचियों का आदान-प्रदान किया गया, उनके अनुसार पाकिस्तान ने पुष्टि की है कि 211 भारतीय/भारतीय माने जाने वाले मछुआरों उनकी हिरासत में हैं, जिसमें दमन और दीव के 24 मछुआरे शामिल हैं तथा दादरा और नगर हवेली का कोई भी मछुआरा नहीं है।

दमन और दीव के 24 मछुआरों को कोंसली सहायता प्रदान की गई है और उनकी भारतीय राष्ट्रियता की पुष्टि भी कर दी गई है तथा पाकिस्तान सरकार को इसके बारे में सूचित कर दिया गया है। पाकिस्तान को दमन और दीव के उन सभी भारतीय मछुआरों की रिहाई और स्वदेश वापसी में तेजी लाने के लिए कहा गया है, जिन्होंने अपनी सजा पूरी कर ली है और जिनकी राष्ट्रियता की पुष्टि हो गई है। पाकिस्तान से यह अनुरोध भी किया गया है कि वह पाकिस्तान की हिरासत में कैद ऐसे सभी मछुआरों को तत्काल कोंसली सहायता प्रदान करे, जिनके बारे में माना जाता है कि वे भारतीय हैं।

सरकार भारतीय मछुआरों के कल्याण, सुरक्षा तथा उनकी शीघ्र रिहाई और स्वदेश वापसी को सर्वोच्च प्राथमिकता देती है। जैसे ही पाकिस्तान द्वारा भारतीय मछुआरों और मछली पकड़ने वाली उनकी नौकाओं को पकड़े जाने के मामले सामने आते हैं, इस्लामाबाद स्थित भारतीय उच्चायोग द्वारा पाकिस्तान सरकार से कोंसली सहायता प्राप्त करने के लिए तत्काल कदम उठाए जाते हैं। कोंसली सहायता के दौरान, भारतीय उच्चायोग के अधिकारी पाकिस्तानी जेलों में बंद भारतीयों/भारतीय माने जाने वाले मछुआरों से उनकी कुशलता का पता लगाने के लिए मिलने जाते हैं और उन्हें दैनिक उपयोग की वस्तुएं प्रदान करते हैं। भारतीय मछुआरों को उनकी नौकाओं सहित शीघ्र रिहाई और स्वदेश वापसी के लिए कानूनी सहायता के साथ सभी संभव सहायता प्रदान की जाती है। इस मुद्दे को लगातार पाकिस्तान सरकार के साथ उठाया



जाता है और यह अनुरोध किया जाता है कि इस मुद्दे पर पूर्णतः मानवीय और आजीविका आधार पर विचार किया जाए।

सरकार के सतत प्रयासों के परिणामस्वरूप, 2014 से अब तक 2639 भारतीय मछुआरों को पाकिस्तान से वापस लाया गया है।

### **NEW JAN AUSHADHI KENDRAS**

**\*268. DR. K. SUDHAKAR:**

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

- (a) whether the Government has a list of new Jan Aushadhi Kendras (JAKs) proposed across the country, if so, the details thereof for Karnataka;
- (b) the action plan formulated to increase the number of Jan Aushadhi Kendras in rural areas, State/UT-wise including Karnataka;
- (c) the present status of JAKs set up in the State of Karnataka, district-wise;
- (d) whether the Government is planning to include more medicines in JAKs across the country;
- (e) if so, the details thereof and the other steps taken in this regard; and
- (f) the number of JAKs at Chikkaballapur Lok Sabha Constituency and the details regarding new proposals for opening of new JAKs therein?

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

(a): A total of 14,320 Jan Aushadhi Kendras (JAKs) have been opened across the country till 30.11.2024, of which 1373 JAKs have been opened in the State of Karnataka. State/UT-wise number of JAKs is given in the enclosed **Statement-I**.

(b): The Government has decided to open 25,000 Jan Aushadhi Kendras (JAKs) across the country by March 2027. Online applications have been invited from all districts of the country through the website [www.janaushadhi.gov.in](http://www.janaushadhi.gov.in). To increase access to medicines in rural areas, Jan Aushadhi has partnered with the Cooperative Sector to open Jan Aushadhi Kendras through Primary Agriculture Cooperative Societies (PACS). Till 30<sup>th</sup> November 2024, 687 Kendras have been opened in PACS. Out of these 20 JAKs have been opened in PACS category in Karnataka.

(c): Till 30.11.2024, a total of 1373 Jan Aushadhi Kendras have been opened in Karnataka. District-wise number of JAKs opened in Karnataka is given in the enclosed **Statement-II**.

(d) and (e): Under PMBJP 2047 types of medicines and 300 surgicals/devices have been brought under the product basket covering all major therapeutic groups such as Cardiovascular, Anti-cancers, Anti-diabetics, Anti-infectives, Anti-allergic, Gastro-intestinal medicines, Nutraceuticals, etc. New medicines are added to the product basket of PMBJP on a regular basis.

(f): Till 30.11.2024, a total of 14 JAKs have been opened in Chikkaballapur Lok Sabha Constituency.

In last one year, total 33 applications have been received from Chikkaballapur Lok Sabha Constituency for opening of JAKs, of which 20 applicants have been given in-principle approval.

**STATEMENT-I**

<b>State/UT-wise number of JAKs till 30.11.2024</b>		
<b>Sl. No.</b>	<b>Name of State/UT</b>	<b>No. of JAKs Opened</b>
1	Andaman and Nicobar	9
2	Andhra Pradesh	270
3	Arunachal Pradesh	34
4	Assam	164
5	Bihar	747
6	Chandigarh	10
7	Chhattisgarh	233
8	Delhi	485
9	Goa	15
10	Gujarat	726
11	Haryana	376
12	Himachal Pradesh	69
13	Jammu and Kashmir	313
14	Jharkhand	138
15	Karnataka	1373
16	Kerala	1458
17	Ladakh	2
18	Lakshadweep	1
19	Madhya Pradesh	516
20	Maharashtra	702
21	Manipur	49

22	Meghalaya	23
23	Mizoram	15
24	Nagaland	21
25	Odisha	644
26	Puducherry	32
27	Punjab	481
28	Rajasthan	455
29	Sikkim	12
30	Tamil Nadu	1300
31	Telangana	198
32	DNH and DD	38
33	Tripura	29
34	Uttar Pradesh	2533
35	Uttarakhand	303
36	West Bengal	546
<b>Grand Total</b>		<b>14,320</b>

**STATEMENT-II**

<b>District-wise number of JAKs opened in the State of Karnataka since inception till 30.11.2024</b>		
<b>Sl. No.</b>	<b>Name of the District</b>	<b>No. of JAKs opened</b>
1	Bagalkote	28
2	Bengaluru Urban	381
3	Bengaluru Rural	37
4	Belagavi	21
5	Ballari	25
6	Bidar	28
7	Vijayapura	46
8	Chamarajanagara	14
9	Chikkamagaluru	22

10	Chitradurga	20
11	Dakshina Kannada	125
12	Davangere	36
13	Dharwad	41
14	Gadag	15
15	Kalaburagi	31
16	Hassan	23
17	Haveri	42
18	Kodagu	19
19	Kolar	17
20	Koppal	24
21	Mandya	44
22	Mysuru	71
23	Raichur	29
24	Shivamogga	41
25	Tumakuru	42
26	Udupi	67
27	Uttara Kannada	27
28	Chikkaballapura	14
29	Ramanagara	17
30	Yadgir	14
31	Vijayanagar	12
<b>Total</b>		<b>1373</b>

### QUACK/FAKE DOCTORS

**\*269. SHRI ESWARASAMY K.:**

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

(a) whether it is a fact that there are still thousands of quack/fake doctors practicing medicine illegally in many parts of the country, if so, the details thereof;

(b) whether these quacks have acquired some professional degree/diplomas to practice medicine, if so, the details thereof;

(c) whether the Government has set up any machinery to keep a check and punish these quacks; and

(d) if so, the details thereof?

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

(a) to (d) Section 34 of the National Medical Commission (NMC) Act, 2019, prohibits a person other than a medical practitioner enrolled in the State/National Register, to practice medicine as a qualified medical practitioner. Any person who contravenes, punishment of imprisonment for a term which may extend to one year or with a fine which may extend to Rs.5 Lakh or both is also prescribed under the Act.

As informed by NMC, all State Medical Councils and in-charge of medical education of all States/UTs, were requested to appoint an officer to file complaints before the Hon'ble Court or any other concerned authority to take appropriate action against quacks as per law.

**SUPPLY OF FERTILIZERS**

**\*270. SHRI KODIKUNNIL SURESH:**

(a) current status of the availability and supply of fertilizers in India particularly in the State of Kerala during the current agricultural season;

- (b) whether there have been any disruptions in the supply chain of fertilizers, and if so, the reasons for such disruptions;
- (c) the steps taken by the Government to ensure a consistent and timely supply of fertilizers to farmers especially during the peak seasons;;
- (d) the total quantity of fertilizers allocated to Kerala in the current fiscal year and the distribution mechanism for ensuring fair access to farmers;
- (e) whether there are any plans to increase the subsidy or introduce new schemes to make fertilizers more affordable for farmers, particularly small-scale farmers, if so, the details thereof; and
- (f) the manner in which the Government is addressing concerns relating to black market practices or hoarding of fertilizers and the measures that are in place to prevent such activities?

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

(a) to (d): The details of requirement, availability, sales and closing stock of Urea, DAP, MOP and NPK in the country, including the state of Kerala, during Kharif 2024 and Rabi 2024-25, is given in the enclosed **Statement-I**.

Department of Agriculture and Farmers Welfare (DAandFW) assesses the requirement for major fertilizers viz. UREA, DAP, MOP and NPKS fertilizers, before each cropping season (viz. Kharif and Rabi) through “Zonal Conference for Agricultural Inputs”. Based on the assessment done by 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.

(e): Under Urea Subsidy Scheme, 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. 266.50. Further, under Nutrient Based Subsidy (NBS) scheme, the MRP of Phosphatic and Potassic (P and K) fertilizers is decontrolled and fixed by fertilizer companies as per market dynamics at reasonable level which is monitored by the Government. The details of MRP of major NPK grades, DAP and MOP from 2022-23 to 2024-25 is given in the enclosed **Statement-II**. Accordingly, fertilizers are made available to farmers at affordable prices.

(f): Fertilizers are declared as an essential commodity under the Essential Commodities (EC) 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/hoarding of fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

### **STATEMENT-I**

#### **ALL INDIA FERTILIZER POSITION**

##### **I. RABI 2024-25 (01.10.2024 to 09.12.2024)**



&lt;QTY IN LMT&gt;

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	PRO- RATA REQUIREMENT TILL 09.12.2024	AVAILABILITY TILL 09.12.2024	DBT SALES TILL 09.12.2024	CLOSING STOCK TILL 09.12.2024
1	UREA	186.89	89.37	133.97	73.52	60.45
2	DAP	52.05	36.91	40.47	31.77	8.70
3	MOP	11.95	6.24	14.22	5.77	8.45
4	NPKS	77.10	41.09	60.74	37.03	23.71
* Primary Indicator of comfortable availability: Availability > Requirement						
** Secondary Indicator of comfortable availability: Availability > Sales						

## II. KERALA FERTILIZERS POSITION FOR RABI 2024-25 (01.10.2024 to 09.12.2024)

&lt;QTY IN '000' MT&gt;

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	PRO- RATA REQUIREMENT TILL 09.12.2024	AVAILABILITY TILL 09.12.2024	DBT SALES TILL 09.12.2024	CLOSING STOCK TILL 09.12.2024
1	UREA	57.00	29.00	47.00	33.00	14.00
2	DAP	7.00	3.00	8.00	6.00	2.00
3	MOP	40.00	21.00	49.00	25.00	24.00
4	NPKS	60.00	29.00	57.00	39.00	18.00

\* Primary Indicator of comfortable availability: Availability &gt; Requirement

\*\* Secondary Indicator of comfortable availability: Availability &gt; Sales

## ALL INDIA FERTILIZERS POSITION

### I. KHARIF 2024

&lt;QTY IN LMT&gt;

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	AVAILABILITY	DBT SALES	CLOSING STOCK
1	UREA	177.12	252.10	189.12	63.02
2	DAP	59.87	58.08	46.12	12.23
3	MOP	10.26	16.60	9.27	7.33
4	NPKS	74.19	111.66	75.46	35.94
* Primary Indicator of comfortable availability: Availability > Requirement					
** Secondary Indicator of comfortable availability: Availability > Sales					

## II. KERALA FERTILIZERS POSITION FOR KHARIF 2024

&lt;QTY IN '000' MT&gt;

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	AVAILABILITY	DBT SALES	CLOSING STOCK
1	UREA	54.00	73.00	52.00	21.00
2	DAP	10.00	13.00	10.00	3.00
3	MOP	42.00	50.00	38.00	12.00
4	NPKS	77.00	96.00	61.00	35.00
* Primary Indicator of comfortable availability: Availability > Requirement					
** Secondary Indicator of comfortable availability: Availability > Sales					

### STATEMENT-II

**Product -Wise Average MRP(Rs./Bag) from 2022-23 to 2024-25  
as on October-24**

Product Name	2022-23	2023-24	2024-25
10-26-26	1488.04	1469.75	1494.77
12-32-16	1578.12	1493.26	1470.00
20-20-0-13	1402.28	1263.78	1262.65
DAP	1347.00	1349.99	1350.00
MOP	1707.38	1699.39	1579.20

### राष्ट्रीय जलमार्ग संख्या 5 पर कार्य

**\*271. श्री रुद्र नारायण पाणी :**

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

- (क) क्या राष्ट्रीय जलमार्ग संख्या 5 पर काम शुरू हो गया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) यदि नहीं, तो उक्त निर्माण कार्य कब तक शुरू होकर पूरा होने की संभावना है?

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

**(क) से (ग):** जी, हां। राष्ट्रीय जलमार्ग 5 (ब्राह्मणी का तलचर-धामरा जलखंड - खरसुआ-तांतीघई-पांडुआ नाला-दुधेई नाला-कानी धामरा-नदी प्रणाली, पूर्वी तट नहर का जियोनखली-चरबतिया जलखंड, मतई नदी का चरबतिया-धामरा खंड और महानदी डेल्टा नदियां) की घोषणा के बाद भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूआई) ने निम्नलिखित कार्य किए हैं:

- वर्ष 2009 में पूर्वी तट नहर (ईसीसी) और ब्राह्मणी-खरसुआ नदी प्रणाली के साथ अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) के विकास के लिए विस्तृत परियोजना रिपोर्ट (डीपीआर)।
- वर्ष 2016 में ईसीसी और ब्राह्मणी-खरसुआ नदी प्रणाली के साथ आईडब्ल्यूटी के विकास के लिए डीपीआर का अद्यतनीकरण।

- iii. वर्ष 2017 में आईआईटी गुवाहाटी द्वारा ब्राह्मणी डेल्टा नेटवर्क के लिए गणितीय मॉडलिंग अध्ययन।
- iv. वर्ष 2019 में चार (4) बांध (वीयर) सह बैराज, चार (4) नौचालन लॉक्स के साथ एक (1) रबर बांध और दो (2) चेक डैम के निर्माण के लिए डीपीआर तैयार करना।
- v. वर्ष 2020 में धामरा/पारादीप से पंकपाल के बीच मौजूदा नौ (9) पुलों के नीचे आवश्यक नौचालन निकासी उपलब्ध कराने के लिए विस्तृत इंजीनियरिंग डिजाइन और ड्राइंग (डीईडी एंड डी) सहित विस्तृत इंजीनियरिंग रिपोर्ट (डीईआर)।
- vi. उच्च वोल्टेज लाइन/निम्न वोल्टेज लाइन (एचटी/एलटी) लाइनों का सुधार - मौजूदा विद्युत लाइनों के नीचे नौचालन निकासी से संबंधित कार्य ओडिशा सरकार के माध्यम से किया जा रहा है।

तलचर के निकट की कोयला खदानों से कोयले की निकासी तथा रा.ज.-5 पर धामरा और पारादीप पत्तनों से कलिंगनगर के औद्योगिक क्षेत्र को जोड़ने संबंधी परियोजना की अवधारणा बनाई गई है। इस संबंध में, आईडब्ल्यूआई द्वारा निम्नलिखित कार्य किए गए/पूरे किए गए हैं:

- i. मौजूदा विशेष प्रयोजन वाहन (एसपीवी) अर्थात् ओडिशा इनलैंड वाटरवेज कंसोर्टियम लिमिटेड को चिन्हित किया गया है और मई 2024 में ओडिशा सरकार, पारादीप पत्तन प्राधिकरण और आईडब्ल्यूआई के साथ इसको इक्विटी भागीदार के रूप में शामिल कर लिया गया है।
- ii. चरण-1 (पंकापल-धामरा/पारादीप) के बांधों/बैराजों के लिए डिजाइन और ड्राइंग्स का पुनरीक्षण कार्य मार्च 2024 में पूरा हो गया है।
- iii. चरण-2 (तलचर-पंकापल) के लिए तकनीकी-आर्थिक व्यवहार्यता रिपोर्ट (टीईएफआर) जून 2024 में पूरी हो गई है।

- iv. वित्तीय विश्लेषण रिपोर्ट तैयार कर ली गई है, जिसे सितंबर 2024 में सभी हितधारकों के साथ साझा कर दिया गया है।
- v. इसके अलावा, पहले उल्लिखित सभी रिपोर्टों को शामिल करते हुए डीपीआर को अद्यतन करने का कार्य शुरू किया गया।

### पोषण ट्रैकर कार्यक्रम

**\*272. श्री प्रताप चंद्र षडङ्गी:**

**डॉ. विनोद कुमार बिंद:**

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

- (क) क्या सरकार देश में बच्चों के लिए पोषण अभियान लागू कर रही है, यदि हां, तो इसका ब्यौरा क्या है और इसकी मुख्य विशेषताएं क्या हैं;
- (ख) पोषण ट्रैकर कार्यक्रम का ब्यौरा क्या है और उक्त कार्यक्रम से उत्तर प्रदेश के अमरोहा संसदीय निर्वाचन क्षेत्र और महाराष्ट्र के जलगांव संसदीय निर्वाचन क्षेत्र सहित राज्य-वार बच्चों के विकास और पोषण की स्थिति की प्रभावी निगरानी किस प्रकार होती है;
- (ग) देश में उक्त कार्यक्रम के कार्यान्वयन में सरकार द्वारा हासिल की गई उपलब्धियों का ब्यौरा क्या है और उपर्युक्त निर्वाचन क्षेत्रों में इसे किस तरह अपनाया गया है;
- (घ) उक्त कार्यक्रम के तहत विकास की नियमित निगरानी के माध्यम से हर माह कितने बच्चों की माप की जाती है तथा उपर्युक्त क्षेत्रों में कुपोषण को दूर करने के संबंध में इस माप के क्या-क्या प्रभाव पड़ते हैं; और
- (ङ) उपर्युक्त क्षेत्रों जैसे ग्रामीण और अल्पविकसित क्षेत्रों सहित महाराष्ट्र में बाल स्वास्थ्य की स्थिति में सुधार के लिए पोषण ट्रैकर कार्यक्रम की सफलता का लाभ किस प्रकार उठाया जाएगा?

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

(क): पोषण अभियान मार्च 2018 में शुरू किया गया था। 15वें वित्त आयोग के तहत, कुपोषण की चुनौती से निपटने के लिए आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों (आकांक्षी जिलों एवं पूर्वोत्तर क्षेत्र में 14-18 वर्ष की) के लिए योजना जैसे विभिन्न घटकों को व्यापक मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) के अंतर्गत शामिल किया गया है। यह एक केंद्र प्रायोजित योजना है जिसके कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है।

यह सार्वभौमिक, स्वयं-चयनित (कोई प्रवेश बाधा नहीं) योजना आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में नामांकन कराने वाले सभी पात्र लाभार्थियों के लिए उपलब्ध है और इसे सभी राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित किया जा रहा है।

इस मिशन के उद्देश्य इस प्रकार हैं:

- देश में मानव पूंजी के विकास में योगदान देना;
- कुपोषण की चुनौती का समाधान करना;
- स्थायी स्वास्थ्य और खुशहाली के लिए पोषण जागरूकता तथा खान-पान की अच्छी आदतों को बढ़ावा देना

इस मिशन के तहत सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और पक्ष समर्थन जैसे कार्यकलापों के माध्यम से कुपोषण में कमी लाने तथा स्वास्थ्य, तंदुरुस्ती एवं प्रतिरक्षा में सुधार के लिए एक नई कार्यनीति बनाई गई है। इसमें मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और आयुष पद्धतियों के माध्यम से तंदुरुस्ती पर ध्यान केंद्रित किया जाता है ताकि कुपोषण, ठिगनेपन, रक्ताल्पता (एनीमिया) और अल्प वजन के प्रसार को कम किया जा सके।

इस योजना के तहत बच्चों (6 महीने से 6 वर्ष), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को पूरक पोषण दिया जाता है ताकि जीवन चक्र दृष्टिकोण अपनाकर पीढ़ियों से चले आ

रहे कुपोषण के चक्र को समाप्त किया जा सके। पूरक पोषण राष्ट्रीय खाद्य सुरक्षा अधिनियम की अनुसूची- II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को पिछले वर्ष संशोधित और उन्नयित किया गया है। पुराने मानदंड काफी हद तक कैलोरी-विशिष्ट थे, तथापि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों के मामले में अधिक व्यापक और संतुलित हैं। इस मानदंड में गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्वों का प्रावधान किया गया है।

महिलाओं और बच्चों में रक्ताल्पता (एनीमिया) को नियंत्रित करने और सूक्ष्म पोषक तत्वों की जरूरत की पूर्ति करने के लिए आंगनवाड़ी केंद्रों को फोर्टिफाइड चावल की आपूर्ति की जा रही है। आंगनवाड़ी केंद्रों पर सप्ताह में कम से कम एक बार पका हुआ गर्म भोजन और घर ले जाया जाने वाला राशन (टीएचआर) तैयार करने के लिए मिलेट (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

महिला एवं बाल विकास मंत्रालय और स्वास्थ्य और परिवार कल्याण मंत्रालय ने बच्चों में गंभीर तीव्र कुपोषण को रोकने और उसका इलाज करने तथा इससे जुड़ी रुग्णता एवं मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएम) के लिए संयुक्त रूप से प्रोटोकॉल जारी किया है।

इस मिशन के अंतर्गत सामुदायिक जुटाव और जागरूकता पक्ष समर्थन एक प्रमुख कार्यकलाप है। इसके माध्यम से लोगों को पोषण संबंधी पहलुओं के बारे में शिक्षित करने के लिए जन-आंदोलन चलाया जाता है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर और मार्च-अप्रैल के माह में मनाए जाने वाले पोषण माह और पोषण पखवाड़े के दौरान सामुदायिक सहभागिता कार्यक्रमों के तहत नियमित रूप से जागरूकता कार्यकलापों का आयोजन और रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रम (सीबीई) ने पोषण पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में काम किया है और सभी आंगनवाड़ी कार्यकर्त्रियों को प्रत्येक महीने समुदाय आधारित दो कार्यक्रम आयोजित करने होते हैं।

(ख) से (ड): आंगनवाड़ी केंद्रों पर पोषण वितरण प्रणाली को मजबूत बनाने और उसमें पारदर्शिता लाने

के लिए आईटी प्रणाली का लाभ उठाया गया है। 01 मार्च, 2021 को एक महत्वपूर्ण आईटी गवर्नेंस टूल के रूप में 'पोषण ट्रैकर' एप्लिकेशन शुरू किया गया था। यह आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में बुनियादी ढांचे और सेवा वितरण की निगरानी और ट्रैकिंग की सुविधा प्रदान करता है, और परिभाषित संकेतकों पर लाभार्थियों की पहचान करता है।

आंगनवाड़ी कार्यकर्त्रियों को महीने में एक बार सभी बच्चों (0-6 वर्ष) का कद और वजन मापने का अधिदेश दिया गया है। आंगनवाड़ी कार्यकर्त्रियों द्वारा दर्ज किए गए कद और वजन के आंकड़ों के आधार पर, डब्ल्यूएचओ मानकों के अनुसार बच्चों में ठिगनेपन, दुबलेपन, अल्प वजन की व्यापकता की सतत पहचान करने के लिए पोषण ट्रैकर का लाभ उठाया जा रहा है।

पोषण ट्रैकर हिंदी और अंग्रेजी सहित 24 भाषाओं में उपलब्ध है। इसने आंगनवाड़ी सेवाओं के लिए लगभग रीयल टाइम डेटा संग्रह को सुगम बनाया है। समय पर पाठ्यक्रम सुधार और केंद्रित पहल के लिए केंद्रीय स्तर से लेकर परियोजना स्तर तक विभिन्न स्तरों पर मासिक डैशबोर्ड और फैक्टशीट प्रदान की जाती हैं।

पोषण केवल खाना खाने तक ही सीमित नहीं है; इसके लिए उचित पाचन, अवशोषण और चयापचय आवश्यक होते हैं जो स्वच्छता, शिक्षा और सुरक्षित पेयजल तक पहुंच जैसे कारकों से प्रभावित होते हैं। चूंकि कुपोषण के लिए भोजन, स्वास्थ्य, पानी, स्वच्छता और शिक्षा के आयामों को शामिल करते हुए एक बहु-क्षेत्रीय दृष्टिकोण आवश्यक होता है, इसलिए कुपोषण के मुद्देका प्रभावी ढंग से समाधान करना महत्वपूर्ण है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत 18 मंत्रालयों/विभागों के बीच परस्पर (क्रॉस कटिंग) अभिसरण की मदद से कुपोषण की चुनौतियों का समाधान किया जा रहा है।

स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा वर्ष 1992-93 से आयोजित राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के विभिन्न चक्रों में भी पूरे भारत में बच्चों में कुपोषण संकेतकों में सुधार दिखाया गया है। एनएफएचएस-1 से एनएफएचएस-5 तक बच्चों के लिए इन संकेतकों का विवरण नीचे



दिया गया है:

एनएफएचएस सर्वेक्षण	ठिगनापन %	अल्प वजन %	दुबलापन %
एनएफएचएस-1 (1992-93)*	52	53.4	17.5
एनएफएचएस-2 (1998-99)**	45.5	47	15.5
एनएफएचएस-3 (2005-6)***	48.0	42.5	19.8
एनएफएचएस-4 (2015-16)***	38.4	35.8	21.0
एनएफएचएस-5 (2019-21)***	35.5	32.1	19.3

\* 4 वर्ष से कम

\*\* 3 वर्ष से कम

\*\*\* 5 वर्ष से कम

उपर्युक्त तालिका संबंधित समय के साथ 0-3 वर्ष, 0-4 वर्ष और 0-5 वर्ष आयु के सभी बच्चों में कुपोषण संकेतकों की तस्वीर प्रस्तुत करती है।

वर्ष 2021 के लिए भारत में 5 वर्ष तक के सभी बच्चों की अनुमानित जनसंख्या 13.75 करोड़ है (स्रोत: भारत और राज्यों के लिए जनसंख्या अनुमान 2011-2036, राष्ट्रीय जनसंख्या आयोग, स्वास्थ्य और परिवार कल्याण मंत्रालय)। तथापि अक्टूबर 2024 के आंकड़ों के अनुसार, 5 वर्ष तक के केवल 7.54 करोड़ बच्चे ही आंगनवाड़ियों में नामांकित हैं और महिला एवं बाल विकास मंत्रालय के पोषण ट्रैकर पर पंजीकृत हैं। इनमें से 7.31 करोड़ बच्चों के कद और वजन में वृद्धि मापदंडों पर मापी गई। इनमें से 38.9% बच्चे ठिगने, 17% बच्चे अल्प वजन के और 5.2% बच्चे कमजोर पाए गए।

इसके अलावा, वर्ष 2021 के लिए भारत में 6 वर्ष तक के सभी बच्चों की अनुमानित जनसंख्या लगभग 16.1 करोड़ है (स्रोत: भारत और राज्यों के लिए जनसंख्या अनुमान 2011-2036, राष्ट्रीय जनसंख्या आयोग, स्वास्थ्य और परिवार कल्याण मंत्रालय)। पोषण ट्रैकर के अक्टूबर 2024 के आंकड़ों के अनुसार, 8.82 करोड़ बच्चे (0-6 वर्ष) आंगनवाड़ियों में नामांकित हैं, जिनमें से 8.55 करोड़ बच्चों की कद और वजन के विकास मापदंडों पर माप की गई। इनमें से 37% बच्चे (0-6 वर्ष) ठिगने पाए गए और 17% बच्चे (0-6 वर्ष) अल्प वजन के पाए गए।

उपरोक्त एनएफएचएस आंकड़ों और पोषण ट्रैकर डेटा के विश्लेषण से भारत भर में बच्चों में कुपोषण संकेतकों में सुधार दिखाई देता है।

देश में कुपोषित बच्चों का राज्य-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

उत्तर प्रदेश के अमरोहा संसदीय क्षेत्र और महाराष्ट्र के जलगांव संसदीय क्षेत्र में कुपोषित बच्चों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

कुल पंजीकृत बच्चों और मापे गए बच्चों की संख्या का संलग्न **विवरण -III** में दिया गया है।

### विवरण-I

पोषण ट्रैकर के अनुसार अक्टूबर 2024 में देश में कुपोषित बच्चों (0-5 वर्ष) का राज्य-वार विवरण इस प्रकार है:

राज्य	ठिगनापन %	दुबलापन %	अल्प वजन %
आंध्र प्रदेश	22.6	5.3	10.8
अरुणाचल प्रदेश	32.8	4.2	9.6
असम	42.4	3.8	16.4
बिहार	43.8	9.2	22.9
छत्तीसगढ़	21.5	7	13.1
गोवा	4.1	0.6	1.7
गुजरात	40.8	7.8	21
हरियाणा	28.2	4.1	8.7
हिमाचल प्रदेश	18.4	1.7	6.3
झारखंड	43.8	6.2	19.3
कर्नाटक	39.7	3.2	17.1
केरल	34.4	2.3	9.5
मध्य प्रदेश	46.5	7	26.5
महाराष्ट्र	47.7	4.1	16.5
मणिपुर	7.7	0.3	2.6
मेघालय	18.2	0.4	4.5

राज्य	ठिगनापन %	दुबलापन %	अल्प वजन %
मिजोरम	26.7	2.3	5.9
नागालैंड	28	5.3	6.6
ओडिशा	29.1	2.9	12.8
पंजाब	18.4	3	5.9
राजस्थान	36.6	5.5	17.7
सिक्किम	9.2	1.5	1.7
तमिलनाडु	13.4	3.6	7.1
तेलंगाना	32.6	5.6	16.2
त्रिपुरा	40.5	6.3	16.6
उत्तर प्रदेश	48	3.9	19.4
उत्तराखंड	21	1.5	5.4
पश्चिम बंगाल	38	7.5	13
अंडमान और निकोबार द्वीप समूह	8.7	2.3	3.9
दादरा और नगर हवेली - दमन और दीव	35.9	3.4	16.1
दिल्ली	41.9	3	20.6
जम्मू एवं कश्मीर	12.1	0.7	3
लद्दाख	11	0.2	2
लक्षद्वीप	46.5	11.9	25.1
पुदुचेरी	40.2	6.8	13
संघ राज्य क्षेत्र-चंडीगढ़	26.3	1.8	11.9

### विवरण -II

पोषण ट्रेकर के अनुसार अक्टूबर 2024 में देश में कुपोषित बच्चों (0-5 वर्ष) का राज्य-वार विवरण इस प्रकार है:

i) जलगांव संसदीय क्षेत्र में बच्चों की पोषण स्थिति इस प्रकार है\*:

जिला	ठिगनापन %	दुबलापन %	अल्प वजन %
जलगांव	48.89	3.21	17.20

ii) उत्तर प्रदेश के अमरोहा संसदीय क्षेत्र में बच्चों की पोषण स्थिति इस प्रकार है\*:

जिला	ठिगनापन %	दुबलापन %	अल्प वजन %
अमरोहा	52.66	5.17	23.56
हापुड़	50.58	0.80	17.59

\* पोषण ट्रैकर से अक्टूबर 2024 के आंकड़े

### विवरण-III

कुल पंजीकृत बच्चों (0-6 वर्ष की आयु के) और मापे गए बच्चों (0-6 वर्ष की आयु के) की संख्या का विवरण इस प्रकार है:

कुल पंजीकृत बच्चे	8,82,87,007
मापे गए कुल बच्चे	8,55,38,380

\* पोषण ट्रैकर से अक्टूबर 2024 के आंकड़े

### HOSTELS FOR WORKING WOMEN

**\*273. SHRI LAVU SRI KRISHNA DEVARAYALU:**

**DR. C. M. RAMESH:**

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

- the details of funds allocated, released and utilised under the Scheme for Working Women's Hostels (WWH) in the country from 2019 to 2024, State-wise and year-wise;
- the details of the WWHs constructed by the Government under the said scheme during the last three years, State/UT-wise; and
- the details of the functional WWHs along with the basic facilities available therein?

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

(a) to (c) The Government is committed to providing safe, secure and affordable hostel facility for working women and women aspiring to join the work force. Working women hostels are critical components for improving participation of women in the labour force, which is a major step towards realising the idea of 'Women led development'.

Sakhi Niwas Scheme [Working Women Hostel (WWH)] under the umbrella Mission Shakti, is a demand driven Centrally Sponsored Scheme where States/UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs. The scheme aims to promote availability of safe and conveniently located accommodation for working women and for those women who are pursuing higher education/training, with Day care facility for children in urban, semi-urban and even rural areas where employment opportunity for women exist. In this scheme, fund is provided on rental basis. The component of new construction has been discontinued.

Prior to the launch of Mission Shakti w.e.f. 01.04.2022, Grant-in-Aid was released to the States/UTs for construction of new/ expansion of existing WWH buildings and rent for few buildings for providing hostel facilities to the working women.

Details of funds released under the Scheme for Sakhi Niwas during the period from 2019-20 to 2023-24, State-wise and year-wise are given in the enclosed **Statement-I**. The details of WWH sanctioned for construction and those whose

construction was completed during the last three years' period, State/UT-wise are given in enclosed **Statement-II**. The details of functional Sakhi Niwas as received from States/UTs are given in enclosed **Statement-III**.

### STATEMENT-I

**Details of funds released under Sakhi Niwas (Working Women Hostel) Scheme during the last five financial years period:**

**(Rupees in Lakhs)**

S. No.	State/UTs	2019-20	2020-21	2021-22	2022-23	2023-24
		Funds released	Funds released	Funds released	Funds released	Funds released
1	Andhra Pradesh	146.49	0.00	0.00	0.00	21.52
2	Assam	0.00	7.76	0.00	0.00	61.47
3	Chhattisgarh	0.00	0.00	5.46	0.00	26.68
4	Gujarat	0.00	0.00	69.70	0.00	46.46
5	Himachal Pradesh	111.86	0.00	0.00	0.00	9.29
6	Jammu and Kashmir	0.00	0.00	0.00	0.00	4.80
7	Karnataka	482.5	0.00	0.00	0.00	0.00
8	Kerala	901.5	0.00	273.97	384.00	48.00
9	Madhya Pradesh	0.00	0.00	191.19	0.00	0.00
10	Maharashtra	0.00	36.38	0.00	0.00	0.00
11	Mizoram	136.50	0.00	40.88	0.00	0.00
12	Manipur	169.49	990.61	164.70	784.85	58.87
13	Nagaland	244.24	223.67	96.09	0.00	175.15
14	Punjab	136.50	0.00	0.00	0.00	0.00
15	Tamilnadu	0.00	392.18	350.25	593.94	0.00
16	Telangana	746.10	0.00	0.00	0.00	0.00

17	Delhi *	179.58	300.18	11.52	0.00	0.00
	<b>Total</b>	<b>3254.76</b>	<b>1950.78</b>	<b>1203.76</b>	<b>1762.79</b>	<b>452.24</b>

\* Funds released to Government of National Capital Territory of Delhi (GNCTD) towards Tax and repairing work of Jasola Hostel.

### STATEMENT-II

**Details of Sakhi Niwas (Working Women Hostel) sanctioned for construction and construction completed during the last three years period:**

S No	Name of State	2021-22		2022-23		2023-24	
		Sanctioned	Constructed*	Sanctioned	Constructed*	Sanctioned	Constructed*
1	Andhra Pradesh	--	--	--	--	--	01
2	Chhattisgarh	--	01	--	--	--	--
3	Gujarat	--	01				
4	Kerala	--	01	--	--	--	01
5	Manipur	--		--	01	--	01
6	Mizoram	--	01	--	--	--	--
7	Nagaland	--	01	--	--	--	01
8	Tamil Nadu	01	--	--	--	--	--
	<b>Total</b>	<b>01</b>	<b>05</b>	<b>--</b>	<b>01</b>	<b>--</b>	<b>04</b>

\*Construction completed of earlier sanctioned WWH.

### STATEMENT-III

**The details of functional Sakhi Niwas (WWH)**

S. No	State/UTs	Number of Functional Sakhi Niwas (WWH)
1.	Andhra Pradesh	23

2.	Arunachal Pradesh	05
3.	AandN Islands	00
4.	Assam	10
5.	Bihar	00
6.	Chandigarh	06
7.	Chhattisgarh	06
8.	Daman and Diu and Dadra and N H	00
9.	Delhi	15
10.	Goa	00
11.	Gujarat	14
12.	Haryana	07
13.	Himachal Pradesh	06
14.	Jammu and Kashmir	01
15.	Jharkhand	02
16.	Karnataka	62
17.	Kerala	138
18.	Ladakh	00
19.	Lakshadweep	00
20.	Madhya Pradesh	02
21.	Maharashtra	74
22.	Manipur	18
23.	Meghalaya	04
24.	Mizoram	03
25.	Nagaland	11
26.	Odisha	11
27.	Puducherry	04
28.	Punjab	00
29.	Rajasthan	15
30.	Sikkim	01
31.	Tamil Nadu	60



32.	Telangana	17
33.	Tripura	00
34.	Uttarakhand	00
35.	Uttar Pradesh	08
36.	West Bengal	00
<b>Total*</b>		<b>523</b>

\* As per information received from States/UTs.

### **ADDED SUGAR IN BABY FOOD**

#### **\*274. SHRIMATI KANIMOZHI KARUNANIDHI:**

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

- (a) whether the Government is aware of the recent report by a Swiss NGO alleging that Cerelac, a wheat-based baby product of Nestle which is sold in India for six-month-old babies contains 2.7 grams of added sugar per serving whereas the same product in the UK and Germany is sold without added sugar and if so, the details thereof;
- (b) the stand of Government on this matter given that World Health Organisation (WHO) advises against introducing added sugar before the age of two to prevent risks like obesity and chronic diseases;
- (c) the measures taken/proposed to be taken by the Government to regulate added sugar levels in baby food products available in the country;
- (d) whether the Government has any plans to frame guidelines or establish standards for added sugar in baby foods to align with global health recommendations; and

(e) 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) to (e) The Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020 prescribes the standards for different categories of Infant food and formulae. The limits specified for sugars in infant food products in the Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020 is at par with the global standards namely Codex Alimentarius Commission, which takes into account the recommendation of World Health Organization (WHO) while setting food standards.

On the basis of media report, suo moto cognizance was taken by Food Safety and Standards Authority of India (FSSAI) about a report by the Swiss NGO regarding added sugar in wheat based baby product. Inspections were conducted on 29.04.2024 and 30.04.2024, at manufacturing sites engaged in production of the said Infant Food Product in the country. Based on scrutiny of the product, added sugar per serving was found to be in compliance with the provisions under Food Safety and Standards (Foods for Infant Nutrition) Regulations, 2020.

**AIIMS IN JALANDHAR**

**\*275. SHRI CHARANJIT SINGH CHANNI:**

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

- (a) whether the Government is considering a proposal to establish a new All India Institute of Medical Sciences (AIIMS) in Jalandhar, Punjab given the growing healthcare needs and rising cases of non-communicable diseases in the State;
- (b) if so, the details thereof alongwith the timeline fixed for the completion of the proposed AIIMS, including the location and estimated budget; and
- (c) if not, the reasons for not prioritizing a new AIIMS in the State of Punjab despite the critical need for advanced healthcare facilities in the region?

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

(a) to (c) Under Pradhan MantriSwasthya Suraksha Yojana (PMSSY), setting up of 22 All India Institutes of Medical Sciences (AIIMS) has been approved including AIIMS at Bathinda in Punjab, which is functional. Further, for strengthening and upgrading tertiary healthcare facilities in Punjab, under another component of PMSSY, upgradation of following Government Medical Colleges has been completed by way of construction of Super Specialty Blocks (SSBs) on Centre-State cost sharing basis: (i) Government Medical College, Amritsar and (ii) Government Medical College, Patiala. In current phase of PMSSY there is no proposal to establish a new AIIMS in Jalandhar, Punjab.

**ROLE OF ARTIFICIAL INTELLIGENCE IN BOOSTING PHARMACEUTICAL SECTOR**

**\*276. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:**

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

(a) whether the Government has taken note of the importance of advanced technologies such as Artificial Intelligence, Block Chains etc. which can play a major role in boosting the pharmaceutical sector in the country;

(b) if so, the details in this regard and the various steps taken by the Government to leverage such technological developments to the sector's advantage in the country; and

(c) the steps taken by the Government to boost the pharmaceutical sector in the country?

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

(a) and (b): Yes, Department of Pharmaceuticals has taken steps to promote RandD in the sector including in the areas of Artificial Intelligence and Machine Learning through the Promotion of Research and Innovation in the Pharma-Meditech Sector (PRIP) Scheme. Further, NIPERs under the aegis of Dept. of Pharmaceuticals have introduced courses that cover topics related to Artificial Intelligence, Machine Learning and Blockchain Technology and they also provide training to students in AI-based tools to build human resource capacities in these areas for the pharmaceutical sector. In addition, the Department of Biotechnology also supports the projects for application of Artificial Intelligence for Affordable and Accessible Healthcare.

(c): The Government of India has undertaken several measures to boost the pharmaceutical and medical device sectors, including the implementation of PLI Scheme for critical Key Starting Materials, Drug Intermediates and Active Pharmaceutical Ingredients; the PLI Scheme for Pharmaceuticals; the PLI Scheme for Medical Devices; the Medical Device Parks Scheme; the Bulk Drug Park Scheme; Strengthening Medical Device Industry Scheme and PRIP Scheme.

### **REGULARISATION OF EMPLOYEES UNDER NUHM AND NTEP**

#### **\*277. SHRI HARIBHAI PATEL:**

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

(a) whether the Government has any plans to regularise the employment of temporary employees/officers working under the National Urban Health Mission (NUHM) and the National TB Elimination Programme (NTEP) who have been serving for over 14-15 years;

(b) if so, the details of the last annual salary increment provided to these employees along with the reasons for the delay in subsequent increments since the salary rationalization in 2018;

(c) whether the Government proposes to provide loyalty bonuses and experience bonuses to NUHM and NTEP employees who have served for more than 10 years, if so, the details thereof and if not, the reasons therefor;

(d) the steps taken/proposed to be taken by the Government to increase the annual leave from 15 to 30 days and to introduce risk allowances for these employees given

the nature of their work with patients having contagious diseases like HIV and TB;  
and

(e) if so, the details thereof?

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

(a) to (e) The National Urban Health Mission (NUHM) and National TB Elimination Programme (NTEP) are implemented under the aegis of the National Health Mission (NHM). All the administrative and personnel matters related to human resources for health lie with the respective State/UT Governments. Under National Health Mission (NHM), Ministry 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. The provision of timely annual increments, loyalty bonus, increase of annual leave and introduction of risk allowance to such personnel is the responsibility of the respective State Government.

**SCHEME FOR STRENGTHENING MEDICAL DEVICE INDUSTRY**

**\*278. SHRIMATI KAMALJEET SEHRAWAT:**

**SHRIMATI SHOBHANABEN MAHENDRASINH BARAIYA:**

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

(a) the salient features and objectives of the scheme for strengthening the medical device industry; and

(b) the quantum of financial assistance allocated in this regard?

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

(a) and (b): The objective of the scheme for Strengthening of medical device industry is 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. The scheme has an outlay of Rs. 500 crore for a period of three years i.e. from Financial Year 2024-25 to FY 2026-27. The salient features of 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 and to strengthen availability of more Medical Device Testing Laboratories in order to boost manufacturing of quality medical devices. Total outlay of the sub-scheme is Rs. 110 crore.

**(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 by way of one-time capital subsidy of 10-20%, with a maximum of Rs.10 crore per project. Total outlay of the sub-scheme is Rs 180 crore.

**(iii) Capacity Building and Skill Development in Medical Device Sector:** To promote education and research in medical devices sector and to ensure availability of trained human resource to meet the requirements of the Medical Device Industry. Support is provided for Masters' Courses and diploma/short-term courses in medical devices. Total outlay of the sub-scheme is Rs 100 crore.

**(iv) Medical Device Clinical Studies Support Scheme:** To promote manufacturing of quality products with better efficacy and safety. Financial support will be provided for animal studies; clinical investigations; post-market clinical follow-ups and clinical performance evaluation of new-IVDs. Total outlay of the sub-scheme is Rs 100 crore.

**(v) Medical Device Promotion Scheme:** To support medical device industry through studies, organizing awareness programs, exhibitions, workshops, creation of databases etc. Total outlay of the sub-scheme is Rs 10 crore.

## **DEVELOPMENT OF CHEMICALS AND PETROCHEMICALS SECTOR**

**\*279. SHRIMATI KAMLESH JANGDE:**

**SHRI CHANDRA PRAKASH JOSHI:**

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

- (a) the initiatives taken by the Government to ensure development of chemical and petrochemical sector in various States;
- (b) whether there is any plan to systematically operationalize robust industrial and logistic infrastructure in petrochemical sector;



- (c) if so, the details thereof including the district-wise details of Rajasthan;
- (d) whether the Government has formulated any action plan for industrial development in chemicals and petrochemical sector in Janjgir-Champa district of Chhattisgarh;
- (e) if so, the details thereof; and
- (f) if not, the reasons therefor?

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

(a) to (f): Department of Chemicals and Petrochemicals has been taking various measures towards development of the Chemicals and Petrochemical sector. The initiatives taken by the Department are indicated below: -

**(i) Petroleum, Chemicals and Petrochemicals Investment Regions (PCPIR):** Government of India notified the Petroleum, Chemical and Petrochemical Investment Region(s) (PCPIR) Policy, 2007 to attract investment and for generation of employment in the PCPIR. PCPIR promotes the Chemical and Petrochemical sectors in an integrated and environmental friendly manner. PCPIRs are conceptualized in cluster-based approach with common infrastructure and support services to provide a competitive environment conducive for setting up businesses. The common infrastructure to be developed includes Road, Rail, Ports, airports and telecommunication, Power connectivity, water supply, Common Effluent Treatment Plants etc.

Three PCPIRs have been set up at Dahej (Gujarat), Vishakhapatnam–Kakinada (Andhra Pradesh) and Paradeep (Odisha).

**(ii) Plastic Parks:** 10 plastic parks are being set up in different States of the country with requisite infrastructure and enabling common facilities as a part of Departmental scheme under which the Government of India provides grant funding up to 50% of the project cost subject to a ceiling of Rs. 40 Crore per project. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment.

**(iii) Central Institute of Petrochemicals Engineering and Technology (CIPET):** It is a technical education institution under the Department of Chemicals and Petrochemicals, engaged in skill development, technology support, as well as academic and research activities for the promotion of the petrochemical and allied industry in the country. CIPET has 48 centres spread across the country which includes 9 Institute of Plastics Technology (IPTs), 32 Centres for Skilling and Technical Support (CSTS), 03 School for Advanced Research in Polymers (SARP) and 4 sub-centres.

**(iv) Centres of Excellence:** The Scheme for Setting up of Centres of Excellence (CoEs) seeks to provide grant-in-aid to educational and research institutions to improve existing technology and promote development of new applications. The emphasis is on modernization and upgradation of existing manufacturing processes

as well as improving the quality of products. Under the scheme, the Government of India provides financial support upto 50 per cent of the total project cost subject to an upper limit of Rs. 5.0 Crore. 18 Centres of Excellence have been approved till date.

**(v) Chemical Promotion Development Scheme (CPDS):** The objective of the scheme is to facilitate growth and development of Chemicals and Petrochemicals Industry by creation of knowledge products through studies, survey, data banks, promotional material as also to facilitate seminars, conferences, and exhibitions to facilitate development of the sector. The Scheme also promotes research and innovation by awarding outstanding efforts in the field of chemicals and petrochemicals.

**(vi) Institute of Pesticide Formulation Technology (IPFT),** located at Gurugram, Haryana is working for development of user and environment friendly new generation pesticide formulation technologies. The institute has been able to successfully develop and transfer technologies for safer, efficient and environment friendly formulations. IPFT is helping the industries in generation of data as per CIBandRC guidelines for bio-efficacy, phytotoxicity and pesticide residues, both for agricultural and household formulations. IPFT undertakes Research and Development projects along with providing solutions/services to the industry.

**(vii) Central Institute of Petrochemicals Engineering and Technology (CIPET)** has set up a Centre for Skilling and Technical Support (CIPET: CSTS) at Jaipur, which

caters to the requirements of the local plastic and allied industries by providing skill development, academics and technical support services. Besides, an Institute of Petrochemicals Technology (CIPET: IPT) has also been set up at Jaipur, which offers specialized B.Tech., M.Tech., and M.Sc. programs and caters to the demand for trained professionals in the petrochemicals sector in the region.

(viii) The Department has approved the setting up of a Plastic Park at Sarora, Chhattisgarh, in April, 2021, at a total project cost of Rs. 42.09 crore, including a Central grant of Rs. 21.04 crore. Further, CIPET has set up two Centres for Skilling and Technical Support (CIPET: CSTS) in Korba and Raipur, to provide skill development, academics and technical support services to the local industry. In addition, an Institute of Petrochemicals Technology (CIPET: IPT) has been set up in Raipur to provide academic and employment-oriented skill development training programmes.

### **DEVELOPMENT OF NEW GREENFIELD PORTS**

**\*280. SHRI BAIJAYANT PANDA:**

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

- (a) whether the Government has any plans to build new greenfield ports across the country;
- (b) if so, the details thereof along with number of greenfield ports currently under construction and those already operational, State-wise; and
- (c) the amount of funds allocated and utilised for these projects?

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

(a) and (b) Yes. The Union Cabinet, in its meeting on June 19, 2024, approved the development of a new major Greenfield port at Vadhavan in Maharashtra by Vadhavan Port Private Limited (VPPL) with Special Purpose Vehicle (SPV) formed by Jawaharlal Nehru Port Authority (JNPA) and Maharashtra Maritime Board, Government of Maharashtra with a 74:26 equity shareholding, respectively. The estimated project cost is Rs. 76,220 crore. The port has a natural draft of 20 meters and a cumulative capacity of 298 Million Metric Tons (MMT) per annum. Additionally, on September 4, 2024, the Government has notified another new major port at Galathea Bay in the Andaman and Nicobar Islands.

(c) While the Government of India has not earmarked budgetary support for the Vadhavan Port, it has been decided that VPPL will fund the project through its own resources and Public-Private Partnership (PPP). VPPL has utilised approx. Rs. 170 crore for the project so far.

**UPGRADATION/RENOVATION OF HOSPITALS**

**2991. DR. RAJESH MISHRA:**

**DR. RAJKUMAR SANGWAN:**

**SHRI KALI CHARAN SINGH:**

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

(a) the number of such hospitals that have been upgraded during the last five months;

- (b) the number of such new hospital projects which are under construction;
- (c) the number of such new hospitals which are under the pre-construction phase across the country;
- (d) the number of such hospitals which are under the process of modernization, upgradation and renovation; and
- (e) the number of hospital projects completed so far?

**THE MINISTER 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 Central Government provides assistance to the State Governments/UTs for providing affordable and better health care facilities to people, through various schemes including: (a) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), (b) National Health Mission Scheme(NHM) and (c) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). Details of assistance given by the Central Government to State Governments under these 3 schemes are as under :-

(a) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has two components- (i) Setting up of All India Institute of Medical Sciences (AIIMS); and, (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). Setting up of 22 new AIIMS and up-gradation of 75 projects of GMCIs have been approved under this Scheme in various phases.

(b) Under National Health Mission(NHM) scheme technical and financial

support is provided for the building infrastructure through State Program Implementation Plan (SPIP) proposed by the States/ UTs. The number of Hospitals/Centers for which the financial support was provided during the last three years (including the current financial year) for the building infrastructure under NHM is given in the enclosed **Statement-I**. Further activities of the construction and monitoring on progress of works are executed by the State/UT administrations.

(c) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with some Central Sector Components (CS). Under the CSS components of this scheme, details of activities where support is provisioned to the State/UTs during the scheme period 2021-2026 is given in the enclosed **Statement-II**.

So far as Central Governments hospitals/institutes are concerned, the details of works completed/ ongoing are given in the enclosed **Statement-III**.

### **STATEMENT-I**

**The number of Hospitals/Centers for which financial support was provided to States/Union territories during the last three years including the current financial year for the building infrastructure under National Health Mission (NHM) is below:**

<b>SN</b>	<b>Health Facility</b>	<b>2022-23 and 2023-24</b>	<b>2024-25</b>	<b>Total</b>
<b>1</b>	District Hospital	95	178	273
<b>2</b>	Sub-District Hospital	64	72	136

<b>3</b>	Community Health Centre	407	153	560
<b>4</b>	Primary health care	786	479	1,265
<b>5</b>	Sub-Centre	4,575	4,416	8,991
	<b>Total</b>	<b>5,927</b>	<b>5,298</b>	<b>11,225</b>

### STATEMENT-II

**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.

Administrative approvals have been accorded to States/UTs for FY 2021-22 to 2024-25 for an amount of Rs. **20451.31 Crores** for construction/strengthening of **9594**



**Building less-AAM (Sub Health Centers – Ayushman Arogya Mandir), 3051 U-AAMs (HWCs), 1324 BPHUs, 504 IPHLs at District level and 395 CCBs.**

**STATEMENT-III**

**The details of works completed/ongoing in Central Government Hospitals/Institutes are below:**

<b>SN</b>	<b>Hospital Names</b>	<b>Works completed</b>	<b>Ongoing works</b>
1.	AIIMS, New Delhi	New OPD block, Surgical block, Mother and Child Block, New Private Block, Geriatrics Block	Critical Care and Infectious Disease Block, Super-Speciality OPD Block, Ward block of main hospital
2.	Safdarjung Hospital	Sports Injury Centre, Makeshift Hospital, New Emergency Block, Super-Speciality cum Private Ward block.	Dwaraka residential complex for nursing personnel.
3.	Dr. Ram Manohar Lohia Hospital	Doctors' Hostel Block	Super Speciality Block
4.	Lady Hardinge Medical College and Associated Hospitals	Oncology block, Academic block, OPD block and IPD block, Accidents and Emergency Block	Kitchen, laundry and Central Sterile Supply Department
5.	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong	Regional Cancer Centre, UG Medical College, 7 hostels, Nursing College	Critical care Block(CCB) under PMABHIM.
6.	Regional Institute of Medical Sciences, Imphal	-----	OPD Block, Blood Bank, Casualty Building Forensic Building, Community Medicine Block, Maternity Ward Block, Lecture Hall,

			UG, PG and Nursing Hostels, Residential Quarters, Critical Care Block(CCB)
7.	Regional Institute of Paramedical and Nursing Sciences, Aizawl	Guest House, 100 bedded Hospital block Staff Nurse Quarter General Hostel Block	Residential block, Academic Block, Indoor Sports Complex, Auditorium.
8	Regional health Training Center Hospital(RHTC), Najafgarh	Hospital Building including Administrative Block	

### PM-JANAUSHADHI KENDRAS AT RAILWAY STATIONS

#### 2992. SHRIMATI POONAMBEN MAADAM:

#### SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- (a) whether the Government has taken any steps to enhance wellness and welfare of passengers and public visiting railway stations and to make available quality medicines and consumables to all at affordable prices;
- (b) if so, the details thereof;
- (c) whether the Government has taken any steps to expand PM-Janaushadhi Kendra scheme to benefit more passengers and general public;
- (d) if so, the details thereof;
- (e) whether there is any reserve price stipulated by Government for awarding contracts of PM-JanaushadhiKendras; 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) and (b): To enhance wellness and welfare of passengers and public visiting railway stations and make available quality medicines and consumables at affordable prices, 77 Jan Aushadhi Kendras (JAKs) have been opened at railway stations in different parts of the country till 30.11.2024. List of 77 JAKs is given in the enclosed **Statement**.

(c) to (f): Jan Aushadhi Kendras (JAKs) are opened at Railway stations as per requirement of Ministry of Railways at locations decided by the Ministry. In case of Government hospitals/railway stations, the respective authorities devise a mechanism to determine any reserve price/license fee, based on its location. The Department does not determine the reserve price for any JAK.

**STATEMENT**

<b>List of 77 JAKs opened in several railway stations in the country</b>		
<b>Sl. No.</b>	<b>Name of the Railway Station</b>	<b>Name of the State</b>
1	Triupati Railway Station	Andra Pradesh
2	Rangiya Junction Railway Station	Assam
3	Badarpur Railway Station	Assam
4	New Tinsukia Railway Station	Assam
5	Katihar Railway Station	Bihar
6	Patna Junction Railway Station	Bihar
7	Darbhanga Railway Station	Bihar

8	Samastipur Railway Station	Bihar
9	Pendra Road Railway Station	Chhattisgarh
10	JanjgirNaila Railway Station	Chhattisgarh
11	Bagbahara Railway Station	Chhattisgarh
12	Bilaspur Railway Station	Chhattisgarh
13	AnandVihar Terminal Railway Station	Delhi
14	Mehsana Railway Station	Gujarat
15	Valsad Junction Railway Station	Gujarat
16	Ankleshwar Junction	Gujarat
17	Rajkot Railway Station	Gujarat
18	Chamdodiya Railway Station	Gujarat
19	Vapi Railway Station	Gujarat
20	Srinagar Railway Station	Jammu and Kashmir
21	Sini Railway Station	Jharkhand
22	Mysuru Rail Way Station	Karnataka
23	HubballiJuncation	Karnataka
24	Bangarapet Railway Station	Karnataka
25	SMVT Bengaluru	Karnataka
26	Davanagere Railway Station	Karnataka
27	Palakkad Junction Railway Station	Kerala
28	Madanmahal Railway Station	Madhya Pradesh
29	Bina Railway Station	Madhya Pradesh
30	Nainpur Junction Railway Station	Madhya Pradesh
31	Ratlam Junction Railway Station	Madhya Pradesh
32	Katni Railway Station	Madhya Pradesh
33	Pimpri Railway Station	Maharashtra
34	LokmanyaTilak Terminus Railway Station	Maharashtra
35	Nagbhir Junction Railway Station	Maharashtra
36	Solapur Junction Railway Station	Maharashtra
37	Manmad Junction Railway Station	Maharashtra

38	Netaji Subhas Chandra Bose Itwari Railway Station	Maharashtra
39	Dadar Railway Station	Maharashtra
40	Khurda Road Railway Station	Odisha
41	Puducherry Railway Station	Puducherry
42	Phagwara Railway Station	Punjab
43	Patiala Railway Station	Punjab
44	Bhagat Ki Kothi Junction Railway Station	Rajasthan
45	Durgapura Railway Station	Rajasthan
46	Barmer Railway Station	Rajasthan
47	Falna Railway Station	Rajasthan
48	Dindigul Junction Railway Station	Tamil Nadu
49	Tiruchchirappalli Railway Station	Tamil Nadu
50	Erode Junction Railway Station	Tamil Nadu
51	Nagercoil Junction Railway Station	Tamil Nadu
52	Thanjavur Jn. Railway Station	Tamil Nadu
53	Chengalpattu Railway Station	Tamil Nadu
54	Secunderabad Railway Station	Telangana
55	KachigudaRailay Station	Telangana
56	Agartala Railway Station	Tripura
57	ViranganaLakshmibai Jhansi Railway Station	Uttar Pradesh
58	Badshahnagar Railway Station	Uttar Pradesh
59	Bareilly City Railway Station	Uttar Pradesh
60	Lalitpur Railway Station	Uttar Pradesh
61	Farrukhabad Railway Station	Uttar Pradesh
62	Prayagraj Junction Railway Station	Uttar Pradesh
63	Basti Railway Station	Uttar Pradesh
64	Gonda Railway Station	Uttar Pradesh
65	Banaras Railway Station	Uttar Pradesh
66	Pt. DeenDayalUpadhyaya Railway Station - Chandauli	Uttar Pradesh

67	Agra Cantt Railway Station	Uttar Pradesh
68	Lucknow Junction Railway Station (NER)	Uttar Pradesh
69	Mathura Junction Railway Station	Uttar Pradesh
70	Gorakhpur Junction	Uttar Pradesh
71	Kashipur Junction Railway Station	Uttarakhand
72	YogNagariRishikesh Junction Railway Station	Uttarakhand
73	Malda Town Railway Station	West Bengal
74	Kharagpur Railway Station	West Bengal
75	Netaji Metro Railway Station	West Bengal
76	Dakshineswar Railway Station	West Bengal
77	New Cooch Behar Railway Station	West Bengal

### **DIGITAL HEALTH CARE APPS**

**2993. DR. KADIYAM KAVYA:**

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

- (a) whether the Government has any data regarding the Digital Healthcare apps currently operational in the country;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the Government has analyzed the authenticity of such apps; and
- (d) if so, the details thereof and if not, the reasons therefor?

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

- (a) to (d) Government of India has launched Ayushman Bharat Digital Mission (ABDM) which aims to develop the backbone necessary to support the

integrated digital health infrastructure of the country and create longitudinal electronic health record (EHR) for the citizen.

Union Health Ministry has notified electronic health record (EHR) Standards to promote data standards which can facilitate interoperability of healthcare information across various health IT systems.

National Health Authority (NHA) has issued several guidelines and notification to govern the conduct of digital health applications which are integrated with ABDM ecosystem. These include Health Data Management Policy, Data Privacy Policy and ABDM Health Records (PHR), Mobile App Privacy Policy, which set out the minimum standards for data privacy and protection.

NHA has also defined policies and procedures for authenticating digital healthcare applications which are part of ABDM ecosystem. Through a sandbox environment applications are validated and integrated within ABDM framework for facilitating wider use of digital health application across the country.

## **MENSTRUAL HYGIENE MANAGEMENT IN TAMIL NADU**

### **2994. SUSHRI S. JOTHIMANI:**

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

- (a) whether any workshops were conducted in collaboration with UNICEF on Menstrual Hygiene Management in Tamil Nadu during the last five years;
- (b) if so, the details of the number of beneficiaries, year-wise;



(c) whether the Government has taken any steps to improve disposal mechanisms of menstrual waste for adolescent girls in the State; and

(d) 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 State of Tamil Nadu implements the menstrual hygiene programme since 2011 with the Directorate of Public Health and Preventive Medicine (DPH and PM) being the nodal Department for the same. The programme is implemented using funds from both the State Government and the National Health Mission.

Online training and Review meetings are conducted in a coordinated manner by the Directorate of Public Health and Preventive Medicine and State NHM.

The year wise details of beneficiaries covered are as under.

<b>Year</b>	<b>Target beneficiaries</b>	<b>Beneficiaries covered</b>	<b>Percentage coverage</b>
2020-2021	31,63,023	29,73,241	94%
2021-2022	31,63,023	30,36,502	96%
2022-2023	43,34,727	43,34,727	100%
2023-2024	43,34,727	40,10,310	93%
2024-2025	43,34,727	39,84,199	92%

As per the information received from the State of Tamil Nadu, UNICEF has not been involved in Menstrual Hygiene Management Programme in the State so far.

(c) and (d) The Menstrual Hygiene Scheme is implemented to increase awareness on menstrual hygiene, increase access to sanitary napkins by adolescent girls and promote safe disposal of sanitary napkins in an environmentally friendly manner like deep pit burial ,burning, incinerators after due environmental clearances.

Information Education and Communication material developed by the Ministry of Health creates awareness on healthy practices during menstruation and safe disposal of menstrual hygiene products.

The Menstrual Hygiene Policy for school going girls focusses on availability and accessibility of safe and low-cost menstrual hygiene products in all Government and Government-aided schools for girls. Further, it incorporates important aspects as sustainable and environment friendly menstrual waste disposal practices in schools, such as the use of menstrual waste bins/receptacles, deep burial, or other safe methods by establishing functional linkages with relevant departments and collaboration with local authorities to streamline menstrual waste management.

## **LABELLING OF PROCESSING INGREDIENTS IN FOOD PRODUCTS**

### **2995. ADV. FRANCIS GEORGE:**

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

(a) the measures taken/proposed to be taken by the Government to ensure clear and easy-to-understand labelling of processing ingredients, chemicals, dyes,

and other substances in food products to make consumers aware of what they consume; and

(b) the steps being implemented to prevent brands from misleading consumers through false advertising and to ensure the quality of products used to produce edible goods?

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

(a) and (b): Food Safety and Standards Authority of India (FSSAI) has notified Food Safety and Standards (Labelling and Display) Regulations, 2020 prescribing requirements for labelling of packaged food. The Regulation requires display of nutrients and their contribution to Recommended Daily Allowance (RDA) in percentage at the back of the pack as Nutritional Information to enable consumers to make informed choice. These regulations mandate clear and detailed labelling and display requirements for food products such as Nutritional Information, List of Ingredients, FSSAI logo and license number, Net quantity, Weight, volume, or count of the product, Batch number/lot code, Manufacturing and expiry dates. Vegetarian/non-vegetarian logo etc on the labels as an informed choice to the consumer.

Further, Section 24 of the Food Safety and Standards Act, 2006 prescribes the 'Restrictions of advertisement and prohibition as to unfair trade

practices' and Section 53 prescribes the 'Penalty for misleading advertisement' ensuring the quality of food products.

Also, FSSAI has established the Food Safety and Standards (Advertising and Claims) Regulation, 2018, to address issues related to misleading claims, labelling and advertisements. These regulations are designed to ensure accurate and responsible advertising in the food industry. This regulation ensures that food-related advertisements and claims are accurate, non-deceptive, and align with food safety standards. It governs claims related to nutrition, health benefits, and labeling to prevent misleading information and safeguard consumer interests.

### जन औषधि केंद्र

#### 2996. डॉ. प्रशांत यादवराव पडोले:

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

(क) ब्रांडेड दवाओं की तुलना में जन औषधि केन्द्रों (जेएके) पर उपलब्ध औषधियों की प्रभावकारिता संबंधी रिपोर्ट का ब्यौरा क्या है;

(ख) ग्रामीण और शहरी क्षेत्रों में जन औषधि केन्द्रों की उपलब्धता में पाई गई असमानताओं संबंधी ब्यौरा क्या है औरऐसी असमानताओं को दूर करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं; और

(ग) उन रोगों के नाम क्या हैं जिनके लिए जन औषधि केन्द्रों पर सबसे अधिक दवाओं की बिक्री हुई?

**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, दवाइयां केवल विश्व स्वास्थ्य संगठन-उत्तम विनिर्माण पद्धति (डब्ल्यूएचओ-जीएमपी) प्रमाणित आपूर्तिकर्ताओं से खरीदी जाती हैं। औषधियों के प्रत्येक बैच का परीक्षण राष्ट्रीय परीक्षण और अंशशोधन प्रयोगशाला (एनएबीएल) द्वारा मान्यता प्राप्त प्रयोगशालाओं में किया जाता है। गुणवत्ता परीक्षण पास करने के पश्चात दवाओं को जन औषधि केंद्रों पर भेज दिया जाता है।

(ख): जन औषधि केंद्र (जेएके) ग्रामीण और शहरी दोनों क्षेत्रों के उद्यमियों से प्राप्त आवेदनों के आधार पर खोले जाते हैं। ग्रामीण क्षेत्रों में दवाओं की पहुँच बढ़ाने के लिए, जन औषधि ने प्राथमिक कृषि सहकारी समितियों (पीएसीएस) के माध्यम से जन औषधि केंद्र खोलने के लिए सहकारी क्षेत्र के साथ साझेदारी की है। 30 नवंबर, 2024 तक, 2690 से अधिक पीएसीएस को प्रारंभिक स्वीकृति दी गई है और पीएसीएस में 687 केंद्र खोले गए हैं।

(ग): पीएमबीजेपी के तहत 2047 प्रकार की दवाइयों और 300 सर्जिकल्स/उपकरणों को उत्पाद टोकरी में शामिल किया गया है, जिसमें सभी प्रमुख चिकित्सीय समूह जैसे कार्डियोवैस्कुलर, कैंसर-रोधी, मधुमेह-रोधी, एंटी-इंफेक्टिव्स, एंटी-एलर्जिक, गैस्ट्रो-इंटेस्टाइनल दवाएं, न्यूट्रास्युटिकल्स आदि शामिल हैं। पिछले एक वर्ष में पीएमबीआई द्वारा की गई बिक्री के संदर्भ में शीर्ष 3 चिकित्सीय समूहों का विवरण निम्नानुसार है:-

<b>पिछले एक वर्ष में बिक्री के संदर्भ में शीर्ष 3 चिकित्सीय समूहों का विवरण (01.12.2023 से 30.11.2024 तक)</b>		
<b>क्रम सं.</b>	<b>चिकित्सीय समूह का नाम</b>	<b>पिछले एक वर्ष में बिक्री योगदान % में</b>
1.	मधुमेह-रोधी	23%
2.	हृदयवाहिका प्रणाली	19%
3.	गैस्ट्रोइंटेस्टाइनल	9%

**2997. DR. BYREDDY SHABARI:**

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

- (a) whether the Government proposes to set up medical colleges in every district in Government and private sectors in the country including tribal areas particularly in Andhra Pradesh;
- (b) if so, the details thereof and the time by which the said colleges are likely to be set up State/UT-wise; and
- (c) the steps taken by the Government to make health more inclusive and affordable for ordinary citizens of the country?

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

(a) to (c): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, all the envisaged 157 Government medical colleges have already been approved including 38 medical colleges in tribal districts. Further, under this scheme, 03 medical colleges (Piduguralla, Paderu and Machilipatnam) have also been approved in Andhra

Pradesh. Out of those, medical colleges at Paderu and Machilipatnam are functional.

National Health Mission (NHM) envisages universal access to equitable, affordable and quality health care services that are accountable and responsive to people's needs by supporting the States/UTs in providing financial and technical support for accessible, affordable and quality healthcare, especially to the poor and vulnerable sections in urban, rural, and tribal/hilly areas.

In February 2018, the Government of India announced establishment of 1,50,000 Ayushman Arogya Mandirs (AAMs) erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs), across the country by December 2022. As updated by the States/UTs in AAM portal, a total of 1,74,966 Ayushman Arogya Mandirs have been established and operationalized till 31.10.2024, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas to deliver the expanded range of comprehensive primary healthcare services with complete 12 package of services that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free, and closer to the community.

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

Ayushman Arogya Mandir including Ayushman Melas are 29.66 cr as on 31.10.2024.

PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched by Hon'ble Prime Minister of India for an amount of Rs.64,180 crore. The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary, secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

This Ministry supports 'Free Diagnostics Service Initiative' programme under NHM with the aim to provide accessible and affordable pathological and radiological diagnostics services closer to the community, which in turn reduces the Out-of-Pocket Expenditure (OOPE). Diagnostics services are provided free of cost at all levels of public health facilities (14 tests at Sub Centers, 63 at Primary Health Centers, 97 at Community Health Centres, 111 test at Sub District Hospitals and 134 tests at District Hospitals).

To ensure availability of essential drugs and reduce the OOPE of the patients visiting the public health facilities, Government has rolled out the Free Drugs Service Initiative under NHM. This includes financial support to States/UTs for 106 drugs at SHC level, 172 at PHC level, 300 at CHC level, 318 at SDH level and 381 drugs at district Hospitals.

## **INFRASTRUCTURE AT COURT COMPLEXES**



**2998. SUSHRI SAYANI GHOSH:**

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

- (a) whether it is a fact that court complexes across the country are lacking in basic facilities such as separate toilets for ladies, separate record rooms, library, and medical facilities, if so, the details thereof;
- (b) the measures undertaken by the Government and the funds released to States for improvement in the basic infrastructure in the last five years, State-wise;
- (c) whether it is true that only 27% of courtrooms have computers placed for video conferencing, if so, the steps taken by the Government in this regard; and
- (d) whether the Government is considering establishing the National Judicial Infrastructure Authority of India, if so, the progress made so far 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): The primary responsibility of development of infrastructure facilities for judiciary rests with the State Governments. However, to augment the resources of the State and UT Governments, the Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for the district and subordinate judiciary since 1993-94, by providing financial assistance to them in the prescribed fund-sharing pattern between the Centre and

States. There are five components covered under the scheme, viz., court hall, residential units, lawyers' halls, toilet complexes and digital computer rooms for the convenience of lawyers and litigants. The data on state-wise availability of separate toilets for women, separate record rooms, library, and medical facilities etc. is not compiled centrally.

As on date Rs. 11,758 crore has been released under the Centrally Sponsored Scheme (CSS) for the Development of Judicial Infrastructure since its inception in 1993-94. 21,977 court halls and 19,697 residential units have been constructed in the district and subordinate courts under the scheme as on date. Another, 3,165 Court Halls and 2,618 residential units are currently under construction. The details of the funds released to the State/UTs during last five years is given in the enclosed **Statement**.

The Department of Justice, Ministry of Law and Justice, Government of India is also implementing the eCourts Project in a decentralized manner, through the respective High Courts in close coordination with the eCommittee of Supreme Court of India. In the last 5 years, (from financial year 2019-20 to 2024-25) Rs. 2457.31 crore has been released under the eCourts Mission Mode Project. The Government has taken the following measures/e-initiatives under the 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. 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.

- vi. 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.
- vii. 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.
- viii. 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. It will 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.
- ix. 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.
- x. 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.

Further, eCourts Phase III (2023-2027) has been approved by the 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 in a court, 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, use of emerging technologies like Artificial Intelligence and its subsets like Optical Character Recognition (OCR) 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. Under eCourts Phase III, in financial year 2023-24, an amount of Rs. 825 crores were allotted and an expenditure of Rs 768.25 Cr (93.11%) was incurred. During FY 24-25, an allocation of Rs 1500 Cr. in the Budget Estimate (BE) has been received, out of which Rs. 1232.19 Cr has already been released to the various High Courts.

(c): Video conferencing (VC) 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. To bring uniformity and standardization in the conduct of VC, an overarching order was passed by the Supreme Court of India on 6th April 2020, which gave legal sanctity and validity to the court hearings done through VC. Further, VC rules were framed by a 5-Judge Committee of the Supreme Court, which were circulated to all the High Courts for adoption after local contextualization. These are available on the website of the eCommittee, Supreme Court of India. All the High Courts, except High Court of Madras, have adopted Video Conferencing rules. The High Court of Madras has its own VC rules, similar to earlier circulated rules.

During Phase I of the e-Courts Project, video conferencing facility has been operationalised between 488 court complexes and 342 corresponding jails. In eCourts Phase II of the project, one video conference equipment each has been provided to all Court Complexes including taluk level courts and funds have been sanctioned for additional VC equipment for 14,443 court rooms. Funds for setting up 2506 VC Cabins have been made. VC facilities are already enabled between 3240 court complexes and corresponding 1272 jails. Further, under Phase III, there is a provision for enhancing and upgrading the available infrastructure of Video Conferencing in 10200 establishments including 500 Jails, 700 District Government Hospitals and 9000 Courts at an amount of Rs. 228.48 crore.

(d): No such proposal is under consideration.

**STATEMENT****STATE/UT-WISE RELEASE OF FUNDS DURING THE LAST FIVE YEARS UNDER THE CENTRALLY SPONSORED SCHEME (CSS)***(Rs. in crore)*

SI No.	Name of the State/Uts	Releases in 2019-20	Releases in 2020-21	Releases in 2021-22	Releases in 2022-23	Releases in 2023-24	Release in 2024-25
1	A and N Islands	0.17	0.35	0.46	0.00	0.49	0.00
2	Arunachal Pradesh	2.69	5.00	4.09	32.38	0.00	6.24
3	Andhra Pradesh	20.00	10.28	0.00	22.50	49.82	0.00
4	Assam	36.54	25.00	27.40	25.00	40.00	19.10
5	Bihar	87.62	65.72	0.00	0.00	67.45	77.97
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	19.83	7.84	0.00	60.00	6.69	34.35
8	Dadra and NH	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00
10	Delhi	48.52	45.00	30.00	0.00	0.00	16.50
11	Goa	4.06	3.80	3.20	25.00	1.53	3.52
12	Gujarat	16.49	13.50	0.00	6.22	95.62	25.67
13	Haryana	14.06	22.00	0.00	0.00	20.10	0.00
14	Himachal Pradesh	5.72	5.50	0.00	0.00	6.00	13.62
15	Jammu and Kashmir	15.00	6.65	20.00	12.60	12.00	31.50
16	Jharkhand	13.74	9.05	6.00	16.51	40.81	0.00
17	Karnataka	44.04	29.72	27.00	82.01	133.16	18.43
18	Kerala	15.82	13.00	50.00	0.00	7.00	15.89
19	Ladakh	0.00	0.00	0.00	0.00	1.40	5.50
20	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00
21	Madhya Pradesh	66.90	45.60	55.00	125.00	104.00	36.40
22	Maharashtra	61.09	23.11	18.00	100.00	119.53	95.16
23	Manipur	9.66	5.00	0.00	12.85	0.00	3.71
24	Meghalaya	22.85	7.71	28.02	50.00	33.72	33.79

25	Mizoram	5.24	5.00	9.50	0.00	8.86	3.77
26	Nagaland	3.42	5.00	13.27	0.00	4.39	2.00
27	Odisha	35.69	0.00	0.00	31.49	30.88	34.48
28	Puducherry	3.31	0.00	0.00	9.55	0.00	0.00
29	Punjab	39.78	16.48	16.50	12.50	18.42	0.00
30	Rajasthan	64.21	29.90	41.50	71.66	80.41	32.30
31	Sikkim	2.78	2.95	0.00	2.27	2.70	0.00
32	Tamil Nadu	38.71	18.17	35.66	133.85	0.00	61.27
33	Telangana	5.65	16.00	0.00	26.61	0.00	0.00
34	Tripura	18.82	7.74	0.00	0.00	40.49	20.00
35	Uttar Pradesh	169.66	111.00	219.00	0.00	102.96	174.12
36	Uttarakhand	28.50	5.86	80.00	0.00	13.75	46.14
37	West Bengal	61.43	31.07	0.00	0.00	18.00	22.22
<b>Total</b>		<b>982.00</b>	<b>593.00</b>	<b>684.60</b>	<b>858.00</b>	<b>1060.18</b>	<b>833.65</b>

## APPOINTMENT OF NOTARIES

### 2999. SHRI CAPTAIN VIRIATO FERNANDES:

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

- (a) the list of candidates selected in the year 2024 for Notaries from Goa;
- (b) whether a 'Certificate of Practice' is issued to selected candidates, if not, the reasons therefor;
- (c) the start date of the application process for Notary positions;
- (d) whether the candidates are informed about their selection, if so, the details thereof; and
- (e) whether applications for renewal of Notary are license pending with the Government, if so, the details thereof?



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

(a): The Central Government has decided to provisionally appoint 296 legal practitioners as Notaries in the State of Goa vide Notice dated 15th March, 2024.

(b): As on 9.12.2024, 4453 digitally signed Certificates of Practice have been issued through the Notary Portal to the candidates of various States selected by the Central Government for appointment as Notaries in the year 2024. As regards the candidates selected for appointment as Notaries in the State of Goa, the report of verification of their particulars has not yet been received from the Bar Council of Maharashtra and Goa.

(c): The candidates whose online applications were received between 25.08.2018 and 31.03.2023 were called for interview for selection and appointment as Notary.

(d): A public notice dated 15th March 2024 was published on the website of the Department of Legal Affairs regarding selection of candidates for provisional appointment as Notaries in Goa.

(e): Renewal of Certificate of Practice as a Notary is a continuous process and applications for renewal received in the Department of Legal Affairs are attended to and disposed of in a routine manner.

**PROMOTION OF ORGAN AND TISSUE DONATION**

**3000. SHRI RAJU BISTA:**

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

- (a) the steps taken/proposed to be taken by the Government to promote organ and tissue donation and transplant in the country during the last ten years;
- (b) the steps taken/proposed to be taken by the Government during the last ten years to make organ and tissue transplantation affordable;
- (c) the steps taken/proposed to be taken by the Government to eliminate organ and tissue trafficking since 2014; and
- (d) whether the Government has details of the organs and tissue donation and transplantation since 2014 and if so, the details thereof?

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

(a) The Ministry of Health and Family Welfare has taken following steps to promote organ and tissue donation and transplant in the country during the last ten years:

- Implementation of National Organ Transplant program (NOTP), which aims to improve access to organ transplantation for needy citizens of the country by enhancing awareness about deceased organ donation, organizing an efficient mechanism for organ procurement and distribution for transplantation, strengthening public sector infrastructure, training of manpower etc. ;

- Under NOTP, a three-tiered network has been set up with dedicated institutions at three levels: one National Organ and Tissue Transplant Organization (NOTTO), five Regional Organ and Tissue Transplant Organizations (ROTTOs), and 21 State Organ and Tissue Transplant Organizations (SOTTOs). Currently, over 900 institutions and hospitals involved in organ/tissue transplantation, organ retrieval and tissue banking are linked with the network ;
- Activities are organized across the country for generating awareness, such as celebration of Indian Organ Donation Day annually, seminars, webinars, workshops, debates, sports events, walkathons, marathons, nukkad natak, legal symposium, NOTTO Scientific Dialogue etc. ;
- The government engages with various stakeholders like Government Ministries and Departments, legal representatives, medical and paramedical professionals, corporates, police personnel, various NGOs, school and college students, community-based organizations etc. to enhance awareness on Brain Stem Death and Organ Donation. Regular programs are organized with school children for imparting knowledge about organ donation. Special campaigns for improving awareness, pledge registration and competitions through MyGov have been conducted. NOTTO promotes organ donation through talks by experts and program

officers on TV, Radio and other audio-visual media, social media, print media etc. ;

- Display boards on organ donation are exhibited outside ICUs and other strategic locations in the transplant/retrieval hospitals ;

- Angdaan Mahotsav was organized during the month of July, 2023 involving all Central Ministries and State/UT Governments wherein various awareness and organ donation pledging activities and competitions through MyGov platforms were undertaken. Organ donation is promoted every year through India International Trade Fair and it was recently promoted during the G-20 events. To improve the outreach of awareness till village level, organ donation was promoted during Sewa Pakhwada, Ayushman Bhava initiative, Viksit Bharat Sankalp Yatra etc. in the year 2023 ;

- In 2024, Angdaan Jan Jagrukta Abhiyaan has been initiated, wherein Organ Donation Month has been observed in July. Campaign activities have been carried out through Ministries/Departments of Union Government, State Governments, Medical colleges and Hospitals, NGOs, and other organizations. The 14th Indian Organ Donation Day was organized on 3rd August, 2024 wherein families of deceased organ donors were felicitated, and awards were distributed for exemplary contributions in the field of organ donation and transplantation. During the event, the Annual Report of

NOTTO, Standard operative procedures (SOPs) for organ transport, and the NOTTO e-newsletter were also released ;

- A website ([www.notto.mohfw.gov.in](http://www.notto.mohfw.gov.in)) has been launched, along with establishment of a 24x7 call-centre with a toll free helpline number (1800114770) to provide information, tele-counseling and to help in coordination for organ donation ;

- In September 2023, an Aadhar-linked digital web portal ([notto.abdm.gov.in](http://notto.abdm.gov.in)) has been launched to facilitate the registration of organ and tissue donation pledges. As on date, over 2 lakh citizens have pledged to donate their organs and tissues after death ;

- Under NOTP, grants are provided to States/UTs for the establishment of ROTTOs/SOTTOs, augmentation of infrastructure in public sector such as Organ Transplant/Retrieval Centers/Tissue Banks, hiring of Transplant Coordinators by Medical Colleges and Trauma Centers, maintenance of deceased donors, organ transport, post-transplant immune-suppressant medicines, awareness initiatives, training and capacity building programs etc. ;

- A grant of Rs. 10,000/- is provided for the dignified funeral of each deceased donor. States/UTs have also been requested to felicitate deceased organ donors and theirfamily members by presenting a shawl, certificate and flowers as a mark of respect to deceased organ donors at

the time of donation, for which an additional grant of Rs. 1,000/- per donor is provided under NOTP ;

- For ensuring a uniform organ transport policy, the SOPs for organ transport were launched on 3rd August, 2024, on the occasion of 14th Indian Organ Donation Day.

(b) The Ministry of Health and Family Welfare has taken following steps to make organ and tissue transplantation affordable during the last ten years:

- Several tertiary-level institutions, including new AIIMS, AIIMS-like institutions, and super-specialty blocks within medical colleges have been established to strengthen the infrastructure for organ donation and transplantation in the public sector. Under NOTP, grants are provided to States/UTs to create and upgrade facilities for organ retrieval, transplantation, and tissue banking ;

- The kidney transplantation package has been included under Pradhan Mantri Jan Arogya Yojana (PM-JAY) scheme of Ayushman Bharat. Furthermore, under Rashtriya Arogya Nidhi (RAN), financial support of up to Rs. 15 lakh is provided to patients who are below poverty line for heart, lung, liver, kidney, and other organ transplants ;

- Under NOTP, financial support of upto Rs. 10,000/- per patient per month is provided to transplant recipients towards immunosuppressant medicines.

(c) '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).

However, the following steps have been taken by the Government to curb illegal organ transplants:

- 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 ROTTOs, 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 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.

(d) The number of organ transplants and donations in the country from 2014 to 2023 is as follows:

<b>Year</b>	<b>Total Organ Transplants</b>	<b>Total Organ Donations</b>
2014	6916	6294
2015	8348	7355
2016	9022	7687
2017	9539	8202
2018	10340	8961
2019	12666	11323
2020	7443	6812
2021	12259	11198
2022	16041	14300
2023	18378	16542

As per information provided by the States/UTs, the number of tissue transplants and donations in the country from 2018 to 2023 is as follows:

<b>Year</b>	<b>Total Tissue Transplants</b>	<b>Total Tissue Donations</b>
2018	6403	8996
2019	7416	11719
2020	2578	3831
2021	5208	5831
2022	6050	8918
2023	2910	6918

## **INDIGENOUS CERVICAL CANCER VACCINATION**

### **3001. SHRI TEJASVI SURYA:**

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

(a) the statistical date of Implementation of the National Programme For Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS);

(b) the details of the status of research and development of Indigenous Cervical Cancer Vaccination;

(c) whether the Government has any plan to include immunization of 9-14 year old adolescent girl children with cervical cancer vaccination / HPV vaccine under the Universal Immunization Programme (UIP) and if so, the details thereof;

(d) the steps taken/being taken by the Government to ensure the success of the program across the country;

(e) whether the Government is planning to start breast cancer screening as a countrywide population-based screening at the Primary Health Centre (PHC) level under the National Health Mission and if so, the details thereof; and

(f) the steps taken by the Government to reduce tobacco usage and promote cancer prevention in the country?

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

(a): The Department of Health and Family Welfare, Government of India provides technical and financial support to the States/UTs under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) as part of National Health Mission (NHM) since 2010. 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). Under NP-NCD, 770 District NCD Clinics, 372 District Day Care Centres, 233 Cardiac Care units and 6410 Community Health Center NCD Clinics have been set up.

(b):“CERVAVAC” is India’s first indigenously developed vaccine for the prevention of cervical cancer.

(c) and (d): Human Papilloma Virus (HPV) vaccine is not a part of the Universal Immunization Programme.

(e): A population-based initiative for screening, management and prevention of common NCDs including breast cancer have been rolled out as a part of comprehensive Primary Health Care in the country under National Health Mission (NHM). As per National NCD Portal, 14.33 crore women have been screened for breast cancer as on 8<sup>th</sup> December 2024.

(f): The Ministry of Health and Family Welfare (MoHFW) is working to reduce tobacco use and to help people quit the habit. A key initiative in this regard is the Tobacco-Free Youth Campaign. On May 31, 2023, the MoHFW first

launched a 60-day Tobacco-Free Youth Campaign, The campaign was implemented across all States and UTs. The MoHFW has launched Tobacco Free Youth Campaign 2.0 in 2024, with expanded strategies and a stronger focus on social media engagement for educating and empowering the youth regarding the harmful effects of tobacco. One of the key strategies of this campaign is to enhance Tobacco Free Educational Institute (ToFEI) compliance. In addition, this year, the campaign has introduced a new component aimed at strengthening its social media presence to engage youth and raise awareness about the dangers of tobacco use and emerging tobacco products. This strategy includes consistent and impactful online messaging across key social media platforms such as Instagram, YouTube, Twitter, and Facebook, engaging young people and empowering them to lead healthier, tobacco-free lives.

### इजराइल में भारतीय कामगारों की सुरक्षा

#### 3002. श्री अरुण गोविल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या विगत कुछ महीनों में लगभग एक लाख निर्माण कामगारों को भारत से इजराइल भेजा गया था और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या भारत में रह रहे उक्त कामगारों के परिवार इन कामगारों के कल्याण के बारे में चिंतित हैं क्योंकि इजराइल में एक वर्ष से अधिक समय से युद्ध चल रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) भारत से इजराइल गए उक्त कामगारों की सुरक्षा की स्थिति क्या है; और

(घ) सरकार युद्ध प्रभावित क्षेत्रों में कार्यरत कामगारों का कल्याण किस प्रकार सुनिश्चित कर रही है?

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

(क) अक्टूबर 2024 तक, इजराइल में लगभग 32,000 भारतीय कामगार थे, जिनमें से लगभग 12,000 भारतीय अक्टूबर 2023 के बाद अन्तर सरकारी (जी2जी) मार्ग और निजी कंपनियों दोनों के माध्यम से इजराइल पहुंचे।

(ख) से (घ) सरकार विदेश में भारतीय नागरिकों, जिनमें भारतीय कामगार भी शामिल हैं, की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती है। इजराइल के साथ हस्ताक्षरित प्रेमवर्क करार और कार्यान्वयन प्रोटोकॉल के अनुसार भारतीय कामगारों के साथ श्रम अधिकारों के संबंध में इजराइली नागरिकों के समान ही व्यवहार किया जाएगा और उन्हें उपयुक्त आवास, चिकित्सा बीमा तथा प्रासंगिक सामाजिक सुरक्षा कवरेज प्रदान किया जाएगा।

इजराइल में हमारा दूतावास इजराइल में रह रहे भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण के लिए इजराइली प्राधिकारियों के साथ समन्वय करता है। कुछ कामगारों ने अपनी शिकायतें रखी थीं, जिन्हें इजराइल में संबंधित प्राधिकारियों के समक्ष उठाया गया था, उन्होंने मामले का समाधान कर दिया है।

## **TREATMENT OF TB IN NORTH EAST**

### **3003. SHRI GAURAV GOGOI:**

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

state:

- (a) the current rate of TB case detection and notification in the country, State/UT-wise;
- (b) whether the Government has implemented any strategies to improve early diagnosis and prompt treatment initiation specially in rural and remote areas of the North East and if so, the details thereof;
- (c) the steps taken/proposed to be taken by the Government to strengthen preventive measures, such as vaccination and contact tracing, to reduce the spread of TB in the country; and
- (d) whether the Government is planning to invest in TB research, particularly in areas such as drug development, diagnostics, and vaccine research in the country and if so, the details thereof?

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

(a) to (d) The current rate for TB cases notified in the country in 2024 (Jan-Oct) is 182 per lakh population, State/UT-wise details are given in the enclosed **Statement**.

The National TB Elimination Programme (NTEP) under the aegis of National Health Mission (NHM) is implemented across the country, including rural and remote areas of the North East with the following objectives:

- Early diagnosis of TB and prompt treatment with quality assured drugs and treatment regimens.
- Active case finding and contact tracing in high risk /vulnerable population;

- Airborne infection control;
- Multi-sectoral response for addressing social determinants.

Further, the Government has taken following steps for early diagnosis, prompt treatment and preventive measures as under:

- Targeted interventions in high TB burden areas through State and district specific strategic plans.
- Provision of free drugs and diagnostics to TB patients.
- Active TB case finding campaigns in key vulnerable populations and individuals with co-morbidities.
- Incentives of Rs 750 (one time) for TB patients in tribal, hilly and difficult to reach areas
- Decentralized TB screening and treatment services to the level of Ayushman Arogya Mandir.
- Private sector engagement with incentives for notification and management of TB cases.
- Scale up of molecular diagnostic laboratories to sub-district levels.
- 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 and their contacts through Ni-kshay portal.

- BCG vaccination at birth, as part of Universal Immunisation Programme.
- Provision of TB Preventive Treatment to eligible contacts of TB patients and vulnerable population.

The Government has invested in diverse thematic areas of TB research viz., drug development, diagnostics, and vaccine research through the Indian Council of Medical Research (ICMR). This intervention has registered the following achievements:

- A network of reference laboratories across the country to evaluate clinical performance of newer diagnostics developed.
- A newer point of care diagnostic tools for TB and drug resistant TB evaluated.
- A newer handheld X-ray machines to enhance market competitiveness evaluated.
- AI tools for X-ray reading and line probe assay tests evaluated.
- Research project for screening and active case finding in the community through hand-held X-rays completed.
- Clinical trials conducted successfully to evaluate efficacy and safety of drug regimens in drug sensitive (DS) and drug resistant (DR) TB
- Clinical trials carried out for potential TB vaccines and adult BCG vaccination study
- Implementation research conducted to demonstrate strategic, cost-effective and scalable district models for TB programme

### **STATEMENT**



<b>State-wise TB case notification rate (per lakh population) in the current year (2024)</b>	
<b>State/UT</b>	<b>2024* (Jan-Oct)</b>
Andaman and Nicobar Islands	137
Andhra Pradesh	156
Arunachal Pradesh	113
Assam	139
Bihar	151
Chandigarh	573
Chhattisgarh	129
Dadra and Nagar Haveli and Daman and Diu	118
Delhi	534
Goa	130
Gujarat	190
Haryana	284
Himachal Pradesh	207
Jammu and Kashmir	82
Jharkhand	152
Karnataka	105
Kerala	59
Ladakh	108
Lakshadweep	11
Madhya Pradesh	201
Maharashtra	174
Manipur	64
Meghalaya	118
Mizoram	179
Nagaland	196
Odisha	124
Puducherry	212
Punjab	195
Rajasthan	214
Sikkim	200
Tamil Nadu	121
Telangana	185

Tripura	81
Uttar Pradesh	276
Uttarakhand	245
West Bengal	101

\*As on 08<sup>th</sup> December, 2024

Data source: Ni-kshay

### **NATIONAL WATERWAYS IN MAHARASHTRA**

#### **3004. SHRI DHAIRYASHEEL RAJSINH MOHITE PATIL:**

**SHRI SANJAY DINA PATIL:**

**SHRIMATI SUPRIYA SULE:**

**PROF. VARSHA EKNATH GAIKWAD:**

**SHRI BAJRANG MANOHAR SONWANE:**

**SHRI AMAR SHARADRAO KALE:**

**SHRI NILESH DNYANDEV LANKE:**

**SHRI BHASKAR MURLIDHAR BHAGARE:**

**DR. AMOL RAMSING KOLHE:**

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

- (a) the current status of National Waterways in Maharashtra, specifically regarding the construction and operational phases of these projects;
- (b) the details of funds allocated for the development of National Waterways in Maharashtra, and the quantum of funds that has been utilized so far;
- (c) the timelines set for the completion of infrastructure projects along national waterways in Maharashtra alongwith the delays, if any anticipated therein;

(d) whether the Government is planning to develop new National Waterways in Maharashtra, if so, the details thereof;

(e) the details of proposals for the development of National Waterways in the State pending before the Union Government for approval indicating the present status thereof; and

(f) the manner in which National Waterways in Maharashtra are expected to improve connectivity between industrial hubs and rural areas, and the regions that stands to benefit the most?

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

(a) Fifteen (15) National Waterways in Maharashtra were declared vide National Waterways Act, 2016 with a total length of 3089 Kms, details of these NWs are given in the enclosed **Statement-I**. Out of these, Six (6) National Waterways are operational for a total length of 530 Kms. The operational National waterways are NW-10(River Amba), NW-53 (Kalyan-Thane-Mumbai Waterway, Vasai Creek and Ulhas River), NW-83 (Rajpuri Creek), NW-85 (Revadanda creek and Kundalika River), NW-91 (Shastri River-Jaigad creek), and NW-73 (River Narmada).

(b) and (c) The details of fund allocated, utilization and timelines are given in the enclosed **Statement-II**.

(d) The focus of the Government is on the development of National Waterways declared under the National Waterways Act, 2016 .

(e) No proposal for development of National Waterways in Maharashtra is pending before the Government for approval.

(f) Inland Water Transport mode is a cheaper mode of transport vis a vis other modes of transport i.e. Road/Rail and modal shift of commodities to this mode may reduce the logistics cost. The major industrialization along the River Banks of Tapi (NW-100), River Amba (NW-10), River Jaigad Creek-Shastri River (NW-91) is a prime example which collectively moves around 98.67 MMT per annum of Cargo on inland waterways. These NWs connect to local hinterland as well as EXIM gateways. Primarily, as of now Raigad, Mumbai and Ratnagiri District are the beneficiaries.

### **STATEMENT-I**

#### **Details of National Waterways in Maharashtra**

<b>S.No</b>	<b>NW</b>	<b>River</b>	<b>Length (Km)</b>
1.	NW10	Amba River	45
2.	NW28	Dabhol creek-Vashishti River	45
3.	NW53	Kalyan-Thane-Mumbai Waterway, Vasai Creek and Ulhas River	145
4.	NW72	Nag River	60
5.	NW83	Rajpuri creek	31
6.	NW85	Revdanda creek and Kundalika River	31
7.	NW89	Savitri River and Bankot creek	46
8.	NW91	Shastri River-Jaigad creek	52
9.	NW100	Tapi River	436
10.	NW70	Manjara River	242
11.	NW78	Penganga River-Wardha River	265
12.	NW109	Wainganga River-Pranahita River	164

13.	NW 73	Narmada River	226
14.	NW 4 (part)	Godavari River	1202
15.	NW 11	Arunavati – Aran River system	99

### STATEMENT-II

**The details of fund allocated, utilization and timelines of the NWs in Maharashtra**

S.No	Description	Fund Allocation FY 2024-25 (in Rs.)	Fund Allocation FY 2025-26 (in Rs.)	Funds Utilization	Timeline
(a)	Supporting Infrastructure (Dredging/ Channel Marking/ Bandalling/ Navigational Aids and RIS-V)	1.34 crore	14.76 crore	No payment made as the work has recently been awarded	December 2025
b)	Hydrographic Survey	0.34 crore	0.22 crore	No payment made as the work has recently been awarded	December 2025
(c)	Cargo Promotion	0.00 crore	0.20 crore	No payment made as the work has recently been awarded	December 2025
(d)	Miscellaneous Expenditure (Administrative expenses, training)	1.70 crore	4.14 crore	No payment made as the work has recently been awarded	December 2025

	and capacity building, office establishment, periodic evaluation, Crisis Management Plan, contingencies PMU etc				
	<b>Total Approved for Maha NWS:</b>	<b>3.38 crore</b>	<b>19.32 crore</b>		

### उत्तराखंड में आईसीडीएस योजना

#### 3005. श्री त्रिवेन्द्र सिंह रावत:

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

- (क) क्या सरकार ने उत्तराखंड में समेकित बाल विकास सेवा (आईसीडीएस) योजना के कार्यान्वयन में कोई महत्वपूर्ण सुधार देखा है;
- (ख) यदि हां, तो उत्तराखंड में आंगनवाड़ी केंद्रों और बाल विकास परियोजनाओं की वर्तमान स्थिति क्या है; और
- (ग) उक्त योजना के अंतर्गत सेवाओं को और सुदृढ़ करने के लिए सरकार की भावी योजनाएं क्या हैं?

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

(क) से (ग) : 15वें वित्त आयोग (एफसी) की अवधि के दौरान, 6 माह से 6 वर्ष तक के आयु वर्ग के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं एवं किशोरियों के लिए पोषण सहायता, बच्चों (3-6 वर्ष) की प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा तथा आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना जैसे विभिन्न घटकों को व्यापक मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 20) के अंतर्गत पुनर्गठित किया गया है। इस मिशन में पोषण की मात्रा एवं प्रदायगी में सुधार के माध्यम से कुपोषण की चुनौती से निपटने का प्रयास किया

जाता है। यह एक केन्द्रीय प्रायोजित योजना है, जहां कार्यान्वयन की जिम्मेदारी राज्यों/संघ राज्य क्षेत्रों की है।

इस मिशन के अंतर्गत कुपोषण में कमी लाने और सामुदायिक भागीदारी, पहुंच, व्यवहारिक परिवर्तन और समर्थन जैसे क्रियाकलापों के माध्यम से स्वास्थ्य, तंदुरस्ती तथा प्रतिरक्षा में सुधार के लिए नई कार्यनीति बनाई गई है। इसमें आयुष पद्धतियों के माध्यम से मातृ पोषण, शिशु एवं छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार तथा आरोग्यता पर ध्यान केन्द्रित किया गया है।

पोषण ट्रैकर के अनुसार, मिशन पोषण 2.0 के अंतर्गत उत्तराखंड राज्य के लिए विभिन्न श्रेणियों के अंतर्गत पंजीकृत लाभार्थियों का विवरण (09.12.2024 तक) निम्नानुसार है:

6 वर्ष तक के बच्चे	किशोरियां	स्तनपान कराने वाली माताएं	गर्भवती महिलाएं
605347	74116	53599	57576

राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के अनुसार उत्तराखंड राज्य में पांच वर्ष से कम आयु वर्ग के बच्चों में ठिगनापन, दुबलापन और अल्प वजन की व्यापकता निम्नानुसार है:

ठिगनापन (%)		दुबलापन (%)		अल्प वजन (%)	
एनएफएचएस 4 (2015-16)	एनएफएचएस 5 (2019-21)	एनएफएचएस 4 (2015-16)	एनएफएचएस 5 (2019-21)	एनएफएचएस 4 (2015-16)	एनएफएचएस 5 (2019-21)
33.5	27	19.5	13.2	26.6	21

इस मिशन के तहत कुल 105 परियोजनाएं स्वीकृत की गई हैं तथा उत्तराखंड राज्य में सभी क्रियाशील हैं। इसके अलावा, उत्तराखंड राज्य के लिए कुल 20069 आंगनवाड़ी केंद्र स्वीकृत किए गए हैं, जिनमें से 20062 क्रियाशील हैं।

बेहतर पोषण प्रदायगी और प्रारंभिक बाल्यावस्था देखभाल और विकास के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की दर से 2

लाख आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में उन्नत किया जाना है। सक्षम आंगनवाड़ी को एलईडी स्क्रीन, वाटर प्यूरीफायर/आरओ मशीन की स्थापना, पोषण वाटिका, ईसीसीई और बाला पेंटिंग प्रदान करके पारंपरिक आंगनवाड़ी केंद्रों से बेहतर बुनियादी ढांचे से युक्त किया गया है। उत्तराखंड राज्य में 827 आंगनवाड़ी केन्द्रों को सक्षम आंगनवाड़ी में उन्नत करने की मंजूरी दी गई है और इस उद्देश्य के लिए 744 लाख रुपये आवंटित किए गए हैं। उत्तराखंड राज्य में 350 आंगनवाड़ी केन्द्रों को सक्षम आंगनवाड़ी में उन्नत किया गया है।

यह मंत्रालय वीडियो कॉन्फरेंस, बैठकों एवं ऑनलाइन पोषण ट्रैकर पद्धतियों के माध्यम से राज्यों/संघ राज्य क्षेत्रों के साथ निरंतर जुड़ाव के माध्यम से मिशन 2.0 के कार्यान्वयन की निरंतर निगरानी करता है।

इस मिशन के अंतर्गत जीवन चक्र दृष्टिकोण अपनाकर पीढ़ी-दर-पीढ़ी चली आ रही कुपोषण के चक्र को समाप्त करने के लिए बच्चों (6 माह से 6 वर्ष तक के आयु वर्ग), गर्भवती महिलाओं तथा स्तनपान कराने वाली माताओं एवं किशोरियों को अनुपूरक पोषण प्रदान किया जाता है।

सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा करने तथा महिलाओं एवं बच्चों में एनीमिया को नियंत्रित करने के लिए आंगनवाड़ी केंद्रों को फोर्टिफाइड चावल की आपूर्ति की जा रही है।

भारत सरकार ने सभी आंगनवाड़ी कार्यकर्त्रियों का कौशल उन्नयन करने के लिए 10 मई, 2023 को पोषण भी पढाई भी पहल शुरू की ताकि दिव्यांग बच्चों सहित छह वर्ष से कम उम्र के बच्चों के प्रारंभिक बाल्यावस्था देखरेख करने तथा शिक्षा एवं पोषण सेवा प्रदान करने की उनकी क्षमता बढ़ाई जा सके।

मंत्रालय ने पूरक पोषण प्रदायगी में पारदर्शिता, दक्षता और जवाबदेही के लिए "पोषण ट्रैकर" के माध्यम से गुणवत्ता आश्वासन, ड्यूटी धारकों की भूमिकाओं और जिम्मेदारियों, खरीद की प्रक्रिया, आयुष अवधारणाओं को एकीकृत करने तथा डेटा प्रबंधन एवं निगरानी जैसे कई पहलुओं को



सुव्यवस्थित करने के लिए सभी राज्यों/संघ राज्य क्षेत्रों को दिनांक 13.01.2021 को दिशा-निर्देश जारी किए हैं।

पोषण ट्रैकर के कुछ लाभ इस प्रकार हैं:

- I. पोषण ट्रैकर में पंजीकृत सभी लाभार्थियों को आधार सत्यापन के माध्यम से प्रमाणित किया जाता है।
- II. पोषण ट्रैकर में पंजीकरण के बाद सभी लाभार्थियों को एसएमएस के माध्यम से उन सेवाओं के बारे में सूचित किया जाता है, जिनका लाभ वे आंगनवाड़ी प्लेटफॉर्म के माध्यम से उठा सकते हैं, जिससे नागरिकों का स्वामित्व बनता है।
- III. इसके अलावा, टीएचआर की डिलीवरी पर, लाभार्थियों के पंजीकृत मोबाइल नंबर पर पोषण हेल्पलाइन विवरण के साथ एसएमएस अलर्ट भेजे जा रहे हैं। यदि लाभार्थी को टीएचआर नहीं मिलता है, तो वह पोषण हेल्पलाइन पर शिकायत दर्ज करा सकता है।
- IV. विकास निगरानी के भौतिक रिकॉर्ड को पोषण ट्रैकर में स्वतः सृजित मासिक रिपोर्ट द्वारा प्रतिस्थापित किया गया है। इन रिपोर्टों को डाउनलोड किया जा सकता है और पर्यवेक्षकों द्वारा समीक्षा बैठक में उपयोग किया जा सकता है।
- V. प्रासंगिक विषयों पर आईईसी सामग्री पोषण ट्रैकर पर डिजिटल रूप से उपलब्ध कराई जाती है, जिससे भारी आईईसी सामग्री ले जाने की आवश्यकता समाप्त हो जाती है।
- VI. सभी गृह दौरा अब पोशन ट्रैकर में स्वतःनिर्धारित किया जाता है जिसके लिए उसे रिमाइंडर भी मिलते हैं। पूर्ण और लंबित गृह यात्रा की रिपोर्ट पोषण ट्रैकर में उपलब्ध है।
- VII. "पोषण ट्रैकर" के साथ, कुपोषण संकेतकों पर तात्कालिक डेटा प्रत्येक महीने उपलब्ध है। एनएफएचएस (लगभग 6.1 लाख परिवारों का नमूना आकार) की तुलना में पोषण ट्रैकर लगातार प्रत्येक महीने लगभग 8 करोड़ बच्चों का मापन करता है जो लाभार्थियों की तात्कालिक पोषण स्थिति को दर्शाता है।

VIII. पोषण ट्रैकर में आंगनवाड़ी कार्यकर्त्री और सहायिका के लिए प्रोत्साहनों की पात्रता की स्वतः गणना का प्रावधान है, जो विकास निगरानी, गृह दौरा और आंगनवाड़ी केंद्र खोलने में उनके प्रदर्शन पर आधारित है।

IX. पोषण ट्रैकर में फैक्ट शीट के रूप में एक नई रिपोर्ट जोड़ी गई है। पोषण ट्रैकर विभिन्न रिपोर्ट जैसे विकास की निगरानी, खुले आंगनवाड़ी केंद्र, बच्चों की प्रत्येक दिन की उपस्थिति, आंगनवाड़ी केंद्र में बुनियादी ढांचे का विवरण इत्यादि तैयार करता है। ये रिपोर्टें पर्यवेक्षकों, सीडीपीओ और डीपीओ सहित सभी स्तरों पर उपलब्ध हैं, जिसके परिणामस्वरूप कुपोषित बच्चों के लिए लक्षित दृष्टिकोण सहित योजना के प्रशासनिक पर्यवेक्षण और प्रभावी कार्यान्वयन में सुधार हुआ है।

## HEALTH RATING FOR FOOD PRODUCTS

### 3006. SHRI GURMEET SINGH MEET HAYER:

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

(a) whether the Government is considering to introduce a sugar tax to address health issues associated with high sugar consumption in view of countries like the UK and Mexico having implemented the same resulting in reduced consumption of sugary products and promoting healthier dietary calories, if so, the details thereof;

(b) whether there is a proposal under consideration to implement such a tax or alternative measures to curb excessive sugar intake and promote public health and if so, the details thereof and if not, the reasons for not adopting such measures;

(c) whether the Government plans to make health rating labels mandatory for ready-to-eat food products, similar to initiatives in other countries and if so, the details thereof; and

(d) whether these labels are likely to help consumers make informed dietary choices and align with public health objectives and if so, the details thereof?

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

(a) and (b): Department of Revenue has informed that Goods and Services Tax (GST) rates are prescribed on the recommendations of the GST Council. There is no such proposal of sugar tax before the GST Council.

(c) and (d): Food Safety and Standards Authority of India (FSSAI) has notified Food Safety and Standards (Labelling and Display) Regulations, 2020 prescribing requirements for labelling of packaged food. The Regulation requires display of nutrients and their contribution to Recommended Daily Allowance (RDA) in percentage at the back of the pack as Nutritional Information to enable consumers to make informed choice. It is mandatory for Food Business Operators (FBOs) to label the food package in accordance with these Regulations.

Further, FSSAI in September, 2022 has notified the draft of Food Safety and Standards (Labelling and Display) Amendment Regulations which is available at

[https://fssai.gov.in/upload/uploadfiles/files/Draft\\_Notification\\_HFSS\\_20\\_09\\_2022.pdf](https://fssai.gov.in/upload/uploadfiles/files/Draft_Notification_HFSS_20_09_2022.pdf). These amendment regulations propose a definition of foods with high content of fat, sugar and salt (HFSS Food) and also front-of- pack labelling of packaged foods (except for certain foods for which exemptions have been provided) with an Indian Nutrition Rating (INR).

### **HEALTHCARE INFRASTRUCTURE IN VIJAYAPURA**

#### **3007. SHRI RAMESH CHANDAPPA JIGAJINAGI:**

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

- (a) the initiatives taken by the Government to improve healthcare infrastructure in Vijayapura Constituency particularly through schemes like the Ayushman Bharat Yojana and the National Health Mission (NHM);
- (b) the total number of healthcare facilities in Vijayapura Constituency that have been upgraded/established under the Ayushman Bharat Yojana along with the total amount of funds provided in this regard;
- (c) whether the Government has any plan to expand healthcare services under the NHM scheme in Vijayapura constituency, if so, the details thereof; and
- (d) the manner in which the Union Government plan to address the issue of shortage of healthcare professionals in Vijayapura 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 (d) The healthcare system of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India.

As per established norms, in rural areas, a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area) is suggested. Further, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit provide secondary care services for rural and urban area.

Public Health and Hospitals are state subjects. However, the Government has provided substantial support for strengthening of Healthcare infrastructure in India. The details of the schemes are as under:

**National Health Mission (NHM):** The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. An amount of Rs. 15,324.05 Lakhs was approved in FY 2021-22, Rs 7,613.96 Lakhs was approved in FY 2022-23 and 4,789.20 Lakhs was approved in FY 2023-24 for

Health Infrastructure Strengthening under NHM for the state of Karnataka including Vijayapura district.

The Government of India conveyed approval of Rs. 3450 lakhs for the up-gradation of DH Vijayapura from 250 beds to 500 beds in FY 2020-21. For MCH Wing at Vijayapura, a total budget of Rs.1200.00 Lakhs was approved in FY 2019-20. Additionally, under National Oral Health Programme INR 3 lakhs was approved for strengthening Dental Units at CHC Vijayapura in FY 2022-23.

According to Health Dynamics of India 2022-23, the total number of facilities in Vijayapura, Karnataka are as under:

<b>Health Facilities</b>	<b>Rural</b>	<b>Urban</b>
No of Sub Centres	311	0
No of Primary Health Centres	60	6
No of Community Health Centres	9	0
No of Sub-Divisional/District Hospitals	4	
No of District Hospitals	1	

**PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** It is one of the largest Pan-India scheme with an outlay of Rs. 64,180/- Crores for strengthening health care infrastructure to effectively manage and respond to any future pandemics and outbreaks across the country. The scheme period is for 5 years ie. FY 2021-22 to FY 2025-26.

Under the scheme, an amount of **Rs. 2021.88 Cr.** is provisioned for the State of Karnataka during scheme period for establishment and strengthening of **736 Urban – Health and Wellness Centers (U-HWC/AAM), 30 Integrated Public Health Labs (IPHLs) and 30 Critical Care Hospital Blocks (CCBs).**

Administrative approvals have been accorded to the State of Karnataka, for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) for an amount of **Rs 1168.71 Cr.** for establishment and strengthening of **817 Urban – Health and Wellness Centers (U-HWC/AAM), 21 Integrated Public Health Labs (IPHLs) and 21 Critical Care Hospital Blocks (CCBs),** as per proposal of the State.

The administrative approvals accorded for FY 2021-22 to FY 2024-25 under PM-ABHIM in **Vijayapura district** are as under:

1. One **Integrated Public Health Lab** at Vijayapura District Hospital @ Rs. 1.25 Crore.
2. One **100 bedded Critical Care Hospital Block (CCB)** at Vijayapura District Hospital @ Rs.44.50 Crore (2024-25).
3. **31 Urban – Health and Wellness Centers (U-HWC/AAM)** approved in Vijayapura district.

Further support is provided to the state under India COVID-19 Emergency Response and Health System Preparedness Package II (ECRP-II). The scheme aims to accelerate health system preparedness for immediate responsiveness for early prevention, detection and management of COVID-19, with the focus on health infrastructure development including for Pediatric Care and with

measurable outcomes. An amount of Rs 504.04 Crores has been released to the State of Karnataka under ECRP II.

The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-2022 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

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

- Hard area allowance to specialist doctors for serving in rural and remote areas and for their residential quarters.
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians and Anesthetist/ Life Saving Anesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote area.



- Incentives like special incentives for doctors, incentive for ANM for ensuring timely ANC checkup and recording, incentives for conducting Adolescent Reproductive and Sexual Health activities.
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas have also been introduced under NHM.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

### फ्रेट ऑन रोड के तहत यूरिया का परिवहन न किया जाना

#### 3008. श्री भाऊसाहेब राजाराम वाकचौरे:

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

(क) क्या देश में फ्रेट ऑन रोड (एफओआर) के तहत परिवहन के लिए विनिर्धारित नियमों का उल्लंघन करते हुए कई उर्वरक कंपनियां विशेष रेल केन्द्रों से खुदरा विक्रेताओं को उर्वरक उपलब्ध करा रही हैं;

(ख) यदि हां, तो क्या इसके कारण विक्रेताओं को 50 किलोग्राम के बैग पर प्रति बैग 40 रुपए का अतिरिक्त परिवहन प्रभार वहन करना पड़ता है;

- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार को इस समस्या के समाधान के लिए जन प्रतिनिधियों और विक्रेताओं से भी अनुरोध प्राप्त हुए हैं;
- (ड.) यदि हां, तो आज की तिथि के अनुसार विगत तीन वर्षों के दौरान तत्संबंधी ब्यौरा क्या है; और
- (च) सरकार द्वारा इस संबंध में क्या कार्रवाई की गई है अथवा किए जाने की संभावना है?

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

(क) से (च): यूरिया के संबंध में, सरकार ने विभाग द्वारा प्रशासित की जा रही नई मूल्य निर्धारण स्कीम चरण-III (एनपीएस-III) के अंतर्गत शामिल यूरिया पर एकसमान मालभाड़ा सब्सिडी, 2008 की घोषणा की। मालभाड़ा के दो घटक हैं जिन्हें एक समान मालभाड़ा नीति के अंतर्गत प्रतिपूर्ति के लिए स्वीकृति दी गई है:

i. प्राथमिक मालभाड़ा: प्राथमिक मालभाड़ा में दो घटक शामिल हैं:

(क) संयंत्र/पत्तन लदान रेक प्वाइंट से अनलोडिंग रेक प्वाइंट तक उर्वरकों (यूरिया) के संचलन के लिए रेल मालभाड़ा।

(ख) संयंत्र/पत्तन से सीधे सड़क द्वारा ब्लॉक/जिला मुख्यालय तक (500 किमी तक) उर्वरकों (यूरिया) के परिवहन के लिए सड़क मालभाड़ा।

ii. द्वितीयक मालभाड़ा: इसमें निकटतम रेलवे रेक प्वाइंट से ब्लॉक/जिला मुख्यालय तक उर्वरकों के परिवहन के लिए सड़क मालभाड़ा शामिल है।

यूरिया इकाइयों को संयंत्र/पत्तन से ब्लाक/जिले तक यूरिया के परिवहन के लिए मालभाड़ा सब्सिडी का भुगतान किया जाता है और उक्त दरों को प्रत्येक वित्तीय वर्ष में बढ़ाया/घटाया जाता है।

पीएण्डके उर्वरकों का प्राथमिक संचलन रेल और/अथवा तटीय पोत परिवहन/अंतर्देशीय जल परिवहन द्वारा किया जाता है जिसमें गंतव्य जिले में रेक प्वाइंट तक सड़क ब्रिजिंग (केवल तटीय पोत परिवहन या अंतर्देशीय जल मार्गों के मामले में) अथवा गंतव्य जिलों में संयंत्र अथवा पत्तन से परिवहन के किन्हीं या दो अथवा सभी तीन साधनों द्वारा विभिन्न रेक प्वाइंटों तक संचलन शामिल है। पीएण्डके उर्वरकों के प्राथमिक संचलन पर मालभाड़े की प्रतिपूर्ति का भुगतान रेलवे प्रभारों अथवा वहन किए गए वास्तविक मालभाड़े, जो भी कम हो, के आधार पर किया जाता है। पीएण्डके उर्वरकों के सड़क से सीधे संचलन पर मालभाड़े की प्रतिपूर्ति का भुगतान किए गए वास्तविक भुगतान के अनुसार किया जाता है जोकि अधिकतम समतुल्य रेल मालभाड़े से अधिक नहीं होना चाहिए। सीधे सड़क संचलन के तहत अधिकतम स्वीकार्य दूरी 500 किमी है। पीएण्डके उर्वरकों के द्वितीयक संचलन पर मालभाड़े की प्रतिपूर्ति नहीं की जाती है।

## **DRUGS AND COSMETICS ACT**

### **3009. SHRI RAJA RAM SINGH:**

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

- (a) whether the Government has received any complaints with regards to Rule 170 of Drugs and Cosmetics Act, 1945 prohibiting misleading advertisements related to Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH) products and if so, the details thereof,
- (b) the details of the companies who have violated the Rule 170 of Drugs and Cosmetics Act, 1945, company-wise;

(c) whether any penalties have been imposed against the companies registered under Ministry of AYUSH which have violated the Rule 170 of Drugs and Cosmetics Act, 1945 and if so, the details thereof, and

(d) the details of the action taken by the Government against the companies which have violated the Rule 170 of Drugs and Cosmetics Act, 1945?

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

(a) Ministry of Ayush vide Gazette notification no.- G.S.R. 360(E) dated 01.07.2024 omitted Rule 170 of the Drugs Rules, 1945 based on recommendations from the Ayurvedic, Siddha, and Unani Drugs Technical Advisory Board (ASUDTAB). Further, Hon'ble Supreme Court of India vide its order dated 27.08.2024 in W.P. (CIVIL) NO.645/2022 has stayed the notification of omission of Rule 170 of the Drugs Rules, 1945 till further orders.

As per the information received from All India Institute of Ayurveda (AIIA), New Delhi regarding Pharmacovigilance Program for Ayurveda, Siddha, Unani and Homeopathy drugs (ASUandH), the detail of number of complaints with regards to Rule 170 of the Drugs Rules, 1945 prohibiting misleading advertisements related to Ayurveda, Yoga, Unani, Siddha, and Homeopathy (AYUSH) products is enclosed as **Statement-I**.

(b) As per the information received from Pharmacovigilance Program for ASUandH drugs, AIIA, New Delhi and State/UT's licensing authorities, the

details of the companies which have violated the Rule 170 of the Drugs Rules, 1945 is enclosed as **Statement-II**.

(c) and (d) Enforcement of legal provisions under the Drugs and Cosmetics Act, 1940 and rules made thereunder pertaining to ASUandH drugs is vested with the State Drug Controllers/State Licensing Authorities appointed by the concerned State/UT government. As per the information received from State/UT's licensing authorities, the details of the action taken/penalty by the Government against the companies which have violated the Rule 170 of the Drugs Rules, 1945 is enclosed as **Statement-III**.

### **STATEMENT-I**

**As per the information received from Pharmacovigilance Program for ASUandH drugs, AIIA, the details of number of complaints received with regards to Rule 170 of the Drugs Rules, 1945 prohibiting misleading advertisements related to Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) products from January to October 2024 is as follows:**

<b>S. No.</b>	<b>Month</b>	<b>No. of advertisements</b>
1.	Jan-24	121
2.	Feb-24	129
3.	Mar-24	130
4.	Apr-24	4
5.	May-24	67
6.	Jun-24	52
7.	Jul-24	11
8.	Aug-24	0

9.	Sep-24	3
10.	Oct-24	11

### **STATEMENT-II**

**As per the information received from Pharmacovigilance Program for ASUandH drugs, AIIA and State/UT's licensing authorities, the details of the companies which have violated the Rule 170 of the Drugs Rules, 1945, company-wise from January to October 2024 are as follows:**

<b>S. No.</b>	<b>Name of the State/ UT and others</b>	<b>Details of companies which have violated the Rule 170 of the Drugs Rules, 1945</b>
	Pharmacovigilance Program for ASUandH drugs, AIIA ( Data from January to October 2024)	1)Amar Products 2) Amrit Noni Products 3) Dr. Asma Herbals 4) B.C. Hasaram and Sons 5) Baidyanath 6) Bhargava 7) Charutbhuj Pharma 8) Dhootpapeshwar 9) Divisa 10) Dr Dassan 11) DrJuneja's 12) Dr Nutricio 13) Dr Thanki's 14) Emami Ltd. 15) Gynoveda 16) Jagat Pharma 17) Jolly Pharmacy 18) Kapiva 19) Tulison Pharma 20) Krishna Herbals 21) Orichem Drugs and Pharmaceuticals 22) Pankajakasturi Herbal India 23) Patanjali 24) Rajvaidya Ayurveda 25) Satrishi Herbals 26) SBS Bio-tech 27) Shankar Pharmacy 28) Shree Maruti Harbals 29) Swaarnim Nature Science Ltd. 30) Techno Pharma 31) Trichup Brand 32) Dr. Trust Healthcare 33) Well 'n' care 34) Zandu Care 35) Zee Pharmacueticals 36) Zocveda Wellness

	Tamil Nadu (2019)	<p>1. M/s. Pee Gee Pharma, No. 2/143, Sivadapuram, S.O, Salem - 636 307</p> <p>2. M/s. Ancient Pharma, Door No. 4/150, Virathanur Road, Ayyanarpuram, Panaiyur Post, Madurai - 625 009</p> <p>3. M/s. Shankaralaya Herbals Pvt Ltd, No. 9, 10th Cross Street, Mangalanagar, Chennai-116</p>
	Gujarat (May 2024-October 2024)	<p>1. Dr. Vasishtha'sAyu Remedies</p> <p>2. Sheth Brothers</p> <p>3. EmamiPvt Ltd</p> <p>4. VasuHealthcare, Vadodara</p> <p>5. S B Biotech</p> <p>6 Vivvan Herbals, Ahmedabad</p> <p>7.Shree Shankar Ayurvedic Pharmacy, Ahmedabad</p> <p>8. Shreejee Remedies, Ahmedabad</p>
	Delhi	<p>May 2020:</p> <p>1. M/s RajvaidyaShital Prasad and Sons</p> <p>May 2024 till date:</p> <p>1.M/sSaintlife Pharmaceuticals Ltd.</p> <p>2.M/s Divisa Herbals Pvt. Ltd.</p> <p>3.M/s Trust Health Care</p> <p>4. M/s Allen Laboratories Ltd.</p> <p>5.M/s Zandu Pharmaceuticals Ltd.,</p> <p>6.M/s RajvaidyaShital Prasad and Sons</p> <p>7.M/s Oriental Chemical Works</p> <p>8. M/s Dabur India Ltd.</p> <p>9.M/s Shree BaidyanathAyurvedBhawan</p> <p>10.M/s New Royal Products</p> <p>11.M/s Dehlvi Remedies Pvt. Ltd.</p>

		12. M/s Apsara Herbals 13.M/s Rex Remedies Ltd. 14.M/s Rahat Herbal Industries 15.M/s Emami Limited 15.M/s Khojati Herbals 16.M/s Vicco Laboratories 17.M/s Sana Herbals (P) Ltd. 18. M/s Hamdard Laboratories (INDIA) 19. M/s Dehlvi Naturals
	Odisha	NIL
	Kerala	NIL
	Karnataka	NIL
	Mizoram	NIL
	Haryana	NIL
	Arunachal Pradesh	NIL
	Jharkhand	NIL
	Assam	NIL
	West Bengal	NIL

### **STATEMENT-III**

**As per the information received from State/UT's licensing authorities, the details of the action taken by the Government against the companies which have violated the Rule 170 of the Drugs Rules, 1945 is as follows:**

<b>S. No.</b>	<b>Name of the State/ UT</b>	<b>Details of the penalties/action taken against the companies</b>
1.	Tamil Nadu	1. License of Asthra Power Tonic Capsule and Cream of M/s. Pee Gee Pharma, No. 2/143, Sivadapuram, S.O, Salem 636 307 had been



		<p>suspended for one month for illegal advertisement with false claim.</p> <p>2. License of Boraxine Ointment of M/s Ancient Pharma, Door No. 4/150, Virathanur Road, Ayyanarpuram, Panaiyur Post, Madurai - 625 009 had been suspended for one month for illegal advertisement with false claim.</p> <p>3. License of Segro Plus Capsule, MusliSegro Capsule and Kamana Capsule of M/s Shankaralaya Herbals Pvt Ltd, No. 9, 10th Cross Street, Mangalanagar, Chennai 116 had been suspended for one month for illegal advertisement with false claim.</p>
	2 Gujarat	<p>Warning issued to the following companies:</p> <ol style="list-style-type: none"> <li>1. Dr. Vasishtha's Ayu Remedies</li> <li>2. Sheth brothers</li> <li>3. Emami Pvt Ltd</li> <li>4. Vasu Healthcare, Vadodara</li> <li>5. S B Biotech</li> <li>6 Vivvan Herbals, Ahmedabad</li> <li>7. Shree Shankar Ayurvedic Pharmacy, Ahmedabad</li> </ol> <p>Supreme Court notice issued to:</p> <p>Shreejee Remedies, Ahmedabad</p>
	3 Delhi	Show cause notices, warnings and further necessary actions along with intimation to the

		concerned State Licensing Authorities were initiated and legal opinion in some cases is also sought for.	
	4 Karnataka (2019-till date)	Division	No. of notices issued for violation of Rule 170 of the Drugs Rules, 1945
		Kalaburagi	0
		Belagavi	143
		Mysuru	280
		Bengaluru	139
		Bengaluru	52
		Headquarters	
		<b>Total</b>	<b>614</b>
	5 Odisha	NIL	
	6 Kerala	NIL	
	7 Mizoram	NIL	
	8 Haryana	NIL	
	9 Arunachal Pradesh	NIL	
	10 Jharkhand	NIL	
	11 Assam	NIL	
	12 West Bengal	NIL	

### INVESTMENT ON NATIONAL WATERWAYS

#### 3010. SHRIMATI ANITA SUBHADARSHINI:

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

- (a) whether the Government has set any target to complete 23 National Waterways in the country;
- (b) if so, the estimated year of completion and the amount of investment on the above said waterways;
- (c) the details of the waterways enlisted for development as National Waterways in the State of Odisha; and
- (d) the approximate volume of cargo transport expected through these National waterways by the year 2025?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS**

**(SHRI SARBANANDA SONOWAL):**

- (a) and (b) Yes. Ministry of Ports, Shipping and Waterways has approved projects worth Rs. 5950 crore for development of 23 National Waterways (NWs) by March 2026.
- (c) There are six (6) declared National Waterways in the State of Odisha, details of which are given in the enclosed **Statement-I**. Out of which, development activities have been taken up on three (3) NWs viz. NW-5, NW-14 and NW-64.
- (d) The details of approximate volume of cargo movement on National Waterways in the State of Odisha is given in the enclosed **Statement-II**.

**STATEMENT-I**

**Details of National Waterways in State of Odisha**

1. **NW-5 (East Coast Canal And Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers):** Comprising of Talcher-Dhamra Stretch of Brahmani-Kharsua-Tantighai-PanduaNala-DudheiNala-KaniDhamra-river system, Geonkhali-Charbatia Stretch of East Coast Canal, Charbatia-Dhamra Stretch of Matai River and Mahanadi Delta Rivers
2. **NW-14 (Baitarni River):**Dattapur village to confluence with Dhamra river near LaxmiprasadDia
3. **NW-22 (BirupaBadiGengutiBrahmani River System):**Birupa Barrage at Choudwar to Confluence of Birupa and Brahmani rivers near UpperkaiPada village including alternative route from Samaspur village to near Kharagpur village Bramani river from confluence of Birupa and Brhmani rivers near UpperkaiPada village to Bramani river at Katana.
4. **NW-23 (BudhaBalanga River):** Barrage (approx 300m from Patalipura village) to confluence of BudhaBalanga river with Bay of Bengal at Chandipur Fishing Port
5. **NW-64 (Mahanadi River):** Sambalpur Barrage to Paradip
6. **NW-96 (Subarnrekha River):**Chandil Dam to confluence with Bay of Bengal

#### **STATEMENT-II**

#### **DETAILS OF APPROXIMATE CARGO MOVEMENT ON NATIONAL WATERWAYS IN THE STATE OF ODISHA**

<b>Cargo Movement 2021-22 to 2024-25 till Oct(in Million Tons) on National Waterways in Odisha</b>				
<b>National Waterways (NW)</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>2024-25 till Oct</b>
NW-5 (East Coast Canal And Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers)	0.01	0.40	0.64	0.15
NW-23 (BudhaBalanga)	-	0.03	0.02	0.01
NW-64 (Mahanadi River)	0.01	0.45	0.67	0.16
<b>Total</b>	<b>0.03</b>	<b>0.88</b>	<b>1.33</b>	<b>0.31</b>

### **ENHANCEMENT OF MARITIME INFRASTRUCTURE IN TAMIL NADU**

#### **3011. THIRU DAYANIDHI MARAN:**

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

(a) the specific initiatives taken and investments made for enhancing maritime infrastructure in the State of Tamil Nadu;

(b) whether there are any proposals to construct additional ports, minor harbours, or terminals in Tamil Nadu as part of the Ministry's 80 lakh crore investment vision and if so, the details thereof;

(c) the steps taken/proposed to be taken by the Government to ensure ports in Tamil Nadu are included in global trade routes and also to promote the State as a global hub for trade;

(d) the manner in which the Government envision Tamil Nadu contributing to India's goal of becoming a maritime leader by 2030;

(e) whether any projects are being considered for implementation in the said State for leveraging the States strategic location and the resources allocated towards this goal; and

(f) the measures planned to reduce costs and improve logistics for exporters in Tamil Nadu?

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

(a), (b), (c) and (e) The Sagarmala programme is the flagship programme of the Ministry of Ports, Shipping and Waterways to promote port-led development in the country through harnessing India's 7,500 km long coastline, 14,500 km of potentially navigable waterways and strategic location on key international maritime trade routes. As a part of Sagarmala Programme, 98 Projects worth more than Rs 93,376 Cr. have been identified under Sagarmala Programme in the state of Tamil Nadu for enhancing the infrastructure related to port modernization, port connectivity, port-led industrialization, coastal community development and coastal shipping and inland water transport. These projects are implemented by Central Ministries, IWAI, Indian Railways, State Government and Major Ports etc. Ministry of Ports, Shipping and Waterways under Sagarmala Scheme is partially funding 22 projects worth Rs 1240 Cr in the state of Tamil Nadu. The details of projects undertaken in Tamil Nadu under Sagarmala Scheme is given in the enclosed **Statement**.

(d) and (f) Tamil Nadu boasts a 1,076 km long coastline, which is crucial for enhancing India's maritime trade. The state has three Major Ports viz. Chennai Port, Tuticorin Port (V.O. Chidambaranar Port), and Kamarajar Port, which handle a significant portion of India's cargo, especially containerized and bulk cargo. Its location along key international shipping routes makes it pivotal for increasing India's maritime trade and ensuring global connectivity. The Government is focusing on developing and modernizing port infrastructure at Major Ports in Tamil Nadu to accommodate larger vessels, streamline cargo handling, and increase port capacity to reduce costs and improve logistics for exporters in Tamil Nadu.

### **STATEMENT**

#### **Status of Sagarmala-funded Projects in the State of Tamil Nadu**

<b>Sr No</b>	<b>Name of Project</b>	<b>Status</b>	<b>Cost (Rs. Cr)</b>	<b>Funds Sanctioned (Rs. Cr)</b>
1	Creation of additional berthing facilities for the tourist vessels at Cuddalore, Tamil Nadu	Under Development	11.00	11.00
2	Creation of additional berthing facilities at Kanyakumari	Under Development	4.18	3.87

3	Creation of Berthing facilities for tourist vessels at Agni Theertham, Tamil Nadu	Under Implementation	7.81	7.81
4	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V. O .Chidambaranar	Completed	25.00	10.00
5	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT - length 150m at VoCPT	Completed	36.00	30.00
6	Coastal Cargo Berth at ChPT	Completed	80.00	30.00
7	Construction of Breakwater both in North and South side of entrance channel- Berth-1- Berth-2 and Capital Dredging at Cuddalore Port -From entrance channel till cargo berths	Completed	135.00	67.50
8	Development of paved storage yard at Chennai Port for handling export cargo	Completed	54.00	25.73
9	Construction of Bunker berth at Chennai Port	Completed	44.00	22.00
10	Construction of a fishing harbour at Poompohar in Nagapattinam District in Tamil Nadu	Completed	148.00	37.00
11	Expansion of fishing harbour at Chinnamuttomin	Completed	74.00	18.38



	Kanyakumari District in Tamil Nadu			
12	Coastal Districts Skill Development Program - Phase I -Tamil Nadu	Completed	2.94	2.94
13	Construction of widening the Korampallam Surplus course bridge and rail over bridge - RoB including widening of road from western boundary to TTPS	Completed	42.00	20.00
14	Dredging the dock basin for coastal cargo berth at VOCPT -Dredging in front of dedicated coastal berth	Completed	98.00	20.88
15	National Technology Center for Ports- Waterways and Coasts -New Campus	Completed	77.03	39.67
16	Coastal Districts Skill Development Program - Phase 2 -Tamil Nadu	Under Implementation	10.67	10.67
17	Fishing harbor at Mookaiyur in Ramanathapuram district in Tamil Nadu	Completed	113.90	28.48
18	Fishing harbour at Kuthakal, Kunthukul -TN	Completed	74.00	18.50
19	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to Thiruvalluvur statue	Under Implementation	31.05	15.53

20	Modernisation of Chennai Fishing Harbour Project	Under Implementation	99.85	49.93
21	Creation of additional berthing facilities at VilloondiTheertham, Tamil Nadu	Under Implementation	3.66	3.66
22	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-II) in Chennai Port Authority	Under Implementation	52.85	39.42

### मानसिक स्वास्थ्य देखरेख पेशेवर

#### 3012. श्री हनुमान बेनीवाल:

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

(क) क्या सरकार को यह ज्ञात है कि भारत में अन्य देशों की तुलना में प्रति व्यक्ति मानसिक स्वास्थ्य देखरेख संबंधी पेशेवरों की संख्या सबसे कम है;

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

(ग) मानसिक स्वास्थ्य के क्षेत्र में पर्याप्त मनोचिकित्सकों, मनोवैज्ञानिकों और सामाजिक कार्यकर्ताओं को तैयार करने के लिए शिक्षा और प्रशिक्षण कार्यक्रमों की कमी के कारण क्या हैं; और

(घ) क्या सरकार की योजना मानसिक स्वास्थ्य समस्या को समुचित तरीके से हल करने और देश में मानसिक रोग से जुड़े सामाजिक कलंक को दूर करने हेतु मानसिक स्वास्थ्य कार्यकर्ताओं को प्रशिक्षित करने के लिए कदम उठाने की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

**(श्री प्रतापराव गणपतराव जाधव):**

(क) और (ख) राष्ट्रीय आयुर्विज्ञान आयोग द्वारा दी गई सूचना के अनुसार नवंबर, 2024 तक राज्य चिकित्सा परिषदों (एसएमसी) और राष्ट्रीय आयुर्विज्ञान आयोग में 13,86,145 एलोपैथिक डॉक्टर पंजीकृत हैं। पंजीकृत एलोपैथिक डॉक्टरों की 80% उपलब्धता और लगभग 6.14 लाख आयुष डॉक्टरों को मानते हुए देश में डॉक्टर-जनसंख्या अनुपात लगभग 1:811 है जो डब्ल्यूएचओ के 1:1000 के मानक से बेहतर है।

निमहांस, बंगलुरु द्वारा देश के 12 राज्यों में किए गए राष्ट्रीय मानसिक स्वास्थ्य सर्वेक्षण (एनएमएचएस) 2016 के अनुसार, एनएमएचएस राज्यों में मनोचिकित्सकों की उपलब्धता मध्य प्रदेश में प्रति लाख जनसंख्या पर 0.05 से लेकर केरल में प्रति लाख जनसंख्या पर 1.2 तक भिन्न-भिन्न थी।

(ग) और (घ) सरकार ने मेडिकल कॉलेजों की संख्या में वृद्धि की है और इसके बाद एमबीबीएस सीटों में भी वृद्धि की है। मेडिकल कॉलेजों की संख्या में 102% की वृद्धि हुई है जो 2014 से पहले 387 थी जो अब बढ़कर 780 है। इसके अलावा, एमबीबीएस सीटों में 130% की वृद्धि हुई है जो 2014 से पहले 51,348 थी जो अब बढ़कर 1,18,137 हो गई है और पीजी सीटों में 135% की वृद्धि हुई है जो 2014 से पहले 31,185 थी जो अब बढ़कर 73,157 हो गई है।

देश में मनोचिकित्सकों की संख्या बढ़ाने के लिए राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) के स्नातकोत्तर चिकित्सा शिक्षा बोर्ड (पीजीएमईबी) ने 15.1.2024 को स्नातकोत्तर पाठ्यक्रमों के लिए न्यूनतम मानक आवश्यकताएँ - 2023 (पीजीएमएसआर-2023) जारी की हैं। एमडी (मनोचिकित्सा) की शिक्षा आरंभ करने/सीटों में वृद्धि करने के लिए, प्रत्येक अतिरिक्त सीट के लिए 20% की वृद्धि सहित अधिकतम 2 पीजी छात्रों के वार्षिक प्रवेश हेतु ओपीडी की संख्या घटाकर 30 प्रतिदिन कर दी गई है। इसी प्रकार, मेडिकल कॉलेज में 2 सीट, 3 सीट और 5 सीट के साथ एमडी (मनोचिकित्सा)

पाठ्यक्रम शुरू करने के लिए प्रति यूनिट न्यूनतम आवश्यक बिस्तरों की संख्या क्रमशः 8, 12 और 20 बिस्तर हैं।

एनएमएचपी के विशिष्ट परिचर्या घटक के तहत, मानसिक स्वास्थ्य विशिष्टताओं वाले पीजी विभागों में छात्रों के प्रवेश को बढ़ाने के साथ-साथ विशिष्ट स्तर की उपचार सुविधाएं प्रदान करने के लिए 25 उत्कृष्टता केंद्रों को मंजूरी दी गई है। इसके अलावा, सरकार ने मानसिक स्वास्थ्य विशिष्टताओं में 47 पीजी विभागों को सुदृढ़ करने के लिए 19 सरकारी मेडिकल कॉलेजों/संस्थानों को भी सहयोग दिया है।

इसके अलावा, भारत सरकार देश में राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम (एनएमएचपी) को लागू कर रही है। एनएमएचपी के जिला मानसिक स्वास्थ्य कार्यक्रम (डीएमएचपी) घटक को 767 जिलों में कार्यान्वयन के लिए मंजूरी दी गई है, जिसके लिए राष्ट्रीय स्वास्थ्य मिशन के माध्यम से राज्यों/संघ राज्य क्षेत्रों को सहायता प्रदान की जाती है। डीएमएचपी के घटकों में से एक विशेषज्ञ और गैर-विशेषज्ञ संवर्गों जैसे चिकित्सा अधिकारियों, मनोवैज्ञानिकों, सामाजिक कार्यकर्ताओं और नर्सों को प्रशिक्षण प्रदान करना है।

सरकार प्राथमिक स्वास्थ्य सेवा स्तर पर मानसिक स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए भी कदम उठा रही है। सरकार ने 1.73 लाख से अधिक उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को आयुष्मान आरोग्य मंदिरों में उन्नत किया है। इन आयुष्मान आरोग्य मंदिरों में प्रदान की जाने वाली व्यापक प्राथमिक स्वास्थ्य पारिचर्या के तहत सेवाओं के पैकेज में मानसिक स्वास्थ्य सेवाओं को भी जोड़ा गया है। आयुष्मान भारत के तहत आयुष्मान आरोग्य मंदिरों में मानसिक, तंत्रिकाविज्ञान संबंधी और नशीले-पदार्थ के उपयोग संबंधी विकारों (एमएनएस) पर विभिन्न संवर्गों के लिए परिचालन दिशानिर्देश और प्रशिक्षण मैनुअल जारी किए गए हैं।

सरकार तीन केंद्रीय मानसिक स्वास्थ्य संस्थानों अर्थात् राष्ट्रीय मानसिक स्वास्थ्य और तंत्रिका विज्ञान संस्थान, बंगलुरु, लोकप्रिय गोपीनाथ बोरदोलोई क्षेत्रीय मानसिक स्वास्थ्य संस्थान, तेजपुर, असम और केंद्रीय मनोचिकित्सा संस्थान, रांची में 2018 से स्थापित डिजिटल अकादमियों के माध्यम से सामान्य स्वास्थ्य परिचर्या चिकित्सा और पैरा-मेडिकल पेशेवरों की विभिन्न श्रेणियों के लिए ऑनलाइन प्रशिक्षण पाठ्यक्रम प्रदान करके देश के अल्पसेवित क्षेत्रों में मानसिक स्वास्थ्य सेवाएं प्रदान करने के लिए जनशक्ति की उपलब्धता को भी बढ़ा रही है। डिजिटल अकादमियों के तहत प्रशिक्षित पेशेवरों की कुल संख्या 42,488 है।

भारतीय पुनर्वास परिषद से प्राप्त सूचना के अनुसार, वर्तमान में 66 संस्थान/विश्वविद्यालय एम.फिल. नैदानिक मनोविज्ञान पाठ्यक्रम चला रहे हैं। परिषद ने शैक्षणिक सत्र 2024-25 से बी.एससी. नैदानिक मनोविज्ञान (ऑनर्स) पाठ्यक्रम शुरू किया है और नैदानिक मनोविज्ञान में अधिक पेशेवरों को तैयार करने के लिए 19 विश्वविद्यालयों को यह पाठ्यक्रम चलाने की स्वीकृति दी है।

उपर्युक्त के अलावा, सरकार ने देश में गुणवत्तापूर्ण मानसिक स्वास्थ्य परामर्श और परिचर्या सेवाओं तक पहुँच को और बेहतर बनाने के लिए दिनांक 10 अक्टूबर, 2022 को “राष्ट्रीय टेली मानसिक स्वास्थ्य कार्यक्रम” शुरू किया है। दिनांक 22.11.2024 की स्थिति के अनुसार, 36 राज्यों/संघ राज्य क्षेत्रों ने 53 टेली मानस प्रकोष्ठ स्थापित किए हैं और टेली मानसिक स्वास्थ्य सेवाएँ शुरू की हैं। हेल्पलाइन नंबर पर 15,95,000 से अधिक कॉल का समाधान किया गया है।

सरकार ने विश्व मानसिक स्वास्थ्य दिवस - 10 अक्टूबर, 2024 के अवसर पर टेली मानस मोबाइल एप्लिकेशन भी लॉन्च किया है। टेली-मानस मोबाइल एप्लिकेशन एक व्यापक मोबाइल प्लेटफॉर्म है जिसे कल्याण से लेकर मानसिक विकारों तक के मुद्दों के लिए सहायता प्रदान करने के लिए विकसित किया गया है।

### मिशन वात्सल्य योजना

**3013. श्री हरेन्द्र सिंह मलिक:**

श्री कंवर सिंह तंवर:

श्रीमती स्मिता उदय वाघ:

श्री लुम्बा राम:

श्री विद्युत बरन महतो:

श्री दिलीप शङ्कीया:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

श्री भर्तृहरि महताब:

श्री विजय कुमार दूबे:

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

(क) क्या सरकार मिशन वात्सल्य कार्यान्वित कर रही है, यदि हां, तो इसकी मुख्यविशेषता, लक्ष्य और उद्देश्यों सहित तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने विभिन्न राज्यों, विशेष रूप से उत्तर प्रदेश और महाराष्ट्र में उक्तमिशन की उपलब्धियों को जांचने के लिए कोई आंकलन किया है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यह देश में, विशेष रूप से उत्तर प्रदेश के अमरोहा संसदीय निर्वाचन और महाराष्ट्र में कठिन परिस्थितियों में रहने वाले बच्चोंके लिए अपने निर्दिष्ट कल्याण लक्ष्यों को किस सीमा तक पूरा करने में सक्षम रही है;

(घ) विभिन्न राज्यों, विशेष रूप से उक्त क्षेत्रों में वर्ष 2023-24 में गोद लिए गए बच्चों की संख्या कितनी है और संस्थागत देखरेख में कितने बच्चे हैं;

(ङ.) उक्त मिशन के अंतर्गत जीविका स्थितियों और संभावनाओं में सुधार के लिए उठाए जा रहे कदमों का ब्यौरा क्या है; और

(च) क्या इसके कार्यान्वयन में किसी चुनौती या कमी को चिन्हित किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क): महिला एवं बाल विकास मंत्रालय राज्यों/संघ राज्य क्षेत्रों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना कार्यान्वित कर रहा है जिसका उद्देश्य देखभाल और संरक्षण की जरूरत वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) को सहायता प्रदान करना है। मिशन वात्सल्य का उद्देश्य यह सुनिश्चित करना है कि परियोजनाएं/कार्यक्रम तैयार करते समय बच्चों के सर्वोत्तम हितों का हमेशा ध्यान रखा जाता है। इन उद्देश्यों में बच्चों के लिए आवश्यक सेवाओं, आपातकालीन आउटरीच सेवाओं की स्थापना और संस्थागत और गैर-संस्थागत देखभाल सेवाओं को मजबूत करना शामिल है। इस मिशन के तहत स्थापित बाल देखभाल संस्थान (सीसीआई) अन्य बातों के साथ-साथ आयु के अनुकूल शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखभाल और परामर्श प्रदान करते हैं।

उत्तर-पूर्वी राज्यों और पहाड़ी राज्यों - हिमाचल प्रदेश और उत्तराखंड तथा जम्मू व कश्मीर संघ राज्य क्षेत्र को छोड़कर, जहां लागत साझाकरण 90:10 के अनुपात में है, सभी राज्यों और विधानमंडल वाले संघ राज्य क्षेत्रों के लिए निधियां केंद्र और राज्यों के बीच 60:40 के अनुपात में साझा की जाती हैं। विधानमंडल रहित संघ राज्य क्षेत्रों में 100% लागत केंद्र सरकार द्वारा वहन की जाती है।

मिशन वात्सल्य योजना की मुख्य विशेषताओं में अन्य बातों के साथ-साथ संस्थागत देखभाल और गैर-संस्थागत देखभाल (प्रायोजन, पालन-पोषण और पश्चात देखभाल) को मजबूत करना, प्रत्येक जिले में बाल कल्याण समिति और किशोर न्याय बोर्ड की स्थापना, 24x7x365 चाइल्ड हेल्पलाइन (1098) सेवाएं, विभिन्न स्तरों पर निगरानी एवं समीक्षा और अन्य मंत्रालयों/विभागों के साथ तालमेल शामिल हैं। इसमें राज्य स्तर पर राज्य बाल संरक्षण सोसाइटी, राज्य दत्तकग्रहण

संसाधन एजेंसी और जिला स्तर पर जिला मजिस्ट्रेट/जिला बाल संरक्षण इकाई की भूमिका और जिम्मेदारियों का उल्लेख किया गया है।

(ख) और (ग): तत्कालीन बाल संरक्षण सेवा योजना का मूल्यांकन किया गया था। राष्ट्रीय भारत परिवर्तन संस्थान (नीति) आयोग ने 2020 में पूर्ववर्ती बाल संरक्षण सेवा योजना सहित महिला एवं बाल विकास की सभी योजनाओं का एक मूल्यांकन अध्ययन किया जिसे मिशन वात्सल्य में शामिल कर लिया गया है। इस अध्ययन में मंत्रालय की योजनाओं की प्रभावशीलता, क्षमता, प्रभाव आदि जैसे व्यापक पहलू शामिल किए गए थे। महाराष्ट्र और उत्तर प्रदेश राज्यों सहित 12 राज्यों/संघ राज्य क्षेत्रों में यह अध्ययन किया गया था।

इस अध्ययन के निष्कर्षों में, *अन्य बातों के साथ-साथ*, यह उल्लेख किया गया है कि इस योजना का कार्यान्वयन जेजे अधिनियम, 2015 के तहत परिकल्पित प्रावधानों के अनुसार किया जा रहा है और इससे वैधानिक सेवाओं की प्रदायगी में सुधार लाने में योगदान मिला है।

(घ): वर्ष 2023-24 के दौरान 3580 बच्चों को देश के भीतर और 449 बच्चों को देश के बाहर गोद लिया गया। वर्ष 2023-24 के दौरान मिशन वात्सल्य योजना की संस्थागत देखभाल के तहत सहायता प्रदान किए गए बच्चों की राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ङ) और (च): मिशन वात्सल्य योजना जो कठिन परिस्थितियों में रह रहे बच्चों की देखभाल, संरक्षण, पुनर्वास और पुनः एकीकरण प्रदान करती है, के तहत जिला बाल संरक्षण इकाई जिला मजिस्ट्रेट के समग्र पर्यवेक्षण में कार्य करती है ताकि सेवा वितरण संस्थानों यानी बाल देखभाल संस्थानों और उनमें प्रदान की जाने वाली देखभाल की समीक्षा, निगरानी और निरीक्षण सुनिश्चित किया जा सके।

इस योजना के कार्यान्वयन में आने वाली समस्याओं और कमियों को दूर करने के लिए, मंत्रालय ने लाल बहादुर शास्त्री राष्ट्रीय प्रशासन अकादमी (एलबीएसएनए), मसूरी के सहयोग से राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों, जिला प्राधिकरणों और अन्य जैसे कई हितधारकों की



क्षमता निर्माण के लिए किशोर न्याय (बच्चों की देखभाल और संरक्षण) अधिनियम, 2015 पर एक ऑनलाइन प्रशिक्षण मॉड्यूल तैयार किया है।

मंत्रालय ने राज्यों/संघ राज्य क्षेत्रों द्वारा मिशन वात्सल्य के कार्यान्वयन को सुदृढ़ करने के लिए समय-समय पर विभिन्न दिशा-निर्देश और परामर्शिकाएं जारी की हैं। इनमें मिशन वात्सल्य दिशा-निर्देश, चाइल्ड हेल्पलाइन के लिए मानक संचालन प्रक्रिया और मॉडल फोस्टर केयर दिशा-निर्देश 2024 शामिल हैं।

इस योजना के कार्यान्वयन के संबंध में मंत्रालय राज्यों/संघ राज्य क्षेत्रों के साथ नियमित रूप से संपर्क भी करता है। इसने इस योजना को प्रभावी ढंग से बढ़ावा देने और लागू करने के लिए मिशन वात्सल्य योजना की शुरुआत के बाद से क्षेत्रीय सम्मेलन और संवेदीकरण/प्रसार कार्यशालाएं आयोजित की हैं।

### विवरण

वर्ष 2023-24 दौरान मिशन वात्सल्य योजना की संस्थागत देखभाल के तहत सहायता प्राप्त बच्चों की राज्य/ संघ राज्यक्षेत्र-वार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	2023-24
1	आंध्र प्रदेश	1546
2	अरुणाचल प्रदेश	206
3	असम	1241
4	बिहार	2227
5	छत्तीसगढ़	1843
6	गोवा	461
7	गुजरात	3195
8	हरियाणा	963
9	हिमाचल प्रदेश	926
10	जम्मू और कश्मीर	1104
11	झारखंड	1238

12	कर्नाटक	3110
13	केरल	776
14	मध्य प्रदेश	2597
15	महाराष्ट्र	3495
16	मणिपुर	2295
17	मेघालय	1031
18	मिजोरम	1172
19	नागालैंड	562
20	उड़ीसा	4431
21	पंजाब	533
22	राजस्थान	2733
23	सिक्किम	468
24	तमिलनाडु	10118
25	तेलंगाना	2243
26	त्रिपुरा	948
27	उत्तर प्रदेश	3226
28	उत्तराखंड	589
29	पश्चिम बंगाल	4744
30	अंडमान और निकोबार	274
31	चंडीगढ़	222
32	दादरा और नगर हवेली एवं दमन और दीव	36
33	लद्दाख	84
34	लक्षद्वीप	0
35	दिल्ली	1216
36	पुदुचेरी	739
	<b>कुल</b>	<b>62592</b>

### MEDICAL DEVICE INDUSTRY

3014. DR. MOHAMMAD JAWED:

SHRI K. SUDHAKARAN:

**DR. AMAR SINGH:**

**DR. SHASHI THAROOR:**

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

- (a) the details of import of various high-end medical devices indicating it as a percentage of total Medical devices sale in the country in the past five years, country-wise;
- (b) whether the import of high-end devices has risen between 2019-20 and 2022-23, if so, the reasons for such an increase, despite production-linked incentives being in place;
- (c) the steps taken by the Government to promote the domestic medical devices sector;
- (d) whether the Government plans to decrease the GST on medical devices and increase the import duty on finished medical devices, which is lower than the import duty on raw materials or manufacturing components, to promote the domestic medical devices sector, if so, the details thereof and if not, the reasons therefor;
- (e) whether the Government plans to establish additional central medical device testing laboratories to address the current shortfall; and
- (f) the steps taken by the Government to adopt advanced technologies such as cloud computing and robotic process automation to enhance the process of domestic manufacturing in the country?

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

(a) and (b): As per DGCI andS, Ministry of Commerce and Industry, Import-Export data in respect of five segments (Consumables and Disposables, Electro-Medical Equip, Implants, In-Vitro Diagnostics, Surgical Instruments) of medical devices for last five years is as follows:

**(USD Million)**

	<b>F.Y. 2019-20</b>	<b>F.Y. 2020-21</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>	<b>FY 2023-24</b>
<b>Export</b>	2293	2532	2923	3391	3785
<b>Import</b>	5845	6242	8540	7492	8188

Between FY 2019-20 and FY 2022-23, the CAGR of imports in the said five segments is 8.63% and CAGR of exports is 13.93 % which indicates that growth of exports during this period has been more compared to imports.

FY 2022-23 was the first year of performance under the PLI Scheme for promoting domestic manufacturing of medical devices. Since then the cumulative sales made by the applicants under the scheme is Rs 8039.63 crore (which includes exports worth Rs 3,844.01 crore) up to September, 2024.

(c): Apart from the Production Linked Incentive Scheme for promoting domestic manufacturing of medical devices, Government of India has taken several measures to encourage domestic manufacturing of medical devices to

reduce import dependence and to boost domestic manufacturing and attract large investments.

(i) **Scheme for Promotion of Medical Devices Parks:** The scheme "Promotion of Medical Device Parks" was approved on 20th March, 2020 for providing easy access to world class common infrastructure facilities to medical device units located in the parks. The total financial outlay of the scheme is Rs. 400 crore and the implementation period is from FY 2020-2021 to FY 2024-2025. Under the scheme, Department had received proposals from 16 States. After evaluation of the proposals, Govt. of Uttar Pradesh, Tamil Nadu, Madhya Pradesh and Himachal Pradesh were conveyed final approval for creation of common infrastructure facilities in the proposed medical device parks in these four states.

(ii) **Scheme for Strengthening Medical Device Industry:**

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. Sub-schemes under the scheme are as follows:-

(i) Common Facilities for Medical Devices Clusters

- (ii) Marginal Investment Scheme for Reducing Import Dependence
- (iii) Capacity Building and Skill Development for Medical Devices
- (iv) Medical Device Clinical Studies Support Scheme
- (v) Medical Device Promotion Scheme

(d): As per Department of Revenue, the GST rates and exemptions are prescribed on the recommendations of the GST Council which consists of representation from both Union and State/UT Governments. There is no such recommendation of the GST Council.

(e): The Ministry of Health and Family Welfare has informed that they have notified six central medical device testing laboratories for testing of certain medical devices. Further, in order to strengthen the government medical device testing facilities in the country, Medical Devices Rules 2017 has been amended vide G.S.R 409(E) dated 02/06/2023 incorporating provisions for State Governments to notifying State Medical Device testing laboratories.

(f): The adoption of suitable technology by the domestic manufacturers of medical devices supported under the schemes of the department is as per their own choice. The guidelines for the PLI scheme promoting domestic manufacturing of medical devices allow investment in IT and ITES infrastructure related to manufacturing to be admissible for meeting the investment target.

**3015. SHRI DUSHYANT SINGH:**

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

(a) whether the Indian Port Rail and Ropeway Corporation Limited (IPRCL) has conducted any feasibility studies/surveys to establish a rail route connecting Jaisalmer, Barmer, Bhavtada via Sanchor to Kandla Port for enhancing cargo transportation and transshipment capabilities, if so, the details thereof and if not, the reasons therefor;

(b) the details of the key findings of IPRCL's feasibility study, including the estimated cost for the project with both diesel and electric traction options and the financial and engineering assessments conducted as part of the study;

(c) whether the Government have a detailed roadmap and project suggestions, outlining the steps for project preparation, stakeholder engagement, and the formation of a Joint Venture (JV) or Special Purpose Vehicle (SPV) for the project's execution;

(d) if so, the details thereof; and

(e) whether the Government of Rajasthan is cooperating in the said project, if so, the details thereof and if not, the reasons therefor?

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

(a) and (b) IPRCL had conducted feasibility study covering traffic report, financial report and engineering survey report for the proposed new rail

connectivity from Jaisalmer to Bhabhar via Barmer with a proposed connection to Deendayal Port, Kandla via Palanpur, Gandhidham in January, 2018 for enhancing cargo transportation and transshipment capabilities. In the Detailed Project Report, the estimated cost of the project was Rs. 2177.01 Cr. for diesel traction and Rs. 2555.71 Cr. for electric traction. The key findings of the feasibility report is given in the enclosed **Statement**.

(c) to (e) IPRCL had submitted copies of the Report to the Government of Rajasthan with a roadmap outlining the action to be taken by Government of Rajasthan and Deendayal Port Authority (DPA) which includes Preparation of Detailed Project Report (DPR) and its approval from Railways, on boarding of key stakeholders, formation of JV / SPV for implementation of the Project and Project Execution (agreement between IPRCL and JV / SPVs for implementation). Due to high value rail project, which is likely to affect adversely on Port finances, Ministry of Ports, Shipping and Waterways has requested Ministry of Railways to include the said project under the PM Gatishakti plan.

### **STATEMENT**

#### **Salient Features of the feasibility Report:**

- |                           |  |
|---------------------------|--|
| <b>1 States served</b>    | : Rajasthan, Gujarat   |
| <b>2 Districts served</b> | Rajasthan – Barmer, Jalor,<br>: Jaisalmer<br>Gujarat – Banaskantha |



<b>3 Tehsils served</b>	Rajasthan – Barmer, GudhaMalani, Chohtan, : Sanchore, Shiv, Fatehgarh, Jaisalmer Gujarat: Tharad, Vav, Diyodar
<b>4 Important places</b>	: Jaisalmer, Shiv, Barmer. Dhorimana, Tharad, Bhabhar
<b>5 Length</b>	Route length – 357.28 km : Construction length – 350.44 km
<b>6 Ruling gradient</b>	: 1 in 150 (compensated)
<b>7 Yards</b>	
a. Gradient	: 1 in 1200
b. Length	1200 m
<b>8 Curves</b>	
a. Maximum curvature	: 2.92 degree (at one location)
b. No. of curves and length	115 and length – 64.53 km
<b>9 Earth work</b>	
a. Cut	Max. depth = 16.49 m : Volume = 64,03,868 m <sup>3</sup>
b. Bank	Max. height = 11.37 m Volume = 62,18,303 m <sup>3</sup>
<b>10 Bridges</b>	
a. Major bridges	: 50 inc. 34 canal crossings
b. Minor bridges	: 256
c. Road Over Bridges – ROB	: 31
d. Road Under Bridges – RUB	: 56
<b>11 Standard of signaling</b>	: MACLS std-III Class B features
<b>12 No. of new stations</b>	: 2 Junction, 19 crossing, 3 halt

- 13 New level crossings** Nil  
Rajasthan – 986.8 hectares
- 14 Land required to be acquired** : Gujarat – 246.2 hectares

### **FUNDS UNDER THE NATIONAL HEALTH MISSION**

#### **3016. SHRI SHAFI PARAMBIL:**

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

- (a) the total amount of fund allotted/released for each State under the National Health Mission for the financial year 2023-24, State-wise;
- (b) the total amount of funds pending for release under the National Health Mission for the financial year 2023-24, State-wise; and
- (c) whether there is any delay in releasing pending funds under the National Health Mission for the financial year 2023-24 and if so, the details thereof along with 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): Under the National Health Mission, technical and financial support is provided to the States/UTs for strengthening the healthcare systems, based on the proposals received from the States/UTs in their Annual Programme Implementation Plan (PIP) and subject to the available resources.

Based on the proposals received from the States in their Programme Implementation Plan (PIP), approvals are provided keeping in view of the

resource envelope of the States/UTs as well as existing norms. Release of funds under NHM is subject to compliance by States/UTs of the guidelines prescribed in this regard by Department of Expenditure, Ministry of Finance. State/UT wise funds released under the National Health Mission (NHM) for the financial year 2023-24 is given in the enclosed **Statement**.

### **STATEMENT**

#### **States/UTs-wise Central Release under National Health Mission for the FY 2023-24**

(Rs. in cr.)

<b>S. No.</b>	<b>Name of the State/UT</b>	<b>2023-24</b>
1	Andaman and Nicobar Islands	37.84
2	Andhra Pradesh	1,096.01
3	Arunachal Pradesh	404.55
4	Assam	2,257.06
5	Bihar	2,032.95
6	Chandigarh	30.58
7	Chhattisgarh	875.80
8	Dadra and Nagar Haveli and Daman and Diu	39.92
9	Delhi	150.54
10	Goa	48.97
11	Gujarat	1,506.96
12	Haryana	524.01
13	Himachal Pradesh	470.36
14	Jammu and Kashmir	805.22
15	Jharkhand	958.06

16	Karnataka	1,187.60
17	Kerala	189.15
18	Ladakh	120.44
19	Lakshadweep	3.79
20	Madhya Pradesh	2,545.68
21	Maharashtra	2,729.30
22	Manipur	169.12
23	Meghalaya	261.39
24	Mizoram	134.42
25	Nagaland	184.84
26	Odisha	1,901.77
27	Puducherry	30.80
28	Punjab	91.49
29	Rajasthan	2,785.46
30	Sikkim	68.17
31	Tamil Nadu	1,996.06
32	Telangana	564.93
33	Tripura	264.31
34	Uttar Pradesh	4,928.14
35	Uttarakhand	711.33
36	West Bengal	890.42

Note:

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

बलिया में एम्स

**3017. श्री सनातन पांडेय:**

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

(क) क्या सरकार की योजना बलिया जिले में एम्स अस्पताल स्थापित करने की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या इस संबंध में कोई सर्वेक्षण किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार इस संबंध में भूमि अधिग्रहण करने का है; और

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

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

**(श्री प्रतापराव गणपतराव जाधव):**

(क) से (घ): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत, उत्तर प्रदेश राज्य में 2 एम्स, एक एम्स रायबरेली में और दूसरा एम्स गोरखपुर में जो संचालनरत हैं, सहित 22 अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना को मंजूरी दी गई है।

इसके अलावा, उत्तर प्रदेश में विशिष्ट स्वास्थ्य परिचर्या सुविधाओं के विस्तार और सुदृढीकरण के लिए, पीएमएसएसवाई के एक अन्य घटक के तहत सरकारी मेडिकल कॉलेजों/संस्थानों की निम्नलिखित ग्यारह(11) उन्नयन परियोजनाओं को केंद्र-राज्य लागत साझाकरण के आधार पर मंजूरी दी गई है: (i) एसजीपीजीआईएमएस, लखनऊ (ii) आईएमएस, बीएचयू, वाराणसी में ट्रॉमासेंटर (iii) जवाहर लाल नेहरू मेडिकल कॉलेज ऑफ अलीगढ़ मुस्लिम यूनिवर्सिटी, अलीगढ़ (iv) एमएलबी सरकारी मेडिकल कॉलेज, झांसी (v) बीआरडी मेडिकल कॉलेज, गोरखपुर (vi) एमएलएन मेडिकल कॉलेज, इलाहाबाद (vii) एलएलआरएम मेडिकल कॉलेज, मेरठ (viii) एसएन मेडिकल कॉलेज, आगरा (ix) जीएसवीएम मेडिकल कॉलेज, कानपुर (x) इंस्टीट्यूट ऑफ मेडिकल साइंसेज (आईएमएस), बीएचयू, वाराणसी में एसएसबी और(xi) आईएमएस, बीएचयू वाराणसी में आरआईओ।

पीएमएसएसवाई के वर्तमान चरण में, उत्तर प्रदेश के बलिया जिले में एम्स की स्थापना का कोई प्रस्ताव नहीं है।

### **EXCESSIVE USE OF ANTIBIOTICS IN FROZEN FOOD**

**3018. SHRI B. MANICKAM TAGORE:**

**SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:**

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

- (a) the details of permissible limits of antibiotic residues in meat and chicken product along with the compliance mechanism of FSSAI in this regard;
- (b) whether the current regulatory framework is sufficient to prevent the misuse of antibiotics in the industry and if not, the changes needed to strengthen it;
- (c) the number of cases lodged against manufacturers and suppliers of frozen food products of poultry and meat supplying products with high level antibiotic residue and their current status along with the action taken by Food Safety and Standards Authority of India (FSSAI) in this regard during the last three years;
- (d) whether the FSSAI has imposed fines/penalties and cancelled the licences of suppliers and manufacturers of said products who have been found non-compliant with antibiotic residue standards, if so, the details thereof;
- (e) whether the FSSAI holds both the poultry and meat suppliers and the frozen food manufacturers jointly accountable for ensuring that products meet antibiotic residue standards and if so, the details thereof;

(f) the measures taken/proposed to be taken by FSSAI to fix accountability on the suppliers and manufacturers ensuring that such products meet antibiotic residue standards throughout the supply chain; and

(g) the manner by which the FSSAI tests and inspect poultry and meat products for antibiotic residues and whether these tests are effective in detecting violations and if so, the details thereof?

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

(a) and (b): Food Safety and Standards Authority of India (FSSAI) has notified Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011 wherein permissible limits of 43 antibiotics for meat and poultry have been specified. Further, a list of 19 antibiotics and veterinary drugs that are not permitted to be used at any stages of processing of meat and meat products and poultry is also specified under these regulations. FSSAI and State/UT Food Safety Authorities conduct regular surveillance, monitoring, inspection and sampling of food products including meat and meat products.

In cases, where the food samples are found non-conforming, penal actions are initiated against the defaulting Food Business Operators (FBOs) as per the provisions of FSS Act 2006, Rules and Regulations made thereunder.

(c) and (d): The enforcement data for meat and meat products, (including frozen), fish and fish products (including frozen) and egg and egg products,

tested for various parameters and the cases launched and penalties raised is given in the enclosed **Statement**.

(e) and (f): The section 26 and 27 of Food Safety and Standards (FSS) Act, 2006 fix the Responsibilities of the Food business operator and define the liability of the manufacturers, packers, wholesalers, distributors and sellers respectively. As per the Section 26, every food business operator shall ensure that the articles of food satisfy the requirements of FSS Act and the rules and regulations made thereunder at all stages of production, processing, import, distribution and sale within the businesses under his control.

(g): FSSAI has published a comprehensive set of resources for food safety and analysis, including manuals on methods of Analysis of various Foods commodities including Meat and Meat products with poultry.

### **STATEMENT**

#### **MEAT AND MEAT PRODUCTS (INCLUDING FROZEN PRODUCTS)**

<b>Year</b>	<b>No of Samples Analysed</b>	<b>No of non-conforming samples</b>	<b>No of criminal cases launched</b>	<b>Penalty raised (Rs.)</b>	<b>No of civil cases launched</b>	<b>Penalty raised (Rs.)</b>
2022-23	325	54	17	0	2271*	1266000
2023-24	300	71	31	60000	174	2536500

\* Includes data from special drive launched for unlicensed premises.



**FISH AND FISH PRODUCTS (INCLUDING FROZEN PRODUCTS)**

Year	No of Samples Analysed	No of non-conforming samples	No of criminal cases launched	Penalty raised (Rs.)	No of civil cases launched	Penalty raised (Rs.)
2022-23	189	31	2	0	6	25000
2023-24	219	58	7	45000	21	23500

**EGG AND EGG PRODUCTS**

Year	No of Samples Analysed	No of non-conforming samples	No of criminal cases launched	Penalty raised (Rs.)	No of civil cases launched	Penalty raised (Rs.)
2022-23	114	7	0	42000	7	0
2023-24	114	0	0	0	3	0

**REFORM AND EXPANSION OF UNSC****3019. SHRI T. M. SELVAGANAPATHI:**

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

(a) whether it is a fact that despite consistent efforts by India, the move for United Nations Security Council reform and expansion has made no progress so far;

(b) if so, the details thereof;

(c) whether it is also true that despite the above, India must continue to push its demand for inclusion in the top global decision-making body, if so, the details thereof;

(d) whether India raised this issue during this year's Summit of the Future at the UN held on September 22-23, 2024; and

(e) if so, the details thereof alongwith the response of G-4 nations all of whom claim a permanent seat at the UNSC thereon?

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

(a) to (e) The Government of India accords highest priority to getting permanent membership for India in an expanded United Nations Security Council. India remains engaged, both at the bilateral and multilateral level, in this endeavour. India strongly believes that it has all the credentials to be a permanent member of a reformed and expanded UN Security Council that reflects contemporary global realities.

India engages actively in the ongoing Inter-Governmental Negotiations (IGN) on UNSC reforms. India is working alongside other reform-oriented countries through its membership in the G-4 Group (India, Japan, Brazil and Germany) and the L.69 Group (cross- regional group of developing countries from Asia, Africa and Latin America) to build support among the UN Member

States for expansion of the UN Security Council. We have also been constantly engaging with countries of the Global South.

The process of reforming the UNSC would require amendments in the United Nations Charter.

As per Article 108 of the UN Charter:"Amendments to the present Charter shall come into force for all Members of the United Nations when they have been adopted by a vote of two thirds of the members of the General Assembly and ratified in accordance with their respective constitutional processes by two thirds of the Members of the United Nations, including all the permanent members of the Security Council".

A large number of countries have supported India's initiatives for reform of the UNSC as well as endorsed our candidature for permanent membership in a reformed UNSC.

Prime Minister in his address at the Summit of the Future reiterated the need for reforms of global institutions. A large number of countries also called for reforms of institutions of global governance, including the UNSC.

### **ICDS NETWORK IN JALPAIGURI**

**3020. DR. JAYANTA KUMAR ROY:**

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

- (a) whether the Government is implementing any special programmes to address malnutrition and anemia among women and children in Jalpaiguri district of West Bengal;
- (b) if so, the details of the beneficiaries under the POSHAN Abhiyaan Scheme; and
- (c) the details of the steps taken to strengthen the Integrated Child Development Services (ICDS) network in Jalpaiguri, including the number of functional anganwadi centres and vacancies of anganwadi workers therein?

**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 through improved nutrition content and delivery. It is a Centrally Sponsored mission, where the responsibility of implementation lies with the States/UTs.

This scheme is universal, self –selecting and is being implemented in all Districts of all States/UTs including in the Jalpaiguri district of West Bengal.

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

education, it is crucial to effectively address the issue of malnutrition. The challenges of malnutrition is being addressed under Mission Saksham Anganwadi and Poshan 2.0 by establishing cross cutting convergence amongst 18 Ministries/Departments.

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

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

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

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

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

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

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

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

(b) Details of the beneficiaries under Mission Poshan 2.0 are provided at the enclosed **Statement- I**.

(c) Under Mission Poshan 2.0, 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.

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.

Government of India launched Poshan Bhi Padhai Bhi (PBPB) initiative on 10th May, 2023 for upgrading skills of all anganwadi workers to strengthen their capacity to provide early childhood care and education and nutrition service to children below six years of age, including divyang children.

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.

The number of functional AWCs and vacancies of AWWs in Jalpaiguri district are provided at the enclosed **Statement – II**.

### **STATEMENT-I**

**Details of the beneficiaries under Mission Poshan 2.0 in Jalpaiguri district of West Bengal are as follows\*:**

S. No.	Category	Number of beneficiaries
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1	Pregnant Women	8216
2	Lactating Mothers	5088
3	Children(0-6 Months)	5053
4	Children(6 Months - 3 Years)	68020
5	Children(3 - 6 Years)	98472
	<b>Total</b>	<b>1,84,849</b>

\* Data for the month of October 2024 from Poshan Tracker

### STATEMENT-II

**The required details of Jalpaiguri district are as follows\*:**

Number of functional AWCs in Jalpaiguri district of West Bengal	3936
Vacancies of AWWs in Jalpaiguri district	581

\* Data for the month of October 2024 from Poshan Tracker

### **CENTRES OF EXCELLENCE IN PETROCHEMICAL AND CHEMICAL SECTOR**

**3021. SHRI RAJESH VERMA:**

**SHRIMATI SHAMBHAVI:**

**SHRI NARESH GANPAT MHASKE:**

**DR. SHRIKANT EKNATH SHINDE:**

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

- (a) whether the Government has plans to establish Centres of Excellence in petro chemical and chemical sector across the country, if so, the details thereof, State/UT-wise;
- (b) whether there are any Centres of Excellence in petrochemical sector proposed under construction in the State of Maharashtra and Bihar;
- (c) if so, the details thereof;
- (d) whether the Union Government provides financial aid to these Centres of excellence; 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) The Department of Chemicals and Petrochemicals implements a Scheme for setting up Centres of Excellence (CoEs) under the New Scheme of Petrochemicals. Under this Scheme, the Department provides grant-in-aid to reputed government research institutes with the objective of improving the existing technology and research in the country and to promote development to fine applications. The emphasis is on modernization and up gradation of existing manufacturing processes as well as improving the quality of products. 18 Centres of Excellence have been approved so far. The State/Union Territory wise details of the approved Centres of Excellence are at Annexure.
- (b) and (c) Three Centres of Excellence have been established in Maharashtra while there is no Centre of Excellence approved in the State of Bihar. The details of the approved Centres of Excellence in Maharashtra are as

follows:

No.	State/Union Territory	Location of Centre of Excellence (CoE)	Title	Date of approval	GoI Approved grant (in Rs. crore)
1	Maharashtra	National Chemical Laboratory, Pune	Sustainable Polymer Industry research and innovation	April, 2011	6.00
2	Maharashtra	National Chemical Laboratory, Pune	Specialty Polymers for Customised Additive Manufacturing	February, 2019	2.80
3	Maharashtra	Indian Rubber Manufacturers Research Association, Thane	Design and Development for Value Added Toys of Rubber and Allied Finished Products	February, 2022	4.93

(d) and (e) Under the scheme, the Government of India provides financial support upto 50 percent of the total project costs subject to an upper limit of Rs.5 crore. The details of the approved grant-in-aid are at the enclosed **Statement**.

### **STATEMENT**

**The details of the approved grant-in-aid.**

No.	State/Union Territory	Location of Centre of Excellence (CoE)	Title	Date of approval	GoI approved grant (in Rs. crore)
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1.	Maharashtra	National Chemical Laboratory, Pune	Sustainable Polymer Industry to research and innovation	April, 2011	6.00
2.	TamilNadu	Central Institute of Petrochemical Engineering and Technology, Chennai	Green Transport Network (GREET)	April, 2011	6.00
3.	Odisha	CIPET, Bhubaneswar	Sustainable Green Materials	April, 2013	6.00
4.	Delhi	Indian Institute of Technology, Delhi	Advanced Polymeric Materials	March, 2013	6.00
5.	Assam	Indian Institute of Technology, Guwahati	Sustainable Polymers	April, 2013	6.00
6.	Uttarakhand	Indian Institute of Technology, Roorkee	Process Development, Waste water Management in Petrochemical Industries	February, 2019	4.40
7.	Odisha	CIPET, Bhubaneswar	Bio-engineered Sustainable Polymeric Systems	February, 2019	5.00
8.	Maharashtra	National Chemical Laboratory, Pune	Specialty Polymers for Customised Additive Manufacturing	February, 2019	2.80
9.	Assam	CSIR-North East Institute of Science and Technology (CSIR-NEIST)	Polymers, Their Composites and Polymeric Membranes for Sustainable Development of Petroleum Industries	December, 2020	4.99

10.	Telangana	CSIR-IICT, Hyderabad	Polymer Coatings for Decorative, Protective and Strategic Applications	December, 2020	4.86
11.	Odisha	CIPET, Bhubaneswar	Manufacturing of Next Generation Bio-Medical Devices	December, 2020	5.00
12.	Assam	IIT, Guwahati	Sustainable and innovative design and manufacturing of polymer toys	February, 2022	5.00
13.	Maharashtra	Indian Rubber Manufacturers Research Association, Thane	Design and Development for Value added Toys of Rubber and Allied Finished Products	February, 2022	4.93
14.	Jharkhand	Indian Institute of Technology (Indian School of Mines), Dhanbad	Coal to Acetylene and Fine Chemicals	September, 2024	2.61
15.	Tamil Nadu	Indian Institute of Technology, Madras	Biodegradable Packaging Materials (BioPack)	September, 2024	4.95
16.	Kerala	CSIR-National Institute for Interdisciplinary Science and Technology (CSIR-NIIST), Thiruvananthapuram	Performance Chemicals and Sustainable Polymers for Industrial Applications	September, 2024	5.00
17.	Uttar Pradesh	Indian Institute of Technology, Kanpur	Specialty Chemicals	September, 2024	4.99

18.	Madhya Pradesh	CSIR-Advanced Materials and Processes Research Institute (CSIR-AMPRI), Bhopal	Transparent and Biocompatible Metal-Polymer Composite Based X- ray, Gamma ray and Neutron Shields for Window and Personal Protecting Apparels	September, 2024	1.95
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**MERGER OF AYUSH PACKAGES IN AB-PMJAY**

**3022. SHRI SUDHEER GUPTA:**

**SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:**

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

- (a) the details of facilities likely to be provided to the beneficiaries after merger of AYUSH packages in the Ayushman Bharat Pradhan Mantri Jan Arogya Yojna (ABPM-JAY);
- (b) whether the Government has extended any financial assistance to States and UTs under the said scheme; and
- (c) if so, the details thereof?

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

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

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

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

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

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

(b) and (c) Does not arise.

**JAN AUSHADHI KENDRAS**

**3023. SHRI P. V. MIDHUN REDDY:**

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

(a) the total number of Jan Aushadhi Kendras operational across the country and the estimated cost savings for the public on account of these affordable medicines;

(b) whether the Government is facing any difficulties in expanding the Jan Aushadhi Kendras network in rural and remote areas across the country; and

(c) if so, the details thereof?

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

(a): A total of 14,320 Jan Aushadhi Kendras (JAKs) have been opened across the country till 30.11.2024. State/UT-wise number of JAKs is given in the enclosed **Statement**. In last 10 years, sales of medicines worth Rs. 6462.00 crores have been made through JAKs, which has led to estimated savings of Rs. 30,000 crores to the citizens as compared to the branded medicines.

(b) and (c): Jan Aushadhi Kendras (JAKs) are opened on the basis of applications received from entrepreneurs both from rural and urban areas. To increase access in rural areas, Jan Aushadhi has partnered with the Cooperative sector to open Jan Aushadhi Kendras through Primary Agriculture Cooperative Societies (PACS). Till 30<sup>th</sup> November 2024, more than 2690 PACS have been given initial approval and 687 Kendras have been opened in PACS.



**STATEMENT**

<b>The State/UT-wise number of JAKs till 30.11.2024</b>		
<b>Sl. No.</b>	<b>Name of State/UT</b>	<b>No. of JAKs functional</b>
1	Andaman and Nicobar	9
2	Andhra Pradesh	270
3	Arunachal Pradesh	34
4	Assam	164
5	Bihar	747
6	Chandigarh	10
7	Chhattisgarh	233
8	Delhi	485
9	Goa	15
10	Gujarat	726
11	Haryana	376
12	Himachal Pradesh	69
13	Jammu and Kashmir	313
14	Jharkhand	138
15	Karnataka	1373
16	Kerala	1458
17	Ladakh	2
18	Lakshadweep	1
19	Madhya Pradesh	516
20	Maharashtra	702
21	Manipur	49
22	Meghalaya	23
23	Mizoram	15
24	Nagaland	21
25	Odisha	644
26	Puducherry	32

27	Punjab	481
28	Rajasthan	455
29	Sikkim	12
30	Tamil Nadu	1300
31	Telangana	198
32	DNH and DD	38
33	Tripura	29
34	Uttar Pradesh	2533
35	Uttarakhand	303
36	West Bengal	546
	<b>Grand Total</b>	<b>14,320</b>

## RIGHTS OF WOMAN

### 3024. SHRIMATI HARSIMRAT KAUR BADAL:

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

- (a) whether any specific interventions have been made towards reducing violence against women in the country during the last five years, if so, the details thereof;
- (b) the manner in which the awareness about women's rights is being promoted among rural populations in the country indicating the funds allocated and schemes implemented for the purpose;
- (c) whether the violence against women in the country has risen during the last five years, if so, the details thereof and reasons therefor along with the corrective steps, if any, proposed/taken by the Government in this regard; and

(d) the manner in which the Government plans to ensure safer environment for women in the country?

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

(a) to (d): 'Police' and 'Public Order' are State subjects under the Seventh Schedule to the Constitution of India and the responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution of crime against women rests primarily with the respective State Governments; they are competent to deal with such crimes.

As per the data reported by NCRB, which is available upto the year 2022 at its website <https://ncrb.gov.in/en/crime-india>, the number of crimes against women in 2021 and 2022 were 428278 and 445256 respectively. Increased reporting of crime may be attributable to the increased level of awareness among citizens due to various measures taken by government in the last few years including the operationalisation of helplines such as Women Helpline -181 and Emergency Response Support System (ERSS-112), concept of Zero e-FIR and provision of institutional support to the survivors.

To promote women's empowerment and their safety, and to increase their participation in the workforce, government has taken several steps. Some recent laws and policies that directly and indirectly cater to the safety of women in the workplace are listed below:

i. The Government of India with an aim to modernize and improve the criminal justice system has enacted Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS) and Bharatiya Sakshya Adhiniyam (BSA) which came into effect from 1st July, 2024. In BNS 2023, the offences against women and children earlier scattered in Indian Penal Code, 1860 have been brought together and consolidated under Chapter-V of BNS. The BNS has introduced new provisions to strengthen laws related to women and children, specifically, Section 111 related to “organized crime”, Section 69 related to sexual intercourse on false promise of marriage, employment, promotion or by suppressing the identity, Section 95 related to hiring, employing or engaging a child to commit an offence etc. In respect of the crimes related to buying a child for the purposes of prostitution (Section 99), gang rape (Section 70) and exploitation of a trafficked person (Section 144), punishment has been increased. Further, in respect of certain severe crimes against women like buying child for the purposes of prostitution (section 99 of BNS), organised crime (Section 111), kidnapping or maiming a child for purpose of begging (Section 139), mandatory minimum punishments have been prescribed. Also, Sections 75 and 79 of BNS 2023 provide additional legal protections against harassment, covering actions like unwelcome sexual advances, requests for sexual favours, sexually coloured remarks and also word, gesture or act intended to insult modesty of a woman. Such a woman

facing sexual harassment at workplace has an option to file a complaint under these provisions.

- ii. Additionally, provisions under section 398 BNSS which introduce Witness Protection Schemes, acknowledging the critical need to shield witnesses from threats and intimidation and Section 2(1)(d) of BSA which now enables electronic or digital record on emails, documents on computers, laptop or smartphone, messages and voice mail messages stored on digital devices under definition of documents can also be referred for protection of women from harassment at workplace.
- iii. Further, the Labour Codes, collectively include provisions to promote participation of women in workforce in a dignified manner and with adequate safety measures adopted by the employers. Occupational Safety, Health, and Working Conditions Code, 2020 consolidates and amends laws regulating the safety, health, and working conditions of workers, with specific provisions to ensure the safety of women at the workplace. Code on Wages, 2019 aims to ensure a minimum wage for all workers, including women, and includes provisions to promote gender-neutral job advertisements and eliminate gender bias in recruitment and promotion. Code on Social Security, 2020 provides social security to workers, including women, and includes provisions for maternity benefits and creche facilities.

- iv. The Ministry of Women and Child Development recently launched the SHe-Box portal duly encompassing various provisions of 'the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013' (SH Act). This portal provides a publicly available centralised repository of information related to Internal Committees (ICs) and Local Committees (LCs) formed across the country, whether in government or private sector. It also provides a common platform to file complaints and track the status of such complaints. The portal includes a feature where complaints registered on it will be automatically forwarded to the IC/ LC of the workplaces concerned within the Central Ministries/ Departments, States/ UTs and in Private sector. The portal provides for designating a nodal officer for every workplace who is required to ensure updation of data/ information on a regular basis for real time monitoring of complaints.
- v. Under Nirbhaya Fund, Government has taken several measures to improve safety of women at workplace:
- a. The component of One Stop Centre (OSCs) under 'Sambal' sub-scheme of 'Mission Shakti', a comprehensive Umbrella Scheme for safety, security and empowerment of women is implemented under the Nirbhaya Fund. The OSCs provide women affected by violence and who are in distress with a range of integrated services under one roof such as Police

facilitation, medical aid, providing legal aid and legal counselling, psycho-social counselling, temporary shelter up to 5 days.

b. A fully functional dedicated 24×7×365 toll-free Women Helpline-181 (WHL) under Nirbhaya Fund is also functional to provide emergency and non-emergency response to women affected by violence and those in distress across the country. This helpline is fully integrated with 112. To provide help and support to needy women and women in distress, Emergency Response Support System (ERSS-112) has been established in all 36 States and UTs for various emergencies, with computer aided dispatch of field/police resources. As of October 31, 2024, a total of 81,64,796 women have been assisted through 181 across the country.

c. In addition, under Nirbhaya Fund, the Central Government has provided assistance to States/ UTs for setting up/ strengthening Women Help Desks (WHDs) in all police stations. So far, 14658 Women Help Desks have been established in police stations.

d. To ensure safety of public places where women work and live, various components under Safe City Projects have been implemented in 8 Cities (namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai). To ensure safe transportation for women, rail and road transport projects like Integrated Emergency Response Management System (IERMS), Video Surveillance System at Konkan Railway, Artificial Intelligence (AI) based Facial Recognition System

(FRS) integrated with Video surveillance Systems, including Command-and-Control Centre at 7 major railway stations and tabs for safety of women passengers on board the train by Ministry of Railways, and projects like Vehicle Tracking Platform with command and control centre across States/ UTs, and some State specific projects like Uttar Pradesh Road transport Corporation (UPSRTC), Bengaluru Metropolitan Transport Corporation (BMTTC), Telangana State Road Transport Corporation (TSRTC), etc. by Ministry of Road Transport and Highways, have been implemented.

- vi. Bureau of Police Research and Development (BPRandD) has also undertaken several initiatives, which, inter-alia include training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers. BPRandD has also prepared Standard Operating Procedures (SoPs) for 'Women Help Desk at Police Stations' to ensure their smooth functioning. Emphasis has been laid upon appropriate behavioural and attitudinal skills of the police in course of prevention and detection of crime against women and children and interaction with victims of crime. Webinars on women safety with sensitivity, gender sensitization of police personnel etc. have also been organized by BPRandD.
- vii. Recognizing the need for psycho-social counselling to women affected by violence and those in distress, the Ministry of Women and Child Development has engaged the services of National Institute of Mental



Health and Neuro Sciences (NIMHANS) for providing basic and advanced training under the project named 'StreeManoraksha' to the staff of One Stop Centres (OSCs) across the country on handling psycho-social and mental health care needs of women facing violence and distress.

- viii. Further, the Ministry of Women and Child Development also administers sub-scheme "Samarthya" under Mission Shakti in which the component of Shakti Sadan is for relief and rehabilitation of women in difficult circumstances.
- ix. Another component Sakhi Niwas (Working Women's Hostels) of Mission Shakti provides safe and conveniently located accommodation for working women, with day care facility for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunities for women exist. The government has also earmarked Rs. 5000 Crore during the current financial year for providing financial assistance to States for establishing working women hostels under the Scheme of Special Assistance to States for Capital Investment (SASCI).
- x. The Government, through institutions like the National Commission for Women (NCW) and its counterparts in States has been spreading awareness through seminars, workshops, audio- visual, print and electronic media etc. to sensitize the people about the safety and security of women and also about various provisions of the legislation and policies etc. In addition, Ministry of Women and Child Development and Ministry

of Home Affairs have issued advisories to States/ UTs from time to time on various issues pertaining to safety and security of women. In respect of the registered complaints, NCW takes up the matter with stakeholders especially the Police Authorities to ensure that the complaints are redressed and brought to logical conclusion.

### **CGHS DISPENSARY IN UTTAR PRADESH**

#### **3025. SHRI LAXMIKANT PAPPU NISHAD:**

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

- (a) the criteria fixed for opening of Central Government Health Scheme (CGHS) dispensaries in Delhi-National Capital region;
- (b) whether there is only one CGHS dispensary functional in Indirapuram and Ghaziabad in Uttar Pradesh, if so, the details thereof;
- (c) whether it is true that a number of serving and retired Central Government employees residing in Kaushambi, Vasundhara, Vaishali and Indirapuram of Ghaziabad district of Uttar Pradesh rely on the sole CGHS dispensary functional in Indirapuram; and

(d) whether there is any proposal to open new dispensary in Kaushambi, Vasundhara, Vaishali or Indirapuram to cope with the numerous patients footfall, if so, the details thereof along with the time period fixed for 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) to (d): Central Government Health Scheme (CGHS) is a subscription based scheme, which was introduced in 1954 as a supplement and complement to already existing Central Services (Medical Attendance) Rules, 1944. CGHS provides comprehensive medical care to the Central Government employees and pensioners enrolled under the scheme. It caters to the healthcare needs of eligible beneficiaries covering all four pillars of democratic set up in India namely Legislature, Judiciary, Executive and Press. CGHS is the model Health care facility provider for Central Government employees and Pensioners. It is unique of its kind due to the large volume of beneficiary base, and open-ended generous approach of providing health care.

Presently, approximately 47 lakh beneficiaries are covered by CGHS in 81 cities all over India and the endeavour is to include more cities to improve the accessibility of the services. CGHS provides health care through Allopathic, Homeopathic and Indian System of Medicines such as Ayurveda, Unani, Siddha and Yoga.

Government considers opening of new Central Government Health Scheme (CGHS) Wellness Centre taking into consideration the extant norms of presence of minimum 2500 principal cardholders or 6000 beneficiaries in the city, subject to availability of other resources like Medical Officers, Staff Nurse, Pharmacists, Clerical staff and suitable accommodation. The following CGHS Wellness Centres are functional in Ghaziabad region:

- I. CGHS Wellness Centre, Ghaziabad (D-68)
- II. CGHS Wellness Centre, Sahibabad (D-94)
- III. CGHS Wellness Centre, Indirapuram (D-97)
- IV. CGHS Wellness Centre, Pratap Vihar (D-106)

### **INFRASTRUCTURE FOR GRAM NYAYALAYAS**

#### **3026. SHRI SAUMITRA KHAN:**

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

- (a) whether the Government proposes to settle the cases related to delay in payment of wages to Anganwadi workers at Panchayat level under MNREGA through Gram Nyayalayas and Mobile Courts;
- (b) if so, the total number of Gram Nyayalayas functioning across the country, State-wise including West Bengal;
- (c) whether the Gram Nyayalayas are not able to function properly due to lack of basic infrastructure; and
- (d) if so, the total budget allocated and spent for Gram Nyayalayas during the last three years?

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

(a) and (b): No. The Gram Nyayalayas Act, 2008, which came into effect from 02<sup>nd</sup> October, 2009, aims at providing affordable and quick access to justice to the citizens at their doorsteps. As per Section 3 (5) of the Gram Nyayalayas Act, 2008, the State Governments in consultation with their respective High Courts appoint a Nyayadhikari, an officer of the rank of Judicial Magistrate of the first class for every Gram Nyayalaya, who is supposed to hold mobile courts as and when situation demands. Under the aegis of the Gram Nyayalayas Act, 2008, a plan scheme titled, "Assistance to State Governments for establishing and operating Gram Nyayalayas" was introduced in 2009 and guidelines were formulated for running the Gram Nyayalayas Scheme. As on date, 15 States have implemented Gram Nyayalayas Scheme by notifying 488 Gram Nyayalayas, out of which 313 are functional in 11 States since the inception of the Scheme. No Gram Nyayalaya has been established in the State of West Bengal. The state-wise details of the Gram Nyayalayas notified and operational are as under:

<b>Sl. No.</b>	<b>Name of the State</b>	<b>No. of Gram Nyayalaya Notified</b>	<b>No. of Gram Nyayalaya Functional</b>
1	Madhya Pradesh	89	89
2	Rajasthan	45	45
3	Kerala	30	30

4	Maharashtra	39	26
5	Odisha	31	21
6	Uttar Pradesh	113	93
7	Karnataka	2	2
8	Haryana	3	2
9	Punjab	9	2
10	Jharkhand	6	1
11	Goa	2	2
12	Andhra Pradesh	42	0
13	Telangana	55	0
14	Jammu and Kashmir	20	0
15	Ladakh	2	0
<b>Total</b>		<b>488</b>	<b>313</b>

As far as settling of disputes relating to delay in payment of wages under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), 2005, is concerned, the extant guidelines of the MGNREGA Act, via Section 30, Schedule 1, mandate the States to appoint an Ombudsperson for each District for receiving grievances, enquiring into and passing awards as per guidelines issued from time to time. There are provisions for receiving complaints via electronic (Ombudsperson App) as well as physical mode.

(c) and (d): Infrastructure is not the only issue that is hindering the performance of the Gram Nyayalayas. Studies have brought to light other factors, such as, non-filling of the post of Nyayadhikaries in many States, non-availability of public prosecutors, notaries and general shortage of first-class judicial magistrates, limited pecuniary

jurisdiction of Gram Nyayalayas, insufficient staff, inadequate financial backing from States, reluctance from legal and state authorities and lack of community awareness. Besides, the issue of overlapping jurisdiction with regular courts is another reason for slow take off in respect of Gram Nyayalayas in some States. Moreover, many States have their own parallel systems of village courts functioning at panchayat level. The Gram Nyayalayas Act, 2008, does not make establishment of Gram Nyayalayas mandatory for the State Governments.

A sum of Rs. 8340.00 lakh has been released to the States since the inception of the Scheme. In the last three financial years (2021-22, 2022-23 and 2023-24), an amount of Rs. 28 crore was allocated, out of which Rs. 8.80 crore was released.

### झारखंड और हरियाणा में एबी-पीएमजेएवाई

**3027. श्री चन्द्र प्रकाश चौधरी:**

**श्री सतपाल ब्रह्मचारी:**

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

(क) झारखंड में विशेषरूप से गिरिडीह लोक सभा संसदीय निर्वाचन क्षेत्र और हरियाणा में विशेषरूप से सोनीपत लोकसभा संसदीय निर्वाचन क्षेत्र में पिछले तीन वर्षों के दौरान आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत आवंटित, जारी और उपयोग की गई निधियों का ब्यौरा क्या है;

(ख) क्या सरकार का विचार उक्त योजना के अंतर्गत सौंदर्य-शल्य-चिकित्सा, बाह्य रोगी विभाग के व्यय, प्रजननउपचार और अंग प्रत्यारोपण को भी शामिल करने का है; और

(ग) 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) से (ग): आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) का वित्तपोषण पूरी तरह से मांग आधारित है। राज्यों/संघ राज्य क्षेत्रों को उनसे प्राप्त वास्तविक मांग के आधार पर धनराशि जारी की जाती है। राज्य/ संघ राज्य क्षेत्र-वार धनराशि का आवंटन नहीं किया जाता है। इसके अलावा, चूंकि धनराशि राज्यों/ संघ राज्य क्षेत्रों को जारी की जाती है, इसलिए लोकसभा निर्वाचन क्षेत्र के अनुसार निधि आवंटन के संबंध में डेटा नहीं रखा जाता है। परिभाषित प्रक्रिया के अनुसार, राज्यों/ संघ राज्य क्षेत्रों को प्रत्येक नई धनराशि जारी करने से पहले प्राप्त धनराशि का उपयोग-प्रमाणपत्र प्रस्तुत करना आवश्यक है।

पिछले तीन वर्षों के दौरान योजना के तहत हरियाणा और झारखंड राज्य को जारी की गई धनराशि के केंद्रीय हिस्से का विवरण निम्नानुसार है:

(करोड़ रुपये में)

राज्य	वित्त-वर्ष 2021-22	वित्त-वर्ष 2022-23	वित्त-वर्ष 2023-24
हरियाणा	89.95	143.50	95.17
झारखंड	7.98	0.00	83.55

पिछले तीन वर्षों के दौरान इस योजना के तहत केंद्रीय हिस्से में से हरियाणा और झारखंड राज्य द्वारा उपयोग की गई धनराशि का विवरण निम्नानुसार है:

(करोड़ रुपए में)

राज्य	वित्त-वर्ष 2021-22	वित्त-वर्ष 2022-23	वित्त-वर्ष 2023-24
हरियाणा	89.95	143.50	95.17
झारखंड	7.98	0.00	83.55



एबी-पीएमजेएवाई की अपवर्जन नीति के अनुसार, ऐसी स्थितियाँ जिनके लिए अस्पताल में भर्ती होने की आवश्यकता नहीं होती है और जिनका उपचार बहिरंग परिचर्या के तहत किया जा सकता है, इस योजना के अंतर्गत कवर नहीं की जाती हैं। इन अपवर्जन मानदंडों में कॉस्मेटिक सर्जरी, ओपीडी व्यय, वंध्यता संबंधित प्रक्रियाएँ शामिल हैं। अंग प्रत्यारोपण प्रक्रियाओं के संबंध में, गुर्दे के प्रत्यारोपण, अस्थि मज्जा प्रत्यारोपण, कॉर्नियल प्रत्यारोपण और कोक्लियर प्रत्यारोपण की प्रक्रिया लागत से संबंधित पैकेज पहले से ही इस योजना के अंतर्गत कवर किए गए हैं।

### **FINANCIAL ASSISTANCE UNDER RASHTRIYA AROGYA NIDHI**

#### **3028. SHRI M. K. RAGHAVAN:**

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

(a) whether there is any provision for financial assistance under Rashtriya Arogya Nidhi for patients undergoing treatment in private hospitals, if so, the details thereof; and

(b) the details of the eligibility criteria fixed for applying financial assistance from the Rashtriya Arogya Nidhi, including the application process and mode of submission?

#### **THE MINISTER 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 Umbrella Scheme of Rashtriya Arogya Nidhi (RAN), patients are provided financial assistance for treatment at Government hospitals having super specialty facilities. Those undergoing treatment in private hospitals are not eligible for financial assistance under the scheme.

(b) Currently, there are two modes for applying for financial assistance under the Umbrella Scheme of RAN as elaborated below:

(1) Offline mode - Application in prescribed proforma duly signed by the treating doctor and countersigned by Medical Superintendent of the Government hospital along with Income Certificate and Ration Card of the family is required to be submitted for seeking financial assistance under RAN. The process of cases under RAN involves various stages of action i.e. scrutiny of application, placing the matter before Technical Committee, administrative and financial approvals. This process is followed for patients belonging to those States/UTs, the National Food Security Act (NFSA) data of which, is not integrated on National Health Authority (NHA)'s IT platform. These States/UTs are as below:

- (i) Andaman and Nicobar Islands
- (ii) Andhra Pradesh
- (iii) Arunachal Pradesh
- (iv) Delhi
- (v) Himachal Pradesh
- (vi) Karnataka
- (vii) Ladakh
- (viii) Odisha
- (ix) Tamil Nadu
- (x) Telangana
- (xi) West Bengal

The general eligibility criteria under the Umbrella Scheme of RAN for offline mode is as under:

- (i) Financial assistance is provided to poor patients living below State/UT-wise threshold poverty line notified from time to time [Available at Annexure-I of RAN guidelines ([https://mohfw.gov.in/sites/default/files/RAN\\_Guideline\\_2019\\_0.pdf](https://mohfw.gov.in/sites/default/files/RAN_Guideline_2019_0.pdf))].
- (ii) Financial assistance is admissible for treatment of diseases covered under the Umbrella Scheme of RAN [Available at Annexure-II of RAN guidelines ([https://mohfw.gov.in/sites/default/files/RAN\\_Guideline\\_2019\\_0.pdf](https://mohfw.gov.in/sites/default/files/RAN_Guideline_2019_0.pdf))].
- (iii) Patients are provided financial assistance for their treatment at Government hospitals having super specialty facilities.
- (iv) The financial assistance to eligible patients is in the form of 'one-time grant'.
- (v) Government servants and their families are not eligible.
- (vi) There is no reimbursement of expenditure already incurred.
- (vii) Financial assistance is provided to Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) beneficiaries if, as per medical advice, the suggested treatment is not covered under any of the approved listed packages of AB PM-JAY.
- (2) Online mode - For the States/UTs, NFSA data of which, is integrated on NHA's IT platform, AB PM-JAY beneficiaries based on Socio Economic and Caste Census (SECC) database (for treatment not included in AB PM-JAY) and Antyodaya beneficiaries (from NFSA database) are eligible for the Umbrella

Scheme of RAN. Eligible beneficiaries have to first generate their RAN ID on the Beneficiary Identification System (BIS) at empanelled hospitals after submitting their application form and consent for RAN along with AB PM-JAY ID / Ration card and Aadhaar card number for one-time e-KYC verification. Post verification, the designated Nodal officer of the hospital issues RAN scheme card to beneficiary which contains RAN ID. This is a one time process. Subsequently, the eligible beneficiaries can approach the hospital where the Nodal officer of the hospital registers the beneficiary on Transaction Management System (TMS) using his/her RAN ID, adds prescribed package of treatment and uploads mandatory documents as per the package requirements. This application request is submitted to the technical committee of the hospital and is scrutinized on case to case basis at three levels (Technical committee, The Medical Superintendent / Director / Deputy Director (Admin) of the hospital and finally concurrence by the Financial Advisor (FA) of the hospital) before providing final approval. On final FA's concurrence, confirmation is sent to the bank for reserving the fund for the patient and treatment commences.

### आयुष्मान कार्ड

#### **3029. श्री उत्कर्ष वर्मा मधुर:**

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

(क) क्या आयुष्मान कार्ड सरकारी अस्पतालों में मान्य है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या निजी अस्पताल इन कार्डों को स्वीकार करने से मना कर रहे हैं और उक्त कार्डधारक रोगियों को भर्ती नहीं कर रहे हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या ऐसे चिह्नित अस्पतालों के विरुद्ध दंडात्मक कार्रवाई करने का कोई प्रावधान है; और

(घ) यदि हां, तो तत्संबंधी राज्य-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): इनपेशेंट सुविधाओं वाले सभी सार्वजनिक अस्पतालों को बिना किसी प्रत्यक्ष सत्यापन के आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत पैनलबद्ध माना जाता है। ऐसे पैनलबद्ध सरकारी अस्पतालों में आयुष्मान कार्ड विशिष्ट और मध्यम स्तर पर मान्य है।

एबी-पीएमजेएवाई के तहत, अस्पतालों को राज्य स्वास्थ्य एजेंसी (एसएचए) द्वारा पैनलबद्ध किया जाता है और पैनलबद्ध होने के समय हस्ताक्षरित समझौता ज्ञापन के अनुसार योजना के लाभार्थियों को कैशलेस उपचार प्रदान करने के लिए बाध्य हैं। आयुष्मान कार्ड के न होने पर पात्र लाभार्थियों को उपचार से वंचित नहीं किया जा सकता है।

एबी-पीएमजेएवाई एक पात्रता-आधारित योजना है, सभी पात्र लाभार्थी परिवारों को राज्य/संघ राज्य क्षेत्रों में योजना के कार्यान्वयन के पहले दिन से ही कवर किया जाता है। एबी-पीएमजेएवाई में नामांकन की आवश्यकता नहीं है, हालांकि, लाभार्थी की वास्तविकता को सत्यापित करने के लिए लाभार्थी सत्यापन प्रक्रिया की जाती है। इसके अलावा, सत्यापित लाभार्थियों को पात्रता और सशक्तीकरण के संकेत के रूप में आयुष्मान कार्ड जारी किया जाता है।

योजना के तहत, लाभार्थियों द्वारा स्वास्थ्य सेवाओं का उपयोग करने में आने वाली समस्याओं के समाधान के लिए जिला, राज्य और राष्ट्रीय स्तर पर तीन स्तरीय शिकायत निवारण प्रणाली बनाई गई है। पैनलबद्ध अस्पताल द्वारा उपचार से इनकार किए जाने की स्थिति में, लाभार्थी वेब-आधारित पोर्टल, केंद्रीयकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस), केंद्रीय और राज्य कॉल सेंटर (14555), ईमेल, एसएचए को पत्र आदि सहित विभिन्न माध्यमों का उपयोग करके

अपनी शिकायत दर्ज कर सकते हैं। शिकायत की प्रकृति के आधार पर, योजना के तहत उपचार का लाभ उठाने में लाभार्थियों को सहायता प्रदान करने सहित आवश्यक कार्रवाई की जाती है।

(ग) और (घ): निलंबन, कारण बताओ नोटिस, चेतावनी पत्र, अस्पतालों को पैनल से हटाना, ई-कार्ड को निष्क्रिय करना, दोषी अस्पतालों पर जुर्माना लगाना और धोखाधड़ी करने वाली संस्थाओं के विरुद्ध एफआईआर दर्ज करना सहित उचित कार्रवाई की जाती है।

निजी अस्पतालों का राज्य/संघ राज्य क्षेत्र-वार विवरण, जिनके विरुद्ध अस्पताल को निलंबित करने, चेतावनी पत्र जारी करने और अस्पताल को पैनल से हटाने जैसी दंडात्मक कार्रवाई की गई है, जो निम्नानुसार हैं:

राज्य/संघ राज्यक्षेत्र	अस्पतालों की संख्या
आंध्र प्रदेश	39
असम	1
बिहार	1
चंडीगढ़	2
छत्तीसगढ़	4
गोवा	1
गुजरात	5
हरियाणा	7
जम्मू और कश्मीर	42
झारखंड	6
कर्नाटक	49
केरल	8
मध्य प्रदेश	127
पंजाब	11
राजस्थान	10
तमिलनाडु	25
उत्तर प्रदेश	542

नोट: आंकड़े दिनांक 30.11.2024 की स्थिति के अनुसार

## TFR IN SOUTHERN STATES

### 3030. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) the details of the Total Fertility Rates (TFR) that are below replacement levels in various districts of Southern Indian States, including Andhra Pradesh;
- (b) whether the Government has taken note that fertility rates are declining across the country, particularly, in southern States of the country and if so, the details thereof, State/UT-wise;
- (c) whether the Government proposes to introduce policies or incentives to address the decreasing fertility rates, similar to the initiatives taken by the State Government of Andhra Pradesh; and
- (d) 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 details of the Total Fertility Rate (TFR), State/UT-wise is given in the enclosed **Statement**.
- (b) to (d) India has achieved a Total Fertility Rate (TFR) of 2.0 as per NFHS-5 (2019–21). This is aligned with the National Population Policy 2000 and the National Health Policy 2017 (TFR of 2.1). The government focuses on achieving and maintaining replacement levels of fertility across regions by

raising awareness about healthy timing and spacing of pregnancies, ensuring the availability of family planning services, and approving the budgets proposed by states in the Programme Implementation Plan (PIP) based on their specific needs to manage fertility.

### **STATEMENT**

#### **State/UT wise Total Fertility Rate (TFR)**

<b>S. No.</b>	<b>State/UT</b>	<b>TFR</b>
<b>India</b>		<b>2.0</b>
1.	Andaman and Nicobar Islands	1.3
2.	Andhra Pradesh	1.7
3.	Arunachal Pradesh	1.8
4.	Assam	1.9
5.	Bihar	3.0
6.	Chandigarh	1.4
7.	Chhattisgarh	1.8
8.	Dadra and Nagar Haveli and Daman and Diu	1.8
9.	Delhi	1.6
10.	Goa	1.3
11.	Gujarat	1.9
12.	Haryana	1.9
13.	Himachal Pradesh	1.7
14.	Jammu and Kashmir	1.4
15.	Jharkhand	2.3
16.	Karnataka	1.7
17.	Kerala	1.8
18.	Ladakh	1.3
19.	Lakshadweep	1.4
20.	Madhya Pradesh	2.0



S. No.	State/UT	TFR
21.	Maharashtra	1.7
22.	Manipur	2.2
23.	Meghalaya	2.9
24.	Mizoram	1.9
25.	Nagaland	1.7
26.	Odisha	1.8
27.	Puducherry	1.5
28.	Punjab	1.6
29.	Rajasthan	2.0
30.	Sikkim	1.1
31.	Tamil Nadu	1.8
32.	Telangana	1.8
33.	Tripura	1.7
34.	Uttar Pradesh	2.4
35.	Uttarakhand	1.9
36.	West Bengal	1.6

(Source: National Family Health Survey (NFHS 5) 2019-21)

### INCREASE THE BED CAPACITY IN HOSPITALS

#### 3031. SHRI YOGENDER CHANDOLIA:

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

- (a) whether the Government proposes to increase the bed capacity of Government hospitals; and
- (b) if so, the details thereof?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE**

**(SHRI PRATAPRAO GANPATRAO JADHAV):**

(a) and (b). 'Public Health' and 'Hospitals' being State subjects, primarily the State Governments/Union Territories (UTs) take initiatives for augmenting various patient care facilities including the bed strength of the Government hospitals in their States/UTs. The Central Government too provides assistance to the State Governments/UTs for availability of affordable healthcare services through various schemes such as Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), National Health Mission Scheme(NHM) and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM).

So far as Central Government Hospitals are concerned, based on the functional requirement and patient load, redevelopment and various upgradation works including increasing the bed strength are undertaken by the Government from time to time. One such ongoing project is setting up a Super Specialty Block at Dr. Ram Manohar Lohia Hospital, New Delhi which will increase the bed strength from the existing 1532 beds to 2198 beds on completion of the construction work in near future.

**FIRE ACCIDENTS IN HOSPITALS****3032: SHRI A. RAJA:**

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

(a) the details of fire accidents in various hospitals in the country, including the recent one at Jhansi, UP during the last three years, State-wise;

(b) the number of patients died/sustained burns in such accidents during the last three years, State-wise;

(c) whether any advisory/instructions have been issued for conducting fire safety audits and to train the staff responsible for handling critical and sensitive installations during emergencies so as to prevent such accidents in future; 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) Public Health and hospitals' is a State subject and it is the primary responsibility of State/UT Governments to ensure adherence of healthcare facilities to safety norms including fire safety. Information pertaining to patients died/sustained burns in fire accidents are maintained by the States/UTs.

(c) and (d) Ministry of Health and Family Welfare, Govt. of India in consultation with various stakeholders had reviewed the position regarding fire and life safety in government hospitals and after extensive examination, guidelines on 'Fire and Life Safety' were framed and circulated to all States and UTs and Govt. hospitals across the country vide this Ministry's letter dated 28.09.2020.

In recent past, Ministry of Health and Family Welfare has issued advisories, checklists to all States/UTs on the issue of fire safety in hospitals highlighting the need for:

- i. Review and updation of fire prevention and response plans of all health facilities and training all healthcare staff on fire safety protocols, evacuation procedures, and use of fire- fighting equipment
- ii. Conducting regular preventive fire safety drills including evacuation plans.
- iii. Implementing and maintenance of appropriate fire prevention measures, such as regular and optimal preventive maintenance of electrical circuits and systems.
- iv. Installation and optimum maintenance of fire detection and suppression systems, including smoke alarms, fire extinguishers with regular check on expiry date, sprinklers etc.

All States/UTs have also been urged to constitute district level committees headed by District Collectors comprising of relevant officials from health, fire services and public works departments to undertake physical inspection of health facilities and take suitable actions against the defaulters, as deemed necessary under the law.

### आयुष स्वास्थ्य और संपूर्ण स्वास्थ्य केंद्र

**3033. श्री मनीष जायसवाल:**

**डॉ निशिकान्त दुबे:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में आज की तिथि तक राज्य/संघ राज्यक्षेत्रवार, विशेषकर झारखंड राज्य में जिलावार कितने आयुष स्वास्थ्य और संपूर्ण स्वास्थ्य केंद्र स्थापित किए गए हैं;

(ख) झारखंड में कार्यरत और कार्य नहीं कर रहे उक्त केंद्रों की कुल संख्या कितनी है और ये केंद्र स्थानवार कहां-कहां स्थापित किए गए हैं;

(ग) क्या सरकार का विचार ब्लॉक और पंचायत स्तर तक उक्त केंद्रों की स्थापना करने का है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इन केंद्रों में कुल कितने कार्मिक नियोजित हैं?

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

(क) से (घ): जन स्वास्थ्य एक राज्य का विषय होने के नाते, ब्लॉक और पंचायत स्तर पर आयुष स्वास्थ्य और कल्याण केंद्रों की स्थापना, जिसे अब आयुष्मान आरोग्य मंदिर (आयुष) का नाम दिया गया है, संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आती है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, झारखंड सहित राज्य/संघ राज्य क्षेत्र सरकारों से उनके राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, देश में आयुष्मान आरोग्य मंदिर (आयुष) के रूप में उन्नयन के लिए कुल 12,500 मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को मंजूरी दी गई है। जहां तक झारखंड राज्य का संबंध है, राज्य सरकार से राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, 745 आयुष औषधालयों/उप स्वास्थ्य केंद्रों को आयुष्मान आरोग्य मंदिर (आयुष) के रूप में उन्नयन के लिए मंजूरी दी गई है और राज्य सरकार द्वारा दी गई सूचना के अनुसार सभी कार्यशील हैं। जन स्वास्थ्य राज्य का विषय है, इसलिए इन केंद्रों पर कार्मिकों की तैनाती संबंधित राज्य सरकार के कार्य क्षेत्र में आती है और तदनुसार, केंद्र सरकार द्वारा ऐसा कोई डेटा नहीं रखा जा रहा है। अनुमोदित और कार्यशील आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/संघ राज्य क्षेत्र-वार स्थिति का ब्यौरा संलग्न **विवरण-I** में दिया गया है। इसके अलावा, झारखंड राज्य में आयुष्मान आरोग्य मंदिर (आयुष) का जिला-वार और स्थान-वार ब्यौरा संलग्न **विवरण -II** पर दिया गया है।

विवरण-I

## अनुमोदित आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/संघ राज्यक्षेत्र-वार संख्या

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	कुल स्वीकृत	कुल कार्यशील
1	आंध्र प्रदेश	126	126
2	अरुणाचल प्रदेश	89	89
3	असम	500	500
4	बिहार	294	113
5	छत्तीसगढ़	400	400
6	गोवा	100	100
7	गुजरात	365	365
8	हरियाणा	538	506
9	हिमाचल प्रदेश	740	740
<b>10</b>	<b>झारखंड</b>	<b>745</b>	<b>745</b>
11	कर्नाटक	376	376
12	केरल	700	700
13	मध्य प्रदेश	800	800
14	महाराष्ट्र	390	377
15	मणिपुर	15	15
16	मेघालय	45	22
17	मिजोरम	41	41
18	नागालैंड	49	49
19	ओडिशा	422	422
20	पंजाब	158	158
21	राजस्थान	2019	2019
22	सिक्किम	18	18
23	तमिलनाडु	650	650
24	तेलंगाना	421	421
25	त्रिपुरा	72	72
26	उत्तर प्रदेश	1034	1034
27	उत्तराखंड	300	300

28	पश्चिम बंगाल	540	540
29	अंडमान	6	6
30	चंडीगढ़	12	11
31	दिल्ली	0	0
32	दादरा व नागर हवेली और दमन और दीव	1	1
33	जम्मू और कश्मीर	523	523
34	लद्दाख	0	0
35	लक्षद्वीप	7	7
36	पुडुचेरी	4	4
<b>कुल</b>		<b>12500</b>	<b>12250</b>

### विवरण-II

झारखंड राज्य में आयुष्मान आरोग्य मंदिर (आयुष) काजिला-वार एवं स्थान-वार ब्यौरा ।

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
1	बोकारो	राजकीय आयुर्वेदिक औषधालय, चास
2		राजकीय आयुर्वेदिक औषधालय, पिंडाजोरा
3		राजकीय आयुर्वेदिक औषधालय, सारम
4		राजकीय आयुर्वेदिक औषधालय, तुपरा
5		राजकीय होम्योपैथिक औषधालय, नावाडीह
6		राजकीय होम्योपैथिक औषधालय, चंदनकियारी
7	चतरा	राजकीय आयुर्वेदिक औषधालय, सिमिरिया
8		राजकीय आयुर्वेदिक औषधालय, नावाडीह, प्रतापुर
9		राजकीय आयुर्वेदिक औषधालय, हंटरगंज
10		राजकीय यूनानी औषधालय, जाबरा
11	देवगढ़	राजकीय आयुर्वेदिक औषधालय, रोहिणी
12	धनबाद	राजकीय आयुर्वेदिक औषधालय, गोवाकोला
13		राजकीय यूनानी औषधालय, बासेपुर
14	दुमका	राजकीय आयुर्वेदिक औषधालय, कुरुआ

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
15		राजकीय आयुर्वेदिक औषधालय, काठीकुंड
16		राजकीय आयुर्वेदिक औषधालय, शिकारीपाड़ा
17		राजकीय आयुर्वेदिक औषधालय, जामा
18		राजकीय होम्योपैथिक औषधालय, बासुकीनाथ धाम
19		राजकीय होम्योपैथिक औषधालय, रामगढ़
20	पूर्वी सिंहभूम	राजकीय आयुर्वेदिक औषधालय, धालभूमगढ़
21		राजकीय होम्योपैथिक औषधालय, पातमदा
22		राजकीय होम्योपैथिक औषधालय, डुमरिया
23		राजकीय यूनानी औषधालय, मानगो
24		राजकीय यूनानी औषधालय, चाकुलिया
25	गढ़वा	राजकीय आयुर्वेदिक औषधालय, रांका
26		राजकीय आयुर्वेदिक औषधालय, भवनाथपुर
27		राजकीय आयुर्वेदिक औषधालय, भंडारिया
28		राजकीय आयुर्वेदिक औषधालय, डंडई
29		राजकीय होम्योपैथिक औषधालय, कंडी
30		राजकीय यूनानी औषधालय, मोरवे
31	गिरिडीह	राजकीय आयुर्वेदिक औषधालय, गोरहान
32		राजकीय आयुर्वेदिक औषधालय, खड़गडीहा
33		राजकीय होम्योपैथिक औषधालय, सरिया
34	गोड्डा	राजकीय आयुर्वेदिक औषधालय, गांधीग्राम
35		राजकीय यूनानी औषधालय, राजाभीता
36	गुमला	राजकीय आयुर्वेदिक औषधालय, सिसई
37		राजकीय आयुर्वेदिक औषधालय, बिशुनपुर
38		राजकीय आयुर्वेदिक औषधालय, चैनपुर
39		राजकीय आयुर्वेदिक औषधालय, घाघरा
40		राजकीय होम्योपैथिक औषधालय, डुमरी
41		राजकीय होम्योपैथिक औषधालय, रायडीह
42	जामताड़ा	राजकीय आयुर्वेदिक औषधालय, चैनपुर
43		राजकीय आयुर्वेदिक औषधालय, पुतुलबौना



क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
44		राजकीय आयुर्वेदिक औषधालय, नारायणपुर
45		राजकीय आयुर्वेदिक औषधालय, जामताड़ा
46		राजकीय आयुर्वेदिक औषधालय, मिहिजाम
47		राजकीय होम्योपैथिक औषधालय, पाबिया
48	खूंटी	राजकीय यूनानी औषधालय, खूंटी
49		राजकीय आयुर्वेदिक औषधालय, झुमरी तेलैया
50		राजकीय आयुर्वेदिक औषधालय, जयनगर
51		राजकीय आयुर्वेदिक औषधालय, डोमचांच
52	कोडरमा	राजकीय आयुर्वेदिक औषधालय, मरकच्चो
53		राजकीय आयुर्वेदिक औषधालय, बेकोबार
54		राजकीय आयुर्वेदिक औषधालय, फुलवरिया
55		राजकीय आयुर्वेदिक औषधालय, पथलडीहा
56		राजकीय आयुर्वेदिक औषधालय, लातेहार
57		राजकीय आयुर्वेदिक औषधालय, रुद्रजयन्ती
58		राजकीय आयुर्वेदिक औषधालय, महुआटांड़
59	लातेहार	राजकीय आयुर्वेदिक औषधालय, चंदवा
60		राजकीय आयुर्वेदिक औषधालय, गणेशपुर
61		राजकीय आयुर्वेदिक औषधालय, बरवाडीह
62		राजकीय आयुर्वेदिक औषधालय, सरायडीह (बरवाडीह)
63		राजकीय आयुर्वेदिक औषधालय, लोहरदगा
64	लोहरदगा	राजकीय आयुर्वेदिक औषधालय, कुडू
65		राजकीय होम्योपैथिक औषधालय, किस्को
66	पाकुर	राजकीय आयुर्वेदिक औषधालय, लिट्टीपाड़ा
67		राजकीय आयुर्वेदिक औषधालय, रामगढ
68	पलामू	राजकीय आयुर्वेदिक औषधालय, पद्मा
69		राजकीय आयुर्वेदिक औषधालय, जगन्नाथपुर
70	रांची	राजकीय आयुर्वेदिक औषधालय, नामकुम
71		राजकीय आयुर्वेदिक औषधालय, बुंडू

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
72		राजकीय आयुर्वेदिक औषधालय, जामुदाग
73		राजकीय आयुर्वेदिक औषधालय, तमाड़
74		राजकीय आयुर्वेदिक औषधालय, कांके
75		राजकीय आयुर्वेदिक औषधालय, सिल्ली
76		राजकीय आयुर्वेदिक औषधालय, बुढमू
77		राजकीय आयुर्वेदिक औषधालय, मंदार
78		राजकीय आयुर्वेदिक औषधालय, सोनाहातु
79		राजकीय होम्योपैथिक औषधालय, गेतलसूद गेतलसूद
80		साहिबगंज
81	राजकीय आयुर्वेदिक औषधालय, तालझारी	
82	राजकीय आयुर्वेदिक औषधालय, राजमहल	
83	राजकीय होम्योपैथिक औषधालय, पटना	
84	सरायकेला-खरसावां	राजकीय आयुर्वेदिक औषधालय, सरायकेला
85		राजकीय आयुर्वेदिक औषधालय, रायडीह
86		राजकीय आयुर्वेदिक औषधालय, गोविंदपुर
87		राजकीय आयुर्वेदिक औषधालय, बुरूडीह (नीमडीह)
88		राजकीय आयुर्वेदिक औषधालय, दलभंगा
89		राजकीय आयुर्वेदिक औषधालय, नीमडीह
90		राजकीय आयुर्वेदिक औषधालय, कुचाई
91		राजकीय आयुर्वेदिक औषधालय, चांडिल
92		राजकीय होम्योपैथिक औषधालय, ब्रह्मकुटुंब
93		राजकीय होम्योपैथिक औषधालय, ईचागढ़
94		राजकीय होम्योपैथिक औषधालय, राजनगर
95	सिमडेगा	राजकीय आयुर्वेदिक औषधालय, बानो
96		राजकीय यूनानी औषधालय, बांसजोर
97	पश्चिमी सिंहभूम	राजकीय आयुर्वेदिक औषधालय, मनोहरपुर
98		राजकीय आयुर्वेदिक औषधालय, जगन्नाथपुर
99		राजकीय होम्योपैथिक औषधालय, तांतनगर
100		राजकीय होम्योपैथिक औषधालय, मंझारी

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
101	बोकारो	राजकीय आयुर्वेदिक औषधालय, पेटरवार
102		राजकीय आयुर्वेदिक औषधालय, गोमिया
103		राजकीय आयुर्वेदिक औषधालय, बेरमो
104		राजकीय आयुर्वेदिक औषधालय, कोरिया
105		राजकीय आयुर्वेदिक औषधालय, बरमसिया
106		राजकीय आयुर्वेदिक औषधालय, चतरोचट्टी
107		राजकीय होम्योपैथिक औषधालय, बोकारो स्टील सिटी
108		राजकीय होम्योपैथिक औषधालय, भेंडरा
109		राजकीय होम्योपैथिक औषधालय, महुआटांड
110		राजकीय यूनानी औषधालय, कसमार
111		राजकीय यूनानी औषधालय, जरीडीह
112	चतरा	राजकीय आयुर्वेदिक औषधालय, लावालौंग
113		राजकीय आयुर्वेदिक औषधालय, गिद्धौर
114		राजकीय आयुर्वेदिक औषधालय, बहेरा
115		राजकीय आयुर्वेदिक औषधालय, उंटा
116		राजकीय आयुर्वेदिक औषधालय, कान्हाचट्टी
117		राजकीय आयुर्वेदिक औषधालय, इटखोरी
118		राजकीय आयुर्वेदिक औषधालय, टंडवा
119		राजकीय होम्योपैथिक औषधालय, जोरी
120		राजकीय होम्योपैथिक औषधालय, कुंडा
121		राजकीय होम्योपैथिक औषधालय, टंडवा
122		राजकीय होम्योपैथिक औषधालय, हंटरगंज
123		राजकीय होम्योपैथिक औषधालय, इटखोरी
124		राजकीय यूनानी औषधालय, प्रतापपुर
125	देवगढ़	राजकीय यूनानी औषधालय, बाशा
126	धनबाद	राजकीय होम्योपैथिक औषधालय, महुबनी
127	दुमका	राजकीय आयुर्वेदिक औषधालय, गोपीकांदर
128		राजकीय आयुर्वेदिक औषधालय, कथलिया

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
129		राजकीय आयुर्वेदिक औषधालय, रानीग्राम
130		राजकीय आयुर्वेदिक औषधालय, अमरपुर दुमका
131		राजकीय होम्योपैथिक औषधालय, शिकारीपाड़ा
132		राजकीय यूनानी औषधालय, हंसडीहा दुमका
133		राजकीय आयुर्वेदिक औषधालय, बहरागोड़ा
134		राजकीय आयुर्वेदिक औषधालय, अंगरापाड़ा
135		राजकीय आयुर्वेदिक औषधालय, शंकरदा
136		राजकीय आयुर्वेदिक औषधालय, ध्वासपुर
137		राजकीय आयुर्वेदिक औषधालय, गंदनाता
138	पूर्वी सिंहभूम	राजकीय आयुर्वेदिक औषधालय, पोटका
139		राजकीय आयुर्वेदिक औषधालय, कराडुबा
140		राजकीय आयुर्वेदिक औषधालय, मुसाबनी
141		राजकीय आयुर्वेदिक औषधालय, घाटशिला
142		राजकीय होम्योपैथिक औषधालय, पोदाभालकी
143		राजकीय होम्योपैथिक औषधालय, बांगुरदा
144		राजकीय होम्योपैथिक औषधालय, गालूडीह
145		
146		राजकीय आयुर्वेदिक औषधालय, मंझिआंव
147		राजकीय आयुर्वेदिक औषधालय, मेराल
148		राजकीय आयुर्वेदिक औषधालय, कधवां (भवनतपुर)
149		राजकीय आयुर्वेदिक औषधालय, मंदरा (कांडी)
150	गढ़वा	राजकीय आयुर्वेदिक औषधालय, चिनिया
151		राजकीय होम्योपैथिक औषधालय, शारवतपहाड़
152		राजकीय होम्योपैथिक औषधालय, रमकंडा
153		राजकीय होम्योपैथिक औषधालय, खरौंधा
154		राजकीय होम्योपैथिक औषधालय, चटनिया
155		राजकीय यूनानी औषधालय, पंचडुमर (भवनाथपुर)
156	गोड्डा	राजकीय आयुर्वेदिक औषधालय, बोआरीजोर
157		राजकीय आयुर्वेदिक औषधालय, सुंदरपहाड़ी

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
158	गुमला	राजकीय आयुर्वेदिक औषधालय, गुमला
159		राजकीय आयुर्वेदिक औषधालय, कटिया
160		राजकीय आयुर्वेदिक औषधालय, बसिया
161		राजकीय होम्योपैथिक औषधालय, टोटो
162		राजकीय यूनानी औषधालय, गुमला
163	जामताड़ा	राजकीय आयुर्वेदिक औषधालय, कुंडहित
164		राजकीय आयुर्वेदिक औषधालय, नाला
165		राजकीय आयुर्वेदिक औषधालय, करमाटांड
166		राजकीय आयुर्वेदिक औषधालय, अम्बा
167		राजकीय आयुर्वेदिक औषधालय, सरसकुंडा
168		राजकीय होम्योपैथिक औषधालय, नाला
169		राजकीय होम्योपैथिक औषधालय, चैनपुर
170		राजकीय होम्योपैथिक औषधालय, मेंझिया (बेदिया)
171		राजकीय होम्योपैथिक औषधालय, लाडना
172		राजकीय होम्योपैथिक औषधालय, खजूरी
173		राजकीय यूनानी औषधालय, फ़तेहपुर
174		राजकीय यूनानी औषधालय, अफजलपुर
175	खूंटी	राजकीय आयुर्वेदिक औषधालय, रानियां
176		राजकीय होम्योपैथिक औषधालय, मुरहू
177		राजकीय यूनानी औषधालय, कर्क
178	कोडरमा	राजकीय आयुर्वेदिक औषधालय, चेचाई, कोडरमा
179		राजकीय आयुर्वेदिक औषधालय, सैनिक स्कूल तिलैया डैम
180		राजकीय आयुर्वेदिक औषधालय, सतगावां
181		राजकीय होम्योपैथिक औषधालय, मेशमोहेना
182		राजकीय होम्योपैथिक औषधालय, नावाडीह
183		राजकीय होम्योपैथिक औषधालय, जगदीशपुर
184		राजकीय होम्योपैथिक औषधालय, मशनोडीह
185		राजकीय होम्योपैथिक औषधालय, कांति

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
186		राजकीय यूनानी औषधालय, विरजामु
187		राजकीय यूनानी औषधालय, चोपनाडीह
188	लातेहार	राजकीय आयुर्वेदिक औषधालय, मनिका
189		राजकीय आयुर्वेदिक औषधालय, बालूमाथ
190		राजकीय आयुर्वेदिक औषधालय, मैटलॉग
191		राजकीय होम्योपैथिक औषधालय, लैट
192		राजकीय होम्योपैथिक औषधालय, लातेहार
193		राजकीय होम्योपैथिक औषधालय, मनिका
194		राजकीय होम्योपैथिक औषधालय, चंदवा
195		राजकीय होम्योपैथिक औषधालय, शिवला
196		राजकीय यूनानी औषधालय, लातेहार
197		राजकीय यूनानी औषधालय, मंडल
198		लोहरदगा
199	राजकीय यूनानी औषधालय, कुडू	
200	पाकुर	राजकीय आयुर्वेदिक औषधालय, पाकुड़
201		राजकीय आयुर्वेदिक औषधालय, महेशपुर
202		राजकीय आयुर्वेदिक औषधालय, अम्रपाड़ा
203		राजकीय आयुर्वेदिक औषधालय, खक्सा
204		राजकीय आयुर्वेदिक औषधालय, मनोहरपुर
205		राजकीय आयुर्वेदिक औषधालय, वेलडांगा
206		राजकीय आयुर्वेदिक औषधालय, शहरग्राम
207		राजकीय आयुर्वेदिक औषधालय, धरमपुर
208		राजकीय आयुर्वेदिक औषधालय, पाकुड़िया
209		राजकीय होम्योपैथिक औषधालय, मोहनपुर
210		राजकीय होम्योपैथिक औषधालय, लिट्टीपाड़ा
211		राजकीय होम्योपैथिक औषधालय, अमतल्ला
212		राजकीय होम्योपैथिक औषधालय, झिकरहट्टी
213		राजकीय होम्योपैथिक औषधालय, डुमरिया
214		राजकीय यूनानी औषधालय, हिरणपुर

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
215		राजकीय यूनानी औषधालय, कैराछत्तर
216	रांची	राजकीय आयुर्वेदिक औषधालय, लापुंग
217		राजकीय आयुर्वेदिक औषधालय, ठाकुरगांव
218		राजकीय आयुर्वेदिक औषधालय, वारीडीह
219		राजकीय आयुर्वेदिक औषधालय, रुक्की
220		राजकीय यूनानी औषधालय, नरकोपी
221		साहिबगंज
222	राजकीय आयुर्वेदिक औषधालय, बरहरवा	
223	राजकीय होम्योपैथिक औषधालय, बरहेट	
224	राजकीय होम्योपैथिक औषधालय, रंगा	
225	राजकीय यूनानी औषधालय, एंग्लोई	
226	राजकीय यूनानी औषधालय, तीनपहाड़	
227	सरायकेला-खरसावां	राजकीय आयुर्वेदिक औषधालय, रंगपुर
228		राजकीय आयुर्वेदिक औषधालय, इचा
229		राजकीय आयुर्वेदिक औषधालय, जोरडीहा
230		राजकीय आयुर्वेदिक औषधालय, बुरुडीह (खरसावां)
231		राजकीय आयुर्वेदिक औषधालय, तिरुलडीह
232		राजकीय होम्योपैथिक औषधालय, जनम
233		राजकीय होम्योपैथिक औषधालय, खरसावां
234		राजकीय यूनानी औषधालय, आदित्यपुर
235		राजकीय यूनानी औषधालय, गम्हरिया
236		सिमडेगा
237	राजकीय आयुर्वेदिक औषधालय, कुरडेग	
238	राजकीय आयुर्वेदिक औषधालय, जलडेगा 1	
239	राजकीय आयुर्वेदिक औषधालय, जलडेगा 2	
240	राजकीय आयुर्वेदिक औषधालय, थेथईटांगर	
241	राजकीय आयुर्वेदिक औषधालय, बोलबा	
242	राजकीय आयुर्वेदिक औषधालय, कोलेबिरा	
243	राजकीय आयुर्वेदिक औषधालय, लचरागढ़	

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
244		राजकीय होम्योपैथिक औषधालय, लचरागढ़
245		राजकीय होम्योपैथिक औषधालय, लसिया
246		राजकीय होम्योपैथिक औषधालय, हुरड़ा
247		राजकीय होम्योपैथिक औषधालय, सालगपोश
248		राजकीय होम्योपैथिक औषधालय, किंकल
249		राजकीय यूनानी औषधालय, बानो
250		राजकीय आयुर्वेदिक औषधालय, चाईबासा
251		राजकीय आयुर्वेदिक औषधालय, हेसाडीह
252		राजकीय आयुर्वेदिक औषधालय, तांतनगर
253		राजकीय आयुर्वेदिक औषधालय, गदाहातु
254		राजकीय आयुर्वेदिक औषधालय, पुरुनिया
255		राजकीय आयुर्वेदिक औषधालय, झींकपानी
256		राजकीय आयुर्वेदिक औषधालय, ब्लंदिया
257		राजकीय आयुर्वेदिक औषधालय, बारीजाल
258	पश्चिमी सिंहभूम	राजकीय आयुर्वेदिक औषधालय, बड़ा जामदा
259		राजकीय आयुर्वेदिक औषधालय, खूटपानी
260		राजकीय आयुर्वेदिक औषधालय, निश्चिंतपुर
261		राजकीय आयुर्वेदिक औषधालय, कुइड़ा
262		राजकीय आयुर्वेदिक औषधालय, गोलकेरा
263		राजकीय होम्योपैथिक औषधालय, बिंज
264		राजकीय होम्योपैथिक औषधालय, मनोहरपुर
265		राजकीय होम्योपैथिक औषधालय, आसनपत
266		राजकीय होम्योपैथिक औषधालय, गुदरी
267		राजकीय यूनानी औषधालय, खुदपोश
268		जिला संयुक्त औषधालय
269		जिला संयुक्त औषधालय (आयुर्वेदिक)
270	बोकारो	जिला संयुक्त औषधालय (होम्योपैथी)
271		जिला संयुक्त औषधालय (यूनानी)
272		एचएससी झिरकी



क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
273		एचएससी टुस्को
274		एचएससी भास्की
275		एचएससी चपरी
276		एचएससी अर्गामो
277		एचएससी ऑर्डाना
278		एचएससी अंबाटोला
279		एचएससी पार्टर
280		एचएससी दानिया
281		एचएससी किमोजोरिया
282		एचएससी हजारी
283		एचएससी धंदाबार
284		एचएससी तंत्री
285		एचएससी बोरियाबस्ती
286		एचएससी चार्जी
287		एचएससी खमरबेन्डी
288		एचएससी कुरुम्बरा
289		जिला संयुक्त औषधालय
290		जिला संयुक्त औषधालय (आयुर्वेदिक)
291		जिला संयुक्त औषधालय (होम्योपैथी)
292		जिला संयुक्त औषधालय (यूनानी)
293		एचएससी गेरूआ
294		एचएससी रुध
295	चतरा	एचएससी सिनवारी बधार
296		एचएससी गंगपुर
297		एचएससी घांघरी
298		एचएससी चाँप
299		एचएससी कुमारंग
300		एचएससी मिसरोल
301		एचएससी मयूरहंड

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
302		एचएससी टिकार
303		जिला संयुक्त औषधालय
304		जिला संयुक्त औषधालय (आयुर्वेदिक)
305		जिला संयुक्त औषधालय (होम्योपैथी)
306		जिला संयुक्त औषधालय (यूनानी)
307		एचएससी कुश्मिल
308		एचएससी चांदडीह ।
309		एचएससी बसबरिया
310		एचएससी ताभाघाट
311		एचएससी बालमपुर
312		एचएससी जेसियाडीह
313		एचएससी महुआतानर
314		एचएससी मुरलीपहाड़ी
315		एचएससी भालगढ़
316	देवगढ़	एचएससी पंडानिया
317		एचएससी धोबना
318		एचएससी साल्टर
319		एचएससी भोरंडीहा
320		एचएससी जयंतीग्राम
321		एचएससी लालपुर
322		एचएससी नागदाह
323		एचएससी झिल्लीघाट
324		एचएससी मलहरा
325		एचएससी एसएनए
326		एचएससी दुबराजपुर
327		एचएससी सारसा
328		एचएससी नगरिया नवादिह
329		एचएससी डुमडुमी
330		एचएससी सुखजोरा

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
331		एचएससी बरदेही
332		एचएससी सिरसा ज्ञानडीह
333		एचएससी रोशन
334		एचएससी मधुबन
335		एचएससी बिंझा
336		जिला संयुक्त औषधालय
337		जिला संयुक्त औषधालय (आयुर्वेदिक)
338		जिला संयुक्त औषधालय (होम्योपैथी)
339		जिला संयुक्त औषधालय (यूनानी)
340		एचएससी सदरियाडीह
341		एचएससी कुसबेरिया
342		एचएससी शीतलपुर
343		एचएससी पांडेडीह
344		एचएससी कडालगा
345		एचएससी तिलैया
346		एचएससी बस्ताकोला
347	धनबाद	एचएससी अम्बोना
348		एचएससी बादलपुर
349		एचएससी कबीरडीह
350		एचएससी गुंघासा
351		एचएससी खेरियो
352		एचएससी प्रतापपुर
353		एचएससी उपचुरिया
354		एचएससी नागरीकला
355		एचएससी बेगनरिया
356		एचएससी कैलीयासोल
357		एचएससी नवाटंड
358		एचएससी लोयाडीह
359		एचएससी कोलाकुसमा

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
360	दुमका	जिला संयुक्त औषधालय
361		जिला संयुक्त औषधालय (आयुर्वेदिक)
362		जिला संयुक्त औषधालय (होम्योपैथी)
363		जिला संयुक्त औषधालय (यूनानी)
364		एचएससी कोरिया
365		एचएससी मोर्टांगा
366		एचएससी जामडाली
367	पूर्वी सिंहभूम	जिला संयुक्त औषधालय
368		जिला संयुक्त औषधालय (आयुर्वेदिक)
369		जिला संयुक्त औषधालय (होम्योपैथी)
370		जिला संयुक्त औषधालय (यूनानी)
371		एचएससी रायपहाड़ी
372		एचएससी नेत्रा
373		एचएससी गोरडीह
374		एचएससी संग्राम
375		एचएससी जल्ला
376		एचएससी धुसरा
377		एचएससी हुरलुंग
378		एचएससी कालिकापुर
379	एचएससी डारिसोला	
380	गढ़वा	जिला संयुक्त औषधालय
381		जिला संयुक्त औषधालय (आयुर्वेदिक)
382		जिला संयुक्त औषधालय (होम्योपैथी)
383		जिला संयुक्त औषधालय (यूनानी)
384		एचएससी बनखेता सीसरी
385		एचएससी चौरिया
386		एचएससी माझिगावॉन
387		एचएससी मुकुंदपुर
388		एचएससी राजजी

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
389		एचएससी खुटिया
390		एचएससी केटामा
391		एचएससी कल्याणपुर
392		एचएससी टोरी
393		एचएससी झूरा
394		एचएससी बेलचम्पा
395		एचएससी पचपरवा
396		एचएससी अनराज नवादिह
397		एचएससी हरदाग कला
398		एचएससी संघबारिया
399		एचएससी बलेखर
400		एचएससी ओखरगरा
401		एचएससी दंडई
402		एचएससी कुम्बा
403		एचएससी चित्त विश्राम
404		एचएससी तुलसीदामार
405		एचएससी बिसुनपुरा
406		एचएससी जटपुरा
407		एचएससी कोइंडी
408		एचएससी बीटा
409		एचएससी कंजिया
410		एचएससी संग्राहे
411		जिला संयुक्त औषधालय
412		जिला संयुक्त औषधालय (आयुर्वेदिक)
413		जिला संयुक्त औषधालय (होम्योपैथी)
414	गिरिडीह	जिला संयुक्त औषधालय (यूनानी)
415		एचएससी यूआरआरओ
416		एचएससी मुंड्रो
417		एचएससी खेतको

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम	
418		एचएससी बागोडीह	
419		एचएससी खेसखरी	
420		एचएससी धारगुली	
421		एचएससी कोयरीडीह	
422		एचएससी घुटिया पेशरा	
423		एचएससी केशवरी	
424		एचएससी भवरडीह	
425		एचएससी कर्णपुरा	
426		एचएससी झलकडीहा	
427		एचएससी छोटाकी खड़गडीह	
428		एचएससी सतीबाद	
429		एचएससी हरलाडीह	
430		एचएससी भट्टसिंहमोर	
431		एचएससी नागरी	
432		एचएससी रोशनतुंडा	
433		गोड्डा	जिला संयुक्त औषधालय
434			जिला संयुक्त औषधालय (आयुर्वेदिक)
435			जिला संयुक्त औषधालय (होम्योपैथी)
436			जिला संयुक्त औषधालय (यूनानी)
437			एचएससी बड़ा तेलो
438			एचएससी भालगोरा
439			एचएससी दुबरा
440			एचएससी राहरबरिया
441			एचएससी राजबंध
442	एचएससी सुंदरमारा		
443	एचएससी भैरा		
444	एचएससी सरोटिया		
445	एचएससी मखानी		
446	एचएससी कथनई		

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
447		एचएससी गंगटा
448		एचएससी सैदापुर
449		एचएससी धामसाई
450		एचएससी लुकलुकी
451		एचएससी सिकटिया
452		एचएससी निपनिया
453		एचएससी पंधुबथान
454		एचएससी रामला
455		एचएससी मधुरा
456		एचएससी लक्ष्मीपुर
457		एचएससी कोरका
458		एचएससी बरियाहा
459		एचएससी बेलसर
460		एचएससी अमरपुर
461		एचएससी पिंडराहाट
462		एचएससी गुम्मा
463		एचएससी बांका
464		एचएससी गेचहैंड
465		जिला संयुक्त औषधालय
466		जिला संयुक्त औषधालय (आयुर्वेदिक)
467		जिला संयुक्त औषधालय (होम्योपैथी)
468		जिला संयुक्त औषधालय (यूनानी)
469		एचएससी साकेया
470	गुमला	एचएससी तलेसेरा
471		एचएससी जॉबभीपैट
472		एचएससी जोरी
473		एचएससी मंजीरा
474		एचएससी बुक्मा
475		एचएससी कंडापथ

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
476		एचएससी बाराडीह
477		एचएससी डुमरला
478		एचएससी कुटुमा
479		एचएससी बिरकेरा
480		एचएससी गुमरा
481		एचएससी पोकला
482		एचएससी केमटे
483		एचएससी रतासिली
484		एचएससी सरुबेरा
485		एचएससी हाफू
486		एचएससी पाकरटोली
487		एचएससी डोम्बा
488		एचएससी लासरा
489		जिला संयुक्त औषधालय
490		जिला संयुक्त औषधालय (आयुर्वेदिक)
491		जिला संयुक्त औषधालय (होम्योपैथी)
492		जिला संयुक्त औषधालय (यूनानी)
493		एचएससी गरु कुर्हा
494		एचएससी करियातपुर
495		एचएससी पंचमाधव
496	हजारीबाग	एचएससी भंडारा
497		एचएससी गोसाई बलिया
498		एचएससी जरजारा
499		एचएससी जामसोती
500		एचएससी होलांग
501		एचएससी हेसालोंग
502		एचएससी चंदवार
503		एचएससी धरमपुर
504		एचएससी मोरांगी



क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
505		एचएससी उड़िया
506		एचएससी सिंदूर
507		एचएससी बभनाबाई
508		एचएससी मैडमो
509		एचसीएस चलकरी
510		एचएससी टाटीझरिया
511		एचएससी दानुआ
512		एचएससी टिटाही
513		एचएससी वेधाना
514		एचएससी ददिघाघर
515		एचएससी देवकुली
516		एचएससी जर्गा
517		एचएससी अलोंजा
518		एचएससी दंतोखुर्द
519		एचएससी मंडई
520		एचएससी बेल्टू
521		एचएससी बुंडू
522		एचएससी कंडावर
523		एचएससी सालगा
524		एचएससी गोपाडा
525		जिला संयुक्त औषधालय
526		जिला संयुक्त औषधालय (आयुर्वेदिक)
527		जिला संयुक्त औषधालय (होम्योपैथी)
528		जिला संयुक्त औषधालय (यूनानी)
529	जामताड़ा	एचएससी नवाइकुल
530		एचएससी दक्षिणबहाल
531		एचएससी सहजपुर
532		एचएससी बंदाजुरिया
533		एचएससी मेजिया

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
534		एचएससी निजकाजरा
535		एचएससी शंकरपुर
536		एचएससी बावनबंधी
537		एचएससी तुलसीचक
538		एचएससी भुली
539		एचएससी गेरिया
540		एचएससी लोकानिया
541		एचएससी रूपडीह
542		एचएससी शिमला
543		खूंटी
544	जिला संयुक्त औषधालय (आयुर्वेदिक)	
545	जिला संयुक्त औषधालय (होम्योपैथी)	
546	जिला संयुक्त औषधालय (यूनानी)	
547	एचएससी बिंगाओन	
548	एचएससी चारिड	
549	एचएससी कोटना	
550	एचएससी बिकुआडाग	
551	एचएससी बिंदा	
552	एचएससी गुल्लू	
553	एचएससी उलिहातु	
554	एचएससी जरियाघर	
555	एचएससी बीआईआरडीए	
556	एचएससी हुसिर	
557	एचएससी परसु	
558	एचएससी नालोम	
559	एचएससी सेनेगुट्ट	
560	एचएससी जोजोहातु	
561	एचएससी चापी	
562	एचएससी मरंगहाडा	

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
563		एचएससी सिरका
564		एचएससी आरा
565		एचएससी इंडिपिडी
566		एचएससी एचा
567		जिला संयुक्त औषधालय
568		जिला संयुक्त औषधालय (आयुर्वेदिक)
569		जिला संयुक्त औषधालय (होम्योपैथी)
570		जिला संयुक्त औषधालय (यूनानी)
571		एचएससी कांति
572		एचएससी हिरोदिह
573		एचएससी चंद्रोडीह
574		एचएससी चेचाई
575	कोडरमा	एचएससी मेघातारी
576		एचएससी ढाब
577		एचएससी जेरुआडीह
578		एचएससी गझंडी
579		एचएससी बेन्डी
580		एचएससी नवलसाही
581		एचएससी मस्मोहना
582		एचएससी चोपनाडीह
583		एचएससी राजावर
584		जिला संयुक्त औषधालय
585		जिला संयुक्त औषधालय (आयुर्वेदिक)
586		जिला संयुक्त औषधालय (होम्योपैथी)
587		जिला संयुक्त औषधालय (यूनानी)
588	लातेहार	एचएससी बरवैया
589		एचएससी अक्सी
590		एचएससी तरवाडीह
591		एचएससी बालू

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
592		एचएससी भागेया
593		एचएससी हेमपुर
594		एचएससी मुरुप
595		एचएससी केंड
596		एचएससी सेन्हा
597		एचएससी नगर
598		एचएससी हेसला
599		एचएससी पिपरा
600		जिला संयुक्त औषधालय
601		जिला संयुक्त औषधालय (आयुर्वेदिक)
602		जिला संयुक्त औषधालय (होम्योपैथी)
603		जिला संयुक्त औषधालय (यूनानी)
604		एचएससी उदरांगी
605		एचएससी पतरातू
606		एचएससी जोवांग
607		एचएससी हेसापिरी
608		एचएससी बीयूटीआई
609		एचएससी जिंगी
610	लोहरदगा	एचएससी गितिलगढ़
611		एचएससी बालसोटा
612		एचएससी मासमानो
613		एचएससी मालंगटोली
614		एचएससी सेमारडीह
615		एचएससी मक्का
616		एचएससी सलैया
617		एचएससी साल्गी
618		एचएससी मकान्दु
619		एचएससी नागज्वा
620		एचएससी गुरी

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
621	पाकुर	जिला संयुक्त औषधालय
622		जिला संयुक्त औषधालय (आयुर्वेदिक)
623		जिला संयुक्त औषधालय (होम्योपैथी)
624		जिला संयुक्त औषधालय (यूनानी)
625		एचएससी फुलझिंझरी
626	पलामू	जिला संयुक्त औषधालय
627		जिला संयुक्त औषधालय (आयुर्वेदिक)
628		जिला संयुक्त औषधालय (होम्योपैथी)
629		जिला संयुक्त औषधालय (यूनानी)
630		एचएससी अंधारीबाग
631		एचएससी नावा
632		एचएससी बिन्दुआ
633		एचएससी घर्तिया
634		एचएससी दिहारिया
635		एचएससी सिगसिगी
636		एचएससी सलातुआ
637		एचएससी रामगढ़
638		एचएससी पथरा
639		एचएससी हुटार
640		एचएससी मंझौली
641		एचएससी अंताकला
642		एचएससी गुलाबझारी
643		एचएससी चपरवार
644		एचएससी सरायडीह
645		एचएससी पिंडराही
646		एचएससी अरारुआकला
647		एचएससी बिशुनपुर
648		एचएससी बिश्रामपुर
649		एचएससी चंदा ढाब

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
650		एचएससी खडगपुर
651		एचएससी सोनबे
652		एचएससी खौआखोह
653		एचएससी बैरिया
654		एचएससी सिंगराकला
655		एचएससी बरहलोटा
656		एचएससी चियांकी
657		एचएससी कंडू मोहल्ला
658		एचएससी महाराजा
659		एचएससी जेन्था
660		एचएससी धवाडीह
661		एचएससी नवाडीह बहेरा
662		एचएससी चांपी
663		एचएससी नवागढ़
664		एचएससी टाटिडिरी
665		एचएससी किशुनपुर
666		जिला संयुक्त औषधालय
667		जिला संयुक्त औषधालय (आयुर्वेदिक)
668		जिला संयुक्त औषधालय (होम्योपैथी)
669		जिला संयुक्त औषधालय (यूनानी)
670		एचएससी निम्मी
671		एचएससी मुरपा
672	रामगढ़	एचएससी सुथारपुर
673		एचएससी हापुआ
674		एचएससी सोमदिमरा
675		एचएससी टेरपा (पालू)
676		एचएससी कुजू
677		एचएससी जमीरा
678		एचएससी देवरिया

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
679		एचएससी राजरप्पा (हेसापोरा)
680		एचएससी बंजी
681		एचएससी जोराकर्म
682		एचएससी पीरी
683		एचएससी भुभाई
684		एचएससी नेमरा
685		एचएससी बेतुलकलां
686		एचएससी पूरबडीह
687		एचएससी फुलसराय
688		एचएससी एडला
689		एचएससी कुशियारा
690		एचएससी लाडी
691		एचएससी जुमरा
692		एचएससी लारी
693		एचएससी सोसो
694	रांची	जिला संयुक्त औषधालय
695		जिला संयुक्त औषधालय (आयुर्वेदिक)
696		जिला संयुक्त औषधालय (होम्योपैथी)
697		जिला संयुक्त औषधालय (यूनानी)
698	साहिबगंज	जिला संयुक्त औषधालय
699		जिला संयुक्त औषधालय (आयुर्वेदिक)
700		जिला संयुक्त औषधालय (होम्योपैथी)
701		जिला संयुक्त औषधालय (यूनानी)
702		एचएससी बिशनपुर
703		एचएससी चांदीपुर
704		एचएससी केलाबारी
705		एचएससी मालिन
706		एचएससी शिरम चौकी
707		Saraikele-Kharsawan

क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम	
708		जिला संयुक्त औषधालय (आयुर्वेदिक)	
709		जिला संयुक्त औषधालय (होम्योपैथी)	
710		जिला संयुक्त औषधालय (यूनानी)	
711		एचएससी सुरसी	
712		एचएससी घाटिडुलमी	
713		एचएससी सिदाडीह	
714		एचएससी खूटी	
715		एचएससी बड़ाकांकडा	
716		एचएससी गंजिया	
717		एचएससी बांसा	
718		एचएससी डुमरा	
719		एचएससी जुमाल	
720		सिमडेगा	जिला संयुक्त औषधालय
721			जिला संयुक्त औषधालय (आयुर्वेदिक)
722			जिला संयुक्त औषधालय (होम्योपैथी)
723			जिला संयुक्त औषधालय (यूनानी)
724			एचएससी सोकोर्ला
725			एचएससी खूटीटोली
726			एचएससी एला
727	एचएससी बेसन		
728	एचएससी तुकुपानी		
729	एचएससी कर्रामुंडा		
730	एचएससी करीमति		
731	एचएससी सरायपानी		
732	एचएससी बोंगेरा		
733	एचएससी आयडेगा		
734	पश्चिमी सिंहभूम		जिला संयुक्त औषधालय
735		जिला संयुक्त औषधालय (आयुर्वेदिक)	
736		जिला संयुक्त औषधालय (होम्योपैथी)	



क्र.सं.	जिले का नाम	अनुमोदित आयुष स्वास्थ्य एवं कल्याण केन्द्रों का नाम
737		जिला संयुक्त औषधालय (यूनानी)
738		एचएससी कालीमाटी
739		एचएससी बालंदिया
740		एचएससी लुपुंगुट
741		एचएससी धोबाधोबिन
742		एचएससी कोकचो
743		एचएससी बूटा
744		एचएससी परमपंचो
745		एचएससी चिरोमाथा

### IMPORT DEPENDENCY OF FERTILIZERS

#### 3034. SHRI MADDILA GURUMOORTHY:

#### SHRI P. V. MIDHUN REDDY:

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

- (a) whether Urea imports consisted of 7.6 million metric tons (mt) in 2022-23 with even domestically produced Urea heavily relying of imported natural gas, if so, the details thereof including the measures that have been taken to reduce urea imports;
- (b) whether the Government has looked into developing alternative feedstocks and raw materials as India's fertilizer sector continues to be dependent on imports of natural gas, ammonia and fertilizers;
- (c) if so, the details thereof;

(d) whether the Government has taken any action towards the recommendations made by Standing Committee on Chemicals and Fertilizers which included establishing long-term agreements for import of fertilizers' raw materials or setting up joint venture plants in countries rich in fertilizer's raw materials with buy-back arrangements to ensure self-reliance' 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): Yes, 7.58 Million Metric Tonnes of Urea was imported during 2022-23.

As regards the steps taken to reduce Urea import, the Government had announced New Investment Policy (NIP) – 2012 on 2<sup>nd</sup> January, 2013 and its amendment on 7<sup>th</sup> October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has

installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production of 76.2 LMTPA thereby total production urea production capacity has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA at present.

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

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

Accordingly, the import of Urea has been reduced from 75.80 LMT in 2022-23 to 70.42 LMT in 2023-24.

(b) and (c): Government mandated revival of Talcher Fertilizer unit through formation of a JVC of nominated PSUs named Talcher Fertilizers Ltd. (TFL) for setting up Ammonia urea plant of 12.7 LMT per annum capacity based on coal gasification technology. On completion of the project, the production of urea in the country will increase by 12.7 LMTPA and will assist in maximizing the indigenous production of Urea and provide security in feedstock supply as a coal would be sourced domestically and providing alternate route of urea production to diversify

the feedstock risk in the sector. This will also reduce the dependency on urea imports and import of natural gas leading to savings in foreign exchange and maximizing indigenous urea production.

In so far as PandK Sector is concerned, Potash derived from Molasses (PDM) has been inducted under Nutrient Based Subsidy (NBS) Scheme as an alternative to Muriate of Potash (MOP), which is totally imported.

(d) and (e): The Government of India has been actively engaging with countries rich in fertilizer raw materials to explore long-term agreements for the import of raw materials or the establishment of joint venture fertilizer plants under buy-back arrangements.

To achieve this, the Government has facilitated the establishment of several Long-Term Agreements (LTAs) between Indian companies and foreign companies in fertilizer rich countries.

Additionally, the India fertilizer companies have also formed Joint venture in fertilizer-rich nations, such as Oman India Fertilizer Company (OMIFCO) in Oman, Industries Chimiques Du Senegal (ICS) in Senegal, and Jordan India Fertilizers Company (JIFCO) in Jordan.

## **DEVELOPMENT OF PORTS IN TAMIL NADU**

### **3035. SHRI MALAIYARASAN D.:**

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

- (a) whether the Government has identified ports for development in Tamil Nadu under the Sagarmala Pariyojana;
- (b) if so, the details of ports that have been identified and projects that are being taken up for upgradation of the identified ports;
- (c) the amount of funds sanctioned, approved, released and spent so far for the said project; and
- (d) the time by which upgradation of the said ports are likely to commence?

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

(a) to (d) The Sagarmala is the flagship Central Sector Scheme of the Ministry of Ports, Shipping and Waterways to promote port-led development in the country through harnessing India's 7,500 km long coastline, 14,500 km of potentially navigable waterways and strategic location on key international maritime trade routes. Under Sagarmala Scheme, Ministry provide financial assistance to State Governments / UTs for Port infrastructure projects, Coastal berth projects, Road and Rail projects, fish harbours, skill development projects, Coastal community development, International standard cruise terminal and unique and innovative projects such as Ro-Pax ferry services etc. The details of number of projects, funds sanctioned and funds released in the state of Tamil Nadu is given in the enclosed at **Statement**.

**STATEMENT****Details of number of projects, funds sanctioned and project status in the state of Tamil Nadu**

<b>Sr No</b>	<b>Name of Project</b>	<b>Impleme nting Agency</b>	<b>Status</b>	<b>Project Cost (Rs. Cr)</b>	<b>Funds Sanction ed (Rs. Cr.)</b>	<b>Fund Release d (Rs. Cr.)</b>
1.	Creation of Berthing facilities for tourist vessels at Agni Theertham, Tamil Nadu	Tamil Nadu Maritime Board	Under Impleme ntation	7.81	7.81	1.52
2.	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V.O. Chidambaranar	V. O. Chidamb aranar Port Authority	Comple ted	25.00	10.00	10.00
3.	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT -length 150m at VoCPT	V. O. Chidamb aranar Port Authority	Comple ted	36.00	30.00	30.00
4.	Coastal Cargo Berth at ChPT	Chennai Port Authority	Comple ted	80.00	30.00	30.00
5.	Construction of Breakwater both in North and South side of entrance channel- Berth-1- Berth-2 and Capital Dredging at Cuddalore Port -From entrance channel till cargo berths	Tamil Nadu Maritime Board	Comple ted	135.00	67.50	67.50

Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
6.	Development of paved storage yard at Chennai Port for handling export cargo	Chennai Port Authority	Completed	54.00	25.73	25.73
7.	Construction of Bunker berth at Chennai Port	Chennai Port Authority	Completed	44.00	22.00	22.00
8.	Construction of a fishing harbour at Poompuharin Nagapattinam District in Tamil Nadu	Fisheries Department, GoTN	Completed	148.00	37.00	37.00
9.	Expansion of fishing harbour at Chinnamuttomin Kanyakumari District in Tamil Nadu	Fisheries Department, GoTN	Completed	74.00	18.38	18.38
10.	Coastal Districts Skill Development Program - Phase I -Tamil Nadu	Ministry of Rural Development (DDU-GKY)	Completed	2.94	2.94	1.47
11.	Construction of widening the Korampallam Surplus course bridge and rail over bridge -RoB including widening of road from western boundary to TTPS	V. O. Chidambaranar Port Authority	Completed	42.00	20.00	20.00
12.	Dredging the dock basin for coastal cargo berth at VOCPT -Dredging in	V. O. Chidambaranar	Completed	98.00	20.88	20.88

Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
	front of dedicated coastal berth	Port Authority				
13.	National Technology Center for Ports-Waterways and Coasts - New Campus	IIT Chennai	Completed	77.03	39.67	39.67
14.	Coastal Districts Skill Development Program - Phase 2 -Tamil Nadu	Ministry of Rural Development (DDU-GKY)	Under Implementation	10.67	10.67	2.42
15.	Fishing harbor at Mookaiyur in Ramanathapuram district in Tamil Nadu	Fisheries Department, GoTN	Completed	113.90	28.48	28.48
16.	Fishing harbour at Kuthakal, Kunthukul -TN	Fisheries Department, GoTN	Completed	74.00	18.50	16.65
17.	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to Thiruvalluvur statue	Tamil Nadu Maritime Board	Under Implementation	31.05	15.53	12.42
18.	Modernisation of Chennai Fishing Harbour Project	Chennai Port Authority	Under Implementation	99.85	49.93	0.00
19.	Creation of additional berthing facilities at VilloondiTheertham, Tamil Nadu	Tamil Nadu Maritime Board	Under Implementation	3.66	3.66	0.73



Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
20.	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-II) in Chennai Port Authority	Chennai Port Authority	Under Implementation	52.85	39.42	37.44
21.	Upgradation of Nagapattinam Port Infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)	Tamil Nadu Maritime Board	Under Development	10.47	10.47	0.00
22.	Extension of passenger berthing facility at Kanyakumari Port	Tamil Nadu Maritime Board	Under Implementation	20.00	10.00	4.94

### उस्मानाबाद में आयुष्मान भारत योजना

**3036. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:**

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

(क) आयुष्मान भारत योजना की वर्तमान स्थिति क्या है और महाराष्ट्र राज्य के उस्मानाबाद (धाराशिव) जिले के कितने नागरिक इस योजना के पात्र हैं;

(ख) वर्ष 2020-2024 के दौरान उक्त जिले में उक्त योजना के अंतर्गत लाभार्थियों की वर्षवार संख्या कितनी है;

(ग) आकांक्षी जिलों में आयुष्मान भारत योजना के अंतर्गत स्वास्थ्य को बढ़ावा देने के लिए क्या कदम उठाए गए हैं;

(घ) उक्त योजना के अंतर्गत किन-किन बीमारियों का निःशुल्क उपचार किया जाता है;

(ङ) महाराष्ट्र राज्य में आयुष्मान भारत योजना के अंतर्गत कैंसर, एचआईवी और हृदय रोग का निःशुल्क उपचार प्रदान करने वाले पैनलबद्ध अस्पतालों/औषधालयों का जिलावार ब्यौरा क्या है;

(च) आयुष्मान भारत योजना के अंतर्गत अभिघात के रोगियों को उनके उपचार के लिए प्रदान की गई वित्तीय सहायता का ब्यौरा क्या है;

(छ) आयुष्मान भारत योजना के अंतर्गत आकांक्षी जिलों में समग्र स्वास्थ्य में सुधार लाने के लिए किए गए विशेष प्रावधानों का ब्यौरा क्या है; और

(ज) उस्मानाबाद (धाराशिव) संसदीय निर्वाचन क्षेत्र में उक्त योजना के अंतर्गत कितने अस्पतालों/औषधालयों को शामिल किया गया 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) भारत की आबादी के आर्थिक रूप से कमजोर निचले 40% हिस्से का गठन करने वाले 12.37 करोड़ परिवारों के लगभग 55 करोड़ लाभार्थियों को द्वितीयक और विशिष्ट परिचर्या हेतु अस्पताल में भर्ती होने पर प्रति परिवार प्रति वर्ष 5लाख रुपये का स्वास्थ्य कवर प्रदान करती है।

महाराष्ट्र राज्य के उस्मानाबाद (धाराशिव) जिले में, कुल 2.71 लाख लाभार्थी परिवारके 12.35 लाख व्यक्ति इस योजना के तहत स्वास्थ्य सेवा लाभ प्राप्त करने हेतु पात्र हैं।

(ख): महाराष्ट्र के धाराशिव जिले में योजना के तहत स्वास्थ्य सेवा लाभ प्राप्त करने वाले लाभार्थियों की संख्या का वर्ष-वार विवरण निम्नानुसार है:

वर्ष	अस्पताल में भर्ती होने वालों की संख्या
2019-20	3063
2020-21	3556
2021-22	4925
2022-23	4950
2023-24	5973

(ग) से (छ): देश भर में, विशेष रूप से आकांक्षी जिलों में योजना के कार्यान्वयन की बारीकी से निगरानी की जाती है। आकांक्षी जिलों के अस्पतालों के संबंध में प्रदान किए गए उपचार के लिए 10% का अतिरिक्त प्रोत्साहन भी है। इसके अलावा, राज्यों/संघ राज्य क्षेत्रों को लाभार्थियों के लिए पर्याप्त संख्या में स्वास्थ्य परिचर्या सुविधाओं को सुनिश्चित करने के लिए आकांक्षी जिलों में अस्पतालों के लिए पैनलबद्धता मानदंडों में ढील देने की छूट दी गई है। आकांक्षी जिलों के लाभार्थी योजना के तहत पोर्टेबिलिटी सुविधा का उपयोग करके मुंबई, नई दिल्ली आदि जैसे महानगरों के प्रमुख अस्पतालों से भी सेवाएं प्राप्त कर सकते हैं।

नवीनतम स्वास्थ्य लाभ पैकेज (एचबीपी 2022) के अनुसार, इस योजना में लाभार्थियों के लिए 27 विशेषज्ञताओं में कुल 1,961 प्रक्रियाएं उपलब्ध हैं। इसके अलावा, राज्यों/ संघ राज्य क्षेत्रों को राष्ट्रीय स्वास्थ्य पैकेज मास्टर के अलावा राज्य-विशिष्ट पैकेज जोड़ने और स्थानीय आवश्यकता के अनुसार पैकेज की लागत को बदलने की छूट दी गयी है। एबी-पीएमजेएवाई का राष्ट्रीय स्वास्थ्य पैकेज मास्टर निम्नलिखित लिंक पर उपलब्ध है:

<https://pmjay.gov.in/sites/default/files/2022-10/HBP%202022.pdf>

एबी-पीएमजेएवाई के अंतर्गत पैनलबद्ध अस्पतालों का विशेषज्ञता-वार विवरण निम्नलिखित लिंक के माध्यम से प्राप्त किया जा सकता है:

<https://hospitals.pmjay.gov.in/Search/empnlWorkFlow.htm?actionFlag=ViewRegisteredHosptlNew>

एबी-पीएमजेएवाई योजना के अंतर्गत पॉलीट्रॉमा विशेषज्ञता में 21 प्रक्रियाएँ प्रदान करता है।

(ज): अस्पताल को पैनलबद्ध करना एक सतत प्रक्रिया है और किसी एक 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। 10.12.2024 तक, महाराष्ट्र के उस्मानाबाद जिले में कुल 25 अस्पतालों को इस योजना के अंतर्गत पैनलबद्ध किया गया है।

### USE OF GENERIC MEDICINES

#### 3037. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- (a) whether the Government has promoted the use of generic medicines through the Jan Aushadhi Kendras under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) to provide affordable healthcare options to citizens;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) the details of the impact of these steps on healthcare affordability;
- (d) the number of beneficiaries under PM-JAY, State-wise along with the amount of out-of-pocket expenditure saved as a result of the scheme; and
- (e) whether the regulation of drug prices by the NPPA has helped in reducing the cost of critical medicines, particularly for chronic diseases and if so, the details thereof?

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

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

It is estimated that on a daily basis 10-12 lakhs consumers buy medicines from more than 14300 Jan Aushadhi Kendras spread across the country. In last 10 years, sales of medicines worth Rs. 6462.00 crore have been made through JAKs, which has led to estimated savings of Rs. 30,000 crore to the citizens as compared to the branded medicines.

(d): As informed by National Health Authority, Ministry of Health and Family Welfare, Ayushman Bharat Pradhan Mantri - Jan ArogyaYojana (AB PM-JAY) is a flagship scheme of the Government which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to

approximately 55 crore beneficiaries corresponding to 12.37 crore families constituting economically vulnerable bottom 40% of India's population. As on 30<sup>th</sup> November 2024, approximately 36 crore Ayushman Cards have been created under AB PM-JAY. Further, 8.39 crore hospital admissions worth over Rs. 1.16 lakh crore have been authorized under the scheme. The cost of treatment under PM-JAY benefits from the economies of scale and the concept of pre-defined bundled package rate. Accordingly, it is estimated that if these treatments would have been availed by the beneficiaries in the open market, they would have spent at least 1.5-2 times more than the hospital admission costs under PM-JAY. Thus, there has been significant Out-of-Pocket-Expenditure (OOPE) saving for beneficiaries related to hospitalization costs. State-wise number of eligible beneficiary families under AB PM-JAY is given in the enclosed **Statement**.

(e): National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals (DoP) fixes the ceiling price of medicines included in Schedule-I to the Drugs (Prices Control) Order, 2013 (DPCO, 2013). The medicines under Schedule-I of DPCO 2013 are mentioned according to their therapeutic category. Critical medicines or medicines used for chronic diseases are not specifically mentioned in Schedule-I. All manufacturers of scheduled medicines have to sell their products within the ceiling price (plus applicable Goods and Service Tax) fixed by the NPPA. In case of non-scheduled formulations, a manufacturer is at liberty to fix the Maximum Retail Price (MRP) of the drugs

launched by it. However, as per the DPCO 2013, no manufacturer can increase MRP of non-scheduled drug by more than 10% during preceding 12 months.

As on 11.12.2024, Ceiling Prices of 926 scheduled formulations have been fixed by NPPA of which ceiling prices of 742 are fixed/ refixed under National List of Essential Medicines (NLEM), 2022. The average price reduction due to refixation of prices under NLEM, 2022 is about 16.82%. Further, as on 11.12.2024, Retail Price of approx. 3,046 new drugs, as defined in DPCO 2013, have been fixed by NPPA for the applicant manufacturer. In addition, the NPPA has taken other measures to regulate the prices of drugs using special provisions under Para 19 of DPCO, 2013 which *inter alia* include the following:

- (i) In 2014, NPPA capped the MRP of 106 non-scheduled diabetic and cardiovascular drugs under Para 19 of DPCO 2013 which includes 22 diabetic and 84 cardiovascular drugs. This resulted in annual savings of Rs. 350 Crore approximately to the patients.
- (ii) Trade Margin of non-scheduled formulations of 42 select Anti-cancer medicines capped under "Trade Margin Rationalization", wherein prices of above 500 brands of medicines were reduced by average around 50 percent. This resulted into annual saving of approximately Rs. 984 crore to the patients.
- (iii) As a patient centric measure, ceiling price of Orthopaedic Knee Implants were fixed in August 2017.

(iv) Price of Oxygen Concentrators, Pulse Oximeter, Blood Pressure Monitoring Machine, Nebulizer, Digital Thermometer and Glucometer were capped under “Trade Margin Rationalization” approach in June 2021 and July 2021. This led to annual savings to the consumers of around Rs. 1000 crore.

The details of prices fixed by NPPA is available on the website of NPPA i.e.

[www.nppaindia.nic.in](http://www.nppaindia.nic.in).

### **STATEMENT**

<b>State/UT- wise number of eligible families under AB PM-JAY</b>	
<b>Name of State/UT</b>	<b>Number of Eligible Families</b>
Andaman And Nicobar Islands	23,785
Andhra Pradesh	61,47,562
Arunachal Pradesh	98,844
Assam	30,03,069
Bihar	1,21,10,525
Chandigarh	79,226
Chhattisgarh	41,44,847
DNH and DD	47,578
Delhi	6,54,041
Goa	41,098
Gujarat	49,85,484
Haryana	17,24,837
Himachal Pradesh	5,32,396
Jammu And Kashmir	6,70,010
Jharkhand	31,18,620



Karnataka	69,01,440
Kerala	23,97,610
Ladakh	12,120
Lakshadweep	1,628
Madhya Pradesh	93,27,963
Maharashtra	93,05,910
Manipur	3,07,908
Meghalaya	3,85,708
Mizoram	2,16,584
Odisha	67,80,308
Nagaland	2,59,468
Puducherry	1,14,968
Punjab	16,65,113
Rajasthan	66,37,371
Sikkim	44,228
Tamil Nadu	86,48,748
Telangana	29,02,621
Tripura	5,49,554
Uttar Pradesh	1,31,23,662
Uttarakhand	5,97,682
West Bengal	1,24,37,482

राजस्थान उच्च न्यायालय में लंबित मामले

3038. श्री उम्मेदा राम बेनीवाल :

श्री हनुमान बेनीवाल :

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

- (क) राजस्थान उच्च न्यायालय में वर्तमान में कितने मामले विगत दस वर्षों से लंबित हैं ;
- (ख) क्या राजस्थान के लोग लंबित मामलों के कारण न्याय से वंचित रहे हैं ;
- (ग) यदि हां, तो इस पर सरकार की क्या प्रतिक्रिया है ;
- (घ) विगत पांच वर्षों के दौरान राजस्थान में कितने न्यायाधीश कार्यरत हैं ;
- (ङ) क्या सरकार का विचार पीड़ितों को न्याय प्रदान करने के लिए न्यायालयों की संख्या बढ़ाने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और
- (च) इस संबंध में अब तक क्या कदम उठाए गए हैं ?

**विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री**

**(श्री अर्जुन राम मेघवाल):**

- (क) : राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी) पर उपलब्ध जानकारी के अनुसार, वर्तमान में राजस्थान उच्च न्यायालय में पिछले दस वर्षों से लंबित मामलों की संख्या **1,05,312** है।
- (ख) और (ग) : लंबित मामलों का समयबद्ध तरीके से निपटान न्यायपालिका के विशेष अधिकार क्षेत्र में आता है। तथापि, सरकार न्यायपालिका द्वारा मामलों के शीघ्र निपटान और लंबित मामलों को कम करने के लिए एक पारिस्थितिकी तंत्र की सुविधा प्रदान करने के लिए प्रतिबद्ध है। सरकार ने 2011 में न्याय प्रदान करने और विधिक सुधारों के लिए राष्ट्रीय मिशन की स्थापना की, जिसका दोहरा उद्देश्य, प्रणाली में देरी और बकाया को कम करके पहुंच बढ़ाना तथा संरचनात्मक परिवर्तनों के माध्यम से जवाबदेही बढ़ाना एवं प्रदर्शन मानकों और क्षमताओं को निर्धारित करना है। मिशन, न्यायिक प्रशासन में बकाया और लंबित मामलों के चरणबद्ध परिसमापन के लिए एक समन्वित दृष्टिकोण अनुसरित करना है, जिसमें अन्य बातों के साथ-साथ कम्प्यूटरीकरण सहित न्यायालयों के लिए बेहतर अवसंरचना, अधीनस्थ न्यायपालिका की शक्ति में वृद्धि, अत्यधिक मुकदमेबाजी वाले क्षेत्रों में नीति

और विधायी उपाय, मामलों के त्वरित निपटान के लिए न्यायालयीय प्रक्रिया की पुनः इंजीनियरी और मानव संसाधन विकास पर जोर देना शामिल है।

(घ) : पिछले पांच वर्षों के दौरान राजस्थान में कार्यरत न्यायाधीशों की संख्या निम्नानुसार है:

राजस्थान उच्च न्यायालय में न्यायाधीशों की कार्यरत संख्या	01.01.2020 तक	01.01.2021 तक	01.01.2022 तक	01.01.2023 तक	09.12.2024 तक
	21	23	27	26	32
राजस्थान के जिला और अधीनस्थ न्यायालयों में न्यायाधीशों की कार्यरत संख्या	1120	1292	1274	1256	1313

(ड) और (च) : भारत के उच्चतम न्यायालय के मामले में, भारतीय संविधान के अनुच्छेद 130 में यह उपबंध है कि उच्चतम न्यायालय दिल्ली में या ऐसे अन्य स्थान या स्थानों में अधिविष्ट होगा, जिन्हें भारत के मुख्य न्यायमूर्ति राष्ट्रपति के अनुमोदन से समय-समय पर, नियत करें। ग्यारहवें विधि आयोग ने 1988 में प्रस्तुत "उच्चतम न्यायालय - एक नया दृष्टिकोण" शीर्षक वाली अपनी 125<sup>वीं</sup> रिपोर्ट में, उच्चतम न्यायालय को दो भागों में विभाजित करने के लिए दसवें विधि आयोग द्वारा अपनी 95<sup>वीं</sup> रिपोर्ट में की गई सिफारिशों को दोहराया, अर्थात् (i) दिल्ली में संवैधानिक न्यायालय और (ii) उत्तर, दक्षिण, पूर्व, पश्चिम और मध्य भारत में बैठने वाला अपील न्यायालय या संघीय न्यायालय होगा। अठारहवें विधि आयोग ने अपनी 229<sup>वीं</sup> रिपोर्ट में यह भी सुझाव दिया था कि दिल्ली में एक संवैधानिक पीठ स्थापित की जाए और उत्तरी क्षेत्र में दिल्ली, दक्षिणी क्षेत्र में चेन्नई/हैदराबाद, पूर्वी क्षेत्र में कोलकाता और पश्चिमी क्षेत्र में मुंबई में चार कैसेशन पीठ स्थापित की जाएं। यह मामला भारत के मुख्य न्यायमूर्ति को निर्दिष्ट किया गया, जिन्होंने सूचित किया कि मामले पर विचार करने के पश्चात्, 18 फरवरी, 2010 को आयोजित अपनी बैठक में पूर्ण न्यायालय ने पाया कि दिल्ली के बाहर उच्चतम न्यायालय की पीठों की स्थापना का कोई औचित्य नहीं है। राष्ट्रीय अपील न्यायालय की स्थापना पर रिट याचिका

डब्ल्यूपी(सी) संख्या 36/2016 में, उच्चतम न्यायालय ने अपने तारीख 13.07.2016 के निर्णय के माध्यम से उपर्युक्त मुद्दे को आधिकारिक घोषणा के लिए संवैधानिक पीठ को भेजना उचित समझा।  
**मामला उच्चतम न्यायालय में विचाराधीन है।**

उच्च न्यायालय के मामले में, जसवंत सिंह आयोग द्वारा की गई सिफारिशों और वर्ष 2000 की डब्ल्यूपी(सी) संख्या 379 में उच्चतम न्यायालय द्वारा सुनाए गए निर्णय के अनुसार तथा राज्य सरकार के प्रस्ताव पर उचित विचार-विमर्श करने के पश्चात् पीठों की स्थापना की जाती है। वर्तमान में, किसी भी उच्च न्यायालय में पीठों की स्थापना के लिए केंद्रीय सरकार के पास कोई प्रस्ताव लंबित नहीं है। मई 2014 से, आंध्र प्रदेश राज्य के लिए उच्च न्यायालय का गठन किया गया है और जलपाईगुड़ी में कलकत्ता उच्च न्यायालय की एक सर्किट पीठ की स्थापना की गई है।

जिला और अधीनस्थ न्यायालयों के मामले में, अधिक न्यायालयों की स्थापना करना संबंधित उच्च न्यायालय तथा संबंधित राज्य सरकार के अधिकार क्षेत्र में आता है।

## **HEALTH COVERAGE OF AYUSHMAN BHARAT**

### **3039. SUSHRI PRANITI SUSHILKUMAR SHINDE:**

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

- (a) the details on the current coverage and utilization of the Ayushman Bharat scheme across various States;
- (b) the total number of beneficiaries who have availed healthcare services under the scheme, State/UT-wise;
- (c) whether the Government has any plan to extend the scheme including OPD coverage; and
- (d) if so, the details thereof and if not, the reasons therefor?

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

(a) and (b): Ayushman Bharat- Pradhan Mantri Jan ArogyaYojana (AB-PMJAY) was launched on 23.09.2018 with an aim to provide health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to approximately 10.74 crore beneficiary families constituting the bottom 40% of India's population. AB-PMJAY is presently implemented in 33 States/UTs across the country except West Bengal, NCT of Delhi and Odisha.

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.

State/UT-wise details of number of hospital admissions under the scheme are given in the enclosed **Statement**.

(c) and (d): Currently, AB-PMJAY provides only in-patient (IPD) treatment corresponding to a total of 1961 procedures under secondary and tertiary care which also include several day care procedures. Further, under National HealthMission, more than 1.75 lakh Ayushman Arogya Mandirs (previously known as Health and Wellness Centres) have been established to deliver healthcare services to address the primary healthcare needs of the entire population in their areas which include OPD consultations as well.

### **STATEMENT**

#### **State/UT-wise details of number of hospital admissions authorized under the scheme**

<b>State/UT</b>	<b>Number of hospital admissions authorized</b>
Andaman and Nicobar Islands	3,198
Andhra Pradesh	72,76,194
Arunachal Pradesh	4,602
Assam	13,17,537
Bihar	14,28,404
Chandigarh	58,405
Chhattisgarh	66,64,150

DNH and DD	1,37,575
Goa	10,221
Gujarat	60,54,212
Haryana	18,50,000
Himachal Pradesh	3,06,464
Jammu And Kashmir	14,50,572
Jharkhand	22,28,199
Karnataka	1,00,02,556
Kerala	66,14,465
Ladakh	18,963
Lakshadweep	1,245
Madhya Pradesh	48,66,226
Maharashtra	23,64,107
Manipur	1,92,932
Meghalaya	9,04,992
Mizoram	1,44,835
Nagaland	86,691
Puducherry	1,04,644
Punjab	23,43,754
Rajasthan	60,95,165
Sikkim	24,131
Tamil Nadu	1,07,53,037
Telangana	18,83,804
Tripura	3,80,720
Uttar Pradesh	50,97,051
Uttarakhand	13,04,312

Note: Data as on 31.10.2024

### **TB TEST LABORATORIES IN ASSAM**

#### **3040. SHRI PRADYUT BORDOLOI:**

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

the details regarding the number of Nucleic Acid Amplification Test machines, Line Probe Assay and Liquid Culture Testing Laboratories for Assam, district-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):**

As per information received from the State of Assam, 198 Nucleic Acid Amplification Test (NAAT) machines are available. District-wise deployment details of NAAT machines are given in the enclosed **Statement**.

Further, the State Government of Assam has reported availability of one Line Probe Assay laboratory in Kamrup district and one Liquid Culture Testing Laboratory each in Cachar and Kamrup districts as on 08.12.2024.

#### **STATEMENT**

<b>District wise Nucleic Acid Amplification Test (NAAT) machines (As on 08.12.2024)</b>				
<b>Sl no.</b>		<b>Deployment status of NAAT machines (in numbers)</b>		
	<b>District</b>	<b>TRUENAT</b>	<b>CBNAAT</b>	<b>Total</b>
1	BAKSA	10	1	11



2	BARPETA	8	2	10
3	BISWANATH	1	1	2
4	BONGAIGAON	6	2	8
5	CACHAR	6	1	7
6	CHARAIDEO	2	0	2
7	CHIRANG	5	1	6
8	DARRANG	4	1	5
9	DHEMAJI	5	1	6
10	DHUBRI	6	1	7
11	DIBRUGARH	12	1	13
12	GOALPARA	6	1	7
13	GOLAGHAT	9	1	10
14	HAILAKANDI	3	1	4
15	JORHAT	7	1	8
16	MAJULI	0	1	1
17	KAMRUP	9	1	10
18	KAMRUP M	7	3	10
19	West KARBI ANGLONG	3	1	4
20	East KARBI ANGLONG	2	1	3
21	KARIMGANJ	4	1	5
22	KOKRAJHAR	6	1	7
23	LAKHIMPUR	4	1	5
24	MORIGAON	4	1	5
25	NAGAON	6	2	8
26	HOJAI	2	0	2
27	NALBARI	5	1	6
28	DIMA HASAO	3	1	4
29	SIBSAGAR	1	2	3
30	SONITPUR	5	1	6
31	SOUTH SALMARA	1	1	2

32	TINSUKIA	6	1	7
33	UDALGURI	3	1	4
	<b>STATE TOTAL</b>	<b>161</b>	<b>37</b>	<b>198</b>

### **IMPROVEMENT OF LEGAL INFRASTRUCTURE**

**3041. SHRI DINESHBHAI MAKWANA:**

**SHRIMATI KAMALJEET SEHRAWAT:**

**SHRIMATI SMITA UDAY WAGH:**

**SHRI BASAVARAJ BOMMAI:**

**SHRI PRAVEEN PATEL:**

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

- (a) the specific measures taken by the Government to improve legal infrastructure and promote Alternate Dispute Resolution (ADR) mechanisms across the country along with the outcome thereof;
- (b) the manner in which the Government enhanced the accessibility and efficiency of ADR mechanisms, such as mediation, arbitration and conciliation, particularly for marginalized communities;
- (c) the achievements which have been recorded as a result of the Government's efforts to strengthen ADR mechanisms in recent years; and
- (d) whether there are any State-specific initiatives or success stories in enhancing ADR mechanisms, particularly in Maharashtra, 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) During the past decade, the Government of India has taken various initiatives in the realm of Alternative Dispute Resolution (ADR) mechanisms. The Government is promoting ADR mechanisms including arbitration and mediation as these mechanisms are less adversarial and are capable of providing a better substitute to the conventional methods of resolving disputes. Various initiatives have been taken to strengthen these mechanisms and make them more efficacious and expeditious. The major initiatives taken by the Central Government over the years in this regard include;

(i) The Arbitration and Conciliation Act, 1996 has been progressively amended in the years 2015, 2019 and 2020. These amendments aim at ensuring timely conclusion of arbitration proceedings, neutrality of arbitrators, minimizing judicial intervention in the arbitral process and efficacious enforcement of arbitral awards. The amendments are further aimed at promoting institutional arbitration, updating the law to reflect best global practices and resolve ambiguities thereby establishing an arbitration ecosystem where arbitral institutions can flourish.

(ii) The India International Arbitration Centre Act, 2019, was enacted to provide for the establishment of the India International Arbitration Centre (Centre) for the purpose of creating an independent, autonomous and world class body for facilitating institutional arbitration and to declare the Centre to be an institution

of national importance. The Centre has since been established and aims to inspire confidence amongst parties, both domestic and international, by providing a neutral dispute resolution platform for resolution of commercial disputes through arbitration. The Centre has also notified the India International Arbitration Centre (Conduct of Arbitration) Regulations, 2023 to facilitate conduct of domestic and international arbitrations with a focus on efficient and time-bound arbitration process. The Chamber of Arbitration established under Section 28 of the India International Arbitration Centre Act, 2019 continues to empanel reputed arbitrators, both for domestic and international arbitrations. The Centre is envisaged to become a model arbitral institution in the country, thereby paving the way for enhancing the quality of institutional framework for arbitration. The Centre, at present has 13 ongoing arbitration matters under its aegis.

(iii) The Commercial Courts Act, 2015 was amended in the year 2018 to provide *inter-alia* for Pre-Institution Mediation and Settlement (PIMS) mechanism. Under this mechanism, where a commercial dispute of specified value does not contemplate any urgent interim relief, the parties have to first exhaust the mandatory remedy of PIMS before approaching the Court. This is aimed at providing an opportunity to the parties to resolve the commercial disputes through mediation.

(iv) The Mediation Act, 2023, lays down the statutory framework for mediation to be adopted by parties to a dispute, especially institutional mediation, wherein

various stakeholders have also been identified to establish a robust and efficacious mediation ecosystem in the country. Section 43 of the Mediation Act, 2023 which deals with community mediation aims at resolving disputes likely to affect peace, harmony and tranquillity in any area or locality, specifically provides for representation of women and other class of person on the permanent panel of community mediators to be notified by the Authority constituted under the Legal Services Authorities Act, 1987 or the District Magistrate or Sub-Divisional Magistrate, as the case may be.

(v) The Legal Services Authorities Act, 1987 was enacted to constitute legal services authorities to provide free and competent legal services to the weaker sections of the society to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities, and to organize Lok Adalats to secure that the operation of the legal system promotes justice on a basis of equal opportunity. Section 4 of the Act *inter-alia* enables Central Legal Services Authority to encourage the settlement of disputes by way of negotiations, arbitration and conciliation. Lok Adalats have gained ground across the country as a forum available to citizens including marginalized communities, where the disputes or cases pending or at pre-litigation stage are settled amicably. Under the Legal Services Authorities 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 and National Lok Adalats are organized including in taluks and districts on a pre-fixed date, from time to time.

(d) As the subject-matters of alternate dispute resolution including arbitration fall within the ambit of concurrent list of the Seventh Schedule of the Constitution of India, no state specific initiatives have been undertaken by the Government.

### **REPATRIATION OF INDIAN NATIONALS FROM RUSSIA**

#### **3042. ADV. ADOOR PRAKASH**

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

- (a) the number of Indian nationals recruited for serving Russian Army who are yet to be repatriated;
- (b) the reasons for delay in their release and repatriation despite assurances from the Russian authorities;
- (c) whether the Indian nationals are deputed in war front and the Indian mission is able to contact all of them, if so, the details thereof; and
- (d) the measures taken/proposed to be taken by the Government for their early release and repatriation?

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

(a) to (d) As a result of concerted efforts by Government, most of the Indian nationals in the Russian armed forces have been discharged and several have been repatriated to India. According to available information, currently only 19

Indian nationals remain in the Russian armed forces. Government has requested the Russian authorities concerned to provide an update on the whereabouts of the remaining Indian nationals in the Russian armed forces and also ensure their safety, wellbeing and early discharge.

### **STRENGTHENING OF MEDICAL EDUCATION INSTITUTIONS**

#### **3043. SHRI Y. S. AVINASH REDDY:**

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

- (a) the details of the initiatives designed to uplift and strengthen medical education institutions in the country; and
- (b) the goals of the schemes/initiatives and the notable achievements made 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 Government has increased number of medical colleges and subsequently increased MBBS seats. There is an increase of 101.5% in medical colleges from 387 before 2014 to 780 as of now. Further, there is an increase of 130% in MBBS seats from 51,348 before 2014 to 1,18,137 as of now, there is also an increase of 135% in PG seats from 31,185 before 2014 to 73,157as of now.

The measures/steps taken by the Government to augment the medical education facilities and to improve the medical standards in the country include:-

- Centrally Sponsored Scheme (CSS) for establishment of new medical colleges by upgrading district/ referral hospital under which 157 new medical colleges have been approved, out of which 131 are already functional.
- CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS (UG) and PG seats, under which support has been provided for increase of 4977 MBBS seats in 83 colleges with an approved cost of Rs. 5972.20 Cr, 4058 PG seats in phase-I in 72 colleges with an approved cost of Rs. 1498.43 cr and 4000 PG seats in phase-II in 65 colleges with an approved cost of Rs. 4478.25 Cr.
- Under “Upgradation of Government medical colleges by construction of Super Specialty Blocks” component of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), a total of 75 projects have been approved, of which 69 projects are complete.
- Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved. Undergraduate courses have started in 19 of these.
- DNB qualification has been recognized for appointment as teaching 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.

### **CSR FUNDING AND PROJECTS BY DEFENCE PSUs**

#### **3044. SHRI G. LAKSHMINARAYANA:**

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

(a) the total amount of CSR funds allocated by each Defence Public Sector Undertaking (DPSU) during the last three years along with the details of projects undertaken using these funds;

(b) whether there are specific guidelines/priority areas outlined by the Government for the CSR activities of DPSUs and if so, the details thereof;

(c) the details of CSR projects implemented by DPSUs in Andhra Pradesh during the last three years including the nature of projects, locations and total funds incurred;

(d) whether there has been an increase/decrease in the allocation of CSR funds by DPSUs in recent years, if so, the details thereof along with the reasons behind such changes;

(e) the mechanisms in place for monitoring and evaluating the impact of CSR initiatives undertaken by DPSUs; and

(f) whether any impact assessment reports have been published/shared with the Government and if so, the details thereof?

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE**

**(SHRI SANJAY SETH):**

(a): Total funds allocated by each DPSUs during the last three years are given below and details of projects using these funds are given in the enclosed **Statement-I.**

(Rs. in Cr.)

DPSUs	FY 2021-22	FY 2022-23	FY 2023-24
HAL	78.27	103.28	119.98
BEL	53.29	57.45	65.97
BDL	18.12	13.19	10.17
BEML	5.68	4.28	5.73
MIDHANI	4.55	4.15	4.81
MDL	14.13	13.92	18.37
GRSE	5.11	4.60	4.10
GSL	4.47	3.94	3.81
HSL	0.50	0.21	0.11
AVNL	1.47	4.57	8.49
AWEIL	Nil	0.11	0.10
MIL	Nil	1.21	1.77
YIL	Nil	Nil	2
IOI	Nil	1.69	4
GIL	Nil	Nil	0.12
TCL	Nil	0.45	0.58

(b): CSR projects execution and implementation in the DPSUs is in accordance with provisions specified under the Companies Act, 2013 read with the Companies (CSR Policy). Department of Public Enterprises (DPE) notifies common theme every year for the CSR activities, which is taken into consideration in carrying out the CSR activities by the DPSUs.

(c): The details of CSR projects implemented by DPSUs in Andhra Pradesh during the last three years, including the nature of projects, locations and total funds spent are given in the enclosed **Statement-II**.

(d): Increase/decrease in the allocation of CSR Funds by DPSUs are as mentioned at Para (a) above. In terms of the Company Act 2013, every year company has to spend at-least 2% of average net profit of the three immediately preceding financial years under CSR activities.

(e) and (f): Yes, there is mechanism in place for monitoring and evaluating the impact of CSR initiatives by DPSUs. As per Rule 8(3) of the Companies (CSR Policy) Rules, 2014, DPSUs undertake impact assessment of projects and publish reports in their Annual Reports, and also in their websites.

### **STATEMENT-I**

#### **CSR PROJECTS BY DPSUS IN THE LAST THREE YEARS**

DPSUs	Name of the Project
HAL	Establishment of additional Skill Development Labs at HAL – IISc Skill Development Centre at Challakere, Chitradurga, Karnataka
	Setting up of Solar Power Generation Plant at HAL- IISc -Skill Development Centre at Challakere, Chitradurga, Karnataka.
	Conduct of Baseline Study by Tata Institute of Social Sciences
	Provisioning of Medical Equipments to Nizam Institute of Medical Science, Hyderabad, towards Level – 3, 4 and 5 Critical Care Capabilities
	Training of Apprentices over and above the statutory limits across various locations

Provisioning of Medical Equipment and Beds to Kidwai Memorial Institute of Oncology, Bangalore, Karnataka
Lake De-siltation, Afforestation and Water Literacy Programmes for Kumudvathi River, Bangalore Rural, Karnataka
Encouraging Sports - 130th Edition of Durand Cup, Kolkata
Contribution towards War Memorial Park in Faizabad
Provisioning of Braille Embosser (Braille Printer) and Paper to Mathruchaya - Canara Bank Relief and Welfare Society (CBRandWS), Bangalore,
Provisioning of Lift for the Elderly to HiteshiMahilaManeangala Trust towards Welfare of the Senior Citizens, Bangalore, Karnataka
Contribution to People for Animals
Reimbursement of Expenditure towards Non-HAL BPL (Below Poverty Line) Children at Vathsalya School for Special Education, Bangalore
Infrastructure Development works in the Adopted Govt. ITI's and TTI, Bangalore
HAL Football Academy, Bangalore (For meeting the operational expenditure of the selected players such as accommodation, travel expenses, diet, stipend, etc.)
Strengthening of infrastructure for quality seed and planting material at Indian Institute of Horticulture Research, Bangalore
Establishment of Centralized Kitchen through the AkshayaPatra Foundation, Bangalore
Establishment of Advance centre for Bio energy Research at University of Agricultural Sciences, Bangalore, Karnataka
Promoting Science, Technology, Engineering, and Mathematics(STEM) education through interactive labs in Government Schools, Bangalore, Karnataka
Construction of Bus shelter and Toilet Block in villages around Gubbi Taluk, Tumkur District, Karnataka

Establishment of Covid Care Center at Bangalore, Karnataka
Erection of MIG-21 aircraft at National Military Memorial Park, Bangalore
Construction/renovation of school building of HaricharanLalaAdarshaPrathamickVidyalaya, Barrackpore Barricade for Aquatic Pool at Umeed Asha Kiran School, Barrackpore, West Bengal for differently abled children.
Promotion of Education in Government School including infrastructure facilities, Rain water conservation, Solar Energy etc. at Mashat Girls' High School under Diamond Harbour-I Development Block, South 24 Parganas
Construction of School Hostel Building and Toilet Block at Madan Mohanpur RCS Vidyamondir under Kulpi Block, South 24 Parganas
Providing Health Care facilities to the inhabitants of adopted villages in HAL Hospital and organization of health camps in the surrounding villages, Koraput
Running of SAI-HAL Sports Training Centre and Training / Encouragement to promote Rural Sports
Imparting Education to poor children in and around Sunabeda, Koraput in HAL run Educational Institutions.
Provisioning of Food, Nutritional items and other facilities to run the Crèche facility Centers at Koraput
Construction of Additional class Room in 12 different Schools at Koraput
Infrastructure Development at Deaf and Dumb School, Sunabeda (Multipurpose Dining Hall, Vocational Training Class Rooms, Toilet Block, Approach Road to Hostel, Koraput
Pre-Birth waiting room at Public Health Centre, Rabanaguda
Infrastructure Development at SAI-HAL Sports Centre Koraput: -Provision of Synthetic Foot Ball Court with Sub-Base - Chain link Fencing on entrance side of the Football Ground

	Construction of Approach Road with Drain and Culvert in Chakroli - Rajpalama, Kakigaon villages and Orphanage Koraput
	Establishment of Model Schools equipped with Smart classrooms(04 Schools), Koraput, Odisha.
	Setting up of an Oxygen Generation Plant at Nasik
	Improvement in facilities / infrastructure Support at Civil Hospital, Nashik, Maharashtra -Construction of New Medicine Warehouse for storing medicines, compound wall, provision for Rain water harvesting, Fire-fighting system, Land scaping and gardening, Controlled environment for storing medicine, etc.
	Improvement in facilities / infrastructure Support for Primary Health Centers in 9 villages of Nasik District, Maharashtra viz. Saiyyadpimpri,Ojhar, Khadkmalegaon, Chandori, Pimpalgaonbaswant, Palkhed, Khedgaon, Mohadi, and Talegaon.
	Provision of Infrastructure Facility in Rural area by Construction (s) /Resurfacing of Roads at Nasik, Maharashtra
	Construction of Waste Management Plant i.e. conversion of municipal waste, food waste etc. to Bio Gas at Pimpalgaon (B), Tal, Niphad, Dist. Nasik, Maharashtra
	Construction / repair of Check Dams at Waldevi River at Dhadegaon, Anna Ganpati (Deolali), Porjevasti (Vadner) Villages Waldevi River Tal-Nashik, Maharashtra
	Construction of 3 New ZP School Buildings at Ojhar, SaroliThadi, BharveerKh. Dist-Nasik, Maharashtra
	Ambulances to District Administration / Govt. Hospitals in Nasik Dist., Maharashtra
	Provision of High Mast Lamps in the Villages of Ojhar in Nasik District, Maharashtra
	Setting up of an Oxygen Generation Plant at Korwa, Uttar Pradesh

Construction of Skill Development Centre at RGIPT, Amethi, Korwa, Uttar Pradesh for its programme RISE.
GYAN ARPAN for imparting remedial tuitions/coaching for students through RGIPT, Amethi, Korwa, Uttar Pradesh
Provision for drinking water facility, upgradation of waiting room, toilet block, facilities for easy access for Divyangjans/ women etc. at Railways stations in Amethi, Gauriganj, Musafirkhana, Uttar Pradesh.
Construction of hostels, computer lab, etc. at Kasturba Gandhi Residential Girls Schools at various Blocks in Amethi District, Uttar Pradesh
Construction of toilets in Anganwadis in Amethi District, Uttar Pradesh
Smart Class Devices / facility in the Govt. Primary / Upper Primary Schools located in the villages/areas in Amethi District, Uttar Pradesh
Procurement and Supply of Masks to Joint Commissioner of Industries, Kanpur for protection against COVID 19 Pandemic, Kanpur, Uttar Pradesh
Promotion of Healthcare and Ensuring Environmental Sustainability at Kanpur, Uttar Pradesh through (i) Setting up Waste Management System, (ii) Vehicles for legacy and fresh wastes, (iii) Road Sweeper / Air cleaning system, (iv) Medical Camps in Gram Panchayat - Sarsaul, Karvigawansard, FufwarSuithok, Sawaijpur etc.,
Wholesome Development of villages near HAL Kanpur Division i.e Construction of Road, Community Center and Playground, Electric Work for Civil Construction, Installation of High Mast Lamp
Setting up Waste Management System at Bhavsingh, Panki, District, Kanpur (UP)

	Infrastructure Enhancement at Community Health Center, Sarsaul, Kanpur, Uttar Pradesh i.e. Procurement of OT Table, Provisioning of Drinking Water (RO) with water dispenser, Hydraulic Bed, etc.
	Establishment of new ITI for Girls at Ghatkesar Mandal, Medchal - Malkajgiri District, Telangana
	Kasaragod District Aquatic Sports Complex and Swimming Pool, Kasargod, Kerala
	Construction of Dormitories at Kasturba Gandhi BalikaVidyalaya (KGBV) Schools, Ranga Reddy District, Telangana
	Provisioning of She Toilets at Hyderabad, Telangana
	Development of Slum (Yadhi Reddy Banda), Ranga Reddy Banda, Jeedimetla, Hyderabad, Telangana
	Additional class Rooms at ZPH Schools, Ranga Reddy District, Telangana
	Provisioning of Facilities at Kasturiba Gandhi BalikaVidyalaya (KGBV), Shabad, Telangana
	Construction of Sports Amenity Centre, Stadium at Koliyadukam, Kasargod, Kerala
	Rejuvenation of Pond at AnodiPallom in PuthigeGramapanchayath, Kasargod, Kerala
	Construction of Class Rooms at ZillaParishad High School, Kothapet, Medchal District, Telangana
	Establishment of COVID - 19 Care Hospital (CCC), Lucknow, Uttar Pradesh
	Infrastructure Development at Govt. Girls Polytechnic, Lucknow, Uttar Pradesh
	Construction and provisioning of essential articles /items in Kasturba Gandhi School, Barabanki and Structural Consultancy for KGBV, Barabanki / Lucknow District, Uttar Pradesh
	Provisioning of Digital Teaching device for primary Schools – Chinhat, Chamrahi, GarhiArazi etc.at Lucknow, Uttar Pradesh



	Construction and Up gradation of infrastructure in Govt. Schools /Colleges. – ChinhatandLokhariya, Barabanki / Lucknow District, Uttar Pradesh
	Provisioning of Smart Class Furniture Items, Barabanki / Lucknow District, Uttar Pradesh
	Provisioning of Playing Equipment for primary Schools and Drinking water purifier cum Cooler, Barabanki / Lucknow District, Uttar Pradesh
	Administrative Overheads and Impact Assessment
	Establishment of additional Skill Development Labs at HAL – IISc Skill Development Centre, Challakere, Chitradurga, Karnataka
	Provision of Equipments / Instruments to National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, Karnataka: (i) Microwave (Non Burn Biomedical Medical Waste Disinfection System) (ii) Ethylene Oxide Sterilization (Sterilization of Medical Devices) (iii) Sterrad-Plasma Sterilizer and (iv) Virtual Reality Based Vestibular Rehabilitation Unit.
	Lake De-siltation, Afforestation and Water Literacy Programmes for Kumudvathi River, Bangalore Rural, Karnataka
	Training of Apprentices over and above the statutory limits across various locations
	Information and Communication Technology infrastructure for implementation of Digital Literacy in "the Karnataka Residential Educational Institutions Society (KREIS) PU Colleges" through Karnataka State Council for Science and Technology (KSCST).
	Backyard Poultry Project for Particularly Vulnerable Tribal Groups (PVTG) at Kumrambheem, Asifabad District, Telangana
	Tribal Cottages Development Project at Kumrambheem, Asifabad District, Telangana
	Dual Desk for Intermediate Colleges at Kumrambheem, Asifabad District, Telangana

	Supporting Shri Atal Bihari Vajpayee Medical College and Research Institution with Ophthalmology related Medical Equipments, Bangalore, Karnataka
	Provisioning of Items for improving the Dispensary at Faizabad Cantonment Board, Faizabad, Uttar Pradesh
	Organizing the Cleanliness Drive as part of 'United India for Swachhta' Programme at Shravanabelogola, Karnataka
	Organizing the HAR GHAR TIRANAGA programme at various locations across the Country.
	Provisioning of Equipments for the Central Sterile Service Department (CSSD), Institute of Gastroenterology Sciences and Organ Transplant. Bangalore, Karnataka
	Supporting Education of differently abled children / Reimbursement of Expenditure towards Non-HAL BPL (Below Poverty Line) Children at Vathsalya School for Special Education, Bangalore, Karnataka.
	Up-gradation of Training Infrastructure of adopted Govt. ITIs, Augmenting Training Infrastructure and Full Term Apprenticeship Program at TTI, Bangalore, Karnataka
	HAL Football Academy, Bangalore (For meeting the operational expenditure of the selected players such as accommodation, travel expenses, diet, stipend, etc.)
	Skill development and Entrepreneurship Development Program, Kolar, Chikballapur, Nelamangala, Karnataka
	Strengthening of infrastructure for quality seed and planting material at Indian Institute of Horticulture Research, Bangalore, Karnataka
	Establishment of Honey testing lab and holistic Entrepreneurial Skill Development center in beekeeping at University of Agriculture Science, Bangalore, Karnataka
	Construction of sports hostels for boys and girls at Chickballapur and Kolar Districts, Karnataka

	<p>Infrastructure Development of DakshinJagadishpur Public Health Centre under Chandipur GP, Kulpi Block, Dist: South 24 Parganas, West Bengal and</p> <p>Masat Health Centre under Diamond Harbour 1 Block, District: South 24 Parganas,</p>
	<p>Procurement of Basic Life Saving Ambulance (BLS) for Urban Primary Health Centre (UPHC) Sunabeda and Mobile Medical Unit to cater to the medical requirements of the adopted Villages at Koraput, Odisha. Provisioning of Health Care facilities to the inhabitants of adopted villages in HAL Hospital and organizing health camps in the surrounding villages.</p>
	<p>Organizing Skill Development / Vocational Training through CIPET, ORMAS / through any other Govt. Agencies at Koraput, Odisha.</p>
	<p>Running of SAI-HAL Sports Training Centre and Training / Encouragement to promote Rural Sports at Koraput, Odisha.</p>
	<p>Imparting Education to poor children in and around Sunabeda, Koraput in HAL run Educational Institutions at Koraput, Odisha.</p>
	<p>Establishment of furnished Apparel Unit (including Machineries) for Engaging Tribal Women for employment Generation at Koraput, Odisha.</p>
	<p>Construction of Health Care and Rehabilitation Centre for Homeless and Mentally Challenged Women at Koraput, Odisha</p>
	<p>Construction of Tribal Emporium along with Food processing Centre at Koraput, Odisha (Initial Phase)</p>
	<p>Beautification and Rejuvenation works of JagannathSagar Lake at Jeypore (Koraput), Odisha.</p>
	<p>(i) Constuction of New ZillaParishad School Buildings/Additional construction in Nasik Dist, Maharashtra at 1) Mohadi, Tal-Dindori. 2) Pachorewani, Tal Niphad. 3) BharveerKhurd, Tal Igatpuri 4) Mahatma PhuleSamajShikashanSanstha. Tal - Nasik, 5) ZP School, Urale, Tal Dindori, Maharastra</p>

	Rural Development Projects at Nasik Dist, Maharashtra: (i) Construction of Crematorium at (a)Nandurmadyameshwar Tal-Niphad; (b) Ojhar Tal- Niphad; and (c) Asarkheda Tal-Chandwad and (ii) Construction of Library and Multipurpose Hall at Chatori Tal-Niphad
	Constuction of New ZillaParishad School Buildings at Nasik Dist, Maharashtra: 1)Savargaon Tal-Niphad and 2)Nandgaon Tal-Igatpuri.
	Organizing Vocational Skill training programmes for youths belonging to socially and economically weaker section from villages, AmethiDistrict,Uttar Pradesh
	Construction of Road at ITI Gauriganj, Amethi, Uttar Pradesh.
	Provisioning of Smart Class for KGRGS schools at Amethi, Uttar Pradesh.
	Construction of Skill Development Centre at RGIPT, Amethi for its programme RISE at Amethi, Uttar Pradesh.
	Conducting GYAN ARPAN Programme for imparting remedial tuitions / coaching for students through RGIPT, Amethi, Uttar Pradesh.
	Wholesome development (construction of RCC roads, Drainage etc) at Darpipur, SujanPurandShardan Villages at Amethi, Uttar Pradesh.
	Provisioning of Healthcare and Ensuring Environmental Sustainability, Kanpur, Uttar Pradesh: (i) Setting up Waste Management System (ii) Provisioning of Vehicles for legacy and fresh wastes collection, (iii) Road Sweeper / Air cleaning system Vehicles (iv)Organizaig Medical Camps in Gram Panchayat - Sarsaul, Karvigawansard, FufwarSuithok, Sawaijpur etc.,
	Procurement and Installation of Medical Equipment and Infrastructure Enhancement at Ganesh SankarVidyarthi Medical (GSVM) Govt. Hospital, Kanpur, Uttar Pradesh

	Supporting VyaktiVikas Kendra India for River Rejuvenation through Ground Water Recharge, at Bundelkhand, Uttar Pradesh
	Construction of Dining Hall in Government Higher Secondary School, Pakkam, Bekal, Kasaragod,
	Establishment of new ITI for Girls at Ghatkesar Mandal, Medchal - Malkajgiri
	Construction of Kasaragod District Aquatic Sports Complex and Swimming Pool, Kasaragod, Kerala
	Construction of Plant for Conversion of Bio Waste to Compressed Natural Gas (CNG) at Hyderabad, Telangana
	Construction of Telangana Social Welfare Residential Educational Institutions Society School and Degree College for Girls at Medchal - Malkajgiri District, Telangana
	Provisioning Equipments and Accessories towards Complete Liver Transplantation Unit, High End Operating Microscope and Accessories to Osmania General Hospital, Hyderabad, Telangana
	Facilities at Kasturiba Gandhi Balika Vidyalaya (KGBV), Shabad, Ranga Reddy District, Telangana
	Establishment of a COVID - 19 Care Hospital (CCC), Lucknow, Uttar Pradesh - Final Phase
	Provisioning of Equipments, Limbs For Differently abled persons (Divyangjan) Through ALIMCO, Kanpur: at Lucknow / Barabanki, Uttar Pradesh
	Organizing Vocational skills training programme for youths from socially and economically weaker sections at Lucknow / Barabanki region of Uttar Pradesh through National Institute for entrepreneurship and small business development (NIESBUD).
	Provisioning for Under Ground Smart Bins and Compactor vehicle to Nagar Nigam Lucknow, Uttar Pradesh

	Establishment of electric crematorium at BakshiKaTalab, Lucknow with approach road, boundary wall and solar lights etc. Uttar Pradesh
	Wholesome Development of Villages (Road and Drainage inside the village and road to connect the village with main road) at Barabanki, Uttar Pradesh in the PurainaReti Village and Meernagar Village.
	Establishment, Operations and Maintenance of Open Gyms In 100 Parks in the Municipal Limits of Lucknow, Uttar Pradesh
	Infrastructure development at Rajkiya Ashram Paddhati Balika Vidyalaya (RAPBV), Mohan Road, Lucknow, Uttar Pradesh
	Administrative Overheads and Impact Assessment
	Provisioning of Information and Communication Technology infrastructure for implementation of Digital Literacy in "the Karnataka Residential Educational Institutions Society (KREIS) PU Colleges" across Karnataka through Karnataka State Council for Science and Technology (KSCST).
	Comprehensive Care Centre for the Aged, Sangli, Maharashtra
	Contribution of Anaesthesia Work Stations with Monitors to Sri Padmavathi Children's Heart Centre (SPCHC), Tirupati, Andhra Pradesh
	Training of Apprentices over and above the statutory limits across various locations
	Installation of Solar LED Street lights in Urban and Rural areas of Udham Singh Nagar District, Uttarakhand,
	Provisioning of Backyard Poultry Project for Particularly Vulnerable Tribal Groups (PVTGS) at Kumrambheem, Asifabad District, Telangana
	Provisioning of Tribal Cottages Development Project at KumrambheemAsifabad District, Telangana
	Provisioning of Dual Desk for Intermediate Colleges at KumrambheemAsifabad District, Telangana

	Supporting Shri Atal Bihari Vajpayee Medical College and Research Institution with Ophthalmology Related Medical Equipments, Karnataka
	Supporting Education of differently abled children / Reimbursement of Expenditure towards Non-HAL BPL (Below Poverty Line) Children at Vathsalya School for Special Education, Bangalore, Karnataka.
	Up-gradation of Training Infrastructure of adopted Govt. ITIs, Augmenting Training Infrastructure and Full Term Apprenticeship Program at TTI, Bangalore
	HAL Football Academy, Bangalore (For meeting the operational expenditure of the selected players such as accommodation, travel expenses, diet, stipend, etc.)
	Construction of bus shelters at Gubbi, Tumakuru, Karnataka
	Organizing Micro Skillpreneurship Development Program for unemployed Youths at Kolar, Chickballapur and Nelamangala, Karnataka through Entrepreneurship Development Institute of India.
	Development of Government schools in Anekal Taluk, Bangalore, Karnataka.
	Establishment of Honey testing lab and holistic Entrepreneurial Skill Development center in beekeeping at University of Agricultural Sciences (UAS), Bangalore, Karnataka
	Construction of sports hostels for boys and girls at Chickballapur and Kolar, Karnataka.
	Strengthening of infrastructure for quality seed and planting material at Indian Institute of Horticulture Research, Bangalore, Karnataka
	Provisioning of Operation Theatre at Jagadish Chandra Bose General Hospital, Cantonment Board, Barrackpore, North 24 Parganas, West Bengal

Provisioning of Health Care Facilities at South 24 Pargana, West Bengal through Infrastructure Development at : (i) DakshinJagadishpur Public Health Centre at Kulpi Block, Dist: South 24 Parganas, West Bengal; and (ii) Masat Health Centre under Diamond Harbour 1 Block, District: South 24 Parganas, West Bengal.
Development of Infrastructure of Govt. Primary School at Barrackpore, North 24 Parganas, West Bengal
Rural Development Projects at Nasik, Maharashtra through Construction of Concrete Road at Darnasangvi Tal-Niphad
Promotion of Health Care through facilitating in waste collection by OjharNagarparshad at Nasik, Maharashtra by provisioning i. (a) tipper (b)Wheel Barrow (c) Suction Machine with vehicle (d) Jetting Machine with Vehicle ii. Provisioning of Patient Waiting benches for various PHC's in Nasik iii. Construction of Toilet at Nasik Airport
Promoting Education by establishing an IOT Industrial Lab at ITI Niphadand Renovation of Cosmetology lab at the Girls ITI, Nasik, Maharastra
Promoting Rural Sports (Kabaddi) in Nasik District, Maharashtra
Construction of New ZillaParishad School Buildings in Nasik Dist., Jakori Tal-Nasik, Maharashtra
Construction of New ZillaParishad Buildings in Nasik Dist., Panchale Tal- Sinnar
Construction of New ZillaParishad School Buildings in Nasik Dist., Rui Tal- Niphad, Maharashtra
Construction of ZillaParishad School Building at DevichaMatha,Nasik, Maharashtra
Construction of Road from Ojhar Road-Gadakh corner to Raja ready made Shop Tal - Niphad, Maharashtra



	<p>Construction of New Zilla Parishad School Buildings in Nasik Dist, Maharashtra a)Savargaon Tal-Niphad b)Nandgaon Tal-Igatpuri.</p>
	<p>Organizing Skill Development Programmes for youths to make them self reliant through M/s NIESBUD along with distribution of Tool Kits etc., at Kanpur, Uttar Pradesh.</p>
	<p>Distribution of Aids and Assistive Appliances to Divyangjan (PWDs) at Kanpur, Uttar Pradesh.</p>
	<p>Procurement of Medical Equipments for Govt. Hospitals and GSVM Medical College, Kanpur, Uttar Pradesh.viz. Semi Fowler Bed, Horizontal Autoclave Machines, Patient Stretcher, Trollies, Wheel Chairs, Audio Meter Machine, X-Ray Machine, Digital Video Colposcopy, OT tables, etc</p> <p>Construction of Sewage System for TatianJhanaka village, Labour Colony and its nearby areas at RamadeviChauraha,Kanpur, Uttar Pradesh.</p> <p>Infrastructure Development in Govt. Schools, viz.Construction of Mid Day Meal Sheds, Path ways, Ramp Railings, Smart Class rooms, Boundary, furniture's, Equipments for smart classes, Drinking Water Facilities etc at Rooma, Kulgaon,Chatmara,Sadar and BabuPurwa Areas.</p> <p>Provisioning of Training Infrastructure at National Skill Training Institute (NSTI) Kanpur i.e CNC Machines for Development of new CNC Lab</p> <p>Supporting VyaktiVikas Kendra India for River Rejuvenation through Ground Water Recharge, at Bundelkhand, Uttar Pradesh</p> <p>Infrastructure Development in Kasturba Gandhi Residential Girls Schools of Amethi District, Uttar Pradesh.</p> <p>Procurement of Infrastructure Items for Pt. DeenDayalUpadhyay, Govt Ashram System Girls Inter College, Asaidapur, Gauriganj, Uttar Pradesh.</p>

	Infrastructure Development at Art and Cultures Centers in JamoandBhadarof Amethi District, Uttar Pradesh.
	Establishment of Pink Booths in Amethi District, Uttar Pradesh.
	Construction of Drainage System between Korwa Village andMunshiganjPulia, Amethi District, Uttar Pradesh.
	Infrastructure Development in Govt. Schools of Amethi District, Uttar Pradesh.
	Conducting Gyan Arpan Programme for imparting remedial tuitions / coaching for students through RGIPT, Amethi District, Uttar Pradesh.
	Wholesome development of Villages: Darpipur, SujanPurandShardan (construction of RCC roads, Drainage etc.) at Amethi District, Uttar Pradesh.
	To support Bhartiya Inclusive Development Foundation, Lucknow for the Project "Low and Indolent Functions Enrichment to reduce the threats of Anaemia Prevalence among women", at Lucknow, Uttar Pradesh.
	Construction of Cultural (Sanskritik) Community Centre in and around Lucknow, Uttar Pradesh through Lucknow Municipality, Uttar Pradesh
	Establishment of electric crematorium at BakshiKaTalab, Lucknow with provisioning of approach road, boundary wall and solar lights etc.
	Wholesome development of Villages at Barabanki, Uttar Pradesh i.e construction of Multipurpose Community Hall and RO Plant with enclosure adjacent to community hall at PurainaReti Village and construction of road to connect the Chakia Village to the main road.
	Establishment, Operations and Maintenance of Open Gyms In 100 Parks in the Municipal Limits of Lucknow, Uttar Pradesh through Lucknow Municipality

	Infrastructure development at Rajkiya Ashram PaddhatiBalikaVidyalaya (RAPBV), Mohan Road, Lucknow, Uttar Pradesh
	Construction of Library for general public at 04 places in Lucknow through Lucknow Dev. Authority, Lucknow Municipality.
	Supply and Installation of Solar LED Street Lights in colonies/parks of Lucknow through Lucknow Dev. Authority, Lucknow Municipality.
	Administrative Overheads and Impact Assessment
BEL	Adoption of Tribal village Gudidibba (Yanadi ST colony)
	Construction of Toilet Blocks for girls and boys at APRJC Govt. Residential college
	Promoting Organic Farming in Villages in and around Machilipatnam
	Provision of Food Distribution Vans (3 Nos) to AkshayaPatra Foundation for their Unit at Mangalagiri
	Provision of Medical Equipment for Naval Hospitals in Vishakapatnam
	Provision of Medical Equipment to Area Hospital, Gudivada
	Providing Ambulance to Primary Health Centres of Nagayalanka Mandal, Walk- in-Cooler and 35 KVA Generator for Central Vaccine Store, Machilipatnam.
	Provision of Mobile Cancer Detection Unit to Government District Hospital, Machilipatnam
	Construction of Toilet Blocks in Sri. VijnanaVihar Education Society, Unguturu
	Providing Classroom Furniture, Smart Panels (Digital Screens), establishing Science Laboratories and Computer Lab for Netaji Sainik School, Ketanakonda

	Installation of 140 KW Solar Plant at VignanaVihara
BDL	Setting up of Drain Treatment Plant (1.5 MLD STP) at Naval Base, Visakhapatnam
	Developmental activities at Vizianagaram (Social Welfare Hostel Building)
	Construction of Girls Toilets in Govt. Schools of RajannaSircilla
	Maintenance of 3 RO water plants at Narayanpur, JanagaonandPeeplepahad
	Skill Development Job Oriented Trg. Prg for Women in Textiles at Vizianagaram
	Smart Class Rooms in Govt. Schools, Vizianagaram
	Construction of School Building, Bhanur
	Distribution of Dual Desks to Govt. Schools, BhadradiKothagudem
	Contribution for Research at DIAT, Pune
	Construction of toilets in Govt. Schools, Mahabubnagar
	Skill Development of 470 PwBds
	Infrastructure facilities at Area Hospital, Vikarabad and PHC Chevella
	Construction of COVID specialized Hospital, Lucknow
	Commissioning of Oxygen Generation Plants in three Govt. Hospitals
	Procurement of Cone Beam Computed Tomography equipment, Secunderabad
	Mid-day meal to the Govt. School children at Medak
	Procurement of COVID related equipment at Naval Hospitals
	Setting up of COVID care facilities at ESIC Medical College Hospital
	One month oxygen supply to VIMS, Government ENT Hospital REH, RCD hospital,
	Administrative Overheads

Mid day meal program through Akshaya Patra Foundation Govt. School
Commissioning of Oxygen Generation Plants in four Govt. Hospitals
Smart Class rooms in Government schools of Vizianagaram
Contribution to College of Defence Management, MoD, Hyderabad
Establishment of Molecular Oncology Dept - Procurement of Equipment at MNJIO and Regional Cancer Centre, Hyderabad
Fitment of Cochlear Implants to the Children with Hearing Impairment through ALIMCO
Distribution of Aids and Appliances including Artificial Limbs and Calipers to the Persons with Disabilities (PwDs)
Awareness creation and supplying of Sanitary Napkins to Girl Students of Govt. Schools in Ranga Reddy Dist
Smart Class Rooms in Vizianagaram
Dokra Craft development Project in Asifabad
Terracotta Handicraft Development Project in Asifabad
Construction of ZP Model High school at Bhanur
Distribution of Dual Desks through Central Prisons to Govt. Schools in BhadradiKothagudem
Contribution to Pradhan Mantri TB Mukth Abhiyan in JayashankarBhupalpallyandMulugu
Stipend paid to the Apprentices (i.e over and above of 2.5% minimum mandate under Apprentice Act, 1961)
Har GharTiranga
Military Madhavaram Village, West Godavari Dist.
Administrative Overheads
Mid day meal program through AkshayaPatra Foundation Govt. School Children
Infrastructure facilities for commissioning of Oxygen Generator Plant at Chevella Hospital and Vikarabad Govt. Hospital

	Smart Class rooms in Government schools of Vizianagaram District
	Smart Class rooms in Government schools of Visakhapatnam District
	Establishment of Molecular Oncology Dept - Procurement of Equipment at MNJIO and Regional Cancer Centre, Hyderabad
	Fitment of Cochlear Implants to the Children with Hearing Impairment through ALIMCO
	Job oriented skill development training program to rural women in textile processing in Vizianagaram District
	Three Health Camps at Secunderabad Area, Telangana State, by SevaBharathi, Kachiguda, Hyderabad
	Contribution to Trees Translocation at MCEME, Secunderabad by Uniglobe Development Foundation.
	Dokra Craft development Project in Asifabad
	Terracotta Handicraft Development Project in Asifabad
	Critical care Beds to Military Hospital
	"Food Delivery Vehicle" to The AkshayaPatra Foundation at Visakhapatnam
	Stipend paid to the Apprentices (i.e over and above of 2.5% minimum mandate under Apprentice Act, 1961)
	Administrative Overheads
BEML	Providing of Education to local population at KGF
	Mobile medical camp at KGF and Mysore
	Contribution to Armed Forces Flag Day Fund
	Setting-up of Oxygen Generating Unit
	Contribution to Establishing 500 bedded Covid Care Hospital in Lucknow
	Contribution to Chief Minister of Kerala's - Pandemic Relief Fund
	Support for Mid-Day meal
	Establishing of Mini-Science Center
	Contribution of CSR fund towards Partner incubators of iDEX

	Contribution to Covid Relief
	Providing of Education to local population at KGF
	Mobile medical camp at KGF
	Contribution to Armed Forces Flag Day Fund
	Providing Mid-day meals to the Specially Challenged and Elders of the orphanage
	"Pavi" distribution of Solar LED Tube Lights
	To promote Health, welfare, and all-round development of orphan and poor children and youth- enhancing employability through vocational and skill development training
	Eradication of Hunger-Mid day Meal Scheme-Donation towards distribution vehicles
	Better Health Status of women and children through women Health care Centre
	Providing education to local population at KGF
	Mobile medical camp at KGF
	Contribution to Armed Forces Flag Day Fund
	Eradication of TB
	Providing Financial Assistance for improving Medical Facilities at Government Family, Health centre
	Development and living in slums upliftment of children
	Improvement of infrastructure facilities at Government Senior Primary School, TadiMalangi Village, TNarasapura Taluk, Mysore
	Improvement of infrastructure facilities covering construction of School compound wall at Sri Saraswathi Shishu Mandir BuchireddyPalem SPSR, Distt Nellore (A.P.)
	Plantation of 2500 Trees at ARMY Ammunition Depot Bharatpur
	Mobile Medical Dispensary (Advance Life Support Ambulance)
	Pavi'Solar High Mast Lights
	The NGO working on revival of heritage of Tribal and traditional art and culture :Drishyam Mantram House Living Cottage and Kutteeras Amphitheatre

	<p>“Enhancing Employability through Vocational and Skill Development Training among under privileged youth of the villages surrounding Matru Chaya and the inmates who are completing SSC.”</p>
	Nation wise Quiz conducted by Indian Army to commemorate of the Indian Army in Kargil
	ISKCON
MIDHANI	Sponsorship for the procurement of material for running of Health care operations
	Annual Subscription charges for Hospital Management System at MPHCC
	Promoting Satvic Aahar as Nutrient-Dense, Therapeutic Diet for the physical, mental, emotional and spiritual wellbeing of students.
	Supply of Nutritional Kits to T.B patients in Hyderabad
	Sponsorship to create facility for construction of washroom for Destitute women
	Sponsoring free education in BPDVA School to ST/SC/OBC Students BPDVA
	Payment of stipend to apprentices of MIDHANI
	Sponsoring of school bus to provide transport facility to help Tribal students reach the school
	Sponsorship for enhancing additional classrooms and improving existing physical infrastructure to Sri Saraswati Sisu Mandir
	Sponsorship for Installation of CCTV cameras, connecting cables and Storage Facilities
Sponsorship for Installation of CCTV cameras, connecting	



	cables and Storage Facilities
	Infrastructure Development Works at BPDVA School
	Sponsorship for Pandit Jasraj's 51st Hyderabad Sangeet Samaroh from 24 <sup>th</sup> Nov-2023 to 30th Nov-2023
	Sale of TITAN 31 std Distal Femoral Prosthesis(KneeJoint)
	Sponsoring School Bus to BPDVA school
	Sponsored Ambulance with advance Cardiac Life Support
	Shortfall amount to release final installment to District Collector Asifabad towards bamboo Handicraft project
	Health Awareness Campaigns
	Administrative overheads
	Maintenance of Public Toilet
	Sponsoring Free Education to SC/ST/OBC children
	Primary Health Care Center
	Stipend to Apprentices
	Bamboo Handicraft Development Projectat Asifabad
	Sponsored Dual Desks in Govt Schools
	Construction of Toilet Blocksat BPDVA School
	Sponsored for organizing National Science Day and Vivek Band in various Colleges
	Sponsored Anesthesia Work Station and Bed Lift to Seva Bharathi
	Sponsored to Mamta Charitable Trust for conducting Health Awareness Campaigns in remote locations of Lucknow

Sponsored Mobile Ambulance to ABV Foundation
Sponsored ECG Machines - 10 nos to DMHO Office,Hyderabad for Basti Dawakhanas
Administrative overheads
Provided Non-Returnable (1Kg Cobalt Cathode) sample to IIT Bombay for Research work
DRDOCovid Hospital
Sponsored Oxygen Generator Plant along with shed to Osmania General Hospital
Stipend paid to Trade Apprentices
SC/ST school admissions in BPDVA
Dua IDesks at Govt Schools (Aspirational District)
Ex-gratia paid to contract employee
Procured Oxygen concentrator
Maintenance of Public Toilet
Remuneration paid to Doctor engaged for Charitable Health Care Trust
Sponsored to Pandit Jasraj Musical concert
SamskrutiFoundation
iDEX partner – Forge Coimbatore
Civil works and Equipment at MIDHANI PRIMARY HEALTH CARE CENTER (MPHCC)
Administrative overheads
Sponsorship for enhancing additional class rooms and improving existing infrastructure of Sri Saraswati Sisu Mandir

	Support to construct Two halls and a compound wall for conducting Free Tuition centers and Tailoring Centers
MDL	Education support to 3000 Urban Children by setting up ABHYASIKAS (Tuition Centres)
	Training Support for unemployed youth in Andhra Pradesh
	Support for Medical Equipment at Manasa Devi Charitable Hospital, Machlipatnam (A.P.)
	Teaching of Sanskrit language for reintroducing into the mainstream of spoken languages
GRSE	Oxygen Plants
	DRDO Hospital in Lucknow
	Medical Oxygen Supply to District Administration of South 24 Parganas
	GAP - Holistic development of underprivileged children
	IICP – Holistic development of cerebral palsy children
	Medical Equipment to Hospitals
	Monthly health check-up camps
	TB Nikshay Mitra
	Cataract Surgery
	Stipend to apprentices
	Skill development training
	CRY - Holistic Development of Children from Vulnerable Communities
	Daily cleaning and maintenance of school toilets
	Equipment to ITI
	Installation of solar power plant
	Contribution to clean ganga
	Provided Traffic Equipment to Kolkata Traffic Police
	Donation of two ambulances to Ramakrishna Mission, Belur Math
Infrastructure development of schools	

	Swachhta Pakhwada
	Azadi Ka Amrit Mahotsav
	ICC Training to Apprentices
	Skill Development to ITI students
	Blood Donation Camps
	Provided Old Computer to Ramakrishna Mission Ashrama, Narendrapur
GSL	Automatic Oxygen Generating Plant for South Goa District (COVID-19) Hospital, Government of Goa.
	01 Fully Automated Biochemistry Analyser and 01 High Frequency X-ray Machine DHS, Government of Goa.
	Support to DRDO COVID Hospital, Lucknow for setting of COVID Care facilities.
	Oxygen Concentrators for the use of COVID-19 patients to Government Hospitals and COVID Care Institution.
	Facilitating treatment of patients at Goa Medical College, Bambolim and Training of Homecare Nursing Attendants.
	03 ECG Machines to DHS, Government of Goa - Primary Health Centre Shiroda, Primary Health Centre Cansaulim and Primary Health Centre Siolim.
	50 Finger Pulse Oximeter, 01 Oxygen Concentrator, 01 3KVA UPS, 01 Electrosurgical Unit and 01 Defibrillator to Naval Hospital (INHS, Jeevanti) for management of COVID-19 pandemic.
	5,500 Dengue Kits and 500 Malaria Kits, 01 Double Dome OT Light and 02 Laboratory Refrigerators to Sub-district Hospital, Chicalim and 02 Medical Camps for local community.
	Dental diagnostic equipment and Hematology Analyser to ECHS Polyclinic, Vasco.
	03 Oxygen Concentrators, 01 Refrigerator, 01 Washing Machine and 02 ECG Machines to Sub-District Hospital, Chicalim

PPE items to ESI Hospital Goa and Local Authority.
Skilling of Women through establishment of Multi-product Processing Centre (MPC) at Pontemol, Curchorem.
Apprentice Training Programme.
Solar Technician (Electrical) Lab at Government ITI, Vasco.
Lab Instruments – one no. each of Vertical Electrophoresis System, Gel Documentation System, Horizontal Electrophoresis System, Sonicator and Microscope to boost research at Government College of Arts, Science and Commerce, Khandola Marcel.
Construction of 16 toilet blocks for girls and 10 toilet blocks and 03 urinals for boys and roofing work at various schools.
Garbage Collection Vehicle for Village Panchayat Chicolna, Bogmalo.
Installation of 24 Sanitary Pad Vending Machines and 13 Sanitary Pad Incinerators in Government Schools, College and Hospital.
250 Garbage Collection Bins to Village Panchayat, Chicalim.
Swachh Bharat Pakhwada - Display of Banners, Fumigation, Swachhta Awareness Campaign, Outdoor Cleanliness Campaign, etc.
Renovation of 02 girl toilet blocks at Vaddem Nagar Higher Secondary School, Vasco.
50 Online Awareness Sessions on Menstrual Hygiene in 62 schools/colleges (Beneficiary- 2478 students).
Educational aid support (50 desks cum benches and 03 water purifiers) to Government High School Amona, Bicholim.
Measures for the benefit of Armed Forces veterans, war widows and their dependents.
Road Safety Awareness Measures in Vasco.
Provided 01 Echocardiography Machine for Goa Medical College.

	Facilitating treatment of patients at Goa Medical College, Bambolim and training of homecare nursing attendants.
	Provided C-Arm Machine and Orthopedic Bone Drill, Saw and Reamer System for Guru Gobind Singh Government Hospital, Jamnagar, Gujarat.
	Provided Equipment (10 BP Apparatus, 04 Infusion Pump, 03 ECG Machine, 02 Syringe Pump, 02 High End Multipara Monitor, 01 Non Contact Tonometer, 01 Video Laryngoscope and 01 Suction Machine) for patients requiring ENT intervention, Obstetric and Gynac services and other surgeries to Sub-District Hospital, Chicalim.
	Provided C-Arm Machine for South Goa District Hospital.
	Provided 01 Anesthesia Workstation and 04 UPS for Dialysis Unit to Civil Hospital, Ratnagiri, Maharashtra.
	Provided Lab Reagents, 4000 Dengue Kits and 1000 Malaria Kits to Sub-District Hospital, Chicalim and organised 03 first aid training camps for local community.
	Installed 15 Sanitary Pad Vending Machines and 17 Sanitary Pad Incinerators in Government Schools and Hospitals.
	Provided Nutritional support to TB patients in Goa.
	Apprentice Training Programme.
	Provided Vehicle for Special Children to facilitate in attending School at VidhyaVardhini Education Society, Ponda, Goa.
	Infrastructure support to Sewa Bharti Gujarat.
	Skilling of Women through establishment of Multi-product Processing Centre (MPC) at Pontemol, Curchorem.
	Research and Development Project in collaboration with National Maritime Foundation (NMF), Delhi.

	<p>Provided Lab Instruments - 06 Microscope Binocular, 02 Microscope Trinocular, 01 3KVA online UPS, 01 Desktop Computer and 01 Interactive Panel for Zoology Department of Government College of Arts, Science and Commerce Sanquelim, Goa.</p>
	<p>Up-gradation of Computer Lab (09 Desktop Computers and 09 UPS) at College of Arts and Science, Farmagudi, Goa.</p>
	<p>Construction of 17 toilet blocks for girls and 07 toilet blocks and 08 urinals for boys at various schools.</p>
	<p>Adoption of road for cleaning from St. Andrew Circle Vasco to Airport Junction Chicalim, Goa.</p>
	<p>Construction of bunds for providing safe drinking water facility in villages at Ratnagiri District, Maharashtra.</p>
	<p>Observation of Swachh Bharat Pakhwada - Display of Banners, Fumigation, Swachhta Awareness Campaign, Outdoor Cleanliness Campaign, etc.</p>
	<p>Ananya-Empowering Lives through Nutrition - Millets Based Program.</p>
	<p>Conducted Awareness and Specialized Cancer checkup/detection camps for the community.</p>
	<p>Provided Medical Equipment for Cataract Surgery to Sub-District Hospital, Chicalim, Goa.</p>
	<p>Facilitating treatment of patient at Goa Medical College, Bambolim, and training of homecare nursing attendants.</p>
	<p>Provided 01 Ambulance vehicle for Office of Superintendent, Sub Jail, Haldwani, Nainital, Uttarakhand.</p>
	<p>Provided 01 C-Arm Machine for M.P. Shah Government Medical College, Jamnagar.</p>

Provided 02 Dialysis Machines to Lions Club of Ratnagiri Charitable Trust, for installing and utilizing in Dialysis Centre at Hospital in Ratnagiri.
Construction of Well for Water Reservoir at Old Age Home for SwagruhiSevaSanstha in Ratnagiri.
Medical CSR-First aid training for school teacher, School Dental Camps, Ayurveda for farmers and snake bite mitigation and first respond training for snake rescuer of Goa.
Provided Water Filters at various Govt. Schools and Primary Health Centres.
Maintenance and repairing of Well for providing drinking water at Benagi, Ratnagiri.
Provided Nutritional Support to TB Patients in Goa.
Providing drinking water facility to remote area at Dhamanse village, Ratnagiri.
Provided 07 Sanitary Pad Dispensers and 07 Incinerators to Schools and Colleges in Ratnagiri District.
Renovation of Government School, Vasco Da Gama, Goa.
Apprentice Training Programme.
Research and Development Project in collaboration with National Maritime Foundation (NMF), Delhi.
Provided 4 nos. Digital Boards for Vaddem Nagar Higher Secondary School, New Vaddem, Goa.
Skill Development Project - 3G Welder Course at SITEG, Vasco Da Gama, Goa.
Supply of 200 waste collection bins to Mormugao Municipal Council, Goa.
Supply of equipment for gardening to Local Authority at Dabolim, Goa.
Laying of pavers and making of garbage racks at Material Recovery Facility for Chicolna Panchayat under CSR.



	Developing landscape at Naval Kinder Garden campus, Mangoor Hill, Goa.
	Repair and replacement of staircase at Vaddem Lake, Goa.
	Maintenance and repair of park area behind police quarters at Chicalim, Goa.
	Developing of volleyball court and maintenance of children area at Government Middle High School, Dabolim, Goa.
	Provided 05 mobile toilets for Saptah in Vasco Da Gama, Goa.
HSL	Repair of Public Library
	Renovation of Veterinary Hospital
	Apprenticeship Training over and above 2.5% of total manpower
	Construction of Bore well
	Blood Donation Camp
	HarGharTiranga Program
	Contribution to DRDO for make shift hospital
	Supply of Rice Bags to Flood Victims
	Contribution of Oxygen Cylinder
	Repair of Public Library
	Supply of Oxygen Cylinders
AVNL	To provide aids and appliances to Persons with Disabilities (PwDs) in Tiruvallur District, Tamilnadu.
	To impart Skill Development Training for unemployed youth belonging to underprivileged sections (SC/ST/Girls) through CIPET
	Support for Army Veterans, war widows and their dependents
	To build Clay Athletic Track (400 mtr) within infrastructure in sports stadium of Ashifabad District, Telangana under Aspirational Districts Programme
	Improving Educational Infrastructure (3 School Buildings), Avadi, Chennai, Tamilnadu
	To provide assistive devices to the differently abled students of Bal Vikas Kendra, Avadi, Chennai, Tiruvallur District, Tamil Nadu.

	Participation in Hon'ble PM National Mission for eradication of TB
	Swarnim Centre of Value-Based Educational Excellence, Skilling, And Wellness in partnership with Armoured Vehicles Nigam Ltd
	Providing public amenities like Smart Toilet, Childcare room, Rest room for senior citizen at Sun Temple, Konark, Puri district, Odisha
	Expanding the illumination to the exterior portion as well inside Brihadiswara Temple at Tanjavur, Tamilnadu
	Drinking water facility, Toilet Block, CCTV Surveillance system, Garden development and maintenance, Desilting of the Moat at Temple of Somnath and Ruins, Bargon, Katni, Madhya Pradesh
	Participation in National Aspiration District Program for development of Particularly Vulnerable Tribal Groups (PVTG) Blocks of Odisha and Chhattisgarh States
AWEIL	IIT Kanpur
	ALIMCO, Kanpur
MIL	Welfare activities for the health of poor, under privileged villagers, orphans, PwBD children, TB patients etc.
	Welfare activities for drinking water, construction of well under "Jan Sanchay, Jan Bhagidari" scheme.
	Construction of Sewage Treatment Plant in villages
	Supply and installation of Roof Solar Plants in Girls' Hostel.
	Distribution of various medical equipment to hospitals such as ventilation units etc.
	Distribution of furniture and office equipment to schools, etc
IOL	PMRF
	PM Cares Fund
GIL	IIT Kanpur
TCL	The Akshaya Patra Foundation
	Artificial Limbs Manufacturing Corporation of India
	ISKCON
	Kanpur Parivartan Forum

	SGBS Unnati Foundation
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**STATEMENT-II**

**CSR PROJECTS IMPLEMENTED BY THE DPSUS IN ANDHRA PRADESH  
DURING THE LAST THREE YEARS**

DPSUs	Name of the Project	Expenditure (Rs In Lakh)
HAL	Contribution of Anaesthesia Work Stations with Monitors to Sri Padmavathi Children's Heart Centre (SPCHC), Tirupati, Andhra Pradesh	151.67
BEL	Adoption of Tribal village Gudidibba (Yanadi ST colony), Kruthivenu Mandal, Krishna Dist., Andhra Pradesh	68.5
	Construction of Toilet Blocks for girls and boys at APRJC Govt. Residential college, Nimmakuru, Krishna District,	62.83
	Promoting Organic Farming in Villages in and around Machilipatnam, Andhra Pradesh	13.00
	Provision of Food Distribution Vans (3 Nos) to AkshayaPatra Foundation for their Unit at Mangalagiri, Guntur district, Andhra Pradesh.	39.00
	Provision of Medical Equipment for Naval Hospitals in Vishakapatnam, Andhra Pradesh and Port Blair, Andaman and Nicobar Islands.	52.33
	Provision of Medical Equipment to Area Hospital, Gudivada, Krishna District, AP	35.00

	Additional budget allocated from the overall unspent amount of FY 2021-22 for - Adoption of Tribal village - Gudidibba (Yanadi ST colony), KruthivenuMandal,Krishna Dist., Andhra Pradesh	9.00
	Providing Ambulance to Primary Health Centres of Nagayalanka Mandal, Walk- in-Cooler and 35 KVA Generator for Central Vaccine Store, Krishna District, Machilipatnam, Andhra Pradesh.	27.31
	Provision of Mobile Cancer Detection Unit to Government District Hospital, Machilipatnam, Krishna district, Andhra Pradesh	278.11
	Construction of Toilet Blocks in Sri. VijnanaVihar Education Society, Unguturu, Krishna District, Andhra Pradesh	20.27
	Providing Classroom Furniture, Smart Panels (Digital Screens), establishing Science Laboratories and Computer Lab for Netaji Sainik School, Ketanakonda, NTR District, Andhra Pradesh.	97.84
	Installation of 140 KW Solar Plant atVignanaVihara, Gudilova, Vishakapatnam district, AndhraPradesh.	79.80
BDL	Setting up of Drain Treatment Plant (1.5 MLD STP) at Naval Base, Visakhapatnam	20.00
	Developmental activities at Vizianagaram (Social Welfare Hostel Building)	20.00
	Skill Development Job Oriented Trg. Prg for Women in Textiles at Vizianagaram	140.00

	Smart Class Rooms in Govt. Schools (digital learning), Visakhapatnam	80.00
	One month oxygen supply to VIMS, Government ENT Hospital REH, RCD hospital, Visakhapatnam.	25.00
	Mid day meal program through AkshayaPatra Foundation Govt. School Children of AP	21.33
	Smart Class rooms in Government schools of Vizianagaram District (Aspirational Dist.), AP	20.00
	Smart Class Rooms in Vizianagaram (Aspirational Dist.), AP	100.00
	Military Madhavaram Village, West Godavari Dist., AP	3.02
	Mid day meal program through AkshayaPatra Foundation Govt. School Children at Visakhapatnam District AP	143.66
	Smart Class rooms in Government schools of Vizianagaram District (Aspirational Dist.), AP	150.00
	Smart Class rooms in Government schools of Visakhapatnam District (Aspirational Dist.), AP	98.79
	Fitment of Cochlear Implants to the Children with Hearing Impairment through ALIMCO Andhra Pradesh State	83.75
	Job oriented skill development training program to rural women in textile processing in Vizianagaram District	100.00
	"Food Delivery Vehicle" to The AkshayaPatra Foundation at Visakhapatnam, AP	11.95
BEML	To promote Health, welfare, and all-round development of orphan and poor children and youth- enhancing employability through vocational and skill development training Vijaywada, AndhraPradesh	20.00

	Improvement of infrastructure facilities covering construction of School compound wall at Sri Saraswathi Shishu Mandir Buchireddy Palem SPSR, Distt. Nellore (A.P.)	5.00
	“Enhancing Employability through Vocational and Skill Development Training among under privileged youth of the villages surrounding Matru Chaya and the inmates who are completing SSC.” Guntur, Krishna, East Godavari, Prakasam districts of Andhra Pradesh	25.00
MIDHANI	Sponsorship for enhancing additional class rooms and improving existing infrastructure of Sri Saraswati Sisu Mandir Kakinada, Andhra Pradesh	25
	Support to construct Two halls and a compound wall for conducting Free Tuition centers and Tailoring Centers Parvatipuram, Manyam, AP	35
MDL	Education support to 3000 Urban Children by setting up ABHYASIKAS (Tuition Centres)	85.91
	Training Support for unemployed youth in Andhra Pradesh	13.68
	Support for Medical Equipment at Manasa Devi Charitable Hospital, Machilipatnam (A.P.)	47.43
	Teaching of Sanskrit language for reintroducing into the mainstream of spoken languages	63
HSL	Contribution of Oxygen Cylinder Visakhapatnam	0.94
	Repair of Public Library Visakhapatnam	2.70
	Renovation of Veterinary Hospital Visakhapatnam	3.88
	Apprenticeship Training over and above 2.5% of total manpower Visakhapatnam	41.55
	Construction of Bore well Visakhapatnam	1.10
	Blood Donation Camp Visakhapatnam	0.34

	Blood Donation Camp Visakhapatnam	0.10
	HarGharTiranga Program Visakhapatnam	0.15
	Apprenticeship Training over and above 2.5% of total manpower Visakhapatnam	21.54
	Supply of Oxygen Cylinders Visakhapatnam	0.55

### **ADVANCED DIAGNOSTIC AND RESEARCH CENTRES**

#### **3045. SHRI DHARAMBIR SINGH:**

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

- (a) whether there is a comprehensive list of funding opportunities available for researchers, faculty members and medical colleges seeking to establish advanced diagnostic and research laboratories including grants, Government programmes or public-private partnerships in the country and if so, the details thereof;
- (b) whether the Government has outlined a specific procedure for researchers or medical colleges to apply for and secure this funding, detailing eligibility criteria, application processes, necessary documentation and expected timelines for approval and if so, the details thereof;
- (c) whether any particular agencies or departments have been designated to oversee and facilitate this funding and if so, the details of support or guidance offered to institutions aiming to advance their research and diagnostic capabilities;

(d) whether a mechanism exists to prioritize funding for medical colleges with limited infrastructure, ensuring equitable access to resources for establishing such labs in the country; and

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

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

(a) to (e): i) The Department of Health Research (DHR) has implemented a Central Sector Scheme to establish a robust network of laboratories for managing epidemics and national calamities to strengthen India's preparedness and response to epidemics and natural disasters by establishing advanced Viral Research and Diagnostic Laboratories (VRDLs) for Rs. 324 Crore for the period from FY 2021-22 to 2025-26. A total of 163 Viral research and Diagnostic Laboratories, have already been sanctioned in various medical colleges and research institutions. 11 of 163 VRDLs have a regional status and are equipped with the state of art Biosafety level 3 (BSL-3) facilities to detect high risk infectious pathogens of public health significance.

All Central Government Medical/Research Institutes of repute, including the Armed Forces Medical College, Army Medical Hospitals, and other health bodies providing medical and health services, such as Railway hospitals and AYUSH hospitals, are eligible to apply for the establishment of VRDLs. Institutions must meet the parameters outlined in the Scheme Guidelines available at <https://dhr.gov.in/schemes/establishment-network-laboratories->



[managing-epidemics-and-natural-calamities](#). The applications are processed for funding as per the procedure laid out in the Guidelines.

ii) Indian Council of Medical Research (ICMR) has informed that it provides financial assistance to different researchers and scientists working in ICMR institutes through its intramural grants programme and those outside ICMR institutes through extramural grants programme to conduct research in the fields of medicine, public health, and allied disciplines.

The three types of Extramural Research Grants include Small Grant, Intermediate Grant and Centre for Advanced Research.

Apart from these, ICMR has undertaken multi-centric projects across different parts of the country in identified priority areas through its National Health Research Priority Programme.

The applications are invited from researchers, faculty members and medical colleges, and projects are selected and funded as per the respective procedure laid out in Programme Guidelines that are accessible on ICMR website.

iii) The Department of Biotechnology has informed that it supports RandD infrastructure through the Research Resource Service Facility and Platform (RRSFP), which operates through 2 major arms:

- Boost to University Interdisciplinary Life Science Departments for Education and Research Programme (DBT-BUILDER) –focusing on upgradation of the

post-graduate teaching and training laboratories by enabling advanced interdisciplinary research and teaching.

- Scientific Infrastructure Access for Harnessing Academia University Research Joint Collaboration (DBT-SAHAJ) –The SAHAJ portal on the DBT website consolidates the information of all facilities supported and established by the DBT under a single window, enabling potential users/individuals access to these facilities.

(iv) The Department of Science and Technology has informed that its Biomedical Device and Technology Development (BDTD) Program addresses R&D needs of the medical device industry to develop innovative products as per global standards. The program focuses on screening, diagnostic, surgical, and life-support equipment for healthcare applications and invites proposals from scientists/engineers/technologists working in academic institutions/RandD institutions/laboratories having adequate infrastructure/ facilities. Under BDTD, biomedical hubs provide facilities for prototype development, technology up-scaling, and market validation, promoting RandD and enabling technology transfer for commercialization.

### न्यायालय में कदाचार की शिकायतें

**3046. श्री अमरा राम :**

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

(क) क्या समय पर न्याय सुनिश्चित करने के लिए न्यायालयों और न्यायाधीशों की संख्या में वृद्धि किए जाने की आवश्यकता है ;

(ख) यदि हां, तो इसकी समय-सीमा क्या है और यदि नहीं, तो इसके क्या कारण हैं ;

(ग) न्यायालयों में कदाचार की शिकायतों को हल करने के लिए क्या तंत्र मौजूद है ; और

(घ) विगत पांच वर्षों के दौरान महिलाओं के विरुद्ध दुराचार की कुल कितनी शिकायतें प्राप्त हुई हैं और उनपर की गई कार्यवाही सहित परिणाम क्या हैं ?

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

(क) और (ख) : लंबित मामलों का समयबद्ध तरीके से निपटान न्यायपालिका के विशेष अधिकार क्षेत्र में है। तथापि, न्यायालयों में मामलों का निपटान कई कारकों पर निर्भर करता है, जिसमें, अन्य बातों के साथ-साथ, भौतिक अवसंरचना और सहायक न्यायालयी कर्मचारियों की उपलब्धता, अंतर्वलित तथ्यों की जटिलता, साक्ष्य की प्रकृति, हितधारकों अर्थात् बार, जांच एजेंसियों, साक्षियों और वादियों का सहयोग तथा नियमों और प्रक्रियाओं का उचित अनुप्रयोग सम्मिलित है। मामलों के निपटान में देरी के लिए उत्तरदायी अन्य कारकों में, विभिन्न प्रकार के मामलों के निपटान के लिए संबंधित न्यायालयों द्वारा निर्धारित समय-सीमा का अभाव, बार-बार स्थगन और सुनवाई के लिए मामलों की निगरानी, ट्रेक और समूहीकरण के लिए पर्याप्त व्यवस्था का अभाव सम्मिलित है।

राज्य सरकारों और संबंधित उच्च न्यायालयों द्वारा जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत संख्या वर्ष 2014 में 19,518 से बढ़ाकर तारीख 09.12.2024 तक 25,741 कर दी गई है। संबंधित राज्य सरकारों, संबंधित उच्च न्यायालयों और भारत के मुख्य न्यायमूर्ति के अनुमोदन से, तारीख 01.05.2014 से तारीख 09.12.2024 की अवधि के दौरान, केंद्रीय सरकार ने उच्च न्यायालयों में न्यायाधीशों की संख्या 906 से बढ़ाकर 1122 कर दी है, अर्थात् 216 पद बढ़ गए हैं।

उच्चतम न्यायालय (न्यायाधीश संख्या) संशोधन अधिनियम, 2019, तारीख 09.08.2019 से प्रवृत्त हुआ, जिसके द्वारा उच्चतम न्यायालय (न्यायाधीश संख्या) अधिनियम, 1956 में संशोधन करके भारत के उच्चतम न्यायालय की स्वीकृत संख्या (मुख्य न्यायमूर्ति के सिवाय) 30 से बढ़ाकर 33 कर दी गई।

(ग) : भारत के मुख्य न्यायमूर्ति, उच्चतम न्यायालय के न्यायाधीशों और उच्च न्यायालयों के मुख्य न्यायमूर्ति के आचरण के विरुद्ध शिकायतें प्राप्त करने के लिए सक्षम हैं। इसी प्रकार, उच्च न्यायालयों के मुख्य न्यायमूर्ति, अपने न्यायालयों के आचरण के विरुद्ध शिकायतें प्राप्त करने के लिए सक्षम हैं। राज्यों में अधीनस्थ न्यायपालिका के सदस्यों पर प्रशासनिक नियंत्रण संबंधित उच्च न्यायालय और राज्य सरकार के पास होता है।

(घ) : भारत के उच्चतम न्यायालय द्वारा प्रदान की गई जानकारी के अनुसार, पिछले पाँच वर्षों के दौरान, भारत के उच्चतम न्यायालय की आंतरिक शिकायत समिति के पास चार शिकायतें फाइल की गईं, जिनमें से दो को वापस ले लिया गया और शेष दो को आचरण नियम/POSH अधिनियम के अनुसार निपटाया गया। उक्त दोनों मामलों में प्रस्तुत रिपोर्ट को सक्षम प्राधिकारी द्वारा स्वीकार कर लिया गया है।

इसके अतिरिक्त, भारत के उच्चतम न्यायालय की एक लिंग संवेदनशीलता आंतरिक शिकायत समिति है, जो “भारत के उच्चतम न्यायालय में महिलाओं की लिंग संवेदनशीलता और यौन उत्पीड़न (रोकथाम, निषेध और निवारण), विनियम, 2013” और उच्चतम न्यायालय में महिलाओं का लिंग संवेदनशीलता और यौन उत्पीड़न (रोकथाम, निषेध और निवारण) दिशानिर्देश, 2015 नामक, अपने स्वयं के नियमों द्वारा शासित होती है। इन नियमों के अधीन, पिछले पाँच वर्षों में 16 शिकायतें प्राप्त हुई हैं और उनका विधिवत निपटारा किया गया है।

तथापि, उच्च न्यायालयों तथा जिला और अधीनस्थ न्यायालयों के स्तर पर प्राप्त महिलाओं के विरुद्ध दुर्व्यवहार की शिकायतों का ब्यौरा केन्द्रीय रूप से नहीं रखा जाता है।

## MALNUTRITION

**3047. SHRI S. SUPONGMEREN JAMIR:**

**SHRI RAJA RAM SINGH:**

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

- (a) whether 17 per cent of children under six were underweight, 36 per cent were stunted, and 6 per cent were wasted including 46 per cent stunted in Uttar Pradesh, if so, the details thereof indicating the number of underweight and stunted children, State-wise;
- (b) the steps taken/ proposed to be taken to address malnutrition in children especially in high-burden States and districts, State/ UT-wise and district-wise;
- (c) the steps taken by the Government to monitor and improve child nutrition outcomes effectively along with the resources allocated to States with high percentage of stunted children;
- (d) whether the Government is planning to reduce the high rate of stunting and underweight children particularly in Uttar Pradesh and Lakshadweep having highest percentage of such children, if so, the details thereof and if not, the reasons therefor; and
- (e) the details of the measures taken/ proposed to be taken by the Government to improve access to nutrient rich food for vulnerable population especially in region with high levels of poverty?

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

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

This is a self-selecting scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs including high burden districts.

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

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

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

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

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

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of

Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

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

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

<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.

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

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

State wise details of malnutrition indicators for children age (0 - 5 years) are given in the enclosed **Statement -I**.

State wise details of funds released to States under Mission Poshan 2.0 during the last three years are given in the enclosed **Statement– II**.

### **STATEMENT-I**

**State wise details of malnutrition indicators for children age (0 - 5 years) from Poshan Tracker for the month of October 2024 are as follows\*:**

<b>State</b>	<b>Stunted %</b>	<b>Underweight %</b>
Andhra Pradesh	22.6	10.8
Arunachal Pradesh	32.8	9.6
Assam	42.4	16.4

Bihar	43.8	22.9
Chhattisgarh	21.5	13.1
Goa	4.1	1.7
Gujarat	40.8	21
Haryana	28.2	8.7
Himachal Pradesh	18.4	6.3
Jharkhand	43.8	19.3
Karnataka	39.7	17.1
Kerala	34.4	9.5
Madhya Pradesh	46.5	26.5
Maharashtra	47.7	16.5
Manipur	7.7	2.6
Meghalaya	18.2	4.5
Mizoram	26.7	5.9
Nagaland	28	6.6
Odisha	29.1	12.8
Punjab	18.4	5.9
Rajasthan	36.6	17.7
Sikkim	9.2	1.7
Tamil Nadu	13.4	7.1
Telangana	32.6	16.2
Tripura	40.5	16.6
Uttar Pradesh	48	19.4
Uttarakhand	21	5.4
West Bengal	38	13
Andaman and Nicobar Islands	8.7	3.9
Dadra and Nagar Haveli - Daman and Diu	35.9	16.1
Delhi	41.9	20.6
JandK	12.1	3
Ladakh	11	2

Lakshadweep	46.5	25.1
Puducherry	40.2	13
UT-Chandigarh	26.3	11.9

### **STATEMENT-II**

**State/UT wise details of funds released under Mission Poshan 2.0 during the last three years:**

S. No.	STATES/UTs	Amount released in ₹crores
1	Andaman and Nicobar Islands	35.71
2	Andhra Pradesh	2278.07
3	Arunachal Pradesh	470.67
4	Assam	5204.84
5	Bihar	5173.81
6	Chandigarh	68.22
7	Chhattisgarh	1855.15
8	Dadra and Nagar Haveli and Daman and Diu	27.10
9	Delhi	477.69
10	Goa	39.49
11	Gujarat	2879.30
12	Haryana	594.07
13	Himachal Pradesh	819.31
14	Jammu and Kashmir	1415.63
15	Jharkhand	1448.19
16	Karnataka	2682.54
17	Kerala	1139.85
18	Ladakh	53.10
19	Lakshadweep	5.43
20	Madhya Pradesh	3220.15
21	Maharashtra	5059.08

22	Manipur	566.15
23	Meghalaya	635.41
24	Mizoram	202.39
25	Nagaland	622.01
26	Odisha	2958.71
27	Puducherry	7.37
28	Punjab	766.70
29	Rajasthan	2748.63
30	Sikkim	79.54
31	TamilNadu	2302.98
32	Telangana	1540.88
33	Tripura	581.47
34	Uttar Pradesh	7798.11
35	Uttarakhand	1067.74
36	West Bengal	3133.50

### **REGISTERED PRACTITIONERS FOR AYUSH**

**3048. DR. M. K. VISHNU PRASAD:**

**SHRI K. GOPINATH:**

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

(a) the total number of registered practitioners for Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy in the country, State/UT-wise and Stream-wise, especially in Tamil Nadu;

(b) the total number of educational institutions proposed for the study of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy, State/UT-wise especially in Cuddalore district of Tamil Nadu;

(c) the total number of clinics/wellness centres run by these professionals across the country, State/UT-wise and district-wise especially in Tamil Nadu;

(d) whether the Government has considered offering any schemes/projects/initiatives incentivising individuals to take up the study/practice of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy; and

(e) if so, the details thereof along with the total funding allocated and utilised for the same, State/UT-wise during the last five years, especially in Tamil Nadu?

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

(a)and (b):The total number of Ayush Registered Practitioners (Doctors) in the country, State/UT-wise including Tamilnadu as on 01.01.2023, as reported by State/UT Boards/Councils is furnished at enclosed **Statement -I**. Also, the total number of Ayush Colleges in the country, State/UT-wise including Tamilnadu as on 01.04.2023 is furnished at enclosed **Statement - II**.

(c): The total number of Ayush dispensaries in the country, State/UT-wiseincluding Tamilnadu and district-wise total number of Ayush dispensaries in Tamilnaduas on 01.04.2023, as reported by State/UT Governments is furnished at enclosed **Statement –III and IV** respectively.

(d) and (e): Central Council for Research in Ayurvedic Sciences (CCRAS), an autonomous body under the Ministry of Ayush has taken the following steps for incentivizing individuals to take up the research study of Ayurveda:

➤ **Studentship Program for Ayurveda Research Ken (SPARK)**: This program has been launched on 02.09.2022 for undergraduate students interested in research. State-wise details of the funds utilized is given in the enclosed **Statement- V**.

➤ **Scheme for Training in Ayurveda Research for PG Scholars (PG-STAR)**: CCRAS has initiated Scheme for Training in Ayurveda Research for PG Scholars (PG-STAR) from June 2023. The Amount of Scholarship is up to Rs 1,00,000/- per scholar and 100 Scholarships are granted per year. The details of funds allocated for PG STAR session 1 including Tamil nadu are at enclosed **Statement -VI**.

➤ Ministry of Ayush/ CCRAS has also initiated Ph.D. and Post-Doctoral Fellowship (PDF) programs for students to encourage scientific research. The selected candidates under the PDF program are provided the fellowship of Rs. 60,000/- per month + HRA +Rs. 3,00,000/- annual contingency for 2 years. The details of the funds are given in the enclosed **Statement -VII**.

### **STATEMENT-I**

**State/ UT-wise Total Number of Ayush Registered Practitioners (Doctors)  
in the country as on 01.01.2023**

S.No.	States/UTs	Ayurveda	Unani	Siddha	Naturo pathy	Sowa- Rigpa	Homoeo pathy	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Andhra Pradesh	2212	656	0	242	0	3063	<b>6173</b>

2	Arunachal Pradesh	90	3	0	0	3	455	<b>551</b>
3	Assam	1438	0	0	0	0	1939	<b>3377</b>
4	Bihar	34023	5423	0	0	0	34777	<b>74223</b>
5	Chhattisgarh	4679	224	0	132	0	2461	<b>7496</b>
6	Delhi	4048	2167	0	0	0	5648	<b>11863</b>
7	Goa	751	0	0	1	0	882	<b>1634</b>
8	Gujarat	30082	368	0	78	0	30470	<b>60998</b>
9	Haryana	10737	216	0	0	0	1642	<b>12595</b>
10	Himachal Pradesh	6233	4	0	0	0	1439	<b>7676</b>
11	Jammu and Kashmir	2284	2533	0	73	63	494	<b>5447</b>
12	Jharkhand	267	81	0	0	0	832	<b>1180</b>
13	Karnataka	19875	1199	11	1059	0	11230	<b>33374</b>
14	Kerala	31442	210	2485	373	0	14504	<b>49014</b>
15	Madhya Pradesh	21144	2158	0	112	0	22067	<b>45481</b>
16	Maharashtra	89928	8009	0	0	0	80225	<b>178162</b>
17	Manipur	0	0	0	0	0	0	<b>0</b>
18	Meghalaya	0	0	0	0	0	552	<b>552</b>
19	Mizoram	22	0	0	0	0	251	<b>273</b>
20	Nagaland	0	0	0	0	0	183	<b>183</b>
21	Odisha	5538	28	0	0	0	10011	<b>15577</b>
22	Punjab	12451	183	0	0	0	4201	<b>16835</b>
23	Rajasthan	11977	1234	0	231	0	9281	<b>22723</b>
24	Sikkim	0	0	0	0	0	0	<b>0</b>
<b>25</b>	<b>Tamil Nadu</b>	<b>2306</b>	<b>585</b>	<b>7035</b>	<b>1671</b>	<b>0</b>	<b>7735</b>	<b>19332</b>
26	Telangana	12444	5282	0	407	0	5730	<b>23863</b>
27	Tripura	0	0	0	0	0	796	<b>796</b>
28	Uttar Pradesh	44199	15870	0	0	0	36550	<b>96619</b>
29	Uttarakhand	3358	204	0	0	0	964	<b>4526</b>
30	West Bengal	3888	5332	0	0	0	41828	<b>51048</b>
31	AandN Islands	0	0	0	0	0	0	<b>0</b>
32	Chandigarh	0	0	0	0	0	197	<b>197</b>
33	DandN Haveli and Daman and Diu	0	0	0	0	0	0	<b>0</b>
34	Ladakh	0	0	0	0	0	0	<b>0</b>
35	Lakshadweep	0	0	0	0	0	0	<b>0</b>



36	Puducherry	0	0	0	0	0	0	0
	<b>TOTAL</b>	<b>355416</b>	<b>51969</b>	<b>9531</b>	<b>4379</b>	<b>66</b>	<b>330407</b>	<b>751768</b>

**Source:** State/UT Boards/Councils

**STATEMENT-II**

**State/ UT-wise Total Number of Ayush Colleges in the country as on  
01.04.2023**

S. No.	State/UT	Ayurveda	Unani	Siddha	Yoga and Naturopathy	Homoeopathy	Sowa Rigpa	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Andhra Pradesh	3	1	0	2	7	0	13
2	Arunachal Pradesh	0	0	0	0	1	0	1
3	Assam	1	0	0	0	3	0	4
4	Bihar	10	5	0	0	15	0	30
5	Chhattisgarh	6	1	0	1	3	0	11
6	Delhi	3	2	0	1	2	0	8
7	Goa	2	0	0	0	1	0	3
8	Gujarat	45	0	0	2	45	0	92
9	Haryana	14	0	0	1	1	0	16
10	Himachal Pradesh	4	0	0	0	1	1	6
11	Jammu and Kashmir	2	4	0	0	0	0	6
12	Jharkhand	1	0	0	0	6	0	7
13	Karnataka	99	6	0	9	19	1	134
14	Kerala	18	1	1	0	6	0	26
15	Madhya Pradesh	33	4	0	2	25	0	64
16	Maharashtra	120	7	0	0	65	0	192
17	Meghalaya	2	0	0	0	1	0	3
18	Odisha	6	0	0	0	7	0	13
19	Punjab	18	1	0	0	4	0	23
20	Rajasthan	18	3	0	10	12	0	43
21	Sikkim	0	0	0	0	0	1	1
22	<b>Tamil Nadu</b>	<b>8</b>	<b>1</b>	<b>16</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>54</b>
23	Telangana	2	3	0	1	5	0	11
24	Uttar Pradesh	100	17	0	4	12	1	134
25	Uttarakhand	20	1	0	1	2	0	24
26	West Bengal	4	1	0	0	12	1	18
27	Chandigarh	1	0	0	0	1	0	2
28	Puducherry	1	0	0	0	0	0	1
29	Ladakh	0	0	0	0	0	2	2
<b>TOTAL</b>		<b>541</b>	<b>58</b>	<b>17</b>	<b>49</b>	<b>270</b>	<b>7</b>	<b>942</b>

**Source:** AEP-I and AEP-II Sections, Ministry of Ayush, CCRYN and Yoga and Naturopathy Colleges

**Note:** Number of Colleges includes UG, PG (after UG courses) and Exclusive PG Ayush Colleges.

### STATEMENT-III

**State/ UT-wise Total Number of Ayush Dispensaries in the country 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)
<b>A. States/Union Territories</b>									
1	Andhra Pradesh	373	92	0	0	25	245	0	<b>735</b>
2	Arunachal Pradesh	38	1	0	0	0	133	2	<b>174</b>
3	Assam	505	0	0	0	0	68	0	<b>573</b>
4	Bihar	799	333	0	0	0	458	0	<b>1590</b>
5	Chhattisgarh	956	26	0	0	0	112	0	<b>1094</b>
6	Delhi	55	25	0	0	0	117	0	<b>197</b>
7	Goa	140	0	0	0	0	67	0	<b>207</b>
8	Gujarat	579	0	0	0	0	273	0	<b>852</b>
9	Haryana	625	23	0	18	0	164	0	<b>830</b>
10	Himachal Pradesh	1185	3	0	0	0	14	4	<b>1206</b>
11	Jammu and Kashmir	311	267	0	0	0	16	0	<b>594</b>
12	Jharkhand	362	147	0	0	0	272	0	<b>781</b>
13	Karnataka	7432	89	1	0	22	97	0	<b>7641</b>
14	Kerala	1041	16	34	0	1	1078	0	<b>2170</b>
15	Madhya Pradesh	1496	64	0	0	0	213	0	<b>1773</b>
16	Maharashtra	462	24	0	0	0	0	0	<b>486</b>
17	Manipur	0	0	0	0	0	1	0	<b>1</b>
18	Meghalaya	39	0	0	2	0	54	0	<b>95</b>
19	Mizoram	1	0	0	0	0	20	0	<b>21</b>
20	Nagaland	10	0	0	2	0	34	0	<b>46</b>
21	Odisha	620	9	0	0	0	562	0	<b>1191</b>
22	Punjab	672	34	0	1	0	225	0	<b>932</b>
23	Rajasthan	3664	341	0	0	3	329	0	<b>4337</b>
24	Sikkim	2	0	0	0	0	10	1	<b>13</b>
<b>25</b>	<b>Tamil Nadu</b>	<b>101</b>	<b>65</b>	<b>790</b>	<b>174</b>	<b>0</b>	<b>108</b>	<b>0</b>	<b>1238</b>
26	Tripura	35	0	0	0	0	66	0	<b>101</b>
27	Uttar Pradesh	2112	73	0	0	0	1576	0	<b>3761</b>

28	Uttarakhand	412	2	0	0	0	148	0	<b>562</b>
29	West Bengal	545	6	0	12	0	2105	0	<b>2668</b>
30	AandN Islands	13	0	0	6	0	18	0	<b>37</b>
31	Chandigarh	12	2	0	0	0	16	0	<b>30</b>
32	DandN Haveli and Daman and Diu	10	0	0	0	0	10	0	<b>20</b>
33	Ladakh	3	8	0	0	0	2	35	<b>48</b>
34	Lakshadweep	9	0	0	0	0	9	0	<b>18</b>
35	Puducherry	30	0	28	4	0	18	0	<b>80</b>
36	Telangana	423	184	0	0	28	199	0	<b>834</b>
	<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>B.CGHS and Central Government Organizations</b>	354	40	65	94	15	289	11	<b>868</b>
	<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- IV****District-wise Total Number of Ayush Dispensaries in Tamilnadu as on 01.04.2023**

S. No.	Name of the District	Ayurveda	Unani	Siddha	Yoga	Naturopathy	Homoeopathy	Sowa-Rigpa	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	Coimbatore	8	2	23	7	-	4	-	44
2	Tiruppur	3	-	15	4	-	1	-	23
3	Cuddalore	3	2	24	5	-	5	-	39
4	Dharmapuri	1	1	22	6	-	3	-	33
5	Krishnagiri	1	-	20	4	-	3	-	28
6	Dindigul	4	5	26	6	-	3	-	44
7	Erode	2	-	38	4	-	3	-	47
8	Kancheepuram	3	3	31	6	-	4	-	47
9	Thiruvallur	4	2	22	5	-	4	-	37
10	Kanniyakumari	9	2	29	5	-	5	-	50
11	Madurai	2	1	27	8	-	2	-	40
12	Theni	3	-	20	5	-	3	-	31
13	Nagapattinam	4	5	24	5	-	2	-	40
14	Tiruvarur	3	4	18	5	-	3	-	33
15	Pudukottai	6	-	19	5	-	3	-	33
16	Ramnad	2	7	24	5	-	2	-	40
17	Salem	4	1	41	6	-	6	-	58
18	Namakkal	2	1	28	4	-	3	-	38
19	Sivagangai	2	1	25	6	-	3	-	37
20	Thanjavur	4	2	22	6	-	3	-	37
21	The Nilgiris	2	1	16	4	-	3	-	26
22	Tirunelveli	7	2	40	7	-	4	-	60
23	Thiruvannamalai	3	1	34	6	-	4	-	48
24	Thoothukudi	4	2	32	7	-	5	-	50
25	Trichy	5	4	26	6	-	4	-	45
26	Karur	1	3	14	3	-	3	-	24
27	Perambalur	1	1	9	3	-	1	-	15
28	Ariyalur	-	-	13	3	-	2	-	18
29	Vellore	4	9	28	6	-	5	-	52
30	Villupuram	1	2	36	5	-	4	-	48
31	Virudhu Nagar	2	1	35	6	-	3	-	47
32	Chennai	1	-	9	11	-	5	-	26
	<b>Total</b>	<b>101</b>	<b>65</b>	<b>790</b>	<b>174</b>	<b>0</b>	<b>108</b>	<b>0</b>	<b>1238</b>

**Source:** State / UT Governments and Concerned agencies.

**STATEMENT- V**

**State-wise Studentship Awarded to SPARK Awardees**

S. No.	State	2022-23		2023-24	
		Number of SPARK Awardees	Total Studentship amount (in Rs.) (@Rs.50,000/- per awardee)	Number of Selected Students	Funds allocated for SPARK Awardees (in Rs.) @ Rs. 50,000/- per awardee
1.	Andhra Pradesh	1	50,000	1	50,000
2.	Chhattisgarh	2	1,00,000	1	50,000
3.	Gujarat	9	4,50,000	22	11,00,000
4.	Goa	-	-	4	2,00,000
5.	Haryana	3	1,50,000	4	2,00,000
6.	Karnataka	34	17,00,000	64	32,00,000
7.	Kerala	9	4,50,000	15	7,50,000
8.	Madhya Pradesh	5	2,50,000	6	3,00,000
9.	Maharashtra	13	6,50,000	34	17,00,000
10.	Meghalaya	1	50,000	1	50,000
11.	New Delhi	2	1,00,000	5	2,50,000
12.	Odisha	1	50,000	5	2,50,000
13.	Puducherry	1	50,000	1	50,000
14.	Punjab	2	1,00,000	2	1,00,000
15.	Rajasthan	5	2,50,000	10	5,00,000
<b>16.</b>	<b>Tamil Nadu</b>	<b>1</b>	<b>50,000</b>	<b>3</b>	<b>1,50,000</b>
17.	Telangana	1	50,000	-	-

S. No.	State	2022-23		2023-24	
		Number of SPARK Awardees	Total Studentship amount (in Rs.) (@Rs.50,000/- per awardee)	Number of Selected Students	Funds allocated for SPARK Awardees (in Rs.) @ Rs. 50,000/- per awardee
18.	Uttar Pradesh	3	1,50,000	13	6,50,000
19.	Uttarakhand	1	50,000	6	3,00,000
20.	West Bengal	1	50,000	1	50,000
	<b>Total</b>	<b>95</b>	<b>Rs.47,50,000.00</b> <b>Rupees Forty-Seven Lakh Fifty Thousand Only)</b>	<b>198</b>	<b>Rs.99,00,000</b> <b>(Rupees Ninety Nine Lakh Only)</b>

### STATEMENT-VI

#### State-wise details of PG STAR scholarship

SI No	State	No of Proposals	Funds allocated for PG STAR session 1 (in Rs.)
1	Andhra Pradesh	1	1,00,000/-
2	Chhattisgarh	1	92,150/-
3	Gujarat	9	6,30,050/-
4	Haryana	3	1,81,000/-
5	Himachal Pradesh	1	1,00,000/-
6	Karnataka	31	25,85,031/-
7	Kerala	18	15,97,260/-
8	Madhya Pradesh	1	70,000/-
9	Maharashtra	15	13,47,538/-
10	New Delhi	6	4,51,200/-

11	Punjab	2	2,00,000/-
12	Rajasthan	6	5,02,045/-
13	Telangana	2	1,06,420/-
14	Uttar Pradesh	3	2,95,100/-
15	Uttarakhand	1	76,000/-
	<b>Total</b>	<b>100</b>	<b>83,33,794/-</b>

### STATEMENT-VII

#### State- wise details of Post-Doctoral Fellowship (PDF)

Year of award of Fellowship (Batch wise)	Name of the State	Number of Fellowship awarded in each State
PDF 2022 June Batch	Karnataka	01
	Mizoram	01
	<b>Tamil Nadu</b>	<b>01</b>
PDF 2022 December Batch	Delhi	01
	Goa	01
	Karnataka	01
	Madhya Pradesh	01
	Uttar Pradesh	02
	West Bengal	01
PDF 2023 June Batch	Delhi	02
	Maharashtra	01
	Madhya Pradesh	01
	Odisha	01
	Rajasthan	01
	West Bengal	01
PDF 2023 December Batch	Himachal Pradesh	01
	Kerala	01
	Rajasthan	01
PDF 2024 June Batch	Assam	01
	Delhi	01
	Jammu and Kashmir	02
	Karnataka	02
	Kerala	02



	Madhya Pradesh	01
	Odisha	01
<b>05 Batches</b>	<b>15 States</b>	<b>30</b>

### **SALE OF ADULTERATED FOOD IN AMRITSAR**

#### **3049. SHRI GURJEET SINGH AUJLA:**

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 widespread sale of adulterated sweets and food products in Amritsar, a significant border region with a large population and a steady influx of tourists and pilgrims;

(b) whether there are any specific guidelines to regularly inspect and monitor the quality of food sold in markets, especially during festive seasons when adulteration is at its peak and if so, the details thereof;

(c) whether the Government has allocated resources for dedicated food testing laboratories to ensure rapid and efficient testing of food samples in the country and if so, the details thereof;

(d) whether the Government has plans to introduce public awareness campaigns to educate citizens about the dangers of consuming adulterated food and the way to identify such products and if so, the details thereof; and

(e) whether the Government is likely to consider launching a special scheme in border areas like Amritsar to combat food adulteration and the reputation of the city as a tourist and pilgrimage hub 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): 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/UTs and its Regional Offices conducts regular surveillance, monitoring, inspection and random sampling of various food products 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.

Also, FSSAI carries out special festive drives before the commencement of and around, the festive seasons. Under these special drives, random sampling of adulteration prone food products especially milk and milk products, such as ghee, khoya, paneer and sweets particularly during the festive season are carried out. The drives are carried out in the suspected hotspots of adulteration identified through various exercise including intelligence inputs,

past sampling and analysis history, complaints and reports on various channels including local media.

Further, for regular inspection and monitoring the quality of food, FSSAI has also provided financial and technical support to the States/UTs for strengthening the food testing ecosystem which includes procurement of High End and Basic Equipment, setting up of Microbiology laboratory and managing contingencies, Mobile Food Testing Laboratories, Manpower, National Accreditation Board for Testing and Calibration Laboratories (NABL) accreditation etc.

FSSAI has sanctioned a total grant of Rs. 23.56 Crores from 2016-2024 to the state of Punjab for for strengthening the food testing ecosystem. FSSAI has also sanctioned 23 Mobile Food Testing Laboratories for the State of Punjab. These Mobile labs are equipped with basic infrastructure for quick qualitative testing for detection of adulteration in various food commodities. Mobile labs are also used as a platform for conducting training and awareness programmes across the State. Mobile food labs, deployed in the state of Punjab conducted a total of 20276 surveillance tests, 1030 public awareness programs, and 156 training sessions for various stakeholders.

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

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

### केन्द्रीय स्वास्थ्य योजनाओं के लाभार्थी

**3050. श्री रविन्द्र दत्ताराम वायकर:**

श्रीमती कलाबेन मोहनभाई देलकर:

श्री ज्ञानेश्वर पाटील:

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

(क) दादरा और नगर हवेली, मध्य प्रदेश और महाराष्ट्र सहित देश भर, विशेषकर मुम्बई के प्राथमिक स्वास्थ्य केन्द्रों में केन्द्रीय स्वास्थ्य योजनाओं से लाभान्वित होने वाली गर्भवती महिलाओं की कुल संख्या विगत तीन वर्षों के दौरान राज्यवार/संघ राज्यक्षेत्रवार कितनी है;

(ख) उक्त योजनाओं के अंतर्गत विगत तीन वर्षों के दौरान राज्यवार/संघ राज्यक्षेत्रवार और वर्षवार कुल कितने शिशुओं को टीके लगाए गए;

(ग) उक्त योजनाओं के कार्यान्वयन के लिए सरकार द्वारा स्थापित निगरानी तंत्र का ब्यौरा क्या है; और

(घ) विगत तीन वर्षों और आगामी वर्षों के दौरान उक्त राज्यों में उक्त योजनाओं के अंतर्गत पंजीकृत/पंजीकृत किए जाने के लिए प्रस्तावित ग्रामीण महिलाओं की कुल संख्या कितनी है?

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

(क): दादरा एवं नगर हवेली, मध्य प्रदेश, महाराष्ट्र और मुंबई सहित देश भर के प्राथमिक स्वास्थ्य केंद्रों में केन्द्रीय स्वास्थ्य योजनाओं से लाभान्वित गर्भवती महिलाओं की राज्य/संघ राज्य क्षेत्र-वार कुल संख्या का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख): पिछले तीन वर्षों के दौरान राज्य/संघ राज्य क्षेत्र-वार और वर्ष-वार टीकाकरण किए गए शिशुओं की कुल संख्या का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग): सरकार क्षेत्रीय/राज्य स्तरीय समीक्षा बैठकों, विभिन्न राज्यों/संघ राज्य क्षेत्रों के क्षेत्रीय दौरों और सामान्य समीक्षा मिशनों (सीआरएम) के माध्यम से राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत योजनाओं के कार्यान्वयन की निगरानी करती है।

इसके अलावा, भारत सरकार ने योजनाओं के प्रभावी कार्यान्वयन और सुदृढ़ीकरण के लिए निम्नलिखित कदम उठाए हैं;

- एनएचएम, आशा और सीएचओ जैसे फील्ड स्तर के कार्यकर्ता अंतरवैयक्तिक संचार के माध्यम से जमीनी स्तर पर कार्यक्रम को बढ़ावा देते हैं।
- पत्र, वीडियो कॉन्फ्रेंसिंग आदि सहित कई चैनलों के माध्यम द्वारा राज्य सरकारों के साथ संचार।
- जनसंचार माध्यमों सहित सूचना, शिक्षा और संचार (आईईसी) तथा व्यवहार परिवर्तन संचार (बीसीसी) कार्यनीतियों के माध्यम से योजनाओं के बारे में जानकारी का प्रसार।
- विभिन्न मातृ एवं शिशु स्वास्थ्य क्रियाकलापों के कार्यान्वयन की निगरानी के लिए राज्यों और जिलों में सहायक पर्यवेक्षी दौरों की एक प्रणाली भी है।

(घ): योजना के प्रावधानों के अनुसार ग्रामीण महिलाओं सहित सभी गर्भवती महिलाएं विभिन्न केंद्रीय स्वास्थ्य योजनाओं के तहत पात्र हैं। लाभार्थियों का ब्यौरा संलग्न **विवरण -III** में दिया गया है।

### विवरण -I

2023-24 में प्राथमिक स्वास्थ्य केंद्रों में केंद्रीय स्वास्थ्य योजना, जननी शिशु सुरक्षा कार्यक्रम और प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए) से लाभान्वित गर्भवती महिलाओं की राज्य/संघ राज्य क्षेत्र-वार कुल संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	जेएसएसके के अंतर्गत लाभान्वित गर्भवती महिलाएं *	पीएमएसएमए के अंतर्गत एएनसी जांच**
अखिल भारत		21,38,919	34,43,654
1	अंडमान और निकोबार द्वीप समूह	1,705	1,568
2	आंध्र प्रदेश	20,002	5,45,700
3	अरुणाचल प्रदेश	3,441	10
4	असम	1,75,162	11,931
5	बिहार	1,16,761	6,90,406
6	चंडीगढ़	5,242	0
7	छत्तीसगढ़	95,849	1,28,145
8	दादरा और नगर हवेली तथा दमन और दीव	377	5471
	दादरा और नगर हवेली	103	4456
9	दिल्ली	258	364
10	गोवा	1,990	6,476
11	गुजरात	1,76,300	1,36,601
12	हरियाणा	62,665	1,58,751
13	हिमाचल प्रदेश	1,750	31,274
14	जम्मू और कश्मीर	19,578	17,587
15	झारखंड	36,329	13,175
16	कर्नाटक	1,69,873	3,49,388
17	केरल	2,289	947
18	लद्दाख	295	1,041
19	लक्षद्वीप	309	123
20	मध्य प्रदेश	1,95,662	20,888
21	महाराष्ट्र	3,54,199	1,93,876
	मुंबई	16,415	0
22	मणिपुर	5,013	3,724
23	मेघालय	48,932	39,803

क्र.सं.	राज्य/संघ राज्य क्षेत्र	जेएसएसके के अंतर्गत लाभान्वित गर्भवती महिलाएं *	पीएमएसएमए के अंतर्गत एएनसी जांच**
24	मिजोरम	1,620	3,396
25	नगालैंड	1,193	314
26	ओडिशा	43,430	1,304
27	पुदुचेरी	0	130
28	पंजाब	34,889	29,220
29	राजस्थान	56,843	2,97,130
30	सिक्किम	1,134	738
31	तमिलनाडु	1,40,152	72,879
32	तेलंगाना	7,516	1,20,686
33	त्रिपुरा	8,542	14,111
34	उत्तर प्रदेश	3,13,988	5,45,753
35	उत्तराखंड	14,160	744
36	पश्चिम बंगाल	21,471	0

**स्रोत:** \*एचएमआईएस पोर्टल, स्वास्थ्य और परिवार कल्याण मंत्रालय और \*\*पीएमएसएमए पोर्टल, स्वास्थ्य और परिवार कल्याण मंत्रालय

जननी सुरक्षा योजना (जेएसवाई) के तहत राज्यों/संघ राज्य क्षेत्र द्वारा सूचित लाभार्थियों की संख्या और 2023-24 में प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत मातृत्व लाभ प्रदान किए गए लाभार्थियों की राज्य/संघ राज्य क्षेत्रवार संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	जननी सुरक्षा योजना (जेएसवाई) के तहत लाभार्थी*	प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत मातृत्व लाभ**
	अखिल भारत	1,02,54,979	27,19,505
1	अंडमान और निकोबार द्वीप समूह	226	910
2	आंध्र प्रदेश	2,54,588	1,61,068
3	अरुणाचल प्रदेश	17,847	1,857
4	असम	3,28,013	1,97,057



क्र.सं.	राज्य/संघ राज्य क्षेत्र	जननी सुरक्षा योजना (जेएसवाई) के तहत लाभार्थी*	प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत मातृत्व लाभ**
5	बिहार	13,70,438	1,12,558
6	चंडीगढ़	203	3,268
7	छत्तीसगढ़	3,58,625	86,602
8	दादरा और नगर हवेली तथा दमन और दीव	2,474	2,914
9	दिल्ली	3,648	48,345
10	गोवा	372	1,691
11	गुजरात	2,25,784	1,71,885
12	हरियाणा	31,587	13,864
13	हिमाचल प्रदेश	8,987	9,400
14	जम्मू एवं कश्मीर	63,536	13,561
15	झारखंड	4,79,039	73,986
16	कर्नाटक	4,02,122	1,70,928
17	केरल	49,884	84,175
18	लद्दाख	3,241	1,947
19	लक्षद्वीप	770	638
20	मध्य प्रदेश	10,16,205	4,25,777
21	महाराष्ट्र	3,70,408	97,727
22	मणिपुर	2,330	10,423
23	मेघालय	18,050	4,992
24	मिजोरम	13,491	2,890
25	नगालैंड	11,730	3,185
26	ओडिशा	4,21,699	0
27	पुदुचेरी	5,290	265
28	पंजाब	57,012	95,035
29	राजस्थान	10,40,390	2,10,892
30	सिक्किम	2,800	924
31	तमिलनाडु	3,07,030	2,86,844
32	तेलंगाना	2,85,608	0
33	त्रिपुरा	16,235	8,855
34	उत्तर प्रदेश	25,68,228	3,63,626
35	उत्तराखंड	78,828	51,416

क्र.सं.	राज्य/संघ राज्य क्षेत्र	जननी सुरक्षा योजना (जेएसवाई) के तहत लाभार्थी*	प्रधानमंत्री मातृ वंदना योजना (पीएमएमवीवाई) के तहत मातृत्व लाभ**
36	पश्चिम बंगाल	4,38,261	0

**स्रोत:** \*राज्यों/संघ राज्य क्षेत्रों द्वारा तिमाही प्रगति रिपोर्ट में बताए गए आंकड़े।

\*\*सार्वजनिक वित्तीय प्रबंधन प्रणाली (पीएफएमएस) से प्राप्त जानकारी के आधार पर।

### विवरण-II

#### 9 महीने से <12 महीने वाले पूर्ण टीकाकृत बच्चों की संख्या

क्र.सं.	राज्य/संघ राज्य क्षेत्र	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
	अखिल भारत	2,25,80,917	2,44,97,846	2,45,20,183
1	अंडमान और निकोबार द्वीप समूह	3,780	3,624	3,519
2	आंध्र प्रदेश	8,02,779	8,29,027	8,21,722
3	अरुणाचल प्रदेश	19,294	20,816	20,667
4	असम	5,73,816	5,80,763	5,86,920
5	बिहार	24,60,232	28,82,513	26,52,618
6	चंडीगढ़	13,290	16,051	15,781
7	छत्तीसगढ़	5,53,092	5,91,763	6,02,535
8	दादरा और नगर हवेली और दमन और दीव	10,966	12,048	12,242
9	दिल्ली	2,47,914	2,69,364	3,08,042
10	गोवा	14,761	15,827	16,909
11	गुजरात	11,71,311	12,18,407	12,83,537
12	हरियाणा	4,59,665	5,12,339	5,06,860
13	हिमाचल प्रदेश	99,002	98,144	95,407
14	जम्मू और कश्मीर	2,15,710	2,24,740	2,16,767

क्र.सं.	राज्य/संघ राज्य क्षेत्र	वित्त वर्ष 2021-22	वित्त वर्ष 2022-23	वित्त वर्ष 2023-24
15	झारखंड	6,84,707	7,11,562	7,45,994
16	कर्नाटक	9,63,500	10,27,231	10,63,569
17	केरल	3,84,974	4,04,915	3,84,480
18	लद्दाख	3,902	4,252	4,082
19	लक्षद्वीप	1,035	893	1,077
20	मध्य प्रदेश	17,36,104	18,80,717	18,88,623
21	महाराष्ट्र	16,92,157	18,54,535	18,44,526
22	मणिपुर	29,711	32,838	34,997
23	मेघालय	68,180	71,296	70,497
24	मिजोरम	16,571	17,313	17,644
25	नगालैंड	14,724	15,416	16,370
26	ओडिशा	6,90,551	6,93,749	6,50,355
27	पुदुचेरी	13,303	13,959	13,043
28	पंजाब	3,68,611	4,13,899	4,03,382
29	राजस्थान	13,32,524	14,07,186	14,07,201
30	सिक्किम	6,929	6,659	6,867
31	तमिलनाडु	8,76,216	9,12,502	9,03,267
32	तेलंगाना	6,26,896	6,47,237	6,53,908
33	त्रिपुरा	48,475	50,155	50,024
34	उत्तर प्रदेश	48,36,056	55,86,355	56,49,482
35	उत्तराखंड	1,69,829	1,74,677	1,74,890
36	पश्चिम बंगाल	13,70,350	12,95,074	13,92,379

स्रोत: एचएमआईएस पोर्टल, स्वास्थ्य और परिवार कल्याण मंत्रालय

## **OBJECTIVE OF GRAM NYAYALAYAS**

### **3051. DR. NAMDEO KIRSAN:**

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

(a) whether it is a fact that the Government had enacted a Law to set up Gram Nyayalayas (Rural Courts) in the country about 16 years ago to provide affordable justice at door steps and help clearing the huge pendency of cases in trial courts;

(b) if so, the details thereof;

(c) the total number of rural courts required and those that have been set up and are functional as on date; and

(d) the reasons for the slow progress in setting up the rural courts and measures proposed to be taken by the Government to set up more rural courts in 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) and (b): The Law Commission of India, in its 114<sup>th</sup> Report, had suggested establishment of Gram Nyayalayas for providing affordable and quick access to justice to the citizens at their doorsteps. The Gram Nyayalayas Act, 2008 came into effect from 02<sup>nd</sup> October, 2009, which provides for the establishment of Gram Nyayalayas at the grass roots level for the purposes of providing access to justice to the citizens at their doorsteps and to ensure that opportunities for securing

justice are not denied to any citizen by reason of social, economic or other disabilities. The details of the Gram Nyayalayas Act, 2008, are available at [https://www.indiacode.nic.in/bitstream/123456789/19258/1/gram\\_nyayalay\\_act\\_2008.pdf](https://www.indiacode.nic.in/bitstream/123456789/19258/1/gram_nyayalay_act_2008.pdf).

(c): The budget estimates for 2009-10 provided for a Plan Scheme viz., “Assistance to State Governments for establishing and operating Gram Nyayalayas”. While approving the proposal of the Ministry of Law and Justice for introducing the Gram Nyayalayas Bill in the Parliament, the Union Cabinet decided that the Central Government would meet all the non-recurring expenses related to the setting up of Gram Nyayalayas in the country. It also decided that the Central Government would share the recurring expenses of the Gram Nyayalayas with the States for the first 3 years and thereafter the States would bear the entire recurring expenditure.

As per the extant guidelines, the Central Government provides Rs. 18.00 lakhs per Gram Nyayalaya to meet non-recurring expenditure as a one time measure and bears 50% of the recurring expenses of these courts, subject to a ceiling of Rs. 3.20 lakhs per courts per annum during the first 3 years. So far 488 Gram Nyayalayas have been notified by 15 States, of which 313 Gram Nyayalayas have been made operational in 11 States.

(d): According to certain studies, the main reasons for slow progress in setting up of Gram Nyayalayas include, non-filling of the post of Nyayadhikaries in many

States, non-availability of public prosecutors, notaries and general shortage of first-class judicial magistrates, limited pecuniary jurisdiction of Gram Nyayalayas, insufficient staff, inadequate financial backing from States, reluctance from legal and state authorities and lack of community awareness. Besides, the issue of overlapping jurisdiction with regular courts is another reason for slow take off in respect of Gram Nyayalayas in some States. Moreover, many States have their own parallel systems of village courts functioning at panchayat level.

To set up Gram Nyayalayas in the country, it was decided in the Conference of Chief Justices of High Courts and Chief Ministers of the States on 7<sup>th</sup> April, 2013 that the State Government and High Courts should take decision on setting up Gram Nyayalayas wherever feasible, taking into account the local issues and situations, as it is a voluntary scheme. The Central Government has been urging the States to operationalise the already notified Gram Nyayalayas on a regular basis.

### सूचीबद्ध अस्पतालों की निगरानी

**3052. श्री मुरारी लाल मीना:**

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

(क) क्या सरकार को प्रतिष्ठित अस्पतालों में रोगियों की अनावश्यक एंजियोप्लास्टी, शल्य चिकित्सा के कारण होनेवाली मौतों की जानकारी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) आयुष्मान भारत योजना के अंतर्गत सूचीबद्ध अस्पतालों में धोखाधड़ी/अनावश्यक शल्य चिकित्सा के कितने मामले सामने आए हैं;

(ग) क्या सरकार द्वारा उक्त योजना के अंतर्गत सूचीबद्ध अस्पतालों के लिए मौजूद निगरानी तंत्र की समीक्षा किए जानेकी संभावना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में कपटपूर्ण कार्यों को रोकने के लिए क्या कार्रवाईकी गई है; और

(घ) क्या सरकार का उक्त योजना के अंतर्गत धोखाधड़ी की गतिविधियां करने के दोषी पाए गए अस्पतालों को पैनल सेहटाने और भविष्य में रोगियों के हितों की प्राथमिकता सुनिश्चित करने के लिए उनके विरुद्ध गंभीर धाराओं के अंतर्गतमामले दर्ज करने का विचार 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): प्रतिष्ठित अस्पतालों में अनावश्यक एंजियोप्लास्टी और सर्जरी के कारण मृत्यु की घटनाओं की रिपोर्ट प्राप्त होने पर उन मामलों में उचित दंडात्मक कार्रवाई की जाती है। इसके अतिरिक्त, दोषी अस्पतालों और डॉक्टरों को आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) से निलंबित कर दिया गया है।

दिनांक 11.12.2024 तक की स्थिति के अनुसार, एबी-पीएमजेएवाई के अंतर्गत कुल 3,42,988 धोखाधड़ी के मामलों की पहचान की गई है। इनमें से 2,86,771 मामले चिकित्सा प्रबंधन के हैं और 56,217 मामले सर्जिकल प्रबंधन श्रेणी के हैं।

(ग) और (घ): एबी-पीएमजेएवाई योजना के लाभार्थियों के लिए गुणवत्तापूर्ण स्वास्थ्य सेवाएं सुनिश्चित करती है। यह योजना किसी भी तरह की धोखाधड़ी और दुरुपयोग के प्रति अक्षम्य दृष्टिकोण के आधार पर संचालित होती है और इसके कार्यान्वयन के विभिन्न चरणों पर योजना में होने वाली विभिन्न प्रकार की धोखाधड़ी की रोकथाम, पता लगाने और निवारण के लिए विभिन्न कदम उठाए जाते हैं। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) में राष्ट्रीय धोखाधड़ी विरोधी इकाई (एनएएफयू) की स्थापना की गई है और यह धोखाधड़ी और दुरुपयोग से संबंधित मुद्दों की जांच करने और उनके

खिलाफ संयुक्त कार्रवाई करने के लिए राज्य धोखाधड़ी विरोधी इकाइयों (एसएफयू) के साथ समन्वित रूप से काम करती है। निलंबन, कारण बताओ नोटिस, चेतावनी पत्र, अस्पतालों को पैनल से हटाना, ई-कार्ड को निष्क्रिय करना, दोषपूर्ण अस्पतालों पर जुर्माना लगाना और धोखाधड़ी करने वाली संस्थाओं के विरुद्ध एफआईआर दर्ज करने सहित समुचित कार्रवाई की जाती है।

एनएचए आईटी सिस्टम पर लेन-देन संबंधी आंकड़ों की निगरानी वास्तविक आधार पर एक समर्पित डैशबोर्ड के माध्यम से की जाती है जिसे जोखिम मूल्यांकन पहचान और विश्लेषणात्मक रिपोर्टिंग (आरएडीएआर) के रूप में जाना जाता है। इसके अलावा, धोखाधड़ी नियंत्रण के समग्र परिदृश्य हेतु योजना के तहत एक धोखाधड़ी नियंत्रण ट्रैकिंग प्रणाली (एफएसीटीएस) विकसित की गई है, जिसमें संदिग्ध लेनदेन पर रिपोर्टिंग से लेकर की गई कार्रवाई पर नज़र रखना शामिल है। पैनलबद्ध स्वास्थ्य सेवा प्रदाताओं (ईएचसीपी) के विरुद्ध धोखाधड़ी और दुरुपयोग की रिपोर्ट करने के लिए विविध उपाय किए गए हैं।

## DEVELOPMENT OF WATERWAYS IN INDIA

### 3053. SHRI KRISHNA PRASAD TENNETI:

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

- (a) the details regarding the number of sanctioned and currently functioning waterways including budget outlay for the same during the last five years, State-wise including Andhra Pradesh especially Bapatla Parliamentary Constituency;
- (b) the details regarding the total volume of traffic on Waterways across the country during the said period, year-wise and Waterway-wise, especially those present in Andhra Pradesh including the said constituency; and



(c) whether the Government has considered increasing the number of Waterways in the country over the next five years, if so, the details thereof including budget outlay for the purpose especially those being considered in Andhra Pradesh including the said constituency?

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

(a) and (b) The Details of sanctioned National Waterway Projects during last five years in various states including Andhra Pradesh with approved outlay are given in the enclosed **Statement-I**. The details regarding the number of currently functioning waterways with recorded cargo movement during the period 2019-20 till 2023-24 in million tons, year-wise and Waterway- wise, including those present in Andhra Pradesh are given in the enclosed **Statement -II**. NW-4 passes through Bapatla.

(c) Presently, focus of the Government is on the development of National Waterways declared under National Waterways Act, 2016.

**STATEMENT-I**

**Budget outlay approved by the Government for National Waterway Projects:**

Sl.No	Name of Project	Sanctioned Amount (INR Cr)
1	Jal Marg Vikas Project (JMVP-I and II) from Varanasi-Haldia stretch on NW-1 (Ganga-Bhagirathi-Hooghly River System) in Uttar Pradesh, Bihar, Jharkhand and West Bengal	5061.15

2	Design and Construction of 8 no. Hybrid Electric Catamaran(For deployment on NWs)	144.00
3	Comprehensive Development of NW-2 (River Brahmaputra from Bangladesh Border –Dhubri to Sadiya) in Assam	474.00
4	Development of Approach Road from Pandu Port Terminal to NH-27 and Development of Ship Repair Facility on NW-2 at Pandu, Guwahati(Assam)	388.00
5	Comprehensive Development of NW-16 (River Barak from Lakhipur to Tukur Gram) in Assam and Indian Portion of Indo-Bangladesh Route in Assam	147.79
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	267.00

### **STATEMENT-II**

<b>National Waterways Cargo Data 2019-20 to 2023-24 (in Million Tons)</b>							
Sl.No.	National Waterways (NW)	State / UT	2019-20	2020-21	2021-22	2022-23	2023-24
1	NW-1 (Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad))	U.P., Bihar, Jharkhand, W. Bengal	9.11	9.21	10.93	13.17	12.82
2	NW-2 (Brahmaputra River (Dhubri-Sadiya))	Assam	0.39	0.31	0.43	0.63	0.59
3	NW-3 (West Coast Canal)	Kerala	0.55	0.73	1.70	3.23	3.29
4	NW-4 (Krishna Godavari River Systems)	A.P.	0.08	6.83	11.23	8.42	4.30
5	NW-5 (East Coast Canal And Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers)	Odisha	-		0.02	0.40	0.64
6	NW-8 (Alappuzha-Changanassery Canal)	Kerala				0.03	0.04

7	NW-9 (Alappuzha-Kottayam Athirampuzha Canal)	Kerala				0.02	0.02
8	NW-14 (Baitarni River)	Odisha				-	0.00
9	NW-16 (Barak River)	Assam	0.00	0.00	0.01	0.01	0.00
10	NW-23 (BudhaBalanga)	Odisha				0.03	0.02
11	NW-31 (Dhansiri/Chathe)	Assam					0.01
12	NW-44 (Ichamati River)	West Bengal	0.90	0.28	0.82	0.46	0.48
13	NW-64 (Mahanadi River)	Odisha	-	-	0.02	0.45	0.67
14	NW-86 (Rupnarayan River)	West Bengal	-	0.00	0.00	0.09	0.10
15	NW-94 (Sone River)	Bihar	0.80	-	-	-	1.16
16	NW-97 (Sunderbans Waterway)	West Bengal	3.46	3.86	6.10	5.47	5.19
17	NW-10 (Amba River)	Maharashtra	22.01	17.69	20.23	28.54	30.17
18	NW-83 (Rajpuri Creek)	Maharashtra	0.67	0.21	0.23	0.24	0.45
19	NW-85 (Revadanda Creek-Kundalika River System)	Maharashtra	1.59	1.08	0.70	0.50	0.99
20	NW-91 (Shastri River - Jaigad Creek System)	Maharashtra	0.12	9.24	22.45	33.87	37.05
21	NW-68 (Mandovi River)	Goa	1.58	4.00	2.62	2.54	2.42
22	NW-111 (Zuari River)	Goa	1.36	4.47	1.96	0.39	1.10
23	NW-73 (Narmada River)	Gujarat	0.10	0.08	0.05	0.04	0.06
24	NW-100 (Tapi River)	Gujarat	30.92	25.63	29.32	27.62	31.46
<b>Grand Total</b>			<b>73.64</b>	<b>83.62</b>	<b>108.82</b>	<b>126.15</b>	<b>133.03</b>

### प्लास्टिक पार्क

**3054. श्री धर्मेन्द्र यादव:**

श्री अरविंद गणपत सावंत:

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

- (क) क्या सरकार का चिकित्सा उपकरण पार्कों, वस्त्र पार्कों अथवा इलेक्ट्रॉनिक पार्कों की तर्ज पर सम्पूर्ण देश में प्लास्टिक पार्कों की स्थापना करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) उत्तर प्रदेश, महाराष्ट्र और मध्य प्रदेश सहित राज्यवार कुल कितने पार्क स्थापित किए गए हैं;
- (ग) क्या सरकार प्लास्टिक पार्कों की स्थापना हेतु अनुदान प्रदान करती है;
- (घ) यदि हां, तो विगत पांच वर्षों के दौरान उपरोक्त राज्यों सहित प्रत्येक राज्य को उक्त प्रयोजनार्थ प्रदान की गई निधि का ब्यौरा क्या है;
- (ङ:) क्या सरकार को विभिन्न राज्यों से प्लास्टिक पार्कों की स्थापना के प्रस्ताव प्राप्त हुए हैं; और
- (च) यदि हां, तो विगत पांच वर्षों के दौरान उक्त राज्यों सहित राज्यवार कितने प्रस्ताव प्राप्त हुए हैं और सरकार द्वारा उन पर क्या कार्रवाई की गई है?

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

- (क) रसायन एवं पेट्रोरसायन विभाग पेट्रोरसायन की नई योजना के तहत प्लास्टिक पार्कों की स्थापना की योजना कार्यान्वित करता है। इस योजना के तहत, सरकार अपेक्षित मूलभूत संरचना और सक्षम सामान्य सुविधाओं के साथ आवश्यकता आधारित प्लास्टिक पार्कों की स्थापना को बढ़ावा देती है। इसका उद्देश्य डाउन स्ट्रीम प्लास्टिक प्रसंस्करण उद्योग की क्षमताओं को समेकित और समन्वित करना है ताकि इस क्षेत्र में निवेश, उत्पादन और निर्यात बढ़ाने के साथ-साथ रोजगार पैदा करने में मदद मिल सके।
- (ख) से (घ) विभाग ने देश के विभिन्न राज्यों में 10 प्लास्टिक पार्कों को मंजूरी दी है। मंजूर किए गए प्लास्टिक पार्कों का राज्यवार ब्यौरा संलग्न **विवरण** पर दिया गया है। इस योजना के तहत, भारत सरकार परियोजना लागत के 50% तक अनुदान सहायता प्रदान करती है, जिसकी

अधिकतम सीमा प्रति परियोजना 40 करोड़ रुपये है। पिछले पाँच वर्षों में प्लास्टिक पार्कों को जारी की गई धनराशि का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ड) और (च) प्लास्टिक पार्क स्थापित करने के उद्देश्य से, रसायन एवं पेट्रोरसायन विभाग राज्य सरकारों से प्रारंभिक प्रस्ताव मांगता है, जिसमें प्रस्तावित स्थान, वित्तीय विवरण, व्यापक लागत अनुमान आदि पर प्रकाश डाला जाता है। योजना संचालन समिति से सैद्धांतिक अनुमोदन के बाद, राज्य कार्यान्वयन एजेंसी के लिए विभाग को एक विस्तृत परियोजना रिपोर्ट (डीपीआर) प्रस्तुत करना आवश्यक है, जिसका मूल्यांकन किया जाता है और प्रस्तावित परियोजना की व्यवहार्यता के आधार पर योजना संचालन समिति द्वारा अंतिम अनुमोदन दिया जाता है। हाल ही में किसी भी राज्य से प्लास्टिक पार्क स्थापित करने के लिए कोई प्रस्ताव प्राप्त नहीं हुआ है।

नवंबर, 2020 में विभाग ने दो नए प्लास्टिक पार्क स्थापित करने के लिए राज्य सरकारों से प्रस्ताव आमंत्रित किए। बिहार, उत्तर प्रदेश (02 प्रस्ताव), कर्नाटक और हिमाचल प्रदेश की राज्य सरकारों से प्रस्ताव प्राप्त हुए। इनकी एक विशेषज्ञ समिति द्वारा जांच की गई, जिसके आधार पर क्रमशः जुलाई, 2022 और जनवरी, 2022 में गोरखपुर, उत्तर प्रदेश और गंजीमट्ट, कर्नाटक में प्लास्टिक पार्क स्थापित करने को मंजूरी दी गई।

### विवरण

#### देश के विभिन्न राज्यों में मंजूर किए गए प्लास्टिक पार्कों का राज्यवार ब्यौरा

सं.	प्लास्टिक पार्क	अनुमोदन वर्ष	कुल परियोजना लागत (करोड़ रु.)	स्वीकृत अनुदान सहायता (करोड़ रु.)	जारी की गई राशि (करोड़ रु.)	2019-20 से जारी राशि (करोड़ रु.)
1.	तामोट, मध्य प्रदेश	2013	108.00	40.00	36.00	3.10

2.	जगतसिंहपुर, ओडिशा	2013	106.78	40.00	36.00	6.12
3.	तिनसुकिया, असम	2014	93.65	40.00	35.73	13.73
4.	बिलौआ, मध्य प्रदेश	2018	68.72	34.36	30.92	28.92
5.	देवघर, झारखंड	2018	67.33	33.67	30.30	28.30
6.	तिरुवल्लूर, तमिलनाडु	2019	216.92	40.00	22.00	14.00
7.	सितारगंज, उत्तराखंड	2020	67.73	33.93	18.65	18.65
8.	रायपुर, छत्तीसगढ़	2021	42.09	21.04	4.21	4.21
9.	गंजीमट्ट, कर्नाटक	2022	62.77	31.38	6.28	6.28
10.	गोरखपुर, उत्तर प्रदेश	2022	69.58	34.79	19.13	19.13

### NATIONAL URBAN HEALTH MISSION

#### 3055. SHRI A. MANI:

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

- (a): the criteria for selecting cities/towns for the implementation of NUHM
- (b): the key initiatives undertaken under NUHM to provide accessible and affordable healthcare to the urban poor;
- (c): the role of Urban Health and Nutrition Days (UHNDs) and Mahila Arogya Samitis (MASs) in promoting health awareness and service delivery under NUHM;

(d): whether the Government has conducted any recent assessment of the impact of NUHM on urban health indicators, if so, the findings of such an assessment and the corrective actions proposed thereon;

(e): the progress made in achieving the goals of NUHM, particularly in urban slum areas;

(f): the steps taken/proposed to be taken by the Government to strengthen healthcare services; and

(g): the steps being taken to improve the availability of healthcare professionals/infrastructure in underserved poor urban areas under the said mission?

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

(a): National Urban Health Mission (NUHM) was launched as a sub mission under National Health Mission (NHM) in year 2013, to address the health concerns of the urban poor population. The classification of cities and towns under NUHM is aligned with the classification of cities done by the Ministry of Housing and Urban Affairs (MoHUA) and population norms are based on Census of India (2011) to the extent possible. Under NUHM, cities/towns with a population of above fifty thousand and all the district and state headquarters (irrespective of the population size) are covered. Currently, 1243 cities/towns covered under NUHM in 35 States/Union Territories (except Lakshadweep).

(b): Some of the key initiatives under NHM including NUHM are:

1. Ayushman Bharat: Government of India supports the States/UTs for transformation of Sub Health Centres and Primary Health Centres into Ayushman Arogya Mandirs (AAM) across the country to deliver twelve packages of Comprehensive Primary Health Care (CPHC) that include preventive, promotive, curative, palliative and rehabilitative services which are universal, free and close to the community.
2. Government has laid down Indian Public Health Standards (IPHS). These standards include norms for services, infrastructure, human resource, diagnostics, equipment, medicines etc. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs.
3. To improve healthcare access National Ambulance services, Mobile Medical Units and Telemedicine have also been implemented.
4. Implementation of Free Drugs and Free Diagnostics Service, Pradhan Mantri National Dialysis Programme and implementation of National Quality Assurance Framework have also been undertaken.
5. Programmatic provisions including a host of free services like Janani Shishu Suraksha Karyakram (JSSK), Surakshit Matritva Aashwasan (SUMAN), child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, HIV/ AIDS, vector borne diseases like Malaria, Dengue and



Kala Azar, Leprosy, Non-communicable diseases etc. have also been implemented.

6. Besides NHM, XV-Finance Commission and Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has recommended grants over the period of five years (2021-2026) respectively to strengthen the healthcare system and support for infrastructure development in States.

(c): Urban Health and Nutrition Days (UHND) provides platform for overcoming social, economic and geographic barriers faced by slum dwellers and vulnerable population in accessing primary health care services. UHND is the first step in the continuum of care approach linking primary to secondary and tertiary care services for the slums and vulnerable population in the urban areas.

The Auxiliary Nurse Midwife (ANM) supported by Accredited Social Health Activist (ASHA) and Mahila Arogya Samiti (MAS) organizes UHND on monthly basis at designated locations in slums preferably Anganwadi Centres/community centers/schools etc. under the catchment area of Urban Primary Health Center.

Mahila Arogya Samitis (MAS) is one of the important community interventions to promote community participation in health activities at slum level. The MAS are local collective or group of 10-12 community women in an urban slum or slum-like setting who are drawn from a neighbourhood cluster/existing community. One MAS group covers 50-100 households. They

take collective action on issues related to Health, Nutrition, Water Sanitation and its social determinants at Slum / Ward level. Annual untied fund of Rs. 5,000 for each MAS for undertaking different activities in their slum or coverage area is provided. Currently, there are 81,013 MAS formed in 35 States/UTs.

(d) and (e): The assessment of the impact of NUHM on urban health indicators has been done through various surveys/reviews such as National Family Health Survey(NFHS), National Sample Survey(NSSO), Common Review Mission(CRM)and regular review meetings.

The National Family Health Survey (NFHS-5) has shown improvement over NFHS-4 for urban areas in some of the key indicators like Infantmortalityrate (IMR), Under-fivemortalityrate (U5MR), Immunization coverage, and Institutional deliveries. A comparative statement is enclosed as Table 1 .

Common Review Mission(CRM) is a monitoring and evaluation mechanism under the National Health Mission (NHM) which is held annually. The CRM provides insights into the progress of NHM including NUHM against its objectives, and analyzes its performance from a health system perspective. The CRM also provides a channel for feedback from the community on healthcare services.It helps the Center and States to take stock of the current situation and adopt appropriate policy or strategy changes.

Progress under NUHM

Utilization of services in Public Health Facilities: The establishment of dedicated public health infrastructure with various other health initiatives by GOI, such as free drugs and diagnostics initiative, implementation of health programmes, expansion of the range of services, augmentation of human resources, etc., in urban areas, have led to gradual improvement in the utilization of public health services for inpatient and outpatient. Table 2 of the enclosed **Statement** provides data as per NSS surveys.

#### Progress under Infrastructure

- 1286 cities/ towns covered under NUHM (*as on 30<sup>th</sup> June 2024*)
- 5283 UPHCs and 245 UCHCs are operational (*as on 30<sup>th</sup> June 2024*)
- 1200 Polyclinics are functional
- 5138 UPHC-AAM are operationalised as per AAM portal (*as on 10<sup>th</sup> December 2024*)
- 6027 U-AAM (UPHC below level facility) are operationalised as per AAM portal (*as on 10<sup>th</sup> December 2024*)

#### Progress Under HR

In the FY 2024-25, nearly fifty three thousand health workforce are in place under NUHM.

- 6065 Medical Officers
- 350 Specialists in-position
- 10,043 Staff Nurse in-position
- 21,691 ANMs in-position
- 4268 Pharmacist in-position
- 4129 Lab Technician in-position

- 530 Public Health Managers in-position
- 1543 Programme Management Staff in-position at State/District/City level
- 4816 Allied and Health Care Workers (others) (as on 30<sup>th</sup> June 2024)

#### Progress Under Community Processes (as on 30<sup>th</sup> June 2024)

- 87,875 ASHAs are in-position. (One ASHA covers 200 to 500 households)
- 98,101 Mahila Arogya Samiti (MAS) are formed (One MAS covers 50- 100 households)

#### Service Delivery

From FY 2020-21 to FY 2024-25, 7.69 Crore people screened for Hypertension, 5.9 Crore for Diabetes, 2.96 Crore for Oral Cancer, 1.42 Crore for Breast Cancer and 0.87 Crore for Cervical cancer at UPHC-AAMs and U-AAMs till September 2024.

#### Quality Assurance

638 UPHCs have been quality certified at the National level and 92 UPHCs at the State level. In FY 2023-24, 2096 UPHCs and 55 UCHCs have qualified for incentives based on external assessment under Kayakalp.(as on 30.09.2024)

(f) and (g): Under National Health Mission, including NUHM, States and Union Territories have the flexibility to propose initiatives including infrastructure, human resource, diagnostics, equipments, medicines in their Programme Implementation Plans (PIP) etc. States also have the flexibility to propose following types of incentives and honorarium:

- Annual increment of healthcare professionals based on the performance are accorded in the Programme Implementation Plans (PIPs) within the overall resource envelope as submitted by States.
- team based incentives for primary healthcare team (MO/ANM/ASHA/MPW)
- States are also allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Multi-skilling of doctors is supported under NHM to overcome the shortage of specialists. Skill upgradation of existing HR is another major strategy under NHM for achieving improvement in health outcomes.

### **STATEMENT**

<b>Table 1-All India (Urban Indicators)</b>		
<b>Indicators</b>	<b>NFHS-4</b>	<b>NFHS-5</b>
Infant mortality rate(IMR)	29.0	26.6
Under-five mortality rate(U5MR)	34.0	31.5
Sex ratio of the total population(femalesper1000 males)	956	985
Institutional births in public facility(%)	46.2%	52.6%
Children aged12-23months fully vaccinated	63.9%	83.3%

Women who are overweight or obese(BMI $\geq$ 25.0kg/m <sup>2</sup> )	31.3%	33.2%
Men who are overweight or obese(BMI $\geq$ 25.0kg/m <sup>2</sup> )	26.3%	29.8%
Blood sugar level-very high(>160mg/dl)Women	3.6%	8.0%
Blood sugar level-very high(>160mg/dl)Men	4.4%	7.8%
Mildly elevated blood pressure(Systolic140-159 mm of Hg and/orDiastolic90-99mm of Hg)Women	7.3%	13.6%
Mildly elevated blood pressure (Systolic140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) Men	11.4%	17.1%
Moderately or severely elevated blood pressure (Systolic $\geq$ 160mmofHgand/orDiastolic $\geq$ 100mmof Hg)(%)Women	NA	5.2%
Moderately or severely elevated blood pressure (Systolic $\geq$ 160mmofHgand/orDiastolic $\geq$ 100mmof Hg)(%)Men	NA	5.9%

Source: NFHS 4 (2015-16), NFHS 5 (2019-20)

<b>Table 2: Utilization of services in Public Health Facilities</b>		
<b>Utilizationofpublichealthfacilities(urbanareas)</b>	<b>NSS Data-71<sup>st</sup> round(2014)</b>	<b>NSSData-75<sup>th</sup>round(2017)</b>
Outpatient	20%	26%
Inpatient	32%	35%
Childbirth	42%	48%
<b>Receiptof freemedicalservicesforin-patienttreatments</b>		
Medicines	33.6%	39.1%
X-Ray/ECG/EEG/Scan	50.6%	45%
Otherdiagnostictests	51.4%	52.2%

Source: NSS 71 round values are computed from Unit records and NSS 75<sup>th</sup> are from Health in India Report for NSS HealthRound2017-18

## IRON DEFICIENCY ANAEMIA

**3056. SHRI SUBBARAYAN K.:****SHRI SELVARAJ V.:**

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

- (a) the total number and percentage of people affected by iron deficiency anaemia in the country;
- (b) whether there is an increase in the number of anaemic population in the country and if so, the details thereof;
- (c) the efforts being made by the Government to address the challenge of increasing anaemic population; and
- (d) whether the Government monitors the implementation of these projects 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 A (SHRIMATI ANUPRIYA PATEL):**

(a) and (b) The prevalence of anaemia across age groups as per the National Family Health Surveys 4 and 5 is as under.

Survey	Children age 6-59 months who are anaemic (%)	All women age 15-19 years who are anaemic (%)	All women age 15-49 years who are anaemic (%)	Pregnant women age 15-49 years who are anaemic (%)	Breastfeeding women age 15-49 who are anaemic (%)
NFHS 5	67.1	59.1	57.0	52.2	60.6
NFHS 4	58.6	54.1	53.1	50.4	58.0

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

(d) 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 Mukh 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 children, adolescents and women including pregnant and lactating women in States/UTs are carried out.



**INEFFECTIVE GENERIC MEDICINES FOR DIABETES****3057: DR. MALLU RAVI:**

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

- (a) whether the Government has received complaints against generic medicines issued by CGHS Doctors, particularly for diabetes, regarding their ineffectiveness, if so, the details thereof;
- (b) whether it is a fact that many diabetic patients are refusing to use these medicines due to concerns about their efficacy; and
- (c) if so, the details of such complaints along with the steps taken by the Government to address this issue?

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

(a)to (c): Medical Stores organization (MSO) through its 07 Government Medical Stores Depots situated at New Delhi, Karnal, Hyderabad, Guwahati, Kolkata, Mumbai and Chennai only procure and supply generic medicines which are under Rate Contract of MSO to CGHS wellness centres. No such complaints have been received by MSO directly from the CGHS patients.

CGHS procures generic medicines in bulk through Medical Stores Organization (MSO) and also through Jan AushadhiPariyojana. Due care is

taken to supply good quality generic medicine to CGHS beneficiaries without any discrimination or prejudice as per Government guidelines after following the standard operating procedure for quality control by the each Government agency supplying these drugs. To ensure supply of the standard quality medicines various measures are taken by the Government, as stated below:

- (i). Selection of vendor by registration of manufacturing unit only after thorough physical inspection of the manufacturing facility.
- (ii). Every batch of drug received from the manufacturer is accompanied by “in-house” test report.
- (iii). MSO and GMSDs thereafter tests each and every batch of drug received from the manufacturers through 02 NABL accredited laboratories for quality assurance.
- (iv). Only after receipt of “Standard Quality” report from these two labs, the generic drugs are accepted and thereafter dispatched to the CHGS Wellness Centres.
- (v). Jan Aushadhi procures medicines after quality checks at laboratories.
- (vi). The safety, efficacy and quality of the medicines, whether branded or generic, imported or manufactured for sale, distribution in the country are required to comply to the same standard as specified in the Second Schedule of the Drugs and Cosmetics Act, 1940 and Rules.

- (vii). 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. Further, Drugs Inspector under the Act randomly draws drug samples from the supply chain for quality checks. Also, list of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories are regularly uploaded on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert ([www.cdsco.gov.in](http://www.cdsco.gov.in)).
- (viii). 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.
- (ix). 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.

### **CHALLENGES IN IMPLEMENTATION OF CME SCHEME**

#### **3058: SHRI ANURAG SHARMA:**

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

- (a) the details of the topics and skills emphasized in the Continuing Medical Education (CME) Scheme which aims to provide education for AYUSH practitioners;
- (b) whether the scheme has helped in improving the quality of AYUSH healthcare services in the country;
- (c) if so, the details thereof; and
- (d) the challenges faced by the Government in implementing CME programmes across rural areas in the country along with the manner in which such challenges are addressed?

**THE MINISTER 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 Capacity Building and Continuing Medical Education (CME) component of Ayurgyan scheme is aimed to encourage AYUSH personnel to undergo need-based professional training and bridge the knowledge gaps in all Ayush systems viz. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Homoeopathy and Sowa-Rigpa which covers system specific subjects related to Kayachikitsa, Kaumarbhritya, Samhita and Siddhant, Agad Tantra, Rachna Sharir, Rasashastra and Bhaishajya kalpana, Prasuti Tantra and Stree Rog, Shalyatantra, Dravyaguna, Panchakarma, Shalaky Tantra, Kriya Sharir, Swasthavritta, Rog Nidan etc. The scheme also has provision for theme-specific CME programme for Ayush Medical Officers/Practitioners and specialized training for Ayush Paramedics/Health workers /Instructors /Therapists etc.

In addition to above, the Scheme has also the provision to provide training in current trends in Research and Development, modern scientific advances and technology such as Regenerative medicine, Next Generation Adjuvant, Quantum technologies and healthcare, Nanotechnology, revolutionizing drug development etc. for scientific understanding and promotion of Ayush systems for Ayush Doctors/Scientists.

(d) The CME programme is being implemented through the various eligible organizations across the country irrespective of the geographical location. Therefore, no difficulty has been faced in implementation of the scheme.

### **CONNECTIVITY THROUGH RIVERINE NETWORKS**

**3059. SHRI SURESH KUMAR SHETKAR:**

**SHRI EATALA RAJENDER:**

**SHRIMTI D. K. ARUNA:**

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

(a) whether it is a fact that the Government has transformed the country's shoreline during the last decade by doubling the capacity of the country's ports and by enhancing port efficiency, reducing turnaround times and strengthening last-mile connectivity through riverine networks in view of oceans being a shared heritage for nations and societies as well as the lifeline for international trade; and

(b) if so, the details thereof and the progress achieved therein during the last ten years along with the amount of funds sanctioned/utilised, port-wise?

**THE MINISTER OF PORTS, SHIPPING AND WATERWAYS**

**(SHRI SARBANANDA SONOWAL):**

(a) and (b) Yes. The cargo handling capacity of Major Ports has increased from 800.52 Million Tonnes Per Annum (MTPA) in FY 2013-14 to 1630 MTPA in

FY 2023-24. The key achievements in reducing Turnaround Time, enhancing port efficiency, and strengthening last-mile connectivity, along with the Port wise cost of completed projects from 2014-15 to 2023-24 at Major Ports, are given at the enclosed **Statement-I and II.**

### **STATEMENT-I**

#### **Details of Efficiency Parameters**

Sl.No.	Parameter	2013-14	2023-24	Improvement (%)
(a)	Cargo handled at Major Ports (MTPA)	555.48	820	47
(b)	Capacity of Major Ports (MTPA)	800.52	1630	103
(c)	Container Turnaround Time of Major Ports (hrs.)	41.76	30.12	27
(d)	Overall Turnaround Time at Major Ports (hrs.)	93.59	48.06	48
(e)	Cargo handled by Coastal Shipping in Major Ports	87	162	86.21
(f)	Cargo handled by Inland Waterways (Million Metric Ton)	6.89	133.03	1830
(g)	Operational National Waterways	03	24	700
(h)	Multi-Modal Terminals in Waterways	16	26	62

### **STATEMENT-II**

**Major Port wise Cost of Projects Completed from FY 2014-15 to 2023-24.**

<b>S.No</b>	<b>Port</b>	<b>Cost of Projects (Rs. in crore)</b>
1.	Chennai Port Authority	443.12
2.	Cochin Port Authority	1416.62
3.	Deendayal Port Authority	3340.28
4.	Jawaharlal Nehru Port Authority	8432.96
5.	Kamarajar Port Limited	7821.66
6.	Mumbai Port Authority	2232.58
7.	Mormugao Port Authority	283.90
8.	New Mangalore Port Authority	1010.73
9.	Paradip Port Authority	4501.89
10.	Syama Prasad Mookerjee Port Authority	1808.97
11.	V.O.Chidambaranar Port Authority	1904.05
12.	Visakhapatnam Port Authority	3870.72
<b>Grand Total</b>		<b>37067.48</b>

### आयुर्वेदिक चिकित्सक

#### 3060. श्री नारायण तातू राणे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में आयुर्वेदिक चिकित्सकों हेतु कितने पद स्वीकृत हैं;
- (ख) देश में प्राथमिक स्वास्थ्य केंद्रों में आयुर्वेदिक चिकित्सकों की संख्या का श्रेणीवार और राज्यवार/संघ राज्यक्षेत्रवार ब्यौरा क्या है;
- (ग) सम्पूर्ण देश में सभी श्रेणियों में आयुर्वेदिक चिकित्सकों के रिक्त पदों की कुल संख्या का राज्यवार/संघ राज्यक्षेत्रवार ब्यौरा क्या है;



- (घ) इन रिक्त पदों को न भरे जाने के क्या कारण हैं और सरकार द्वारा इन रिक्त पदों को भरने के लिए क्या उपाय किए गए हैं;
- (ङ) विगत पांच वर्षों में से प्रत्येक वर्ष के दौरान वर्षवार और राज्यवार/संघ राज्यक्षेत्रवार कुल कितने आयुर्वेद चिकित्सक उत्तीर्ण हुए हैं;
- (च) क्या सरकार का ऐसी नियुक्तियों के लिए राज्य सरकारों का मार्गदर्शन करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में प्रत्येक राज्यवार/संघ राज्यक्षेत्रवार को कितनी वित्तीय सहायता प्रदान की गई है; और
- (छ) क्या सरकार का आयुर्वेद में एकीकृत पाठ्यक्रम को पुनः आरंभ करने का भी कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (च): जन स्वास्थ्य राज्य का विषय होने के कारण, सभी श्रेणियों में आयुर्वेद चिकित्सकों के रिक्त पदों को स्वीकृत करने और भरने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के कार्यक्षेत्र में आती है और तदनुसार, केंद्र सरकार द्वारा ऐसा कोई आंकड़ा नहीं रखा जाता है।

केंद्रीय सरकार स्वास्थ्य योजना (सीजीएचएस) के तहत, आयुर्वेद चिकित्सा अधिकारियों के 121 स्वीकृत पदों में से एक पद वर्तमान पदधारक की सेवानिवृत्ति के कारण रिक्त है। आयुष मंत्रालय ने रिक्त पद को भरने के लिए कार्रवाई शुरू कर दी है।

इसके अलावा, भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं के सह-स्थापन की नीति अपनाई है, जिससे रोगियों को एक ही स्थान पर विभिन्न चिकित्सा पद्धतियों के लिए विकल्प चुनने में मदद मिलती है। आयुष चिकित्सकों/पैराचिकित्सकों की संविदात्मक नियुक्ति और उनके प्रशिक्षण

को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा सहयोग दिया जा रहा है, जबकि आयुष अवसंरचना, उपकरण/फर्नीचर और औषधियों के लिए राष्ट्रीय आयुष मिशन (एनएएम) के तहत आयुष मंत्रालय द्वारा साझा जिम्मेदारियों के रूप में सहयोग प्रदान किया जा रहा है। पीएचसी में सह-स्थापित आयुष सुविधाओं की राज्य/संघ राज्य क्षेत्र-वार स्थिति का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

इसके अतिरिक्त, राज्य बोर्ड/परिषद/संघ राज्य क्षेत्र से प्राप्त आंकड़ों के अनुसार, पिछले पांच वर्षों के दौरान पंजीकृत आयुर्वेद चिकित्सकों की राज्य/संघ राज्य क्षेत्र-वार स्थिति का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(छ): आयुर्वेद में एकीकृत पाठ्यक्रम को पुनः आरंभ करने की कोई योजना नहीं है। हालांकि, भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) ने पारंपरिक चिकित्सा पद्धतियोंनामतः आयुर्वेद, सिद्ध, यूनानी और सोवा-रिग्पा (एएसयूएस) पर उचित अभिविन्यास और मॉड्यूल के अनुसार विशेषज्ञता प्राप्त करने के लिए एमबीबीएस, नर्सिंग और फिजियोथेरेपी के लिए आयुष मॉड्यूल तैयार किया है।

#### विवरण-I

प्राथमिक स्वास्थ्य केंद्रों में सह-स्थापित आयुष सुविधाओं की राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	पीएचसी
1	आंध्र प्रदेश	273
2	अरुणाचल प्रदेश	50
3	असम	71
4	बिहार	0
5	छत्तीसगढ़	454
6	गोवा	22

7	गुजरात	868
8	हरियाणा	106
9	हिमाचल प्रदेश	0
10	झारखंड	97
11	कर्नाटक	375
21	केरल	0
13	मध्य प्रदेश	283
14	महाराष्ट्र	20
15	मणिपुर	78
16	मेघालय	54
17	मिजोरम	10
18	नागालैंड	9
19	ओडिशा	886
20	पंजाब	94
21	राजस्थान	146
22	सिक्किम	4
23	तमिलनाडु	475
24	तेलंगाना	352
25	त्रिपुरा	84
26	उत्तराखंड	44
27	उत्तर प्रदेश	627
28	पश्चिमी बंगाल	368
29	अंडमान और निकोबार द्वीप	20
30	चंडीगढ़	28
31	दादरा व नागर हवेली और दमन व दीव	9
32	राष्ट्रीय राजधानी क्षेत्र दिल्ली	0
33	जम्मू-कश्मीर	372
34	लद्दाख	32
35	लक्षद्वीप	4
36	पुडुचेरी	39
<b>कुल</b>		<b>6354</b>

स्रोत: दिनांक 30.06.2024 तक एनएचएम-एमआईएस डेटाबेस के अनुसार

**विवरण-II**

पिछले पांच वर्षों के दौरान पंजीकृत आयुर्वेद चिकित्सकों की राज्य/संघ राज्यक्षेत्र-वार स्थिति

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	पंजीकृत आयुर्वेद चिकित्सक
1	आंध्र प्रदेश	569
2	अरुणाचल प्रदेश	37
3	असम	221
4	बिहार	652
5	छत्तीसगढ़	1097
6	दिल्ली	337
7	गोवा	156
8	गुजरात	4036
9	हरियाणा	2073
10	हिमाचल प्रदेश	1296
11	जम्मू	274
12	झारखंड	13
13	कर्नाटक	9741
14	केरल	587
15	मध्य प्रदेश	1508
16	महाराष्ट्र	13769
17	ओडिशा	3
18	पंजाब	1517
19	राजस्थान	1773
20	तमिलनाडु	446
21	उत्तर प्रदेश	3703
22	उत्तराखंड	761
23	पश्चिमी बंगाल	372
<b>कुल</b>		<b>44941</b>

### **IMPORT OF UREA AND DAP FROM CHINA**

**3061: SHRI D. M. KATHIR ANAND:**

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

- (a) whether it is a fact that our country is unable to produce enough fertilizer to meet its needs, if so, the details thereof
- (b) whether it is true that India is the top importer of urea and major buyer of di-ammonium phosphate (DAP), if so, the details of the total imports made during the last three years, year-wise;
- (c) whether the country depends on import of large quantities of Urea and DAP from China, if so, the details thereof; and
- (d) the details of the measures taken by the Government to reduce the high dependency on Chinese imports?

**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 indigenous production of fertilizers is not commensurate with therequirement in the country and the gap is fulfilled through imports. The details of production, consumption and imports of fertilizers during last three years are given below:-

<b>UREA</b>			
<b>Year</b>	<b>Production</b>	<b>Consumption</b>	<b>Import</b>

2021-22	250.72	341.73	91.36
2022-23	284.94	357.26	75.80
2023-24	314.07	357.81	70.42

<b>P&amp;K</b>			
<b>Year</b>	<b>Production</b>	<b>Consumption</b>	<b>Import</b>
2021-22	185.23	294.70	90.92
2022-23	200.35	279.12	112.01
2023-24	189.26	288.42	106.53

(b) and (c): The details of the total imports (including from China) made during the last three years viz., 2021-22 to 2023-24 is given in the enclosed **Statement**.

(d): With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2<sup>nd</sup> January, 2013 and its amendment on 7<sup>th</sup> October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and

Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production of 76.2 LMTPA thereby total production urea production capacity has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA at present.

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

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

Accordingly, the import of Urea has been reduced from 75.80 LMT in 2022-23 to 70.42 LMT in 2023-24.

With regard to PandK Fertilizers, the Government has implemented Nutrient Based Subsidy Policy w.e.f. 1.4.2010 for Phosphatic and Potassic (PandK) Fertilizers. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided on notified PandK fertilizers depending on their nutrient content. The PandK sector is decontrolled and the fertilizer companies manufacture/import fertilizers as per the market dynamics.

The Government has taken following measures to promote indigenous fertilizer and self-sufficiency in the agriculture sector:

- i. Potash derived from Molasses (PDM) which is 100% indigenously manufactured fertilizer has been notified under Nutrient Based Subsidy (NBS) scheme.
- ii. Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is applicable since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

### **STATEMENT-I**

<b>Country Wise Import of Urea and DAP during 2021-22 to 2023-24</b>						
<i>&lt;Figures in Lakh MT&gt;</i>						
<b>Country Name</b>	<b>2021-22</b>		<b>2022-23</b>		<b>2023-24</b>	
	<b>Urea</b>	<b>DAP</b>	<b>Urea</b>	<b>DAP</b>	<b>Urea</b>	<b>DAP</b>
Algeria	1.72	-	3.07		0.35	
Australia	-	0.52		1.51		
Bahrain	2.28	-	1.77		0.94	
<b>China</b>	<b>25.91</b>	<b>18.15</b>	<b>12.80</b>	<b>12.17</b>	<b>18.65</b>	<b>22.28</b>
Egypt	7.43	0.68	2.63		0.92	0.18
Estonia	0.16	-	0.09			
Finland	1.52	-	7.69		1.41	0.33
Georgia	2.00	-	1.98			
Indonesia	2.33	-	1.34		2.16	
Israel	-	-		0.44		
Jordan	-	2.07		1.65		1.74
Latvia	1.06	-				
Libya	0.47	-				
Nigeria	1.69	-	1.39			
Malaysia	1.75	-	1.59		1.42	
MEXICO	-	0.61				
Morocco	-	11.60		17.47		11.13
Oman	15.88	-	19.60		19.53	
Qatar	3.87	-	5.02		1.70	



Russia	2.80	1.96	6.26	9.24	15.73	3.41
Saudi-Arabia	4.92	18.59	4.61	21.22	2.36	16.29
TUNISIA	-	0.44		0.85		
UAE	7.95	-	4.16		5.08	
Ukraine	5.89	-				
USA	-	-	0.49	1.28		0.31
Vietnam	1.73	-	1.31		0.17	
<b>Grand Total:</b>	<b>91.36</b>	<b>54.62</b>	<b>75.80</b>	<b>65.83</b>	<b>70.42</b>	<b>55.67</b>

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

**3062. SHRI ANTO ANTONY:**

**SHRI IMRAN MASOOD:**

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

- (a) the details of the prevalence of anaemia amongst women and children during the last ten years, year-wise and State-wise;
- (b) the details of the causes of anaemia in women and children;
- (c) whether the Government is taking any initiatives to reduce the prevalence of anaemia, if so, the details thereof and the steps taken by the Government in this regard; and
- (d) the number of beneficiaries under Poshan 2.0 Scheme along with the budgetary outlay and expenditure under the said scheme during the last three years State-wise particularly in Saharanpur, Uttar Pradesh?

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

(a) State-wise details of prevalence of anaemia among women of age 15-49 years and among children of age 6-59 months, during the last ten years as per the National Family Health Survey are placed in the enclosed **Statement-I** and **Statement-II** respectively.

(b) As per information provided by Ministry of Health and Family Welfare, the major causes of anaemia include iron deficiency, other micronutrient deficiencies (e.g. folate, riboflavin, vitamins A and B12), acute and chronic infections (e.g. malaria, cancer, tuberculosis and HIV), worm infestation, fluorosis, and inherited or acquired disorders that affect haemoglobin synthesis, red blood cell production or red blood cell survival (e.g. haemoglobinopathies).

(c) and (d) Government of India implements Anaemia Mukt 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 adolescents (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, Intensified year-round behaviour change communication campaign, Testing of anaemia using digital invasive haemoglobinometer and point of care treatment,

Mandatory provision of iron and folic acid fortified foods in public health programmes, addressing non-nutritional causes of anaemia in endemic pockets, with special focus on malaria, haemoglobinopathies and fluorosis, via robust institutional mechanism.

Further, Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0), under Ministry of Women and Child Development is a flagship programme to address the challenge of malnutrition through improved nutrition content and delivery to beneficiaries in Anganwadis.

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-East region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0).

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

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

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

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

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

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

Number of beneficiaries under Mission Poshan 2.0 scheme are given in the enclosed **Statement -III**.

Grants under this mission are being released to the States/UTs. State wise details of funds released and utilized under Mission Poshan 2.0 during the last three years including to the State of Uttar Pradesh are given in the enclosed **Statement - IV**.

### **STATEMENT-I**

**State/UT wise prevalence of anaemia among women of age 15-49 years  
(Comparison between NFHS 3, NFHS 4 and NFHS 5)**

S.No.	State/UT	NFHS 3 (2005-06)*	NFHS 4 (2015-16)	NFHS 5 (2019-21)
1	Andaman and Nicobar Islands	NA	65.7	57.5
2	Andhra Pradesh	62.9	60	58.8
3	Arunachal Pradesh	50.6	43.2	40.3
4	Assam	69.5	46	65.9
5	Bihar	67.4	60.3	63.5
6	Chandigarh	NA	75.9	60.1
7	Chhattisgarh	57.5	47	60.8
8	Delhi	NA	54.3	49.9
9	DNHandDD	NA	72.9	62.5
10	Goa	38.0	31.3	39
11	Gujarat	55.3	54.9	65
12	Haryana	56.1	62.7	60.4
13	Himachal Pradesh	43.3	53.5	53

14	JandK	52.1	48.9	55.9
15	Jharkhand	69.5	65.2	65.3
16	Karnataka	51.5	44.8	47.8
17	Kerala	32.8	34.3	36.3
18	Ladakh	NA	78.4	92.8
19	Lakshadweep	NA	46	25.8
20	Madhya Pradesh	56.0	52.5	54.7
21	Maharashtra	48.4	48	54.2
22	Manipur	35.7	26.4	29.4
23	Meghalaya	47.2	56.2	53.8
24	Mizoram	38.6	24.8	34.8
25	Nagaland	NA	27.9	28.9
26	Odisha	61.2	51	64.3
27	Puducherry	NA	52.4	55.1
28	Punjab	38.0	53.5	58.7
29	Rajasthan	53.1	46.8	54.4
30	Sikkim	60.0	34.9	42.1
31	Tamilnadu	53.2	55	53.4
32	Telangana	62.9	56.6	57.6
33	Tripura	65.1	54.5	67.2
34	Uttarakhand	49.9	45.2	42.6
35	Uttar Pradesh	55.2	52.4	50.4
36	West Bengal	63.2	62.5	71.4

\* NFHS-3 covered 29 states in India. NFHS-3 estimates of anaemia exclude Nagaland.

### **STATEMENT-II**

**State/UT wise prevalence of anaemia among children of age 6-59 months  
(Comparison between NFHS 3, NFHS 4 and NFHS 5)**

S.No.	State/UT	NFHS 3 (2005-06)*	NFHS 4 (2015-16)	NFHS 5 (2019-21)
1	Andaman and Nicobar Islands	NA	49.0	40.0

2	Andhra Pradesh	70.8	58.6	63.2
3	Arunachal Pradesh	56.9	54.2	56.6
4	Assam	69.6	35.7	68.4
5	Bihar	78.0	63.5	69.4
6	Chandigarh	NA	73.1	54.6
7	Chhattisgarh	71.2	41.6	67.2
8	Delhi	57.0	59.7	69.2
9	DNHandDD	NA	82.0	75.8
10	Goa	38.2	48.3	53.2
11	Gujarat	69.7	62.6	79.7
12	Haryana	72.3	71.7	70.4
13	Himachal Pradesh	54.7	53.7	55.4
14	JandK	58.6	53.8	72.7
15	Jharkhand	70.3	69.9	67.5
16	Karnataka	70.4	60.9	65.5
17	Kerala	44.5	35.7	39.4
18	Ladakh	NA	91.4	92.5
19	Lakshadweep	NA	53.6	43.1
20	Madhya Pradesh	74.1	68.9	72.7
21	Maharashtra	63.4	53.8	68.9
22	Manipur	41.1	23.9	42.8
23	Meghalaya	64.4	48.0	45.1
24	Mizoram	44.2	19.3	46.4
25	Nagaland	NA	26.4	42.7
26	Odisha	65.0	44.6	64.2
27	Puducherry	NA	44.9	64.0
28	Punjab	66.4	56.6	71.1
29	Rajasthan	69.7	60.3	71.5
30	Sikkim	59.2	55.1	56.4
31	Tamil Nadu	64.2	50.7	57.4
32	Telangana*	70.8	60.7	70.0
33	Tripura	62.9	48.3	64.3
34	Uttarakhand	61.4	59.8	58.8
35	Uttar Pradesh	73.9	63.2	66.4

36	West Bengal	61.0	54.2	69.0
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\* NFHS-3 covered 29 states in India. NFHS-3 estimates of anaemia exclude Nagaland.

### STATEMENT – III

**State/UT wise number of registered beneficiaries under Mission Poshan 2.0 as on October 2024 from Poshan Tracker is as follows\*:**

S N	State Name	Children (0-6 months)	Children (6 months - 3 Years)	Children (3 - 6 Years)	Pregnant Woman	Lactating Mother	Adolescent Girls**	Total Beneficiaries
1	Andaman and Nicobar Islands	631	6,860	3,050	681	613		11,835
2	Andhra Pradesh	1,98,720	13,50,962	11,29,119	2,23,877	2,07,140	54,320	31,64,138
3	Arunachal Pradesh	1,932	2,851	47,855	2,293	1,719	15,932	1,02,582
4	Assam	89,905	11,20,776	16,08,556	1,55,137	81,154	3,81,190	34,36,718
5	Bihar	2,56,726	38,55,777	53,54,855	5,87,049	3,36,600	1,91,919	1,05,82,926
6	Chhattisgarh	1,09,178	10,48,404	10,91,639	1,72,092	1,10,436	1,10,948	26,42,697
7	Dadra and Nagar Haveli - Daman and Diu	2,047	6,762	14,074	3,286	2,042		38,211
8	Delhi	57,990	3,50,982	1,44,609	62,358	57,447		6,73,386
9	Goa	3,590	33,012	13,335	3,491	3,766		57,194



10	Gujarat	1,72,385	14,32,400	14,80,429	2,09,939	1,75,508	66,550	35,37,211
11	Haryana	81,130	7,03,542	9,40,987	1,10,868	90,655	14,579	19,41,761
12	Himachal Pradesh	33,257	2,14,233	2,41,029	34,267	32,700	16,740	5,72,226
13	JandK	34,469	3,17,039	3,89,329	38,036	39,348	22,333	8,40,554
14	Jharkhand	83,133	12,71,564	14,93,566	1,55,922	90,619	2,64,371	33,59,175
15	Karnataka	1,94,335	17,89,555	17,82,724	3,10,877	2,21,252	65,041	43,63,784
16	Kerala	95,485	7,47,656	10,36,172	1,09,088	96,811	18,380	21,03,592
17	Ladakh	739	7,272	8,768	690	821		18,290
18	Lakshadweep	424	2,724	650	376	424		4,598
19	Madhya Pradesh	3,01,052	27,13,737	35,56,074	4,32,353	3,16,315	1,52,296	74,71,827
20	Maharashtra	2,49,073	25,12,253	32,64,643	2,86,249	2,53,865	1,09,307	66,75,390
21	Manipur	8,845	99,591	1,63,087	10,763	7,886	45,477	3,35,649
22	Meghalaya	7,555	1,27,589	2,20,964	7,803	6,544	43,241	4,13,696
23	Mizoram	3,719	42,248	60,601	5,544	3,490	19,250	1,34,852
24	Nagaland	1,483	38,436	64,980	1,134	1,224	25,529	1,32,786
25	Odisha	1,86,195	14,74,142	17,93,231	2,79,760	1,94,658	2,64,220	41,92,206
26	Puducherry	2,717	23,314	3,929	2,955	2,928		35,843
27	Punjab	87,948	6,40,959	7,10,427	90,773	86,037	34,048	16,50,192
28	Rajasthan	2,06,322	18,05,807	16,95,950	3,09,196	2,34,130	41,786	42,93,191
29	Sikkim	1,288	11,955	16,833	1,298	1,197	8,098	40,669
30	Tamil Nadu	2,24,865	16,70,632	16,90,572	2,62,379	2,28,994	43,943	41,21,385

31	Telanga na	60,708	8,23,599	8,63,022	98,402	61,646	26,335	19,33,712
32	Tripura	8,617	1,20,285	1,66,363	15,335	8,489	34,786	3,53,875
33	UT- Chandig arh	2,861	16,381	17,675	3,182	2,810		42,909
34	Uttar Pradesh	9,91,253	94,27,897	92,26,208	15,52,687	10,35,505	2,04,097	2,24,37,647
35	Uttarakh and	46,901	3,71,143	2,35,897	61,387	49,761	72,836	8,37,925
36	West Bengal	3,80,256	32,00,980	41,44,755	5,26,502	3,74,306		86,26,799
	<b>Total</b>	<b>41,87,734</b>	<b>3,94,23,319</b>	<b>4,46,75,957</b>	<b>61,28,029</b>	<b>44,18,840</b>	<b>23,47,552</b>	<b>10,11,81,431</b>

\* Data is as of October 2024 from Poshan Tracker

\*\* Adolescent girls are only in Aspirational districts and North-East region

### STATEMENT-IV

**The State/UT wise details of funds provided under Mission Poshan 2.0 Scheme, year-wise, along with the utilization are as follows:**

S. No.	Name of the State	Amount in ₹ crores					
		2021-22		2022-23		2023-24	
		Funds released	Fund utilised	Funds released	Fund utilised	Funds released	Fund utilised
1	Andaman and Nicobar Islands	19.71	13.36	3.85	3.88	12.15	Utilization Certificate not yet due
2	Andhra Pradesh	744.60	749.91	827.79	721.45	705.68	
3	Arunachal Pradesh	170.83	230.77	137.78	145.74	162.06	
4	Assam	1319.90	1432.19	1651.63	1717.00	2233.31	
5	Bihar	1574.43	1608.02	1740.09	1586.61	1859.29	
6	Chandigarh	15.32	23.09	33.10	34.33	19.79	
7	Chhattisgarh	606.73	522.72	668.96	571.80	579.46	
8	Dadra and Nagar Haveli and Daman and Diu	9.33	9.56	5.80	5.80	11.97	

9	Delhi	133.11	125.52	182.77	142.84	161.81
10	Goa	10.84	12.92	14.71	16.83	13.95
11	Gujarat	839.86	757.92	912.64	552.30	1126.80
12	Haryana	173.03	146.99	195.25	150.24	225.78
13	Himachal Pradesh	247.99	386.68	270.24	247.76	301.09
14	Jammu and Kashmir	405.74	704.57	479.01	416.23	530.88
15	Jharkhand	352.98	183.30	430.91	596.03	664.30
16	Karnataka	1003.70	984.62	765.87	885.65	912.96
17	Kerala	388.23	397.98	444.98	325.43	306.64
18	Ladakh	14.70	14.67	18.79	18.79	19.62
19	Lakshadweep	2.11	2.73	0.44	0.44	2.88
20	Madhya Pradesh	1085.47	1055.83	1011.57	1038.67	1123.11
21	Maharashtra	1713.39	1609.02	1646.17	1589.97	1699.52
22	Manipur	228.92	177.28	135.95	167.74	201.28
23	Meghalaya	173.33	177.86	192.39	200.24	269.69
24	Mizoram	59.32	61.57	42.81	53.02	100.27
25	Nagaland	159.80	160.21	199.30	190.47	262.91
26	Odisha	1065.98	871.20	923.92	884.96	968.80
27	Puducherry	2.78	6.13	0.12	6.68	4.48
28	Punjab	383.52	177.94	75.31	247.25	307.87
29	Rajasthan	682.65	771.64	974.02	936.17	1091.96
30	Sikkim	25.73	24.59	20.33	24.09	33.49
31	Tamil Nadu	655.38	681.28	766.81	741.30	880.79
32	Telangana	482.33	479.30	550.69	503.33	507.87
33	Tripura	186.72	171.66	150.52	186.55	244.22
34	Uttar Pradesh	2407.55	2341.91	2721.87	2622.64	2668.69
35	Uttarakhand	353.65	336.03	425.84	364.77	288.24
36	West Bengal	668.35	1378.31	1227.59	1455.89	1237.56

### उर्वरकों के वितरण में विलंब

#### 3063. श्री सतपाल ब्रह्मचारी:

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

- (क) सरकार द्वारा खरीफ और रबी की फसलों के मौसम से कितने दिन पूर्व राज्य/संघ राज्यक्षेत्रवार उर्वरकों का संवितरण सुनिश्चित किया जाता है;

- (ख) सोनीपत संसदीय निर्वाचन क्षेत्र में उर्वरकों के संवितरण में विलंब के क्या कारण हैं; और
- (ग) सरकार द्वारा भविष्य में ऐसी घटनाओं की पुनरावृत्ति को रोकने के लिए उठाए गए कदमों का ब्यौरा क्या है?

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

(क) से (ग): कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू) "कृषि आदानों के लिए क्षेत्रीय सम्मेलन" के माध्यम से प्रत्येक फसल मौसम (अर्थात् खरीफ और रबी) से पहले प्रमुख उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस उर्वरकों की आवश्यकता का आकलन करता है। डीएण्डएफडब्ल्यू द्वारा किए गए आकलन के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों की पर्याप्त मात्रा आबंटित करता है और उपलब्धता की स्थिति की निरंतर निगरानी करता है। यह आपूर्तियां स्वदेशी उत्पादन के साथ-साथ आयातों के माध्यम से की जाती हैं। खरीफ 2024 और चालू रबी मौसम 2024-25 में देश भर में यूरिया, डीएपी, एमओपी और एनपीकेएस की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक से संबंधित ब्यौरा संलग्न **विवरण** में दिया गया है।

हरियाणा राज्य सरकार ने सूचित किया है कि सोनीपत जिले में उर्वरकों के वितरण में कोई विलंब नहीं हुआ है।

### विवरण

#### अखिल भारत में उर्वरक की स्थिति

##### I. रबी 2024-25 (01.10.2024 से 09.12.2024)

< मात्रा एलएमटी में >

क्र.सं.	उत्पाद समूह	मौसमी आवश्यकता	09.12.2024 तक यथानुपात आवश्यकता	09.12.2024 तक उपलब्धता	09.12.2024 तक डीबीटी बिक्री	09.12.2024 तक अंतिम स्टॉक
1	यूरिया	186.89	89.37	133.97	73.52	60.45

2	डीएपी	52.05	36.91	40.47	31.77	8.70
3	एमओपी	11.95	6.24	14.22	5.77	8.45
4	एनपीकेएस	77.10	41.09	60.74	37.03	23.71

## II. खरीफ 2024

<मात्रा एलएमटी में >

क्र.सं.	उत्पाद समूह	मौसमी आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक
1	यूरिया	177.12	252.10	189.12	63.02
2	डीएपी	59.87	58.08	46.12	12.23
3	एमओपी	10.26	16.60	9.27	7.33

## PROPAGATION OF AYURVEDA

### 3064. Shri V. K. SREEKANDAN:

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

- (a) whether it is a fact that the campaign of the Government to bring Ayurveda to every household is supported by more than 4.7 lakh dedicated volunteers in the country;
- (b) if so, the details thereof along with the nature of campaign these volunteers have been carrying out across the country;

(c) whether it is a fact that this initiative has grown significantly since it was launched at the ninth Ayurveda Day celebration recently and if so, the details thereof;

(d) whether the Government is considering the use of ayurvedic medicine for treatment in every medical institution in the country including Government defence and private sector hospitals; and

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

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

(a) to (c) The Government launched a campaign namely, “Desh ka Prakriti Parikshan Abhiyan”, on 9<sup>th</sup> Ayurveda Day (29<sup>th</sup> October, 2024). The campaign commenced since 26<sup>th</sup> November, 2024 till 25<sup>th</sup> December 2024, which envisages assessing the Prakriti of an individual citizen as per the principle of Ayurveda through a dedicated mobile application with the assistance of dedicated volunteers including Students, Teachers, Ayurveda Practitioners, and Ayurvedia Medical officers. The campaign aims to encourage people towards positive health.

As of 10th December 2024, about 1.38 lakh volunteers have evaluated Prakriti for 26 Lacs Indian citizens above 18 years of age.

(d) and (e) Public health being a State subject, the primary responsibility to consider the use of Ayurvedic medicine for treatment in every medical institution, comes under the purview of respective State/UT Governments. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through States/UTs and supporting their efforts for promotion and overall development of Ayush system including Ayurveda. Under NAM, grant-in-aid is being provided to the State /UT Governments against their proposals received through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines.

Ministry of Ayush has signed Memorandums of Understanding (MoUs) with Ministry of Defence to integrate Ayurveda in the health establishments under Directorate General Armed Forces Medical Services (DGAFMS) and Directorate General Defence Estates (DGDE) under Ministry of Defence (MoD). As per the MoUs, total 48 Ayurveda units have been started under MoD; 36 Cantonment Board Hospitals/ Dispensaries under DGDE in various Cantonments and 12 Service Hospitals under the Armed Forces Medical Services.

Central Government Health Scheme is providing comprehensive medical care including Ayurveda to the Central Government employees and pensioners enrolled under the scheme. At present a total of 102 Private Ayurvedic Healthcare Organizations are empanelled under CGHS, which includes 55 Private Ayurvedic Healthcare Organizations for Day Care services and 47

Private Ayurvedic Healthcare Organizations for In-Patient Department services (IPD).

### **STATUS OF NEW MEDICAL COLLEGES**

#### **3065. SHRI PRADEEP PUROHIT:**

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

(a) whether the Government has taken any steps to establish new medical colleges under the Centrally Sponsored Scheme, 'Establishment of New Medical Colleges attached with existing District/Referral Hospitals' introduced in 2014 in the districts of Bargarh and Jharsuguda in Odisha;

(b) if so, the current status of the proposal for these two districts, including details of infrastructure, funding allocation and progress in construction and operationalization of these colleges;

(c) the details of the challenges faced in the implementation of the said scheme in Bargarh and Jharsuguda, such as land availability, financial constraints or coordination between Central and State Governments; and

(d) the details of the measures proposed by the Government to expedite the establishment and ensuring timely functioning of these medical colleges in the State?

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



(a) to (d): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, 07 medical colleges (Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri in Phase-I, Jajpur in Phase-II and Kalahandi in Phase-III ) have been approved in Odisha. All the medical colleges are functional.

### **AYUSHMAN BHARAT HEALTH INFRASTRUCTURE MISSION IN MYSURU**

#### **3066. SHRI YADUVEER WADIYAR:**

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

(a) the status of the PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) in rural areas of Mysuru district including Periyapatna and Hunsur, district/area-wise; and

(b) the details of the status of trauma care centres and primary health facilities under PM-ABHIM being implemented in these regions, region-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) 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.

The CSS components of PM-ABHIM is implemented by following the existing framework, institutions and mechanisms of the National Health Mission. As Public Health and Hospital are State subjects, implementation of the scheme lies under the purview of State Government. However, MoHFW provides technical and financial support to the States/UTs for effective implementation of the scheme.

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.

Under the scheme, an amount of **Rs.2021.88 Crore** is provisioned for the State of Karnataka during scheme period for establishment and strengthening of **736 Urban – Health and Wellness Centers (U-HWC/AAM), 30 Integrated Public Health Labs (IPHLs) and 30 Critical Care Hospital Blocks (CCBs)**.

Administrative approvals have been accorded to the State of Karnataka, for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) for an amount of **Rs 1168.71 Cr.** for establishment and strengthening of **817 Urban – Health and Wellness Centers (U-HWC/AAM), 21 Integrated Public Health Labs (IPHLs) and 21 Critical Care Hospital Blocks (CCBs)**, as per proposal of the State.

The administrative approvals accorded for FY 2021-22 to FY 2024-25 under PM-ABHIM in **Mysore district** are as under:

1. **Urban – Health and Wellness Centers (U-HWC/AAM):** 23 Urban AAM approved in Mysore district.

2. One **Integrated Public Health Lab** at Mysore District Hospital @ Rs. 1.25 Crore (2023-24).
3. One **50 bedded CCB** at **Mysore Medical College and Research Institute (MMCRI)** @23.75 Crore (2024-25). Critical Care Block (CCB) **aims to augment the capacity of the district for assured treatment and management of patients with infectious diseases or critical illnesses.** It would have the functional units such as Emergency area, Intensive Care Unit (ICU) / High Dependency Unit (HDU), Isolation Wards/Oxygen supported beds, Surgical unit/OT, MCH, Dialysis etc.

## **INTEGRATION OF AYURVEDA WITH MODERN MEDICINE**

### **3067. SHRI P. P. CHAUDHARY:**

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

- (a) whether any specific initiatives have been taken by the Government to integrate Ayurveda with modern medicine including research collaborations and clinical validation studies and if so, the details thereof;
- (b) the details of projects launched during Ayurveda Day 2023 along with their objectives and financial outlay thereof;
- (c) whether any studies have been conducted to evaluate the effectiveness of integrated treatment approaches and if so, the details thereof;

(d) the steps taken/proposed to be taken by the Government to promote scientific validation of Ayurvedic practices and medicines through modern research methodologies in the country; and

(e) whether any awareness campaigns have been initiated to educate citizens about validated Ayurvedic treatments and if so, the details thereof and the outreach achieved therein?

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

(a) The details of the initiatives taken by the Government to integrate Ayurveda with modern medicine including research collaborations and clinical validation studies are as follows:

- i. Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of Ayush doctors/ paramedics and their training is supported by the Ministry of Health and Family Welfare under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines are provided by the Ministry of Ayush under National Ayush Mission (NAM), as shared responsibilities.
- ii. In All India Institute of Ayurveda (AIIA) – New Delhi, the integrative medical

services are available under one roof, with the following units:

- a) Centre for Integrative Ayush Therapy (Unani, Siddha and Homeopathy)
- b) Integrative Cancer Care Unit
- c) Centre for Integrative Dentistry
- d) Centre for Integrative Critical Care and Emergency Medicine
- e) Centre for Integrative Orthopedics
- f) Centre for Integrative Dietetics and Nutrition
- g) Causality OPD section

Further, Satellite Clinical Services Units by All India Institute of Ayurveda (AIIA) – New Delhi are available at: -

- a) Integrative Medical Services Unit at Safdarjung Hospital – New Delhi.
- b) Centre of Integrative Oncology (CIO) Unit AIIMS – Jhajjar.
- c) Ayurveda Wellness Centre at Lal Bahadur Shastri National Academy of Administration, Mussoorie, Uttarakhand.
- d) Ayurveda Wellness Centre at Arogya Van, Ekta Nagar, Kevadia Forest Division, Statue of Unity area Development and Tourism Governance Authority (SoUADTGA), Gujarat.

- iii. Ministry of Ayush through its Central Council for Research in Ayurvedic Sciences (CCRAS) has undertaken various research studies to examine the benefits and feasibility of integration of Ayurveda. Further, under the Extramural Research Programme, Indian Council of Medical

Research (ICMR) and CCRAS under Ministry of Ayush has taken an initiative to set up Ayush-ICMR Advanced Centre for Integrative Health Research (AI-ACIHR), at AIIMS to conduct research on identified areas focusing on integrative healthcare. Under this program four research areas in four AIIMS have been identified, which are as follows:

- a. AIIMS Delhi:
    - Advanced Centre for Integrative Health Research in Gastro-intestinal Disorders
    - Advanced Centre for Integrative Health Research in Women and Child Health
  - b. AIIMS- Jodhpur: Advanced Centre for Integrative Health Research in Geriatric Health
  - c. AIIMS Nagpur: Advanced Centre for Integrative Health Research in Cancer Care
  - d. AIIMS Rishikesh: Advanced Centre for Integrative Health Research in Geriatric Health.
- iv. Ayush medical facilities are also available in various All India Institute of Medical Sciences (AIIMS) such as AIIMS Bhopal, AIIMS Bhubaneswar, AIIMS Raipur, AIIMS Gorakhpur, AIIMS Patna and AIIMS Rishikesh.
  - v. National Commission for Indian System of Medicine (NCISM), a regulatory body under Ministry of Ayush has taken the following efforts

to integrate knowledge of Ayurveda with modern medicine: -

- NCISM has developed the Ayush Module – Internship Electives for MBBS for Ayurveda, Unani and Siddha system of medicine.
- As per regulation 10 (7) of National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022, the proportion of modern advances in Syllabus for Ayurveda teaching content shall be up to 40 per cent.

(b) Ministry of Ayush had organised Ayurveda Day, 2023 incurring an expenditure of Rs. 1.70 Crore. On the occasion of Ayurveda Day 2023, a Grand Ayurveda Start-up Challenge was launched by Ministry of Ayush with fiscal incentives of 1<sup>st</sup> prize of Rs 5 lakhs cash prize, 2<sup>nd</sup> prize of Rs. 2.5 lakhs cash price and 3<sup>rd</sup> prize of Rs. 1 lakh.

The main objectives of the Challenge were:

- i. To discover and recognize societal/sectoral problems that can be solved by Ayush and innovations of startups in Ayush Sector.
- ii. Identify and promote the start-ups that have potential to solve challenges in Ayush sector.
- iii. Foster and advocate for the adoption of technology and innovation to drive sustainable growth in the Ayush sector.



(c) CCRAS has undertaken the following research projects to examine the benefits and feasibility of integration of Ayurveda with modern system of medicine:

- i. Operational study to explore the feasibility of integrating Ayurveda with modern system of medicine in a tertiary care hospital (Safdarjung Hospital New Delhi) for the management of Osteoarthritis (Knee)
- ii. Feasibility of introducing Indian System of Medicine (Ayurveda) in the National Reproductive and Child Health services at Primary Health Care (PHC) level in Himachal Pradesh
- iii. Integration of AYUSH systems in National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)
- iv. Feasibility of introducing Ayurveda Intervention in Reproductive and Child Health (RCH) in PHCs of Selected district (Gadchiroli) of Maharashtra (Effectiveness of Ayurvedic intervention for Ante-Natal care (Garbhini Paricharya) at Primary Health Care level: A Multi Centre Operational Study)

Also, National Institutes such as All Institute of Ayurveda (AIIA), Delhi, Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar and National Institute of Ayurveda (NIA), Jaipur has conducted following studies to evaluate the effectiveness of integrated treatment approaches: -

- i. Efficacy of *Gandhakadi Yoga* and *Sharpunkha Vati* as add on to contemporary standard care in the management of *Beejadushtijanya Pandu* (Thalassemia Major) in Children- An open labelled randomized controlled clinical trial.
- ii. Efficacy of Nagabala - Arjunadi Yoga in the management of Post-myocardial infarction (Hridroga) as an add-on to the conventional treatment - A randomized standard controlled clinical trial.
- iii. Efficacy of VardhamanaPippaliRasayana and WHO rehabilitation guidelines in the management of Post COVID 19 Syndrome - A Double arm Randomized Clinical Trial.
- iv. Role of lifestyle modification intervention and TriphalaKajjali tablet in the management of metabolic syndrome - A single-blind, randomized comparative clinical trial.
- v. Clinical trial on Ashwagandha for promoting recovery from mild to moderate COVID-19 symptoms in United Kingdom (UK) | collaboration with The London School of Hygiene and Tropical Medicine (LSHTM, UK).
- vi. Understanding the molecular mechanism of guduchyadi tablets in combating COVID-19 infection- In Vitro-In VIVO study, FIZ, Germany.
- vii. Effect of Guduchyadi tablet (Tinospora based herbal formulation) in the management of newly diagnosed Mild to Moderate COVID-19 Patients - An double blind Randomized Control Trial, WorkSureMedpharma Pvt Ltd.(CRO), India

- viii. Efficacy and Safety of Ayurveda Intervention (AYUSH 64) as add- on therapy for patients with COVID-19 infections.
- ix. An integrative approach to clinical recovery for COVID-19 patient using an Ayurvedic formulation.

Further, the detailed evidence based research data of Ayush Systems including evaluation of effectiveness of integrated treatment approaches is available in the exclusive portal namely Ayush Research portal (<https://ayushportal.nic.in/>).

(d) Ministry of Ayush is implementing Ayurveda Biology Integrated Health Research component under the Central Sector Scheme namely AYURGYAN from FY 2023-24 with the aim to support to demonstrate a dynamic and vibrant model of integrated health research emphasizing on translation of key outcomes of fundamental research into evidence based practices for mainstreaming through implementation research.

The National Institutes of Ayurveda and CCRAS undertakes clinical studies to generate evidence on clinical efficacy and safety of classical Ayurveda formulations and therapies in various disease conditions. These clinical studies are carried out adopting prevalent guidelines such as Good Clinical Practices Guidelines for ASU drugs (GCP-ASU), Ministry of Ayush and Ethical guidelines for Bio-Medical Research (ICMR), WHO guidelines for traditional medicines, etc. as per requirement.

Also, CCRAS has undertaken research for the development of Ayurvedic drugs through a systematic process of Drug Development viz. standardization, quality control, safety/ toxicity studies, and clinical studies adopting prevalent guidelines in vogue as per requirement.

(e) Ayurveda Day is being celebrated every year on the day of Dhanwantri Jayanti (Dhanteras) notified by the Ministry of Ayush vide gazette notification dated 01.06.2017. The day is celebrated through undertaking various activities throughout the country for promotion, propagation and popularization of Ayurveda. The Government launched a campaign namely, "Deshka Prakriti Pariksha Abhiyan", on 9th Ayurveda Day (29th October, 2024). The campaign commenced since 26th November, 2024 till 25th December 2024, which envisages assessing the Prakriti of an individual citizen as per the principle of Ayurveda through a dedicated mobile application with the assistance of dedicated volunteers including Students, Teachers, Ayurveda Practitioners, and Ayurveda Medical officers. The campaign aims to encourage people towards positive health. As on 10th December 2024, about 1.38 lakh volunteers have evaluated Prakriti for 26 Lacs Indian citizens above 18 years of age.

Further, to educate citizens about Ayush systems of medicine including Ayurveda, Ministry of Ayush is implementing various schemes such as National Ayush Mission (NAM), Promotion of International Cooperation (IC) and Promotion of Information, Education and Communication (IEC) wherein there is

provision of organising awareness campaigns to educate citizens about validated Ayurvedic treatments.

The National Institutes of Ayurveda and CCRAS create awareness about Ayurveda among masses through their IEC activities using electronic and print media for common people in English, Hindi, and regional languages, which are widely distributed through National/State level Arogya melas, Health camps, exhibitions, expos. Ministry of Ayush is also digitally promoting the Ayush System of Medicine including Ayurveda through various Social Media Platforms i.e. Facebook, Twitter, YouTube etc.

Besides the school health programmes and clinical mobile research programmes, other outreach programs viz. Schedule Caste Sub Plan (SCSP) Research Program, Tribal Health Care Research Program (THCRP), etc., are also being carried out for the promotion of Indian Medicine System under Ayush including Ayurveda. Under this programme, villages having SC/ST population have been selected to create awareness for preventive aspects of different diseases and to provide treatment to the patients in various parts of the country.

Ministry of Ayush also create awareness among citizens about Ayush systems of medicine including Ayurveda through its various institutions all across the country by participating in poshan mahaabhiyan, seminars/workshops / conferences/ school health check-ups, providing healthcare services through the OPDs/IPDs of the units and treatment centres of Ayush, publishing peer-reviewed research journals/ newsletters/ publishing bulletin in

different streams which are accessible online and are available to international readers.

The website of the Ministry of Ayush and the Autonomous bodies/ Statutory bodies/ Regulatory bodies etc under Ministry of Ayush are also embodied with information on Indian System of Medicine under Ayush including Ayurveda and hyperlinked with other important websites that provide information for wider utility.

### **SAMBAL SCHEME**

#### **3068. SHRI VISHNU DATT SHARMA:**

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

- (a) whether the Government has started SAMBAL scheme for safety and security of women, if so, the details thereof;
- (b) whether the Government has set up and made operational One Stop Centre, Swadhar Greh and Widow Homes for helping women in difficult circumstances in the districts of Panna, Katni and City of Khajuraho of district Chhatarpur in Madhya Pradesh; and
- (c) 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) The Government is implementing the Sambal vertical under the umbrella Mission Shakti for safety and security of women. The Sambal vertical comprises of One Stop Centre (OSC), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat. The details are as under:

(i) **The One Stop Centre (OSC) scheme** is being implemented across the country since 1st April, 2015. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It also provides an integrated range of services including medical aid, legal aid and advice, temporary shelter, police assistance, psycho-social counselling to needy women. As on date, out of approved 878 One Stop Centres (OSCs), 802 OSCs are operational across the country and over 10.12 lakh women have been assisted as on date.

(ii) **Women Helpline (WHL)** is a toll free 24x7x365 emergency and non-emergency assistance to women in distress through a single uniform number (181). Additionally, it provides information about government schemes and programs for women across the country. Women Helpline-181 is functional in 35 States/UTs (State of West Bengal is not implementing WHL) and has assisted around 81.64 lakh women till date.

(iii) **BBBP scheme** was launched on 22nd January, 2015 aims to prevent Gender biased sex selective elimination, ensure survival and protection of girl child and also to ensure education of the girl child. Ministry has developed a

thematic calendar for suggested convergence activities at district level with month wise specific themes for holistic development of the Girl Child.

(iv) **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.

(b) and (c): The Ministry has approved one OSC each in the districts of Panna, Katni and Chhatarpur districts of Madhya Pradesh and all the three OSCs are operational. SwadharGreh (now called Shakti Sadan) have not been set up in these districts as the scheme is demand driven and it is upto the States/UTs to raise the demand.

### बिहार में वन स्टॉप सेंटर

**3069. श्री सुनील कुमार:**

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

- (क) बिहार में आज की स्थिति के अनुसार कितने वन स्टॉप सेंटर कार्यशील हैं और इनकी स्थापना हेतु बजटीय मानदंड क्या हैं;
- (ख) उक्त योजना बिहार के वाल्मिकी नगर में कार्यान्वित की जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त केंद्र की समीक्षा की गई है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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



(क): वन स्टॉप सेंटर (ओएससी) व्यापक मिशन शक्ति के अंतर्गत संबल वर्टिकल का एक घटक है। यह निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित महिलाओं और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत समर्थन और सहायता प्रदान करता है। यह जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता और मनोसामाजिक परामर्श जैसी सेवाएं प्रदान करता है।

मंत्रालय ने बिहार राज्य के 38 जिलों में 50 वन स्टॉप सेंटर (ओएससी) को मंजूरी दी है। अनुमोदित 50 ओएससी में से 39 ओएससी क्रियाशील हैं। केन्द्र सरकार ओएससी की स्थापना के लिए राज्यों/संघ राज्य क्षेत्रों को 100% वित्तीय सहायता प्रदान करती है।

(ख): वर्तमान में पश्चिम चंपारण जिले में दो ओएससी स्वीकृत हैं जिनमें से एक ओएससी क्रियाशील है जो वाल्मीकि नगर सहित पूरे जिले को सेवाएं प्रदान करता है।

(ग) और (घ): वर्ष में एक बार महिला एवं बाल विकास मंत्रालय ओएससी के अंतर्गत राज्यों/संघ राज्य क्षेत्रों के साथ कार्यक्रम अनुमोदन बोर्ड की बैठक के दौरान समग्र कार्यकलापों की प्रगति की निगरानी और उद्देश्यों की प्राप्ति की स्थिति की समीक्षा करता है। इसके अलावा, मंत्रालय के अधिकारी बैठकों, वीडियो कान्फ्रेंसिंग और समय-समय पर राज्यों/संघ राज्य क्षेत्रों का क्षेत्रीय दौरा करके योजना की समीक्षा करते हैं।

### उत्तर प्रदेश में नए सीजीएचएस औषधालय का खोला जाना

#### 3070. डॉ. राजकुमार सांगवान:

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

(क) क्या सरकार को विगत तीन वर्षों और वर्तमान वर्ष के दौरान आज तक कुछ राज्यों, विशेषकर उत्तर प्रदेश से नए अस्पताल, औषधालय और सीजीएचएस औषधालय खोलने के लिए कोई प्रस्ताव/अभ्यावेदन प्राप्त हुए हैं;

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

(ग) शहरी और ग्रामीण क्षेत्रों के लिए पृथक-पृथक राज्यवार कितने अस्पताल/औषधालय स्वीकृत किए गए हैं;

(घ) क्या उक्त प्रयोजनार्थ आज तक कोई निर्माण कार्य शुरू हुआ है;

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(च) इन औषधालयों/अस्पतालों को विशेषकर उत्तर प्रदेश में कार्यशील बनाने के लिए क्या समयावधि निर्धारित की गई?

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

(क) से (च): सरकार शहर में न्यूनतम 2500 मुख्य कार्डधारकों या 6000 लाभार्थियों की उपस्थिति के मौजूदा मानदंडों को ध्यान में रखते हुए चिकित्सा अधिकारियों, स्टाफ नर्स, फार्मासिस्ट, लिपिकीयकर्मचारियों और उपयुक्त आवास जैसे अन्य संसाधनों की उपलब्धता के अध्यक्षीन केंद्रीय सरकार स्वास्थ्य योजना (सीजीएचएस) के नए आरोग्य केंद्र खोलने पर विचार करती है। नए सीजीएचएस औषधालयों /आरोग्य केंद्र खोलने के लिए प्राप्त अभ्यावेदनों का राज्य-वार ब्यौरा संलग्न **विवरण-I** में दिया गया है।

संस्वीकृत सीजीएचएस औषधालयों का ब्यौरा संलग्न **विवरण-II** में दिया गया है और संस्वीकृत सीजीएचएस अस्पतालों का ब्यौरा संलग्न **विवरण-III** में दिया गया है।

### **विवरण-I**

**नए सीजीएचएस आरोग्य केन्द्र खोलने के लिए अभ्यावेदनों का राज्य-वार ब्यौरा**

राज्य/संघ राज्य क्षेत्र	पिछले 3 वर्षों (2021-2023) में प्राप्त अभ्यावेदनों की संख्या	चालू वर्ष (2024) में प्राप्त अभ्यावेदनों की संख्या
आंध्र प्रदेश	15	2
अरुणाचल प्रदेश	0	0
असम	1	1

बिहार	1	0
चंडीगढ़	0	0
छत्तीसगढ़	3	0
दिल्ली	4	6
गोवा	0	1
गुजरात	17	9
हरियाणा	26	4
हिमाचल प्रदेश	7	1
जम्मू एवं कश्मीर	1	1
झारखंड	3	1
कर्नाटक	9	8
केरल	20	17
लद्दाख	1	2
मध्य प्रदेश	14	3
महाराष्ट्र	10	10
मणिपुर	0	1
मेघालय	1	0
मिजोरम	0	0
नगालैंड	0	0
ओडिशा	6	5
पुदुचेरी	0	0
पंजाब	19	6
राजस्थान	17	12
सिक्किम	0	0
तमिलनाडु	7	2
तेलंगाना	7	9
त्रिपुरा	0	0
उत्तर प्रदेश	29	13
उत्तराखंड	12	8
पश्चिम बंगाल	7	9

### विवरण-II

संस्वीकृत सीजीएचएस औषधालयों का राज्य-वार ब्यौरा (10.12.2024 की स्थिति के अनुसार)

क्र.सं.	राज्य/संघ राज्यक्षेत्र	सीजीएचएस एलोपैथिक औषधालयों की संख्या	सीजीएचएस आयुष औषधालयों की संख्या
1	अरुणाचल प्रदेश	1	2
2	आंध्र प्रदेश	6	2
3	असम	7	2
4	बिहार	9	2
5	छत्तीसगढ़	2	2
6	दिल्ली	87	31
7	गोवा	1	2
8	गुजरात	10	4
9	हरियाणा	7	5
10	हिमाचल प्रदेश	1	2
11	जम्मू एवं कश्मीर	3	2
12	झारखंड	4	2
13	कर्नाटक	11	4
14	केरल	6	2
15	मध्य प्रदेश	10	6
16	महाराष्ट्र	50	11
17	मणिपुर	1	2
18	मेघालय	2	2
19	मिजोरम	1	2
20	नगालैंड	1	0
21	ओडिशा	5	2
22	पंजाब	2	0
23	पुदुचेरी	1	2
24	राजस्थान	10	2
25	सिक्किम	1	2
26	तमिलनाडु	17	4
27	तेलंगाना	13	6
28	त्रिपुरा	1	2
29	उत्तराखंड	3	2
30	उत्तर प्रदेश	48	20
31	पश्चिम बंगाल	21	4
32	चंडीगढ़	2	2

विवरण -III

संस्वीकृत सीजीएचएस अस्पतालों का राज्यवार ब्यौरा (10.12.2024 की स्थिति के अनुसार)

क्र.सं.	राज्य/संघ राज्यक्षेत्र	सीजीएचएस एलोपैथिक अस्पतालों की संख्या	सीजीएचएस आयुष अस्पतालों की संख्या
1	दिल्ली	1	1

**SUPPLY OF FERTILIZERS**

**3071: SHRI TANUJ PUNIA:**

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

- (a) whether farmers of the country are not getting sufficient fertilizers as per their demand at the time of farming
- (b) if so, the details thereof along with the steps taken/proposed to be taken by the Government to ensure sufficient supply of fertilizers, State/UT-wise;
- (c) the details of the various fertilizers being provided to the farmers of various States of the country; and
- (d) the names and details of the various fertilizers being provided to the Mentha Farmers of the country including the State of Uttar Pradesh?

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

(a) to (d): Department of Agriculture and Farmers Welfare (DAandFW) assesses the requirement for major fertilizers viz. UREA, DAP, MOP and NPKS fertilizers, before each cropping season (viz. Kharif and Rabi) through “Zonal Conference for Agricultural Inputs”. Based on the assessment done by 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 availability scenario of fertilizers viz. Urea, DAP, MOP and NPKS across all the states including the State of Uttar Pradesh is given in the enclosed **Statement**. However, the distribution of fertilizers within the State, including to the Mehtha Farmers, is done by State Government.

### STATEMENT

STATE-WISE AVAILABILITY POSITION						
RABI 2024-25 (TILL 09.12.2024)						
Fig. in LMT						
Sl. No	State	UREA				
		Seasonal Requirement for RABI 2024-25	Pro rata Requirement Till 09/12/2024	Availability Till 09/12/2024	DBT Sales Till 09/12/2024	Closing Stock Till 09/12/2024
1	Andaman and Nicobar	0.00	0.00	0.01	0.00	0.01
2	Andhra Pradesh	9.40	2.80	5.68	2.75	2.93

3	<b>Arunachal Pradesh</b>	0.01	0.00	0.01	0.00	0.00
4	<b>Assam</b>	1.65	0.81	1.35	0.63	0.72
5	<b>Bihar</b>	13.00	5.54	8.21	3.73	4.48
6	<b>Chandigarh</b>	0.00	0.00	0.00	0.00	0.00
7	<b>Chhattisgarh</b>	2.40	1.42	2.04	0.52	1.52
8	<b>Dadra and Nagar</b>	0.00	0.00	0.00	0.00	0.00
9	<b>Daman and Diu</b>	0.00	0.00	0.00	0.00	0.00
10	<b>Delhi</b>	0.15	0.00	0.12	0.09	0.03
11	<b>Goa</b>	0.01	0.00	0.00	0.00	0.00
12	<b>Gujarat</b>	13.75	6.67	6.91	4.90	2.01
13	<b>Haryana</b>	11.20	5.81	8.52	6.31	2.22
14	<b>Himachal Pradesh</b>	0.37	0.12	0.23	0.08	0.15
15	<b>Jammu and Kashmir</b>	0.70	0.10	0.43	0.10	0.33
16	<b>Jharkhand</b>	1.00	0.42	1.17	0.41	0.76
17	<b>Karnataka</b>	6.50	2.60	6.19	2.62	3.56
18	<b>Kerala</b>	0.57	0.29	0.47	0.33	0.14
19	<b>Lakshadweep</b>	0.00	0.00	0.00	0.00	0.00
20	<b>Madhya Pradesh</b>	20.00	14.45	15.61	11.49	4.12
21	<b>Maharashtra</b>	10.00	2.84	9.38	3.73	5.64
22	<b>Manipur</b>	0.10	0.03	0.02	0.00	0.02
23	<b>Meghalaya</b>	0.02	0.01	0.00	0.00	0.00
24	<b>Mizoram</b>	0.01	0.00	0.07	0.04	0.03
25	<b>Nagaland</b>	0.00	0.00	0.00	0.00	0.00
26	<b>Odisha</b>	1.85	0.44	1.88	0.52	1.35
27	<b>Puducherry</b>	0.09	0.04	0.05	0.03	0.02
28	<b>Punjab</b>	15.00	9.19	10.57	6.72	3.85
29	<b>Rajasthan</b>	15.00	10.29	11.26	9.11	2.16
30	<b>Sikkim</b>	0.00	0.00	0.00	0.00	0.00
31	<b>Tamil Nadu</b>	6.00	3.32	4.84	3.01	1.83
32	<b>Telangana</b>	9.80	3.89	5.59	1.75	3.85
33	<b>Tripura</b>	0.10	0.03	0.11	0.02	0.09

34	<b>Uttarakhand</b>	1.03	0.39	0.58	0.34	0.25
35	<b>Uttar Pradesh</b>	39.00	14.90	26.50	12.01	14.49
36	<b>West Bengal</b>	8.20	2.95	6.16	2.26	3.90
<b>ALL INDIA</b>		<b>186.89</b>	<b>89.37</b>	<b>133.97</b>	<b>73.52</b>	<b>60.45</b>

<b>STATE-WISE AVAILABILITY POSITION</b>						
<b>RABI 2024-25 (TILL 09.12.2024)</b>						
<b>S. No</b>	<b>State</b>	<b>DAP</b>				
		<b>Seasonal Requirement for RABI 2024-25</b>	<b>Pro rata Requirement Till 09/12/2024</b>	<b>Availability Till 09/12/2024</b>	<b>DBT Sales Till 09/12/2024</b>	<b>Closing Stock Till 09/12/2024</b>
1	<b>Andaman and Nicobar</b>	0.00	0.00	0.00	0.00	0.00
2	<b>Andhra Pradesh</b>	2.00	0.89	1.62	1.10	0.52
3	<b>Arunachal Pradesh</b>	0.00	0.00	0.00	0.00	0.00
4	<b>Assam</b>	0.25	0.13	0.26	0.17	0.09
5	<b>Bihar</b>	3.00	1.95	2.87	1.99	0.88
6	<b>Chandigarh</b>	0.00	0.00	0.00	0.00	0.00
7	<b>Chhattisgarh</b>	0.70	0.48	0.50	0.23	0.28
8	<b>Dadra and Nagar</b>	0.00	0.00	0.00	0.00	0.00
9	<b>Daman and Diu</b>	0.00	0.00	0.00	0.00	0.00
10	<b>Delhi</b>	0.00	0.00	0.03	0.02	0.00
11	<b>Goa</b>	0.00	0.00	0.00	0.00	0.00
12	<b>Gujarat</b>	2.75	1.89	2.31	1.95	0.36
13	<b>Haryana</b>	2.60	2.31	2.50	2.33	0.17
14	<b>Himachal Pradesh</b>	0.01	0.00	0.02	0.01	0.01



15	<b>Jammu and Kashmir</b>	0.25	0.07	0.22	0.09	0.12
16	<b>Jharkhand</b>	0.25	0.18	0.32	0.19	0.13
17	<b>Karnataka</b>	1.74	0.76	1.17	0.73	0.44
18	<b>Kerala</b>	0.07	0.03	0.08	0.06	0.02
19	<b>Lakshadweep</b>	0.00	0.00	0.00	0.00	0.00
20	<b>Madhya Pradesh</b>	8.00	6.11	5.65	4.40	1.24
21	<b>Maharashtra</b>	2.50	0.91	1.86	1.13	0.72
22	<b>Manipur</b>	0.01	0.00	0.00	0.00	0.00
23	<b>Meghalaya</b>	0.00	0.00	0.00	0.00	0.00
24	<b>Mizoram</b>	0.00	0.00	0.00	0.00	0.00
25	<b>Nagaland</b>	0.00	0.00	0.00	0.00	0.00
26	<b>Odisha</b>	0.70	0.15	0.40	0.18	0.23
27	<b>Puducherry</b>	0.01	0.00	0.01	0.01	0.00
28	<b>Punjab</b>	4.50	4.28	3.52	3.10	0.42
29	<b>Rajasthan</b>	3.00	2.81	3.07	2.79	0.28
30	<b>Sikkim</b>	0.00	0.00	0.00	0.00	0.00
31	<b>Tamil Nadu</b>	1.30	0.71	1.11	0.75	0.36
32	<b>Telangana</b>	1.50	0.70	0.86	0.51	0.35
33	<b>Tripura</b>	0.01	0.00	0.02	0.00	0.01
34	<b>Uttarakhand</b>	0.15	0.12	0.27	0.17	0.10
35	<b>Uttar Pradesh</b>	15.00	11.65	10.60	9.10	1.50
36	<b>West Bengal</b>	1.75	0.77	1.20	0.75	0.45
<b>ALL INDIA</b>		<b>52.05</b>	<b>36.91</b>	<b>40.47</b>	<b>31.77</b>	<b>8.70</b>

\* Primary Indicator of comfortable availability: Availability > Requirement

\*\* Secondary Indicator of comfortable availability: Availability > Sales

<b>STATE-WISE AVAILABILITY POSITION</b>						
<b>RABI 2024-25 (TILL 09.12.2024)</b>						
		<b>MOP</b>				
<b>S. No</b>	<b>State</b>	<b>Seasonal Requirement</b>	<b>Pro rata Requirement</b>	<b>Availability Till 09/12/2024</b>	<b>DBT Sales Till 09/12/2024</b>	<b>Closing Stock Till 09/12/2024</b>

		<b>for RABI 2024-25</b>	<b>Till 09/12/2024</b>			
1	<b>Andaman and Nicobar</b>	0.00	0.00	0.00	0.00	0.00
2	<b>Andhra Pradesh</b>	0.80	0.41	0.98	0.36	0.63
3	<b>Arunachal Pradesh</b>	0.00	0.00	0.00	0.00	0.00
4	<b>Assam</b>	0.28	0.15	0.18	0.06	0.13
5	<b>Bihar</b>	1.15	0.81	1.71	0.79	0.92
6	<b>Chandigarh</b>	0.00	0.00	0.00	0.00	0.00
7	<b>Chhattisgarh</b>	0.15	0.09	0.34	0.05	0.29
8	<b>Dadra and Nagar</b>	0.00	0.00	0.00	0.00	0.00
9	<b>Daman and Diu</b>	0.00	0.00	0.00	0.00	0.00
10	<b>Delhi</b>	0.00	0.00	0.00	0.00	0.00
11	<b>Goa</b>	0.00	0.00	0.00	0.00	0.00
12	<b>Gujarat</b>	0.64	0.40	0.63	0.38	0.25
13	<b>Haryana</b>	0.30	0.11	0.39	0.12	0.27
14	<b>Himachal Pradesh</b>	0.03	0.02	0.02	0.00	0.01
15	<b>Jammu and Kashmir</b>	0.13	0.03	0.04	0.01	0.03
16	<b>Jharkhand</b>	0.03	0.02	0.03	0.01	0.02
17	<b>Karnataka</b>	0.65	0.29	1.13	0.39	0.74
18	<b>Kerala</b>	0.40	0.21	0.49	0.25	0.23
19	<b>Lakshadweep</b>	0.00	0.00	0.00	0.00	0.00
20	<b>Madhya Pradesh</b>	0.60	0.33	0.89	0.41	0.48
21	<b>Maharashtra</b>	1.00	0.32	1.29	0.37	0.92
22	<b>Manipur</b>	0.02	0.01	0.00	0.00	0.00
23	<b>Meghalaya</b>	0.00	0.00	0.00	0.00	0.00
24	<b>Mizoram</b>	0.00	0.00	0.00	0.00	0.00
25	<b>Nagaland</b>	0.00	0.00	0.00	0.00	0.00
26	<b>Odisha</b>	0.25	0.07	0.35	0.06	0.30
27	<b>Puducherry</b>	0.01	0.00	0.01	0.00	0.01
28	<b>Punjab</b>	0.50	0.31	0.54	0.21	0.34

29	<b>Rajasthan</b>	0.10	0.06	0.16	0.09	0.07
30	<b>Sikkim</b>	0.00	0.00	0.00	0.00	0.00
31	<b>Tamil Nadu</b>	1.20	0.59	1.05	0.49	0.56
32	<b>Telangana</b>	0.70	0.29	0.56	0.17	0.39
33	<b>Tripura</b>	0.02	0.00	0.05	0.01	0.04
34	<b>Uttarakhand</b>	0.05	0.04	0.06	0.01	0.05
35	<b>Uttar Pradesh</b>	1.25	0.93	1.64	0.93	0.71
36	<b>West Bengal</b>	1.70	0.75	1.65	0.60	1.05
<b>ALL INDIA</b>		<b>11.95</b>	<b>6.24</b>	<b>14.22</b>	<b>5.77</b>	<b>8.45</b>
<b>* Primary Indicator of comfortable availability: Availability &gt; Requirement</b>						
<b>** Secondary Indicator of comfortable availability: Availability &gt; Sales</b>						

<b>STATE-WISE AVAILABILITY POSITION</b>						
<b>RABI 2024-25 (TILL 09.12.2024)</b>						
<b>S. No</b>	<b>State</b>	<b>NPKS</b>				
		<b>Seasonal Requirement for RABI 2024-25</b>	<b>Pro rata Requirement Till 09/12/2024</b>	<b>Availability Till 09/12/2024</b>	<b>DBT Sales Till 09/12/2024</b>	<b>Closing Stock Till 09/12/2024</b>
1	<b>Andaman and Nicobar</b>	0.00	0.00	0.00	0.00	0.00
2	<b>Andhra Pradesh</b>	9.00	4.12	7.17	4.04	3.13
3	<b>Arunachal Pradesh</b>	0.00	0.00	0.00	0.00	0.00
4	<b>Assam</b>	0.35	0.18	0.22	0.10	0.12
5	<b>Bihar</b>	4.00	3.02	3.30	2.11	1.19
6	<b>Chandigarh</b>	0.00	0.00	0.00	0.00	0.00
7	<b>Chhattisgarh</b>	0.60	0.36	0.42	0.12	0.30
8	<b>Dadra and Nagar</b>	0.00	0.00	0.00	0.00	0.00
9	<b>Daman and Diu</b>	0.00	0.00	0.00	0.00	0.00
10	<b>Delhi</b>	0.00	0.00	0.00	0.00	0.00
11	<b>Goa</b>	0.01	0.00	0.00	0.00	0.00

12	<b>Gujarat</b>	4.00	2.22	3.76	2.66	1.10
13	<b>Haryana</b>	1.20	0.64	0.74	0.60	0.14
14	<b>Himachal Pradesh</b>	0.21	0.11	0.16	0.08	0.08
15	<b>Jammu and Kashmir</b>	0.02	0.01	0.00	0.00	0.00
16	<b>Jharkhand</b>	0.30	0.23	0.29	0.13	0.16
17	<b>Karnataka</b>	6.30	2.17	6.77	3.42	3.36
18	<b>Kerala</b>	0.60	0.29	0.57	0.39	0.18
19	<b>Lakshadweep</b>	0.00	0.00	0.00	0.00	0.00
20	<b>Madhya Pradesh</b>	6.00	3.79	5.23	4.25	0.99
21	<b>Maharashtra</b>	12.00	4.49	8.86	4.33	4.53
22	<b>Manipur</b>	0.02	0.00	0.00	0.00	0.00
23	<b>Meghalaya</b>	0.00	0.00	0.00	0.00	0.00
24	<b>Mizoram</b>	0.00	0.00	0.00	0.00	0.00
25	<b>Nagaland</b>	0.00	0.00	0.00	0.00	0.00
26	<b>Odisha</b>	0.75	0.17	0.78	0.20	0.58
27	<b>Puducherry</b>	0.04	0.01	0.04	0.02	0.02
28	<b>Punjab</b>	1.50	1.23	1.00	0.75	0.26
29	<b>Rajasthan</b>	1.50	1.32	1.64	1.39	0.25
30	<b>Sikkim</b>	0.00	0.00	0.00	0.00	0.00
31	<b>Tamil Nadu</b>	6.00	3.11	3.55	2.29	1.26
32	<b>Telangana</b>	7.00	2.92	4.27	1.88	2.39
33	<b>Tripura</b>	0.01	0.00	0.02	0.01	0.01
34	<b>Uttarakhand</b>	0.20	0.11	0.10	0.08	0.02
35	<b>Uttar Pradesh</b>	8.50	6.69	6.98	5.62	1.36
36	<b>West Bengal</b>	7.00	3.89	4.87	2.57	2.30
<b>ALL INDIA</b>		<b>77.10</b>	<b>41.09</b>	<b>60.74</b>	<b>37.03</b>	<b>23.72</b>
<b>* Primary Indicator of comfortable availability: Availability &gt; Requirement</b>						
<b>** Secondary Indicator of comfortable availability: Availability &gt; Sales</b>						

### SHORTAGE OF FERTILIZERS IN KERALA

**3072: SHRI K. C. VENUGOPAL:**

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

- (a) whether it is a fact that there is a severe shortage of fertilizers in several States in the country, especially in the State of Kerala;
- (b) if so, the details thereof; and
- (c) the reasons or factors contributing to the fertilizer shortage in Kerala with respect to the presence of any challenges or bottlenecks in the supply chain or issues related to production, distribution, or procurement that need to be addressed?

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

(a) to (c): The details of requirement, availability, sales and closing stock of Urea, DAP, MOP and NPKs in the country during ongoing Rabi 2024-25 season (From 01.10.2024 to 09.12.2024), is as under:-

**<QTY IN LMT>**

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	PRO- RATA REQUIREMENT TILL 09.12.2024	AVAILABILITY TILL 09.12.2024	DBT SALES TILL 09.12.2024	CLOSING STOCK TILL 09.12.2024
1	UREA	186.89	89.37	133.97	73.52	60.45
2	DAP	52.05	36.91	40.47	31.77	8.70
3	MOP	11.95	6.24	14.22	5.77	8.45
4	NPKS	77.10	41.09	60.74	37.03	23.71

**The details of requirement, availability, sales and closing stock of Urea, DAP, MOP and NPKs in the State of Kerala during ongoing Rabi 2024-25 season (From 01.10.2024 to 09.12.2024), is as under:-**

**<QTY IN '000' MT>**

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	PRO- RATA REQUIREMENT TILL 09.12.2024	AVAILABILITY TILL 09.12.2024	DBT SALES TILL 09.12.2024	CLOSING STOCK TILL 09.12.2024
1	UREA	57.00	29.00	47.00	33.00	14.00
2	DAP	7.00	3.00	8.00	6.00	2.00
3	MOP	40.00	21.00	49.00	25.00	24.00
4	NPKS	60.00	29.00	57.00	39.00	18.00

**एबी-पीएमजेएवाई के अंतर्गत आंगनवाड़ी कार्यकर्ताओं को शामिल करना**

**3073. श्री दुलू महतो:**

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

(क) क्या झारखंड के धनबाद जिले में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत आंगनवाड़ी कार्यकर्ताओं और सहायकों को शामिल करने से इस योजना के कवरेज को बढ़ाने में मदद मिली है और यदि हां, तो संबंधित योजनाओं और प्रक्रिया के संबंध में ब्यौरा क्या है;

(ख) इस योजना से अधिक से अधिक लाभ प्राप्त करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

(ग) मिशन सक्षम आंगनवाड़ी के अंतर्गत समेकित बाल विकास सेवाएं प्रदान करने के लिए आंगनवाड़ी केंद्रों को किन सुविधाओं से युक्त किया गया है और सेवाओं की गुणवत्ता में सुधार लाने में इसका क्या प्रभाव पड़ा है;

(घ) क्या एबी-पीएमजेएवाई के अंतर्गत आंगनवाड़ी कार्यकर्ताओं को शामिल करने से धनबाद विशेषकर दूरस्थ क्षेत्रों में स्वास्थ्य सेवाओं की गुणवत्ता और पहुंच में सुधार हुआ है; और

(ड.) क्या उक्त पहल से बच्चों और गर्भवती महिलाओं के लिए स्वास्थ्य सेवाओं का कवरेज बढ़ाया गया है और यदि हां, तो तत्संबंधी ब्यौरा और प्रभाव क्या है?

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

(क) से (ड): अंतरिम बजट वित्तीय वर्ष 2024-25 के दौरान, सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के लिए आयुष्मान भारत प्रधानमंत्री जनआरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये के वार्षिक कवरेज देने की घोषणा की गई थी। यह योजना द्वितीयक और तृतीयक देखभाल अस्पताल में भर्ती के लिए प्रतिवर्ष प्रतिपरिवार 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। यह योजना शीर्ष पर राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए), राज्य में राज्य स्वास्थ्य एजेंसियों (एसएचए) और जिला स्तर पर जिला कार्यान्वयन इकाइयों (डीआईयू) के साथ त्रिस्तरीय संरचना के माध्यम से कार्यान्वित की जा रही है। एबी-पीएमजेएवाई एक पात्रता आधारित योजना है।

स्वास्थ्य और परिवार कल्याण मंत्रालय के राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) ने झारखंड सहित सभी राज्यों/संघ राज्यक्षेत्रों के लिए लगभग 8.15 लाख आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के लिए आयुष्मान कार्ड तैयार किए हैं, ओडिशा, पश्चिम बंगाल और दिल्ली एनसीटी राज्यों में राज्य सरकारें एबी-पीएमजेएवाई को लागू नहीं कर रही हैं। पीएम-जेएवाई के तहत कवर किए गए लाभार्थियों काराज्य/संघ राज्य क्षेत्रवार का ब्यौरा संलग्न **विवरण** में दिया गया है।

15वें वित्त आयोग में, 6 वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों, प्रारंभिक बाल्यावस्था देखभाल तथा शिक्षा [3-6 वर्ष] एवं आधुनिक, उन्नत

सक्षम आंगनवाड़ी सहित आंगनवाड़ी बुनियादी ढांचे के घटकों को प्रभावी कार्यान्वयन और अंतिम लाभार्थियों तक बेहतर पोषण वितरण के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत पुनर्गठित किया गया है। मिशन पोषण 2.0 के अंतर्गत देश भर में 13.96 लाख आंगनवाड़ी केंद्रों (एडब्ल्यूसी) केनेटवर्क के माध्यम से निम्नलिखित छह सेवाओं का पैकेज प्रदान किया जाता है:

- i. पूरक पोषण (एसएनपी),
- ii. प्री-स्कूल गैर-औपचारिक शिक्षा,
- iii. पोषण और स्वास्थ्य शिक्षा,
- iv. टीकाकरण,
- v. स्वास्थ्य जांच,
- vi. रेफरल सेवाएं

छह सेवाओं में से तीन, अर्थात् टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं स्वास्थ्य से संबंधित हैं और एनएचएम और सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

आंगनवाड़ी केंद्रों की अवसंरचना सुविधाओं में सुधार करने के लिए मंत्रालय द्वारा विभिन्न उपाय किए गए हैं जिनमें अन्य बातों के साथ-साथ आंगनवाड़ी केंद्रों में पेयजल सुविधाओं एवं शौचालयों के लिए निधियन को क्रमशः 10,000 रुपये से बढ़ाकर 17,000 रुपये तथा 12,000 रुपये से बढ़ाकर 36,000 रुपये करना शामिल है।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत महात्मा गांधी राष्ट्रीय ग्रामीण रोजगार गारंटी स्कीम (एमजीएनआरईजीएस) के अभिसरण में 10000 आंगनवाड़ी केन्द्र प्रतिवर्ष की दर से 50,000 आंगनवाड़ी भवनों के निर्माण का प्रावधान है जिसमें मनरेगा के अंतर्गत 8 लाख रुपये, 15वें वित्त आयोग (एफसी) (अथवा किसी अन्य अबद्ध निधि) के अंतर्गत 2 लाख रुपये तथा



एमडब्ल्यूसीडी द्वारा 2 लाख रुपये प्रति आंगनवाड़ी केंद्र निर्धारित लागत भागीदारी अनुपात में राज्यों/संघ राज्यक्षेत्रों के बीच साझा किये जायेंगे।

राज्यों/संघ राज्यक्षेत्रों को निदेश जारी किए गए हैं कि वे बिना पर्याप्त अवसंरचना के किराए पर चल रहे आंगनवाड़ी केन्द्रों को निकटवर्ती प्राथमिक स्कूलों, जहां स्थान उपलब्ध है, में सह-स्थापित करें।

उन्नत पोषण प्रदायगी तथा बाल्यावस्था देखभाल एवं शिक्षा प्रदान करने के लिए प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर 2 लाख आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में उन्नयन किया जाना है। सक्षम आंगनवाड़ियों को पारंपरिक आंगनवाड़ी केंद्रों की तुलना में बेहतर बुनियादी ढांचा प्रदान किया जाना है जिसमें इंटरनेट/वाई-फाई कनेक्टिविटी, एलईडी स्क्रीन, जल शोधक/आरओ मशीन की स्थापना और स्मार्टलर्निंग उपकरण शामिल हैं।

इसके अतिरिक्त, सरकार ने यह भी निर्णय लिया है कि एक कार्यकर्त्री वाले सभी लघु आंगनवाड़ी केन्द्रों का एक कार्यकर्त्री तथा एक सहायिका वाले पूर्णरूपेण आंगनवाड़ी केन्द्रों में उन्नयन किया जाए।

मिशन पोषण 2.0 के तहत, आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को कुशल निगरानी और सेवा वितरण के लिए स्मार्टफोन के प्रावधान के साथ तकनीकी रूप से सशक्त बनाया गया है। पोषण ट्रैकर जो एक मोबाइल एप्लिकेशन है, आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले भौतिक रजिस्ट्रों को डिजिटाइज़ करता है। यह उनके काम की गुणवत्ता में सुधार करता है और साथ ही साथ उन्हें आंगनवाड़ियों में चल रही सभी गतिविधियों की वास्तविक समय की निगरानी की अनुमति देता है।

आंगनवाड़ी कार्यकर्त्रियों के अलावा, पर्यवेक्षकों और ब्लॉक समन्वयकों को भी स्मार्टफोन प्रदान किए जाते हैं। इसी प्रकार, आंगनवाड़ी कार्यकर्त्रियों, पर्यवेक्षकों एवं ब्लॉक समन्वयकों को डाटा रिचार्ज सहायता प्रदान की जाती है।

कुपोषित बच्चों की पहचान करने और समय पर हस्तक्षेप करने के लिए विकास मानदंडों की नियमित निगरानी आवश्यक है। इसलिए, आंगनवाड़ी केंद्रों को इन्फैंनो मीटर, स्टेडियो मीटर, वजनस्केल-शिशु, वजन मापने वाला पैमाना – मां और बच्चे जैसे विकास निगरानी उपकरणों से लैस किया गया है।

### विवरण

पीएम-जेएवाई के तहत कवर किए गए लाभार्थियों का राज्य/संघ राज्य क्षेत्रवार का ब्यौरा

क्रं.सं.	राज्य/संघ राज्यक्षेत्र	पीएम-जेएवाई के तहत बनाए गए आयुष्मान कार्ड (एडब्ल्यूडब्ल्यू और एडब्ल्यूएच) लाभार्थियों की कुल संख्या
1	अंडमान और निकोबार द्वीप समूह	453
2	आंध्र प्रदेश	42523
3	अरुणाचल प्रदेश	1544
4	असम	59391
5	बिहार	68581
6	छत्तीसगढ़	67829
7	दादरा और नगर हवेली तथा दमन और दीव	507
8	गोवा	629
9	गुजरात	49002
10	हरियाणा	17657
11	हिमाचल प्रदेश	8128
12	जम्मू एवं कश्मीर	34498
13	झारखंड	31755

14	कर्नाटक	48479
15	केरल	24444
16	लद्दाख	1449
17	लक्षद्वीप	64
18	मध्य प्रदेश	102411
19	महाराष्ट्र	70365
20	मणिपुर	5739
21	मेघालय	4523
22	मिजोरम	2376
23	नागालैंड	4591
24	पुदुचेरी	395
25	पंजाब	18481
26	राजस्थान	34874
27	सिक्किम	1227
28	तमिलनाडु	6990
29	तेलंगाना	15505
30	त्रिपुरा	7940
31	चंडीगढ़ - संघ राज्य क्षेत्र	370
32	उत्तर प्रदेश	65176
33	उत्तराखंड	18065
	<b>कुल</b>	<b>815961</b>

### समेकित बाल विकास सेवा योजना

**3074. डॉ. मन्ना लाल रावत:**

श्री दरोगा प्रसाद सरोज:

श्री संजय हरिभाऊ जाधव:

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

(क) क्या सरकार ने देश के सभी जिलों में समेकित बाल विकास सेवा(आईसीडीएस) योजना शुरू की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और विगत पांच वर्षों में प्रत्येक वर्ष और वर्तमान वर्ष के दौरान वर्ष-वार तथा उत्तर प्रदेश और महाराष्ट्र सहित राज्य-वार/राज्य क्षेत्र-वार कितना बजट आवंटित और उपयोग किया गया;

(ख) उक्त योजना के राज्य-वार/संघ राज्य क्षेत्र-वार कितने लाभार्थी हैं;

(ग) सरकार द्वारा उक्त योजना के अंतर्गत प्राप्त उपलब्धियों का ब्यौरा क्या है;

(घ) उत्तर प्रदेश में प्रतिमाह कितने कुपोषित बच्चों को अनुपूरक पोषाहार दिया जा रहा है; और

(ड.) सरकार द्वारा उक्त योजनाओं को सुदृढ़ करने और उन्हें प्रभावी बनाने के लिए उठाए गए/उठाए जाने वाले कदमों का राज्य-वार और राजस्थान में जिला-वार ब्यौरा क्या है?

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

(क) : 15वें वित्त आयोग (एफसी) की अवधि के दौरान, 6 माह से 6 वर्ष की आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं एवं किशोरियों के लिए पोषण सहायता, बच्चों (3-6 वर्ष) की प्रारंभिक बाल्यावस्था देखरेख एवं शिक्षा तथा आधुनिक, उन्नत सक्षम आंगनवाड़ी सहित आंगनवाड़ी अवसंरचना जैसे विभिन्न घटकों को व्यापक मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 20) के अंतर्गत पुनर्गठित किया गया है। मिशन पोषण 2.0 योजना के अंतर्गत देश भर में आंगनवाड़ी केंद्रों के नेटवर्क के माध्यम से निम्नलिखित छह सेवाओं का पैकेज प्रदान किया जाता है:

- I. अनुपूरक पोषण (एसएनपी)
- II. प्री-स्कूल अनौपचारिक शिक्षा,
- III. पोषण एवं स्वास्थ्य शिक्षा,
- IV. टीकाकरण,
- V. स्वास्थ्य जांच, और
- VI. रेफरल सेवाएं

छह सेवाओं में से तीन, अर्थात् टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं स्वास्थ्य से संबंधित हैं और एनएचएम तथा सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

15वें वित्त आयोग के अवधि के दौरान मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत जारी और उपयोग की गई निधियों का का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख) मिशन पोषण 2.0 के अंतर्गत लाभार्थियों का राज्यवार का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा 1992-93 से संचालित राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के विभिन्न चक्रों से पूरे भारत में बच्चों में कुपोषण के संकेतकों में सुधार देखने को मिला है। एनएफएचएस-1 से एनएफएचएस-5 तक बच्चों के लिए इन संकेतकों का विवरण नीचे दिया गया है:

एनएफएचएस सर्वेक्षण	ठिगनापन %	अल्प वजन %	दुबलापन %
एनएफएचएस -1 (1992-93)*	52	53.4	17.5
एनएफएचएस -2 (1998-99)**	45.5	47	15.5
एनएफएचएस -3 (2005-6)***	48.0	42.5	19.8
एनएफएचएस -4 (2015-16)***	38.4	35.8	21.0
एनएफएचएस -5 (2019-21)***	35.5	32.1	19.3

\* 4 वर्ष से कम

\*\* 3 वर्ष से कम

\*\*\* 5 वर्ष से कम

उपरोक्त तालिका समय के साथ 0-3 वर्ष, 0-4 वर्ष और 0-5 वर्ष आयु के सभी बच्चों में कुपोषण संकेतकों की तस्वीर प्रस्तुत करती है।

वर्ष 2021 के लिए भारत में 5 वर्ष तक के सभी बच्चों की अनुमानित जनसंख्या 13.75 करोड़ है (स्रोत: भारत और राज्यों के लिए जनसंख्या अनुमान 2011-2036, राष्ट्रीय जनसंख्या आयोग, स्वास्थ्य और परिवार कल्याण मंत्रालय)। तथापि अक्टूबर 2024 के आंकड़ों के अनुसार, 5 वर्ष तक के केवल 7.54 करोड़ बच्चे ही आंगनवाड़ियों में नामांकित हैं और महिला एवं बाल विकास मंत्रालय के पोषण ट्रैकर पर पंजीकृत हैं। इनमें से 7.31 करोड़ बच्चों की वृद्धि मापदंडों पर माप की गई। इनमें से 38.9% बच्चे ठिगने पाए गए, 17% बच्चे अल्प वजन वाले और 5.2% कमजोर पाए गए।

इसके अलावा, वर्ष 2021 के लिए भारत में 6 वर्ष तक के सभी बच्चों की अनुमानित जनसंख्या 16.1 करोड़ है। पोषण ट्रैकर के अक्टूबर 2024 के आंकड़ों के अनुसार, 8.82 करोड़ बच्चे (0-6 वर्ष) आंगनवाड़ियों में नामांकित हैं जिनमें से 8.55 करोड़ बच्चों की विकास मापदंडों पर माप की गई है। इनमें से 37% बच्चे (0-6 वर्ष) ठिगने और 17% बच्चे (0-6 वर्ष) अल्प वजन के पाए गए हैं।

उपरोक्त एनएफएचएस डेटा और पोषण ट्रैकर डेटा के विश्लेषण से पूरे भारत में बच्चों में कुपोषण संकेतकों में सुधार दिखाई देता है।

(घ) पोषण ट्रैकर के अनुसार उत्तर प्रदेश राज्य में गंभीर रूप से कुपोषित (दुबले) के रूप में पहचाने गए बच्चों की तिमाहीवार संख्या, जिन्हें पोषण सहायता प्रदान की गई है, निम्नानुसार है:

पहली तिमाही	दूसरी तिमाही	तीसरी तिमाही
185041	180274	162941

(ड.) यद्यपि मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 केन्द्रीय प्रायोजित योजना है तथापि इसका कार्यान्वयन राज्य सरकार/संघ राज्य क्षेत्र प्रशासन के दायरे में आता है। यह मंत्रालय वीडियो

कोंफरेंस, बैठकों तथा ऑनलाइन पोषण ट्रैकर सिस्टम एवं कार्यक्रम अनुमोदन बोर्ड (पीएबी) की बैठकों के माध्यम से राज्यों/संघ राज्य क्षेत्रों के साथ निरंतर जुड़ाव के माध्यम से कार्यान्वयन की लगातार निगरानी करता है।

मंत्रालय ने पूरक पोषण प्रदायगी में पारदर्शिता, दक्षता और जवाबदेही के लिए "पोषण ट्रैकर" के माध्यम से गुणवत्ता आश्वासन, ड्यूटी धारकों की भूमिकाओं और जिम्मेदारियों, खरीद की प्रक्रिया, आयुष अवधारणाओं को एकीकृत करने तथा डेटा प्रबंधन एवं निगरानी जैसे कई पहलुओं को सुव्यवस्थित करने के लिए सभी राज्यों/संघ राज्य क्षेत्रों को दिनांक 13.01.2021 को दिशा-निर्देश जारी किए हैं। पोषण ट्रैकर के कुछ लाभ इस प्रकार हैं:

- I. पोषण ट्रैकर में पंजीकृत सभी लाभार्थियों को आधार सत्यापन के माध्यम से प्रमाणित किया जाता है।
- II. पोषण ट्रैकर में पंजीकरण के बाद सभी लाभार्थियों को एसएमएस के माध्यम से उन सेवाओं के बारे में सूचित किया जाता है, जिनका लाभ वे आंगनवाड़ी प्लेटफॉर्म के माध्यम से उठा सकते हैं, जिससे नागरिकों का स्वामित्व बनता है।
- III. इसके अलावा, टीएचआर की डिलीवरी पर, लाभार्थियों के पंजीकृत मोबाइल नंबर पर पोषण हेल्पलाइन विवरण के साथ एसएमएस अलर्ट भेजे जा रहे हैं। यदि लाभार्थी को टीएचआर नहीं मिलता है, तो वह पोषण हेल्पलाइन पर शिकायत दर्ज करा सकता है।
- iv. "पोषण ट्रैकर" के साथ, कुपोषण संकेतकों पर तात्कालिक डेटा प्रत्येक महीने उपलब्ध है। एनएफएचएस (लगभग 6.1 लाख परिवारों का नमूना आकार) की तुलना में पोषण ट्रैकर लगातार प्रत्येक महीने लगभग 8 करोड़ बच्चों का मापन करता है जो लाभार्थियों की तात्कालिक पोषण स्थिति को दर्शाता है।

आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की अवसंरचना सुविधाओं में सुधार करने के लिए मंत्रालय द्वारा विभिन्न उपाय किए गए हैं जिनमें अन्य बातों के साथ-साथ आंगनवाड़ी केंद्रों में पेयजल सुविधाओं एवं शौचालयों के लिए निधियों को क्रमशः 10,000/- रूपए से बढ़ाकर 17,000/- रूपए तथा 12,000/- रूपए से बढ़ाकर 36,000/- रूपए कर दिया गया है। पिछले तीन वर्षों में राजस्थान राज्य में पेयजल सुविधा उपलब्ध कराने हेतु कुल 1665 आंगनवाड़ी केंद्र अनुमोदित किए गए हैं।

मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 के अंतर्गत पांच वर्षों की अवधि में 10000 आंगनवाड़ी केंद्र प्रति वर्ष की दर से 50,000 आंगनवाड़ी केंद्रों के भवनों के निर्माण का प्रावधान है। पिछले तीन वर्षों में मनरेगा के साथ अभिसरण में राजस्थान राज्य में कुल 1217 आंगनवाड़ी केन्द्र निर्माण हेतु अनुमोदित किए गए हैं।

15वें वित्त आयोग की अवधि के दौरान, बेहतर पोषण प्रदायगी और प्रारंभिक बाल्यावस्था देखभाल और विकास प्रदान करने के लिए मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की दर से 2 लाख आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में उन्नत किया जाना है। पिछले तीन वर्षों में राजस्थान राज्य में कुल 2961 आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी केंद्रों में उन्नत करने की मंजूरी दी गई है।

प्रधानमंत्री जनजातीय आदिवासी न्याय महा अभियान (पीएम जनमन) योजना के तहत, वर्ष 2023-24 और वर्ष 2024-25 के दौरान राजस्थान राज्य को 51 आंगनवाड़ी केंद्रों के निर्माण की मंजूरी दी गई है।



**विवरण-I**

मिशन पोषण 2.0 योजना के अंतर्गत प्रदान की गई निधियों का उपयोग सहित राज्य/संघ राज्य क्षेत्रवार वर्षवार विवरण निम्नानुसार है:

क्रम सं.	राज्य का नाम	राशि करोड़ों में					
		2021-22		2022-23		2023-24	
		जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि
1	अंडमान व निकोबार द्वीप समूह	19.71	13.36	3.85	3.88	12.15	उपयोगिता प्रमाणपत्र अभी तक देय नहीं है
2	आंध्र प्रदेश	744.60	749.91	827.79	721.45	705.68	
3	अरुणाचल प्रदेश	170.83	230.77	137.78	145.74	162.06	
4	असम	1319.90	1432.19	1651.63	1717.00	2233.31	
5	बिहार	1574.43	1608.02	1740.09	1586.61	1859.29	
6	चंडीगढ़	15.32	23.09	33.10	34.33	19.79	
7	छत्तीसगढ़	606.73	522.72	668.96	571.80	579.46	
8	दादरा और नगर हवेली एवं दमन और दीव	9.33	9.56	5.80	5.80	11.97	
9	दिल्ली	133.11	125.52	182.77	142.84	161.81	
10	गोवा	10.84	12.92	14.71	16.83	13.95	
11	गुजरात	839.86	757.92	912.64	552.30	1126.80	
12	हरियाणा	173.03	146.99	195.25	150.24	225.78	
13	हिमाचल प्रदेश	247.99	386.68	270.24	247.76	301.09	
14	जम्मू और कश्मीर	405.74	704.57	479.01	416.23	530.88	
15	झारखंड	352.98	183.30	430.91	596.03	664.30	
16	कर्नाटक	1003.70	984.62	765.87	885.65	912.96	
17	केरल	388.23	397.98	444.98	325.43	306.64	
18	लद्दाख	14.70	14.67	18.79	18.79	19.62	
19	लक्षद्वीप	2.11	2.73	0.44	0.44	2.88	

क्रम सं	राज्य का नाम	राशि करोड़ों में					
		2021-22		2022-23		2023-24	
		जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि	जारी की गई निधि	उपयोग की गई निधि
20	मध्य प्रदेश	1085.47	1055.83	1011.57	1038.67	1123.11	
21	महाराष्ट्र	1713.39	1609.02	1646.17	1589.97	1699.52	
22	मणिपुर	228.92	177.28	135.95	167.74	201.28	
23	मेघालय	173.33	177.86	192.39	200.24	269.69	
24	मिजोरम	59.32	61.57	42.81	53.02	100.27	
25	नागालैंड	159.80	160.21	199.30	190.47	262.91	
26	ओडिशा	1065.98	871.20	923.92	884.96	968.80	
27	पुदुचेरी	2.78	6.13	0.12	6.68	4.48	
28	पंजाब	383.52	177.94	75.31	247.25	307.87	
29	राजस्थान	682.65	771.64	974.02	936.17	1091.96	
30	सिक्किम	25.73	24.59	20.33	24.09	33.49	
31	तमिलनाडु	655.38	681.28	766.81	741.30	880.79	
32	तेलंगाना	482.33	479.30	550.69	503.33	507.87	
33	त्रिपुरा	186.72	171.66	150.52	186.55	244.22	
34	उत्तर प्रदेश	2407.55	2341.91	2721.87	2622.64	2668.69	
35	उत्तराखंड	353.65	336.03	425.84	364.77	288.24	
36	पश्चिम बंगाल	668.35	1378.31	1227.59	1455.89	1237.56	
	<b>कुल</b>	<b>18368.01</b>	<b>18789.28</b>	<b>19849.82</b>	<b>19352.89</b>	<b>21741.17</b>	

**विवरण-II**

लाभार्थियों का राज्यवार विवरण (दिनांक 8.12.2024 तक पोषण ट्रैकर डेटा के अनुसार):

क्रम सं	राज्य	कुल लाभार्थी
1	आंध्र प्रदेश	3152991
2	अरुणाचल प्रदेश	102149
3	असम	3449889
4	बिहार	10655392
5	छत्तीसगढ़	2666135
6	गोवा	57483
7	गुजरात	3527086
8	हरियाणा	1954637
9	हिमाचल प्रदेश	570756
10	झारखंड	3359243
11	कर्नाटक	4386958
12	केरल	2097217
13	मध्य प्रदेश	7490274
14	महाराष्ट्र	6665962
15	मणिपुर	330119
16	मेघालय	408456
17	मिजोरम	133565
18	नागालैंड	130603
19	ओडिशा	4205691
20	पंजाब	1659888

21	राजस्थान	4281870
22	सिक्किम	40593
23	तमिलनाडु	4175319
24	तेलंगाना	1934493
25	त्रिपुरा	353997
26	उत्तर प्रदेश	22251412
27	उत्तराखंड	840899
28	पश्चिम बंगाल	8676876
29	अंडमान और निकोबार द्वीप समूह	12184
30	दादरा और नगर हवेली - दमन व दीव	38014
31	दिल्ली	668642
32	जम्मू एवं कश्मीर	890496
33	लद्दाख	18615
34	लक्षद्वीप	4631
35	पुदुचेरी	35725
36	संघ राज्य क्षेत्र - चंडीगढ़	42811
	<b>कुल</b>	<b>101271071</b>

### TRADE OFFICERS IN INDIAN EMBASSIES

#### 3075. SHRI GODAM NAGESH:

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

- (a) whether the Government has data of the detailed list of Trade Officers currently attached to Indian Embassies in United States, European Union, Japan, Poland, China, Germany, Netherlands, Austria and Hungary;
- (b) if so, the details of trade Officers in the said countries, their official work and contact details;
- (c) the accountability mechanisms put in place in case trade officers failed to respond within prescribed time lines, provide adequate support to Indian exporters and demonstrate proactive export promotion strategies etc.;
- (d) the reasons for not making contact details of these critical trade facilitation officers publicly accessible to entrepreneurs, traders, and business citizens of India; and
- (e) whether the Government is considering creating a centralized, transparent digital platform listing all Trade Officers' contact details to enhance ease of doing business and if so, the details thereof?

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

- (a) Yes, the Commercial Representative designated by Head of Mission/Head of Post in the Indian Missions/Posts abroad looks after trade related work.
- (b) Details are given as enclosed **Statement**.
- (c) Commercial Representatives posted in Indian Missions/Posts abroad are entrusted with the responsibility of promptly addressing trade queries, following

up on trade, technology, tourism and investment-related matters, and extending support to Indian businesses with interest in the markets concerned. The Head of Mission/Post regularly evaluates the performance of the Commercial Section, including their responsiveness and effectiveness in pursuing these tasks.

(d) Does not arise.

(e) The official website of the Ministry of External Affairs provides links to the websites of all Indian Missions/Posts abroad which include the contact details of the respective Commercial Representatives.

### **STATEMENT**

#### **List of Commercial Representatives at Missions/Posts abroad as on date**

S. No.	Country/HQ	Mission/Post	Address	Name	Designation	Phone No.	Email ID
1	USA	Embassy of India Washington	Embassy of India, Washington 2107, Massachusetts Avenue NW Washington DC 20008	Dr. Ajay Kumar	Minister (Commerce)	+1-202-939-7000 +1-202-7974693	mincom.washington@mea.gov.in <a href="mailto:com3.washington@mea.gov.in">com3.washington@mea.gov.in</a>
2	European Union	Embassy of India Brussels	Embassy of India to Belgium, Luxembourg and the European Union	Mr. Pankaj Pukhan	First Secretary (Commerce)	+32 02-645 1853	<a href="mailto:sseu.brussels@mea.gov.in">sseu.brussels@mea.gov.in</a>

			Chaussée de Vleurgat 217, 1050 Bruxelles				
3	Japan	Embassy of India Tokyo	Embassy of India, 2-2-11, Kudan-Minami, Chiyoda-Ku, Tokyo, Japan- 102 0074	Mr. Karun Bansal	Counsellor (Commercial)	+81 80 3214 4729	<a href="mailto:fstrade.tokyo@mea.gov.in">fstrade.tokyo@mea.gov.in</a>
4	Poland	Embassy of India Warsaw	Embassy of India, Warswa, 2 Mysliwiecka Street, Warsaw 00-459, Poland	Mr. Mohan Lal	Counsellor (Commerce)	+48 22 540 00 06 +48 606700103	<a href="mailto:hoc.warsaw@mea.gov.in">hoc.warsaw@mea.gov.in</a>
5	China	Embassy of India Beijing	Embassy of India, Beijing, No.5, Liang Ma Qiao Bei Jie, Chaoyang District, Beijing 100600 China	Dr. Gauram Kumar Pandey	First Secretary (Trade and Commerce)	+86-10-8531 2500/2501/2502 /2503	<a href="mailto:ccom.beijing@mea.gov.in">ccom.beijing@mea.gov.in</a>
6	Germany	Embassy of India Berlin	Embassy of India, Berlin, Tiergartenstraße 17, 10785 Berlin, Germany	Dr. Dinesh Antil	First Secretary (ITOU, Economic and Commerce)	+49-30-25792742	<a href="mailto:com.berlin@mea.gov.in">com.berlin@mea.gov.in</a>

7	Netherlands	Embassy of India The Hague	Embassy of India, The Hague, Buitenrustweg 2, 2517 KD The Hague, The Netherlands	Mr. Satya Pinisetty	First Secretary (Economic and Commerce)	+31-703457771	<a href="mailto:trade.thehague@mea.gov.in">trade.thehague@mea.gov.in</a>
8	Austria	Embassy of India Vienna	Embassy of India, Vienna, Kärntner Ring 2 1010 Vienna, Austria	Ms. Nidhi Dhiman	First Secretary (Economic and Commerce)	+43 9006375;	<a href="mailto:comm.vienna@mea.gov.in">comm.vienna@mea.gov.in</a>
9	Hungary	Embassy of India Budapest	Embassy of India, Budapest, 1025 Budapest, Buzavirag Utca 14	Mr. Rajeev Kumar	Second Secretary (Commercial, Consular and HOC)	+3613257567	<a href="mailto:hoc.budapest@mea.gov.in">hoc.budapest@mea.gov.in</a>

### FUNDS CRISIS UNDER NHM IN KERALA

#### 3076. DR. SHASHI THAROOR:

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

(a) whether the Union Government has resumed the flow of funds to the State Government of Kerala under the National Health Mission (NHM), which it had withheld earlier due to the refusal of State Government to comply with its branding requirements;



- (b) if so, the details thereof and if not, the reasons therefor;
- (c) whether the implementation of the NHM in the State of Kerala has plunged into crisis, due to the withholding of funds; and
- (d) if so, the steps taken by the Union Government to bring the implementation of NHM in Kerala back on track?

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

(a) to (d): Under the National Health Mission, technical and financial support is provided to the States/UTs for improvement in health infrastructure and strengthening healthcare systems.

All the States/UTs execute a Memorandum of Understanding (MoU) with Government of India as per framework of National Health Mission (NHM), which mandates compliance by the States of the guidelines issued under NHM as per the Clause 10.3 and 10.10.

State Government of Kerala vide letter dated 26th June 2024, has informed that Health and Family Welfare Department of Kerala has issued an order to comply with the guidelines of Government of India. In pursuance of commitment of compliance, an amount of Rs. 702.63 cr. has been released out of allocation of Rs. 913.24 cr for FY 2024-25 under NHM.

The proposals from State/UT Governments are received in the form of Programme Implementation Plans (PIPs) under NHM and Government of India

provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources. The approval given to State Government of Kerala is available in public domain at

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=53andlid=66>

### **IMPLEMENTATION OF AB-PMJAY IN KERALA**

#### **3077. ADV. DEAN KURIAKOSE:**

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

- (a) whether the Government is considering an increase in the premium of AB-PMJAY for eligible family considering the morbidity and demographic profile in Kerala, if so, the details thereof;
- (b) the details of amount of funds allocated and expenditure incurred by the Union Government and State Government under the said scheme since the inception of the program, year-wise;
- (c) the details of claims overdue/pending payments of the PMJAY program implementation in Kerala; and
- (d) whether the Government is considering any additional assistance to the State taking into account the high utilisation of the program, 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): Ayushman Bharat - Pradhan Mantri-Jan Arogya Yojana (AB-PMJAY) is completely funded by the Government and the costs are shared between Central and State Governments as per the existing policy of the scheme. The ratio of Central share to State share in the State of Kerala is 60:40. Central Government's share of Grant-in-Aid is based on the above sharing pattern ratio for the actual cost of treatment of the scheme beneficiary families or maximum ceiling amount decided by Government of India (presently Rs. 1052 per family per year), whichever is less. As of now, any additional expenditure over and above the maximum ceiling amount has to be borne by the State Government as per the current applicable guidelines.

The funding of AB-PMJAY is entirely demand driven. Funds are released to the States/UTs on the basis of the actual demand received from them. There is no State/UT-wise allocation of funds. As per the defined process, States/UTs are required to furnish the Utilization Certificate of previously received funds prior to every new fund release.

In the State of Kerala, AB-PMJAY is implemented in convergence with the State's own health assurance scheme. The total number of eligible families overall is 41.83 lakh. Out of these, 23.97 lakh families are supported by both Central and State government. The remaining families are supported under the State scheme and the treatment cost for these families is borne by the State government. The details of Central share of funds released to the State of Kerala

under AB-PMJAY since inception of scheme are are given in the enclosed **Statement.**

Under AB-PMJAY, claims are settled by respective State Health Agencies under the State Government.

### **STATEMENT**

#### **Details of Central share of funds released to the State of Kerala under AB-PMJAY since inception of scheme**

(in crore of Rupees)

<b>Financial Year</b>	<b>Central share of funds released for AB-PMJAY families</b>
2018-19	25
2019-20	97.56
2020-21	145.61
2021-22	138.90
2022-23	151.34
2023-24	155.49
2024-25	151.34

### **ORGAN TRANSPLANT**

#### **3078. SHRI YUSUF PATHAN:**

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

- (a) the number of organ transplants that took place in the country during the last three years, State-wise and year-wise;

- (b) the number of these transplants done in Government and private hospital separately in the country; and
- (c) the details of the cost of heart, lungs and kidney transplant in the country at present in Government and private hospitals?

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

- (a) to (c) The year-wise number of organ transplants reported by States/UTs during the last three years is given in the enclosed **Statement-I**.

The States/UTs which have reported the number of transplants done in government and private hospitals separately in the country is given at the enclosed **Statement-II**.

The cost of heart, lungs and kidney transplant differs from hospital-to-hospital depending upon the facilities provided and various other factors. However, rates of heart, lungs and kidney transplantation have been mentioned under CGHS for treatment of the beneficiaries, which are: Lungs Transplant - Rs. 25 lakhs; Heart Transplant - Rs. 15 lakhs; Heart and Lungs Transplant (combined) - Rs. 35 lakhs; Kidney Transplant (related) non-NABH / NABH - Rs. 2,00,000/- / Rs. 2,30,000/-; Kidney Transplant (unrelated) including immunosuppressant therapy non-NABH / NABH - Rs. 3,00,000/- / 3,45,000/-.

Also, as far as Central Government hospitals are concerned, the cost for organ transplantation is usually either free or subsidized. Further, under

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), various packages for renal transplantation in empanelled hospitals are available.

**STATEMENT-I**

**Number of organ transplants reported by States/UTs during the last three years**

<b>S.No.</b>	<b>States/UTs</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
1	Andaman Nicobar Island	0	0	0
2	Andhra Pradesh	260	374	467
3	Arunachal Pradesh	0	0	0
4	Assam	38	64	58
5	Bihar	25	22	25
6	Chandigarh	195	228	336
7	Chhattisgarh	32	75	74
8	Dadra and Nagar Haveli and Daman and Diu	0	0	0
9	Delhi	1773	3818	4426
10	Goa	8	3	6
11	Gujarat	800	1077	1054
12	Haryana	905	81	94
13	Himachal Pradesh	2	2	0
14	Jammu and Kashmir	21	52	51
15	Jharkhand	2	7	8
16	Karnataka	494	837	1218
17	Kerala	1035	1472	1437
18	Ladakh	0	0	0
19	Lakshadweep	0	0	0
20	Madhya Pradesh	180	243	290
21	Maharashtra	1307	1525	1919
22	Manipur	10	17	43

23	Meghalaya	0	0	0
24	Mizoram	0	0	0
25	Nagaland	0	0	0
26	Odisha	125	178	197
27	Puducherry	24	38	67
28	Punjab	484	535	604
29	Rajasthan	407	604	744
30	Sikkim	0	0	0
31	Tamil Nadu	1665	2245	2428
32	Telangana	1137	1179	1301
33	Tripura	0	0	0
34	Uttar Pradesh	510	233	434
35	Uttarakhand	3	4	26
36	West Bengal	817	1128	1071
<b>Total</b>		<b>12259</b>	<b>16041</b>	<b>18378</b>

**STATEMENT-II**

**Number of transplants done in government and private hospitals as reported by the States/UTs**

S. No.	State/UT	2021		2022		2023	
		Government	Private	Government	Private	Government	Private
1	Assam	-	-	11	36	15	43
2	Andhra Pradesh	3	260	1	380	20	450
3	Chandigarh	195	0	228	0	339	0
4	Chhattisgarh	-	-	2	78	15	57
5	Delhi NCR	-	-	423	3395	455	3971
6	Dadra and Nagar	0	0	0	0	0	0

	Haveli and Daman and Diu						
7	Goa	2	6	0	4	3	3
8	Gujarat	364	436	481	596	440	624
9	Haryana	0	84	0	81	0	94
10	Himachal Pradesh	2	0	0	0	0	0
11	Jammu and Kashmir	21	0	53	0	51	0
12	Kerala	50	1098	84	1358	91	1334
13	Madhya Pradesh	2	178	3	245	5	285
14	Manipur	-	-	0	17	0	25
15	Odisha	12	112	17	162	23	191
16	Puducherry	-	-	29	8	49	12
17	Punjab	0	486	0	547	0	491
18	Rajasthan	53	354	73	530	82	727
19	Tamil Nadu	13	365	151	727	253	682
20	Telangana	67	409	53	474	70	481
21	Uttar Pradesh	109	137	140	158	171	224
22	Uttarakhand	0	3	0	19	2	15
23	West Bengal	55	764	75	1028	67	992
<b>Total</b>		<b>948</b>	<b>4692</b>	<b>1824</b>	<b>9843</b>	<b>2151</b>	<b>10701</b>

### DATA ON VOTERS WITH DISABILITIES

#### 3079. SHRI KIRTI AZAD:

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



- (a) whether the data on voters with disabilities who voted from polling booths in elections is collected across the country, State-wise;
- (b) if so, the details thereof and if not, the reason therefor;
- (c) the number of polling booths manned by persons with disabilities in the last general election, State-wise and all State elections in the last three years; and
- (d) the number of grievances received by the Election Commission on the Saksham Portal for inaccessible polling booths in the last general election?

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

(a): The Election Commission of India (ECI) has informed that no such data is collected.

(b): Not applicable.

(c): The ECI has provided the requisite data which is given in the enclosed

**Statement.**

(d): The ECI has informed that on saksham portal, 32 complaints were received related to poll day during the last General Election to Lok Sabha 2024 and none of them were related to inaccessible polling booths.

**STATEMENT**

**The number of polling booths manned by persons with disabilities in the last General Election, State-wise and all State Elections in the last three years**

State / UT	In Lok Sabha GE	In State Elections (Last 03 Yrs.)

Andhra Pradesh	59	37
Arunachal Pradesh	03	03
Assam	23	Not Applicable
Bihar	230	Not Applicable
Chhattisgarh	90	90
Goa	08	09
Gujarat	33	33
Haryana	76	76
Himachal Pradesh	28	37
Jharkhand	48	46
Karnataka	224	224
Kerala	06	Not Applicable
Maharashtra	265	253
Madhya Pradesh	166	170
Manipur	03	01
Meghalaya	01	00
Mizoram	01	00
Nagaland	04	03
Odisha	84	84
Punjab	104	71
Rajasthan	200	200
Sikkim	01	00
Tamil Nadu	03	Not Applicable
Telangana	120	120
Tripura	60	44
Uttar Pradesh	317	40
Uttarakhand	70	06
West Bengal	30	Not Applicable
Andaman and Nicobar Islands	00	00
Chandigarh	05	Not Applicable

Delhi	07	Not Applicable
Dadar and Nagar Haveli and Daman and Diu	03	Not Applicable
Jammu and Kashmir	85	93
Ladakh	02	Not Applicable
Lakshadweep	00	00
Puducherry	01	00

### **ESTABLISHMENT OF SFNS**

#### **3080. SHRI VISHALDADA PRAKASHBAPU PATIL:**

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

(a) whether the Government has any plan for development of an early warning system designed to capture broader trends and potential flashpoints to address the current instability in the South Asian geopolitical landscape;

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

(c) whether the Ministry has considered establishing a Specialized Neighbourhood Foreign Service (SFNS) to address the south asian geopolitical challenges; and

(d) if so, the details thereof along with the impact on the existing Indian Foreign Service officers, selection and training for SFNS and if not, the reasons therefor?

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

(a) and (b) Government keeps a vigilant watch on all developments which have a bearing on India's national security, and takes all necessary measures to safeguard it.

(c) and (d) No. There is no proposal for creation of a Specialized Neighbourhood Foreign Service (SFNS). The Indian Foreign Service (IFS) officers are deployed in our diplomatic Missions and Posts, including in the South Asian region, to adequately carry out all requisite functions.

**JAN AUSHADHI KENDRAS IN BENGALURU**

**3081. SHRI P. C. MOHAN:**

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

(a) the number of Jan Aushadhi Kendras (JAKs) established, along with the number of functional and closed JAKs in Karnataka, particularly in Bengaluru Urban district, during the last five years, district-wise;

(b) the number of beneficiaries of JAKs in Karnataka during the said period, district-wise; and

(c) the details of funds allocated and disbursed for the establishment and operation of Jan Aushadhi Kendras in Karnataka, district-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): During the last five financial year (FY 2019-20 to FY 2023-24), 814 Jan Aushadhi Kendras (JAKs) have been opened and 145 JAKs have been closed till 30.11.2024 in Karnataka. During this period 309 JAKs have been opened and 28 JAKs have been closed in Bengaluru Urban District of Karnataka. District-wise number of JAKs opened and closed during the last five financial years in Karnataka is given in the enclosed **Statement-I**.

(b): It is estimated that on a daily basis 10-12 lakhs consumers buy medicines from more than 14300 Jan Aushadhi Kendras spread across the country.

(c): The Department provides an incentive @ 20% of monthly purchases made by JAK, subject to a ceiling of Rs. 20,000/- per month. In addition, a one-time incentive of Rs. 2.00 lakh is provided to the JAKs opened in North-Eastern States, Himalayan areas, Island territories, and areas mentioned as aspirational districts by NITI Aayog or opened by women entrepreneurs, ex-servicemen, Divyang, SC and ST in the form of support towards furniture, computers, refrigerators, and other fixtures. During last three Financial Years, Rs. 21.23 Crore have been disbursed as incentive to more than 1500 JAKs in the State of Karnataka. District-wise and Financial Year-wise details of incentive disbursed to JAKs in Karnataka is given in the enclosed **Statement-II**.

**STATEMENT-I**

<b>Year- wise and District wise details of JAKs opened and closed during the last five financial years in Karnataka</b>													
<b>S. No</b>	<b>Name of the District</b>	<b>2019-20</b>		<b>2020-21</b>		<b>2021-22</b>		<b>2022-23</b>		<b>2023-24</b>		<b>Grand Total</b>	
		<b>Opened</b>	<b>Closed</b>	<b>Opened</b>	<b>Closed</b>	<b>Opened</b>	<b>Closed</b>	<b>Opened</b>	<b>Closed</b>	<b>Opened</b>	<b>Closed</b>	<b>Opened</b>	<b>Closed</b>
1	Bagalkote	5	0	4	0	3	0	1	1	3	4	16	5
2	Ballari	4	0	3	0	0	0	8	0	6	2	21	2
3	Belagavi	2	0	2	1	2	1	2	0	1	3	9	5
4	Bengaluru Rural	1	0	0	0	1	1	3	0	3	0	8	1
5	Bengaluru Urban	56	0	111	4	36	0	51	6	55	18	309	28
6	Bidar	3	0	4	1	0	0	2	1	1	1	10	3
7	Chamarajanagara	2	0	0	0	2	0	2	0	0	1	6	1
8	Chikkaballapura	1	0	0	0	1	0	1	1	3	0	6	1
9	Chikkamagaluru	1	0	1	1	2	1	1	1	4	0	9	3
10	Chitradurga	3	0	1	1	1	1	4	0	3	2	12	4
11	Dakshina Kannada	18	0	43	1	5	0	1	0	10	3	77	4
12	Davangere	3	0	7	0	4	0	2	0	5	0	21	0
13	Dharwad	8	0	7	3	2	0	1	1	3	6	21	10
14	Gadag	2	0	1	1	0	0	1	1	2	0	6	2
15	Hassan	0	0	2	0	0	0	2	0	4	3	8	3
16	Haveri	7	0	6	1	5	0	1	0	3	2	22	3
17	Kalaburagi	1	0	5	2	0	0	4	0	5	3	15	5
18	Kodagu	0	0	8	2	3	0	2	1	3	1	16	4
19	Kolar	0	0	2	0	2	1	1	0	5	1	10	2
20	Koppal	4	0	2	0	1	0	0	0	7	0	14	0
21	Mandya	2	0	3	4	5	0	6	0	5	3	21	7
22	Mysuru	6	0	7	4	4	0	5	0	9	9	31	13
23	Raichur	2	0	2	1	2	1	2	1	0	2	8	5
24	Ramanagara	2	0	1	2	0	0	0	0	2	0	5	2
25	Shivamogga	5	0	4	0	2	0	3	0	1	7	15	7

13.12.2024

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26	Tumakuru	8	0	3	1	4	0	2	2	2	3	19	6
27	Udupi	12	0	15	2	6	0	6	0	8	4	47	6
28	Uttara Kannada	3	0	7	1	1	0	1	0	2	7	14	8
29	Vijayanagar	2	0	2	0	1	0	1	0	0	0	6	0
30	Vijayapura	6	0	7	0	4	0	1	0	7	2	25	2
31	Yadgir	2	0	2	1	0	1	0	0	3	1	7	3
<b>Total</b>		<b>171</b>	<b>0</b>	<b>262</b>	<b>34</b>	<b>99</b>	<b>7</b>	<b>117</b>	<b>16</b>	<b>165</b>	<b>88</b>	<b>814</b>	<b>145</b>

**STATEMENT-II**

<b>The Financial Year wise and district wise incentive disbursed to JAKs during the last three financial year in the state of Karnataka</b>						
<b>(Rs. In Crore)</b>						
<b>Sl. No.</b>	<b>Name of District</b>	<b>No. of JAKs</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>Total</b>
1	BAGALKOTE	33	0.14	0.09	0.05	0.28
2	BALLARI	28	0.03	0.04	0.17	0.25
3	BELAGAVI	28	0.07	0.07	0.12	0.26
4	BENGALURU RURAL	40	0.07	0.08	0.12	0.27
5	BENGALURU URBAN	413	2.13	2.98	2.79	7.89
6	BIDAR	32	0.05	0.09	0.10	0.25
7	CHAMARAJANAGARA	15	0.05	0.08	0.09	0.23
8	CHIKKABALLAPURA	14	0.04	0.04	0.12	0.20
9	CHIKKAMAGALURU	26	0.06	0.10	0.16	0.32
10	CHITRADURGA	24	0.07	0.11	0.13	0.31
11	DAKSHINA KANNADA	129	0.59	0.64	0.59	1.82
12	DAVANGERE	36	0.19	0.23	0.28	0.70
13	DHARWAD	52	0.15	0.15	0.15	0.44
14	GADAG	17	0.06	0.09	0.11	0.26
15	HASSAN	27	0.08	0.11	0.23	0.42
16	HAVERI	45	0.11	0.20	0.23	0.54
17	KALABURAGI	36	0.07	0.10	0.18	0.35
18	KODAGU	23	0.11	0.14	0.13	0.38
19	KOLAR	20	0.05	0.10	0.16	0.32
20	KOPPAL	24	0.08	0.09	0.10	0.27
21	MANDYA	52	0.18	0.23	0.19	0.60
22	MYSURU	85	0.45	0.31	0.28	1.03
23	RAICHUR	35	0.11	0.07	0.10	0.29
24	RAMANAGARA	20	0.05	0.05	0.03	0.13
25	SHIVAMOGGA	49	0.23	0.19	0.13	0.55
26	TUMAKURU	49	0.19	0.22	0.15	0.56
27	UDUPI	76	0.41	0.48	0.30	1.19
28	UTTARA KANNADA	36	0.12	0.10	0.11	0.34
29	VIJAYANAGAR	13	0.09	0.09	0.05	0.23
30	VIJAYAPURA	47	0.15	0.17	0.10	0.42
31	YADGIR	17	0.06	0.02	0.05	0.13
<b>Grand Total</b>		<b>1,541</b>	<b>6.24</b>	<b>7.48</b>	<b>7.51</b>	<b>21.23</b>



**VACANCY IN PASSPORT OFFICE IN KOKRAJHAR AND BTR****3082. SHRI JOYANTA BASUMATARY:**

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

- (a) the details of passport office employees posted in the Kokrajhar and Bodoland Territorial Region (BTR);
- (b) the total number of posts lying vacant in the passport offices of the region, category-wise;
- (c) whether the Government is aware of the fact that issuance and renewal of passports to people is taking a long time in the region; and
- (d) if so, the details thereof along with the corrective action taken/proposed to be taken by the Government in this regard?

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

- (a) and (b) In Bodoland Territorial Region, one official of the Department of Posts (DoP) is currently working in the Post Office Passport Seva Kendra (POPSK) at Kokrajhar under Passport Office in Guwahati. Further, additional DoP officials are on standby for providing uninterrupted service delivery to the citizens in the region. At present, no post is lying vacant at POPSK Kokrajhar.
- (c) and (d) The appointment availability in the POPSK Kokrajhar is next day. However, the issuance and renewal of passport depend on the availability of police verification report to be provided by the State Government authorities.

**POSHAN ABHIYAAN****3083. SHRI C. N. ANNADURAI:****SHRI G. SELVAM:****SHRI NAVASKANI K.:**

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

- (a) the details of the objectives and main features of Poshan Abhiyaan and its implementation status in the country;
- (b) the details of measures, if any, taken to improve the nutritional status of children in tribal and backward areas under the scheme;
- (c) the steps being taken to enhance the use of technology and data monitoring in tracking nutritional outcomes;
- (d) the future roadmap for achieving the targets set under Poshan Abhiyaan;
- (e) whether the Government has identified gaps in the implementation of Poshan Abhiyaan, if so, the details of such gaps identified and the corrective action taken thereon; and
- (f) the measures being taken to ensure timely delivery of benefits under the scheme?

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

(a) to (f) Poshan Abhiyaan was launched in March 2018 with the goal to reduce, with the support of Ministry of Health and Family Welfare, stunting, being

underweight among children, low-birth weight among infants and anaemia in children, adolescents and women.

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. The objectives of Mission are as follows:

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

Mission Poshan 2.0 is a universal self-selecting umbrella scheme that is being implemented across the country including tribal and backward areas. It is a Centrally Sponsored mission, where the responsibility for implementation lies 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-sectoral approach involving dimensions of food, health, water, sanitation and education, it is crucial to effectively address the issue of malnutrition. The

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

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

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

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

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

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 infrastructure and service delivery at Anganwadi Centres (AWCs) and beneficiaries on defined indicators.

Poshan Tracker is available in 24 languages including Hindi and English. It has facilitated near real time data collection for Anganwadi Services. Monthly dashboards and factsheets are provided at various levels, from Central level to Project level for timely course corrections and focused interventions.

Beneficiary Registration module has been introduced in the Poshan Tracker which has a feature for self-registration by the beneficiary by selecting Anganwadi centre. Further, existing beneficiaries can view the facilities available to them on their mobile phone under this mission.

Anganwadi workers are mandated to measure height and weight of all children (0-6 years) once a month. On the basis of height and weight data entered by Anganwadi workers, the Poshan Tracker is being leveraged for regular identification of stunting, wasting, under-weight prevalence among children as per WHO standards.

Details of registered beneficiaries under the mission are provided at enclosed

**Statement.**

### **STATEMENT**

**Details of registered beneficiaries under the mission as on October 2024 from Poshan Tracker are as follows:**

<b>Categories of beneficiaries</b>	<b>Number of beneficiaries</b>
Children (0 – 6 years)	8,82,87,007
Pregnant women	61,28,029
Lactating mothers	44,18,840
Adolescent girls (of 14-18 years in Aspirational Districts and North-East region)	23,47,552

### **INTERNATIONAL ARBITRATION AND MEDIATION**

**3084. SHRI SUKANTA KUMAR PANIGRAHI:**

Will the **MINISTER OF LAW AND JUSTICE** be pleased to state:

- (a) the steps have been taken by the Government to promote our country as a global hub for arbitration and mediation with road map for next five years;
- (b) the measures being taken to improve the institutional framework, infrastructure, and legal ecosystem to attract international arbitration and mediation cases including enhancing skill and capacity building;
- (c) the plan of the Government in facilitating training and capacity-building for professionals in the field of arbitration and mediation for the next five years;

(d) whether the Government is considering any reforms or incentives for foreign investors and businesses to resolve disputes in India through arbitration and mediation; and

(e) if so, the details of such initiatives planned for the next five years and their expected impact on the growth of our country as an arbitration and mediation destination?

**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) During the past decade, the Government of India has taken various initiatives to promote Alternative Dispute Resolution (ADR) mechanisms and is committed to take further policy and legislative intervention to strengthen these mechanisms and make them more efficacious and expeditious. The major initiatives, steps and measures taken by the Central Government over the years in this regard include;

(i) The Arbitration and Conciliation Act, 1996 has been progressively amended in the years 2015, 2019 and 2020. These amendments aim at ensuring timely conclusion of arbitration proceedings, neutrality of arbitrators, minimizing judicial intervention in the arbitral process and efficacious enforcement of arbitral awards. The amendments are further aimed at promoting institutional arbitration, updating the law to reflect best global practices and resolve ambiguities thereby



establishing an arbitration ecosystem where arbitration, domestic and international conducted by way of institutional arbitration can grow and flourish.

(ii) The India International Arbitration Centre Act, 2019, was enacted to provide for the establishment of the India International Arbitration Centre (Centre) for the purpose of creating an independent, autonomous and world class body for facilitating institutional arbitration and to declare the Centre to be an institution of national importance. The Centre has since been established and aims to inspire confidence amongst parties, both domestic and international, by providing a neutral dispute resolution platform for resolution of commercial disputes through arbitration. The Centre has also notified the India International Arbitration Centre (Conduct of Arbitration) Regulations, 2023 to facilitate conduct of domestic and international arbitrations with a focus on efficient and time-bound arbitration process. The Chamber of Arbitration established under Section 28 of the India International Arbitration Centre Act, 2019 continues to empanel reputed arbitrators, both for domestic and international arbitrations. The Centre is envisaged to become a model arbitral institution in the country, thereby paving the way for enhancing the quality of institutional framework for arbitration.

(iii) The Commercial Courts Act, 2015 was amended in the year 2018, to provide *inter-alia* for Pre-Institution Mediation and Settlement (PIMS) mechanism. Under this mechanism, where a commercial dispute of specified

value does not contemplate any urgent interim relief, the parties have to first exhaust the mandatory remedy of PIMS before approaching the Court. This is aimed at providing an opportunity to the parties to resolve the commercial disputes through mediation.

(iv) The Mediation Act, 2023, lays down the statutory framework for mediation to be adopted by parties to a dispute, especially institutional mediation, wherein various stakeholders have also been identified to establish a robust and efficacious mediation ecosystem in the country.

(v) Facilitating training and capacity building for professionals in the field of ADR, including arbitration and mediation, is continuously being done by the India International Arbitration Centre, by organizing conferences, seminars and trainings for stakeholders including professionals as well as public and private entities.

The Arbitration and Conciliation Act 1996 and Mediation Act 2023 provide *inter-alia* for conduct of international commercial arbitration and international mediation respectively.

(d) to (e) Legislative and policy interventions along with related reforms in the field of alternative dispute resolution including arbitration and mediation, is a continuous process being undertaken by the Government, keeping in view the changing requirements of the stakeholders. Further, interventions from time to

time has contributed towards improving and strengthening the ADR landscape, supporting the ease of doing business and enabling the country being seen as an attractive destination for investments and economic growth.

### **SKILL CENTRES IN MEDICAL COLLEGE**

#### **3085. SHRI RAHUL KASWAN:**

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

- (a) whether the Government intends to provide sanction and release funds for setting up of skill centres in medical college, Raj-MES Bhilwara, Bharatpur, Churu and Dungarpur under the scheme Human Resource Development for Emergency Medical Services;
- (b) if so, the details thereof along with the time by which the said centres are likely to be setup; 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): Under scheme for Human Resource Development for Emergency Medical Services, Central/ State Government Medical Colleges/ Autonomous Institutions are considered for setting up of National Emergency Life Support

(NELS) Skill Centres in a geographically representative manner across the country.

The NELS Skill Centres have been sanctioned at SMS Medical College, Jaipur; S.P. Medical College, Bikaner; Dr. S. N. Medical College, Jodhpur; Jawahar Lal Nehru Medical College, Ajmer; RNT Medical College, Udaipur; Government Medical College, Bharatpur; Government Medical College, Kota and AIIMS, Jodhpur in Rajasthan. An amount of Rs. 1.40 Crores have been released for NELS Skill Centre in Bharatpur.

### **UTILISATION OF NIRBHAYA FUND**

#### **3086.SHRIMATI PRATIMA MONDAL:**

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

- (a) the details of the steps being taken to address the increase in crimes against women and children from 2.4 lakh in 2012 to 4.5 lakh in 2022, as well as the doubling of POCSO incidents from 32,600 in 2017 to 63,400 in 2022, as reported in NCRB data;
- (b) the details of the underutilization of the Nirbhaya Fund, with only 33 per cent being spent until 2022; and
- (c) whether any measures are being implemented to ensure effective use of the fund for safety of women, if so, the details thereof?

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

(a) 'Police' and 'Public Order' are State subjects under the Seventh Schedule to the Constitution of India and the responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution in cases of crime against women rests with the respective State Governments; they are competent to deal with such crimes.

Increased reporting of crime, as reflected in NCRB report, may be attributable to the increased level of awareness among citizens due to various measures taken by the government in the last few years including the operationalisation of helplines such as Women Helpline -181 and Emergency Response Support System (ERSS-112), provisions of Zero-FIR, e-FIR and institutional support to the survivors.

However, the Government gives highest priority to safety and security of women and children and has taken several initiatives in this regard.

A crucial aspect of the protection of women and children is having in force 'protective legislation and rule framework'. The Government of India with an aim to modernize and improve the criminal justice system has enacted Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS) and Bharatiya Sakshya Adhinyam (BSA) which came into effect from 1st July, 2024. In BNS 2023, the offences against women and children earlier scattered in

Indian Penal Code, 1860 have been brought together and consolidated under Chapter-V of BNS. In these 3 new codes, the primacy is accorded to ensuring justice rather than the punitive measures alone. They have introduced new provisions to strengthen laws related to women and children, specifically, Section 111 of BNS related to “organized crime”, Section 63 relating to intercourse with minors within marriage, Section 69 related to sexual intercourse on false promise of marriage, employment, promotion or by suppressing the identity and Section 95 related to hiring, employing or engaging a child to commit an offence etc. In respect of the crimes related to buying a child for the purposes of prostitution (Section 99), gang rape (Section 70) and exploitation of a trafficked person (Section 144) the punishment has been increased. Further, in respect of certain severe crimes against women like buying child for the purposes of prostitution (section 99 of BNS), organised crime (Section 111), kidnapping or maiming a child for purpose of begging (Section 139) mandatory minimum punishment has been prescribed. Also, Sections 75 and 79 of BNS 2023 provide additional legal protections against harassment, covering actions like unwelcome sexual advances, requests for sexual favours, sexually coloured remarks and also word, gesture or act intended to insult modesty of a woman. A woman facing sexual harassment at workplace has an option to file a complaint under these provisions.

Additionally, provisions under section 398 BNSS which introduce Witness Protection Schemes, survivor-centric provisions in recording of statements [Section 176(1), Sections 179 Section 193(3) and 195 of BNSS and acknowledging the critical need to shield witnesses from threats and intimidation and Section 2(1)(d) of BSA which now enables electronic or digital record on emails, documents on computers, laptop or smartphone, messages and voice mail messages stored on digital devices under definition of documents can also be referred for protection of women and children.]

Further, a number of schemes/ projects have been/ are being implemented by the Government under 'Nirbhaya Fund' for enhancing the safety and security for women and girls in the country. 827 Anti-Human Trafficking Units have been set up for prevention of human trafficking and support to the victims. To ensure that the Police Stations are more women friendly and approachable, as they would be the first and single point of contact for any woman walking into a police station 14,658 Women Help Desks (WHDs) have been set up, of which 13,743 are headed by women. Cyber Forensic cum Training Labs have also been established in 33 States/UTs with 24,264 person trained in handling cyber related cases. To provide integrated support and assistance to women affected by violence and facilitate immediate, emergency and non-emergency access to a range of services including police, medical, legal aid and counselling,

psychological support to fight against any forms of violence against women, 802 OSCs have been made functional in 36 States/UTs wherein over 10.12 lakh women have been assisted so far. To provide help and support to needy women and women in distress, Emergency Response Support System (ERSS-112) has been established in all 36 States and UTs for various emergencies, with computer aided dispatch of field/ police resources. In addition to ERSS, a fully functional dedicated Women helpline (WHL-181) is operational in 35 States/ UTs except West Bengal. The WHL has also been integrated with ERSS. So far, Women Helplines have handled over 1.95 crore calls and assisted over 81.64 lakh women.

To ensure that justice is delivered to unfortunate women and young girls who are victims of heinous sexual offences, Government has been providing financial assistance to States/ UTs for setting up Fast Track Special Courts (FTSCs) since 2019. So far, 790 Fast Track Special Courts (FTSCs) have been approved, out of which 750 including 408 exclusive POCSO (e-POCSO) courts are operational in 30 States/UTs, having disposed of more than 2,87,000 cases of rape, and offences under POCSO Act across the country.

To ensure safety of public places where women work and live, sub-projects under the Safe City Projects have been implemented in 8 Cities (namely Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai). To ensure safe transportation for women, rail and road transport



projects like Integrated Emergency Response Management System (IERMS), Video Surveillance System at Konkan Railway, Artificial Intelligence (AI) based Facial Recognition System (FRS) integrated with Video surveillance Systems, including Command-and-Control Centre at 7 major railway stations and tabs for safety of lone woman passenger on board the train by Ministry of Railways, and projects like Vehicle Tracking Platform with command and control centre across States/ UTs, and some State specific projects like Uttar Pradesh Road transport Corporation (UPSRTC), Bengaluru Metropolitan Transport Corporation (BMTTC), Telangana State Road Transport Corporation (TSRTC), etc. by Ministry of Road Transport and Highways, have been implemented.

(b) and (c): So far, approximately 74% of the total amount allocated under Nirbhaya Fund has been released/ utilised by the Ministries/ Departments/ Implementing Agencies (IAs) administering such projects/ schemes. The projects/ schemes under Nirbhaya Fund are demand driven. The projects/ schemes initially appraised by Empowered Committee (EC) under Framework for Nirbhaya Fund have a staggered implementation schedule. Some of the appraised projects are directly implemented by Central Ministries/ Departments. However, majority of the projects are implemented through State Governments/ Union Territory (UT) Administrations, in which Central Government releases funds to States/ UTs as per prescribed fund sharing pattern of respective States/ UTs. Implementation on the ground is done by the States/ UTs as per the

approved implementation period. Further, there are schemes, which require recurring expenditure for providing services, in respect of which, further funds are released upon receipt of Utilisation Certificates (UCs) and Statement of Expenditure (SoE) from the Implementing Agency (IA)/ Authority as per provisions of General Financial Rules (GFR). Hence, it is possible that more funds have been actually utilised, but Utilisation Certificates (UCs) and Statement of Expenditure (SoE), as required, as per provisions of GFR have not been received from States/ UTs/ IAs. The States/ IAs are regularly requested to submit UCs and SoEs on time. Various other factors such as time taken in getting required approvals from competent authorities, procedure to be followed for award of contract etc., also affect implementation of schemes/ projects.

An Empowered Committee (EC) of Officers constituted under the Framework for Nirbhaya Fund initially appraises and recommends the proposals for funding under Nirbhaya Fund. It also broadly reviews the status of implementation and status of expenditure of approved projects from time to time, in coordination with the Ministries/ Departments/Implementing Agencies concerned. Further, the Project/ Scheme Implementing Ministries/ Departments/ Agencies also review the progress of implementation at their level.

**ONE STOP CENTRE****3087. DR. NISHIKANT DUBEY:****DR. M. P. ABDUSSAMAD SAMADANI:****SHRI K. SUDHAKARAN:****SHRI VISHNU DAYAL RAM:**

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

- (a) the number of Centres established in the country so far under the One Stop Centre (OSC) Scheme along with the number of women assisted by these Centres, State-wise;
- (b) the details of the facilities provided to women in said Centres;
- (c) the number of cases related to women registered in the country through One Stop Centre during the last two years, State-wise indicating the States where maximum number of cases have been registered; and
- (d) the funds allocated for OSCs and their percentage of utilization during the last three years?

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

(a) and (b): The One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid

and advice, temporary shelter, police assistance and psycho-social counselling to needy women.

The details of State/UT-wise approved and operational One Stop Centres (OSCs) and the number of women assisted since inception till 31.10.2024 are given in the enclosed **Statement -I**.

(c): Details of State/UT-wise number of matters related to women registered in OSCs during last two years is indicated in enclosed **Statement -II**.

(d): Details of the funds released and percentage of funds utilised by the States/UTs during the last three years are in enclosed **Statement -III**.

### **STATEMENT-I**

**Details of State/UT-wise approved and operational OSCs and total number of women assisted since inception to October 2024**

<b>S. No.</b>	<b>State/ UTs</b>	<b>Number of OSCs Approved</b>	<b>Number of Operational OSCs</b>	<b>Total number of women assisted since inception to October 2024</b>
1	AandN Islands	3	3	2,006
2	Andhra Pradesh	26	26	42,437
3	Arunachal Pradesh	25	25	2,295
4	Assam	36	36	23,917
5	Bihar	50	39	40,469
6	Chandigarh	1	1	1,682
7	Chhattisgarh	35	27	45,965
8	DNHDD	3	3	1,235
9	Delhi	11	11	21,120

10	Goa	2	2	7,051
11	Gujarat	35	35	38,468
12	Haryana	22	22	44,478
13	Himachal Pradesh	13	12	3,376
14	Jammu and Kashmir	20	20	12,581
15	Jharkhand	31	24	5,115
16	Karnataka	40	39	28,073
17	Kerala	14	14	20,620
18	Ladakh	2	2	79
19	Lakshadweep*	1	1	0
20	Madhya Pradesh	65	57	1,04,072
21	Maharashtra	45	45	33,698
22	Manipur	16	16	1,746
23	Meghalaya	12	12	4,004
24	Mizoram	13	11	1,872
25	Nagaland	16	11	1,394
26	Odisha	30	30	21,891
27	Puducherry	4	4	465
28	Punjab	23	23	19,566
29	Rajasthan	51	37	47,837
30	Sikkim	6	6	1,637
31	Tamil Nadu	49	48	96,173
32	Telangana	36	36	68,310
33	Tripura	8	8	828
34	Uttar Pradesh	96	79	2,54,873
35	Uttarakhand	14	14	8,485
36	West Bengal	24	23	4,541
	<b>Total</b>	<b>878</b>	<b>802</b>	<b>10,12,359</b>

\* Lakshadweep have not reported data.

**STATEMENT-II**

**Details of State/UT-wise number of matters related to women registered during last two years in One Stop Centres (OSCs)**

<b>S. No.</b>	<b>State/ UTs</b>	<b>2023-24</b>	<b>2024-25</b>	<b>Total</b>
1	AandN Islands	133	90	223
2	Andhra Pradesh	2,993	1,862	4,855
3	Arunachal Pradesh	293	307	600
4	Assam	5,714	4,652	10,366
5	Bihar	7,376	5,512	12,888
6	Chandigarh	329	235	564
7	Chhattisgarh	5,889	3,781	9,670
8	Delhi	6,945	3,963	10,908
9	DNHDD	90	106	196
10	Goa	611	332	943
11	Gujarat	7,158	4,183	11,341
12	Haryana	7,932	8,954	16,886
13	Himachal Pradesh	1,007	1,241	2,248
14	Jammu and Kashmir	2,374	2,263	4,637
15	Jharkhand	1,683	908	2,591
16	Karnataka	6,997	4,798	11,795
17	Kerala	4,137	2,379	6,516
18	Ladakh-UT	17	16	33
19	Lakshadweep*	0	0	0
20	Madhya Pradesh	19,868	13,785	33,653
21	Maharashtra	9,894	4,412	14,306
22	Manipur	411	256	667
23	Meghalaya	771	718	1,489
24	Mizoram	366	697	1,063
25	Nagaland	186	157	343

26	Odisha*	0	0	0
27	Puducherry	36	24	60
28	Punjab	3,315	3,312	6,627
29	Rajasthan	6,591	4,692	11,283
30	Sikkim	367	300	667
31	Tamil Nadu	23,661	22,281	45,942
32	Telangana	11,674	6,868	18,542
33	Tripura	414	151	565
34	Uttar Pradesh	<b>33,774</b>	<b>23,261</b>	<b>57,035</b>
35	Uttarakhand	578	1,389	1,967
36	West Bengal	2,163	2,050	4,213
	<b>Total</b>	<b>1,75,747</b>	<b>1,29,935</b>	<b>3,05,682</b>

\* Lakshadweep and Odisha have not reported data.

### **STATEMENT-III**

**Details of the funds released and percentage of funds utilised by the States/UTs during the last three years.**

SL	State	2021-22		2022-23		2023-24	
		released	%age of fund utilized	released	%age of fund utilized	released	%age of fund utilized
1	AandN Islands	58.22	44%	15.2	29%	135.99	UCNR

2	Andhra Pradesh	249.57	79%	72.96	45%	605.58	69%
3	Arunachal Pradesh	369.45	5%	40.39	UCNR	847.7	54%
4	Assam	650.63	183%	129.61	396%	1755.48	73%
5	Bihar	555.17	UCNR	0	UCNR	0	UCNR
6	Chandigarh	15	200%	49.22	UCNR	16.8	UCNR
7	Chattishgarh	526.86	90%	304.63	25%	882.44	61%
8	DNHDD	0	UCNR	0	UCNR	50.39	UCNR
9	Delhi	184.69	121%	138.56	UCNR	184.78	120%
10	Goa	30.01	UCNR	0	UCNR	0	UCNR
11	Gujarat	997.46	64%	386.76	127%	1166.26	66%
12	Haryana	385.35	96%	186.75	35%	594.68	78%
13	Himachal Pradesh	180.05	83%	18.9	1338%	403.15	97%
14	Jammu and Kashmir	323.09	UCNR	0	UCNR	335.96	106%
15	Jharkhand	506.78	UCNR	0	UCNR	0	UCNR
16	Karnataka	513.88	148%	130.88	467%	1054.13	23%
17	Kerala	234.41	94%	139.28	82%	0	UCNR
18	Ladakh-UT	30.01	41%	0	UCNR	33.6	UCNR
19	Lakshdweep	15	UCNR	0	UCNR	16.8	UCNR
20	Madhya Pradesh	921.41	55%	261.55	126%	820.48	137%
21	Maharashtra	561.35	UCNR	69.37	470%	1539.69	80%
22	Manipur	396.59	191%	543.29	UCNR	268.77	88%
23	Meghalaya	276.22	97%	232.77	4%	321.56	95%
24	Mizoram	280.33	85%	178.05	UCNR	283.45	104%
25	Nagaland	528.92	101%	197.41	UCNR	545.83	63%
26	Odisha	739.31	115%	614.67	39%	1084.95	71%
27	Puducherry	67.24	UCNR	18.25	7%	0	UCNR
28	Punjab	385.31	UCNR	0	UCNR	389.01	131%
29	Rajasthan	941.85	33%	129.59	51%	883.59	101%
30	Sikkim	80.8	72%	77.48	UCNR	126.09	61%



31	Tamil Nadu	520.38	135%	697.43	48%	1158.88	85%
32	Telangana	945.98	102%	1392.65	UCNR	1217.41	81%
33	Tripura	135.75	UCNR	18.21	UCNR	0	UCNR
34	Uttar Pradesh	1396.79	UCNR	347	210%	1812.71	113%
35	Uttarakhand	263.17	UCNR	153.33	9%	436.75	49%
36	West Bengal	227.32	UCNR	28.41	UCNR	0	UCNR
	Total	<b>14,494.34</b>		<b>6,572.61</b>		<b>18,972.9</b>	

Note: More than 100% utilization is due to usage of grant released during previous years.

UCNR – Utilization Certificate not received

### **ATROCITIES ON WOMEN AND CHILDREN**

#### **3088. PROF. SOUGATA RAY:**

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

- (a) whether the Government has taken note of a sharp hike in reported cases of atrocities on women and children recently;
- (b) if so, the details of such cases reported during the last three years, State wise;
- (c) whether some States failed to check attacks on women and children;
- (d) if so, the details thereof;
- (e) whether the National Commission for women monitors the actions in this regard; and

(f) if so, the details thereof?

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

(a) to (f): 'Police' and 'Public Order' are State subjects under the Seventh Schedule to the Constitution of India and the responsibility to maintain law and order, protection of life and property of the citizens including investigation and prosecution of crime against women and rests primarily with the respective State Governments and they are competent to deal with such crimes.

As per the latest available information published by National Crime Records Bureau (NCRB), up to the year 2022 on its website <https://ncrb.gov.in/en/crime-india>, the cumulative figures of crimes against women and children from 2020 to 2022 were 1245037 and 440384 respectively. State/UTs- wise details of cases registered for crime against women and children during the years 2020, 2021 and 2022 are given in the enclosed **Statement - I** and **Statement-II** respectively. However, increased reporting of crime against women and children may be attributable to the increased level of awareness among citizens due to various measures taken by the government in the last few years including the operationalization of helplines such as Women Helpline-181 and Emergency Response Support System (ERSS-112), Zero-FIR, e-FIR and institutional support to the survivors.

The Constitution of India guarantees the right to equality and also provides for positive interventions by the State to eliminate all forms of discrimination against women and to ensure their holistic empowerment. Keeping in mind the vision articulated in Constitutional provisions, the Central Government gives highest priority to ensuring safety and security of women and has undertaken various legislative and schematic interventions in this regard. These include legislations such as 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013', 'The Protection of Women from Domestic Violence Act, 2005', 'The Dowry Prohibition Act, 1961', and the Prohibition of Child Marriage Act, 2006, New Criminal laws, 2023, etc.

The Central Government implements various schemes and projects which include One Stop Centres (OSCs); Universalisation of Women Helplines (WHL), Emergency Response Support System (ERSS) which is a pan-India single number (112) mobile app based system for emergencies; She-Box provides a single window access for women facing sexual harassment at workplace; a cyber-crime reporting portal to report obscene content; Safe City Projects in 8 cities (Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow and Mumbai) including infrastructure, technology adoption and capacity building in community through awareness programmes, training and skill development programs for Investigation Officers, Prosecution Officers and Medical Officers; distribution of Sexual Assault Evidence Collection (SAEC) Kits to States/ UTs;

establishment of State of Art DNA Laboratory at CFSL, Chandigarh; assistance to 30 States/ UTs to strengthen Forensic Science Laboratories; Setting up/ strengthening of Anti Human Trafficking Units (AHTUs) in all districts of the country; setting up/ strengthening of Women Help Desks (WHDs) at Police Stations, Fast Track Special Courts including exclusive POCSO courts for speedy trial of cases of rape and cases under POSCO Act, etc. The Government has also put in place an Investigation Tracking System for Sexual Offences, an online analytic tool for tracking and monitoring of investigation. A National Database of Sexual Offenders (NDSO) has also been created.

National Commission for Women (NCW), in addition to handling complaints through regular mode, assists women in distress through a dedicated 24x7 Helpline -7827170170. NCW also takes suo-moto cognizance of the grievances relating to crime against women reported through social/ print/ electronic media. The complaints received by NCW are acted upon by coordinating with victims, police and other authorities to provide immediate assistance.

The Government accords highest priority for ensuring safety and security of children and has undertaken various interventions 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.

POCSO Act under section-12 provides punishment for committing sexual harassment which shall be with imprisonment of either description for a term which may extend to three years and shall also be liable to fine. The Act was further amended in 2019 to introduce more stringent punishment including death penalty for committing sexual crimes on children, with a view to deter the perpetrators and prevent such crimes against children.

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.

Further, Department of Justice is implementing a Centrally Sponsored Scheme for setting up Fast Track Special Courts (FTSC) including exclusive POCSO Courts (e-POCSO) for disposal of pending cases of rape and POCSO Act since October 2019. As per the information received from the High Courts, as on 30.09.2024, 750 FTSCs including 408 exclusive POCSO Courts are functional in 30 States/UTs, which have disposed of more than 287000 cases including more than 180000 cases under POCSO Act.

**STATEMENT-I****STATE/UT WISE DETAILS OF CASES REGISTERED FOR CRIME AGAINST WOMEN DURING THE YEARS 2020, 2021 AND 2022 (SOURCE: NCRB)**

<b>SL</b>	<b>State/UT</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
1	Andhra Pradesh	17089	17752	25503
2	Arunachal Pradesh	281	366	335
3	Assam	26352	29046	14148
4	Bihar	15359	17950	20222
5	Chhattisgarh	7385	7344	8693
6	Goa	219	224	273
7	Gujarat	8028	7348	7731
8	Haryana	13000	16658	16743
9	Himachal Pradesh	1614	1599	1551
10	Jharkhand	7630	8110	7678
11	Karnataka	12680	14468	17813
12	Kerala	10139	13539	15213
13	Madhya Pradesh	25640	30673	32765
14	Maharashtra	31954	39526	45331
15	Manipur	247	302	248
16	Meghalaya	568	685	690
17	Mizoram	172	176	147
18	Nagaland	39	54	49
19	Odisha	25489	31352	23648
20	Punjab	4838	5662	5572
21	Rajasthan	34535	40738	45058
22	Sikkim	140	130	179
23	Tamil Nadu	6630	8501	9207
24	Telangana	17791	20865	22066
25	Tripura	874	807	752

26	Uttar Pradesh	49385	56083	65743
27	Uttarakhand	2846	3431	4337
28	West Bengal	36439	35884	34738
	<b>TOTAL STATE(S)</b>	<b>357363</b>	<b>409273</b>	<b>426433</b>
<b>UNION TERRITORIES:</b>				
29	AandN Islands	143	169	178
30	Chandigarh	301	343	325
31	DandN Haveli and Daman and Diu	61	99	126
32	Delhi	10093	14277	14247
33	Jammu and Kashmir	3405	3937	3716
34	Ladakh	9	18	15
35	Lakshadweep	15	9	16
36	Puducherry	113	153	200
	<b>TOTAL UT(S)</b>	<b>14140</b>	<b>19005</b>	<b>18823</b>
	<b>TOTAL ALL INDIA</b>	<b>371503</b>	<b>428278</b>	<b>445256</b>

### STATEMENT-II

#### **STATE/UT WISE DETAILS OF CASES REGISTERED FOR CRIME AGAINST CHILDREN DURING THE YEARS 2020, 2021 AND 2022 (SOURCE: NCRB)**

SL	State/UT	2020	2021	2022
1	Andhra Pradesh	2648	2669	3308
2	Arunachal Pradesh	113	162	143
3	Assam	4622	5282	4084
4	Bihar	6591	6894	8122
5	Chhattisgarh	5056	6001	6177
6	Goa	125	151	184
7	Gujarat	4075	4515	4964

8	Haryana	4338	5700	6138
9	Himachal Pradesh	636	740	740
10	Jharkhand	1795	1867	1917
11	Karnataka	5471	7261	7988
12	Kerala	3941	4536	5640
13	Madhya Pradesh	17008	19173	20415
14	Maharashtra	14371	17261	20762
15	Manipur	125	143	120
16	Meghalaya	415	481	496
17	Mizoram	142	122	135
18	Nagaland	31	51	35
19	Odisha	6330	7899	8240
20	Punjab	2121	2556	2494
21	Rajasthan	6580	7653	9370
22	Sikkim	147	149	159
23	Tamil Nadu	4338	6064	6580
24	Telangana	4200	5667	5657
25	Tripura	260	236	220
26	Uttar Pradesh	15271	16838	18682
27	Uttarakhand	1066	1245	1706
28	West Bengal	10248	9523	8950
	<b>TOTAL STATE(S)</b>	<b>122064</b>	<b>140839</b>	<b>153426</b>
<b>UNION TERRITORIES:</b>				
29	AandN Islands	141	124	146
30	Chandigarh	209	234	224
31	DandN Haveli and Daman	67	104	107
32	Delhi	5362	7118	7468
33	Jammu and Kashmir	606	845	920
34	Ladakh	2	1	8
35	Lakshadweep	9	17	11
36	Puducherry	71	122	139



	TOTAL UT(S)	6467	8565	9023
	<b>TOTAL ALL INDIA</b>	<b>128531</b>	<b>149404</b>	<b>162449</b>

**NATIONAL HEALTH MISSION IN ODISHA**

**3089. SHRI ANANTA NAYAK:**

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

- (a) whether the National Health Mission (NHM) programme has been able to achieve its objective in the State of Odisha and particularly in Keonjhar district, if so, the details thereof;
- (b) whether the Government is aware that many health care facilities under NHM in the State particularly in the rural/remote areas including Keonjhar district have inadequate infrastructure and also lack basic amenities;
- (c) if so, the details thereof along with the steps taken by the Government to overcome the said situation;
- (d) whether it is true that there is a shortage of qualified health care professionals including doctors, nurses and specialists in many hospitals/health centres in the State of Odisha particularly in Keonjhar district; and
- (e) if so, the details thereof along with the steps taken/being taken by the Government to recruit the same and provide training to the existing professionals?

**THE MINISTER 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. It is implemented in all the States/UTs in the country including Odisha. The key achievements in status of health indicators of Odisha are as under:

- Odisha reported highest point decline in the country, in IMR with 39 points decline from 75 in 2005 to 36 in 2020.(Source: SRS)
- State has achieved SDG Goal in population stabilization measures by reducing the Total Fertility Rate (TFR) to 1.8 (India 2.0). (Source: NFHS)
- Odisha has reported 2nd highest point decline in the country in Maternal Mortality Ratio with a 49 points decline from 168 in 2015-17 to 119 in 2018-20. (Source: SRS)
- State has secured 1st rank among all States in Full immunization coverage with 90.5 % coverage. (Source: NFHS)
- There is a consistent improvement in the ranking of State as per TB Score at the national level with 60.5% score in 2018 (14th Rank) to 2nd rank in the Country in 2023 for its efforts towards elimination of TB.

(b) to (e): The details of infrastructure and basic amenities in State of Odisha including Keonjhar district and health care professionals including doctors,

nurses and specialists in the State of Odisha are available in public domain at the following URL:

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

As informed by the State of Odisha, the details of vacancy position of major health care staff including doctors in the district Keonjhar are given in the enclosed **Statement**.

The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system including setting up of health facilities, providing basic amenities and recruitment of health care professionals based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. The details are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=45andlid=58>

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

- **PM Ayushman Bharat Health Infrastructure Mission (PM-**

**ABHIM)** envisages increased investments in public health and other health reforms to provide better access to health in rural areas. Administrative approvals have been accorded to the State of Odisha, for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) for an amount of Rs. 1049.38 Cr. for establishment and strengthening of 604 Building less-AAM (Sub-Centers - Health and wellness Centers), 140 Urban- AAM (U-HWC), 119 Block Public Health Units (BPHUs), 21 Integrated Public Health Laboratories (IPHLs) and 21 Critical Care Blocks (CCBs) at District Hospitals and Medical College level, as per proposal of the State.

- Under **Fifteenth Finance Commission (FC-XV)** for the State of Odisha, an approval of Rs. 1988.92 Cr. has been given over the five year period from FY 2021-22 to FY 2025-26 for establishment and strengthening of 1280 Building-less Sub Health Centres/ Primary Health Centres (884 SHCs and 396 PHCs) and 90 Block Public Health Units (BPHUs) as per proposal of the State.
- The **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. Under the Scheme approvals has been accorded for

Establishment of One new All India Institute of Medical Sciences (AIIMS) at Bhubaneswar and upgradation of three Government Medical Colleges/ Institutions (GMCI)s at Behrampur, Burla and Cuttack for the State of Odisha.

- Under Centrally Sponsored Scheme (CSS) for '**Establishment of new medical colleges attached with existing district/referral hospitals**' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. 07 medical colleges were approved in Odisha State at Districts Balasore, Baripada, Bolangir, Koraput, Puri, Jajpur and Kalahandi.

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.

### **STATEMENT-I**

#### **Vacancy position of major healthcare staff of keonjhar\_district**

<b>Sl. No</b>	<b>Category of Staff</b>	<b>Sanctio n</b>	<b>In-position</b>	<b>Vacancy</b>
1.	Doctors	672	313	359
2.	Pharmacist	136	100	36
3.	Nursing Staff	592	234	358
4.	Community Health Officer (CHO)	285	260	25
5.	Lab Technician	84	40	44
6.	Radiographer	26	11	15

7.	MPHW(Female)	562	461	101
8.	MPHW(Male)	245	230	15

### उच्च न्यायालयों के क्षेत्राधिकार

#### 3090. श्री बृजमोहन अग्रवाल :

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

(क) उच्च न्यायालयों और उनकी न्यायपीठों के क्षेत्राधिकार का राज्य-वार/संघ राज्यक्षेत्र-वार ब्यौरा क्या है ;

(ख) छत्तीसगढ़ सहित विभिन्न राज्य सरकारों से उच्च न्यायालयों और उनकी न्यायपीठों की स्थापना के लिए प्राप्त अनुरोधों का ब्यौरा क्या है ;

(ग) इस संबंध में की गई कार्रवाई का राज्य-वार/संघ राज्यक्षेत्र-वार ब्यौरा क्या है ; और

(घ) देश में राज्य-वार/संघ राज्यक्षेत्र-वार उक्त अलग-अलग उच्च न्यायालयों और उनकी न्यायपीठों की स्थापना कब तक किए जाने की संभावना है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री

(श्री अर्जुन राम मेघवाल):

(क) : उच्च न्यायालयों और उनकी न्यायपीठों की अधिकारिता को राज्य/संघ राज्यक्षेत्र-वार दर्शित करने वाला का ब्यौरा संलग्न विवरण में दिया गया है।

(ख) से (घ) : उच्च न्यायालय की न्यायपीठों को जसवंत सिंह आयोग द्वारा की गई सिफारिशों और शीर्ष न्यायालय द्वारा डब्ल्यूपी(सी) 2000 की रिट याचिका सं. 379 में दिए गए निर्णय के अनुसार और राज्य सरकार से पूर्ण प्रस्ताव, जिसमें आवश्यक व्यय और अवसंरचना सुविधाओं का उपबंध किया जाना होता है, पर सम्यक् विचारण करने के पश्चात् तथा संबंधित उच्च न्यायालय के मुख्य

न्यायमूर्ति, जिससे उच्च न्यायालय के दिन-प्रतिदिन के प्रशासन को देखने की अपेक्षा होती है, की सिफारिश के पश्चात् स्थापित किया जाता है। पूर्ण प्रस्ताव पर संबंधित राज्य के राज्यपाल की भी सहमति होनी चाहिए। वर्तमान में, किसी भी उच्च न्यायालय की न्यायपीठ (न्यायपीठें) स्थापित करने का कोई पूर्ण प्रस्ताव सरकार के पास लंबित नहीं है।

नागालैंड राज्य के लिए एक पृथक उच्च न्यायालय की स्थापना के लिए नागालैंड के मुख्यमंत्री द्वारा अनुरोध किया गया था जिसके लिए पूर्वोत्तर क्षेत्र (पुनर्गठन) अधिनियम, 1971 में संशोधन करना अपेक्षित होगा।

### विवरण

उच्च न्यायालयों और उनकी न्यायपीठों की अधिकारिता को राज्य/संघ राज्यक्षेत्र-वार दर्शित करने वाला का ब्यौरा

क्र. सं.	उच्च न्यायालय	प्रधान स्थान	अधिकारिता	स्थायी न्यायपीठ और तारीख जिससे न्यायपीठ ने कार्य करना प्रारंभ किया
1	इलाहाबाद	प्रयागराज	उत्तरप्रदेश	1. लखनऊ (01.07.1948)
2	आंध्र प्रदेश	अमरावती	आंध्र प्रदेश	-
3	बॉम्बे	मुंबई	महाराष्ट्र; गोवा; दादरा और नागर हवेली और दमण और दीव संघ राज्य क्षेत्र	2. नागपुर (01.05.1960) 3. पणजी (01.07.1948) 4. औरंगाबाद (27.08.1984)
4	कलकत्ता	कोलकाता	पश्चिमी बंगाल एंव और अंदमान और निकोबार द्वीप (संघ राज्यक्षेत्र)	सर्किट खंडपीठ - 5. पोर्ट ब्लेयर (2.5.1950) 6. जलपाईगुड़ी (7.2.2019)
5	छत्तीसगढ़	बिलासपुर	छत्तीसगढ़	-
6	दिल्ली	नई दिल्ली	राष्ट्रीय राजधानी क्षेत्र दिल्ली	-



7	गुवाहाटी	गुवाहाटी	असम, नागालैंड, मिजोरम और अरुणाचल प्रदेश	7. कोहिमा,(10.02.1990) 8. आइजोल , (05.07.1990) 9. ईटानगर (12.08.2000)
8	गुजरात	सोला(अहमदाबाद )	गुजरात	-
9	हिमाचल प्रदेश	शिमला	हिमाचल प्रदेश	-
10	जम्मू-कश्मीर और लद्दाख	जम्मू और श्रीनगर	जम्मू - कश्मीर और लद्दाख संघ राज्यक्षेत्र	-
11	झारखंड	रांची	झारखंड	-
12	कर्नाटक	बैंगलोर	कर्नाटक	10. धारवाड़ (24.08.2008) 11. गुलबर्गा (31.08.2008)
13	केरल	कोच्चि	केरल और लक्षद्वीप द्वीप समूह (संघ राज्यक्षेत्र)	-
14	मध्य प्रदेश	जबलपुर	मध्य प्रदेश	12. ग्वालियर (01.11.1956) 13. इंदौर (01.11.1956)
15	मद्रास	चेन्नई	तमिलनाडु और पुडुचेरी (संघ राज्यक्षेत्र))	14. मदुरई (24.07.2004)
16	मणिपुर	इम्फाल	मणिपुर	-
17	मेघालय	शिलांग	मेघालय	-
18	उड़ीसा	कटक	ओडिशा	-
19	पटना	पटना	बिहार	-
20	पंजाब और हरियाणा	चंडीगढ़	पंजाब, हरियाणा और चंडीगढ़ (संघ राज्यक्षेत्र)	-
21	राजस्थान	जोधपुर	राजस्थान	15. जयपुर (31.01.1977)
22	सिक्किम	गंगटोक	सिक्किम	-
23	तेलंगाना	हैदराबाद	तेलंगाना	-
24	त्रिपुरा	अगरतला	त्रिपुरा	-
25	उत्तराखंड	नैनीताल	उत्तराखंड	-

**SEIZURE OF PASSPORTS BY EMIGRATION DEPARTMENT****3091. SHRI E.T. MOHAMMED BASHEER:**

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

(a) whether the Government has taken note that Emigration department has seized passports of many individuals for travelling to the countries like Yemen, Iran, Iraq etc.;

(b) if so, the details thereof along with the number of passports seized and released, Country-wise and State-wise; and

(c) the criteria fixed for releasing the held up passports?

**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) There have been cases of seizure of passports of Indian nationals who have traveled to Yemen over the past few years in contravention of the travel ban to Yemen imposed by the Government of India vide Gazette Notification No. S.O. 3223(E) dated 26<sup>th</sup> September, 2017 (ref. enclosed **Statement**). The travel ban to Yemen was promulgated in view of the fragile political and security situation in Yemen. The Notification continues to remain in force.

(b) Under the provisions of the above said notification, till date 579 passports have been seized and received in Passport Offices across India for traveling to Yemen despite the travel ban. Out of these, 269 passports have been released.

However, seizure/release of passports is a continuous process. State wise/  
Union Territory wise details are as under:-

State wise / Union Territory wise data			
S. No.	Name of State	No. of Passports seized	No. of Passports released
1	Andhra Pradesh	2	1
2	Bihar	19	1
3	Chhatisgarh	1	0
2	Delhi	1	0
3	Goa	2	2
4	Gujarat	14	3
5	Haryana and Punjab	1	0
6	Jammu and Kashmir	1	0
7	Karnataka	38	5
8	Kerala	328	216
9	Maharashtra	30	5
10	Odisha	1	0
10	Rajasthan	13	0
11	Tamil Nadu	64	34
12	Telangana	6	1
13	Uttrakhand	1	0
14	Uttar Pradesh	47	1
15	West Bengal	10	0
	Total	579	269

(c) In order to mitigate the sufferings of the people who had traveled to Yemen due to job compulsions or due to ignorance of the travel ban, Government has issued guidelines to all Passport Issuing Authorities to process the release of passports on case to case basis. A final decision on release of such seized passports is taken by the Ministry of External Affairs and conveyed to Passport Issuing Authorities. Any Indian citizen whose passport has been seized for travel to Yemen despite the travel ban, can approach the concerned Passport Issuing Authority with a request for release of the passport. Government continues to take a compassionate view of individuals who have traveled to Yemen despite the travel ban.

**STATEMENT**

Gazette Notification No. S.O. 3223(E) dated 26<sup>th</sup> September, 2017

रजिस्ट्री सं० डी० एल०-33004/99

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# भारत का राजपत्र The Gazette of India

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अधिसूचना

नई दिल्ली, 26 सितम्बर, 2017

**का. आ. 3223(अ.)**—जैसा कि, यमन में सुरक्षा स्थिति, देश के कई भागों में युद्धस्थिति जैसे हालात के चलते, नाजुक बनी हुई है और सुरक्षा की दृष्टि से यमन अति संवेदनशील बना हुआ है;

और जैसा कि, यमन में संकटपूर्ण सुरक्षा स्थिति को देखते हुए, भारत सरकार ने विभिन्न यात्रा परामर्श जारी किए जिनमें भारतीय नागरिकों को किसी अगली सूचना तक वायु, जल, थल मार्ग सहित किसी भी यात्रा माध्यम से, किसी भी परिस्थिति में, किसी भी उद्देश्य से उक्त देश की यात्रा न किए जाने की सख्त सलाह दी गई है;

और जैसा कि, मौजूदा यात्रा परामर्शों के बावजूद कुछ भारतीय नागरिकों ने यमन की यात्रा करना जारी रखा है;

और जैसा कि, पासपोर्ट अधिनियम, 1967 (1967 का 15) की धारा 19 भारत सरकार को कतिपय देशों की यात्रा के लिए पासपोर्टों और यात्रा दस्तावेजों को अमान्य किए जाने हेतु अधिसूचना जारी करने का अधिकार देता है; और उक्त धारा के खंड (घ) के अनुसार केंद्र सरकार द्वारा जनहित में किसी देश की यात्रा निषिद्ध किए जाने की अधिसूचना जारी किए जाने पर, क्योंकि इस प्रकार की यात्रा भारत सरकार के विदेशी मामलों संबंधी व्यवहार पर गंभीर दुष्प्रभाव डालेगी, ऐसे किसी देश की या उस देश से होकर की जाने वाली यात्रा हेतु पासपोर्ट अथवा यात्रा दस्तावेज ऐसी यात्रा या आवागमन के लिए मान्य नहीं होंगे, जब तक कि उन पर निर्धारित प्राधिकारी द्वारा ऐसी किसी यात्रा के संबंध में निर्धारित प्रारूप में विशेष पृष्ठांकन न किया गया हो;

अतः अब, पासपोर्ट अधिनियम, 1967 (1967 का 15) की धारा 19 के खंड (घ) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए केंद्र सरकार, इस विचार से कि ऐसा किया जाना जनहित में आवश्यक और समयोचित है, एतद्वारा निम्नलिखित निर्देश जारी करती है, अर्थात्;

- (i) भारत सरकार द्वारा जारी किया गया पासपोर्ट अथवा यात्रा दस्तावेज, धारक की यमन यात्रा के लिए अमान्य है, क्योंकि धारक की यमन यात्रा भारत सरकार के विदेशी मामलों संबंधी व्यवहार पर गंभीर दुष्प्रभाव डालेगी;
- (ii) कोई भी भारतीय नागरिक, जो इस अधिसूचना के उल्लंघन में यमन की यात्रा करता है, उक्त पासपोर्ट अधिनियम, 1967 की धारा 12 के अंतर्गत कार्यवाही किए जाने हेतु दायी होगा और उसका पासपोर्ट उक्त अधिनियम के खंड 10 के उप-खण्ड (3) के अंतर्गत जन्तीकरण अथवा निरसन, जैसा भी मामला हो, का दायी होगा;
- (iii) इस अधिसूचना के माध्यम से जारी किए गए दिशा-निर्देशों का किसी भी धारक द्वारा उल्लंघन उक्त अधिनियम की धारा 6 के अंतर्गत पासपोर्ट के निरसन की तिथि से अगले 7 वर्षों तक पासपोर्ट अस्वीकृति हेतु दायी होगा;
- (iv) भारतीय नागरिकों को यमन भेजने वाला कोई भी भर्ती अभिकर्ता या कंपनी, व्यक्तिगत अथवा सामूहिक रूप से स्वयं जिम्मेदार होगा और ऐसे सभी अभिकर्ता अथवा कंपनी, इनके सभी निदेशकों समेत, भारतीय दंड संहिता के उपयुक्त प्रावधानों के अंतर्गत अभियोजन हेतु पात्र होंगे, यदि इस प्रकार से यमन भेजे गए भारतीय नागरिक यमन की यात्रा के समय मारे जाते हैं, अपहृत हो जाते हैं अथवा उन्हें कोई नुकसान पहुंचता है;
- (v) उपरोक्त के अतिरिक्त, भारतीय नागरिकों को यमन ले जाने वाले विदेशी जहाजों के मालिकों के विरुद्ध आपराधिक कार्यवाही भी आरंभ की जाएगी और उन्हें भविष्य में भारत यात्रा हेतु वीजा नहीं दिया जाएगा।
- (2) उपरोक्त दिशा-निर्देश विदेश मंत्रालय द्वारा भारतीय दूतावास, साना में पदस्थापित भारत सरकार के अधिकारियों व कर्मचारियों तथा अपने कार्यालयी दायित्वों के निर्वहन के लिए यमन की यात्रा करने वाले भारत सरकार या किसी राज्य सरकार के अधिकारियों व कर्मचारियों के लिए लागू नहीं हैं।
- (3) उपरोक्त दिशा-निर्देशों में केंद्र सरकार द्वारा यात्रा के विशिष्ट और आवश्यक कारणों के आधार पर छूट प्रदान की जा सकती है, जिसके लिए आवेदक द्वारा खास तौर पर निवेदन के चलते केंद्र सरकार द्वारा सीमित समय-अवधि के लिए अनुमति प्रदान की जा सकती है हालांकि आवेदक यह यात्रा स्वयं के जोखिम पर करेगा जिसकी जिम्मेदारी भारत सरकार अथवा संबंधित राज्य सरकार की नहीं होगी। इस प्रकार की छूट के लिए कोई भी अनुरोध [jsgulf@mea.gov.in](mailto:jsgulf@mea.gov.in) पर भेजा जा सकता है।
- (4) उपरोक्त दिशा-निर्देश यमन की यात्रा हेतु भारतीय दूतावास, साना द्वारा अलग से और इनके साथ जारी किए गए किसी नए यात्रा परामर्श के साथ पढ़े जाएंगे।

[फा. सं. VI/401/1/11/2017]

अरुण कुमार चटर्जी, संयुक्त सचिव (पी.एस.पी.) एवं

मुख्य पासपोर्ट अधिकारी (सी.पी.ओ.)

## MINISTRY OF EXTERNAL AFFAIRS

## NOTIFICATION

New Delhi, the 26th September, 2017

**S.O. 3223(E).**—Whereas, the security situation in Yemen continues to be fragile with armed hostilities continuing in parts of the country and Yemen remains vulnerable from the security point of view;

And whereas, in view of the precarious security situation in Yemen, the Government of India issued various travel Advisories wherein Indian nationals have been strongly advised to avoid travelling to that country under any circumstances, by any mode of travel, including air, land or sea for any purpose till further notice;

And whereas, despite the existing travel advisories, some Indian nationals have continued to travel to Yemen;

And whereas, section 19 of the Passports Act, 1967 (15 of 1967) empowers the Central Government to issue a notification to make invalid the Passports and travel documents for travel to certain countries; and clause (d) of said

section provides that upon the issue of the notification by the Central Government that a foreign country to which travel must be restricted in the public interest because such travel would seriously impair the conduct of foreign affairs of the Government of India, and a passport or travel document for travel through or visiting such country shall cease to be valid for such travel or visit unless in any case a special endorsement in that behalf is made in the prescribed form by the prescribed authority;

Now, therefore, in exercise of the powers conferred by clause (d) of section 19 of the Passports Act, 1967 (15 of 1967), the Central Government, being of the opinion that it is necessary and expedient in the public interest so to do, hereby issues the following directions, namely:—

- (i) the passport or travel document issued by the Central Government is invalid for the travel of holder to Yemen as the travel of the holder to Yemen would seriously impair the conduct of foreign affairs of the Government of India;
- (ii) any Indian national who travels to Yemen in violation of this notification, shall be liable for action under section 12 of the said Passports Act, 1967 and the passport shall be liable for impounding or revocation, as the case may be, under sub-section (3) of section 10 of the said Act;
- (iii) violation of the directions issued by this notification by any holder shall be liable for refusal of passport under section 6 of the said Act for a period of seven years from the date of revocation of such passport;
- (iv) any Recruiting Agent or a Company sending Indian nationals to Yemen shall be individually or collectively held responsible, and all such Agents or Company, including all its Directors, shall personally be liable to be prosecuted under the relevant provisions of the Indian Penal Code, if the Indian nationals so sent are killed or kidnapped or come to any harm, while travelling to Yemen;
- (v) in addition to above, criminal proceedings also may be initiated against owners of the foreign ships carrying Indian nationals to Yemen and visas shall be denied to them for any future travel to India.

2. The aforesaid directions are not applicable to the officials of the Government of India posted in the Indian Embassy in Sana by the Ministry of External Affairs and for the officials of the Government of India or any State Government travelling to Yemen for attending of their official duties.

3. The aforesaid directions may also be relaxed by the Central Government for specific and essential reasons of travel, for which permission for a limited time period may be granted by the Central Government at the express request of the applicant who would, nevertheless, travel at his or her own personal risk without any liability to the Government of India or any State Government concerned and any such request for exemption may be sent to [jsgulf@mea.gov.in](mailto:jsgulf@mea.gov.in).

4. That the aforesaid directions may be read in conjunction with any fresh Travel Advisory separately and simultaneously issued by the Indian Embassy in Sana for travel to Yemen.

[F. No. VI/401/1/11/2017]

ARUN KUMAR CHATTERJEE, Jt. Secy. (PSP) &  
Chief Passport Officer (CPO)

**BETI BACHAO BETI PADHAO SCHEME****3092. SHRI SHASHANK MANI:****SHRI ANTO ANTONY:**

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

- (a) whether the Government has launched specific initiative under the 'Beti Bachao Beti Padhao' scheme to improve education rates for girl children in rural areas, if so, the details thereof, including any measurable outcomes achieved so far;
- (b) whether the Ministry has implemented outreach programs or support services to address domestic violence issues during the pandemic, if so, the details thereof;
- (c) the details of the fund utilization under the said scheme during the last five years, year-wise, State/UT-wise;
- (d) the details of the measures, if any, being taken to ensure that the funds allocated for the said scheme are being efficiently and effectively utilised at the grassroot level; and
- (e) the details of the expenditure on media and publicity for the said scheme during the last five years, year-wise?

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



(a): Beti Bachao Beti Padhao (BBBP) scheme launched on 22<sup>nd</sup> January 2015 aims at preventing gender-biased sex-selective practices, ensuring survival and protection of the girl child and promoting her education. BBBP is a 100% centrally sponsored scheme and a component under Sambal vertical of Mission Shakti.

With the objective, to re-enroll out of school adolescent girls (OoSAG) into formal schooling a special campaign namely “Kanya Shiksha Pravesh Utsav” was launched on 07<sup>th</sup> March 2022 through BBBP scheme. As per the final report of PRABANDH portal, a total of 1,44,107 OoSAG were identified and mapped in 22 States/UTs. Out of these, 1,00, 786 OoSAG have been enrolled back to education system.

The key measurable criteria to evaluate the progress of scheme is the improvement in Sex Ratio at Birth (SRB) and Gross Enrolment Ratio of girl child at secondary level. The SRB has improved from 918 in 2014-15 to 930 in 2023-24 (provisional data) as per Health Management Information System (HMIS) of Ministry of Health and Family Welfare (MoHFW). Also, as per the data of Unified District Information System for Education Plus (UDISE +) of Department of School Education and Literacy, the National Gross Enrollment ratio of girls in school at secondary level has increased from 75.51 percent in 2014-15 to 79.4 percent in 2021-22 including rural areas.

(b) To address domestic violence issues during the pandemic, the National Commission for Women has undertaken following outreach activities of support services:

- I. Special campaign and media plan were launched on 25<sup>th</sup> March, 2020 on the themes of 'Domestic Violence Against Women' and 'Sexual Harassment at Workplace' to create awareness about legal provisions for protection of women and to apprise them to approach government through various help lines and institutional support. It was broadcast across different modes of media.
- II. National Commission for Women in addition to handling complaints received through regular modes has launched the WhatsApp number "7217735372" for reporting domestic violence cases amid lockdown, considering the urgency in the matters of domestic violence that survivors are confined at homes with their abusers.
- III. The other initiatives taken for speedy handling of complaints during the period of lockdown for providing immediate relief to the complainants were:-
  - i. The complaints received through other platforms of social media like twitter, Facebook, etc., were also duly taken care by contacting complainants, police or other authorities on priority basis.

- ii. In matters which required urgent intervention, the State Police authorities, administration and other authorities were also contacted telephonically/by email/WhatsApp for providing immediate assistance to those women.

Government ensured that the schemes of One Stop Centres (OSCs), Universalisation of Women Help Line (WHL), Shakti Sadan, Emergency Response Support System (112) and various institutional authorities under women centric laws remain ready and available for providing assistance to women during the period. Government also undertook sensitisation programs for the concerned officials of States and UTs for this purpose.

(c) Details of the fund utilization under BBBP during the last five years, years-wise, State/UT wise are given in the enclosed **Statement -I**.

(d) Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) of the Public Financial Management System (PFMS). Further, based on the differential SRB status of districts as per HMIS data of SRB for the year 2020-21, three brackets for release of funds under the Beti Bachao Beti Padhao component have been prescribed:

- I. Districts with SRB less than or equal to 918 are allocated Rs. 40 lakh/year.
- II. Districts with SRB from 919 to 952 are allocated Rs. 30 lakh/year.
- III. Districts with SRB more than 952 are allocated Rs. 20 lakh/year.

Ministry has also issued an Operational Manual for Beti Bachao Beti Padhao (BBBP) which includes a detailed and well-rounded suggested Activity Calendar for the districts to ensure year-round engagement of girls, their families and communities.

The monitoring mechanism for Beti Bachao Beti Padhao is in line with and embedded within the larger framework of Mission Shakti, at all levels of implementation. Once in a year during Programme Approval Board Meeting with States/UTs, Ministry of Women and Child Development closely monitors the progress of the overall scheme activities and status of achievement of objectives. Apart from this, officials of the Ministry periodically review the scheme through meetings and video conferences from time to time with officials of States/UTs and by undertaking field visits.

(e) Details of the expenditure on media and publicity for the said scheme during the last five years, year-wise is given in the enclosed **Statement -II**. In the 15<sup>th</sup> finance commission period (2021-22 to 2025-26), a combined budget has been kept under Mission Shakti and focus of BBBP scheme is on advocacy through social media platform, encouraging greater spend on activities that have impact on ground, e.g. for promoting sports among girls, self-defence camps and awareness about PC-PNDT act etc.

**STATEMENT-I**

**Details of the fund utilization under BBBP during the last five years,  
years-wise, State/UT wise**

<b>(Rs.in Lakhs)</b>						
<b>Fund Utilization under BBBP scheme 2019-20 to 2023-24</b>						
<b>S.No.</b>	<b>State/UT</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
1	Andhra Pradesh	137.49	36.92	14.41	48.00	455.65
2	Arunachal Pradesh	208.85	99.58	29.80	0.00	398.29
3	Assam	53.55	37.16	15.11	27.38	830.22
4	Bihar	52.25	10.91	42.19	60.82	822.99
5	Chhattisgarh	67.23	28.16	39.78	9.05	592.59
6	Goa	4.07	8.00	0.00	0.00	0.00
7	Gujarat	434.08	348.39	252.51	67.32	470.16
8	Haryana	286.69	142.27	27.10	5.97	235.93
9	Himachal Pradesh	229.85	135.18	70.26	55.54	114.27
10	JandK	370.45	341.63	117.56	0.00	204.23
11	Jharkhand	80.24	19.94	31.10	0.00	218.91
12	Karnataka	99.71	112.67	57.12	0.00	413.94
13	Kerala	17.14	6.08	0.00	0.00	255.52
14	Madhya Pradesh	758.70	833.77	542.55	424.87	652.32
15	Maharashtra	365.14	167.10	99.94	5.07	270.27
16	Manipur	367.73	324.98	30.00	0.00	0.00
17	Meghalaya	57.80	19.89	0.00	0.00	0.00
18	Mizoram	75.00	75.00	60.00	0.00	195.60
19	Nagaland	298.92	290.60	194.29	0.00	579.05
20	Odisha	50.89	52.38	0.60	0.00	440.79
21	Punjab	683.75	534.39	74.17	0.00	209.96
22	Rajasthan	430.59	525.66	591.11	262.67	458.78
23	Sikkim	50.00	22.20	25.00	0.00	6.00
24	Tamil Nadu	302.73	224.61	97.53	39.10	970.21
25	Telangana	216.11	118.68	7.09	0.00	357.92
26	Tripura	20.94	12.50	0.00	0.00	179.56

27	Uttar Pradesh	970.39	938.61	163.80	810.50	1201.76
28	Uttarakhand	537.43	255.24	114.11	113.31	291.62
29	Andaman and Nicobar	28.09	19.47	1.47	0.00	0.00
30	Chandigarh	11.23	9.63	22.29	0.00	0.00
31	DNHDD	18.19	0.42	25.79	0.00	0.00
32	NCT DELHI	38.53	0.25	86.52	0.00	40.03
33	Lakshadweep	23.52	0.00	0.00	0.00	0.00
34	Puducherry	22.32	9.01	0.00	0.00	10.57
35	Ladakh	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>7384.60481</b>	<b>5761.6982</b>	<b>2840.52604</b>	<b>1929.6</b>	<b>10877.14</b>

### STATEMENT-II

**Details of the expenditure on media and publicity for the said scheme during the last five years, year-wise**

(Rs.in Crore)

Sl. No.	Financial Year	Total Fund Utilization under BBBP	Expenditure For media/advocacy
1	2019-20	73.84	25.75
2	2020-21	57.61	7.02
3	2021-22	28.40	0
4	2022-23	19.29	0
5	2023-24	108.77	0
	<b>Total</b>	<b>287.91</b>	<b>32.77</b>

## खानाबदोश समुदायों की महिलाओं और बालिकाओं के लिए योजनाएं

### 3093. श्री राजेश रंजन:

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

- (क) क्या सरकार ने देश में खानाबदोश समुदायों की महिलाओं की संख्या का आकलन किया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या खानाबदोश समुदायों की महिलाएं और बालिकाएं सरकार द्वारा कार्यान्वित की जा रही योजनाओं से लाभान्वित हो रही हैं;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ.) यदि नहीं, तो सरकार द्वारा यह सुनिश्चित करने के लिए क्या कदम उठाए गए हैं कि खानाबदोश समुदायों की महिलाएं और बालिकाएं सरकार द्वारा कार्यान्वित की जा रही योजनाओं से लाभान्वित हों?

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

- (क) से (ङ): सामाजिक न्याय और अधिकारिता विभाग डीएनटी के आर्थिक सशक्तीकरण की योजना (एसईईडी) कार्यान्वित कर रहा है जो महिलाओं और बालिकाओं सहित विमुक्त, खानाबदोश और अर्ध खानाबदोश समुदायों के लिए है। इस योजना के उद्देश्य हैं (i) डीएनटी उम्मीदवारों को प्रतियोगी परीक्षाओं में बैठने के उद्देश्य से सक्षम बनाने हेतु अच्छी गुणवत्ता की कोचिंग प्रदान करना, (ii) डीएनटी समुदायों को स्वास्थ्य बीमा प्रदान करना, (iii) डीएनटी/एनटी/एसएनटी समुदायों के संस्थानों के छोटे समूहों का निर्माण और सुदृढ़ीकरण करने के लिए सामुदायिक स्तर पर आजीविका पहल को सुविधाजनक बनाना और (iv) डीएनटी समुदायों के सदस्यों को घरों के निर्माण के लिए

वित्तीय सहायता प्रदान करना। इस योजना के कार्यान्वयन में खानाबदोश समुदायों के लिए कोई अलग विभाजन नहीं है।

महिला एवं बाल विकास मंत्रालय 15वें वित्त आयोग की अवधि के दौरान वित्तीय वर्ष 2022-23 से महिलाओं और बच्चों के कल्याण के लिए देश में केंद्र प्रायोजित योजनाओं को कार्यान्वित कर रहा है जिन्हें तीन कार्यक्षेत्रों में रखा गया है अर्थात् (1) मिशन शक्ति, महिलाओं की सुरक्षा, संरक्षा 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, कठिन परिस्थितियों में बच्चों की सुरक्षा और कल्याण के लिए। इन योजनाओं का विवरण इस प्रकार है:

(i) **मिशन शक्ति:** 'मिशन शक्ति' का उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए कार्यकलाप को मजबूत करना है। इसका उद्देश्य मंत्रालयों/विभागों और शासन के विभिन्न स्तरों पर अभिसरण में सुधार के उद्देश्य से कार्यनीतियों के प्रस्ताव पर ध्यान केंद्रित करना है। मिशन शक्ति में महिलाओं की सुरक्षा और सशक्तीकरण के लिए क्रमशः दो घटक 'संबल' और 'सामर्थ्य' शामिल हैं।

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

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

(ख) **महिला हेल्पलाइन (डब्ल्यूएचएल)** - महिला हेल्पलाइन 181 सहायता और जानकारी चाहने वाली महिलाओं को 24 घंटे टोल-फ्री टेलीकॉम 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 इसका एकीकरण प्रगति पर है।

**(ग) 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।

**(घ) नारी अदालत-** यह एक प्रयोगात्मक मंच है जो महिलाओं को त्वरित, सुलभ और किफायती न्याय के उद्देश्य से 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) 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 बालिका 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 तथा 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 योजनाडे-केयर क्रेच सुविधाओं के माध्यम से बच्चों के लिए सुरक्षित और संरक्षित स्थान प्रदान किया जाता है। क्रेच सेवाएं बाल देखभाल सुविधाओं को औपचारिक रूप देती हैं जिन्हें अब तक घरेलू कार्य का हिस्सा माना जाता था तथा यह अंतिम लाभार्थी तक देखभाल सुविधाएं उपलब्ध कराने के लिए आंगनवाड़ी बुनियादी ढांचे का उपयोग करती हैं।
- ङ. **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 खंडों में पुनर्गठित किया गया है, ये 3 प्राथमिक खंड हैं: (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।

**(iii) मिशन वात्सल्य:** मिशन वात्सल्य (पूर्ववर्ती बाल संरक्षण सेवा योजना (आईसीपीएस)) एक केन्द्र प्रायोजित योजना (सीएसएस) है, जिसका कार्यान्वयन राज्यों/संघ शासित प्रदेशों (यूटी) के माध्यम से देखभाल और संरक्षण की आवश्यकता वाले बच्चों (सीएनसीपी) और कानून से संघर्षरत बच्चों (सीसीएल) तक बेहतर पहुंच और सुरक्षा के लिए सेवाएं प्रदान करने के लिए किया जाता है, 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 उद्देश्य से संदर्भ-आधारित समाधान तैयार करना (iii) नवीन समाधानों को प्रोत्साहित करने के लिए ग्रीन फील्ड परियोजनाओं के लिए अवसर 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।

ये पहल महिलाओं और बच्चों से जुड़े महत्वपूर्ण सामाजिक मुद्दों का समाधान करने और देश में स्थायी सामाजिक बदलाव लाने के लिए बनाई गई परिवर्तनकारी योजनाएं हैं। ये पहल महिलाओं और बच्चों के कल्याण और विकास के प्रमुख क्षेत्रों को लक्षित करते हैं जिसका उद्देश्य अधिक समावेशी, समतापूर्ण, न्यायपूर्ण एवं सहायक समाज बनाना है।

## **EVM TO IMPLEMENT ONE NATION ONE ELECTION**

### **3094. SHRI DURAI VAIKO:**

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

(a) whether the Government has instituted study/survey to ascertain if enough Electronic Voting Machines to implement One Nation One Election (ONOE) are available in the country, if so, the details thereof;

(b) whether the Government has calculated the amount of money needed to be spent to implement the ONOE Policy, if so, the details thereof and if not, the reasons therefor; and

(c) whether the Government has identified bottlenecks in manpower mobilisation across the country in the case of the implementation of ONOE, 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 Government constituted a High Level Committee (HLC) under the Chairmanship of Shri Ramnath Kovind, former President, to examine the modalities of conduct of Simultaneous Elections. The Committee during its consultation process also consulted with the Election Commission of India which in turn had submitted its written response detailing the various requirements for conduct of Simultaneous Elections. The response of the Election Commission is at pages 3552 -3573 of Volume V of the Annexure of the HLC Report, which is available on its website at <https://onoe.gov.in/HLC-Report-annexure>.

### **AVAILABILITY AND AFFORDABILITY OF FERTILIZERS**

**3095: SHRI CHAMALA KIRAN KUMAR REDDY:**

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

- (a) the steps being taken to ensure the availability and affordability of fertilisers for farmers in the country, State/UT-wise, particularly in Telangana in the context of rising prices;
- (b) the initiatives taken/proposed to be taken to promote organic fertilisers and sustainable practices among farmers in the country;
- (c) the measures that are being implemented to address concerns related to chemical run off and its impact on soil and water quality; and
- (d) whether any study is being conducted to assess the long-term effects of chemical fertilisers on agricultural sustainability, if so, details thereof?

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

(a): Department of Agriculture and Farmers Welfare (DA&FW) assesses the requirement for major fertilizers viz. UREA, DAP, MOP and NPKS fertilizers, before each cropping season (viz. Kharif and Rabi) through “Zonal Conference for Agricultural Inputs”. Based on the assessment done by DA&FW, Department of Fertilizers allocates adequate quantities of fertilizers to States, including Telangana, by issuing monthly supply plan and continuously monitors the availability position. These supplies are met through indigenous production as well as imports.

Under Urea Subsidy Scheme, 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. 266.50. Further, under Nutrient Based Subsidy (NBS) scheme, the MRP of Phosphatic and Potassic (P and K) fertilizers is decontrolled and fixed by fertilizer companies as per market dynamics at reasonable level which is monitored by the Government. Accordingly, fertilizers are made available to farmers at affordable prices.

(b): 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. Moreover, pursuant to the Budget Announcement, 2023 and on the recommendations of the Expenditure Finance Committee (EFC), the Government 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. These initiatives of the Government are expected to address the imbalanced use of chemical fertilizers thereby reducing overuse of chemical fertilizers.

(c) and (d): Investigations carried out under All India Coordinated Research Project on 'Long Term Fertilizer Experiments' by ICAR over five decades at fixed sites have indicated that continuous use of nitrogenous fertilizer alone had deleterious effects on soil health and crop productivity showing deficiencies of

other major and micro nutrients. Even with recommended doses of NPK and more, deficiency of micro and secondary nutrients has become a yield limiting factor over the years. There is also a possibility of nitrate contamination in groundwater above the permissible limit of 10 mg NO<sub>3</sub>-N/L due to excessive/over-use of nitrogenous fertilizers, particularly in light textured soils that has consequences on human/animal health if used for drinking purposes.

### न्यायालयों का आधुनिकीकरण एवं अवसंरचना का संवर्धन

#### 3096. श्री दामोदर अग्रवाल :

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

(क) गत पांच वर्षों और चालू वर्ष के दौरान अवसंरचना के आधुनिकीकरण और संवर्धन के लिए भारत के निचले न्यायालयों, उच्च न्यायालयों और उच्चतम न्यायालय को आवंटित धनराशि का वर्ष-वार ब्यौरा क्या है ;

(ख) गत पांच वर्षों के दौरान अवसंरचना के आधुनिकीकरण और संवर्धन के लिए राजस्थान के भीलवाड़ा में निचले न्यायालयों को आवंटित धनराशि का वर्ष-वार ब्यौरा क्या है ;

(ग) क्या आवंटित धनराशि पर्याप्त है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(घ) यदि नहीं, तो क्या सरकार का आगामी वर्ष के दौरान उक्त धनराशि बढ़ाने का विचार है?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री

(श्री अर्जुन राम मेघवाल):

(क) : सरकार, जिला और अधीनस्थ न्यायालयों में न्यायिक अवसंरचना के संनिर्माण के लिए राज्य

सरकारों के संसाधनों में वृद्धि करने के लिए वर्ष 1993-94 से न्यायपालिका के लिए अवसंरचना सुविधाओं के विकास के लिए केंद्रीय रूप से प्रायोजित स्कीम (सीएसएस) को कार्यान्वित करती रही है। इस स्कीम के आधीन पांच घटक शामिल हैं, अर्थात्, न्यायालय हॉल, आवासीय इकाइयां, वकीलों के हॉल, शौचालय परिसर और वकीलों और वादियों की सुविधा के लिए डिजिटल कंप्यूटर कक्षा। जबकि जिला न्यायालयों में अवसंरचना का विकास मुख्यतया राज्य सरकारों का उत्तरदायित्व है, केंद्रीय सरकार, उक्त स्कीम के माध्यम से राज्य सरकार के संसाधनों में अनुपूर्ति करती है। केंद्रीय सरकार ने इस स्कीम के अधीन पिछले 5 वर्षों के दौरान 4,244 करोड़ रुपये और चालू वित्त वर्ष के लिए 998 करोड़ रुपये आबंटित किए हैं। इस स्कीम के अधीन पिछले 5 वर्षों में आबंटित निधियों के ब्यौरे निम्नानुसार है:-

क्र.सं.	वर्ष	रकम (रु करोड़ में )
1.	2019-20	982.00
2.	2020-21	593.00
3.	2021-22	770.44
4.	2022-23	848.00
5.	2023-24	1051.00
6.	2024-25	998.00

संसाधन आबंटन और निष्पादन दोनों के संदर्भ में, उच्च न्यायालयों का सन्निर्माण और उन्नयन, संबंधित राज्य सरकारों का एकमात्र उत्तरदायित्व है और इसलिए ये डाटा केंद्रीय रूप से नहीं रखे जाते हैं।

पिछले 5 वर्षों में भारत के उच्चतम न्यायालय द्वारा अवसंरचना के आधुनिकीकरण और संवर्धन पर व्यय का ब्यौरा नीचे सारणीबद्ध किया गया है –

(रु करोड़ में )

वस्तु शीर्ष	वर्ष	निधि आबंटन
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सूचना, कंप्यूटर, दूरसंचार (आईसीटी) उपस्कर / सूचना प्रौद्योगिकी	2024-25	45.97
	2023-24	24.00
	2022-23	45.00
	2021-22	10.00
	2020-21	10.00
	2019-20	0.20
<b>कुल</b>		<b>135.17</b>

\*स्रोत : अनुदान की मांग, मांग संख्या 67 भारत के उच्चतम न्यायालय की वेबसाइट

न्याय विभाग, विधि और न्याय मंत्रालय, भारत सरकार भी राष्ट्रीय ई-गवर्नेंस योजना के भाग के रूप में ई-न्यायालय परियोजना को संबंधित उच्च न्यायालयों के माध्यम से, विकेन्द्रीकृत रीति में, न्यायालयों को सूचना और संचार प्रौद्योगिकी (आईटीसी) समर्थ बनाने के लिए भारत के उच्चतम न्यायालय की ई-समिति के निकट समन्वय से कार्यान्वित भी कर रहा है। ई-न्यायालय मिशन मोड परियोजना के अधीन चालू वित्तीय वर्ष सहित पिछले 5 वर्षों में आबंटित निधियों के ब्यौरे निम्नानुसार है:

क्र.सं.	वर्ष	रकम (₹ करोड़ में)
<b>ई-न्यायालय परियोजना -2</b>		
1.	2019-20	180.00
2.	2020-21	180.00
3.	2021-22	98.82
4.	2022-23	0.01
<b>ई-न्यायालय परियोजना -3</b>		
5.	2023-24	825.00
6.	2024-25	1500.00

(ख) से (घ) : राज्यों/संघ राज्य क्षेत्रों को केन्द्रीय सहायता किसी वित्तीय वर्ष के दौरान स्कीम के अधीन उपलब्ध बजटीय उपबंध तक सीमित होती है। तथापि, राज्य/संघ राज्य क्षेत्र अपनी अपेक्षा के अनुसार

अपने स्वयं के संसाधनों से अतिरिक्त रकम खर्च करने के लिए स्वतंत्र हैं। न्यायिक अवसंरचना के विकास के लिए केंद्रीय रूप से प्रायोजित स्कीम (सीएसएस) के अधीन पिछले पांच वर्षों में राजस्थान राज्य को आबंटित निधियां 287.68 करोड़ रुपये हैं, जिसमें से पिछले पांच वर्षों में भीलवाड़ा जिले में न्यायालय हॉल और आवासीय इकाइयों के निर्माण पर 1.4274 करोड़ रुपये खर्च किए गए। राजस्थान के भीलवाड़ा जिले में सीएसएस के अधीन वर्ष-वार खर्च की गई निधियां इस प्रकार हैं:-

क्र.सं.	वर्ष	व्यय (रु करोड़ में)
1.	2019-20	0.00
2.	2020-21	0.00
3.	2021-22	1.0551
4.	2022-23	0.0586
5.	2023-24	0.3137
<b>कुल</b>		<b>1.4274</b>

ई-न्यायालय परियोजना के अधीन, निधियां ई-न्यायालय परियोजना के अधीन संबंधित उच्च न्यायालयों को उपलब्ध कराई जाती हैं। उच्च न्यायालय, जिला न्यायालयों द्वारा उठाई गई मांगों के अनुसार केन्द्रीकृत रूप से मदों का उपाप्त करते हैं। राजस्थान उच्च न्यायालय द्वारा प्रदान किए गए अनुसार चालू वित्तीय वर्ष सहित पिछले पांच वर्षों के दौरान आबंटित निधियों के ब्यौरा निम्नानुसार है:

क्र.सं.	वित्तीय वर्ष	जारी की गई निधियां रकम (रु करोड़ में)
<b>ई-न्यायालय परियोजना -2</b>		
1.	2019-20	1.29
2.	2020-21	10.58
3.	2021-22	1.62
4.	2022-23	-
<b>ई-न्यायालय परियोजना -3</b>		
5.	2023-24	20.36

6	2024-25	63.69
कुल		<b>84.05</b>

### **PRADHAN MANTRI BHARTIYA JANAUSHADHI PARIYOJANA**

#### **3097. DR. HEMANT VISHNU SAVARA:**

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

- (a) whether the Government has launched Pradhan Mantri Bhartiya Janaushadhi Pariyojana in order to provide quality generic medicines at affordable prices to all citizens;
- (b) if so, the details thereof;
- (c) whether the Government proposes to add more generic medicines and equipment for sale from Jan Aushadhi Kendras and if so, the details thereof; and
- (d) the details of the sale and purchase of the medicines at the Jan Aushadhi Kendras in the country during last five years, State/UT-wise including district-wise in Maharashtra?

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

(a) and (b):The Government launched Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) with an objective of making quality generic medicines available at affordable prices to all. Under this scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country to provide

medicines at 50%-80% cheaper rates than branded medicines. A total of 14,320 JAKs have been opened across the country till 30.11.2024. State/UT- wise number of JAKs is given in the enclosed **Statement-I**.

(c) Under PMBJP, 2047 types of medicines and 300 surgicals /devices have been brought under the product basket covering all major therapeutic groups such as Cardiovascular, Anti-cancers, Anti-diabetics, Anti-infectives, Anti-allergic, Gastro-intestinal medicines, Nutraceuticals, etc. New medicines are added to the product basket of PMBJP regularly.

(d) In last 5 Financial Years, sales of medicines worth Rs. 4316.31 crores have been made through JAKs, out of which sales of Rs. 70.39 crore have been made in the state of Maharashtra. State/ UT wise sales of medicines during the last five Financial Year across the country is is given in the enclosed **Statement-II** and District wise sales of Maharashtra state is given in the enclosed **Statement -III**.

### STATEMENT-I

<b>The State/UT-wise number of JAKs till 30.11.2024</b>		
<b>Sl. No.</b>	<b>Name of State/UT</b>	<b>No. of JAKs functional</b>
1	Andaman and Nicobar	9
2	Andhra Pradesh	270
3	Arunachal Pradesh	34
4	Assam	164
5	Bihar	747
6	Chandigarh	10

7	Chhattisgarh	233
8	Delhi	485
9	Goa	15
10	Gujarat	726
11	Haryana	376
12	Himachal Pradesh	69
13	Jammu and Kashmir	313
14	Jharkhand	138
15	Karnataka	1373
16	Kerala	1458
17	Ladakh	2
18	Lakshadweep	1
19	Madhya Pradesh	516
20	Maharashtra	702
21	Manipur	49
22	Meghalaya	23
23	Mizoram	15
24	Nagaland	21
25	Odisha	644
26	Puducherry	32
27	Punjab	481
28	Rajasthan	455
29	Sikkim	12
30	Tamil Nadu	1300
31	Telangana	198
32	DNH and DD	38
33	Tripura	29
34	Uttar Pradesh	2533
35	Uttarakhand	303
36	West Bengal	546
<b>Grand Total</b>		<b>14,320</b>

**STATEMENT-II**

<b>State/UT wise sales of medicines during the last five financial years (at MRP)</b>							
<b>(Rs. In Crore)</b>							
<b>SI No</b>	<b>State/ UTs</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>Total</b>
1	Andaman and Nicobar Islands	0.10	0.02	0.05	0.05	0.02	<b>0.25</b>
2	Andhra Pradesh	2.04	1.53	1.57	2.33	4.09	<b>11.57</b>
3	Arunachal Pradesh	0.28	0.08	0.08	0.46	0.43	<b>1.33</b>
4	Assam	2.56	3.28	5.17	6.51	8.08	<b>25.60</b>
5	Bihar	7.53	16.96	34.94	65.79	104.14	<b>229.36</b>
6	Chandigarh	2.30	1.08	1.44	2.75	5.38	<b>12.95</b>
7	Chhattisgarh	3.21	3.53	6.20	7.69	9.10	<b>29.73</b>
8	Delhi	14.29	21.71	35.98	38.42	36.65	<b>147.05</b>
9	Goa	0.00	0.02	0.04	0.12	0.49	<b>0.67</b>
10	Gujarat	18.08	25.75	26.92	29.63	30.16	<b>130.54</b>
11	Haryana	6.08	7.77	11.28	12.87	17.18	<b>55.19</b>
12	Himachal Pradesh	1.61	1.89	3.31	4.40	3.79	<b>15.00</b>
13	Jammu and Kashmir	6.90	9.25	19.82	36.05	47.11	<b>119.13</b>
14	Jharkhand	1.58	3.18	3.79	8.30	13.49	<b>30.33</b>
15	Karnataka	93.53	128.48	161.03	171.92	159.76	<b>714.72</b>
16	Kerala	62.96	118.41	191.80	212.86	210.16	<b>796.19</b>
17	Ladakh	0.00	0.00	0.08	0.18	0.19	<b>0.45</b>
18	Lakshadweep	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
19	Madhya Pradesh	6.35	8.60	11.75	15.40	19.20	<b>61.31</b>
20	Maharashtra	11.90	10.99	14.76	16.91	15.83	<b>70.39</b>
21	Manipur	0.39	0.26	3.07	4.97	5.78	<b>14.47</b>
22	Meghalaya	0.02	0.13	1.29	1.76	1.85	<b>5.06</b>
23	Mizoram	1.14	0.50	0.50	0.64	0.94	<b>3.73</b>
24	Nagaland	0.54	0.28	0.31	0.62	0.87	<b>2.63</b>
25	Odisha	19.16	29.77	40.05	47.54	53.78	<b>190.29</b>
26	Puducherry	1.08	1.05	1.58	2.11	2.91	<b>8.74</b>

27	Punjab	23.28	34.26	41.70	46.28	49.60	<b>195.13</b>
28	Rajasthan	6.04	7.53	11.24	15.97	26.02	<b>66.81</b>
29	Sikkim	0.03	0.00	0.01	0.03	0.23	<b>0.31</b>
30	Tamil Nadu	48.39	56.66	84.22	93.48	96.46	<b>379.21</b>
31	Telangana	1.87	1.97	3.26	4.01	5.69	<b>16.80</b>
32	DNH and DD	0.09	0.31	0.42	0.37	0.26	<b>1.45</b>
33	Tripura	2.46	2.18	2.33	2.64	2.93	<b>12.53</b>
34	Uttar Pradesh	68.45	82.00	119.79	162.81	198.17	<b>631.21</b>
35	Uttarakhand	8.86	11.10	13.31	18.16	20.82	<b>72.26</b>
36	West Bengal	12.00	27.52	42.83	74.68	106.88	<b>263.91</b>
<b>Grand Total</b>		<b>435.10</b>	<b>618.08</b>	<b>895.93</b>	<b>1108.74</b>	<b>1258.46</b>	<b>4316.31</b>

### STATEMENT-III

<b>District wise sales of medicines in Maharashtra during the last five financial years (at MRP)</b>							
<b>(Rs. In Crore)</b>							
<b>S No</b>	<b>District</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>Total</b>
1	Ahmednagar	0.06	0.04	0.07	0.10	0.09	<b>0.36</b>
2	Akola	0.04	0.03	0.06	0.10	0.16	<b>0.41</b>
3	Amravati	0.17	0.12	0.22	0.32	0.32	<b>1.15</b>
4	Beed	0.78	0.71	0.67	0.71	0.74	<b>3.62</b>
5	Bhandara	0.01	0.03	0.03	0.03	0.05	<b>0.15</b>
6	Buldhana	0.39	0.58	0.75	0.71	0.61	<b>3.03</b>
7	Chandrapur	0.05	0.04	0.50	0.31	0.26	<b>1.16</b>
8	ChhatrapatiSambhajinagar	0.09	0.09	0.17	0.19	0.20	<b>0.74</b>
9	Dharashiv	0.21	0.10	0.10	0.09	0.10	<b>0.60</b>
10	Dhule	0.22	0.24	0.21	0.23	0.14	<b>1.04</b>
11	Gadchiroli	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
12	Gondia	0.05	0.06	0.06	0.10	0.14	<b>0.41</b>

13	Hingoli	0.02	0.04	0.06	0.03	0.02	<b>0.17</b>
14	Jalgaon	0.07	0.10	0.10	0.10	0.08	<b>0.45</b>
15	Jalna	0.45	0.38	0.28	0.28	0.25	<b>1.65</b>
16	Kolhapur	0.71	0.46	0.53	0.75	0.75	<b>3.19</b>
17	Latur	1.16	0.97	1.01	1.06	1.00	<b>5.20</b>
18	Mumbai	1.47	1.48	2.26	2.73	2.42	<b>10.35</b>
19	Mumbai Suburban	0.14	0.14	0.20	0.30	0.37	<b>1.14</b>
20	Nagpur	0.09	0.56	0.98	1.05	1.52	<b>4.21</b>
21	Nanded	0.09	0.13	0.20	0.29	0.27	<b>0.98</b>
22	Nandurbar	0.03	0.00	0.00	0.01	0.02	<b>0.06</b>
23	Nashik	0.33	0.44	0.47	0.56	0.51	<b>2.31</b>
24	Palghar	0.61	0.55	0.74	0.94	0.75	<b>3.58</b>
25	Parbhani	0.24	0.16	0.11	0.09	0.09	<b>0.67</b>
26	Pune	0.70	0.66	1.88	2.44	1.92	<b>7.61</b>
27	Raigad	0.34	0.24	0.19	0.22	0.24	<b>1.23</b>
28	Ratnagiri	0.00	0.00	0.00	0.00	0.02	<b>0.02</b>
29	Sangli	0.77	0.41	0.40	0.28	0.23	<b>2.10</b>
30	Satara	0.30	0.22	0.22	0.31	0.31	<b>1.36</b>
31	Sindhudurg	0.00	0.00	0.01	0.03	0.01	<b>0.04</b>
32	Solapur	0.34	0.35	0.33	0.39	0.32	<b>1.73</b>
33	Thane	1.84	1.53	1.74	1.92	1.73	<b>8.76</b>
34	Wardha	0.02	0.01	0.00	0.01	0.01	<b>0.05</b>
35	Washim	0.06	0.07	0.02	0.00	0.01	<b>0.16</b>
36	Yavatmal	0.02	0.04	0.18	0.24	0.18	<b>0.66</b>
<b>Grand Total</b>		<b>11.90</b>	<b>10.99</b>	<b>14.76</b>	<b>16.91</b>	<b>15.83</b>	<b>70.39</b>

### MENACE OF MENTAL HEALTH ISSUES

**3098. SHRI S. JAGATHRATCHAKAN:**

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



- (a) whether the Government agree with the view that one of the ways to curb the menace of mental health issues is to foster robust academic research and if so, the details thereof;
- (b) whether the initiatives formulated in this regard keep in mind that the issue of mental health is vital for human wellbeing; and
- (c) if so, the details thereof and if not, the reasons therefor?

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

(a) to (c): The Government recognizes that mental health is vital for human wellbeing. It acknowledges the importance of fostering robust academic research to address mental health issues and has taken several initiatives in this regard.

NIMHANS has contributed to the Bellary District Mental Health Program (DMHP), which set a precedent for integrating mental health services into primary healthcare, serving as the prototype for the National Mental Health Programme (NMHP). It demonstrated how mental health services could be integrated into primary healthcare through structured training and systematic implementation. Now, the DMHP is made operational in the majority districts across India.

25 Centres of Excellence have been funded under the tertiary care component of NMHP. These centers focus on enhancing postgraduate

education and conducting cutting-edge research in mental health specialties. Furthermore, the Digital Academies established at premier institutions such as NIMHANS, Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), and Central Institute of Psychiatry (CIP) offer online training programs to healthcare professionals, integrating research and practice to address gaps in mental healthcare delivery.

Government has encouraged the implementation research in the area of Mental Health using evidence based interventions in partnership with various academic institutes, state governments and other partner agencies.

Indian Council of Medical Research (ICMR) has informed that it has undertaken National Health Research Priority Projects in the area of mental health. It also funds extramural and intramural research on areas like early detection, prevention, and management of mental illnesses. Additional collaborations undertaken by ICMR in mental health research are:

- 1) The ICMR Centre for Advanced Research on Digital Interventions for Mental Health Care has been established at NIMHANS, fostering research on digital mental health solutions.
- 2) ICMR has funded Centre for Advanced Research and Excellence in Neuromodulation in Mental Health at AIIMS Delhi, fostering research on cognitive functions of mental health issues.

Studies supported by ICMR have provided valuable insights into risk factors, psychosocial interventions, and community-based approaches to mental health care, in addition to paving ways to understand the biological underpinnings of mental illnesses.

Further, the Government's initiatives demonstrate a comprehensive approach to mental health:

1. The outcomes of research initiatives have paved way for the inclusion of mental health in the Mental, Neurological, and Substance Use Disorders (MNS) package under the Ayushman Arogya Mandir initiative. This integration ensures that primary healthcare systems address mental health as part of comprehensive care.
2. National Mental Health Policy in 2014 was launched that gives a comprehensive roadmap incorporating a life course and rights-based approach for providing mental healthcare. The Government has implemented a rights based Mental Healthcare Act, 2017 that guarantees basic mental health services to all citizens of the country.
3. To improve awareness, Information, Education, and Communication (IEC) activities are integrated into National Mental Health Programme, focusing on community engagement through mediums such as local newspapers, radio, street plays, and wall paintings. These efforts ensure that mental health literacy reaches grassroots levels.

4. In the education sector, programs like Mano Darpan and the Ayushman Bharat School Health and Wellness Programme embed emotional wellbeing into school curricula. Mano Darpan provides psychosocial support through a national helpline and online resources, while Ayushman Bharat trains teachers as Health and Wellness Ambassadors to address mental health concerns in school children.

5. Among other initiatives, Government has established a 24/7 helpline Tele MANAS offering psychosocial support. By setting up 53 Tele MANAS cells, the program ensures that individuals across the country, especially in remote areas, can access mental health services through telecommunication. Till date, about 16.4 lakh calls have been serviced through Tele MANAS. Recently, an android version Tele MANAS App was released.

Such multi-faceted approach combines research, service delivery, and capacity building to create a comprehensive mental health care system in India.

### **AYUSHMAN VAYA VANDANA CARD**

#### **3099. SHRI HAMDULLAH SAYEED:**

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

(a) whether the Government has introduced any mechanism to streamline the issuance and use of Ayushman Vaya Vandana Cards for beneficiaries; and

(b) if so, the details thereof?

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

(a) and (b): Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is an entitlement-based scheme, all the eligible beneficiary families are covered from day one of the implementation of the scheme in the State/UT. The scheme does not require enrolment, however, a beneficiary verification process is undertaken to verify the genuineness of the beneficiary. Ayushman cards are issued to all eligible beneficiaries as part of this process.

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

Further, beneficiaries may visit any empaneled hospital to avail the benefits under this scheme. Additionally, Pradhan Mantri Arogya Mitras (PMAM) have been deployed at empaneled hospitals, who are responsible for guiding

the beneficiaries and providing information related to prompt treatment by interfacing with the treating doctors / caregivers. Uniform kiosks have also been deployed in these hospitals as the first point of contact for beneficiaries, offering awareness, assistance with card creation and support in accessing treatment.

### **COURTS IN ANDHRA PRADESH**

#### **3100. SHRI PUTTA MAHESH KUMAR:**

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

- (a) whether there has been an increase in the total number of cases both Civil and Criminal pending before courts across the country, including Andhra Pradesh especially in Eluru district during the last five years, if so, the details thereof;
- (b) whether there are any proposals to set up new district courts in the districts formed post the bifurcation of various districts of Andhra Pradesh in 2022, if so, the details regarding the funds allocated and utilised and the present status of the same;
- (c) if not, the reasons therefor;
- (d) the details regarding the total number of vacancies in various courts across the country, especially in Andhra Pradesh and the steps undertaken to reduce the same, State-wise; and
- (e) whether the Government has identified the key issues that have led to the growing pendency of matters before courts across the country, if so, the details thereof and the action undertaken to address the same?

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

(a): As per information available on National Judicial Data Grid (NJDG), the total number of Civil and Criminal cases pending before the Supreme Court of India during the last five years is as under:

Supreme Court of India	Year	No. pending cases at the end of the year		
		Civil	Criminal	Total
	2020	52290	12796	65086
	2021	55973	14266	70239
	2022	54940	14828	69768
	2023*	55015	14496	69511
	2024**	64300	18277	82577

\*(as on 01.02.2023),\*\*(as on 10.12.2024)

The details of the number of Civil and Criminal cases pending before the High Courts and the District and Subordinate Courts, **including Andhra Pradesh** during the last five years is given in the enclosed **Statement-I** and **Statement-II** respectively.

As per the information provided by High Court of Andhra Pradesh, the number of Civil and Criminal cases pending before Eluru district during the last five years is as under:

Year	No. of pending cases at the end of the year		
	Civil	Criminal	Total
2020	28026	22214	50240
2021	32645	28823	61468

2022	30704	32848	63552
2023	29937	35601	65538
2024*	29253	36595	65848

\*as on 31.10.2024

(b) and (c): The setting up of more courts at District and Subordinate level, is within the domain of the concerned High Court and respective State Government. In the case of High Court, Benches are established in accordance with the recommendations made by the Jaswant Singh Commission and judgment pronounced by the Apex Court in W.P.(C) No.379 of 2000 and after due consideration of proposal from the State Government. Since May 2014, a separate High Court for the State of Andhra Pradesh has been constituted on the proposal of the State Government and concerned High Court.

Under the Centrally Sponsored Scheme (CSS) for development of Judicial Infrastructure to augment the resources of State Governments for Infrastructure development of Subordinate Judiciary by way of Financial Assistance in the prescribed fund-sharing pattern between the Centre and States, funds are provided for five components viz., court halls, residential units, lawyer's halls, toilet complexes and digital computer room. In this regard, a sum of Rs. 272.2395 crore has been released to Andhra Pradesh under the scheme since 1993-94. As on date, 648 court halls and 600 residential units are available in Andhra Pradesh. In addition, 84 court halls and 16 residential units are under construction in the State of Andhra Pradesh".



(d): As on 10.12.2024, there is one (1) vacancy in the Supreme Court of India. Further the number of vacancies in High Court and District and Subordinate Courts, State-wise is given in the enclosed **Statement-III** and **Statement-IV** respectively.

Appointment of Judges of the High Courts is made under Articles 217 and 224 of the Constitution of India, which is a continuous, integrated and collaborative process between the Executive and the Judiciary. It requires consultation and approval from various constitutional authorities both at the State and Centre 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.

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.

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.

(e): The disposal of pending cases in a 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.

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
09.12.2024	25,741	20,479

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 Cases</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

Category	Cases Registered	% Wise Break Up	Advice Enabled	% Wise Break Up
<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.



**STATEMENT-I****Detailed statement showing State/UT-wise pending cases in District and Subordinate Courts during the last five years.**

Sl.No	States	Pendency of Cases as on 31.12.2020			Pendency of Cases as on 31.12.2021			Pendency of Cases as on 31.12.2022			Pendency of Cases as on 31.12.2023			Pendency of Cases as on 10.12.2024		
		Civil	Criminal	Total	Civil	Criminal	Total	Civil	Criminal	Total	Civil	Criminal	Total	Civil	Criminal	Total
1	Andhra Pradesh	347979	287241	<b>635220</b>	412688	361264	<b>773952</b>	414050	415097	<b>829147</b>	422382	442563	<b>864945</b>	430694	469201	<b>899895</b>
2	Telangana	284531	389770	<b>674301</b>	330160	475462	<b>805622</b>	421679	637722	<b>1059401</b>	349414	568181	<b>917595</b>	333244	599004	<b>932248</b>
3	Andmanand Nicobar			<b>0</b>			<b>0</b>	3176	8710	<b>11886</b>	3731	5036	<b>8767</b>	3811	4276	<b>8087</b>
4	Arunachal Pradesh	Nil	Nil	<b>Nil</b>	Nil	Nil	<b>Nil</b>	Nil	Nil	<b>Nil</b>	1174	2975	<b>4149</b>	1953	8256	<b>10209</b>
5	Assam	79395	277802	<b>357197</b>	86204	331584	<b>417788</b>	93994	394806	<b>488800</b>	101120	352416	<b>453536</b>	105037	397676	<b>502713</b>
6	Bihar	429316	2728754	<b>3158070</b>	476437	2902792	<b>3379229</b>	508954	2936205	<b>3445159</b>	537060	3051832	<b>3588892</b>	534055	3076751	<b>3610806</b>
7	Chandigarh	21004	36414	<b>57418</b>	22970	46532	<b>69502</b>	23229	56297	<b>79526</b>	23347	125067	<b>148414</b>	23284	82273	<b>105557</b>
8	Chattisgarh	59709	264564	<b>324273</b>	68905	307315	<b>376220</b>	75569	336030	<b>411599</b>	78493	332086	<b>410579</b>	79471	379231	<b>458702</b>
9	Delhi	216432	739418	<b>955850</b>	241138	841277	<b>1082415</b>	247208	1046363	<b>1293571</b>	230685	993588	<b>1224273</b>	220208	1302747	<b>1522955</b>
10	Dadarand Nagar Haveli and Daman and Diu	2953	3326	<b>6279</b>	3147	3412	<b>6559</b>	3218	3453	<b>6671</b>	3441	3883	<b>7324</b>	3423	4316	<b>7739</b>
11	Goa	23822	32723	<b>56545</b>	25811	33559	<b>59370</b>	25821	30554	<b>56375</b>	26211	30967	<b>57178</b>	26739	32312	<b>59051</b>
12	Gujarat	457897	1432770	<b>1890667</b>	457921	1493629	<b>1951550</b>	424744	1318979	<b>1743723</b>	372162	1217306	<b>1589468</b>	350389	1316006	<b>1666395</b>
13	Haryana	386383	714521	<b>1100904</b>	433043	848654	<b>1281697</b>	454453	1003817	<b>1458270</b>	459885	973156	<b>1433041</b>	438526	993105	<b>1431631</b>
14	Himachal Pradesh	145240	271324	<b>416564</b>	154753	301196	<b>455949</b>	154316	321821	<b>476137</b>	164325	409285	<b>573610</b>	169263	486831	<b>656094</b>
15	Jammuand Kashmir	85913	129890	<b>215803</b>	95828	147198	<b>243026</b>	98331	201385	<b>299716</b>	101210	188996	<b>290206</b>	108271	225052	<b>333323</b>

16	Jharkhand	77284	361283	<b>438567</b>	89806	405302	<b>495108</b>	90175	428981	<b>519156</b>	91346	451630	<b>542976</b>	91856	455071	<b>546927</b>
17	Karnataka	841009	905877	<b>1746886</b>	867552	955551	<b>1823103</b>	910317	982948	<b>1893265</b>	942582	998989	<b>1941571</b>	998446	1203858	<b>2202304</b>
18	Kerala	481685	1316657	<b>1798342</b>	516610	1426645	<b>1943255</b>	517038	1416325	<b>1933363</b>	518099	1312818	<b>1830917</b>	517326	1219750	<b>1737076</b>
19	Ladakh	366	383	<b>749</b>	398	426	<b>824</b>	657	497	<b>1154</b>	631	697	<b>1328</b>	694	762	<b>1456</b>
20	Madhya Pradesh	352554	1337499	<b>1690053</b>	379592	1496602	<b>1876194</b>	393250	1607018	<b>2000268</b>	394159	1610411	<b>2004570</b>	413371	1618815	<b>2032186</b>
21	Maharashtra	1354707	3161604	<b>4516311</b>	1487070	3394648	<b>4881718</b>	1567297	3415614	<b>4982911</b>	1637874	3562441	<b>5200315</b>	1697480	3788061	<b>5485541</b>
22	Manipur	6851	3943	<b>10794</b>	8440	4362	<b>12802</b>	7994	4275	<b>12269</b>	8705	4365	<b>13070</b>	8460	4201	<b>12661</b>
23	Meghalaya	2793	7610	<b>10403</b>	4300	10322	<b>14622</b>	4563	11572	<b>16135</b>	4508	11706	<b>16214</b>	4300	10930	<b>15230</b>
24	Mizoram	1650	3049	<b>4699</b>	2174	3708	<b>5882</b>	2320	2822	<b>5142</b>	2464	3102	<b>5566</b>	3023	2467	<b>5490</b>
25	Nagaland	161	1378	<b>1539</b>	493	2110	<b>2603</b>	576	2390	<b>2966</b>	675	2159	<b>2834</b>	695	2082	<b>2777</b>
26	Orissa	282943	1099595	<b>1382538</b>	303218	1215888	<b>1519106</b>	302763	1256575	<b>1559338</b>	293052	1319143	<b>1612195</b>	273786	1380777	<b>1654563</b>
27	Puducherry			<b>0</b>	14446	19583	<b>34029</b>	11881	17950	<b>29831</b>	12896	21183	<b>34079</b>	13012	22374	<b>35386</b>
28	Punjab	348144	466394	<b>814538</b>	394728	524130	<b>918858</b>	401902	520458	<b>922360</b>	378545	472637	<b>851182</b>	378067	491756	<b>869823</b>
29	Rajasthan	485531	1344931	<b>1830462</b>	518034	1511780	<b>2029814</b>	524351	1599124	<b>2123475</b>	537184	1773804	<b>2310988</b>	479940	1869413	<b>2349353</b>
30	Sikkim	571	999	<b>1570</b>	735	1191	<b>1926</b>	666	1177	<b>1843</b>	626	1038	<b>1664</b>	799	956	<b>1755</b>
31	Tamil Nadu	722201	566372	<b>1288573</b>	757785	606132	<b>1363917</b>	751131	681444	<b>1432575</b>	725902	723103	<b>1449005</b>	736752	787101	<b>1523853</b>
32	Tripura	9119	31913	<b>41032</b>	9138	30066	<b>39204</b>	11282	28730	<b>40012</b>	11759	33620	<b>45379</b>	12405	37463	<b>49868</b>
33	U.T of Lakshadweep	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>	0	0	<b>0</b>	137	390	<b>527</b>
34	Uttar Pradesh	1854778	6717314	<b>8572092</b>	1912283	7909941	<b>9822224</b>	1857096	9116384	<b>10973480</b>	1875023	9751773	<b>11626796</b>	1827129	9924780	<b>11751909</b>
35	Uttarakhand	41825	218739	<b>260564</b>	44272	256729	<b>301001</b>	44847	282503	<b>327350</b>	44930	313102	<b>358032</b>	46430	315317	<b>361747</b>
36	West Bengal	548795	1831838	<b>2380633</b>	605904	1984089	<b>2589993</b>	614648	2157642	<b>2772290</b>	620769	2368053	<b>2988822</b>	46430	315317	<b>361747</b>
<b>Total</b>		<b>9953541</b>	<b>26685895</b>	<b>36639436</b>	<b>10725983</b>	<b>29853079</b>	<b>40579062</b>	<b>10963496</b>	<b>32245668</b>	<b>43209164</b>	<b>10976369</b>	<b>33433111</b>	<b>44409480</b>	<b>10378906</b>	<b>32828678</b>	<b>43207584</b>

Source: - National Judicial Data Grid (NJDG).

**STATEMENT-II****Detailed Statement showing pending cases in High Courts during the last five years.**

Sl.No	High Court	Pendency of Cases as on 31.12.2020			Pendency of Cases as on 31.12.2021			Pendency of Cases as on 31.12.2022			Pendency of Cases as on 31.12.2023			Pendency of Cases as on 10.12.2024		
		Civil	Criminal	Total	Civil	Criminal	Total	Civil	Criminal	Total	Civil	Criminal	Total	Civil	Criminal	Total
1	Allahabad	415029	358379	<b>773408</b>	418874	384693	<b>803567</b>	556215	476013	<b>1032228</b>	568387	508167	<b>1076554</b>	<b>599544</b>	<b>538945</b>	<b>1138489</b>
2	Bombay	471321	87798	<b>559119</b>	472580	96438	<b>569018</b>	506774	103960	<b>610734</b>	596154	116276	<b>712430</b>	<b>539677</b>	<b>111717</b>	<b>651394</b>
3	Calcutta	225783	41648	<b>267431</b>	190612	34837	<b>225449</b>	178268	29630	<b>207898</b>	168530	26849	<b>195379</b>	<b>176542</b>	<b>28413</b>	<b>204955</b>
4	Gauhati High Court	42030	9871	<b>51901</b>	44786	10863	<b>55649</b>	46628	11873	<b>58501</b>	48308	14133	<b>62441</b>	<b>48138</b>	<b>16183</b>	<b>64321</b>
5	Telangana	203093	33759	<b>236852</b>	220805	35713	<b>256518</b>	219891	34198	<b>254089</b>	218291	30096	<b>248387</b>	<b>212660</b>	<b>31363</b>	<b>244023</b>
6	Andhra Pradesh	177061	30701	<b>207762</b>	189934	32908	<b>222842</b>	204907	35331	<b>240238</b>	212152	37491	<b>249643</b>	<b>208471</b>	<b>38728</b>	<b>247199</b>
7	Chhattisgarh	47219	28617	<b>75836</b>	51496	29505	<b>81001</b>	58969	32215	<b>91184</b>	58525	31938	<b>90463</b>	<b>55236</b>	<b>29087</b>	<b>84323</b>
8	Delhi	65654	25541	<b>91195</b>	73132	26936	<b>100068</b>	75350	29921	<b>105271</b>	90696	37426	<b>128122</b>	<b>90885</b>	<b>36349</b>	<b>127234</b>
9	Gujarat	97226	45577	<b>142803</b>	101465	50665	<b>152130</b>	105891	56038	<b>161929</b>	112117	56931	<b>169048</b>	<b>116159</b>	<b>54932</b>	<b>171091</b>
10	Himachal Pradesh	64625	9237	<b>73862</b>	72084	10154	<b>82238</b>	79041	12169	<b>91210</b>	85437	14108	<b>99545</b>	<b>81449</b>	<b>12167</b>	<b>93616</b>
11	Jammu and Kashmir and Ladakh	55565	7903	<b>63468</b>	40982	6779	<b>47761</b>	36921	7605	<b>44526</b>	36002	8241	<b>44243</b>	<b>36897</b>	<b>8533</b>	<b>45430</b>
12	Jharkhand	41240	47205	<b>88445</b>	42300	46071	<b>88371</b>	39234	48758	<b>87992</b>	38519	47271	<b>85790</b>	<b>33005</b>	<b>41737</b>	<b>74742</b>
13	Karnataka	250805	42454	<b>293259</b>	225693	40253	<b>265946</b>	255999	48445	<b>304444</b>	240721	48168	<b>288889</b>	<b>248380</b>	<b>52142</b>	<b>300522</b>

13.12.2024

586

14	Kerala	169948	44436	<b>214384</b>	169527	42998	<b>212525</b>	157415	39899	<b>197314</b>	201179	54099	<b>255278</b>	<b>198897</b>	<b>51544</b>	<b>250441</b>
15	Madhya Pradesh	223105	139827	<b>362932</b>	256719	156748	<b>413467</b>	265629	164114	<b>429743</b>	269662	176686	<b>446348</b>	<b>278676</b>	<b>189347</b>	<b>468023</b>
16	Manipur	3962	412	<b>4374</b>	4327	490	<b>4817</b>	4404	461	<b>4865</b>	4120	511	<b>4631</b>	<b>4591</b>	<b>649</b>	<b>5240</b>
17	Meghalaya	1328	115	<b>1443</b>	1367	211	<b>1578</b>	1044	144	<b>1188</b>	901	224	<b>1125</b>	<b>920</b>	<b>264</b>	<b>1184</b>
18	Punjab and Haryana	372991	264157	<b>637148</b>	282851	164839	<b>447690</b>	279794	168092	<b>447886</b>	275684	165386	<b>441070</b>	<b>268349</b>	<b>163438</b>	<b>431787</b>
19	Rajasthan	387923	135677	<b>523600</b>	422566	151498	<b>574064</b>	465873	167914	<b>633787</b>	490824	181369	<b>672193</b>	<b>477897</b>	<b>179600</b>	<b>657497</b>
20	Sikkim	204	37	<b>241</b>	146	34	<b>180</b>	135	30	<b>165</b>	126	53	<b>179</b>	<b>144</b>	<b>66</b>	<b>210</b>
21	Tripura	2044	303	<b>2347</b>	1549	187	<b>1736</b>	1444	157	<b>1601</b>	1124	151	<b>1275</b>	<b>818</b>	<b>155</b>	<b>973</b>
22	Uttarakhand	23418	15258	<b>38676</b>	24255	17667	<b>41922</b>	25848	19175	<b>45023</b>	28152	22380	<b>50532</b>	<b>30265</b>	<b>24829</b>	<b>55094</b>
23	Madras	518985	61785	<b>580770</b>	521391	58351	<b>579742</b>	495771	54312	<b>550083</b>	484616	58084	<b>542700</b>	<b>458729</b>	<b>57278</b>	<b>516007</b>
24	Orissa	119076	53400	<b>172476</b>	142821	52340	<b>195161</b>	122027	42682	<b>164709</b>	109964	38483	<b>148447</b>	<b>108339</b>	<b>37234</b>	<b>145573</b>
25	Patna	97229	81606	<b>178835</b>	113172	112456	<b>225628</b>	111517	100589	<b>212106</b>	109101	88562	<b>197663</b>	<b>105924</b>	<b>95188</b>	<b>201112</b>
<b>Total</b>		<b>4076864</b>	<b>1565703</b>	<b>5642567</b>	<b>4085434</b>	<b>1563634</b>	<b>5649068</b>	<b>4294989</b>	<b>1683725</b>	<b>5978714</b>	<b>4449292</b>	<b>1763083</b>	<b>6212375</b>	<b>4380592</b>	<b>1799888</b>	<b>6180480</b>

Source: - National Judicial Data Grid (NJDG).

**STATEMENT-III**

**Detail of Sanctioned strength and vacancies in the High Courts (As on 09.12.2024)**

<b>Sl. No.</b>	<b>High Court</b>	<b>Sanctioned Strength</b>	<b>Vacancies</b>
1	Allahabad	160	79
2	Andhra Pradesh	37	8
3	Bombay	94	27
4	Calcutta	72	29
5	Chhattisgarh	22	6
6	Delhi	60	25
7	Gauhati	30	6
8	Gujarat	52	20
9	Himachal Pradesh	17	6
10	J and K and Ladakh	25	10
11	Jharkhand	25	7
12	Karnataka	62	12
13	Kerala	47	2
14	Madhya Pradesh	53	18
15	Madras	75	9
16	Manipur	5	1
17	Meghalaya	4	0
18	Orissa	33	14
19	Patna	53	18
20	Punjab and Haryana	85	33
21	Rajasthan	50	18
22	Sikkim	3	0
23	Telangana	42	15
24	Tripura	5	0

25	Uttarakhand	11	5
	<b>Total</b>	<b>1122</b>	<b>368</b>

**STATEMENT-IV**

**Vacant Positions of Judicial Officers in District and Subordinate Courts as  
on 09.12.2024**

<b>Sl No.</b>	<b>State/Uts</b>	<b>Total Sanctioned Strength</b>	<b>Total Working Strength</b>	<b>Total Vacancy</b>
1.	Andhra Pradesh	623	564	59
2.	Arunachal Pradesh	44	33	11
3.	Assam	485	461	24
4.	Bihar	2019	1536	483
5.	Chandigarh	30	30	0
6.	Chhattisgarh	663	465	198
7.	Dadarand Nagar Haveli and Daman and Diu	7	6	1
8.	Delhi	897	803	94
9.	Goa	50	40	10
10.	Gujarat	1720	1185	535
11.	Haryana	781	552	229
12.	Himachal Pradesh	179	160	19
13.	Jammu and Kashmir	322	276	46
14.	Jharkhand	705	506	199
15.	Karnataka	1375	1156	219
16.	Kerala	611	534	77
17.	Ladakh	17	11	6
18.	Lakshadweep	4	4	0
19.	Madhya Pradesh	2028	1691	337
20.	Maharashtra	2190	1940	250
21.	Manipur	62	49	13
22.	Meghalaya	99	56	43

23.	Mizoram	74	45	29
24.	Nagaland	34	24	10
25.	Odisha	1041	841	200
26.	Puducherry	36	26	10
27.	Punjab	804	723	81
28.	Rajasthan	1641	1313	328
29.	Sikkim	35	23	12
30.	Tamil Nadu	1369	1023	346
31.	Telangana	560	445	115
32.	Tripura	133	109	24
33.	Uttar Pradesh	3700	2704	996
34.	Uttarakhand	298	270	28
35.	Andaman and Nicobar	1105	875	230
36.	West Bengal			
<b>TOTAL</b>		<b>25741</b>	<b>20479</b>	<b>5262</b>

Source: - MIS portal of Department of Justice.

\*Combined vacancy of UT Andaman and Nicobar Island and State of WB as shown against State of West Bengal



**EMIGRATION CLEARANCE THROUGH EMIGRATE PORTAL****3101. SHRI ANUP SANJAY DHOTRE:****SHRI MITESH PATEL(BAKABHAI):****SHRI MAHESH KASHYAP:**

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

the total number of people granted Emigration Clearance (EC) through e-Migrate alongwith the number of active recruiting agents and registered employers therein till date?

**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):**

Till date, over 4 million Emigration Clearances (ECs) have been issued to the emigrants through the eMigrate portal, and there are 2164 active Recruiting Agents (RAs) and 2,84,404 Foreign Employers (FEs) registered on the portal.

**AYUSH HOSPITALS AND CENTRES IN TAMIL NADU****3102. SHRI THARANIVENTHAN M. S.:**

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

(a) whether the Government proposes to implement any special scheme for setting up of AYUSH hospitals/ centres exclusively having ayurveda and homeopathy facilities in the rural areas of the country and if so, the details thereof;

(b) whether any proposals have been received for setting up of AYUSH hospitals/centres in

Tamil Nadu; and

(c) the action taken/proposed to be taken by the Government along with the progress achieved so far in this regard?

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

(a) to (c) Public Health being a State subject, setting up of AYUSH Hospitals/Centres exclusively having ayurveda and homeopathy facilities in the rural areas of the country, comes under the purview of respective State/UT Governments. Further, the Ministry is already implementing a Centrally Sponsored Scheme namely, National Ayush Mission (NAM), in which there is a provision of financial assistance to States/UTs including Tamil Nadu for setting up of 50/30/10 bedded Integrated Ayush Hospitals. Under NAM, as per the proposals received from the State/UT Governments including Tamil Nadu, Ministry of Ayush has approved 167 Integrated Ayush Hospitals from 2014-15 to 2023-24, out of which 05 Integrated Ayush Hospitals were approved in Tamil Nadu. The State/UT-wise details of approved Integrated Ayush Hospitals in the country including Tamil Nadu under NAM from 2014-15 to 2023-24 is furnished at the enclosed **Statement**.

**STATEMENT****State/ UT-wise details of approved Integrated Ayush Hospitals in the country from 2014-15 to 2023-24**

<b>Sl. No.</b>	<b>State/UT</b>	<b>Location</b>	<b>Status</b>
1	Andaman and Nicobar Islands	Port Blair	Functional
2	Andhra Pradesh	Kakinada	Under construction
3	Andhra Pradesh	Visakhapatnam	Under construction
4	Arunachal Pradesh	Yingkiong	Under construction
5	Arunachal Pradesh	Seppa	Construction not started
6	Arunachal Pradesh	Ziro	Construction not started
7	Arunachal Pradesh	Bhalukpong	Under construction
8	Arunachal Pradesh	Likabali	Under construction
9	Assam	Goalpara	Functional
10	Assam	Majuli	Functional
11	Assam	Kokrajhar	Construction not started
12	Assam	Baksa	Construction not started
13	Assam	Morigaon	Construction not started
14	Assam	Kaliabor	Construction not started
15	Assam	Diphu	Construction not started
16	Assam	Bajali	Construction not started
17	Bihar	Patna	Construction Completed
18	Chandigarh	Chandigarh	Under Construction
19	Chhattisgarh	Janjgir-Champa	Under construction
20	Chhattisgarh	Mahasamund	Functional
21	Chhattisgarh	Korea	Under construction
22	Chhattisgarh	Korba	Functional
23	Chhattisgarh	Kanker	Functional
24	Chhattisgarh	Narayanpur	Under construction
25	Chhattisgarh	Bijapur	Under construction

26	Chhattisgarh	Dantewada	Under construction
27	Chhattisgarh	Dalli Rajhara	Construction Completed
28	Dadra Nagar Haveli and Daman and Diu	Silvassa	Under construction
29	Goa	Margao	Under construction
30	Goa	Velguem	Under construction
31	Gujarat	Surat	Under construction
32	Haryana	Hisar	Functional
33	Himachal Pradesh	Kullu	Under construction
34	Himachal Pradesh	Mandi	Construction not started
35	Jammu and Kashmir	Kishtwar	Under Construction
36	Jammu and Kashmir	Kupwara	Under Construction
37	Jammu and Kashmir	Billawar	Under Construction
38	Jammu and Kashmir	Kulgam	Construction Completed
39	Jammu and Kashmir	Samba	Under Construction
40	Jammu and Kashmir	Gadi Garh	Construction not started
41	Jammu and Kashmir	Bandipayeen	Under Construction
42	Jharkhand	Ranchi	Under construction
43	Jharkhand	Gumla	Construction not started
44	Jharkhand	Bokaro	Under construction
45	Jharkhand	Deoghar	Under construction
46	Jharkhand	Palamu	Under construction
47	Jharkhand	Dumka	Under construction
48	Jharkhand	Jamshedpur	Under construction

49	Karnataka	Gadag	Functional
50	Karnataka	Mangalore	Functional
51	Karnataka	Thirthahalli	Construction not started
52	Kerala	Chalakydy	Construction Completed
53	Kerala	Mattannur	Construction Completed
54	Kerala	Adoor	Construction not started
55	Kerala	Attapadi	Construction not started
56	Kerala	Kottarakara	Construction not started
57	Kerala	Wayanad	Construction not started
58	Kerala	Idukki	Construction not started
59	Kerala	Aranmula	Construction not started
60	Kerala	Varkala	Construction not started
61	Kerala	Kappukad	Construction not started
62	Lakshadweep	Kavaratti	Functional
63	Maharashtra	Nandurbar	Functional
64	Maharashtra	Sindhudurg	Construction completed
65	Maharashtra	Pune	Functional
66	Maharashtra	Ahmednagar	Functional
67	Maharashtra	Dharashiv	Construction not started
68	Maharashtra	Jalgaon	Construction not started
69	Maharashtra	Jalna	Construction not started
70	Maharashtra	Thane	Construction not started
71	Maharashtra	Nagpur	Construction not started
72	Manipur	Moreh	Functional
73	Manipur	Churachandpur	Construction Completed
74	Manipur	Kwakeithel Konjeng Leikai	Functional
75	Manipur	Keirao AC	Functional
76	Manipur	Chandel	Under construction
77	Manipur	Jiribam	Under construction
78	Manipur	Kangpokpi	Under construction

79	Manipur	Bishnupur	Under construction
80	Manipur	Noney	Under construction
81	Manipur	Thoubal	Under construction
82	Manipur	Senapati	Under construction
83	Madhya Pradesh	Bhopal	Functional
84	Madhya Pradesh	Indore	Under construction
85	Madhya Pradesh	Narsinghpur	Functional
86	Madhya Pradesh	Amarkantak	Under construction
87	Madhya Pradesh	Mandleshwar	Under construction
88	Madhya Pradesh	Balaghat	Under construction
89	Madhya Pradesh	Sehore	Under construction
90	Madhya Pradesh	Guna	Construction not started
91	Madhya Pradesh	Panna	Construction not started
92	Madhya Pradesh	Bhind	Construction not started
93	Madhya Pradesh	Barwani	Construction not started
94	Meghalaya	Sohra (Cherrapunji)	Construction Completed
95	Meghalaya	Umtrew	Functional
96	Meghalaya	Jowai	Under construction
97	Mizoram	Aizwal	Under construction
98	Mizoram	Saitual	Under construction
99	Nagaland	Noklak, Tuensang	Functional
100	Nagaland	Razha, Chedema	Functional
101	Nagaland	Sapangya (Chungtia)	Under construction
102	Nagaland	Yachem	Under construction
103	Nagaland	Kiphire	Construction not started
104	Nagaland	Tizit	Construction not started
105	Nagaland	Akuhaito	Construction not started
106	Odisha	Dhenkanal	Construction Completed

107	Odisha	Berhampur	Under construction
108	Odisha	Balasore	Under construction
109	Puducherry	Villianur	Functional
110	Puducherry	Yanam	Under construction
111	Punjab	Dunneke	Functional
112	Punjab	Dayalpur Sodhian Zirakpur	Under construction
113	Rajasthan	Bhilwara	Functional
114	Rajasthan	Ajmer	Functional
115	Rajasthan	Churu	Functional
116	Rajasthan	Bikaner	Functional
117	Rajasthan	Jaipur	Functional
118	Rajasthan	Sikar	Construction Completed
119	Rajasthan	Sawaimadhopur	Construction not started
120	Rajasthan	Bharatpur	Construction not started
121	Sikkim	Kyongsa, West Sikkim	Functional
122	Sikkim	NIT, Deorali	Under construction
123	Tamil Nadu	Theni	Functional
124	Tamil Nadu	Tiruvannamalai	Functional
125	Tamil Nadu	Pudukkottai	Under construction
126	Tamil Nadu	Namakkal	Under construction
127	Tamil Nadu	Chennai	Under construction
128	Telangana	Siddipet	Under construction
129	Telangana	Vikarabad	Under construction
130	Telangana	Jayashankar Bhupalapally	Under construction
131	Tripura	Paradise Chowmuhani, Agartala	Functional
132	Tripura	South Sabroom	Construction Completed

133	Uttar Pradesh	Jaunpur	Under construction
134	Uttar Pradesh	Bulandshahar	Construction completed
135	Uttar Pradesh	Bilhaur	Functional
136	Uttar Pradesh	West Kalli	Functional
137	Uttar Pradesh	Badrasi	Functional
138	Uttar Pradesh	Nawab Ganj,	Functional
139	Uttar Pradesh	Basti	Construction completed
140	Uttar Pradesh	Sirathu Kaushambi	Functional
141	Uttar Pradesh	Sonbhadra	Functional
142	Uttar Pradesh	Orai	Construction completed
143	Uttar Pradesh	Sant Kabir Nagar	Functional
144	Uttar Pradesh	Saharanpur	Under construction
145	Uttar Pradesh	Deoria	Functional
146	Uttar Pradesh	Lalitpur	Functional
147	Uttar Pradesh	Amethi	Functional
148	Uttar Pradesh	Kanpur Dehat	Functional
149	Uttar Pradesh	Firozpur	Construction Completed
150	Uttar Pradesh	Raebareli	Construction Completed
151	Uttar Pradesh	Baghpat	Construction Completed
152	Uttar Pradesh	Fatehpur	Construction Completed
153	Uttar Pradesh	Shrawasti	Under construction
154	Uttar Pradesh	Unnao	Under construction
155	Uttar Pradesh	Hardoi	Under construction
156	Uttar Pradesh	Gorakhpur	Under construction
157	Uttar Pradesh	Sambhal	Under construction
158	Uttar Pradesh	Mirzapur	Under construction
159	Uttarakhand	Haldwani	Functional
160	Uttarakhand	Jakhnidhar	Under construction
161	Uttarakhand	Tanakpur	Under construction
162	Uttarakhand	Pathri	Under construction



163	Uttarakhand	Kotdwar	Under construction
164	Uttarakhand	Bhimtal	Under construction
165	Uttarakhand	Piran Kaliyar	Construction not started
166	West Bengal	Tapsikhata	Functional
167	West Bengal	Abas Khas Jungle	Functional

### **CONSENT FOR CORNEAL DONATION**

#### **3103. SHRI ASADUDDIN OWAISI:**

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

- (a) whether the Government is considering the introduction of a presumed consent policy for corneal donation;
- (b) if so, the details of the proposed policy;
- (c) whether the Government has examined the constitutional validity of such a policy concerning individual consent;
- (d) if so, the findings of such examination and any legal safeguards being proposed; and
- (e) whether the Government is considering expanding the opt-out method for consent for donation of other organs and if so, the details thereof?

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

(a) to (e) At present, there is no proposal in the Ministry of Health and Family Welfare for the introduction of a presumed consent policy for corneal donation or an opt-out consent method for organ donation.

### **FREE TELEMEIDCINE SERVICE**

#### **3104. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:**

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

- (a) whether the Government free telemedicine services has clocked over 10 crore teleconsultations till now and if so, the details thereof;
- (b) the total number of beneficiaries among women and senior citizens who have availed Teleconsultations under e-Sanjeevani scheme in Gujarat till date;
- (c) the total number of people availing this service in rural areas as compared to urban areas;
- (d) the steps being taken/proposed to be taken by the Government to promote such services in rural areas;
- (e) the total number of Primary Health Centres that have been connected to telemedicine services in Gujarat; and
- (f) the steps taken/proposed to be taken by the Government to provide tertiary healthcare facilities through telemedicine?

**THE MINISTER 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) As on 03.12.2024, eSanjeevani- national telemedicine service of India has served 32,02,93,483 patients.

The number of beneficiaries among women and senior citizens who have availed teleconsultations under e-Sanjeevani scheme in Gujarat is 63,50,016 and 13,21,558, respectively.

The number of people availing this service in rural areas as compared to urban areas in respect of India is 24,24,45,862 and 90,75,433, respectively. Details in respect of Gujrat are 1,01,05,786 and 2,34,524, respectively.

This facility is currently serving around 4.35 lakh patients per day. eSanjeevani (telemedicine) service is operational in more than 1,30,110 Ayushman Aarogya Mandirs and in more than 16,627 hubs located in all states/UTs across different geographical locations and diverse areas.

The number of registered and operational primary health centers that have been connected to telemedicine services in Gujarat are 1469 and 914, respectively.

To provide tertiary health care services, specialist hubs have been established across the country to facilitate consultations with relevant specialists.

### **KHOYA PAYA PORTAL**

**3105. DR. KALANIDHI VEERASWAMY:**

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

- (a) whether the Government has any data on the number of cases of missing children reported on the Khoya Paya Portal during the last five years;
- (b) if so, the details of the highest number of missing children cases on the khoya Paya Portal during the last five years;
- (c) whether the Government has any data on the percentage of missing children located or reunited with their families due to information shared on the Portal; and
- (d) if so, the details thereof and if not, the reasons thereof?

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

(a) to (d): Mission Vatsalya portal of the Ministry of Women and Child Development provides information regarding missing children through the Track Child and Khoya Paya segments of the portal. During the last five years, the number of children missing and those Recovered/ found as reported on the Track Child and Khoya Paya is as under :

Year	Missing Children	Recovered/ Children Found through portal

2019-20	48545	40816
2020-21	40285	34944
2021-22	51336	45948
2022-23	57204	50313
2023-24	59605	53455

### **OVERSEAS CITIZEN OF INDIA CARDS**

#### **3106. SHRI ANIL YESHWANT DESAI**

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

- (a) whether it is a fact that the Government has issued Overseas Citizen of India (OCI) cards to the persons of Indian origins settled in other countries to visit India without requirement of any other documents;
- (b) if so, the details thereof;
- (c) the procedure to obtain duplicate OCI card from Indian embassy for quick return to India in the event of loss of OCI card in third country;
- (d) the guidelines issued to Indian embassies to help stranded OCI card holders in third countries; and
- (e) the number of such cases reported during last three years, 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) Overseas Citizen of India (OCI) card is a lifelong visa issued to the persons of Indian origin and their entitled family members as per guidelines

prescribed by Ministry of Home Affairs. OCI Cardholders can travel to India any number of times without any restriction on the period of stay, provided that they carry valid travel document (Passport) issued by the country of their current citizenship/nationality.

(c) In the event of loss of OCI card of an individual, he/she can apply for reissue of OCI card at the website <https://ociservices.gov.in/> under OCI miscellaneous services.

(d) Indian Missions/Posts abroad facilitate and render all possible assistance whenever such cases are brought to their notice. OCI card holders are expected to approach the Embassy/Consulate within the jurisdiction of their current place of stay abroad to resolve such matters.

(e) No such data is available with this Ministry.

## **INLAND WATERWAYS INFRASTRUCTURE IN ASSAM**

### **3107. SHRI KAMAKHYA PRASAD TASA:**

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

(a) whether the Government has taken steps to involve local communities in the development and maintenance of inland waterways infrastructure in Assam;

(b) if so, details of capacity building activities thereof;

(c) whether the Government has data on employment generation resulting from ports and waterways development projects in Assam.

(d) if so, the data of employment generated directly and indirectly through these projects, year-wise;

(e) whether the Government has conducted environmental assessments prior to the initiation of dredging and jetty construction projects in Assam; and

(f) if so, the details of the environmental assessments undertaken and mitigation measures being implemented by the Government?

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

(a) to (d) Local communities are involved in the development and maintenance of Inland Waterways infrastructure in Assam. A Maritime Skill Development Centre (MSDC) for capacity building in Inland Waterways Sector has been established at Guwahati to cater to the need of Assam and North East. 24 batches (467 candidates) have been imparted training in the sector so far. The direct employment generation through river ports and waterways development projects in Assam for the year 2023-2024 is 2026. Inland Waterways sector provides indirect employment to number of persons connected with cargo movement, passenger movement and tourism, etc. data of which is not maintained.

(e) and (f) Prior environmental clearance is not required for Inland Water Transport (IWT) projects as per existing guidelines since the fairway maintenance dredging activities are limited to navigation channel of width 35 to 45 m to improve the existing depth of less than 2 m to 2.5 m. Jetty/terminal

construction on the banks of river is taken up as per existing environmental guidelines and mitigation measures followed.

### **LOW-QUALITY FERTILIZERS**

#### **3108: SHRI DILESHWAR KAMAIT:**

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

- (a) whether the Government has taken note of the widespread presence of duplicate and low quality fertilizers in the Indian market;
- (b) if so, the details thereof including any reports/studies conducted on this matter;
- (c) the remedial actions/measures taken/proposed to be taken by the Government to address the problem of duplicate and substandard fertilizers in the country;
- (d) the details of the regulatory measures, enforcement actions and any initiatives aimed at curbing the sale of such products in the country;
- (e) whether there is any complaint(s)/report(s) from farmers or agricultural stakeholders regarding the adverse effects of these duplicate and low-quality products and if so, the details thereof; and
- (f) whether the Government has any plans/strategies to strengthen the regulatory framework and improve the quality control mechanisms for fertilizers in the market, 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 A (SHRIMATI ANUPRIYA PATEL):**

(a) to (f): 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 regular basis through press note, TV talks, Kishan Gosti, Krushimela, Krushi Mahotsav etc.

**LOK ADALAT**

**3109. SHRI ARUN BHARTI:**

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

- (a) whether the concept of Lok Adalat has been implemented to reduce the burden on the courts, if so, the details thereof;
- (b) the number of people who have participated in Lok Adalats in the country, State-wise, since 2019 and the number of cases which have been settled;

- (c) whether, considering that the Lok Adalat is held only on certain days, Government is of the view that the objective will be achieved if regular and more frequent Lok Adalats are held at district and taluka levels for this purpose; and
- (d) if so, the action proposed to be taken 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): Lok Adalats are organized by Legal Services Institutions at such intervals as it deems fit in order to reduce the pendency of cases in courts and also to settle the disputes at pre-litigation stage. Lok Adalats are not a permanent establishment and handle pending court cases as referred to it by the respective courts. Since Lok Adalats are not permanent in nature, all unsettled cases, are reverted to the respective courts and hence do not remain pending with Lok Adalats.

The State/UT-wise and year-wise details of number of Lok Adalats organized and cases disposed of by National Lok Adalats, State Lok Adalats and Permanent Lok Adalats (Public Utility Services) since 2019 are given in the enclosed **Statement-I**, **Statement-II** and **Statement-III** respectively.

(c) and (d): The State Legal Services Authorities have been issued guidelines/directions by National Legal Services Authority (NALSA) vide National Legal Services Authority (Lok Adalat) Regulations, 2009 to organise more Lok Adalats

so that pendency of cases could be reduced. Every year, NALSA issues calendar for organising National Lok Adalats. During the year 2025, National Lok Adalats are scheduled to be held on 8<sup>th</sup> March, 10<sup>th</sup> May, 13<sup>th</sup> September and 13<sup>th</sup> December. The State Lok Adalats are organised by State Legal Services Authorities as per the local conditions and needs.

Further in view of Covid, E-Lok Adalat was conceptualized which significantly improved access to justice for people who were otherwise unable to participate in the Lok Adalats. The first E-Lok Adalat was held on 27.06.2020 and since then E-Lok Adalats have been organized in 28 States/UTs, wherein 10.26 crore cases were taken up out of which 1.12 crore cases were disposed of.

**STATEMENT-I**

**Cases disposed of (both Pre-litigative and Pending cases) in National Lok Adalats during the years 2019, 2020, 2021, 2022, 2023 and 2024 (upto September, 2024).**

S.No.	Name of the State/UT Authority	2019	2020	2021	2022	2023	2024
		Cases disposed of	Cases disposed of	Cases disposed of	Cases disposed of	Cases disposed of	Cases disposed of
1	Andaman and Nicobar Islands	0	248	3997	3310	1536	2319
2	Andhra Pradesh	97415	37896	122839	647956	671612	139472
3	Arunachal Pradesh	588	104	1054	1071	990	1463
4	Assam	21596	12188	39642	113989	164445	129525
5	Bihar	164984	66451	151620	305483	357765	265649
6	Chandigarh	11188	2569	16833	15569	63764	31149
7	Chhattisgarh	57648	24464	134548	1125318	1664237	2374635
8	Dadra and Nagar Haveli	2021	1768	172	1323	982	415
9	Daman and Diu	249	31	113	215	19650	8177
10	Delhi	71377	83006	154992	535025	671278	509192
11	Goa	1565	351	1680	3934	3505	3007
12	Gujarat	193150	41584	748722	1185571	1863177	1584194
13	Haryana	103298	30298	123413	673487	985650	1010654
14	Himachal Pradesh	25432	5971	35556	111150	150181	128235
15	Jammu and Kashmir	32177	13258	166544	390496	404665	446944
16	Jharkhand	49228	53152	232473	1121405	2822947	3501128

17	Karnataka	281849	334681	1277856	3444607	1484045 2	10488183
18	Kerala	128729	15010	68681	136101	57726	46886
19	Ladakh	0	0	1463	1444	1781	1624
20	Lakshadweep	4	8	7	129	41	35
21	Madhya Pradesh	234433	108365	347333	419776	536105	357346
22	Maharashtra	428376	215837	2440375	4754239	3543736	3588920
23	Manipur	1994	204	794	1343	437	708
24	Meghalaya	695	303	852	956	680	756
25	Mizoram	495	218	790	4432	4087	951
26	Nagaland	973	251	941	888	801	782
27	Odisha	43197	18329	35557	337065	348288	565104
28	Puducherry	4194	1738	5084	6405	6297	3099
29	Punjab	89016	32528	138175	392256	760712	840072
30	Rajasthan	219098	103060	286834	4572315	1658607 1	8240293
31	Sikkim	165	30	110	232	126	76
32	Tamil Nadu	340594	88819	191604	447536	355762	243724
33	Telangana	110838	47560	349902	1611677	5591849	13399009
34	Tripura	3354	382	1070	4814	15724	32884
35	Uttar Pradesh	248440 5	117102 2	5551793	1869897 3	3164459 4	28258464
36	Uttarakhand	26058	8088	20882	67438	85032	58465
37	West Bengal	62890	28596	133736	788082	1115532	1006326
	<b>Grand Total</b>	<b>529327 3</b>	<b>254836 8</b>	<b>1278803 7</b>	<b>4192601 0</b>	<b>8534221 7</b>	<b>77269865</b>

**STATEMENT-II**

**Cases disposed of (both Pre-litigative and Pending cases) in the State Lok Adalats and benches constituted during the years 2019-20, 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (upto September, 2024).**

S. No.	Name of the State/UT Authority	2019-20		2020-21		2021-22		2022-23		2023-24		2024-25	
		No. of Benches constituted	Cases Disposed of	No. of Benches constituted	Cases Disposed of	No. of Benches constituted	Cases Disposed of	No. of Benches constituted	Cases Disposed of	No. of Benches constituted	Cases Disposed of	No. of Benches constituted	Cases Disposed of
1	Andaman and Nicobar Islands	2	290	1	90	0	0	0	0	0	0	0	0
2	Andhra Pradesh	8493	11400	3585	30461	4874	12123	4999	6720	80	1825	0	0
3	Arunachal Pradesh	47	118	6	25	24	91	1	4	0	0	0	0
4	Assam	419	33084	6	1	136	13672	0	0	0	0	0	0
5	Bihar	931	1256	28	97	1	6	9	574	0	0	0	0
6	Chandigarh	12	28	26	1	69	37	30	538	32	1413	0	0
7	Chhattisgarh	610	1662	491	3475	187	228	124	139	0	0	0	0
8	Dadra and Nagar Haveli	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
10	Delhi	52	16340	300	195359	250	147103	60	11094	198	123151	182	141984

11	Goa	5	81	8	777	30	3209	43	1308	13	245	8	329
12	Gujarat	4542	20611	2851	21880	5157	15546	3805	19717	12	244	1569	6544
13	Haryana	66040	12495 2	33774	52789	54762	115797	43135	230018	92	29196	0	0
14	Himachal Pradesh	1865	68651	90	3205	260	22031	142	4198	59	2880	26	1126
15	Jammu and Kashmir	145	16774	125	9469	24	3271	225	76683	134	28170	138	26422
16	Jharkhand	743	14341	607	79649	1310	22954	1523	10868	1495	33718	721	748810
17	Karnataka	3890	45165	1912	121884	412	2524	229	2632	0	0	0	0
18	Kerala	1972	21408	721	4837	302	19226	607	23246	657	26231	291	1675
19	Ladakh	0	0	0	0	4	32	4	240	0	0	0	0
20	Lakshadweep	2	0	0	0	0	0	3	3	1	1	0	0
21	Madhya Pradesh	1166	10675	1714	14903	808	4110	1242	5367	1472	48996	548	1426
22	Maharashtra	592	7932	22	605	6	28	30	341	38	580	2	1
23	Manipur	0	0	1	21	0	0	4	43	0	0	0	0
24	Meghalaya	0	0	0	0	23	89	0	0	0	0	0	0
25	Mizoram	112	552	27	147	17	204	41	1202	12	94	35	398
26	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0
27	Odisha	101	45210	239	4628	12	326	6	112422	3	244230	0	0
28	Puducherry	49	699	24	392	42	262	47	743	38	492	12	181
29	Punjab	803	4242	0	0	339	1108	6	15	154	2268	0	0
30	Rajasthan	3689	6522	607	34514	786	845	1202	1628	1086	1039	526	497
31	Sikkim	120	560	110	158	110	636	150	887	143	784	78	468
32	Tamil Nadu	2181	16621	767	13117	759	13066	1295	16369	1336	34744	263	3104
33	Telangana	1862	12352	1501	24327	2827	7363	2604	25365	2474	171817	1267	12089





**STATEMENT-III**

**Number of sittings of Permanent Lok Adalats (Public Utility Services) and cases settled in these sittings during the years 2019-20, 2020-21, 2021-22, 2022-23, 2023-24 and 2024-25 (upto September, 2024)**

S. No.	Name of the State/UT Authority	2019-20		2020-21		2021-22		2022-23		2023-24		2024-25	
		Sitting during the year	Cases settled during the year	Sitting during the year	Cases settled during the year	Sitting during the year	Cases settled during the year	Sitting during the year	Cases settled during the year	Sitting during the year	Cases settled during the year	Sitting during the year	Cases settled during the year
1	Andaman and Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0
2	Andhra Pradesh	1384	1608	431	1283	927	1406	1058	558	1349	1134	726	860
3	Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0
4	Assam	263	38	99	12	141	56	213	56	195	97	83	13
5	Bihar	1754	688	977	203	482	221	313	157	0	0	0	0
6	Chandigarh	246	582	246	108	240	687	241	10945	239	11511	124	6978
7	Chhattisgarh	918	96	346	32	1045	1199	1224	2028	1174	6749	575	5536
8	Dadra and Nagar Haveli	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
10	Delhi	516	19439	532	14765	791	17395	773	18682	781	19337	412	10713
11	Goa	21	57	24	30	2	0	0	0	0	0	3	44
12	Gujarat	9	120	1	105	9	2238	1	8	0	0	0	0
13	Haryana	3578	45839	3413	9654	3547	30960	3416	72440	3659	107362	1821	33091

14	Himachal Pradesh	38	112	6	10	9	11	0	0	0	0	0	0
15	Jammu and Kashmir	0	0	0	0	0	0	0	0	0	0	0	0
16	Jharkhand	2738	10517	3554	1943	5144	32514	6216	26154	5826	35715	2958	14287
17	Karnataka	1578	6399	1069	3869	1292	5371	904	4588	603	4190	646	4573
18	Kerala	276	442	336	248	212	1104	226	2564	415	1527	196	219
19	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0
20	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0
21	Madhya Pradesh	368	510	455	270	886	574	1176	608	1071	409	422	156
22	Maharashtra	797	3304	541	249	918	765	1017	1208	1023	485	503	497
23	Manipur	0	0	0	0	0	0	0	0	0	0	0	0
24	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0
25	Mizoram	0	0	0	0	0	0	0	0	0	0	0	0
26	Nagaland	0	0	0	0	0	0	0	0	0	0	0	0
27	Odisha	935	1870	583	1350	742	1561	753	1612	1041	1891	632	968
28	Puducherry	0	0	0	0	0	0	0	0	0	0	0	0
29	Punjab	4504	8391	2868	3987	4538	9967	4902	14545	4969	20279	2573	9869
30	Rajasthan	4545	5254	1123	806	2960	3228	4435	5072	4230	5799	2600	2333
31	Sikkim	0	0	0	0	0	0	0	0	0	0	0	0
32	Tamil Nadu	245	47	236	80	671	272	1121	528	1119	427	553	237
33	Telangana	181	3546	66	549	108	6674	118	7540	104	12746	37	7086
34	Tripura	147	208	1	0	44	81	70	162	97	157	65	70
35	Uttar Pradesh	4274	1230	2714	383	3961	1087	3720	1173	4476	2516	2005	1001
36	Uttarakhand	461	379	156	522	484	765	590	510	649	432	375	245
37	West Bengal	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Grand Total</b>	<b>29776</b>	<b>110676</b>	<b>19777</b>	<b>40458</b>	<b>29153</b>	<b>118136</b>	<b>32487</b>	<b>171138</b>	<b>33020</b>	<b>232763</b>	<b>17309</b>	<b>98776</b>

## **ANGANWADI CENTRES IN RENTED BUILDINGS IN KERALA**

### **3110. SHRI K. RADHAKRISHNAN:**

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

- (a) the number of Anganwadi Centres (AWCs) operating in rented buildings in Kerala, district-wise; and
- (b) the number of buildings sanctioned for such AWCs during the last three years in Kerala, district-wise?

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

- District wise details of Anganwadi Centers (AWCs) operating in rented buildings (as per Poshan tracker data, November, 2024) in Kerala are as under:

<b>S No.</b>	<b>District</b>	<b>No. of AWCS operating in rented building</b>
1	Alappuzha	934
2	Ernakulam	675
3	Idukki	168
4	Kannur	290
5	Kasargod	100
6	Kollam	836
7	Kottayam	639
8	Kozhikode	454
9	Malappuram	696
10	Palakkad	407
11	Pathanamthitta	489
12	Thiruvananthapuram	1045
13	Thrissur	419
14	Wayanad	77

	<b>Total</b>	<b>7229</b>
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- 172 AWCs have been sanctioned for State of Kerala for construction in the past three years in convergence with Mahatma Gandhi Rural Employment Guarantee Scheme (MGNREGS).

### **MALNUTRITION AMONG CHILDREN**

#### **3111. SHRIMATI RACHNA BANERJEE:**

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

- (a) whether the Government is aware that India has been ranked as 105 out of 127 countries, falling under the serious category according to the Global Nutrition Report, 2024;
- (b) if so, the details thereof;
- (c) whether the data is available with the Government regarding malnutrition in India;
- (d) if so, the details thereof, indicating the present percentage of underweight and stunted children in the country;
- (e) whether the Government proposes to declare malnutrition as medical emergency to save children dying of hunger and malnutrition in the country;
- (f) If so, the details of the action plan formulated and steps taken/proposed to save children from malnutrition?

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

(a) to (f): 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. Under 15th Finance Commission, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years in Aspirational Districts and North-East region) were subsumed under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). 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 Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through community engagement, outreach, behavioral change, and advocacy. The scheme 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.

Ministry of Women and Child Development and Ministry of Health and Family Welfare 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 sensitization 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.

Nutritional support through Supplementary Nutrition Programme (SNP) is one of the integral components of Mission Poshan 2.0, under which supplementary nutrition is provided to children (06 months to 6 years), pregnant women and lactating mothers (PWLM) and Adolescent Girls (14 to 18 years) in order to bridge the gap in the Average Daily Intake of nutrients as compared to the Recommended Dietary Allowances which are suggested for Indian population by the National Institute of Nutrition. The nutrition norms for supplementary nutrition are contained in Schedule-II of the National Food Security Act. In order to address the challenge of malnutrition more effectively, these norms have been revised recently to make them 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 essential micronutrients.

Further, only fortified rice enriched with essential micronutrients such as iron, folic acid, and vitamin B12 is supplied under the supplementary nutrition to meet the requirement of micro-nutrients and control anemia among women and

children. Greater emphasis is also given on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers for beneficiaries.

Ministry of Health and Family Welfare implements the Reproductive, Maternal, New-born, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM). It includes interventions to address malnutrition among children across the country as mentioned below:

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

The indicators for malnutrition like children being underweight, stunted or wasted have shown a steady improvement as per the National Family Health Survey (NFHS) conducted by the Ministry of Health and Family Welfare. As per



the report of NFHS-5 (2019-21), the nutrition indicators for children under 5 years have improved as compared with NFHS-4 (2015-16). Stunting has reduced from 38.4% to 35.5%, while Wasting has reduced from 21.0% to 19.3% and Underweight prevalence has reduced from 35.8% to 32.1%.

As per the data of Poshan Tracker of the Ministry of Women and Child Development, for the month of October 2024, around 7.31 crores children up to 5 years were measured on growth parameters of height and weight. Out of whom, 38.9% were found to be stunted, 17% were found to be underweight and 5.2% children were found to be wasted. The levels of underweight and wasting in children as obtained from Poshan Tracker data are much less than those projected by NFHS-5.

Further, the Government released Streamlined Guidelines dated 13.1.2021 for greater transparency, accountability and quality in the nutrition support programme and service delivery. These guidelines emphasize on ensuring the quality of supplementary nutrition, highlight roles and responsibilities of duty holders, IT enabled data management and monitoring, leveraging of traditional knowledge through AYUSH, procurement and convergence for achieving good nutritional outcomes.

### **INCLUSION OF HOSPITALS UNDER PMSSY**

#### **3112. SHRI TARIQ ANWAR:**

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

(a) whether the Government is planning to include new hospitals for upgradation under the Prime Minister Swasthya Suraksha Yojana (PMSSY) if so, the details thereof;

(b) whether the Government has received any proposal for the inclusion of district hospitals in Katihar under the PMSSY;

(c) if so, the details of the progress made on the said proposal; and

(d) whether the Union Government has also sought the opinion of the Bihar Government regarding the said proposal 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) Under the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), 75 projects of upgradation of existing Government Medical Colleges/Institutions (GMCIs) by way of setting up of Super Speciality Block (SSB)/Trauma Centre, on Centre-State sharing basis, have been approved. Out of this, following projects of up-gradation of GMCIs have been approved in the State of Bihar:-

S. No.	Name of GMCIs
1	Government Medical College, Darbhanga.
2	Sri Krishna Medical College, Muzaffarpur.
3	Government Medical College, Bhagalpur.
4	Government Medical College, Gaya.
5	Patna Medical College and Hospital, Patna.
6	Indira Gandhi Institute of Medical Sciences (IGIMS), Patna.

There is no proposal to include new hospitals for upgradation under the PMSSY Scheme.

## PHARMACEUTICALS IMPORT FROM CHINA

### 3113. SHRIMATI MALA ROY:

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

(a) the details of Import of raw materials for manufacture of medicine for Pharmaceutical Industry from China; and

(b) the import details of quantity and value of imports from China during the last five years?

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

(a) and (b):The details of quantity and value of import of raw material for manufacture of medicines, i.e. Active Pharmaceutical Ingredient (API)/ bulk drugs and Drugs Intermediates from China during the last five years is as per enclosed **Statement**.

### STATEMENT-I

<b>Import of APIs/bulk drugs, Drugs Intermediates from China 2019-20 To 2023-24 in terms of Value and Quantity</b>				
<b>S. No.</b>	<b>Description</b>	<b>FY</b>	<b>Quantity (Kgs)</b>	<b>Value (INR Cr)</b>
1	Bulk drugs, Drug Intermediates	2019-20	220875185	16443
2		2020-21	256608708	19403
3		2021-22	264582478	23273
4		2022-23	300120194	25551
5		2023-24	344152814	27055

### दवाओं की कीमतों में वृद्धि

#### 3114. श्रीमती मंजू शर्मा:

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

- (क) पिछले तीन वर्षों के दौरान दवाओं की कीमतों में कितने प्रतिशत की वृद्धि हुई है;
- (ख) कितनी दवाओं की कीमत बढ़ाने के लिए सरकार से अनुमति मांगी गई है;
- (ग) यदि हां, तो उक्त दवाओं का ब्यौरा और नाम क्या हैं; और
- (घ) उन दवाइयों का ब्यौरा क्या है जिनकी कीमतें घटाई या कम की गई हैं?

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

(क): औषध विभाग (डीओपी) के अंतर्गत राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) औषधि (मूल्य नियंत्रण) आदेश, 2013 (डीपीसीओ, 2013) की अनुसूची-1 में शामिल दवाओं का अधिकतम मूल्य निर्धारित करता है। अनुसूचित औषधियों के सभी विनिर्माताओं को अपने उत्पादों की बिक्री एनपीपीए द्वारा नियत किए गए अधिकतम मूल्य (साथ ही लागू माल और सेवा कर) के भीतर करनी होती है। गैर-अनुसूचित फॉर्मूलेशनों के मामले में, विनिर्माता को अपने द्वारा शुरू की गई दवाओं का अधिकतम खुदरा मूल्य (एमआरपी) नियत करने की स्वतंत्रता है। हालांकि, डीपीसीओ 2013 के अनुसार, कोई भी विनिर्माता गैर-अनुसूचित औषधि के एमआरपी में पिछले 12 महीनों के दौरान व्याप्त एमआरपी के 10% से अधिक की वृद्धि नहीं कर सकता है।

अनुसूचित औषधियों के अधिकतम मूल्यों को पिछले कैलेंडर वर्ष के थोक मूल्य सूचकांक (डब्ल्यूपीआई) (सभी वस्तुओं) के आधार पर प्रति वर्ष 1 अप्रैल को या उससे पहले संशोधित किया जाता है। डब्ल्यूपीआई वृद्धि अनुसूचित औषधियों के लिए अधिकतम स्वीकार्य वृद्धि है और बाजार की गतिशीलता के आधार पर विनिर्माताओं द्वारा इसका लाभ उठाया जा सकता है या नहीं भी उठाया

जा सकता है। पिछले तीन वर्षों के दौरान डब्ल्यूपीआई के अनुसार दवाओं के अधिकतम मूल्यों में प्रतिशत वृद्धि नीचे दी गई है:

### थोक मूल्य सूचकांक वर्ष-वार

क्र. सं.	वर्ष	थोक मूल्य सूचकांक
1.	01.04.2021	0.53638%
2.	01.04.2022	10.76607%
3.	01.04.2023	12.1218%

(ख) और (ग): एनपीपीए को विभिन्न औषध विनिर्माण/विपणन कंपनियों और उद्योग संघों से फॉर्मूलेशन के संबंध में 77 आवेदन प्राप्त हुए, जिनमें उनके फॉर्मूलेशन के मूल्य में वृद्धि के लिए यह कहते हुए अनुरोध किया गया था कि उत्पादन लागत में वृद्धि, सक्रिय औषधि सामग्री की लागत में वृद्धि, विनिमय दर में परिवर्तन, कुछ फॉर्मूलेशन को बंद करने का अनुरोध आदि जैसे कारणों से मौजूदा दरों पर इन औषधियों की निरंतर उपलब्धता सुनिश्चित करना व्यवहार्य नहीं था। मूल्य संशोधन केवल 11 अनुसूचित फॉर्मूलेशनों अर्थात् बेंज़िल पेनिसिलिन 10 लाख आईयू इंजेक्शन, एट्रोपिन इंजेक्शन 0.6 मिलीग्राम/एमएल, स्ट्रेप्टोमाइसिन 750 मिलीग्राम इंजेक्शन, स्ट्रेप्टोमाइसिन 1000 मिलीग्राम इंजेक्शन, साल्बुटामोल 2 मिलीग्राम टैबलेट, साल्बुटामोल 4 मिलीग्राम टैबलेट, साल्बुटामोल 5 मिलीग्राम रेस्पेरेटरी सोल्यूशन, पिलोकार्पाइन 2% आई ड्रॉप, सेफेड्रोक्सिल टैबलेट 500 मिलीग्राम, इंजेक्शन के लिए डेसफेरिओक्सामाइन 500 मिलीग्राम पाउडर, लिथियम टैबलेट 300 मिलीग्राम के संबंध में किया गया था।

(घ): दिनांक 11.12.2024 की स्थिति के अनुसार, एनपीपीए द्वारा 926 अनुसूचित फॉर्मूलेशनों का अधिकतम मूल्य निर्धारित किया गया है, जिनमें से 742 का अधिकतम मूल्य राष्ट्रीय आवश्यक दवा सूची (एनएलईएम), 2022 के तहत निर्धारित/पुनर्निर्धारित किया गया है। एनएलईएम, 2022 के तहत मूल्यों के पुनर्निर्धारण के कारण औसत मूल्य में कमी लगभग 16.82% है। इसके अतिरिक्त, दिनांक 11.12.2024 की स्थिति के अनुसार, डीपीसीओ 2013 में यथा परिभाषित लगभग 3,046

नई औषधियों का खुदरा मूल्य आवेदक विनिर्माता के लिए एनपीपीए द्वारा नियत किया गया है। इसके अतिरिक्त, एनपीपीए ने डीपीसीओ, 2013 के पैरा 19 के तहत विशेष प्रावधानों का उपयोग करके औषधियों के मूल्य को विनियमित करने के लिए अन्य उपाय किए हैं, जिनमें *अन्य बातों के साथ-साथ* निम्नलिखित शामिल हैं:

- i. एनपीपीए ने वर्ष 2014 में एक ही औषधि के लिए विभिन्न ब्रांडों के मूल्यों में बड़े अन्तर होने के कारण 106 गैर-अनुसूचित औषधियों, जिनमें 22 मधुमेह और 84 हृदयवाहिका संबंधी औषधियां शामिल थीं, के अधिकतम खुदरा मूल्य पर अधिकतम सीमा निर्धारित की थी।
- ii. रोगी केंद्रित उपाय के रूप में, अगस्त, 2017 में आर्थोपेडिक घुटना प्रत्यारोपण का अधिकतम मूल्य निर्धारित किया गया था।
- iii. फरवरी, 2019 में, 42 चुनिंदा कैंसर-रोधी दवाओं के गैर-अनुसूचित फॉर्मूलेशन के व्यापार मार्जिन को "व्यापार मार्जिन युक्तिकरण" दृष्टिकोण के तहत सीमित कर दिया गया, जिसमें 500 से अधिक ब्रांडों की दवाओं के मूल्य में औसतन लगभग 50 प्रतिशत की कमी की गई।
- iv. जून, 2021 और जुलाई, 2021 में "व्यापार मार्जिन युक्तिकरण" दृष्टिकोण के तहत ऑक्सीजन कंसंट्रेटर, पल्स ऑक्सीमीटर, ब्लड प्रेशर मॉनिटरिंग मशीन, नेबुलाइज़र, डिजिटल थर्मामीटर और ग्लूकोमीटर का मूल्य निर्धारित कर दिया गया था।

एनपीपीए द्वारा निर्धारित मूल्यों का विवरण एनपीपीए की वेबसाइट [nppaindia.nic.in](http://nppaindia.nic.in) पर उपलब्ध है।

## **ENHANCEMENT OF CONSULAR SERVICES**

**3115. DR. BHOLA SINGH**

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

- (a) the steps taken/proposed to be taken by the Government to enhance consular services for Indian nationals abroad, particularly in countries with a high concentration of Indian diaspora;
- (b) whether the Government has implemented new digital platforms to streamline visa and passport services;
- (c) if so, the details thereof;
- (d) the total number of Indian nationals assisted through the Indian Community Welfare Fund (ICWF) in 2023-24; and
- (e) the initiatives taken/proposed to be taken by the Government to ensure the safety and welfare of Indian workers in Gulf countries?

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

(a) The Government has taken several steps to enhance consular services for Indian nationals abroad, through Indian Missions on priority basis. Grievances are responded through various channels like calls, walk-ins, e-mails, social media, 24x7 Helplines and Open Houses. Pravasi Bharatiya Sahayata Kendras (PBSKs) have been set up at Dubai, Sharjah, Riyadh, Jeddah and Kuala Lumpur to provide assistance to Indian workers abroad. Shelter homes for distressed Indian nationals have also been set up at some Missions/Posts. Mission officials visit immigration offices and labour camps to address the complaints of Indian workers. Financial assistance to distressed Indians, if necessary, is provided through the Indian Community Welfare Fund (ICWF). During emergency or crisis

situations, our Missions/Posts abroad pro-actively help distressed/stranded Indian nationals in terms of providing food, shelter, medicine and helping their return to India.

(b) and (c) The Government has implemented Passport Seva Project (PSP), an IT driven mission mode project, that has successfully provided an efficient, secure, user-friendly, transparent and accountable passport services to citizens across the country. Passport Seva System presently offers a unique method of service delivery which is at par with any global service delivery systems. The Government has simplified the passport issuance process in several ways. To streamline, liberalise and ease the process of passport issuance, the Ministry has taken several steps to simplify passport policy, benefiting citizens of India in applying for and obtaining a passport. The Passport portal ([www.passportindia.gov.in](http://www.passportindia.gov.in)) is user friendly, accessible to anyone, from anywhere and anytime in India. An applicant can apply for passport from anywhere in India. This citizen-friendly initiative has enabled applicants to choose the Passport Office (PO) and thus the desired PSKs/ POPSKs under the Regional Passport Office (RPO) where they wish to submit their application, irrespective of whether the present residential address specified in the application form lies within the jurisdiction of the selected RPO or not. Citizens can also apply, pay and schedule appointments for passport services on mPassport Seva mobile app, and do not require access of computer and printer to apply for passport services. The mPassport Seva mobile app enables users to apply, pay and schedule appointments for passport services. It also provides



passport related information, including the location of PSKs/POPSKs, applicable fees, submission methods and tracking of passport application status on a smart phone.

In parallel, the Government of India has also streamlined other aspects of international travel and immigration. Initiatives such as the e-Visa, which is available to nationals of 172 countries, alongside platforms like the Study in India Portal and the Medical and Ayush Visa Portal, further enhance India's global connectivity and ease of access to various services for foreign nationals. Collectively, these efforts signify India's commitment to modernizing and securing its passport and visa services, leveraging technology to improve the overall user experience for both citizens and international visitors.

(d) The total number of Indian nationals assisted through the Indian Community Welfare Fund (ICWF) in 2023 and 2024 (till September, 2024) is 25,951.

(e) The Government accords high priority to the safety, security and well-being of Indian workers abroad and has taken several initiatives such as Pravasi Bhartiya Bima Yojna (PBBY) and Pre-Departure Orientation and Training (PDOT) in ensuring that Indian migrant workers (including labourers) undertake safe migration, have decent working and living conditions in destination countries, are aware of their rights and have access to various welfare schemes of the Government. The Pravasi Bharatiya Bima Yojana (PBBY) is a mandatory insurance scheme aimed at safeguarding the interests of Emigration Check Required (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.

### गैर-संचारी रोग

#### 3116. श्री इमरान मसूद:

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

(क) देश में गैर-संचारी रोग से होने वाली मौतों की संख्या कितनी है;

(ख) देश में जागरूकता बढ़ाने और पुरानी बीमारियों के बोझ को कम करने के लिए सरकार द्वारा क्या उपाय किए गए/उठाए जाने का प्रस्ताव है; और

(ग) इस बात को ध्यान में रखते हुए कि स्वास्थ्य देखभाल पर जेब से खर्च अभी भी बहुत अधिक है, देश में सस्ती और अच्छी स्वास्थ्य सेवाएं प्रदान करने के लिए सरकार की क्या योजना है?

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

(क): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) की वर्ष 2017 में प्रकाशित रिपोर्ट "इंडिया: हेल्थ ऑफ दि नेशंस स्टेट्स" के अनुसार, भारत में गैर-संचारी रोगों (एनसीडी) के कारण होने वाली मौतों का अनुपात वर्ष 1990 में 37.9% की तुलना में वर्ष 2016 में बढ़कर 61.8% हो गया है।

(ख): स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के हिस्से के रूप में राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। यह कार्यक्रम

बुनियादी ढांचे को मजबूत करने, मानव संसाधन विकास, शीघ्र निदान, उपचार और प्रबंधन के लिए उचित स्तर के स्वास्थ्य सुविधा केंद्र के लिए रेफरल और 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, 233 कार्डिक केयर यूनिट और 6410 सामुदायिक स्वास्थ्य केंद्र एनसीडी क्लिनिक स्थापित किए गए हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के भाग के रूप में सामान्य गैर-संचारी रोगों की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या-आधारित पहल शुरू की गई है। इन सामान्य गैर-संचारी रोगों की जांच सेवा प्रदायगी का अभिन्न अंग है।

समुदाय में, एनसीडी के बारे में मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशा कर्मी) जागरूकता फैलाने में महत्वपूर्ण भूमिका निभाती हैं। आशा कर्मीव्यक्तियों 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 शुरुआती पहचान के महत्व पर जोर देती हैं, जिससे घर के दौरे, समूह बैठकों और स्वास्थ्य अभियानों में भागीदारी द्वारा समय पर कार्यकलाप संभव हो पाता है।

इसके अलावा, एनसीडी के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवनशैली को बढ़ावा देने संबंधी पहलों में एनसीडी से संबंधित स्वास्थ्य दिवस मनाना, निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करना शामिल है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत एनसीडी के लिए जागरूकता पैदा करने संबंधी कार्यकलापों के लिए वित्तीय सहायता राज्यों/संघ राज्य क्षेत्रों को उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार 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 मामले एवं खेल मंत्रालय द्वारा "फिट

इंडिया मूवमेंट" को क्रियान्वित किया जाता है। आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न कार्यक्रमों को आयोजित किए जाते हैं।

(ग): केंद्र सरकार ने जनता को गुणवत्तापूर्ण और सस्ती स्वास्थ्य सेवाएं प्रदान करने और जेब से होने वाले खर्च को कम करने राज्य के प्रयासों को पूरक बनाने के लिए कई पहल की हैं। राष्ट्रीय स्वास्थ्य मिशन के तहत, सरकार ने जनता को सुलभ और सस्ती स्वास्थ्य सेवा प्रदान करने में राज्य सरकारों का सहयोग करके सार्वभौमिक स्वास्थ्य कवरेज की दिशा में कई कदम उठाए हैं।

राष्ट्रीय स्वास्थ्य मिशन स्वास्थ्य बुनियादी ढांचे में सुधार, स्वास्थ्य सुविधा केंद्रों को चलाने के लिए पर्याप्त मानव संसाधनों की उपलब्धता, विशेष रूप से ग्रामीण क्षेत्रों में अल्पसेवित और वंचित समूहों के लिए गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुंच में सुधार के लिए सहयोग प्रदान करता है। आवश्यक दवाओं और नैदानिक सुविधाओं की उपलब्धता सुनिश्चित करने और जन स्वास्थ्य सुविधा केंद्रों पर जाने वाले रोगियों के जेब से होने वाले खर्च को कम करने के लिए राष्ट्रीय निःशुल्क दवा सेवा पहल और निःशुल्क निदान सेवा शुरू की गई है।

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

प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) योजना की शुरुआत प्रधानमंत्री भारतीय जन औषधि केंद्र (पीएमबीजेके) के नाम से समर्पित आउटलेट स्थापित करने के लिए की

गई थी, ताकि किफायती कीमतों पर गुणवत्तापूर्ण जेनेरिक दवाइयाँ उपलब्ध कराई जा सकें। 21 अक्टूबर, 2024 तक, देश में 14,000 से अधिक पीएमबीजेके खोले जा चुके हैं। पीएमबीजेपी के तहत, 2047 प्रकार की दवाओं और 300 सर्जिकल उपकरणों जिनमें हृदयवाहिका रोग रोधी, कैंसर रोधी, मधुमेह रोधी दवाएँ शामिल हैं, को इस योजना के दायरे में लाया गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा उपचार के लिए किफायती दवाएं और विश्वसनीय इम्प्लांट (अमृत) पहल शुरू की गई है जिसका उद्देश्य कैंसर, हृदयवाहिका और अन्य बीमारियों के उपचार के लिए किफायती दवाएं उपलब्ध कराना है। 30.11.2024 की स्थिति के अनुसार 29 राज्यों/संघ राज्य क्षेत्रों में 218 अमृत फार्मेशियाँ हैं, जो 6,500 से अधिक दवाएँ (हृदयवाहिका, कैंसर, मधुमेह, स्टेंट आदि सहित), इम्प्लांट, सर्जिकल डिस्पोजेबल और अन्य उपभोग्य सामग्रियों को बाजार दरों पर 50% तक की महत्वपूर्ण छूट पर बेच रही हैं।

## **REPRESENTATION OF JUDGES OF WEAKER SECTION IN SUPREME COURT AND HIGH COURTS**

### **3117. SHRI ROBERT BRUCE C.:**

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

(a) the number of Judges appointed to Supreme Court and to High Courts of the country since 2014, year-wise;

(b) whether it is a fact that from 2018 to 2022, a total of 537 Judges were appointed to the High Courts, of which 1.3 per cent belonged to STs, 2.8 per cent to SCs, 11 per cent were from the OBC category and 2.6 per cent were from minority communities;

(c) if so, the details thereof and the reasons for inadequate representation of Judges of the said communities in Supreme Courts and High Courts; and

(d) the steps being taken by the Government to provide adequate representation to the said communities in Supreme Court and High Courts?

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

(a): The information is given in the enclosed **Statement**.

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

However, since 2018, the recommendees for the post of High Court Judges are required to provide details regarding their social background in the prescribed format (prepared in consultation with the Supreme Court). Based on the information provided by the recommendees, out of 684 High Court Judges appointed since 2018, 21 belong to SC category, 14 belong to ST category, 82 belong to OBC category and 37 belong to Minorities (As on 09.12.2024).

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.

### **STATEMENT**

**Number of Judges appointed in the Supreme Court and High Courts since 2014  
(As on 09.12.2024)**

• **SUPREME COURT:**

Year(s)	Number of Appointments
2014	09
2015	01
2016	04
2017	05
2018	08
2019	10
2020	--
2021	09
2022	03
2023	14
2024	04

**2. HIGH COURTS:**

Year (s)	Fresh Appointments
2014	82
2015	35
2016	126
2017	115

2018	108
2019	81
2020	66
2021	120
2022	165
2023	110
2024	34

### **BUDGET FOR AYUSH**

#### **3118. SHRI BALASHOWRY VALLABHANENI:**

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

- (a) whether it is a fact that the budget for AYUSH has gone up from Rs. 1939 crores in 2019-20 to Rs. 3647 crores in 2023-24 and if so, the details thereof;
- (b) the details of the total estimated budget proposed for AYUSH for 2024-25;
- (c) the reasons for the decline in the number of registered AYUSH practitioners from nearly 8 lakhs in 2018 to 7.3 lakhs in 2022;
- (d) whether it is also true that there is a decline in the number of AYUSH hospitals in the country from 3986 in 2018 to 3859 in 2022 and if so, the details thereof;
- (e) the details of the status of the numbers of registered AYUSH Medical Practitioners and AYUSH hospitals for the years 2023-24;
- (f) whether the Government is making any efforts to increase the number of doctors, hospitals, dispensaries, beds etc. of AYUSH in the country; and
- (g) 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) The budget for AYUSH has gone up from Rs. 1939.76 crores in 2019-20 to Rs. 3647.50 crore in 2023-24. The details of Budget Estimates (BE) 2019-20, 2023-24 and 2024-25 are attached as enclosed **Statement – I.**

(c) to (e) Since Public Health is a State subject, the primary responsibility to maintain the data about the number of registered practitioners as well as number of hospitals comes under the purview of respective State/UT Governments. However, as per the data compiled by the Ministry of Ayush, the number of Non-Institutional Qualified (NIQ) registered practitioners, who got registered on the basis of 5/10 years' of experience, have decreased to 1.15 lakh in 2022 from 2.12 lakh in 2018 but the number of Institutional Qualified (IQ) registered practitioners has increased to 6.16 lakh from 5.88 lakh during the said period. Further, there is a decline in the number of AYUSH hospitals in the country from 3986 in 2018 to 3859 in 2022 due to revision of data in some States/UTs. The details of number of registered practitioners (doctors) as on 01.01.2023 and the number of Ayush hospitals as on 01.04.2023 are attached as enclosed **Statement – II.**

(f) and (g) Public health being a State subject, the primary responsibility to increase the number of doctors, hospitals, dispensaries, beds etc. of Ayush in the country lies with the respective State Governments. However, under the Centrally Sponsored Scheme of National Ayush Mission (NAM), there is

provision of financial assistance to State/UT Governments for establishment of 50/30/10 bedded integrated Ayush Hospitals and new Ayush Dispensary in the area where there are no AYUSH facilities available. Similarly under NAM, the activities for setting up of 50/30/10 bedded integrated Ayush Hospitals, upgradation of exclusive standalone Ayush Hospitals inter-alia are having provision for contractual deployment of Ayush Doctors. In this regard, State/UT Governments are required to submit their proposals through State Annual Action Plan (SAAP) to avail the financial assistance as per the guidelines of the Scheme.

### **STATEMENT-I**

#### **Budget Estimates (BE), for the year 2019-20 and 2023-24**

(Rs. In Crore)

Sl. No	Schemes/ Programmes	Budget Estimates (BE)		
		2019-20	2023-24	2024-25
<b>1</b>	<b>Establishment Expenditure of the Centre</b>	<b>110.04</b>	<b>79.76</b>	<b>90.41</b>
1	Secretariat - Ministry of Ayush	40.29	48.44	54.98
2	National Medicinal Plant Board	59.50	13.28	14.63
3	Pharmacopoeia Committees of ASU and strengthening of Pharmacopoeia Commission of Indian Medicine and Homoeopathy (PCIMandH) %	0.00	18.04	20.80
4	Pharmacopoeial Laboratory of Indian Medicine, Ghaziabad %	4.75	0.00	0.00
5	Homoeopathic Pharmacopoeia Laboratory, Ghaziabad %	5.50	0.00	0.00

Sl. No	Schemes/ Programmes	Budget Estimates (BE)		
		2019-20	2023-24	2024-25
<b>2</b>	<b>Statutory/Autonomous Bodies</b>	<b>1031.39</b>	<b>2182.30</b>	<b>2044.88</b>
1	Grant to Central Council of Indian Medicine, New Delhi @	5.50	0.00	0.00
2	Grant to Central Council of Homoeopathy, New Delhi ^	3.40	0.00	0.00
3	Institute of Teaching and Research Ayurveda, Jamnagar !	0.00	150.13	144.05
4	National Commission of Indian System of Medicine @	0.00	23.45	32.43
5	National Commission for Homoeopathy ^	0.00	12.67	20.00
6	Grant to Central Council for Research in Ayurvedic Sciences	292.31	379.50	413.54
7	Grant to Central Council for Research in Unani Medicine	152.65	173.30	228.05
8	Grant to Central Council for Research in Homoeopathy	118.53	145.00	144.00
9	All India Institute of Ayurveda(AIIA), New Delhi	40.00	235.15	227.20
10	Grant to National Institute of Homoeopathy, Kolkata	50.00	108.59	91.69
11	Pharmacopoeia Committees of ASU and strengthening of Pharmacopoeia Commission of Indian Medicine (PCIM) %	4.48	0.00	0.00
12	Grant for Institute Post Grad. Teaching and Research, Jamnagar !	35.00	0.00	0.00
13	Grant to National Institute of Ayurveda, Jaipur	93.50	246.55	170.05
14	Grant to Rashtriya Ayurveda Vidyapeeth	8.50	23.66	29.27

Sl. No	Schemes/ Programmes	Budget Estimates (BE)		
		2019-20	2023-24	2024-25
15	Grant to National Institute of Siddha, Tamilnadu	38.00	94.94	100.87
16	Grant to National Institute of Unani Medicine, Bangalore	40.00	161.30	98.85
17	Morarji Desai National Institute of Yoga	18.00	95.43	48.00
18	Grant to National Institute of Naturopathy, Pune	26.00	34.30	40.29
19	North Eastern Institute of Ayurveda and Homoeopathy, Shillong	18.02	63.23	41.14
20	North Eastern Institute of AYUSH/Folk Medicine, Passighat \$\$	8.50	0.00	0.00
21	Grant to Central Council for Research in Yoga and Naturopathy	41.35	103.57	100.45
22	National Institute of Medicinal Plants	0.15	0.15	0.15
23	National Institute of Sowa Rigpa	0.00	39.32	23.42
24	National Research Institute of Sowa Rigpa	1.00	0.00	0.00
25	Grant for Central Councils for Research in Siddha	36.50	51.36	50.58
26	Institute for High Altitude Medical Plants, Bhadervah, JandK	0.00	2.00	0.52
27	North Eastern Institute of Ayurveda and Folk Medicine Research, Passighat \$\$	0.00	38.70	40.33
<b>3</b>	<b>Central Sector Scheme</b>	<b>142.33</b>	<b>185.44</b>	<b>377.20</b>
1	Public Sector Undertaking (IMPCL, Mohan, UP)	0.01	0.00	0.00
2	Information, Education and Communication	52.60	41.00	43.20
3	AYUSH and Public Health (PHI) #	5.00	0.00	0.00

Sl. No	Schemes/ Programmes	Budget Estimates (BE)		
		2019-20	2023-24	2024-25
4	Assistance to accredited AYUSH Centres of Excellence (COE) in non-governmental/ private sector engaged in AYUSH education/drug development and research/clinical research/folk medicine etc. #	5.00	0.00	0.00
5	Extra Mural Research (EMR) Projects through Research Institutes etc. *	6.00	0.00	0.00
6	Re-orientation Training Programme of AYUSH Personnel/ Continuing Medical Education (ROTP/CME)*	3.50	0.00	0.00
7	Promotion of International Cooperation	16.00	44.27	137.42
8	Development of common facilities for AYUSH industry clusters **	1.00	0.00	0.00
9	Pharmacovigilance initiative for ASU drugs \$	1.80	0.00	0.00
10	Central Drug Controller for AYUSH (CDC) \$	1.41	0.00	0.00
11	Champion Sector Scheme	50.01	44.27	0.00
12	Ayurgyan*	0.00	9.00	49.50
13	AyurswasthayaYojana#	0.00	6.00	72.59
14	Ayush Gunvatta Evum Uttapadan Samvardhan Yojana \$	0.00	20.00	25.00
15	Central Sector Scheme for Conservation Development and Sustainable Management of Medicinal Plants	0.00	43.49	49.49
	<b>TOTAL: (1 + 2 + 3)</b>	<b>1283.76</b>	<b>2447.50</b>	<b>2512.49</b>
<b>4</b>	<b>Centrally Sponsored Scheme</b>			
1	National AYUSH Mission	656.00	1200.00	1200.00

Sl. No	Schemes/ Programmes	Budget Estimates (BE)		
		2019-20	2023-24	2024-25
	<b>TOTAL : 4</b>	<b>656.00</b>	<b>1200.00</b>	<b>1200.00</b>
	<b>Grand Total : (1 + 2 + 3 + 4)</b>	<b>1939.76</b>	<b>3647.50</b>	<b>3712.49</b>

Note :-

% HPL, PLIM and PCIM was merged/subsumed and new sub-ordinate office namely PCIMandH has been formed.

@ CCIM has been dissolved and new statutory body namely NCISM has been formulated

^ CCH has been dissolved and new statutory body namely NCH has been formulated

! IPGTRA has been renamed as ITRA.

\$\$ NEIFM has been renamed as NEIAFMR

# COE and PHI have been merged and new scheme namely AYURSWASTHAYA YOJANA has been formulated.

\* ROTP/CME and EMR have been merged and new scheme namely AYURGYAN has been formulated.

\$CDC and Pharmacovigilance initiative for ASU Drugs have been merged and new scheme namely AOGUSY has been formulated.

### STATEMENT-II

**The details of number of registered practitioners (doctors) as on 01.01.2023 and the number of Ayush hospitals as on 01.04.2023**

S.No	System	Number of Registered Practitioners as on 01.01.2023	Number of Ayush Hospitals as on 01.04.2023
1	Ayurveda	3,55,416	3,005
2	Unani	51,969	267
3	Siddha	9,531	298
4	Yoga	-	15
4	Naturopathy	4,379	34
5	Sowa-Rigpa	66	5

6	Homoeopathy	3,30,407	261
	<b>Total</b>	<b>7,51,768</b>	<b>3,885</b>

## E-CIGARETTES

### 3119. SHRI HIBI EDEN:

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

- (a) whether the Government has taken any steps to stop/prevent the sale of e-cigarettes in the country despite prohibition on e-cigarettes by the Prohibition of Electronic Cigarettes Act of 2014;
- (b) if so, the details thereof and If not, the reasons therefor;
- (c) whether any comprehensive date of substantive violations of the Act and action taken thereto is available with the Government; and
- (d) if so, the details thereof and If not, the reasons therefor?

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

(a) to (d): 'The Prohibition of Electronic Cigarettes (production, manufacture, import, export, transport, sale, distribution, storage and advertisement) Act (PECA)', 2019 has been enacted by the Government of India on 5<sup>th</sup> December, 2019 to prohibit electronic-cigarettes and like devices and same was communicated to all States/UTs for its implementation.

As per PECA, 2019, sale of e-cigarettes and like devices are banned in the country. Government of India has taken various steps to prohibit the sale of e-cigarettes including an initiative of launching "*Online Violation Portal*" for public

to report complaint about any violation of PECA, 2019. An Expert Committee has been constituted to review the online complaints for taking appropriate action against the violations. Government of India has also taken initiative to enhance enforcement of PECA 2019 through annual Tobacco free youth campaign launched since 2023. The details of the cases of violations of PECA, 2019 as reported by the States/UTs during the 2023-24 and 2024-25 is given in the enclosed **Statement**.

Central Board of Indirect Taxes and Customs (CBIC), Department of Revenue informed that they are keeping a constant vigil and take operational measures, inter alia, based on intelligence, passenger profiling with the aid of Advance Passenger Information System (APIS), risk-based interdiction and targeting and non-intrusive inspection like baggage and container scanning for purposes of thwarting smuggling of e-cigarettes through their Custom field formations and Directorate of Revenue Intelligence (DRI). Field formations of CBIC are regularly sensitized to newer methods of smuggling by way of issuing Alert/ Modus Operandi Circulars. On detection of contraband smuggling cases, action is taken in accordance with law, including seizure of smuggled e-cigarettes, arrest and prosecution of the persons involved. During the period April to November 2024 they have seized 4.20 lakhs e-cigarettes.



**STATEMENT-I**

**Details of the cases of violations of PECA, 2019 as reported by the States/UTs during the 2023-24 and 2024-25**

**Data as on 11.12.2024**

S No	State/UT	2023-24			2024-25		
		No. of cases [e- violations ]	Stocks seized (in number)	Value of stocks (INR)	No. of cases [e- violations ]	Stocks seized (in number)	Value of stocks (INR)
1	ANDAMAN AND NICOBAR ISLANDS	0	0	0	0	0	0
2	ANDHRA PRADESH	0	0	0	0	0	0
3	ARUNACHAL PRADESH	0	0	0	0	0	0
4	ASSAM	0	0	0	0	3	5037
5	BIHAR	0	0	0	0	0	0
6	CHANDIGARH	1	1	3500	0	0	0
7	CHHATTISGARH	0	2	2	0	0	0
8	DELHI	1	39	0	0	0	0
9	GOA	1	1	55000	0	0	0
10	GUJARAT	16	129	306650	7	379	651100
11	HARYANA	65	285	33912	0	0	0
12	HIMACHAL PRADESH	0	0	0	0	0	0
13	JAMMU andKASHMIR	0	0	0	0	0	0
14	JHARKHAND	0	0	0	0	0	0
15	KARNATAKA	6	4034	33547000	0	0	0
16	KERALA	3	1	0	0	0	0
17	LADAKH	0	0	0	0	0	0
18	LAKSHADWEEP	0	0	0	0	0	0
19	MADHYA PRADESH	33	191	480800	0	0	0
20	MAHARASHTRA	130	108	19768621	38	38	10493756
21	MANIPUR	0	0	0	0	0	0

22	MEGHALAYA	0	0	0	0	0	0
23	MIZORAM	0	0	0	0	0	0
24	NAGALAND	0	0	0	0	0	0
25	ODISHA	2	700	13000	0	0	0
26	PUDUCHERRY	2	0	0	0	0	0
27	PUNJAB	0	0	0	0	0	0
28	RAJASTHAN	0	0	0	0	0	0
29	SIKKIM	0	0	0	0	0	0
30	TAMIL NADU	0	0	0	0	0	0
31	TELANGANA	6	5	200000	0	0	0
32	THE DADRA AND NAGAR HAVELI and DAMAN and DIU	0	0	0	0	0	0
33	TRIPURA	0	0	0	0	0	0
34	UTTAR PRADESH	2	960	4500000	2	2568	10184000
35	UTTARAKHAND	0	0	1	0	0	0
36	WEST BENGAL	1	0	0	0	0	0

### SETTING UP OF MULTIDISCIPLINARY RESEARCH UNITS

#### 3120. SHRI KESINENI SIVANATH:

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

- (a) the total number of proposals received/approved from the State of Andhra Pradesh to set up Multidisciplinary Research Units (MRUs) during the last five years;
- (b) the total number of approved MRUs for establishment, research work completed/ongoing along with funds allocated and time line fixed for completion of the said proposal;
- (c) the total number of Model Rural Health Research Units (MRHRUs) functioning in the country especially in Andhra Pradesh till date, State-wise;

(d) the quantum of funds allocated for the said two components of MRUs and MRHRUs in the country during the last five years, State-wise; and

(e) whether the Government proposes to establish more such units in the country and if so, the details thereof along with the proposed under consideration?

**THE MINISTER 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): Sir, the scheme for (i) establishment of Multidisciplinary Research Units and (ii) establishment of Model Rural Health Research Units are two sub schemes of the Central Sector Umbrella Scheme for developing infrastructure for promotion of health research across the country. The scheme was conceptualized during the 12<sup>th</sup> five year plan and is an ongoing scheme under the 15<sup>th</sup> Finance Commission period i.e. from 2021-22 to 2025-26. A total of 117 MRUs, including 4 in the state of Andhra Pradesh have already been approved and established in the country. One proposal has been received from the state of Andhra Pradesh during the last 05 years. The details regarding allocation of funds for establishment of an MRU during the 15<sup>th</sup> Finance Commission period are given in the enclosed **Statement-I**.

(c): A total of 35 Model Rural Health Research Units (MRHRUs) are functioning in the country. A state-wise list of MRHRUs functioning in the country is given in the enclosed **Statement-II**.

(d): As per 15<sup>th</sup> Finance Commission (2021-22 to 2025-26), the plan outlay is Rs.288.11 crore for MRU and Rs.192.36 crore for MRHRU. Allocation of funds are not done state wise. Funds are directly released to MRUs established in the respective states. Annual allocation during the last five years is given in the enclosed **Statement-III**.

(e): Under the 15<sup>th</sup> Finance Commission, the targets for establishment of MRUs have already been achieved. Eleven (11) MRHRUs are required to be established, out of which 07 MRHRUs have already been established and remaining 04 MRHRUs shall be established by end of the 15<sup>th</sup> Finance Commission (2025-26).

### **STATEMENT-I**

#### **Non-recurring and Recurring Grant to MRUs**

(Rs. in Crore)

Civil Construction	0.25
Equipment	2.00
	<i>(To be released in 02 instalments of Rs. 1.00 crore each subject to satisfactory performance and submission of Utilisation Certificate)</i>

*Note: Proposals for grants-in-aid in excess of Rs.2.00 crore for purchase of equipment recommended by the medical college/research institutes and LRAC may be considered by the Department with the approval of the Secretary (DHR) on case to case basis taking into account merits of the proposal. The units approved before 01.04.2021 will also be governed by these norms of grants-in-aid for procurement of equipment. The grants-in-aid to the existing 85 MRUs shall continue to be released after taking into account the grant already released in the previous years and progress of research work.*

**Recurring Grant**

(Rs. In Crore)

Salaries (per annum)	0.28
Contingency/consumables/training etc. (per annum)	0.20

**STATEMENT-II****State wise list of MRHRUs**

<b>S. No</b>	<b>State</b>	<b>No. of MRHRUs</b>
1.	Andhra Pradesh	1
2.	Andaman and Nicobar Islands	1
3.	Arunachal Pradesh	1
4.	Assam	1
5.	Bihar	1
6.	Chhattisgarh	1
7.	Gujarat	1
8.	Haryana	1
9.	Himachal Pradesh	1
10.	Jammu and Kashmir	1
11.	Jharkhand	2
12.	Karnataka	1
13.	Kerala	1
14.	Madhya Pradesh	1
15.	Maharashtra	2
16.	Meghalaya	1
17.	Mizoram	1
18.	Nagaland	1
19.	Odisha	2

S. No	State	No. of MRHRUs
20.	Punjab	1
21.	Puducherry	1
22.	Rajasthan	1
23.	Tamil Nadu	2
24.	Tripura	1
25.	Telangana	1
26.	Uttar Pradesh	5
27.	West Bengal	1
	Total	35

### **STATEMENT-III**

- **Multi-Disciplinary Research Unit (MRU)**

Rs. in crore

S. No.	Year	Allocation as per Revised Estimates in MRUs
1.	2019-20	55.00
2.	2020-21	58.00
3.	2021-22	51.00
4.	2022-23	48.00
5.	2023-24	50.00

- **Model Rural Health Research Unit (MRHRU)**

Rs. in crore

S. No.	Year	Allocation as per Revised Estimates in MRHRUs
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•	2019-20	19.00
•	2020-21	16.00
•	2021-22	18.00
•	2022-23	19.00
•	2023-24	20.00

### **MEDICAL DEVICE MANUFACTURING INDUSTRY**

#### **3121. SHRI BASAVARAJ BOMMAI:**

Will the Minister of **CHEMICALS AND FERTILIZERS** be pleased to state: the estimated number of medical device manufacturing industries located in the country, State-wise particularly in the State of Karnataka?

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

As per Ministry of Health and Family Welfare, the total number of manufacturing sites licensed in the country and Karnataka licensed under the Medical Device Rules, 2017 are as under: -

<b>Class of Medical Devices</b>	<b>Total No. of Sites in the country</b>	<b>Total no. of sites in Karnataka</b>
Class AandB	2634	137
Class CandD	970	94

The state wise number of manufacturing sites licensed in the country under the Medical Device Rules,2017 is attached as enclosed **Statement**.

**STATEMENT**

**The state wise number of manufacturing sites licensed in the country under the Medical Device Rules,2017**

S. No.	Name of State	Total no manufacturing sites licensed in the country under Medical Devices Rules, 2017 are as under:-	
		Risk Class of Medical Devices (AandB)	Risk Class of Medical Devices (CandD)
1	<u>Andhra Pradesh</u>	42	11
2	<u>Arunachal Pradesh</u>	0	0
3	<u>Assam</u>	6	0
4	<u>Bihar</u>	38	0
5	<u>Chhattisgarh</u>	14	0
6	<u>Goa</u>	12	7
7	<u>Gujarat</u>	469	189
8	<u>Haryana</u>	199	90
9	<u>Himachal Pradesh</u>	30	19
10	<u>Jharkhand</u>	4	0
11	<u>Karnataka</u>	137	94
12	<u>Kerala</u>	115	18
13	<u>Madhya Pradesh</u>	54	8
14	<u>Maharashtra</u>	467	160
15	<u>Manipur</u>	2	1



16	<u>Meghalaya</u>	0	0
17	<u>Mizoram</u>	0	0
18	<u>Nagaland</u>	0	0
19	<u>Odisha</u>	24	3
20	<u>Punjab</u>	47	14
21	<u>Rajasthan</u>	102	20
22	<u>Sikkim</u>	0	0
23	<u>Tamil Nadu</u>	205	102
24	<u>Telangana</u>	90	36
25	<u>Tripura</u>	0	0
26	<u>Uttarakhand</u>	21	41
27	<u>Uttar Pradesh</u>	294	68
28	West Bengal	36	6
29	Delhi	184	74
30	Puducherry	8	4
31	Daman and Diu	6	3
32	Dadra and Nagar Haveli	18	2
33	Jammu and Kashmir	10	0
	<b>Total</b>	<b>2634</b>	<b>970</b>

**QUALITY AND EFFECTIVENESS OF CGHS MEDICINES****3122. SHRI LUMBA RAM:**

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

(a) whether Central Drug Standards Control Organisation and any other reputed or Government institution check the standards of Allopathy, Homoeopathy, Ayurvedic and Unani medicines being supplied to the beneficiaries of the CGHS Wellness Centres;

(b) if so, the details of the sub-standard medicines found during the last three years with their manufacturers along with the measures being taken to improve the quality and effectiveness of

the medicines being supplied through CGHS Wellness Centres; 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) Central Drug Standard Control Organisation (CDSCO), other reputed institutes and NABL accredited Labs, check the standards of Allopathic medicines, through the system of sample collection and subsequent lab testing.

In Homeopathy, the Homoeopathic Medical Store Depot (HMSD) ensures quality by sourcing medicines from CGHS-approved firms with lab reports from accredited labs. The Homoeopathic Medicine Inspection Team verifies compliance with Homoeopathic Pharmacopeia of India (HPI) standards.

Batches failing to meet standards undergo further testing, ensuring only approved medicines are accepted.

In Ayurveda, the manufacturers supplying Ayurvedic medicines to the CGHS Ayurvedic Medical Store Depot (AMSD) are WHO-GMP/COPP or QCI certified. Each batch is tested at government-approved NABL accredited laboratories to ensure quality.

In Unani, CGHS procures GMP-certified Unani medicines and ensures quality by obtaining in-house analytical reports and quality analysis from government-approved or NABL accredited labs. These reports test for identity, purity, quality, and strength as per the Unani Pharmacopeia.

The list of substandard medicines found during the last three years is given in the enclosed **Statement**. Government has taken following measures to improve quality and effectiveness of the medicines being supplied through CGHS Wellness Centers:

(i) Effective grievance system within CGHS, allowing patients to raise issues related to medicines, with prompt action taken to address and resolve their concerns.

(ii) Medical Store Organization (MSO), a central procuring agency, ensures the procurement of safe, high-quality products by mitigating risks like substandard or counterfeit goods. It involves inspections at key stages like pre-dispatch, receipt, and post-installation and are conducted by qualified personnel to verify

compliance with contract specifications. Findings are documented in Inspection Reports, which are used for record-keeping and payment authorization.

(iii) Details of quality assurance of Jan Aushadhi medicines are as under:

(a) Pharmaceuticals and Medical Devices Bureau of India (PMBI) investigates product complaints and reviews control samples.

(b) Random sampling from Jan Aushadhi Kendras and warehouses is conducted, with retesting in NABL labs.

(c) Corrective and preventive actions (CAPA) are taken as necessary.

(d) PMBI has started a comparative study between branded and Jan Aushadhi generic products.

(e) Not of Standard Quality (NSQ) rate for open market medicines is 3.70%, while PMBI products maintain a rate of 0.34%.

(iv) High value restricted medicines are procured on case-to-case basis from rate contracted manufacturers who have in-house lab testing facility for products, DCGI approval and Good Manufacturing Practices (GMP) certificate, etc.

### **STATEMENT**

#### **List of substandard medicines found during last three years**

<b>S.No.</b>	<b>Medicine Name</b>	<b>Batch No.</b>	<b>Source of Procurement</b>	<b>Manufacturer</b>
1	Ramipril 5 mg	RMFT901	GMSD	Unicure India Ltd
2	Methylcobalmin 500 mcg	MBT904	GMSD	Unicure India Ltd

3	Omeprazole 20 mg Cap	GM20126	GMSD	SKYMAP PHARMACEUTICAL
4	Enalapril 2.5 mg Tab	GB21079	GMSD	ORTIN
5	Tab Lorazepam 1MG	TLRZ-013	GMSD	Medipol Pharma India
6	Ranitidine 150 mg	NSTX 11	GMSD	HAL
7	Sertaline 50 mg	GM20105	GMSD	SKYMAP PHARMA
8	Tab Ascorbic Acid 500mg	VATZ02	GMSD	HAL
9	Acebrophylline 100 mg	PF8AA04	GMSD	Pureand cure health
10	Tab Fenofibrate 160 mg	MG22007	GMSD	LABORATOIRES GRIFFON
11	Tacrolimus cream 0.03%	HT0203	GMSD	MED MANOR ORGANICS
12	Tab Divalpoex Sod. 500 mg	PF8A019	GMSD	Pure and Cure
13	Tab L Methyl Folate 7.5 mg	PF8CY03	GMSD	Pure and Cure
14	Sy.Paracetamol	HVEZ01	GMSD	HAL
15	Gabapentin 300 mg	22SIGTB4 67	GMSD	Unicure India Ltd
16	Olmesartan 40 mg	GT221831	GMSD	THEON PHARMA
17	Folic Acid 5 mg	T112005	GMSD	ANG LIFESCIENCE
18	Rosuvastatin +Vit.D3 10+1000 IU	22SIGTA5 76	GMSD	SYNOKEM PHARMA
19	Bromelain+Rutoside+Try psin 180+200+96	PF8CC12	GMSD	Pure and Cure
20	Cetirizine Syp.	L042301 L042302	GMSD	Bengal Chemicals Pharmaceuticals Ltd
21	Diacerein 50mg (G02023)	DCT1102	GMSD	Unicure India Ltd
22	Losartan 25MG (G12047)	3803821	GMSD	KAPL

23	Amlodipine And Perindopril 5mg + 4mg (G12169)	K2102200	GMSD	INTAS
24	Ranitidine 150 mg	0403423	GMSD	KAPL
25	Clopidogrel 75 mg	T2405299	GMSD	Ribpra Formulation
26	Ethamsylate 500 mg	ELT1104	GMSD	Unicare India Ltd
27	Fexofenadine 120 mg	MP9AA230 3	GMSD	Maxtar Boigenics
28	Hydroxychloroquine Sulphate 200 mg	HCQ09E2 4	GMSD	Bajaj Healthcare Ltd
29	Methylcoblamin 500 mcg	MBT904	GMSD	Unicare India Ltd

### **CENTRALLY SPONSORED SCHEMES**

#### **3123. DR. BACHHAV SHOBHA DINESH:**

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

- (a) the details of Centrally Sponsored Schemes and Central Sector Schemes being implemented by the Ministry in the State of Maharashtra during the last ten years, year/scheme/district-wise;
- (b) the details of funds allocated, sanctioned, released and utilized for the above schemes during said period, year/scheme/district-wise;
- (c) the details of physical targets set and achieved after the implementation of the said schemes during said period, year/scheme/district-wise;
- (d) whether there is time and cost overrun of any of the above schemes and if so, the details thereof;

- (e) whether any proposal regarding such schemes has been sent by the Government of Maharashtra to the Union Government during last five years; and
- (f) if so, the details thereof and the action taken by the Government thereon?

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

(a) to (f) For better implementation and efficient monitoring, all schemes implemented by the Ministry have been clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi and Poshan 2.0 for improving nutrition and health indicators in the country (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

**(i) Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0):** Under this mission, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls have been reorganized into 3 primary sub-verticals: (i) Nutrition Support for POSHAN and for Adolescent Girls (ii) Early Childhood Care and Education [3-6 years] and (iii) Anganwadi Infrastructure including modern, upgraded Saksham Anganwadis.

**(ii) Mission Shakti:** It 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 SwadharGreh (renamed as Shakti Sadan)** - an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women; **Working Women Hostel (renamed as Sakhi Niwas)** - to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunities for women exist; **National Hub for Empowerment of Women (NHEW)** - to facilitate 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.

**(iii) Mission Vatsalya:** Mission Vatsalya includes the Integrated Child Protection Scheme (ICPS) for better outreach and protection for children in need and care in a mission mode with the objective to: (i) Support and sustain Children in difficult circumstances. (ii) Develop context-based solutions for holistic development of children from varied backgrounds. (iii) Provide scope for green field projects for encouraging innovative solutions.

The details of funds released/ utilised under the aforesaid schemes of the Ministry in Maharashtra during the last ten years are given in the enclosed **Statement-I.**

The physical targets and achievements in Maharashtra under the aforesaid schemes of the Ministry are given in the enclosed **Statement-II.**

All the schemes of the Ministry were evaluated by NITI Aayog and their suggestions were incorporated while reorganising the schemes of the Ministry into 3 Missions.

**STATEMENT-I****Details of funds released/ utilised under the schemes of the Ministry to State of Maharashtra during the last ten years**

(Rs. in crores)

S.No	Mission	FY 2014-15		FY 2015-16		FY 2016-17		FY 2017-18		FY 2018-19		FY 2019-20		FY 2020-21		FY 2021-22		FY 2022-23		FY 2023-24	
		Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.	Rel.	Util.
1.	Mission Saksham Anganwadi and	907.8 2	1476. 21	1041.6 7	1071. 35	1056.6 0	721.8 7	1029.5 7	1106. 99	1712. 14	1202. 55	1331. 36	1410. 75	1187.8 3	1435. 86	1713.3 9	1609. 02	1646.17	1589.97	1699.52	-
2.	Mission Vatsalya (erstwhile Integrated Child	7.62	7.62	31.38	19.75	22.72	15.69	6.08	26.97	31.56	19.22	24.49	19.41	34.33	44.07	54.67	41.43	71.32	73.50	95.37	-
3.	Mission Shakti – Sambal	1.44	0	3.01	1.71	2.14	2.97	7.33	1.37	9.03	4.56	9.64	4.09	9.02	1.73	6.84	1.00	0.69	3.31	15.4	15.09
4.	Mission Shakti – Samarthyaa	3.35	0	5.93	2.52	9.47	8.8	139.67	45.99	119.5 7	221.8 5*	294.1 4	386.0 3*	113.47	265.2 1*	99.5	149.0 2*	240.83	0	5.7	48.12*

\* - This includes the unspent balance of previous years

**STATEMENT-II****Physical Targets and Achievements in Maharashtra under schemes of the Ministry****I. Mission Saksham Anganwadi and POSHAN 2.0**

Number of Anganwadi Centres	110552
Number of Beneficiaries	6667455

Malnutrition indicators of Maharashtra for children age (0 - 5 years):

	<b>Stunting %</b>	<b>Wasted %</b>	<b>Underweight %</b>
NFHS-4 (2015-16)	34.4	25.6	36.0
NFHS-5 (2019-21)	35.2	25.6	36.1
Poshan Tracker (Oct, 24)	47.7	4.1	16.5

**II. Mission Vatsalya**

Child Welfare Committee	39
Juvenile Justice Board	37
State Child Protection Society	1
District Child Protection Units	36
State Adoption Resource Agency	1
<b>Total Child Care Institutions</b>	<b>107</b>

**III. Mission Shakti****A. Sambal****(i) One Stop Centre**

Number of functional One Stop Centres	45
Number of Beneficiaries	33698

**(ii) Women Helpline**

Number of calls registered	29.94 lakh
Number of Beneficiaries	1.16 lakh

**(iii) Beti Bachao Beti Padhao**

Year	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
<b>Sex Ratio at birth (Female Live Births/ Male Births*1000)</b>	920	924	922	940	930	941	940	933	932

Data from HMIS

Year	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
<b>Gross enrolment Ratio of Girls at Secondary level</b>	84.73	84.98	87.18	89.32	89.64	89.94	91.28	92.5

Data from UDISE

**B. Samarthya**

S.No	Scheme	Operational Units	Beneficiaries
1.	Sakhi Niwas	74	5801
2.	Shakti Sadan	19	885
3.	Pradhan Mantri Matru Vandana Yojana	-	3,22,224

**JAN AUSHADHI KENDRAS IN NELLORE****3124. SHRI PRABHAKAR REDDY VEMIREDDY:**

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

- (a) the details of Jan Aushadhi Kendras opened in Nellore District of Andhra Pradesh during the last ten years, year-wise and Assembly Segment-wise;
- (b) whether it is true that only one JAK has been opened in Nellore since 2021-22, if so, the reasons therefor;
- (c) the details of demand/applications submitted for opening JAKs in Nellore;
- (d) whether there are any applications pending for clearance, if so, the timeline by which they are likely to be cleared; and
- (e) whether it is also true that some JAKs are non-functional, if so, the reasons therefor and steps taken/proposes to be taken to open 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 A (SHRIMATI ANUPRIYA PATEL):**

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), a total of 14,320 Jan Aushadhi Kendras (JAKs) have been opened till 30.11.2024 across the country, of which 9 JAKs have been opened during the last ten years in Nellore district of Andhra Pradesh. Financial Year-wise number of JAKs opened in Nellore district is as under

<b>S. No.</b>	<b>Financial Year</b>	<b>No. of JAKs opened</b>
1	2014-15	0
2	2015-16	0
3	2016-17	2
4	2017-18	1
5	2018-19	3
6	2019-20	0
7	2020-21	0
8	2021-22	0
9	2022-23	0
10	2023-24	3
<b>Total</b>		<b>9</b>

(b): Till 30.11.2024, 4 JAKs have been opened in Nellore district of Andhra Pradesh since 2021-22.

(c) and (d): During last one-year a total of 38 applications have been received for opening of JAKs in Nellore district of Andhra Pradesh, of which 23 applications have been approved. Out of 23 applications, 4 JAKs have already been opened, and 19 applications have been given in-principle approval pending submission of drug license by the applicants. 15 applications were rejected on account of distance policy violation and incomplete documentation.

(e): Since the scheme is entrepreneur driven, sometimes some JAK become non-functional for reasons such as relocation, death of the allottee, poor business prospects etc. In cases of locational problems faced by entrepreneurs opportunity is given for change of location. On death of the allottee, transfer of ownership is allowed to any other family member subject to fulfilment of other conditions such as engagement of pharmacist.

## रक्ताल्पता से पीड़ित महिलाएं और कुपोषित बच्चे

### 3125. श्री राजीव राय:

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

(क) क्या देश में रक्ताल्पता से पीड़ित महिलाओं और कुपोषित बच्चों की संख्या तेजी से बढ़ रही है और यदि हां, तो राज्य/संघ राज्यक्षेत्रवार तत्संबंधी ब्यौर क्या है;

(ख) उपर्युक्त समस्या के समाधान के लिए सरकार द्वारा योजनावार और राज्य/संघ राज्यक्षेत्रवार कार्यान्वित की जा रही योजनाओं की वर्तमान स्थिति क्या है;

(ग) पिछले तीन वर्षों और चालू वर्ष के दौरान देश में राज्य/संघ राज्य क्षेत्रवार, विशेष रूप से उत्तर प्रदेश में इन योजनाओं के तहत आवंटित और खर्च की गई धनराशि वर्षवार कितनी है;

(घ) क्या इन योजनाओं के परिणामस्वरूप उत्तर प्रदेश के मऊ जिले में वर्ष 2022-23 और 2023-24 में रक्ताल्पता से पीड़ित महिलाओं और कुपोषित बच्चों की संख्या में गिरावट आई है; और

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

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

(क) और (ख): स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण संबंधी (आरएमएनसीएच+एन) कार्यनीति को लागू करता है, जिसमें देश के सभी राज्यों/संघ राज्य क्षेत्रों में कुपोषण और एनिमिया संबंधी समस्याओं का निवारण करने के लिए कार्यक्रम शामिल हैं, जो निम्नानुसार हैं:

- सार्वजनिक स्वास्थ्य सुविधा केंद्रों में पोषण पुनर्वास केंद्र (एनआरसी) स्थापित किए जाते हैं, ताकि चिकित्सा जटिलताओं के साथ गंभीर तीव्र कुपोषण (एसएएम) से पीड़ित 5 वर्ष से कम आयु के बच्चों को इन-पेशेंट चिकित्सा और पोषण संबंधी परिचर्या प्रदान की जा सके। उपचारात्मक देखभाल के अलावा, बच्चों के लिए समय पर, पर्याप्त और उचित आहार, पूर्ण

आयु-उचित देखभाल और आहार प्रथाओं के संबंध में माताओं और देखभाल करने वालों के कौशल में सुधार करने पर विशेष ध्यान दिया जाता है।

- **एनीमिया मुक्त भारत (एएमबी)** कार्यनीति को छह क्रियाकलाप (प्रोफिलैक्टिक आयरन और फोलिक एसिड अनुपूरण (आईएफए सिरप 6-59 महीने के बच्चों को दो सप्ताह में प्रदान किया जाता है और आईएफए लाल गोलियां साप्ताहिक आधार पर गर्भवती महिलाओं को प्रदान की जाती हैं), कृमि मुक्ति (सभी बच्चों को राष्ट्रीय कृमि मुक्ति दिवस के दौरान एल्बेंडाजोल की गोलियां दी जाती हैं), गहन व्यवहार परिवर्तन संचार अभियान, एनीमिया के लिए परीक्षण और प्रोटोकॉल प्रबंधन के अनुसार उपचार, सार्वजनिक स्वास्थ्य कार्यक्रमों में आईएफए फोर्टिफाइड भोजन का अनिवार्य प्रावधान और एनीमिया के गैर-पोषण कारणों विशेष रूप से मलेरिया, फ्लोरोसिस और हीमोग्लोबिनोपैथी का समाधान करना) के कार्यान्वयन के माध्यम से जीवन चक्र दृष्टिकोण में बच्चों और महिलाओं सहित गर्भवती महिलाओं में एनीमिया के प्रसार को कम करने के लिए लागू किया गया है।
- **माताओं का पूर्ण रूनेह (एमएए)** कार्यक्रम स्तनपान कवरेज में सुधार करने के लिए लागू किया गया है जिसमें स्तनपान की प्रारंभिक शुरुआत और पहले छह महीनों के लिए केवल स्तनपान और उसके बाद आयु-उपयुक्त पूरक आहार प्रथाओं पर परामर्श शामिल है।

5 वर्ष से कम आयु के बच्चों में स्टंटिंग, वेस्टिंग और कम वजन की राज्य/संघ राज्य क्षेत्र-वार व्याप्तता और 15-49 वर्ष की आयु की महिलाओं में एनीमिया की व्याप्तता का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

पोषण कार्यक्रमों की राज्य/संघ राज्य क्षेत्र-वार स्थिति का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग): राष्ट्रीय स्वास्थ्य मिशन (वित्त) के अनुसार पिछले तीन वर्षों और चालू वर्ष के दौरान उत्तर प्रदेश राज्य सहित सभी राज्यों/संघ राज्य क्षेत्रों में पोषण कार्यक्रमों के लिए राष्ट्रीय स्वास्थ्य मिशन के



तहत अनुमोदित निधियों और व्यय का वर्ष-वार, वित्त वर्ष 2021-22 से वित्त वर्ष 2024-25 की दूसरी तिमाही तक (लाख रुपये में) का ब्यौरा संलग्न **विवरण-III** में दिया गया है।

(घ) और (ङ): राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण 5 (2019-21) के नवीनतम दौर के अनुसार, उत्तर प्रदेश के मऊ जिले में 5 वर्ष से कम आयु के बच्चों में स्टंटिंग, वेस्टिंग और कम वजन की व्याप्तता और 15-49 वर्ष की आयु की महिलाओं में एनीमिया की व्याप्तता का ब्यौरा निम्नवत है:-

संकेतक	एनएफएचएस 5 (2019-21)
5 वर्ष से कम आयु वाले स्टंटेड बच्चे (%)	25.4
5 वर्ष से कम आयु के कमजोर बच्चे (%)	21.2
5 वर्ष से कम आयु के बच्चे जिनका वजन कम है (%)	30.3
15-49 वर्ष की आयु की सभी महिलाएं जो एनीमिक हैं (%)	44.3

#### विवरण-I

**5 वर्ष से कम आयु के बच्चों में कुपोषण और महिलाओं में एनीमिया की व्याप्तता की राज्य/संघ राज्य क्षेत्र-वार स्थिति [एनएफएचएस 5 (2019-21)]**

क्रम सं.	राज्य/संघ राज्य क्षेत्र	5 वर्ष से कम आयु के बच्चे जो स्टंटेड हैं (%)	5 वर्ष से कम आयु के बच्चे जो कमजोर हैं (%)	5 वर्ष से कम आयु के बच्चे जिनका वजन कम है (%)	15-49 वर्ष की आयु की महिलाएं जो एनीमिक हैं (%)
1	अंडमान और निकोबार द्वीप समूह	22.5	16.0	23.7	57.5
2	आंध्र प्रदेश	31.2	16.1	29.6	58.8
3	अरुणाचल प्रदेश	28.0	13.1	15.4	40.3
4	असम	35.3	21.7	32.8	65.9
5	बिहार	42.9	22.9	41.0	63.5
6	चंडीगढ़	25.3	8.4	20.6	60.1
7	छत्तीसगढ़	34.6	18.9	31.3	60.8
8	दादरा नागर हवेली और दमन दीव	39.4	21.6	38.7	49.9

9	दिल्ली	30.9	11.2	21.8	62.5
10	गोवा	25.8	19.1	24.0	39.0
11	गुजरात	39.0	25.1	39.7	65.0
12	हरियाणा	27.5	11.5	21.5	60.4
13	हिमाचल प्रदेश	30.8	17.4	25.5	53.0
14	जम्मू और कश्मीर	26.9	19.0	21.0	55.9
15	झारखंड	39.6	22.4	39.4	65.3
16	कर्नाटक	35.4	19.5	32.9	47.8
17	केरल	23.4	15.8	19.7	36.3
18	लद्दाख	30.5	17.5	20.4	92.8
19	लक्षद्वीप	32.0	17.4	25.8	25.8
20	मध्य प्रदेश	35.7	19.0	33.0	54.7
21	महाराष्ट्र	35.2	25.6	36.1	54.2
22	माणेरपुर	23.4	9.9	13.3	29.4
23	मेघालय	46.5	12.1	26.6	53.8
24	मिजोरम	28.9	9.8	12.7	34.8
25	नागालैंड	32.7	19.1	26.9	28.9
26	ओडिशा	31.0	18.1	29.7	64.3
27	पुडुचेरी	20.0	12.4	15.3	55.1
28	पजाब	24.5	10.6	16.9	58.7
29	राजस्थान	31.8	16.8	27.6	54.4
30	सिक्किम	22.3	13.7	13.1	42.1
31	तमिलनाडु	25.0	14.6	22.0	53.4
32	तेलंगाना	33.1	21.7	31.8	57.6
33	त्रिपुरा	32.3	18.2	25.6	67.2
34	उत्तर प्रदेश	39.7	17.3	32.1	42.6
35	उत्तराखंड	27.0	13.2	21.0	50.4
36	पश्चिम बंगाल	33.8	20.3	32.2	71.4

विवरण- II

## पोषण कार्यक्रमों की राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्रम सं.	राज्य/संघ राज्य क्षेत्र	पोषण पुनर्वास केंद्रों की संख्या*	गर्भवती महिलाओं का प्रतिशत जिन्हें 180 आईएफए गोलियां प्रदान की गईं**	स्तनपान कराने वाली माताओं का प्रतिशत जिन्हें 180 आईएफए गोलियां प्रदान की गईं**	3 वर्ष से कम आयु के बच्चे जिन्हें जन्म के एक घंटे के भीतर स्तनपान कराया गया है***
1	अंडमान और निकोबार द्वीप समूह	0	61.9	77.5	46.9
2	आंध्र प्रदेश	21	95.0	86.1	52
3	अरुणाचल प्रदेश	1	91.5	57.4	52
4	असम	29	95.0	65.4	49.1
5	बिहार	41	90.8	51.4	31.1
6	चंडीगढ़	1	95.0	95.0	63.7
7	छत्तीसगढ़	97	95.0	79.8	32.2
8	दादरा नागर हवेली और दमन दीव	1	95.0	95.0	25.9
9	दिल्ली	5	95.0	62.6	51.2
10	गोवा	0	95.0	80.6	61.6
11	गुजरात	136	95.0	95.0	37.8
12	हरियाणा	11	95.0	59.7	41.6
13	हिमाचल प्रदेश	7	89.7	72.1	45.1
14	जम्मू और कश्मीर	6	95.0	73.2	55.6
15	झारखंड	98	92.4	76.2	21.5
16	कर्नाटक	33	95.0	88.3	49.1
17	केरल	4	95.0	61.8	66.7
18	लद्दाख	2	95.0	79.8	57.9
19	लक्षद्वीप	0	95.0	79.1	76.3

20	मध्य प्रदेश	318	95.0	65.5	41.3
21	महाराष्ट्र	45	95.0	61.9	53.2
22	मणिपुर	1	46.4	33.6	53.7
23	मेघालय	7	68.6	64.2	78.8
24	मिजोरम	1	81.5	64.6	60.1
25	नागालैंड	1	71.7	42.4	57.9
26	ओडिशा	67	95.0	81.1	68.5
27	पुडुचेरी	0	95.0	95.0	54.1
28	पंजाब	5	72.8	49.4	53.1
29	राजस्थान	40	95.0	79.7	40.7
30	सिक्किम	0	93.4	89.3	33
31	तमिलनाडु	8	95.0	61.9	60.2
32	तेलंगाना	17	95.0	78.3	37.1
33	त्रिपुरा	1	95.0	58.6	36.4
34	उत्तर प्रदेश	81	95.0	46.8	23.9
35	उत्तराखंड	2	95.0	64.6	41.3
36	पश्चिम बंगाल	53	95.0	92.3	59.4

स्रोत: \*-राज्य रिपोर्ट 2023-24

\*\* वित्त वर्ष 2023-24 के लिए स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस)

\*\*\* राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण एनएफएचएस (2019-21)

विवरण-III

वित्त वर्ष 2021-22 से 2024-25 'दूसरी तिमाही तक' की अवधि के लिए एनएचएम के तहत पोषण कार्यक्रमों के लिए एसपीआईपी अनुमोदन और व्यय

क्रम सं.	राज्य/संघ राज्य क्षेत्र	2021-22*		2022-23		2023-24		2024-25 (दूसरी तिमाही तक)	
		अनुमोदन	व्यय	अनुमोदन	व्यय	अनुमोदन	व्यय	अनुमोदन	व्यय
1	अंडमान और निकोबार द्वीप समूह	42.9	1.6	36.1	7.7	71.7	11.1	47.8	12.7
2	आंध्र प्रदेश	3,789.2	3,595.0	10237.6	3668.4	10,069.8	8,107.0	9,061.9	786.8
3	अरुणाचल प्रदेश	469.9	271.6	259.8	229.6	268.8	2.4	442.0	50.3
4	असम	3,581.6	2,772.8	3327.8	2786.6	3,045.5	2,350.5	2,996.4	486.1
5	बिहार	1,616.2	1,004.2	11984.5	1992.2	11,943.3	3,192.7	10,459.9	1,161.0
6	चंडीगढ़	4.1	1.7	1.2	0.1	1.2	0.7	1.4	0.2
7	छत्तीसगढ़	5,514.9	3,392.7	3681.0	3328.0	3,517.7	1,728.4	3,722.8	397.7
8	दादरा नागर हवेली और दमन दीव	73.0	37.2	29.1	11.7	27.7	4.9	99.8	9.6
9	दिल्ली	1,287.1	105.4	862.8	26.5	850.7	49.2	1,219.5	34.6
10	गोवा	50.3	15.9	159.5	60.3	159.5	39.9	83.3	1.5
11	गुजरात	7,384.4	5,210.4	4759.5	2467.5	4,383.8	4,361.1	6,226.1	714.9
12	हरियाणा	1,620.3	1,662.6	2283.2	2770.2	2,326.2	2,592.2	2,163.9	2,350.3
13	हिमाचल प्रदेश	526.3	291.9	506.8	214.9	268.1	199.8	1,096.4	43.7
14	जम्मू और कश्मीर	1,595.4	393.8	1192.2	551.3	1,332.2	81.8	1,304.4	46.3
15	झारखंड	5,585.6	1,198.6	8578.4	3593.0	7,943.5	2,007.9	8,541.1	602.6
16	कर्नाटक	3,871.0	2,257.9	4597.8	618.7	5,196.2	1,408.6	1,280.8	49.5
17	केरल	653.2	231.1	3347.8	1266.3	3,087.8	370.8	2,274.6	418.3
18	लद्दाख	92.5	18.6	52.5	14.2	32.9	15.4	56.9	4.3
19	एलकेएस	6.9	0.4	8.5	5.5	6.3	2.5	7.2	0.2
20	मध्य प्रदेश	9,236.7	6,549.2	15453.0	9289.7	20,025.9	9,240.5	13,507.1	1,696.5
21	महाराष्ट्र	6,171.0	5,281.9	10497.6	3211.9	10,599.7	3,527.5	10,752.1	3,284.7
22	मणिपुर	530.3	85.2	281.1	63.1	275.1	48.3	870.7	85.4
23	मेघालय	634.9	259.0	690.2	463.2	713.0	80.7	713.8	42.5
24	मिजोरम	197.6	66.5	238.3	30.3	187.9	89.8	220.5	29.8
25	नागालैंड	373.3	145.4	350.8	32.1	522.8	59.8	386.3	75.7
26	ओडिशा	5,446.0	3,973.6	4844.1	1328.6	3,889.4	2,154.5	2,958.8	1,301.3
27	पुडुचेरी	44.7	26.7	259.2	113.1	288.2	33.3	128.4	18.7

28	पंजाब	1,330.0	882.7	1351.7	187.6	1,320.0	1,320.0	2,265.3	42.9
29	राजस्थान	5,365.1	2,473.8	6303.7	2036.4	5,919.4	2,051.3	8,665.1	112.5
30	सिक्किम	66.7	6.7	85.6	57.1	71.7	56.3	70.1	25.6
31	तमिलनाडु	826.5	863.4	2309.2	903.7	2,305.2	1,486.2	932.8	760.5
32	तेलंगाना	2,176.5	1,683.4	3741.5	4819.7	3,687.7	325.5	4,242.6	0.0
33	त्रिपुरा	282.4	190.9	894.5	167.4	939.3	766.5	762.3	83.5
34	उत्तर प्रदेश	21,449.8	8,398.6	20060.2	2213.6	39,441.5	11,311.1	16,904.1	864.6
35	उत्तराखण्ड	547.1	203.8	1866.5	384.2	2,005.5	472.9	1,844.9	348.4
36	पश्चिम बंगाल	5,638.7	8,311.8	3877.8	2470.0	4,081.9	3,034.8	5,656.3	795.0

1. एसपीआईपी अनुमोदन और व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध वित्तीय प्रबंधन रिपोर्टों के अनुसार हैं और अनंतिम हैं।
2. व्यय में केन्द्रीय रिलीज, तदनुसारी जारी राज्य अंश और वर्ष के आरंभ में अव्ययित शेष राशि में से किया गया व्यय शामिल है।
3. \* इसमें एमएए, एनडीडी, एएमबी, एनआरसी, विट ए, आईएमएनसीआई, एफ-आईएमएनसीआई, आईडीसीएफ, एचबीवाईसी, एचबीएनसी, एनबीएसयू, एनएसएसके, एसएनसीयू, केएमसी, एसएएनएस, परिवार भागीदारी देखभाल, सीडीआर, बाल-एचडीयू आदि जैसे सभी सीएच कार्यक्रमों के लिए बजट आवंटन शामिल है।
4. वित्त वर्ष 2024-25 के दौरान व्यय में केंद्रीय रिलीज, राज्य रिलीज और वर्ष के शुरू में अव्ययित शेष में से किया गया व्यय शामिल है। आरसीएच आदि के फ्लेक्सिबल पूल के संबंध में व्यय को, अरुणाचल प्रदेश, पीजे (31.08.2024 तक अद्यतन), के एन, एमजेड (31.07.2024 तक अद्यतन) तथा एमजी (30.06.2024 तक अद्यतन) को छोड़कर दिनांक 30.09.2024 तक अद्यतन किया गया है।

## SAKSHAM ANGANWADI AND POSHAN 2.0 IN ODISHA

### 3126. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Government has assessed the implementation of the Saksham Anganwadi and POSHAN 2.0 scheme in Odisha;

- (b) if so, the details of Anganwadi centres upgraded under the scheme and the funds utilized thereon in the State; and
- (c) the measures taken to address malnutrition among children and pregnant women in aspirational districts of Odisha?

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

(a) and (b): 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.

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 including in the State of Odisha.

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.

The 'Poshan Tracker' application was rolled out by the Ministry on 1<sup>st</sup> March 2021 as a governance tool to strengthen and bring about transparency in nutrition delivery support systems. Technology under Poshan Tracker is being leveraged for (i) dynamic identification of stunting, wasting, under-weight prevalence among children and (ii) last mile tracking of nutrition service delivery. The Poshan Tracker enables real time monitoring and tracking of all Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on defined indicators. Beneficiaries are Aadhaar seeded to ensure last mile tracking. Poshan Tracker helps Mission Poshan 2.0 in generating data, providing feedback to Program Managers and documenting the impact of the scheme on nutrition indicators. The Ministry/ States/ Districts are being able to make effective timely interventions, based on the data from the tracker; continuous evaluation through reputed institutions and the progress of different components.

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.

Under Saksham Anganwadi and Poshan 2.0, two lakh selected AWCs (@ 40,000 AWCs per year) are being strengthened and upgraded for improved nutrition delivery for stimulating the creative, social, emotional, cognitive and



intellectual development of children under 6 years of age in convergence with education development programmes.

As on date, 1,70,337 Anganwadi Centres (41192 for FY 2022-23, 50916 for FY 2023- 24 and 78229 for FY 2024-25) have been approved for upgradation to Saksham Anganwadis in the States/UTs, out of which, 10432 Anganwadi Centres have been approved for upgradation to Saksham Anganwadi in the State of Odisha and Rs.62.59 Crores have been allocated to the State for this purpose.

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

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

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 micronutrients and to control anaemia among women and children.

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.

### छत्तीसगढ़ में केंद्रीय स्वास्थ्य योजनाएं

#### 3127. श्री संतोष पांडेय:

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

(क) छत्तीसगढ़ में केंद्र सरकार द्वारा कार्यान्वित विभिन्न स्वास्थ्य योजनाओं का जिलेवार ब्यौरा क्या है;

(ख) वर्ष 2023-24 के दौरान उक्त योजनाओं के लिए आवंटित और उपयोग की गई कुल धनराशि कितनी है;

(ग) छत्तीसगढ़ में केंद्रीय निधि से स्थापित किये जा रहे अस्पतालों का जिलेवार ब्यौरा क्या है;

(घ) क्या उक्त अस्पतालों के लिए केंद्र और राज्य सरकारों के वित्तपोषण में आनुपातिक हिस्सेदारी का कोई प्रावधान है; और

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

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

(क) और (ख): स्वास्थ्य और परिवार कल्याण मंत्रालय विभिन्न केंद्र प्रायोजित योजनाओं और केंद्रीय क्षेत्र योजनाओं के माध्यम से स्वास्थ्य सेवा क्षेत्र में राज्यों/संघ राज्य क्षेत्रों के प्रयासों को पूरक बनाता है। इस मंत्रालय के अंतर्गत विभिन्न केंद्र प्रायोजित योजनाओं को योजनाओं के प्रत्येक घटक के लिए अलग-अलग बजट प्रावधान के अनुरूप कार्यान्वित किया जाता है। इन योजनाओं के लिए सरकारी खर्च तिमाही व्यय योजना के अनुसार सर्वोत्तम आउटपुट के लिए किया जाता है। राज्यों/संघ राज्य क्षेत्रों को उपयोग प्रमाणपत्र के आधार पर धनराशि जारी की जाती है।

छत्तीसगढ़ सहित राज्यों/संघ राज्य क्षेत्रों के माध्यम से कार्यान्वित विभिन्न प्रमुख केन्द्र प्रायोजित योजनाओं/कार्यक्रमों और केन्द्रीय क्षेत्र की योजनाओं का विवरण तथा जारी/उपयोग की गई निधियां का विवरण निम्नानुसार है:

- ❖ राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) का ब्यौरा संलग्न **विवरण -I** में दिया गया है।
- ❖ मौजूदा जिला/रेफरल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना और 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 छत्तीसगढ़ सहित पीजी सीटों को बढ़ाने के लिए राज्य सरकार के मेडिकल कॉलेजों को मजबूत करना और उनका उन्नयन

करना **संलग्न विवरण-II** में दिया गया है।

- ❖ नर्सिंग शिक्षा को बढ़ाना और नर्सिंग सेवाओं का विकास **संलग्न विवरण -III** में दिया गया है।
- ❖ आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) **संलग्न विवरण -IV** में दिया गया है।

(ग) से (ङ.): जन स्वास्थ्य और अस्पताल राज्य का विषय है और स्वास्थ्य सेवा प्रणाली को मजबूत बनाने की जिम्मेदारी संबंधित राज्य/संघ राज्य सरकारों की है। तथापि, स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्ताव के आधार पर जिला अस्पताल के स्तर तक स्वास्थ्य सुविधा केंद्रों सहित जन स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को मंजूरी देती है। अस्पतालों की स्थापना सहित छत्तीसगढ़ को दी गई मंजूरी का विवरण सार्वजनिक डोमेन <https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=44andlid=57> पर उपलब्ध है।

एनएचएम वित्त पोषण पद्धति केंद्र सरकार और राज्यों और विधानमंडल वाले संघ राज्य क्षेत्रों (दिल्ली और पुडुचेरी) के बीच 60:40 का है। जम्मू और कश्मीर, हिमाचल प्रदेश, उत्तराखंड और सिक्किम सहित पूर्वोत्तर राज्यों के लिए केंद्र सरकार और राज्यों के बीच शेयरिंग पैटर्न 90:10 का है। विधानमंडल रहित संघ राज्य क्षेत्रों के लिए, वित्त पोषण पद्धति 100% केंद्रीय अंशदान का है।

**विवरण -I****राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम)**

वित्त वर्ष 2023-24 के लिए छत्तीसगढ़ राज्य के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत केंद्रीय रिलीज और व्यय का विवरण निम्नानुसार है:

			(करोड़ रुपए में)
क्र. सं.	योजना	जारी की गई केंद्रीय राशि	व्यय
1	एनएचएम	875.80	1,743.79
2	पीएम- एबीएचआईएम	32.23	19.64

(i) उपर्युक्त जारी राशि केंद्र सरकार के अनुदान से संबंधित हैं और इसमें शेयर अंशदान शामिल नहीं है।

(ii) व्यय में केंद्रीय जारी राशि, राज्य जारी राशि और वर्ष की शुरुआत में अव्ययित शेष राशि में व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत एफएमआर के अनुसार है।

**विवरण -II**

(i) मौजूदा जिला/रेफरल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना

(ii) 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 मजबूत करना और उनका उन्नयन करना।

‘मौजूदा जिला/रेफरल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना’, ऐसे वंचित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता देते हुए, जहाँ कोई मौजूदा सरकारी या निजी मेडिकल

कॉलेज नहीं है। केंद्र और राज्य सरकारों के बीच निधि साझाकरण प्रणाली पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में है, और अन्य के लिए 60:40 है। इस योजना के तहत, सभी परिकल्पित 157 मेडिकल कॉलेजों को मंजूरी दी गई है, जिनमें से छत्तीसगढ़ में 05 मेडिकल कॉलेज स्वीकृत किए गए हैं। विवरण इस प्रकार है:

(करोड़ रुपए में)

	जिला	अनुमोदित लागत	केंद्रीय अंशदान(60%)	कुल	स्थिति
1	राजनंदगांव	189.00	113.40	113.40	पहले ही उद्घाटन हो चुका है
2	सरगुजा	189.00	113.40	113.40	पहले ही उद्घाटन हो चुका है
		<b>378.00</b>	<b>226.80</b>	<b>226.80</b>	

क्र.सं.	जिला	अनुमोदित राशि	केंद्रीय अंशदान (60%)	जारी कुल राशि	स्थिति	टिप्पणी
1	कोरबा	325	195	90	कार्यात्मक (ए वार्ड 2022-23)	अस्थायी परिसर में संचालित।
2	महासमुंद	325	195	90	कार्यात्मक (ए वार्ड 2022-23)	डीपीआर को अवरुद्ध कर दिया गया है और टेंडर को अंतिम रूप दे दिया गया है। इन कॉलेजों की आधारशिला रखी जा सकती है
3	कांकेर	325	195	90	कार्यात्मक (ए वार्ड 2021-22)	
	कुल	<b>975</b>	<b>585</b>	<b>270</b>		

देश में एमबीबीएस सीटें बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन के लिए सीएसएस के तहत पूर्वोत्तर राज्यों और विशेष श्रेणी के राज्यों के लिए केंद्र और राज्य सरकारों द्वारा क्रमशः 90:10 और अन्य राज्यों के लिए 60:40 के अनुपात में वित्तपोषण किया जाता है, जिसकी अधिकतम सीमा लागत 1.20 करोड़ रुपये प्रति सीट निर्धारित की गई है। इस योजना के तहत, 180 करोड़ रुपये की स्वीकृत लागत से 03 मेडिकल कॉलेजों में 150 यूजी सीटें उपलब्ध कराई जाएंगी। छत्तीसगढ़ राज्य को 27 करोड़ रुपये का केंद्रीय अंशदान जारी किया गया है। विवरण इस प्रकार है:

(करोड़ रुपए में)

क्र.सं.	मेडिकल कॉलेज का नाम	बढ़ीं सीटें	अनिमोदित लागत	केंद्रीय अंशदान(60%)	2022-23 में जारी की गई राशि	जारी कुल राशि
1	राजमाता श्रीमती देवेन्द्र कुमारी सिंहदेव, जीएमसी, अंबिकापुर, छत्तीसगढ़	50	60	36	9	9
2	स्वर्गीय श्री लखीराम अग्रवाल मेमोरियल शासकीय. मेडिकल कॉलेज रायगढ़, छत्तीसगढ़	50	60	36	9	9
3	छत्तीसगढ़ कार्यविज्ञान संस्थान बिलासपुर	50	60	36	9	9

केंद्र प्रायोजित योजना (सीएसएस) के तहत 'राज्य सरकार के मेडिकल कॉलेजों को सुदृढ़ बनाने और नए पीजी विषयों को शुरू करने तथा पीजी सीटों को बढ़ाने के लिए', छत्तीसगढ़ में 32.73 करोड़ रुपये की स्वीकृत लागत के साथ 01 मेडिकल कॉलेज में 79 पीजी सीटों को मंजूरी दी गई है। छत्तीसगढ़ को 22.094 करोड़ रुपये का संपूर्ण केंद्रीय अंशदान जारी किया गया है। विवरण इस प्रकार है:

(करोड़ रुपए में)

क्र.सं.	मेडिकल कॉलेज का नाम	कुल लागत	केंद्रीय अंशदान	स्वीकृत पीजी सीटों की संख्या	जारी निधियां		जारी कुल राशि
					2011-12	2017-18	
1	पं. जे.एन.एम. मेडिकल कॉलेज, रायपुर	32.73	22.094	79	12.275	9.819	22.094
	कुल	32.73	22.094	79	12.275	9.819	22.094

**विवरण -III****नर्सिंग शिक्षा को बढ़ावा देना तथा नर्सिंग सेवाओं का विकास**

क. केन्द्र प्रायोजित योजना (सीएसएस) "नर्सिंग शिक्षा को बढ़ावा देना - चिकित्सा महाविद्यालयों के साथ 157 नर्सिंग महाविद्यालयों की स्थापना" के अन्तर्गत छत्तीसगढ़ में राजनांदगांव, सरगुजा, कोरबा, महासमुंद तथा कांकेर जिलों में 05 नर्सिंग महाविद्यालय आवंटित किए गए हैं।

ख. केंद्रीय क्षेत्र योजना (सीएस) "नर्सिंग सेवाओं का विकास" के तहत, प्रत्येक नर्सिंग स्कूल को नर्सिंग कॉलेज में अपग्रेड करने और नर्सिंग अवसंरचना को मजबूत करने के लिए 7.00 करोड़ रुपये की निधियां जारी की गई है और राज्य सरकार/राज्य नर्सिंग परिषद/केंद्र सरकार के संस्थानों/टीएनएआई से 30 प्रतिभागियों (नर्सों) को विभिन्न नर्सिंग विशेषज्ञता में अपने ज्ञान और कौशल को अद्यतन करने के लिए 7 दिनों की अवधि के लिए प्रति कोर्स 2,28,500 रुपये की वित्तीय सहायता भी प्रदान की गई है। केंद्रीय क्षेत्र योजना के तहत वित्तीय वर्ष 2023-24 के लिए छत्तीसगढ़ को कोई निधियां जारी नहीं की गई है।

**विवरण - IV****आयुष्मान भारत प्रधानमंत्री - जन आरोग्य योजना (एबी पीएम-जेएवाई)**

आयुष्मान भारत प्रधानमंत्री - जन आरोग्य योजना (एबी पीएम-जेएवाई) सरकार की एक प्रमुख योजना है जो भारत की आबादी के आर्थिक रूप से कमजोर 40% वाले 12.37 करोड़ परिवारों



के अनुरूप लगभग 55 करोड़ लाभार्थियों को माध्यमिक और विशिष्ट परिचर्या अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। यह योजना छत्तीसगढ़ राज्य सहित 33 राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित की जा रही है।

एबी पीएम-जेएवाई पूरी तरह से मांग आधारित है। एनएचए राज्यों से प्राप्त वास्तविक मांग के आधार पर उन्हें योजना कार्यान्वयन के लिए निधियां जारी करता है। निधियों का राज्य-वार आबंटन नहीं किया जाता है। एनएचए द्वारा परिभाषित प्रक्रिया के अनुसार, राज्यों को प्रत्येक नई निधि जारी करने से पहले पहले प्राप्त निधियों का उपयोग प्रमाण पत्र प्रस्तुत करना आवश्यक है। वित्त वर्ष 2023-24 के लिए एबी पीएम-जेएवाई के तहत छत्तीसगढ़ राज्य द्वारा जारी निधियों और उपयोग की गई निधियों का विवरण इस प्रकार है:

छत्तीसगढ़ राज्य को सहायता अनुदान के रूप में जारी की गई निधि (करोड़ में)	छत्तीसगढ़ राज्य द्वारा उपयोग की गई निधि (करोड़ में)
195.47	192.08

## WITHDRAWAL OF ISRAEL'S FORCES FROM LEBANON

### 3128. SHRI S. VENKATESAN:

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

(a) the stance of the Government of India on call by Israel to withdraw UN peace keeping forces from Southern Lebanon in view of the worsening conditions along the Israel-Lebanon border as per joint statement issued by the United Nations Interim Force in Lebanon (UNIFIL) troop contributing countries; and

(b) whether India has taken/proposes to take any serious diplomatic efforts to ensure withdrawal of Israeli forces from Lebanon 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) and (b) As a major Troop Contributing Country to United Nations Interim Force in Lebanon (UNIFIL), India expressed its concern at the deteriorating security situation along the Blue Line and called on all to respect inviolability of UN premises and for appropriate measures to ensure the safety of the peacekeepers and the sanctity of their mandate. India also aligned with the Joint Statement issued by UNIFIL Troop Contributing Countries calling for the same. India has always called for de-escalation, restraint and return to the path of dialogue and diplomacy. On 27 November 2024, a ceasefire was announced between Israel and Lebanon. India welcomed the ceasefire and expressed the hope that it will lead to peace and stability in the wider region.

### **PROPOSAL FOR MEDICAL COLLEGES IN BIHAR**

**3129. DR. ALOK KUMAR SUMAN:**

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

(a) whether it is a fact that the Government has received number of proposal to set up medical colleges in the country including Bihar and if so, the details thereof, State/UT-wise;

(b) whether it is a fact that the Government has approved to establish medical colleges in Gopalganj district of Bihar and if so, the details thereof;

(c) whether it is a fact that the Government has received any representation from Members of Parliament to establish medical college in District Gopalganj in Bihar;

(d) if so, the details thereof along with the action taken by the Government in this regard; and

(e) whether it is a fact that medical college cannot be established in the State without the proposal of State Government and if so, the details thereof along with the criteria fixed for the establishment of 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 A (SHRIMATI ANUPRIYA PATEL):**

(a) to (e): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, all the envisaged Government medical colleges have been approved in three phases including 08 medical colleges in Bihar. The phase wise details of medical colleges approved in the country are given in the enclosed **Statement**.

**STATEMENT**

**State-wise details of 157 Medical Colleges approved under the Centrally Sponsored scheme for 'Establishment of new medical colleges attached with existing district/referral hospitals'**

<b>S.No</b>	<b>State/UT</b>	<b>No. of colleges</b>	<b>Districts</b>
<b>Phase-I (58)</b>			
1	A and N Islands	1	Port Blair
2	Arunachal Pradesh	1	Naharlagun
3	Assam	4	Dhubri, Nagaon, North Lakhimpur, Diphu
4	Bihar	3	Purnia, Saran (Chhapara), Samastipur
5	Chhattisgarh	2	Rajnandgaon, Sarguja
6	Himachal Pradesh	3	Chamba, Hamirpur, Nahan (Sirmour)
7	Haryana	1	Bhiwani
8	Jharkhand	3	Dumka, Hazaribagh, Palamu (Daltonganj)
9	Jammu and Kashmir	5	Anantnag, Baramulla, Rajouri, Doda, Kathua
10	Madhya Pradesh	7	Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri
11	Maharashtra	1	Gondia
12	Meghalaya	1	West Garo Hills (Tura)
13	Mizoram	1	Falkawn
14	Nagaland	1	Naga Hospital (Kohima)
15	Odisha	5	Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri
16	Punjab	1	SAS Nagar
17	Rajasthan	7	Barmer, Bharatpur, Bhilwara, Churu, Dungarpur, Pali, Sikar

S.No	State/UT	No. of colleges	Districts
18	Uttar Pradesh	5	Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich
19	Uttarakhand	1	Almora
20	West Bengal	5	Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, Raiganj (North Dinajpur)
<b>Phase –II (24)</b>			
1	Bihar	5	Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui
2	Jharkhand	2	Koderma, Chaibasa (Singhbhum)
3	Madhya Pradesh	1	Satna
4	Odisha	1	Jajpur
5	Rajasthan	1	Dholpur
6	Uttar Pradesh	8	Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur
7	West Bengal	5	Barasat, Uluberia, Arambagh, Jhargram, Tamluk
8	Sikkim	1	Gangtok
<b>Phase-III (75)</b>			
1	Andhra Pradesh	3	Piduguralla, Paderu, Machilipatnam
2	Assam	1	Kokrajhar
3	Chhattisgarh	3	Korba, Mahasamund, Kanker
4	Gujarat	5	Narmada, Navsari, Panchmahal, Porbandar, Morbi
5	Jammu and Kashmir	2	Udhampur, Handwara (Distt. Kupwara)
6	Karnataka	4	Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura
7	Ladakh	1	Leh

<b>S.No</b>	<b>State/UT</b>	<b>No. of colleges</b>	<b>Districts</b>
8	Madhya Pradesh	6	Rajgarh, Mandla, Neemuch, Mandsaur, Sheopur, Singrauli
9	Maharashtra	1	Nandurbar
10	Manipur	1	Churachandpur
11	Nagaland	1	Mon
12	Odisha	1	Kalahandi
13	Punjab	2	Kapurthala, Hoshiarpur
14	Rajasthan	15	Alwar, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, SawaiMadhopur, Tonk, Hanumangarh, Jhunjhunu, Dausa
15	Uttarakhand	3	Rudrapur (Distt. Udham Singh Nagar), Pithoragarh, Haridwar
16	Uttar Pradesh	14	Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat, Kaushambi, Amethi
17	Tamil Nadu	11	Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi
18	West Bengal	1	Jalpaiguri

**STATE MEDICINAL PLANTS BOARD****3130. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:**

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

- (a) whether it is a fact that the grant in aid from State Medicinal Plants Board is given to Tamil Nadu and Puducherry under the National Medicinal Plants board under the Ministry and if so, the details thereof;
- (b) whether the Government has approved any proposal for starting of New Siddha Medical College in Tamil Nadu and Puducherry during the last three years and if so, the details thereof; and
- (c) the reasons for non-fully functional Ayush hospital in Puducherry and Tamil Nadu?

**THE MINISTER 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 Sir. However, the National Medicinal Plants Board, Ministry of Ayush under its "Central Sector Scheme on Conservation, Development and Sustainable Management of Medicinal Plants has approved / released Grant-in-Aid for various activities to Tamil Nadu and Puducherry State Medicinal Plants Boards during the last three years. The details are given in the enclosed **Statement -I.**

(b): As per the information of National Commission for Indian System of Medicine (NCISM) which is the regulatory body for establishing the new Ayurveda, Siddha, Unani and Sowa-Rigpa colleges across the country,04

Private and 01 Government new Siddha Medical Colleges established in the state of Tamil Nadu during the last three years. The details are given in the enclosed **Statement -II**. However, from UT of Puducherry no such proposal received in NCISM to establish New Siddha Medical College in last three years.

(c): Public Health being a State subject, the matter of fully functional Ayush hospital in Puducherry and Tamil Nadu comes under the purview of respective State / UT Governments. Further, under the Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from the State / UT Government of Tamil Nadu and Puducherry, Ministry of Ayush has approved 07 Integrated Ayush Hospitals (02 units in Puducherry and 05 units in Tamil Nadu) from the year 2014-15 to 2023-24. Since, implementation of NAM Scheme is being done by the State / UT Governments, the functionality of the approved Integrated Ayush Hospital comes under their purview.

#### **STATEMENT-I**

**The detail of Grant-in-Aid Approved / Released from National Medicinal Plants Board, Ministry of Ayush to Tamil Nadu and Puducherry State Medicinal Plants Board during the last three Years**

S. No.	Name of State Medicinal Plants Board	Activity	Grant-in-Aid Approved / Released (₹ in Lakhs)		
			2021-22	2022-23	2023-24
1.	Tamil Nadu State Medicinal Plants Board	Nucleus Centre Maintenance	34.19	32.00	30.51



		Establishment of Herbal Garden	-	-	15.50
		Information Education Communication (IEC)	-	4.30*	-
2.	Puducherry State Medicinal Plants Board	Nucleus Centre Maintenance	13.60	-	22.80

\*Grant-in-Aid Approved

### **STATEMENT-II**

**List of Granted Letter of Permission to Open New Medical Siddha colleges in State of Tamil Nadu during the last three years**

S.No	College Id	Name of the College	State	Government/Private
<b>Academic Year 2021-22</b>				
-	-	-	-	-
<b>Academic Year 2022-23</b>				
1	SID0272	National Institute of Siddha, Trichy Hwy, near Government Hospital, TambaramSanatoruim, Chennai, Tamil Nadu - 600047	Tamil Nadu	Government (it is a PG Institute, got approval to start new UG course)
2	SID0754	Annai Medical College of Siddha and Research Centre, Anakudi Road, KovilacheriKambakonam, Thanjavur-612503, Tamil Nadu	Tamil Nadu	Private

3	SID0756	Sir Issac Newton Siddha Medical College, Thandapani Pillai and Sons, Educational and Charitable Trust, Nagapattinam-611 001, Tamil Nadu	Tamil Nadu	Private
<b>Academic Year 2023-24</b>				
1	SID0755	SudhaSaseendran Siddha Medical College and Hospital, 5/121B, Mecode, Kaliyakkavilai - Post, Kanyakumari District, Tamil Nadu- 629153	Tamil Nadu	Private
2	SID0753	Shri IndraGanesan Institute of Medical Science Siddha Medical College, Main Road NH-45B, Manikandam, Triuchirappalli - 620012, Tamil Nadu	Tamil Nadu	Private

### **REDUCTION IN OUT-OF-POCKET HEALTH EXPENDITURE**

#### **3131: SHRI VISHNU DAYAL RAM:**

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

- (a) whether it is true that India's out-of-pocket health expenditure has been reducing;
- (b) if so, the details of out-of-pocket health expenditure during the last three years, year-wise and State-wise; and

(c) the initiatives taken/being taken by the Government to further reduce this expenditure in the coming years?

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

(a) to (c) :As per National Health Accounts Estimates 2021-22, the Out-of-pocket expenditure (OOPE) as percentage of Total Health Expenditure (THE) is 39.4%. OOPE on health as percentage of THE in the country for the year 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22 are 48.8%, 48.2%, 47.1%, 44.4% and 39.4% respectively and therefore there is declining trend in OOPE as percentage of THE. Available State-wise OOPE as percentage of State THE for the last three years as per National Health Accounts Estimates for India, is enclosed as **Statement.**

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 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 Arogya 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 1,75,418 Ayushman Arogya Mandirs (AAMs) have been established and operationalized, till 10th December 2024, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas. The purpose of AAMs is 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.

### **STATEMENT**

#### **State-wise Out of Pocket Expenditure (OOPE) as percentage of State Total Health Expenditure**

S.No	State	Out of Pocket Expenditure % of State Total Health Expenditure		
		2019-20	2020-21	2021-22
1	Assam	34.9	33.2	27.6
2	Andhra Pradesh	63.6	58.8	52.0
3	Bihar	54.3	50.2	41.3
4	Chhattisgarh	36.7	33.9	29.2

5	Gujarat	40.8	40.0	35.0
6	Haryana	45.5	42.2	37.5
7	Jammu and Kashmir	46.6	31.8	25.9
8	Jharkhand	64.7	61.8	47.5
9	Karnataka	31.8	30.3	25.4
10	Kerala	67.9	65.7	59.1
11	Madhya Pradesh	53.0	53.0	43.3
12	Maharashtra	44.1	42.4	38.1
13	Odisha	53.4	44.6	37.1
14	Punjab	64.7	62.3	57.2
15	Rajasthan	47.4	42.8	37.1
16	Tamil Nadu	44.2	36.9	34.6
17	Uttar Pradesh	71.8	70.2	63.7
18	Uttarakhand	35.8	33.4	26.9
19	West Bengal	67.1	65.1	58.3
20	Telangana	41.6	39.8	37.6
21	Himachal Pradesh	46.0	45.0	39.6

Source: National Health Accounts (NHA) Estimates for India

### संकट प्रबंधन प्रकोष्ठ की स्थापना

#### 3132. श्री राम प्रसाद चौधरी:

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

(क) क्या सरकार इस विचार से सहमत है कि केंद्रीय औषध मानक नियंत्रण संगठन (सीडीएससीओ) को उभरतीसार्वजनिक स्वास्थ्य आपात-स्थितियों के लिए नए उपचार और टीकों की खोज में तेजी लाने के लिए सरकारी अधिकारी, प्रयोगशालाओं, राज्य प्राधिकरणों और उसके क्षेत्रीय प्रमुखों से मिलकर एक संकट प्रबंधन प्रकोष्ठ स्थापित करना चाहिए;

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

(ग) सरकार द्वारा रोग प्रकोप, महामारी और जीका वायरस रोग, इन्फ्लूएंजा एच1एन1 महामारी औरकोविड-19 महामारी जैसी पिछली महामारियों के स्रोत को ध्यान में रखते हुए क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है; और

(घ) 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): जी, हां।

(ख) से (घ): नए औषधि और नैदानिक परीक्षण नियम, 2019, जिसके तहत टीकों को विनियमित किया जाता है, में आपदा या रक्षा उपयोग के लिए विकसित दवाओं, अपूर्ण आवश्यकता, दुर्लभ बीमारियों के लिए और्फ़न ड्रग्स आदि जैसी कुछ स्थितियों में त्वरित/शीघ्र अनुमोदन प्रक्रिया के प्रावधान हैं।

स्वास्थ्य राज्य का विषय है। तथापि, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/संघ राज्य क्षेत्रों को रोग प्रकोप, महामारी और सर्वव्यापी महामारी के खिलाफ बेहतर तैयारी के लिए उनकी क्षमताओं को बढ़ाने के लिए अपेक्षित सहायता प्रदान करता है।

इसके अलावा, अपेक्षित सार्वजनिक स्वास्थ्य नियंत्रण और रोकथाम उपायों को लागू करने के लिए प्रशिक्षित बहु-विषयक त्वरित अनुक्रिया दल (आरआरटी) के माध्यम से रोग निगरानी कार्यक्रमों को बढ़ाने के लिए एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी) को मजबूत किया गया है। एकीकृत स्वास्थ्य सूचना प्लेटफ़ॉर्म (आईएचआईपी) के तहत आईडीएसपी को सभी स्तरों पर सुलभ वास्तविक समय डेटा रिपोर्टिंग सहित उन्नत डेटा मॉडलिंग और डेटा विश्लेषणात्मक उपकरणों का उपयोग करने का अधिकार दिया गया है।

प्रयोगशाला सुदृढीकरण के संदर्भ में, आईडीएसपी के तहत, राज्यों ने जिला और राज्य स्तर पर प्रयोगशालाओं को मजबूत किया है। साथ ही, भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने समय पर प्रयोगशाला आधारित रोगजनकों के निदान के लिए प्रयोगशालाओं के

राष्ट्रव्यापी नेटवर्क को मजबूत करने के लिए 150 से अधिक वायरस अनुसंधान और निदान प्रयोगशालाओं (वीआरडीएल) का एक नेटवर्क स्थापित किया है। इसके अलावा, पुणे में राष्ट्रीय विषाणु विज्ञान संस्थान (एनआईवी) में शीर्ष प्रयोगशाला के अलावा, आईसीएमआर ने प्रकोपों के दौरान, विशेष रूप से दूरदराज के क्षेत्रों में आवश्यक ऑन-साइट निदान सेवाएं प्रदान करने के लिए दो मोबाइल बीएसएल-3 प्रयोगशालाएँ विकसित की हैं। इसके अलावा, मानव, पशु, पौधे और पर्यावरणीय स्वास्थ्य क्षेत्रों में एकीकृत और समग्र अनुसंधान और विकास करने के लिए आईसीएमआर द्वारा नागपुर में नेशनल इंस्टीट्यूट फ़ोर वन हेल्थ (एनआईओएच) की स्थापना की गई है।

सार्वजनिक स्वास्थ्य संबंधी आपात स्थितियों के लिए देश को बेहतर ढंग से तैयार करने के दीर्घकालिक लक्ष्य के साथ, किसी भी नई और उभरती हुई बीमारियों की पहचान और प्रबंधन करने के लिए प्राथमिक, मध्यम और विशिष्ट स्वास्थ्य देखभाल सुविधा केंद्रों और संस्थानों की क्षमता बढ़ाने के लिए प्रधान मंत्री - आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) शुरू किया गया है।

## **WATERWAYS IN KARNATAKA**

### **3133. SHRI VISHWESHWAR HEGDE KAGERI:**

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

- (a) whether the Government have any proposals for establishing Waterways on the west coast of Karnataka, if so, the details thereof; and
- (b) the status of its implementation?

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



(a) and (b)Karnataka has twelve (12) declared National Waterways (NWs). Inland Waterways Authority of India (IWAI), an autonomous organisation under Ministry of Ports, Shipping and Waterways has entered into a Memorandum of Understanding (MoU) with Department of Tourism, Government of Karnataka for the development of River Kabini (NW-51) and River Sharavati (NW-90). Tender for carrying out Environmental Impact Assessment and Environmental Management plan has been floated for taking up development of floating jetties and navigational aids.

### **IMPLEMENTATION OF AYUSHMAN BHARAT IN PUNJAB**

#### **3134. SHRI AMRINDER SINGH RAJA WARRING:**

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

- (a) the number of beneficiaries treated under Ayushman Bharat against the number of total individuals covered under the scheme during the last five years, in the State of Punjab;
- (b) the details of private hospitals where the benefits of Ayushman Bharat are availed in the State of Punjab, district-wise;
- (c) whether there has been any study report sponsored by the Government to study the effectiveness of the scheme, if so, the details thereof;
- (d) the details of the major issues identified for the successful implementation of the Ayushman Bharat along with the corrective steps taken/proposed to be taken by the Government to resolve those issues; and

(e) the details of the contribution of the Union and State Government to Ayushman Bharat Scheme during the last three financial years indicating the ratio and exact amount contributed?

**THE MINISTER 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 State of Punjab, a total of 45 lakh beneficiary families corresponding to 1.97 crore individuals are covered under Ayushman Bharat – Pradhan Mantri Jan ArogyaYojana (AB-PMJAY). In the last five years, a total of 19.87 lakh hospital admissions worth over Rs. 2,490.35 crore have been authorized under the scheme in the state of Punjab.

(b): District-wise details of private hospitals empaneled under AB-PMJAY in the State of Punjab can be accessed through the following link:

<https://hospitals.pmjay.gov.in/Search/empnlWorkflow.htm?actionFlag=ViewRegisteredHosptlsNew>

(c): A baseline study was commissioned by the Government of India in 2019-2020 to understand the impact of AB-PMJAY across the States of Bihar, Chhattisgarh, Gujarat, Kerala, Meghalaya, Tamil Nadu and Uttar Pradesh covering a sample of 72,636 individuals.

The study observed that AB-PMJAY, since its early implementation period, has been instrumental in increasing access to health care and in reducing Out Of Pocket Expenditures (OOPE) among beneficiaries who need highly specialized care. Qualitative analysis of the study also revealed that

beneficiaries are satisfied with the quality of medical services received under AB-PMJAY. The study inter-alia recommended strategies to increase awareness of the scheme, addressing barriers in accessing healthcare services to ensure that beneficiaries receive specialized care timely, replicating experiences from other settings like dedicated staff to guide and assist beneficiaries, establishing communication and feedback channels to allow beneficiaries to voice their concerns.

(d): Some of the focus areas for effective implementation of the scheme are as follows:

- Beneficiary base expansion

The beneficiary base of the scheme has been continuously progressing from 10.74 crore SECC/RSBY families to 12 crore poor and vulnerable families in January 2022. 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. The beneficiary base has been further expanded by including 37 lakh Accredited Social Health Activist (ASHAs) / Anganwadi Workers (AWWs) / Anganwadi Helpers (AWHs) and their families in February 2024. Additionally, approximately 6 crore senior citizens of the age 70 years and above (corresponding to approximately 4.5 crore families) have been brought under the ambit of the scheme in October 2024.

- IT system improvisation

- Beneficiary Identification System (BIS 2.0) allows self / assisted verification and eliminates unnecessary intermediaries.
- Beneficiary verification and card creation have been enabled on 'Ayushman' mobile application equipped with face-authentication technology.
- Transaction Management System (TMS 2.0) has been launched to improve in-patient registration, pre-authorization, admission, initial diagnosis, follow up, claims management and payments.
- User Management Portal (UMP) aims to facilitate the users to access the various PMJAY applications through the single ID and password with a single sign-on facility.
- National portal, dashboard and analytical solution to monitor the status of implementation of AB-PMJAY on Key Performance Indicators (KPIs), generate reports, identify trends and further feed data for grievance and fraud analysis.
- Awareness generation

Campaigns like "Aapke Dwar Ayushman" have been undertaken to mobilize millions. 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.

(e) Ayushman Bharat - Pradhan Mantri-Jan ArogyaYojana (AB-PMJAY) is completely funded by the Government and the costs are shared between Central and State Governments as per the existing policy of the scheme. The ratio of Central share to State share in the State of Punjab is 60:40. Central Government's share of Grant-in-Aid is based on the above sharing pattern ratio for the actual cost of treatment of the scheme beneficiary families or maximum ceiling amount decided by Government of India (presently Rs. 1052 per family per year), whichever is less. As of now, any additional expenditure over and above the maximum ceiling amount has to be borne by the State Government as per the current applicable guidelines.

The funding of AB-PMJAY is entirely demand driven. Funds are released to the States/UTs on the basis of the actual demand received from them. There is no State/UT-wise allocation of funds. As per the defined process, States/UTs are required to furnish the Utilization Certificate of previously received funds prior to every new fund release.

In the State of Punjab, AB-PMJAY is implemented in convergence with the State's own health assurance scheme. The total number of eligible families overall is 45 lakh. Out of these, 16.65 lakh families are supported by both Central and State governments. The remaining families are supported under the State scheme and the treatment cost for these families is borne by the State

government. The details of central share of funds released to the State of Punjab under AB-PMJAY for the last three years are given in the enclosed **Statement**.

### **STATEMENT**

#### **Details of central share of funds released to the State of Punjab under AB-PMJAY since inception of scheme**

(in crore of Rupees)

<b>Financial Year</b>	<b>Central share of funds released for AB-PMJAY families</b>
2021-22	80.50
2022-23	111.38
2023-24	57.96

### **सखी निवास योजना**

#### **3135. श्री राजकुमार रोत:**

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

(क) केन्द्र प्रायोजित मांग आधारित सखी निवास योजना के तहत राजस्थान में अब तक कितने कामकाजी हॉस्टल खोले गए हैं;

(ख) इनमें दी गई सुविधाओं का ब्यौरा क्या है;

(ग) गत पांच वर्षों में राजस्थान के लिए जारी बजट का ब्यौरा क्या है;

(घ) क्या कामकाजी महिलाएं रोजगार की तलाश में अपना घर छोड़कर राजस्थान के दक्षिणी आदिवासी बहुल क्षेत्र डूंगरपुर बांसवाड़ा मुख्यालय पर रहती हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ड) क्या सरकार का वर्तमान मांग के अनुसार कामकाजी महिलाओं के लिए हॉस्टल खोलने का विचार है; और

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

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

(क) से (च): मिशन शक्ति के अंतर्गत सखी निवास योजना (कामकाजी महिला छात्रावास) एक मांग आधारित केन्द्र प्रायोजित योजना है जिसमें राज्य/संघ राज्य क्षेत्र स्थानीय जरूरतों के अनुसार अपनी आवश्यकता का मूल्यांकन करते हैं और राज्यों/संघ राज्य क्षेत्रों के साथ विचार-विमर्श के बाद कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा उनके प्रस्तावों को अनुमोदित किया जाता है। इस योजना का उद्देश्य कामकाजी महिलाओं और उच्च शिक्षा/प्रशिक्षण प्राप्त करने वाली महिलाओं के लिए सुरक्षित और सुविधाजनक स्थान पर आवास की उपलब्धता को बढ़ावा देना है साथ ही शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में बच्चों के लिए डे केयर सुविधा भी उपलब्ध कराना है, जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं।

वर्तमान में, राजस्थान राज्य में 15 सखी निवास क्रियाशील हैं। राजस्थान राज्य सरकार द्वारा प्राप्त सूचना के अनुसार वर्तमान में डूंगरपुर और बांसवाड़ा मुख्यालयों में कोई सखी निवास कार्यशील नहीं है।

केन्द्र सरकार को पिछले पांच वित्तीय वर्षों के दौरान इस योजना के अंतर्गत निधियां जारी करने के लिए राजस्थान राज्य सरकार से कोई प्रस्ताव प्राप्त नहीं हुआ है।

## PROMOTION OF AYUSH SCHEME

**3136. SHRI KOTA SRINIVASA POOJARY:**

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

- (a) whether the Government has any scheme to promote education, research and innovation in AYUSH by providing academic activities, training and capacity building in the country;
- (b) if so, the details thereof, along with the components of such Scheme along with the dates of launch of any such programme;
- (c) whether any such financial assistance is provided to the eligible organizations/institutions across the country as per the provision contained in the guidelines of this Scheme and if so, the details thereof; and
- (d) the details of the milestones achieved by this Scheme since its inception in the country?

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

(a) and (b) The Ministry of Ayush is implementing a Central Sector Scheme namely AYURGYAN to promote research and innovation in Ayush through extra mural research activities and education by providing academic activities, training, capacity building in the country. The scheme is effective from 08.06.2021.

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 (ABIHR). ABHIR has been added under the scheme from the year 2023-24 as 3<sup>rd</sup> component.



The detailed guidelines of the scheme are available on the website of Ministry of Ayush(<https://ngo.ayush.gov.in/ayurgya>).

Further, as a part of academic activities, training and capacity building in the country the following programmes have been conducted by the National Commission for Indian System of Medicine, New Delhi.

- STUDENTSHIP PROGRAM
  
- SPARK PROGRAM-  
National Commission for Indian System of Medicine (NCISM) in the collaboration with CCRAS under Studentship Program for Ayurveda research Ken (SPARK), for 100 undergraduate students of Ayurveda colleges was launched last year. A studentship of Rs.25000 per month for two months is being given.
  
- SPUR PROGRAM-  
In Association with Central Council for Research in Unani Medicine (CCRUM), NCISM implemented studentship program for Unani Research (SPUR) for undergraduate students to promote research aptitude. A studentship of Rs.25000 per month for two months is being given.
  
- PG-STAR PROGRAM-  
In the collaboration of NCISM with Central Council for Research in Ayurvedic Sciences (CCRAS) has launched Scheme for Training in Ayurveda Research for Post Graduate Scholars (PG-STAR).

- Capacity Building Program 'Educational Planning and Administration- National Commission for Indian System of Medicine organised Capacity Building Program 'Educational Planning and Administration' for Principals of Ayurveda, Siddha, Unani, Sowa-Rigpa (ASUS) colleges from 10th July 2023 to 26th April 2024 in 20 batches.
- PG-Guide Orientation Program- NCISM in collaboration with Center for Publication Ethics and Center for Complementary and Integrative Health (CCIH),has trained 60 Master Trainers (i.e post graduate teaching faculties of Ayurveda, Siddha and Unani Colleges) of Ayurveda, Siddha and Unani Systems.

(c) and (d) Under the schemes, financial assistance is provided to the eligible organizations/institutions across the country as per the provision contained in the scheme guidelines. Further notable milestones achieved by the Ayurgyan scheme since inception is as under:

Capacity Building and CME in Ayush Component:

Fund to the tune of Rs.2.70 Crore during FY 2021-2022, Rs.6.25 Crore during FY 2022-23, Rs.4.50 Crore during FY 2023-24 and Rs.2.99 crore (as on 09.12.2024) was released/disbursed to conduct 28,73,49 and 36 training programmes respectively for Ayush personnel.

Research and Innovation in Ayush Component:

Fund to the tune of Rs.1.76 crore during FY 2021-2022, 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 09.12.2024) was released for 21,25,37 and 16 Research Projects respectively.

Ayurveda Biology Integrated Health Research:

Fund to the tune of Rs.6.16 crore during FY 2023-2024 and Rs. 19.96 crore (as on 09.12.2024) was released for 2 and 4 Research Projects respectively.

### **CRECHES AND FEEDING CENTERS IN ODISHA**

#### **3137. SHRI SAPTAGIRI SANKAR ULAKA:**

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

- (a) whether the Government is aware of Odisha's decision to shut down creches and feeding centers under Odisha PVTG Nutritional Implementation Programme (OPNIP) from 1st October 2024, and if so, the details thereof;
- (b) whether an impact assessment has been conducted on the closure of these centers in 12 districts, if so, the findings thereof;
- (c) the details of the specific steps the Government plans to take to mitigate the adverse impact of these closures on the nutritional and childcare needs of Particularly Vulnerable Tribal Groups (PVTG) women and children; and

(d) whether alternative measures or programmes are being proposed to ensure continued support for the nutritional and health needs of PVTG women and children, if so, the details thereof?

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

(a) to (d): The Government of India is not implementing any scheme named '*Odisha PVTG Nutritional Implementation Programme (OPNIP)*'. However, the Ministry has launched Palna scheme under the Umbrella Mission Shakti w.e.f. 1<sup>st</sup> April, 2022 to provide quality crèche facility in safe and secure environment for children (from ages 6 months – 6 years). Under the scheme, nutritional support is also provided to facilitate health and cognitive development of children and growth monitoring and immunization is also taken up.

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. Based on the proposals received from

States/ UTs, a total of 10,609 AWCCs have been approved by the Ministry, out of which 1,000 AWCCs have been approved for the State of Odisha.

### **FUNDS FOR NATIONAL HEALTH MISSION IN KERALA**

#### **3138. SHRI N. K. PREMACHANDRAN:**

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

- (a) whether the Government has initiated any action for releasing the National Health Mission (NHM) fund to the State of Kerala with full arrears, if so, the details thereof and if not, the reasons therefor;
- (b) whether the Government has issued any guidelines for branding of Centrally Sponsored Schemes (CSS), if so, the details thereof;
- (c) the details regarding the aims for branding of NHM;
- (d) whether all the States across the country complied with the branding guidelines, if so, the details thereof, State/UT-wise including Kerala;
- (e) whether the Government of Kerala has filed any report regarding the difficulties faced by the public due to the delay in release of the said fund; and
- (f) 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) to (f): Under National Health Mission, technical and financial support is provided to the States/UTs for improvement in health infrastructure and strengthening healthcare systems.

All the States/UTs execute a Memorandum of Understanding (MoU) with Government of India as per framework of National Health Mission (NHM), which mandates compliance by the States of the guidelines issued under NHM as per the Clause 10.3 and 10.10.

State Government of Kerala vide letter dated 26th June 2024, has informed that Health and Family Welfare Department of Kerala has issued an order to comply with the guidelines of Government of India.

In pursuance of commitment of compliance, an amount of Rs. 702.63 cr. has been released out of allocation of Rs. 913.24 crore for the FY 2024-25 under NHM.

### **PM VISIT TO UKRAINE**

#### **3139. SHRI T. R. BAALU:**

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

- (a) whether during the first-ever visit of the Indian Prime Minister to Ukraine in August 2024, the Prime Minister impressed upon the Ukrainian leader Mr. Zelenski to end the ongoing war with Russia;
- (b) if so, the details thereof and the response of the Ukrainian Government thereto; and

(c) whether the Government of India believe that the Prime Minister's mediatory efforts is likely to stop the war between Russia and Ukraine in the near future and if so, the details and the basis thereof?

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

(a) to (c) Open and constructive discussions were held during the visit of the Prime Minister of India, Shri Narendra Modi, to Ukraine in August 2024, on various aspects of the conflict. Prime Minister underlined the need for a peaceful and abiding resolution of the conflict through dialogue and diplomacy. He also conveyed India's willingness to contribute in all possible ways to facilitate an early return of peace. The Ukrainian side welcomed India's participation in the Summit on Peace in Ukraine held in Switzerland in June 2024. Both sides agreed to remain engaged for exchange of views on possibilities related to the settlement of the conflict.

India's close and friendly ties with the two parties to the conflict and other key stakeholders enable meaningful exchange of views and strengthen efforts to explore all possible pathways for early restoration of peace.

**UNAVAILABILITY OF ESSENTIAL FERTILIZERS DURING SOWING SEASON**

**3140: SUSHRI IQRA CHOUDHARY:**

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

- (a) the steps taken/proposed to be taken by the Government to ensure that essential fertilizers are made available in all parts of the country especially in regions heavily dependent on agriculture;
- (b) whether the Government is aware that farmers in Uttar Pradesh are facing shortage of fertilizers such as Urea and DAP during the time of crop sowing;
- (c) if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to address fertilizer shortages in the country especially in the light of supply chain disruptions around the world?

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

(a) to (d) Department of Agriculture and Farmers Welfare (DAandFW) assesses the requirement for major fertilizers viz. UREA, DAP, MOP and NPKS fertilizers, before each cropping season (viz. Kharif and Rabi) through "Zonal Conference for Agricultural Inputs". Based on the assessment done by 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 details of requirement, availability, sales and closing stock of Urea and DAP in the state of Uttar Pradesh during ongoing Rabi 2024-25 season (From 01.10.2024 to 09.12.2024), is as under:-

<QTY IN LMT>

S. NO	PRODUCT GROUP	SEASONAL REQUIREMENT	PRO- RATA REQUIREMENT TILL 09.12.2024	AVAILABILITY TILL 09.12.2024	DBT SALES TILL 09.12.2024	CLOSING STOCK TILL 09.12.2024
1	UREA	39.00	14.90	26.50	12.01	14.49
2	DAP	15.00	11.65	10.60	9.10	1.50
* Primary Indicator of comfortable availability: Availability > Requirement						
** Secondary Indicator of comfortable availability: Availability > Sales						

The details of requirement, availability, sales and closing stock of Urea, DAP, MOP and NPK in the country during ongoing Rabi 2024-25 season (From 01.10.2024 to 09.12.2024), is as under:-

<QTY IN LMT>

S.NO	PRODUCT GROUP	SEASONAL REQUIREMENT	PRO- RATA REQUIREMENT TILL 09.12.2024	AVAILABILITY TILL 09.12.2024	DBT SALES TILL 09.12.2024	CLOSING STOCK TILL 09.12.2024
1	UREA	186.89	89.37	133.97	73.52	60.45
2	DAP	52.05	36.91	40.47	31.77	8.70
3	MOP	11.95	6.24	14.22	5.77	8.45
4	NPKS	77.10	41.09	60.74	37.03	23.71
* Primary Indicator of comfortable availability: Availability > Requirement						
** Secondary Indicator of comfortable availability: Availability > Sales						

## आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना के अंतर्गत लाभार्थी

### 3141. श्री बाबू सिंह कुशवाहा:

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

(क) क्या आयुष्मान भारत - प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) को पूरे देश में प्रभावी ढंग से कार्यान्वित किया जा रहा है;

(ख) यदि हां, तो उक्त योजना के अंतर्गत अब तक कितने लाभार्थियों को स्वास्थ्य बीमा लाभ प्राप्त हुआ है;

(ग) क्या सरकार ने उक्त योजना के अंतर्गत ग्रामीण और शहरी क्षेत्रों में बीपीएल (गरीबी रेखा से नीचे) परिवारों की सूची को अद्यतन करने के लिए कोई प्रक्रिया निर्धारित की है;

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

(ङ) उक्त योजना के अंतर्गत सरकारी/निजी अस्पतालों को सूचीबद्ध करने के लिए क्या मानदंड निर्धारित किए गए हैं; और

(च) सरकार द्वारा उक्त योजना को और अधिक प्रभावी बनाने तथा इसके संभावित दुरुपयोग को रोकने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है?

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

(क) से (घ): आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई), भारत की आबादी के निचले 40% हिस्से में आने वाले लगभग 10.74 करोड़ लाभार्थी परिवारों को मध्यम और विशिष्ट परिचर्या अस्पताल में भर्ती होने के लिए प्रति वर्ष प्रति परिवार 5 लाख रुपये का स्वास्थ्य कवर प्रदान करने के उद्देश्य के साथ दिनांक 23.09.2018 को शुरू की गई थी। एबी-पीएमजेएवाई वर्तमान में पश्चिम बंगाल, राष्ट्रीय राजधानी क्षेत्र दिल्ली और ओडिशा को छोड़कर देश भर के 33 राज्यों/संघ राज्य क्षेत्रों में लागू है।

शुरुआत में, एबी-पीएमजेएवाई के तहत 10.74 करोड़ लाभार्थी परिवारों को वर्ष 2011 की सामाजिक-आर्थिक जाति जनगणना (एसईसीसी) के आधार पर लक्षित किया गया था, जिसमें परिवारों की पहचान करने के लिए क्रमशः ग्रामीण और शहरी क्षेत्रों में चुनिंदा अभाव और व्यावसायिक मानदंडों का उपयोग किया गया था। इसके अलावा, जनवरी 2022 में, 11.7% की दशकीय वृद्धि दर के आधार पर, भारत सरकार ने लाभार्थी आधार को संशोधित कर 12 करोड़ परिवार कर दिया और राज्यों/संघ राज्य क्षेत्रों को ऐसे एसईसीसी लाभार्थियों में से ऐसे लाभार्थियों के सत्यापन के लिए अन्य डेटाबेस का उपयोग करने की छूट दी गई है, जिनकी पहचान और सत्यापन नहीं किया जा सका। आशा, आंगनवाड़ी कार्यकर्ता और आंगनवाड़ी सहायिकाओं के 37 लाख परिवारों को भी मार्च 2024 में इस योजना में शामिल किया गया। इसके अलावा दिनांक 29.10.2024 को भारत सरकार ने 70 वर्ष और उससे अधिक आयु के सभी वरिष्ठ नागरिकों को बिना उनकी सामाजिक-आर्थिक स्थिति पर विचार करते हुए, परिवार के आधार पर प्रति वर्ष 5 लाख रूपए तक का निःशुल्क उपचार लाभ प्रदान करने के लिए योजना का विस्तार किया। इसके अतिरिक्त, इस योजना को लागू करने वाले कई राज्यों/संघ राज्य क्षेत्रों ने अपने खर्च पर लाभार्थी आधार का विस्तार किया है।

दिनांक 30.11.2024 तक देश भर में लगभग 36 करोड़ आयुष्मान कार्ड बनाए जा चुके हैं और लाभार्थियों को गुणवत्तापूर्ण स्वास्थ्य परिचर्या सेवाएं प्रदान करने के लिए 13,222 निजी अस्पतालों सहित कुल 29,929 अस्पताल इस योजना के अंतर्गत सूचीबद्ध हैं। इसके अलावा, इस योजना के तहत 1.16 लाख करोड़ रुपये के कुल 8.39 करोड़ अस्पताल भर्तियों को अधिकृत किया गया है।

(ड): राज्य स्वास्थ्य एजेंसियों (एसएचए) को आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत अस्पतालों को सूचीबद्ध करने की जिम्मेदारी सौंपी गई है। इच्छुक निजी अस्पतालों को निर्धारित मानदंडों को पूरा करने के बाद सूचीबद्ध किया जाता है और वे किसी दिए गए राज्य/ संघ राज्य क्षेत्रों के भीतर एसएचए की आवश्यकता के अधीन होते हैं। राज्यों/ संघ राज्य

क्षेत्रों को स्थानीय आवश्यकता के आधार पर अस्पताल सूचीबद्ध करने के मानदंडों को बदलने की भी छूट दी गई है।

अस्पतालों को दो प्रकार के पैनल मानदंडों के तहत सूचीबद्ध किया जाता है जो इस प्रकार हैं:

- ❖ सामान्य मानदंड - उन अस्पतालों के लिए जो आईसीयू और आपातकालीन सेवाओं सहित या उसके बिना गैर-विशिष्ट सामान्य चिकित्सा और शल्य चिकित्सा परिचर्या प्रदान करते हैं।
- ❖ विशेष मानदंड (नैदानिक विशिष्टियों के लिए) - प्रत्येक स्पेशियलिटी के लिए, मानदंडों का एक विशिष्ट सेट निर्धारित किया जाता है। कोई विशेष नैदानिक सेवा प्रदान करने के लिए, अस्पताल के पास योजना के तहत विकसित विशेष मानदंडों में निर्धारित आवश्यक विशिष्ट बुनियादी ढांचा और मानव संसाधन होना चाहिए।

(च): इस योजना को किसी भी तरह की धोखाधड़ी और दुरुपयोग के प्रति शून्य-सहिष्णुता के दृष्टिकोण पर संचालित किया जाता है और इसके कार्यान्वयन के विभिन्न चरणों में योजना में होने वाली विभिन्न प्रकार की धोखाधड़ी की पहचान करने, पता लगाने और रोकथाम के लिए विभिन्न कदम उठाए जाते हैं। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) में राष्ट्रीय धोखाधड़ी रोधी इकाई (एनएएफयू) की स्थापना की गई है और यह धोखाधड़ी और दुरुपयोग से संबंधित मुद्दों की जांच करने और उनके खिलाफ संयुक्त कार्रवाई करने के लिए राज्य धोखाधड़ी रोधी इकाइयों (एसएएफयू) के साथ घनिष्ठ समन्वय में काम करती है। निलंबन, कारण बताओ नोटिस, चेतावनी पत्र, अस्पतालों को पैनल से हटाना, ई-कार्ड को निष्क्रिय करना, दोषी अस्पतालों पर जुर्माना लगाना और धोखाधड़ी करने वाली संस्थाओं के खिलाफ एफआईआर दर्ज करना जैसी उचित कार्रवाई की जाती है।

**KAILASH MANSAROVAR YATRA****3142. SHRI ABU TAHER KHAN:**

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

- (a) whether the Holy Kailash Mansarovar Yatra is likely to resume in future which was discontinued by the Government due to some unknown reasons since the corona pandemic period in 2019;
- (b) if so, the details thereof along with the time by which it is likely to be resumed;
- (c) whether the Indian Government has held any discussion with the Chinese Government about the said Yatra; and
- (d) if so, the details thereof ?

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

(a) to (d) Government of India (GOI) organises the Kailash Manasarovar Yatra every year between June and September, through the two official routes of Lipulekh Pass (since 1981) in Uttarakhand and Nathu La Pass (since 2015) in Sikkim. The Yatra has not taken place since 2020 following the COVID-19 outbreak and the subsequent non-renewal of Yatra arrangements by the Chinese side.

Government has taken up the issue of resumption of Kailash Manasarovar Yatra with Chinese authorities in its diplomatic engagements. Most recently, External Affairs Minister Dr. S. Jaishankar met China's Foreign Minister, Mr. Wang Yi on the sidelines of G-20 Summit on 18 November 2024 in Rio de

Janerio. The resumption of the Kailash Manasarovar Yatra was discussed in the meeting. Government will continue to take up this issue in its contacts with Chinese authorities.

## **VIRTUAL COURTS IN ANDHRA PRADESH**

### **3143. SHRI APPALANAIDU KALISSETTI:**

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

- (a) the details of Virtual Courts including their scope and functionalities established across the country;
- (b) whether a Virtual Court has been established in Andhra Pradesh and if so, the details thereof;
- (c) if not, the steps taken by the Government towards establishing one, along with the expected timeline for establishment;
- (d) whether the Government has plans to expand the scope of Virtual Courts beyond handling traffic challans and if so, the details thereof; and
- (e) the steps taken by the Government to encourage High Courts to establish Virtual Benches, with a particular focus on initiatives for Andhra Pradesh?

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

(a) : Virtual Court is aimed at eliminating the physical presence of litigant or lawyer in the court and for adjudication of cases on a virtual platform. This concept has been evolved in order to efficiently utilize court resources and to

provide the litigants with an effective avenue to settle petty disputes while adhering to all the judicial processes. Virtual Court can be administered by a Judge over a virtual electronic platform whose jurisdiction may extend to the entire State and function 24x7. Neither litigant nor Judge would have to physically visit a court for effective adjudication and resolution. Communication would only be in electronic form and sentencing / payment of fine or compensation would also be accomplished online. These courts may be used for disposal of cases where there may be proactive admission of guilt by the accused or proactive compliance by the defendant on receipt of the summons and electronic form as in the cases of traffic violations. Such matters are generally treated as disposed of after the payment of the due fine etc.

As on 31.10.2024, 27 Virtual Courts in 21 States / UTs viz. Delhi (2), Haryana, Chandigarh, Gujarat (2), Tamil Nadu, Karnataka, Kerala (2), Maharashtra, Assam, Chhattisgarh, Jammu and Kashmir (2), Uttar Pradesh, Odisha, Meghalaya, Himachal Pradesh, Uttarakhand (2), Madhya Pradesh, Tripura, West Bengal, Rajasthan and Manipur (2), have been operationalized to handle traffic challan cases. More than 6 crore cases have been handled by these virtual courts and an online fine of more than Rs. 649.81 crore has been realized till 31.10.2024.

(b) and (c): No. At present, there is no Virtual Court functioning in the state of Andhra Pradesh. The establishment of Virtual Courts is an administrative matter which falls within the purview and domain of the judiciary and respective State Governments.

(d) : Under phase-III of the eCourts Project, there is a component for establishment and expansion of scope of Virtual Courts beyond traffic challan cases. An outlay of Rs. 413.08 crore has been earmarked for this purpose.

(e): The establishment of Virtual Bench is an administrative matter which falls within the purview and domain of the respective State Governments and the concerned High Court.

### विधि आयोग की सिफारिशें

**3144. श्रीमती प्रतिभा सुरेश धानोरकर :**

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

(क) क्या न्यायमूर्ति पी.वी. रेड्डी की अध्यक्षता वाले विधि आयोग ने सर्वोच्च न्यायालय में कंपनियों द्वारा कोई विधिक मुकदमा लड़ने हेतु न्यायालय शुल्क में उल्लेखनीय वृद्धि करने के लिए सरकार को कोई सिफारिश की है ;

(ख) यदि हां, तो कंपनियों के लिए न्यायालय शुल्क के संबंध में विधि आयोग द्वारा की गई सिफारिशों का ब्यौरा क्या है ;

(ग) क्या सरकार ने विधि आयोग द्वारा की गई सिफारिशों के अनुसार कोई कार्रवाई करने का निर्णय लिया है ; और

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

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

(क) और (ख) : भारत के विधि आयोग ने उच्चतम न्यायालय में न्यायालय फीस और कारपोरेट विधान पर अपनी 236वीं रिपोर्ट (2010) में, अन्य बातों के साथ-साथ, निम्नलिखित सिफारिशों की हैं:



“अतः आयोग का यह मत है कि समय के काफी अंतराल और आज कल की आर्थिक वास्तविकताओं को ध्यान में रखते हुए, उच्चतम न्यायालय में फाइल की जाने वाली अपीलों (सिविल) की बाबत लागू न्यायालय फीस के वर्तमान नियमों पर पुनःविचार करने की काफी वाछनीयता है। जहां 20,000/- रु. से अधिक पर आधा प्रतिशत बना रह सकता (या इसे एक प्रतिशत तक बढ़ाया जा सकता है), वहीं अधिकतम न्यायालय फीस को कम से कम 1 लाख रुपए तक बढ़ाना युक्तिसंगत होगा। अर्थात् उच्चतम न्यायालय नियम के भाग 2 के क्रम सं. 2 के परंतुक के खंड (1) में आने वाले 2000/- रु. अंकों के स्थान पर 1 लाख रुपए (या अधिक) रखे जाने की आवश्यकता है। यह मुख्यतः हमारा सुझाव है और हम यह कहना चाहते हैं कि आयोग ने ठीक-ठीक मात्रा अवधारित करने के लिए कोई विनिर्दिष्ट परीक्षण नहीं किया है क्योंकि आयोग यह महसूस करता है कि उच्चतम न्यायालय समिति उन ब्यौरों पर समुचित रूप से विचार करेगी। इसके अतिरिक्त 250/- रु. की फीस जो न्यूनतम संदेय है और साथ मूल्यांकन न करने योग्य अपीलों में विनिर्दिष्ट 250/-रु. की फीस को उपयुक्त रूप से बढ़ाया जाना चाहिए विशेष इजाजत याचिकाओं के लिए फीस बढ़ाने का भी पूरा औचित्य है जो इस समय 250/- रु. की छोटी रकम है। विशुद्ध परिणाम यह होगा कि कर/फीस मांगों के प्रति कारपोरेट और अन्य कारबार सत्तओं और अन्य राजकोषीय दायित्वों और मध्यस्थम पंचाटों द्वारा फाइल की गई अधिकांश अपीलें वर्धित न्यायालय फीस की परीधि के भीतर आएंगी। इसके साथ-साथ ऐसी अपीलें की बाबत जो सिविल मामलों में उच्च न्यायालय के निर्णयों से उद्भूत होती हैं, जहां न्यायालय फीस विचारण प्रक्रम और अपीली प्रक्रम दोनों पर मूल्यनुसार आधार पर पहले से ही संदत्त फीस गई होती है (यथावर्धित) केवल नियत न्यायालय फीस प्रभारित करना विवेकपूर्ण और युक्तिसंगत होगा। हम यह भी उल्लेख करते हैं कि व्यक्तिगत कठिनाई की दशा में संबद्ध अपीलार्थी सदैव न्यायालय फीस की छूट के लिए उच्चतम न्यायालय में आवेदन कर सकता है।

आयोग समग्र पहलुओं पर विचार करते हुए मूल्यानुसार फीस और साथ ही नियत न्यायालय फीस के संबंध में उच्चतम न्यायालय नियमों में विहित अधिकतम सीमा की वृद्धि के लिए अपने व्यापक सुझाव लृखबद्ध किए हैं। काफी समय अंतराल और भारी पण के ऐसे मामले, जो वित्तीय और

अन्य विशेष अधिनियमितियों के अधीन उद्भूत होने वाले उच्चतम न्यायालय के समक्ष आते हैं, को ध्यान में रखते हुए, विद्यमान न्यायालय फीस के उपयुक्त उर्ध्वा पुनरीक्षण के लिए उच्चतम न्यायालय से आग्रह करना उचित और समीचीन होगा। उच्चतम न्यायालय, संभवतः न्यायाधीशों की एक समिती गठित कर सकेगा और यदि आवश्यक हो, उच्चतम न्यायालय विधिज्ञ संगम से परामर्श कर सकेगा। क्योंकि न्यायालय फीस के संबंध में उच्चतम न्यायालय द्वारा विरचित नियम अर्ध शताब्दी से अधिक समय से प्रवृत्त है, इसलिए, प्रथमतः न्यायालय फीस को बढ़ाने का विनिश्चय उच्चतम न्यायालय पर छोड़ना उचित होगा। यह वांछनीय और उचित है कि संसद् स्वयं विधान के माध्यम से उच्चतम न्यायालय नियम का अतिक्रमण करने और फीस मापमान विहित करने के लिए सीधी कार्रवाई न करे। आयोग की यह राय है कि संसदीय स्थाई समिति और विधि आयोग के अनंतिम मतों को उपदर्शित करते हुए तीसरे अनुसूची के भाग 2 और ऐसी अन्य मदों की बाबत अधिकतम और साथ ही नियत न्यायालय फीस जैसा न्यायालय उचित समझे, के उर्ध्वा पुनरीक्षण का सुझाव देते हुए, उच्चतम न्यायालय से आग्रह करना उचित होगा

(ग) और (घ) : आयोग की रिपोर्ट मार्च, 2011 में उच्चतम न्यायालय को भेजी गई थी, जिसने 6 फरवरी, 2023 को हुई पूर्ण न्यायालय बैठक में उच्चतम न्यायालय नियम, 2013 का अनुमोदन करने का विनिश्चय किया। तद्विषय, उच्चतम न्यायालय नियम 2013 भारत के संविधान के अनुच्छेद 145 के अधीन तारीख् 27.05.2014 को अधिसूचित किए गए थे, जिनके अंतर्गत, अन्य बातों के साथ-साथ, तीसरी अनुसूची (न्यायालय फीस की सारणी) के भाग 2 का पुनरीक्षण भी है।

## **PRADHAN MANTRI MATRU VANDANA YOJANA**

### **3145. SHRI SASIKANTH SENTHIL:**

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

- (a) whether the Government is in the process of reconsidering the criterion of minimum age, taking into account that women facing early pregnancy are at greater risk and should not be penalized, if so, the details thereof;
- (b) whether the Government is aware that Pradhan Mantri Matru Vandana Yojana (PMMVY) requires the husband's Aadhaar for registration, if so, the details thereof; and
- (c) whether software has been updated to remove this requirement, if so, the details thereof?

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

- (a) Under Pradhan Mantri Matru Vandana Yojana (PMMVY), maternity benefits are provided to eligible women aged between 18 years 7 months and 55 years. No proposal to revise the age criterion under PMMVY is under consideration of the Ministry of Women and Child Development.
- (b) and (c) With the introduction of Umbrella Mission Shakti, of which PMMVY is a component, husband's Aadhaar is not mandatory for receiving maternity benefits under PMMVY. The Pradhan Mantri Matru Vandana Yojana Software (PMMVYSoft) has been developed accordingly.

**COUNSELLING FOR GIRLS**

**3146. SHRI ADITYA YADAV:**

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

- (a) whether the Government has taken any necessary steps to introduce career counselling for girls at an early age to guide them about careers, if so, the details thereof;
- (b) whether girls have been enabled with skills that give them confidence to navigate and make informal decisions and provide young women with role models on careers to aid the process of exploration and discovery; and
- (c) if so, the details thereof and if not, the reasons therefor?

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

(a) to (c): The Ministry of Labour and Employment (MoLE) implements the National Career Service Project (NCSP) to provide a variety of career related services in the country like job matching, career counselling, vocational guidance, information on skill development courses etc. There is a network of career counsellors on the National Career Service (NCS) Portal for providing the quality counselling services to the job seekers/candidates registered on the portal. Further, career counselling and vocational guidance is also provided through Model Career Centres that have been established in various District Employment Exchanges and institutions under the National Career Service Project.

Department of School Education and Literacy (DoSEL), Ministry of Education is implementing the scheme of Samagra Shiksha, effective from 2018-19, for universalization of quality education throughout the country in coordination with the States and UTs. It is an overarching programme for the

school education sector extending from pre-school to class XII and aims to ensure inclusive and equitable quality education at all levels of school education. Samagra Shiksha aims at integrating Vocational Education with general academic education in all Secondary/Senior Secondary schools; enhancing the Employability and Entrepreneurial abilities of the students, providing exposure to work environment; and generating awareness amongst students about various career options so as to enable them to make a choice in accordance with their aptitude, competence and aspirations.

The Ministry of Micro, Small and Medium Enterprises (MSME) also have schemes for capacity building through training programmes in the areas of entrepreneurship development, management development, market development, skill development etc. They are provided through the Entrepreneurship and Skill Development programmes. During the last three years, around 3 lakh women were provided trainings through Khadi and Village Industries Commission (KVIC) training centres, Tool Rooms, Technology/Extension centres situated across the country. Further, the Central Government provides skill and vocational training to the women and girls under the Pradhan Mantri Kaushal Vikas Yojna (PMKVY). The Government also implements the Pradhan Mantri Gramin Digital Saksharta Abhiyan (PMGDISHA) to provide digital literacy to rural populations. These schemes have helped women and girls gaining necessary skills required for jobs and entrepreneurship.

The Prime Minister's Internship Scheme (PMIS) announced in the Budget 2024-25, aims to provide internship opportunities to one crore youth in top 500 companies in five years. As an initiation to this Scheme, a Pilot Project of the Scheme targeted at providing 1.25 lakh internship opportunities has been launched on 03.10.2024 for the Financial Year 2024-25. The Scheme is implemented through an online portal accessible at <https://pminternship.mca.gov.in>. PM Internship Scheme provides an opportunity to the interns to get training, gain experience and skills within the real-life environment of the businesses or organizations that help in bridging the gap between academic learning and industry requirements, in turn, assisting enhancement of her/his employability. In addition, various States/ UTs are providing vocational training for women and girls. Under the umbrella scheme of "Mission Shakti", which is for safety, security and empowerment of women, the component of SANKALP: HEW under 'Samarthya' sub-scheme, serves as a vehicle to bridge the information and knowledge gap regarding schemes and facilities available for women and girls.

### विभिन्न न्यायालयों में लंबित मामले

**3147. श्री रमाशंकर राजभर :**

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

(क) क्या देश के विभिन्न न्यायालयों में लंबित मामलों के निपटारे के लिए न्यायालयों तथा न्यायाधीशों की संख्या पर्याप्त है ;

(ख) यदि नहीं, तो तत्संबंधी राज्यवार/संघ राज्यक्षेत्रवार ब्यौरा क्या है तथा इन न्यायालयों की स्थापना में क्या प्रगति हुई है ;

(ग) क्या सरकार को इस संबंध में राज्यों तथा सामाजिक संगठनों से कोई सुझाव प्राप्त हुआ है ; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा सरकार द्वारा इस संबंध में क्या कार्रवाई की गई है ?

### **विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री**

**(श्री अर्जुन राम मेघवाल):**

(क) और (ख) : न्यायालयों में मामलों का निपटान कई कारकों पर निर्भर करता है, जिसमें अन्य बातों के साथ-साथ भौतिक अवसंरचना और सहायक न्यायालय कर्मचारियों की उपलब्धता, सम्मिलित तथ्यों की जटिलता, साक्ष्य की प्रकृति, पणधारियों जैसे बार, अनुसंधान एजेंसियों, गवाहों और वादियों का सहयोग और नियमों और प्रक्रियाओं का उचित अनुप्रयोग सम्मिलित हैं। मामलों के निपटान में देरी के लिए उत्तरदायी अन्य कारकों में विभिन्न प्रकार के मामलों के निपटान के लिए संबंधित न्यायालयों द्वारा विहित समय-सीमा का अभाव, बार-बार स्थगन और सुनवाई के लिए मामलों की निगरानी, ट्रैक और समूहीकरण के लिए पर्याप्त व्यवस्था का अभाव सम्मिलित है। जिला और अधीनस्थ स्तर पर अधिक न्यायालयों की स्थापना करना, संबंधित उच्च न्यायालयों और संबंधित राज्य सरकारों के अधिकार क्षेत्र में है।

उच्च न्यायालय के मामले में, न्यायपीठें जसवंत सिंह आयोग द्वारा की गई सिफारिशों और डब्ल्यूपी(सी) संख्या 379/2000 में उच्चतम न्यायालय द्वारा सुनाए गए निर्णय के अनुसार और राज्य सरकार के प्रस्ताव पर उचित विचार के पश्चात् स्थापित की जाती हैं। उच्चतम न्यायालय के मामले में, भारत के संविधान के अनुच्छेद 130 में यह उपबंध है कि उच्चतम न्यायालय, दिल्ली में या ऐसे अन्य स्थान या स्थानों में अधिविष्ट होगा, जिन्हें भारत का मुख्य न्यायामूर्ति, राष्ट्रपति के अनुमोदन से समय-समय पर नियत करें। ग्यारहवें विधि आयोग ने 1988 में प्रस्तुत "उच्चतम न्यायालय - एक नयी दृष्टि" शीर्ष वाली अपनी 125वीं रिपोर्ट में उच्चतम न्यायालय को दो भागों में विभाजित अर्थात्

(i) दिल्ली में संवैधानिक न्यायालय और (ii) उत्तर, दक्षिण, पूर्व, पश्चिम और मध्य भारत में अपील न्यायालय या संघीय न्यायालय की न्यायपीठ, करने के लिए दसवें विधि आयोग द्वारा अपनी 95वीं रिपोर्ट में की गई सिफारिशों, को दोहराया था। अठारहवें विधि आयोग ने अपनी 229वीं रिपोर्ट में यह भी सुझाव दिया था कि दिल्ली में एक संवैधानिक पीठ स्थापित की जाए और उत्तरी क्षेत्र में दिल्ली, दक्षिणी क्षेत्र में चेन्नई/हैदराबाद, पूर्वी क्षेत्र में कोलकाता और पश्चिमी क्षेत्र में मुंबई में चार कैसेशन न्यायपीठ स्थापित की जाएं। यह मामला भारत के मुख्य न्यायामूर्ति को निर्दिष्ट किया गया, जिन्होंने बताया कि 18 फरवरी, 2010 को आयोजित अपनी पूर्ण न्यायालय बैठक में मामले पर विचार करने के पश्चात्, दिल्ली के बाहर उच्चतम न्यायालय की न्यायपीठों की स्थापना का कोई औचित्य नहीं पाया। राष्ट्रीय अपील न्यायालय की स्थापना पर रिट याचिका डब्ल्यूपी(सी) संख्या 36/2016 में, उच्चतम न्यायालय ने अपने तारीख 13.07.2016 के निर्णय के माध्यम से उपर्युक्त मुद्दे को आधिकारिक घोषणा के लिए संवैधानिक न्यायपीठ को संदर्भित करना उचित समझा। मामला उच्चतम न्यायालय में विचाराधीन है।

राज्य सरकारों और संबंधित उच्च न्यायालयों द्वारा जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत पद संख्या को 2014 में 19,518 से बढ़कर 09.12.2024 तक 25,741 कर दी गई है। संबंधित राज्य सरकारों, संबंधित उच्च न्यायालयों और भारत के मुख्य न्यायमूर्ति के अनुमोदन से 01.05.2014 से 09.12.2024 तक की अवधि के दौरान, केंद्रीय सरकार ने उच्च न्यायालयों के न्यायाधीशों की पद संख्या को 906 से बढ़ाकर 1122 कर दिया है, अर्थात् 216 पदा उच्चतम न्यायालय (न्यायाधीशों की संख्या) संशोधन अधिनियम, 2019, 09.08.2019 से प्रवृत्त हुआ, जिसके द्वारा उच्चतम न्यायालय (न्यायाधीशों की संख्या) अधिनियम, 1956 में संशोधन करके भारत के उच्चतम न्यायालय की स्वीकृत संख्या को 30 से बढ़ाकर 33 (सीजेआई को छोड़कर) कर दिया गया।

(ग) और (घ): मई 2014 से, आंध्र प्रदेश राज्य के लिए एक पृथक उच्च न्यायालय का गठन किया गया है और संबंधित राज्य सरकारों और संबंधित उच्च न्यायालयों के प्रस्ताव पर जलपाईगुड़ी में



कलकत्ता उच्च न्यायालय की एक सर्किट बेंच स्थापित की गई है। इसके अतिरिक्त, सरकार ने न्यायपालिका द्वारा लंबित मामलों के तेजी से निपटान के लिए एक पारिस्थितिकी तंत्र प्रदान करने के इस उद्देश्य से कई पहल की हैं :

- i. न्याय परिदान और विधिक सुधारों के लिए राष्ट्रीय मिशन, संरचनात्मक परिवर्तनों के माध्यमों से लंबित और बकाया मामलों में कमी करके और उत्तरदायित्व में अभिवृद्धि करके तथा पालन मानक और क्षमताओं की स्थापना करके पहुंच में अभिवृद्धि करने के दोहरे उद्देश्यों से अगस्त, 2011 में स्थापित किया गया था। मिशन, न्यायिक प्रशासन में बकाया और लंबन को चरणवार कम करने के लिए एक समन्वित पहुंच अपना रहा है, जिसमें, अन्य बातों के साथ-साथ, कम्प्यूटरीकरण, अधीनस्थ न्यायपालिका की संख्या में वृद्धि, अत्यधिक मुकदमेबाजी वाले क्षेत्रों में नीतिगत और विधायी उपाय, मामलों के त्वरित निपटारे के लिए न्यायालय प्रक्रिया का पुनः प्रबंधन तथा मानव संसाधन के विकास पर बल देते हुए, न्यायालयों के लिए बेहतर अवसंरचना भी है।
- ii. न्यायिक अवसंरचनात्मक के लिए केंद्रीकृत प्रायोजित स्कीम के अधीन, राज्यों/संघ राज्यक्षेत्रों को, न्यायालय हालों, न्यायिक अधिकारियों के लिए आवासीय क्वार्टरों, अधिवक्ताओं के हॉल, शौचालय परिसर और डिजिटल कंप्यूटर कक्षों के सन्निर्माण के लिए निधियां जारी की जा रही हैं, जिससे अधिवक्ताओं और वादकारियों का जीवन आसान हो जाएगा, जिससे न्याय के परिदान में सहायता होगी। 1993-94 में न्यायपालिका के अवसंरचनात्मक सुविधाओं के विकास के लिए केंद्रीयकृत प्रायोजित स्कीम (सीएसएस) के प्रारंभ से आज तक, 11571.57 करोड़ रुपये जारी किए गए हैं। इस स्कीम के अधीन न्यायालय हालों की संख्या 30.06.2014 को 15,818 से बढ़कर 31.10.2024 को 23,590 हो गई है, और आवासीय इकाइयों की संख्या 30.06.2014 को 10,2011 से बढ़कर 31.10.2024 को 21,076 हो गई है।

- iii. इसके अतिरिक्त, ई-न्यायालय मिशन मोड परियोजना के चरण I और 2 के अधीन, जिला और अधीनस्थ न्यायालयों की आईटी समर्थता के लिए सूचना और संचार प्रौद्योगिकी (आईसीटी) का लाभ उठाया गया था। 2023 तक 18,735 जिला और अधीनस्थ न्यायालय कम्प्यूटरीकृत हो गए हैं। 99.5% न्यायालय परिसरों में वॉन कनेक्टिविटी प्रदान की गई है। 3,240 न्यायालय परिसरों और 1,272 तत्स्थानी जेलों के बीच वीडियो कॉन्फ्रेंसिंग सुविधा समर्थ बनाई 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 विभाजन को पाटने के लिए कार्यात्मक बनाया गया है। 21 राज्यों/संघ राज्यक्षेत्रों में 28 वर्चुअल न्यायालय स्थापित किए गए हैं। तारीख 30.09.2024 तक, इन न्यायालयों ने 5.82 करोड़ से अधिक मामलों को निपटाया है और 634.74 करोड़ रुपये से अधिक के जुर्माने की वसूली की है। मंत्रिमंडल ने 13.09.2023 को, 7,210 करोड़ रुपये के बजटीय परिव्यय के साथ ई-न्यायालय के चरण-3 को मंजूरी दे दी है। चरण-1 और चरण-2 के लाभों को अगले स्तर पर ले जाते हुए, ई-न्यायालय चरण-3 का लक्ष्य डिजिटल, ऑनलाइन और कागजरहित न्यायालयों की ओर बढ़ते हुए न्याय में अधिकतम आसानी की व्यवस्था शुरू करना है। इसका आशय सभी पणधारियों के लिए न्याय परिदान को अधिक मजबूत, आसान और सुलभ बनाने के लिए आर्टिफिशियल इंटेलिजेंस (एआई), ब्लॉक चेन आदि जैसी नवीनतम तकनीक को सम्मिलित करना है।
- iv. सरकार उच्चतर न्यायपालिका में रिक्तियों को नियमित रूप से भरती रही है। तारीख 01.05.2014 से 21.11.2024 तक उच्चतम न्यायालय में 64 न्यायाधीश नियुक्त किए गए थे। उक्त समय के दौरान उच्च न्यायालयों में 999 नए न्यायाधीश नियुक्त किए गए थे और 767 अतिरिक्त न्यायाधीश स्थायी किए गए थे। उच्च न्यायालयों में न्यायाधीशों की स्वीकृत संख्या मई, 2014 में 906 से बढ़ाकर वर्तमान में 1122 कर दी गई है। जिला और अधीनस्थ

न्यायालयों में न्यायिक अधिकारियों की स्वीकृत और कार्यरत पदसंख्या में निम्नानुसार वृद्धि हुई है :

तारीख को	स्वीकृत पद संख्या	कार्यरत पद संख्या
31.12.2013	19,518	15,115
09.12.2024	25,741	20,479

तथापि, अधीनस्थ न्यायपालिका में रिक्तियों को भरना संबंधित राज्य सरकारों और उच्च न्यायालयों के अधिकार क्षेत्र में आता है।

- v. अप्रैल, 2015 में आयोजित मुख्य न्यायामूर्तियों के सम्मेलन में पारित एक प्रस्ताव के अनुसरण में, पांच साल से अधिक समय से लंबित मामलों को निपटाने के लिए सभी 25 उच्च न्यायालयों में बकाया समितियां स्थापित की गई हैं। जिला न्यायालयों के अंतर्गत भी बकाया समितियां स्थापित की गई हैं।
- vi. चौदहवें वित्त आयोग के तत्वावधान में, सरकार ने जघन्य अपराधों, वरिष्ठ नागरिकों, महिलाओं, बच्चों आदि से जुड़े मामलों से निपटने के लिए त्वरित निपटान न्यायालय की स्थापना की है। तारीख 30.09.2024 तक, जघन्य अपराधों, महिलाओं और बालकों आदि के विरुद्ध अपराधों के लिए 862 त्वरित निपटान न्यायालय कार्यरत हैं। निर्वाचित सांसदों/विधायकों से जुड़े आपराधिक मामलों को तेजी से निपटाने के लिए, नौ (9) राज्यों/संघ राज्यक्षेत्रों में दस (10) विशेष न्यायालय कार्यरत हैं। इसके अतिरिक्त, केन्द्रीय सरकार ने भारतीय दंड संहिता के अधीन बलात्संग और पोक्सो अधिनियम के अधीन अपराधों के लंबित मामलों के शीघ्र निपटान के लिए देश भर में त्वरित निपटान विशेष न्यायालय (एफटीएससी) स्थापित करने की स्कीम को मंजूरी दे दी है। तारीख 30.09.2024 तक, देश भर के 30 राज्यों/संघ राज्यक्षेत्रों में 408 अनन्य पोक्सो (ई-पोक्सो) न्यायालयों सहित कुल 750 त्वरित निपटान विशेष न्यायालय कार्यरत हैं, जिन्होंने 2,81,000 से अधिक मामलों का निपटारा किया है।

- vii. लंबित मामलों को कम करने और न्यायालयों में रुकावटों को दूर करने के उद्देश्य से, सरकार ने हाल ही में परक्राम्य लिखत (संशोधन) अधिनियम, 2018, वाणिज्यिक न्यायालय (संशोधन) अधिनियम, 2018, विनिर्दिष्ट अनुतोष राहत (संशोधन) अधिनियम, 2018, माध्यस्थम् और सुलह (संशोधन) अधिनियम, 2019 तथा आपराधिक विधियां (संशोधन) अधिनियम, 2018 जैसी विभिन्न विधियों में संशोधन किया है।
- viii. वैकल्पिक विवाद समाधान पद्धतियों को पूरे दिल से बढ़ावा दिया गया है। तदनुसार, वाणिज्यिक विवादों के मामले में संस्थान-पूर्व मध्यकता और निपटारा (पीआईएमएस) को आज्ञापक बनाते हुए, वाणिज्यिक न्यायालय अधिनियम, 2015 को अगस्त, 2018 में संशोधित किया गया था। समय-सीमा विहित करके विवादों के त्वरित समाधान में तेजी लाने के लिए माध्यस्थम् और सुलह (संशोधन) अधिनियम 2015 द्वारा माध्यस्थम् और सुलह अधिनियम, 1996 का संशोधन किया गया है।

वाणिज्यिक न्यायालय अधिनियम, 2015 के अधीन, मामला प्रबंधन सुनवाई का उपबंध है, जो किसी मामले में दक्ष, प्रभावी और उद्देश्यपूर्ण न्यायिक प्रबंधन का उपबंध करता है, जिससे किसी विवाद का समय पर और गुणात्मक समाधान प्राप्त किया जा सके। यह तथ्य और विधि के विवादित मुद्दों की शीघ्र पहचान करने, मामले के काल के लिए प्रक्रियात्मक कैलेंडर की स्थापना और विवाद के समाधान की संभावनाओं की खोज में सहायता करता है।

वाणिज्यिक न्यायालयों के लिए प्रारंभ की गई एक और नई सुविधा कलर बैंडिंग प्रणाली है, जो किसी भी वाणिज्यिक मामले में दिए जाने सकने वाले स्थगन की संख्या को तीन तक सीमित करती है और न्यायाधीशों को मामलों के लंबित स्तर के अनुसार उनकी सूची के बारे में सचेत करती है।

- ix. साधारण लोगों के लिए उपलब्ध वैकल्पिक विवाद समाधान तंत्र के रूप में लोक अदालत बहुत महत्वपूर्ण है। यह एक ऐसा मंच है, जहां न्यायालय में लंबित या मुकदमे-पूर्व स्तर के

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 डिक्री माना जाता है और यह अंतिम होता है तथा सभी पक्षों पर बाध्यकारी होता है तथा इसके विरुद्ध किसी भी न्यायालय में अपील नहीं की जा सकती। लोक अदालत कोई स्थायी संस्थापन नहीं है। राष्ट्रीय लोक अदालतें सभी तालुकों, जिलों और उच्च न्यायालयों में एक साथ पूर्व-नियत तारीख पर आयोजित की जाती हैं।

पिछले चार वर्षों के दौरान राष्ट्रीय लोक अदालतों में निपटाए गए मामलों का विवरण इस प्रकार है :-

वर्ष	मुकदमा-पूर्व मामले	लंबित मामले	कुल योग
2021	72,06,294	55,81,743	1,27,88,037
2022	3,10,15,215	1,09,10,795	4,19,26,010
2023	7,10,32,980	1,43,09,237	8,53,42,217
2024 (09.11.24 तक)	6,46,35,285	1,26,34,580	7,72,69,865
<b>योग</b>	<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 प्रारंभ किया था, जो ग्राम पंचायत में स्थित सामान्य सेवा केंद्रों (सीएससी) पर उपलब्ध वीडियो कॉन्फ्रेंसिंग, टेलीफोन और चैट सुविधाओं के माध्यम से और टेली-लॉ मोबाइल ऐप के माध्यम से पैनल अधिवक्ताओं के साथ विधिक सलाह और परामर्श चाहने वाले जरूरतमंद और वंचित वर्गों को जोड़ने वाला एक प्रभावी और विश्वसनीय ई-इंटरफ़ेस प्लेटफॉर्म प्रदान करता है।

\*टेली-लॉ डेटा का प्रतिशतवार ब्यौरा

वर्ग	रजिस्ट्रीकृत मामले	% वार ब्रेक अप	सलाह दी गई	% वार ब्रेक अप
<b>लिंग-वार</b>				
महिला	4014611	39.12	3963499	39.06
पुरुष	6247980	60.88	6183286	60.94

जाति वर्ग-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
<b>कुल</b>	<b>10262591</b>		<b>10146785</b>	

xii. देश में प्रो-बोनो संस्कृति और प्रो-बोनो वकालत को संस्थागत बनाने के प्रयास किए गए हैं। एक तकनीकी ढांचा तैयार किया गया है, जहां अधिवक्ता स्वेच्छा से अपना समय और सेवाएं देने के लिए न्याय बंधु (एंड्रॉइड और आईओएस और ऐप्स) पर प्रो-बोनो अधिवक्ता के रूप में रजिस्ट्रीकरण कर सकते हैं। न्याय बंधु सेवाएं उमंग प्लेटफॉर्म पर भी उपलब्ध हैं। राज्य स्तर पर 23 उच्च न्यायालयों में अधिवक्ताओं का प्रो-बोनो पैनल प्रारंभ किया गया है। उभरते अधिवक्ताओं में प्रो-बोनो संस्कृति स्थापित करने के लिए 109 लॉ स्कूलों में प्रो-बोनो क्लब प्रारंभ किए गए हैं।

### राजस्थान में टेलीमेडिसिन सुविधाएं

#### 3148. श्री हरीश चंद्र मीना:

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

(क) क्या सरकार का ग्रामीण/दूरस्थ क्षेत्रों में स्वास्थ्य देखभाल सेवाओं की गुणवत्ता में सुधार करने के लिए टेलीमेडिसिन सुविधाओं को सक्षम बनाने का विचार है और यदि हां, तो राजस्थान के सवाई माधोपुर सहित तत्संबंधी ब्यौरा क्या है;

(ख) क्या स्वास्थ्य देखभाल पेशेवरों और धन की कमी सहित भौगोलिक विलगाव के कारण ग्रामीण/दूरस्थ क्षेत्रों में टेलीमेडिसिन सुविधा और गुणवत्तापूर्ण स्वास्थ्य देखभाल सेवाएं सीमित हैं; और

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

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

(क) से (ग): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) ने आयुष्मान भारत योजना के तहत नीतिगत कार्यकलाप के रूप में टेलीमेडिसिन सेवाओं की शुरुआत की है। इस सेवा की परिकल्पना आयुष्मान भारत के एक स्तंभ- स्वास्थ्य एवं आरोग्य केंद्र (पूर्ववर्ती) के तहत की गई थी, जिसे अब आयुष्मान आरोग्य मंदिर (एएम) के रूप में नामित किया गया है, जो सार्वभौमिक स्वास्थ्य कवरेज के तहत प्राथमिक स्वास्थ्य परिचर्या को मजबूत करने के लिए प्रमुख डिलिवरेबल्स में से एक है।

देश के दुर्गम और दूरदराज के क्षेत्रों में रहने वाली आबादी को परिचर्या सेवा केंद्र पर सेवाएं प्रदान करने की दिशा में प्रतिबद्धता के मद्देनजर, स्वास्थ्य और परिवार कल्याण मंत्रालय ने सी-डैक मोहाली के साथ तकनीकी सहयोग में ई-संजीवनी- (राष्ट्रीय टेलीमेडिसिन सेवा) विकसित की है। ई-संजीवनी डिजिटल स्वास्थ्य समानता की दिशा में एक महत्वपूर्ण कदम है, जिसका उद्देश्य सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) प्राप्त करना है। इसे दो प्रकारों (i) ई-संजीवनी एबी-एचडब्ल्यूसी/ आयुष्मान आरोग्य मंदिर - प्रदाता-से-प्रदाता टेलीमेडिसिन प्लेटफॉर्म, जिसे वर्ष 2019 में विकसित किया गया और (ii) ई-संजीवनी ओपीडी - रोगी-से-प्रदाता टेलीमेडिसिन प्लेटफॉर्म, जिसे 2020 में विकसित किया गया है, में लागू किया गया है।

यह समाधान सेवा के 'हब और स्पोक मॉडल' पर आधारित है, जहां आयुष्मान आरोग्य मंदिर स्पोक के रूप में कार्य करते हैं और प्रमुख मेडिकल कॉलेज/जिला अस्पताल डॉक्टरों (एमबीबीएस/स्पेशलिटी/सुपर-स्पेशलिटी डॉक्टर) के केंद्र के रूप में कार्य करते हैं।

दिनांक 03 दिसंबर, 2024 तक ई-संजीवनी प्लेटफॉर्म के माध्यम से कुल 32,02,93,483 टेली-परामर्श दिए जा चुके हैं। यह सुविधा वर्तमान में प्रतिदिन लगभग 4.35 लाख रोगियों को सेवा

प्रदान कर रही है। ई-संजीवनी (टेलीमेडिसिन) सेवा 1,30,110 से अधिक आयुष्मान आरोग्य मंदिरों और सभी राज्यों/संघ राज्य क्षेत्रों में विभिन्न भौगोलिक स्थानों और विविध क्षेत्रों में स्थित 16,627 से अधिक केंद्रों में चल रही है। वर्ष 2019 में इसकी शुरुआत के बाद से 2,27,575 से अधिक डॉक्टर/पैरामेडिक्स ई-संजीवनी पहल के तहत शामिल और प्रशिक्षित किए गए हैं। सवाई माधोपुर में 118 केंद्र और 41 स्पोक कार्यशील हैं, इसके अलावा 03 दिसंबर 2024 तक 58228 आयुष्मान आरोग्य मंदिर (एएएम) और 896 ओपीडी ई-संजीवनी टेली-परामर्श पूरे हो चुके हैं।

देश भर में टेलीमेडिसिन सेवाओं सहित डिजिटल स्वास्थ्य पहलों के प्रभावी कार्यान्वयन का समर्थन करने के उद्देश्य से, स्वास्थ्य और परिवार कल्याण मंत्रालय स्वास्थ्य आईटी अवसंरचना मजबूत करने, मानव संसाधनों के क्षमता निर्माण और इंटरनेट/इंटरनेट कनेक्टिविटी को बढ़ावा देने के लिए राष्ट्रीय स्वास्थ्य मिशन के तहत सभी राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता प्रदान करता है।

मंत्रालय ने राज्यों/संघ राज्य क्षेत्रों के सहयोग से ग्रामीण और दूरदराज के क्षेत्रों में जनता के बीच जागरूकता पैदा करने के लिए विभिन्न पहल की हैं। आईईसी (सूचना, शिक्षा और संचार) गतिविधियों में सोशल मीडिया प्लेटफार्मों के माध्यम से टेलीमेडिसिन सेवाओं के बारे में जानकारी प्रसारित करने के लिए स्थानीय भाषाओं में लघु वीडियो, ब्रोशर, पर्चे आदि का उपयोग शामिल है। ई-संजीवनी टेलीमेडिसिन सेवाएं वर्तमान में 13 भाषाओं (हिंदी, कन्नड़, तमिल, मलयालम, तेलुगु, मराठी, गुजराती, असमिया, ओडिया, बंगाली, पंजाबी, उर्दू और अंग्रेजी) में उपलब्ध हैं। इन कार्यनीतिक पहलों का उद्देश्य समग्र स्वास्थ्य सेवा वितरण प्रणाली को मजबूत करना है, जिससे पूरे भारत में ग्रामीण और दूरदराज के लोगों के लिए स्वास्थ्य परिचर्या परिणामों में निरंतर सुधार सुनिश्चित हो सके।



**UREA GOLD****3149. SHRI SUDHAKAR SINGH:**

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

- (a) the current status of the availability and distribution of Sulphur Coated Urea (Urea Gold) across the country, and the manner in which it is being promoted among farmers;
- (b) the manner in which the Government plans to address soil sulphur deficiencies through Urea Gold and the steps that are being take to ensure its affordability and accessibility to small and marginal farmers;
- (c) the measures that are being implemented to evaluate and compare the performance of Urea Gold with Neem-Coated Urea in terms of nitrogen use efficiency, reduced fertilizer consumption and crop quality improvement; and
- (d) whether there is any specific initiative planned to expand the production and supply of Urea Gold on States like Bihar, where soil nutrient deficiencies significantly impact agricultural productivity?

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

(a) and (b): Cabinet Committee on Economic Affairs (CCEA) in its meeting held on 28th June, 2023 has approved the proposal for launching of Sulphur Coated Urea with the name of "Urea Gold". M/s Rashtriya Chemicals and Fertilizers Limited (RCF) has introduced the Sulphur Coated Urea commonly called as Urea Gold having 17% Sulphur and 37% Nitrogen content. Since the commencement of commercial

production of Sulphur Coated Urea (Urea Gold) in the year 2023-24 at RCF Trombay plant, RCF has dispatched 13,844 MTs and sold 13,286 MTs in seven states till date.

In order to promote urea gold, RCF regularly conducts farmer's meetings, farmer's training program in co-ordination with KVK's and Agricultural universities. RCF also provides information about benefits of Urea gold to farmers during the training programs in RCF Farmer's training centres at Alibaug and Nagpur. RCF publishes information about use of urea gold on regular basis in their monthly magazine "Sheti Patrika" which is distributed at free of cost to large number of farmers.

(c): SCU has better Nitrogen use efficiency as compared to Neem Coated Urea. Further, SCU ensures reduced water pollution and salt index, avoid soil compaction and improve crop quality and yields.

(d): All Urea manufacturing companies were requested to explore the feasibility of starting production of SCU. Consequently, RCF-Trombay has commenced production of SCU.

### पासपोर्ट सेवा केंद्र का स्तरोन्नयन

3150. श्री गोपाल जी ठाकुर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या दरभंगा का पासपोर्ट सेवा केंद्र पटना पासपोर्ट कार्यालय की विस्तारित शाखा के रूप में किराए के भवन में कार्य कर रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार का दरभंगा शहर के महत्व को देखते हुए इस पासपोर्ट सेवा केंद्र को किसी निजी भवन में स्थानांतरित करने तथा इसे पूर्ण पासपोर्ट कार्यालय के रूप में स्तरोन्नत करने का विचार है; और

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

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

(क) से (ग) क्षेत्रीय पासपोर्ट कार्यालय, पटना के अधिकार क्षेत्र में दो (02) पासपोर्ट सेवा केंद्र (पीएसके) - पटना और दरभंगा में एक-एक; तथा पैंतीस (35) डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) कार्यशील हैं।

पीएसके दरभंगा वर्तमान में एक किराए के भवन में कार्यशील है। मेसर्स टीसीएस को यह कार्य सौंपा गया है कि पीएसके, दरभंगा को उन्नत सुविधाओं के साथ नए स्थान पर स्थानांतरित किया जाए।

### नकली दवाएं

**3151.श्री दिनेश चंद्र यादव:**

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

(क) क्या नकली दवाएं संपूर्ण देश के बाजार में खुलेआम उपलब्ध हैं;

(ख) क्या सीडीएससीओ ने हाल ही में लगभग 53 दवाओं को घटिया गुणवत्ता वाली पाया है क्योंकि वे सभी गुणवत्तापरीक्षण में विफल रही हैं;

(ग) क्या उक्त सभी दवा निर्माताओं के विरुद्ध कोई कार्रवाई की जा रही है;

(घ) यदि नहीं, तो क्या दवा निर्माताओं के विरुद्ध कड़ी कार्रवाई करने में शिथिलता अन्य विनिर्माताओं को भी ऐसीगतिविधियों के लिए प्रोत्साहित करती हैं; और

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

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

(क) से (ड): केंद्रीय औषधि परीक्षण प्रयोगशालाओं द्वारा विभिन्न कंपनियों की मानक गुणवत्ता के अननुरूप/नकली/गलत ब्रांड वाली/मिलावटी घोषित की गई दवाओं की सूची केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) की वेबसाइट ([www.cdsc.gov.in](http://www.cdsc.gov.in)) पर नियमित रूप से अपलोड की जाती है और यह ड्रग अलर्ट शीर्षक के अंतर्गत उपलब्ध होती है। दवाओं की गुणवत्ता या सुरक्षा से संबंधित मामलों में, जब भी रिपोर्ट की जाती है, तो संबंधित लाइसेंसिंग अधिकारियों द्वारा औषधि एवं प्रसाधन सामग्री अधिनियम 1940 और इसके नियमों के प्रावधानों के तहत कार्रवाई की जाती है, जिसमें समुचित न्यायालय में अभियोजन भी शामिल है।

### **RENOUNCEMENT OF CITIZENSHIP**

**3152. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:**

**SHRI B. MANICKAM TAGORE :**

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

(a) whether a large number of Indian citizen including highly skilled professionals are renouncing their citizenship;

(b) if so, the details thereof and the reasons therefor indicating the number of Indians who renounced their citizenship alongwith the countries of their destination during the last three years, year-wise;

(c) the manner in which the Government is planning to address this issue to prevent further brain drain;

(d) the estimated economic and tax-revenue loss due to such renunciation and the manner in which the Government is planning to mitigate these losses;

(e) the reasons for not having dual citizenship policy alongwith its implications on Indian living and working abroad;

(f) the number of overseas citizen of India registration cards issued till date alongwith the benefits availed by the holders; and

(g) the steps taken/proposed to be taken by the Government to create employment opportunities for Indians abroad and the mechanism put in place to support Indians who have renounced their citizenship?

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

(a) to (d) - As per the information available with the Ministry, the number of Indians who gave up their Indian citizenship was 1,63,370 (in 2021); 2,25,620 (in 2022) and 2,16,219 (in 2023). For reference purpose, data was 1,22,819 (in 2011); 1,20,923 (in 2012); 1,31,405 (in 2013); 1,29,328 (in 2014); 1,31,489 (in 2015); 1,41,603 (in 2016); 1,33,049 (in 2017); 1,34,561 (in 2018); 1,44,017 (in 2019); 85,256 (in 2020). List of the countries whose citizenship Indians acquired is given in enclosed **Statement**. State-wise distribution of people who renounced Indian citizenship for foreign citizenships is not available.

The reasons for renouncing/taking citizenship are personal. The Government recognizes the potential of the global workplace in an era of knowledge economy. It has also brought about a transformational change in its engagement with Indian diaspora. A successful, prosperous, and influential

diaspora is an asset for India. India stands to gain a lot from tapping its diaspora networks and productive utilization of the soft power that comes from having such a flourishing diaspora. The Government's efforts are also aimed at harnessing the diaspora potential to its fullest including through sharing of knowledge and expertise.

(e) Dual citizenship is not permitted as per the provisions of Article 9 of the Constitution of India read with Section 9 of the Citizenship Act, 1955.

(f) and (g) - As per the information available with the Ministry till date, 51,00,796 Overseas Citizens of India (OCI) Cards have been issued. Benefits availed by OCI cardholders are given below:

(i) Multiple entry lifelong visa for visiting India for any purpose (However OCI Cardholders will require a special permission to undertake research work in India for which they may submit the application to the Indian Mission/ Post/ FRRO concerned).

(ii) Exemption from registration with Foreigners Regional Registration Officer (FRRO) or Foreigners Registration Officer (FRO) for any length of stay in India.

(iii) Parity with Non-Resident Indians (NRIs) in respect of all facilities are available to them in economic, financial, and educational fields except in matters relating to the acquisition of agricultural or plantation properties.

(iv) Overseas Citizen of India Cardholders are treated at par with Non-Resident-Indians in the matter of inter-country adoption of Indian children.

(v) Overseas Citizen of India Cardholders are treated at par with resident Indian nationals in the matter of tariffs in air fares in domestic sectors in India.

(vi) Overseas Citizen of India Cardholders are charged the same entry fee as domestic Indian visitors to visit national parks, national monuments, wildlife sanctuaries, historical sites and museums in India.

(vii) They may engage in the following professions in India, in pursuance of the provisions contained in the relevant Acts, namely:- doctors, dentists, nurses and pharmacists; advocates; architects; chartered accountants;

(viii) They may appear for the All India Pre-Medical Test or such other tests to make them eligible for admission available to NRIs in pursuance of the provisions contained in the relevant Acts.

### **STATEMENT**

#### **LIST OF COUNTRIES WHOSE CITIZENSHIP WAS ACQUIRED BY INDIANS**

<b>S.No.</b>	<b>Country</b>
1	Albania
2	Algeria
3	Andorra
4	Angola
5	Antigua and Barbuda
6	Argentina
7	Armenia
8	Australia
9	Austria
10	Azerbaijan
11	Bahamas
12	Bahrain
13	Bangladesh
14	Belarus
15	Belgium

16	Belize
17	Bolivia
18	Bosnia and Herzegovina
19	Botswana
20	Brazil
21	Brunei
22	Bulgaria
23	Cambodia
24	Canada
25	Chile
26	China
27	Colombia
28	Comoros
29	Costa Rica
30	Croatia
31	Cyprus
32	Czech Republic
33	Denmark
34	Dominica
35	Dominican Republic
36	Ecuador
37	Egypt
38	Estonia
39	Eswatini
40	Ethiopia
41	Fiji
42	Finland
43	France
44	Gabon
45	Georgia
46	Germany
47	Ghana
48	Greece



49	Grenada
50	Guatemala
51	Guyana
52	Hungary
53	Iceland
54	Indonesia
55	Iran
56	Iraq
57	Ireland
58	Israel
59	Italy
60	Jamaica
61	Japan
62	Jordan
63	Kazakhstan
64	Kenya
65	Kuwait
66	Kyrgyzstan
67	Laos
68	Latvia
69	Lithuania
70	Luxembourg
71	Madagascar
72	Malawi
73	Malaysia
74	Maldives
75	Mali
76	Malta
77	Mauritius

78	Mexico
79	Moldova
80	Mongolia
81	Morocco
82	Mozambique
83	Myanmar
84	Namibia
85	Nepal
86	New Zealand
87	Nigeria
88	North Macedonia
89	Norway
90	Oman
91	Pakistan
92	Panama
93	Papua New Guinea
94	Paraguay
95	Peru
96	Philippines
97	Poland
98	Portugal
99	Qatar
100	Republic of Korea
101	Romania
102	Russia
103	Saint Kitts and Nevis

104	Saint Lucia
105	Saudi Arabia
106	Serbia
107	Seychelles
108	Singapore
109	Slovak Republic
110	Slovenia
111	South Africa
112	Spain
113	Sri Lanka
114	Sudan
115	Suriname
116	Sweden
117	Switzerland
118	Tanzania
119	Thailand
120	The Holy See (Vatican City State)
121	The Netherlands
122	Tonga
123	Trinidad and Tobago
124	Türkiye
125	UAE
126	Uganda
127	UK
128	Ukraine
129	Uruguay

130	USA
131	Vanuatu
132	Vietnam
133	Yemen
134	Zambia
135	Zimbabwe

### सिकल सेल एनीमिया का उपचार

#### 3153. श्री संजय उत्तमराव देशमुख:

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

(क) महाराष्ट्र विशेष रूप से यवतमाल-वाशिम संसदीय क्षेत्र में सिकल सेल एनीमिया के पंजीकृत रोगियों की कुल संख्या कितनी है तथा उनकी स्थिति का आकलन करने के लिए आज की तिथि तक क्या कदम उठाए गए हैं;

(ख) क्या यवतमाल-वाशिम के प्राथमिक स्वास्थ्य केंद्रों में सिकल सेल रोग के उपचार के लिए दवाएं और सुविधाएं अपर्याप्त हैं तथा यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) सरकार द्वारा इन्हें तत्काल उपलब्ध कराने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;

(घ) क्या ग्रामीण क्षेत्रों में सिकल सेल रोग के उपचार के लिए निःशुल्क शिविर आयोजित करने की कोई योजना है;

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा यदि नहीं, तो इसके क्या कारण हैं तथा इनके कब तक आयोजित किए जाने की संभावना है;

(च) प्रभावित रोगियों के लिए जिला और तहसील अस्पतालों में कब तक विशेष वार्ड और विशेषज्ञ डॉक्टरों की नियुक्ति किए जाने की संभावना है; और

(छ) क्या सरकार महंगे उपचार को ध्यान में रखते हुए गरीब और जरूरतमंद रोगियों की राहत के लिए ऐसी कोई वित्तीय सहायता योजना शुरू करने पर विचार कर रही है तथा 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 (छ): माननीय प्रधानमंत्री द्वारा सिकल सेल रोग (एससीडी) के उन्मूलन हेतु दिनांक 1 जुलाई, 2023 को मध्य प्रदेश से राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीईएम) की शुरुआत की गई है। इस मिशन का उद्देश्य सभी सिकल सेल रोगग्रस्त रोगियों को किफ़ायती सुलभ और गुणवत्तापरक परिचर्या प्रदान करना, जागरूकता को बढ़ावा देकर एससीडी की व्याप्तता को कम करना, जनजातीय क्षेत्रों के प्रभावित जिलों में वर्ष 2025-26 तक 0-40 वर्ष की आयु के 7 करोड़ लोगों की लक्षित जांच करना और केंद्रीय मंत्रालयों और राज्य सरकारों के सहयोगात्मक प्रयासों के द्वारा परामर्श देना है। महाराष्ट्र राज्य और यवतमाल-वाशिम संसदीय क्षेत्र के जिलों में जांचे गए, वाहक के रूप में पुष्टि किए गए, रोगग्रस्त और उपचाराधीन रोगियों का विवरण (10.12.2024 तक) इस प्रकार है:

क्र. सं	राज्य/जिला	जांच किए गए व्यक्तियों की कुल संख्या	सिकल सेल वाहकों की कुल संख्या	सिकल सेल रोग से ग्रस्त हुए लोगों की कुल संख्या	उपचाराधीन सिकल सेल रोग से ग्रस्त हुए रोगियों की कुल संख्या
1	महाराष्ट्र	50,81,086	1,46,335	18,893	3,887
2	वाशिम	1,98,925	142	13	1
3	यवतमाल	2,82,531	9,481	1,486	628

अनिवार्य औषधियों की उपलब्धता सुनिश्चित करने और सार्वजनिक स्वास्थ्य सुविधा केंद्रों में उपचार हेतु आने वाले सिकल सेल रोग से पीड़ित रोगियों सहित सभी रोगियों की जेब से होने वाले खर्च को कम करने के लिए, सरकार ने एनएचएम के तहत निःशुल्क औषध सेवा पहल शुरू की है। इसमें

एसएचसी स्तर पर 106 औषधियों, पीएचसी स्तर पर 172, सीएचसी स्तर पर 300, एसडीएच स्तर पर 318 और जिला अस्पतालों में 381 औषधियों के लिए राज्यों/संघ राज्य क्षेत्रों को प्रदत्त वित्तीय सहायता शामिल है। एससीडी रोगियों के लिए हाइड्रोक्सीयूरिया नामक औषधि को एसएचसी, पीएचसी/शहरी पीएचसी, सीएचसी और जिला अस्पतालों में एनएचएम अनिवार्य औषधियों की सूची में शामिल किया गया है ताकि औषधि की सुलभता की समस्या को हल किया जा सके।

यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत 'निःशुल्क निदान सेवा पहल' कार्यक्रम को भी सहायता देता है, जिसका उद्देश्य समुदाय के नज़दीक सुगम्य और किफ़ायती पैथोलॉजिकल और रेडियोलॉजिकल निदान सेवाएँ प्रदान करना है, जिससे जेब से होने वाले खर्च (ओओपीई) में कमी आती है। सिकल सेल एनीमिया रोगियों सहित सभी के लिए निदान सेवाएँ सार्वजनिक स्वास्थ्य सुविधा केंद्रों [एसएचसी में 14 परीक्षण, पीएचसी में 63, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में 97, उप जिला अस्पतालों में 111 परीक्षण और जिला अस्पतालों में 134 परीक्षण] के सभी स्तरों पर निःशुल्क प्रदान की जाती हैं।

जनजातीय कार्य मंत्रालय के माध्यम से जागरूकता और परामर्श सामग्री विकसित की गई है। रोग, जांच और प्रबंधन के बारे में जागरूकता फैलाने के लिए आईईसी और मीडिया कार्यकलापों को अपनाया जाता है। प्रत्येक सिकल सेल जांच शिविर में जागरूकता भी प्रदान की जाती है। जागरूकता अभियान सहित मिशन कार्यकलापों के कार्यान्वयन में राज्य सरकारें महत्वपूर्ण भूमिका निभाती हैं। इस मंत्रालय ने सभी राज्यों/संघ राज्य क्षेत्रों को हर महीने एक निश्चित दिन की आउटरीच सेवा, जिसका नाम आयुष्मान आरोग्य शिविर है, आयोजित करने का निर्देश दिया है, ताकि समुदाय के करीब स्वास्थ्य सेवाएं पहुंचाई जा सकें और जेब से होने वाले खर्च को कम किया जा सके। इस पहल में एएएम (एसएचसी और पीएचसी) में स्वास्थ्य शिविर आयोजित करने की परिकल्पना की गई है, जिसमें एसएचसी में चिकित्सा अधिकारी मौजूद होंगे और पीएचसी और सीएचसी में हर महीने एक बार विशेषज्ञ चिकित्सा शिविर आयोजित किए जाएंगे।

यह मंत्रालय एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त

प्रस्तावों के आधार पर सार्वजनिक स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए राज्यों/ संघ राज्य क्षेत्रों को स्वास्थ्य मानव संसाधन (विशेषज्ञ डॉक्टर और अन्य स्वास्थ्य कार्यकर्ता) की भर्ती के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है।

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

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

## **HEALTH CENTRES UNDER NRHM**

### **3154.SHRI NAVASKANI K:**

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

(a) the number of health facilities upgraded/established under National Rural Health Mission (NRHM) including sub-centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs) across the country, State/UT-wise;

- (b) whether the Government has identified gaps in rural healthcare infrastructure and service delivery and if so, the details thereof;
- (c) the steps taken/being taken to address these gaps and ensure quality healthcare in rural areas;
- (d) whether the Government has conducted any evaluation of NRHM's impact on rural health outcomes; and
- (e) if so, the key findings of such evaluations alongwith the corrective measures being taken in this regard?

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

(a) to (e) Health Dynamics of India (HDI) (Infrastructure and Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. Details of health facilities functioning in rural and urban areas in various State/UTs may be seen at the following link of HDI 2022-23:

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

The National Health Mission (NHM) provides support for improvement in health infrastructure, availability of adequate human resources in health facilities, to improve availability and accessibility to quality health care especially for the under served and marginalized groups in rural areas. The Ministry of Health and Family Welfare provides technical and financial support to the



States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under NHM. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

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

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

PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was launched by Hon'ble Prime Minister of India for an amount of Rs.64,180 crore. The measures under the PM-ABHIM focus on developing capacities of health systems and institutions across the continuum of care at all levels, primary,

secondary and tertiary, to prepare health systems in responding effectively to the current and future pandemics /disasters.

The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs 70,051 crores and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-22 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

Under NHM, the performance of various health programmes is regularly assessed, through review meetings, mid term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery and rewarding achievements etc. The working of National Health Mission (NHM) has been regularly assessed through external surveys such as, National Family Health Survey (NFHS) and Sample Registration System (SRS). Further, under NHM, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes. The key strategies and priority areas of CRM is to analyze challenges with respect to strengthening health systems, identify trends in progress of key indicators, evaluate the readiness of the state to undertake implementation of new initiatives, and review the progress and coordination mechanisms with various partners.

The details of various reports of CRM are available in public domain at <https://nhm.gov.in/index1.php?lang=1andlevel=1andsublinkid=795andlid=195>

**PROVISION OF AYUSH SERVICES****3155. SHRI G.SELVAM:****SHRI C. N. ANNADURAI:**

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

- (a) the key components of the National AYUSH Mission with respect to financial assistance provided to States for promoting alternative systems of medicine;
- (b) whether the Government has identified specific gaps in the provision of AYUSH services at Primary Health Centres (PHCs), Community Health Centres (CHCs) and district hospitals;
- (c) the efforts being made to fill these gaps, including infrastructure development, manpower training and awareness campaigns;
- (d) the timeline set for achieving full integration of AYUSH services into primary and secondary healthcare systems;
- (e) the challenges faced in providing alternative medicine treatment in remote and tribal areas;
- (f) whether the Government has set targets for expanding AYUSH services under NAM; and
- (g) if so, the timeline fixed for achieving these targets?

**THE MINISTER 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 key components of the National AYUSH Mission (NAM) with respect to financial assistance provided to States for promoting alternative systems of medicine are as follows:

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

(b)to (e) Mainstreaming of Ayush is one of the core strategies in National Health Mission which seeks to provide accessible, affordable and quality health care to the population.Under National Health Mission (NHM), engagement and training of AYUSH doctors/ paramedics is supported, provided they are co-located with existing District Hospitals (DHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) with priority given to remote PHCs and CHCs. Support for Ayush infrastructure, equipment/ furniture and medicines are provided by the Ministry of Ayush under National Ayush Mission (NAM) as shared responsibilities.States/UTs can avail the financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) andProgram Implementation Plan (PIPs) under NAM and NHM respectively.

Mainstreaming of Ayush has been taken up in 13,146 Ayush facilities co-located under NHM [6,354 PHCs, 3,010 Community Health Centers(CHC), 474 Districts Hospitals(DH), 3107 health facilities above Sub- Center(SC) but below block level and 201 health facilities other than CHC at or above block level but below district level]. 24,989 AYUSH doctors and 2709 Paramedics are in-position in various co-located health facilities (as per NHM-MIS as on 30.06.2024).

(f) to (g) Ministry of Ayush is implementing the centrally sponsored scheme of National Ayush Mission (NAM) through State/UT Governments for overall development, promotion and expansion of Ayush services in the country. Since implementation of NAM scheme comes under purview of respective State/UT

Governments, accordingly no specific targets are being fixed by the Government of India.

**AYUSHMAN BHARAT DIGITAL MISSION IN ANDHRA PRADESH**

**3156. SHRI DAGGUMALLA PRASADA RAO:**

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

(a) the details of budget allocation under Ayushman Bharat Digital Mission (ABDM) in the State of Andhra Pradesh during the financial years 2021-2024, year-wise;

(b) the total number of Ayushman Bharat Health Account (ABHA) created/linked under ABDM in the State of Andhra Pradesh, district-wise data till date;

(c) whether the budget allocation for the said scheme has been reduced as compared to previous year, if so, the details thereof along with funds utilized by States and leftover till date;

(d) whether the Government has examined/taken any steps to see the performance of the scheme and provide benefits of the scheme to the poor and those deprived of digital facilities in remote/rural areas, if so, the details thereof; and

(e) whether the Government has received any concerns/identified any irregularities in the programme and if so, the details thereof?

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

(a) to (c) The details of budget allocation for Ayushman Bharat Digital Mission (ABDM) in the state of Andhra Pradesh during the financial years 2021-2024 are as follows:

(Amount in Rs. crores)

Allocation Funds	FY 21-22	FY 22-23	FY 23-24	FY 24-25	Total
HR [Human Resources]	1.24	4.17	4.51	3.53	13.45
ICE/CB [Information, Education and Communication / Capacity Building]	-	2.21	2.38	1.77	6.36
<b>Total</b>	1.24	6.38	6.89	5.3	<b>19.81</b>

A total of **4,21,21,726** Ayushman Bharat Health Accounts (ABHA) have been created as on 9<sup>th</sup> Dec 2024 in Andhra Pradesh. The district-wise Ayushman Bharat Health Accounts created under ABDM in Andhra Pradesh are listed in the enclosed **Statement-I**.

The Union Cabinet had approved ABDM as a central sector scheme with the support of Rs. 500 crores to states/UTs for supporting human resources to implement ABDM:

S.No	Cost Head	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	Total
1	Human resources for State/UT implementation	86.29	132.41	139.81	92.46	49.03	500

<b>2</b>	<b>TOTAL COST</b>	<b>86.29</b>	<b>132.41</b>	<b>139.81</b>	<b>92.46</b>	<b>49.03</b>	<b>500</b>
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As evident from the above table, the budgetary allocation under ABDM to the States/UTs has been provided in a tapered form. Accordingly, Andhra Pradesh's budgetary allocation is more in FY 2023-24 compared to the present financial year. The same is true for budgetary allocation for other states/UTs also. The details of allocation and utilization of funds under the scheme by different states is provided in the enclosed **Statement-II**.

(d) Various steps have been taken to assess the performance of the scheme. A public dashboard is available for NHA, the implementing body of ABDM, and the states/UTs to assess the different indicators reflecting the progress of the scheme. Based on the monitoring of these indicators, various initiatives like developing use cases for quick registration, easy payments; microsites program focused on increasing the adoption in the private sector; the digital health incentive scheme to incentivise health facilities and digital health tech companies to create digital records, the model facility initiative to create facilities doing end-to-end digitization etc. are being taken, in consultation and with the support of the states/UTs 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.



(e) NHA, the implementing body of ABDM has not received any concerns/identified any irregularities in the implementation of ABDM.

**STATEMENT-I**

**The district-wise Ayushman Bharat Health Accounts created under ABDM in Andhra Pradesh**

District Names	ABHAs Created
East Godavari	44,17,431
Guntur	41,00,451
Krishna	40,31,971
Kurnool	35,95,679
Chittoor	33,87,064
West Godavari	33,41,866
Ananthapuramu	29,40,750
Visakhapatnam	29,03,522
Prakasam	28,06,894
Srikakulam	23,35,397
Vizianagaram	20,11,547
Y.S.R.	18,58,574
Sri Potti Sriramulu Nellore	18,28,229
Tirupati	5,82,573
Annamayya	5,79,583
Sri Sathya Sai	5,54,421
Anakapalli	3,79,052
Alluri Sitharama Raju	1,26,019
NTR	55,246
Palnadu	45,725
Eluru	44,377
Kakinada	42,252
Bapatla	41,052
Dr. B.R. Ambedkar Konaseema	40,973
Nandyal	37,362
Parvathipuram Manyam	22,903

**STATEMENT-II****The details of allocation and utilization of funds under the scheme by different states**

S r. N o	State	IEC/CB								HR							
		FY 2024-25		FY 2023-24		FY 2022-23		FY 2021-22		FY 2024-25		FY 2023-24		FY 2022-23		FY 2021-22	
		Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment
1	Andaman and Nicobar Islands	₹0.25	-	₹0.28	₹0.01	₹0.27	₹0.01	₹0.00	₹0.00	₹1.28	₹0.08	₹1.45	₹0.31	₹1.38	₹0.10	₹0.22	₹0.00
2	Andhra Pradesh	₹1.77	-	₹2.38	₹2.17	₹2.21	₹0.37	₹0.00	₹0.00	₹3.53	₹0.82	₹4.51	₹3.62	₹4.17	₹2.90	₹0.64	₹0.00
3	Arunach al Pradesh	₹0.26	-	₹0.33	₹0.08	₹0.31	₹0.09	₹0.00	₹0.43	₹1.28	₹0.28	₹1.59	₹0.71	₹1.51	₹0.48	₹0.24	₹0.02
4	Assam	₹0.86	-	₹1.30	₹0.52	₹1.20	₹0.30	₹0.00	₹0.00	₹2.41	₹0.49	₹3.86	₹1.78	₹3.57	₹0.46	₹0.55	₹0.00
5	Bihar	₹2.08	-	₹2.93	₹0.00	₹2.71	₹0.68	₹0.00	₹0.00	₹3.85	-	₹5.53	₹2.00	₹5.09	₹1.09	₹0.78	₹0.00
6	Chandiga rh	₹0.26	-	₹0.32	₹0.02	₹0.31	₹0.00	₹0.00	₹0.00	₹1.28	-	₹1.59	₹0.03	₹1.51	₹0.04	₹0.24	₹0.00
7	Chhattis garh	₹0.76	-	₹1.14	₹0.02	₹1.06	₹0.27	₹0.00	₹0.00	₹2.25	₹0.46	₹3.57	₹0.00	₹3.31	₹0.43	₹0.51	₹0.00
8	Delhi	₹0.65	-	₹0.93	₹0.00	₹0.86	₹0.00	₹0.00	₹0.00	₹2.25	-	₹3.28	₹0.00	₹3.04	₹0.00	₹0.47	₹0.00
9	Goa	₹0.25	-	₹0.29	₹0.24	₹0.27	₹0.07	₹0.00	₹0.00	₹1.28	₹0.84	₹1.45	₹0.76	₹1.38	₹0.04	₹0.22	₹0.00
10	Gujarat	₹0.26	-	₹0.33	₹0.30	₹0.31	₹0.14	₹0.00	₹0.00	₹1.28	₹0.69	₹1.59	₹0.21	₹1.51	₹0.52	₹0.24	₹0.00
11	Haryana	₹1.45	-	₹1.97	₹0.00	₹1.83	₹0.46	₹0.00	₹0.00	₹3.53	-	₹4.65	₹0.00	₹4.30	₹0.68	₹0.66	₹0.00
12	Himachal Pradesh	₹0.76	₹0.10	₹1.14	₹0.00	₹1.06	₹0.24	₹0.00	₹0.11	₹2.25	₹0.07	₹3.57	₹0.19	₹3.31	₹0.62	₹0.51	₹0.00
13	Jammu andKash mir	₹0.49	-	₹0.67	₹0.20	₹0.62	₹0.14	₹0.00	₹0.00	₹2.09	-	₹2.84	₹0.00	₹2.65	₹0.12	₹0.41	₹0.03

S r. N o	State	IEC/CB								HR							
		FY 2024-25		FY 2023-24		FY 2022-23		FY 2021-22		FY 2024-25		FY 2023-24		FY 2022-23		FY 2021-22	
		Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment
14	Jharkhand	₹0.56	₹0.20	₹0.80	₹0.00	₹0.74	₹0.37	₹0.00	₹0.40	₹2.09	₹0.49	₹2.99	₹0.81	₹2.78	₹0.68	₹0.43	₹0.00
15	Karnataka	₹0.89	-	₹1.36	₹0.48	₹1.26	₹0.06	₹0.00	₹0.00	₹2.41	₹0.60	₹4.00	₹1.78	₹3.70	₹0.22	₹0.57	₹0.00
16	Kerala	₹1.46	-	₹2.02	₹0.54	₹1.87	₹0.25	₹0.00	₹0.00	₹3.53	₹0.24	₹4.80	₹1.13	₹4.43	₹0.80	₹0.68	₹0.00
17	Ladakh	₹0.89	₹0.06	₹1.34	₹0.25	₹1.24	₹0.22	₹0.00	₹0.00	₹2.41	₹0.76	₹3.86	₹1.04	₹3.57	₹0.56	₹0.55	₹0.00
18	Lakshwadeep	₹0.25	-	₹0.28	₹0.00	₹0.27	₹0.12	₹0.00	₹0.00	₹1.28	-	₹1.45	₹0.00	₹1.38	₹0.68	₹0.22	₹0.00
19	Madhya Pradesh	₹0.24	-	₹0.28	₹1.30	₹0.26	₹0.05	₹0.00	₹0.00	₹1.28	-	₹1.45	₹1.09	₹1.38	₹0.07	₹0.22	₹0.00
20	Maharashtra	₹1.64	-	₹2.28	₹0.00	₹2.11	₹0.53	₹0.00	₹0.55	₹3.69	₹0.83	₹5.09	₹0.05	₹4.69	₹0.31	₹0.72	₹0.00
21	Manipur	₹2.19	-	₹3.08	₹0.16	₹2.85	₹0.00	₹0.00	₹0.00	₹3.85	₹0.32	₹5.53	₹1.28	₹5.09	₹0.44	₹0.78	₹0.00
22	Meghalaya	₹0.31	₹0.07	₹0.38	₹0.37	₹0.36	₹0.07	₹0.00	₹0.00	₹1.44	₹0.72	₹1.74	₹0.92	₹1.64	₹0.38	₹0.26	₹0.00
23	Mizoram	₹0.31	₹0.06	₹0.39	₹0.29	₹0.36	₹0.16	₹0.00	₹0.00	₹1.44	₹0.54	₹1.74	₹0.67	₹1.64	₹0.55	₹0.26	₹0.00
24	Nagaland	₹0.26	₹0.07	₹0.32	₹0.09	₹0.31	₹0.14	₹0.00	₹0.41	₹1.28	₹0.41	₹1.59	₹0.09	₹1.51	₹0.38	₹0.24	₹0.00
25	Odisha	₹0.27	-	₹0.34	₹0.00	₹0.32	₹0.08	₹0.00	₹0.00	₹1.28	-	₹1.59	₹0.00	₹1.51	₹0.20	₹0.24	₹0.05
26	Puducherry	₹1.22	-	₹1.62	₹0.16	₹1.50	₹0.00	₹0.00	₹0.00	₹3.53	-	₹4.51	₹0.72	₹4.17	₹0.00	₹0.64	₹0.00
27	Punjab	₹0.26	-	₹0.33	₹0.25	₹0.31	₹0.01	₹0.00	₹0.15	₹1.28	-	₹1.59	₹0.75	₹1.51	₹0.10	₹0.24	₹0.00
28	Rajasthan	₹0.82	-	₹1.21	₹0.60	₹1.12	₹0.11	₹0.00	₹0.00	₹2.41	₹0.83	₹3.71	₹1.90	₹3.44	₹0.09	₹0.53	₹0.00
29	Sikkim	₹1.59	-	₹2.18	₹0.13	₹2.02	₹0.00	₹0.00	₹0.20	₹3.69	₹0.13	₹4.95	₹0.07	₹4.56	₹0.00	₹0.70	₹0.00

S r. N o	State	IEC/CB								HR							
		FY 2024-25		FY 2023-24		FY 2022-23		FY 2021-22		FY 2024-25		FY 2023-24		FY 2022-23		FY 2021-22	
		Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment	Allocat ion	Disburse ment
30	Tamil Nadu	₹0.25	-	₹0.29	₹0.00	₹0.27	₹0.07	₹0.00	₹0.53	₹1.28	-	₹1.45	₹1.04	₹1.38	₹0.12	₹0.22	₹0.00
31	Telangana	₹1.64	-	₹2.24	₹0.00	₹2.08	₹0.18	₹0.00	₹0.00	₹3.69	-	₹4.95	₹0.62	₹4.56	₹2.28	₹0.70	₹0.70
32	DNDDD	₹0.91	₹0.05	₹1.39	₹0.14	₹1.29	₹0.32	₹0.00	₹0.00	₹2.41	-	₹4.00	₹0.29	₹3.70	₹0.47	₹0.57	₹0.00
33	Tripura	₹0.32	₹0.08	₹0.40	₹0.00	₹0.37	₹0.09	₹0.00	₹0.00	₹1.44	₹0.17	₹1.74	₹0.74	₹1.64	₹0.08	₹0.26	₹0.00
34	Uttar Pradesh	₹3.44	₹0.86	₹4.98	₹0.18	₹4.61	₹0.00	₹0.00	₹0.00	₹4.49	₹0.52	₹7.27	₹0.00	₹6.67	₹0.00	₹1.02	₹0.00
35	Uttarakhand	₹0.53	-	₹0.75	₹0.36	₹0.70	₹0.34	₹0.00	₹0.00	₹2.09	₹0.04	₹2.99	₹0.01	₹2.78	₹0.78	₹0.43	₹0.00
36	West Bengal	₹1.88	-	₹2.64	₹2.55	₹2.45	₹0.61	₹0.00	₹0.31	₹3.69	-	₹5.24	₹3.76	₹4.83	₹0.80	₹0.74	₹0.30
<b>Total</b>		<b>₹32.23</b>	<b>₹1.55</b>	<b>₹44.91</b>	<b>₹11.40</b>	<b>₹41.69</b>	<b>₹6.55</b>	<b>₹0.00</b>	<b>₹3.10</b>	<b>₹85</b>	<b>₹10</b>	<b>₹118</b>	<b>₹28</b>	<b>₹109</b>	<b>₹17</b>	<b>₹17</b>	<b>₹1.10</b>

## ब्रिक्स शिखर सम्मेलन, 2024

3157. श्री गिरिधारी यादव:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) अक्टूबर, 2024 में हुई ब्रिक्स घोषणा का ब्यौरा क्या है;

(ख) ब्रिक्स शिखर सम्मेलन के दौरान सभी सदस्य देशों के बीच आपसी व्यापार को बढ़ावा देने के लिए किन-किन समझौतों पर हस्ताक्षर किए गए;

(ग) ब्रिक्स बैंक की वर्तमान स्थिति क्या है;

(घ) क्या ब्रिक्स के सभी सदस्य देश अपनी-अपनी मुद्राओं में एक दूसरे के साथ व्यापार कर सकते हैं; और

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

**विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्र मार्गेरिटा):**

(क) भारत ब्रिक्स के साथ अपने संबंधों को महत्व देता है, जो परामर्श एवं सहयोग के लिए एक मूल्यवान मंच के रूप में उभरा है, और जिसने आपसी समझ को बढ़ावा देने में सहायता की है। ब्रिक्स देशों के नेताओं ने रूस की अध्यक्षता में आयोजित XVI ब्रिक्स शिखर सम्मेलन के लिए 22-24 अक्टूबर 2024 तक कज़ान (रूस) में मुलाकात की। XVI ब्रिक्स शिखर सम्मेलन का विषय 'न्यायसंगत वैश्विक विकास और सुरक्षा के लिए बहुपक्षवाद को मजबूत करना' था। शिखर सम्मेलन के परिणामस्वरूप कज़ान घोषणा नामक एक परिणाम दस्तावेज़ तैयार हुआ, जिसे सभी ब्रिक्स देशों द्वारा अंगीकृत किया गया।

(ख) शून्य

(ग) न्यू डेवलपमेंट बैंक (एनडीबी), जिसे सामान्यतः ब्रिक्स बैंक के रूप में जाना जाता है, ब्राजील, रूस, भारत, चीन और दक्षिण अफ्रीका (ब्रीक्स) द्वारा स्थापित एक बहुपक्षीय विकास बैंक है, जिसका उद्देश्य उभरते बाजारों और विकासशील देशों (ईएमडीसी) में अवसंरचना और सतत विकास परियोजनाओं के लिए संसाधन जुटाना है। 2021 में, 2 नए सदस्य, बांग्लादेश और संयुक्त अरब

अमीरात, एनडीबी में शामिल हुए। इसके अतिरिक्त, 2023 में, मिस्र एनडीबी में शामिल हो गया। संस्थापक सदस्य के रूप में, भारत एनडीबी में 18.98% की हिस्सेदारी और मतदान शक्ति रखता है। 30 सितंबर, 2024 तक, एनडीबी द्वारा 35.54 बिलियन अमरीकी डालर का वित्तपोषण सहित वैश्विक स्तर पर कुल 101 परियोजनाओं को मंजूरी दी गई है। भारत एनडीबी से सबसे बड़ा ऋण प्राप्तकर्ता है और इसके पास 28 परियोजनाएं तथा 9.09 बिलियन डॉलर का परिव्यय के साथ कुल पोर्टफोलियो राशि का 26% हिस्सा है।

(घ) ब्रिक्स के अंतर्गत ऐसी कोई व्यवस्था नहीं है।

(ड) लागू नहीं।

### **PROMOTION OF CHEMICAL MANUFACTURING UNITS**

#### **3158. SHRI NAGESH BAPURAO AASHTIKAR PATIL:**

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

(a): whether there are any Government scheme to support small-scale chemical manufacturing units in Hingoli; and

(b): if so, the details of incentives or assistance that are being provided under these schemes, 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 A (SHRIMATI ANUPRIYA PATEL):**

(a): Government of India through Ministry of Micro, Small and Medium Enterprises (MSME) is implementing various schemes /programmes for promotion and development of MSMEs including Chemical Manufacturing MSMEs, which interalia includes; (i) MSME Champions Scheme; (ii) Micro and

Small Enterprises Green Investment and Financing for Transformation (MSE-GIFT) Scheme; (iii) MSE Scheme for Promotion and Investment in Circular Economy (MSE-SPICE Scheme); (iv) Micro and Small Enterprises Cluster Development Programme (MSE-CDP) Scheme; and (v) Procurement and Marketing Support (PMS) Scheme.

(b): The details of incentives or assistance provided to MSME under these schemes, are given in the enclosed **Statement**.

### **STATEMENT**

#### **A: Financial Assistance to MSMEs under MSME Champion Scheme:**

##### **MSME Champions Scheme:**

MSME Champions Scheme is a Central Sector Scheme applicable to the Udyam registered manufacturing Micro, Small and Medium Enterprises (MSMEs) across India. The end objective is to pick up clusters and enterprises and modernize their processes, reduce wastages, sharpen business competitiveness, and facilitate their National and Global reach and excellence. It comprises of three components i.e.,

- i. MSME-Sustainable (ZED) Certification Scheme (*launched on 28.04.2022*)
- ii. MSME-Competitive (Lean) Scheme (*launched on 10.03.2023*)

MSME-Innovative (Incubation, Design and IPR) Scheme (*launched on 10.3.2022*)

The details of the Scheme components under MSME Champions Scheme are as follows:

### i) **MSME-Sustainable (ZED) Certification Scheme**

#### ❖ **Objective:**

The ZED Certification envisages promotion of Zero Defect Zero Effect (ZED) practices amongst MSMEs so as to encourage and enable MSMEs for manufacturing of quality products using latest technology, tools and to constantly upgrade their processes for achievement of high quality and high productivity with the least effect on the environment and promote adoption of ZED practices.

#### **Cost of Certification**

- Certification Level 1: BRONZE: Rs. 8,000/-
- Certification Level 2: SILVER: Rs. 32,000/-
- Certification Level 3: GOLD: Rs. 72,000/-

#### **Nature of Assistance:**

##### **Subsidy on Cost of ZED certification:**

- Joining Reward of Rs. 10,000/- (Bronze will become free if availed)
- 80-60-50% for Micro, Small and Medium MSMEs respectively.
- 100% subsidy for Women owned MSMEs

##### **Additional subsidy:**

- 10% for SC/ST owned MSMEs OR MSMEs in NER/Himalayan/LWE/Island territories/aspirational districts.
- 5% for MSMEs which are also a part of the SFURTI OR Micro and Small Enterprises - Cluster Development Programme (MSE-CDP) of the Ministry.



**Financial Assistance in Testing/Quality/Product Certification:**

- Up to 75% of the total cost against multiple Testing/System/Product Certification, with the maximum ceiling of subsidy being Rs. 50,000/-

**Handholding Support:**

- Up-to Rs.2 lakhs for consultancy for all ZED certified MSMEs.

**Support in Technology Upgradation for Zero Effect Solutions:**

- Up-to Rs. 3 lakhs for all ZED certified MSMEs

**ii) MSME-Competitive (LEAN) Scheme****❖ Objective:**

The objective of the scheme is to enhance the Domestic and Global Competitiveness of MSMEs through the application of various Lean Techniques

That inter-alia includes:

**➤ Reduction in:**

- Rejection Rates
- Product and Raw Material Movements
- Product Cost

**➤ Optimization of:**

- Space Utilization
- Resources like Water, Energy, Natural Resources Etc.

**➤ Enhancement of:**

- Quality of Products and Process
- Production and Export Capabilities
- Workplace Safety

- Knowledge and Skill Set
- Innovative Work Culture
- Social and Environmental Accountability
- Profitability
- Introduction and Awareness to Industry 4.0
- Digital Empowerment

#### **Implementation Cost (Max. per unit)**

- **Basic Level:** Free
- **Intermediate Level:** ₹ 1,20,000 + Taxes
- **Advanced Level:** ₹ 2,40,000 + Taxes

#### **Nature of Assistance:**

##### **Beneficiary Contribution**

- **Basic – NA**
- **Intermediate Level:** 10% of Total Cost of Implementation i.e., up to ₹ 12,000 + Taxes per unit (Max.)
- **Advanced Level:** 10% of Total Cost of Implementation i.e., up to ₹ 24,000 + Taxes per unit (Max.)

##### **GOI Contribution:**

- **Basic Level:** NA
- **Intermediate Level:** MSME unit will be entitled for up to ₹ 1,08,000 (max.) towards the Implementation cost (Taxes Extra)
- **Advanced Level:** MSME unit will be entitled for up to ₹ 2,16,000 (max.) towards the Implementation cost (Taxes Extra)

### **Additional Benefit**

- **Basic Level:** NA
- **Intermediate Level and Advanced Level:**
  - a) Additional 5% GOI contribution for MSMEs which are part of SFURTI Clusters, Woman/SC/ ST owned, NER located MSMEs.
  - b) **OEM/ Industry Association route**
    - Additional 5% GoI contribution shall be given to the MSMEs registering through Industry Association/ OEM after completion of all levels.
    - ✓ ₹ 5000/ per MSME shall be given to OEM/ Association after completing all stages of lean intervention.
    - ✓ For availing this benefit MSME unit need to mention on while applying – Applying under Original Equipment Manufacturer (OEM) or Applying under Industry Association (IA).

### **iii) MSME-Innovative (Incubation, Design and IPR) Scheme**

#### **❖ Objective:**

MSME Innovative is a new concept for MSMEs with a combination of innovation in incubation, design intervention and by protecting IPR in a single mode approach to create awareness amongst MSMEs about India's innovation and motivate them to become MSME Champions. This will act as a hub for innovation activities facilitating and guiding development of ideas into viable business proposition that can benefit society directly and can be marketed successfully.

**Nature of Assistance:****Incubation**

- Financial Assistance to HI for developing and nurturing the ideas- shall be provided up to maximum of Rs. 15 lakh per idea to HI.
  
- Financial assistance for Plant and Machinery to HI up to Rs. 1.00 cr. (max) - shall be provided for procurement and installation of relevant plant and machines including hardware and software etc. in BI for RandD activities and common facilities for incubatees of BI.

**Design**

- **Design Project:** 75% of the total project cost will be contributed by Gol up to a maximum of Rs. 40 lakh
  
- **Student Project:** 75% of the total project cost will be contributed by Gol up to a maximum of Rs. 2.5 lakh

**IPR**

- A Grant of up to Rs. 1 crore would be provided to an IPFC in milestone-based (three or more) instalments
  
- **Reimbursement for registration of Patent, Trademark, Geographical Indications (G.I.), Design:** The maximum financial assistance to the eligible applicants under the IPR component is as follows:

<b>S. No</b>	<b>Item</b>	<b>Maximum Assistance</b>	<b>Financial</b>
i.	Foreign Patent	Rs. 5.00 lakh	
ii.	Domestic Patent	Rs. 1.00 lakh	
iii.	GI Registration	Rs. 2.00 lakh	
iv.	Design Registration	Rs. 0.15 lakh	
v.	Trademark	Rs. 0.10 lakh	

### **B: Micro and Small Enterprises Green Investment and Financing for Transformation (MSE-GIFT) Scheme**

Ministry of Micro, Small and Medium Enterprises (MoMSME) has formulated MSE-GIFT scheme with an outlay of Rs 478 Cr for the period of 2023-24 to 2025-26 to develop an ecosystem wherein institutional finance is made available to MSEs at a concessional cost to minimize/ overcome the incremental cost of clean/green technologies, which include energy from renewable sources like solar, wind, biogas, etc.; clean transportation that involves lower greenhouse gas emissions; energy-efficient projects like green building; waste management that includes recycling, efficient disposal, and conversion to energy, etc

#### **The key components of the MSE-GIFT Scheme include:**

- i. **Interest Subvention Component:** This component provides affordable finance to MSEs for adopting green technologies by offering a 2% interest subvention per annum for a maximum of 5 years on term loans up to INR 2 crores.
- ii. **Risk Sharing Facility:** The scheme offers a Risk Sharing Facility to cover loans up to INR 2 crores for MSEs, providing

financial assistance under a hybrid model to mitigate risk for financial institutions

### **C: Micro and Small Enterprises- Scheme for Promotion and Investment in Circular Economy (MSE-SPICE) Scheme**

- **Eligibility:**

- a. All Micro and Small Enterprises (MSEs) registered with the UDYAM portal of the Ministry of Micro, Small and Medium Enterprises are eligible to participate.
- b. MSE units must comply with Extended Producer Responsibility (EPR) and Waste Recycling targets set for industries.
- c. The investment of the unit should be towards the 11 identified CE sectors as per the scheme guidelines.

- **Financial Assistance:**

- (a) The loan size under the MSE-SPICE Scheme varies based on the project cost. For Brownfield projects in MSEs, the maximum project cost admissible under the scheme is INR 50 Lakhs, with a 25% subsidy on the cost of Plant and Machinery only.
- (b) Projects costing more than INR 50 Lakhs are also admissible under the scheme, but the subsidy is limited to a maximum of INR 12.5 Lakhs/units.

### **D: Micro and Small Enterprises - Cluster Development Programme (MSE-CDP)**

The Ministry of Micro, Small and Medium Enterprises (MSME), Government of India (GoI) has adopted the Cluster Development approach as a key strategy for enhancing the productivity and competitiveness as well as capacity building of Micro and Small Enterprises (MSEs) and their collectives in the country. A cluster is a group of enterprises located within an identifiable and as far as practicable, contiguous area and producing same / similar products / services. The essential characteristics of enterprises in a cluster are (a) Similarity or complementarity in the methods of production, quality control and testing, energy consumption, pollution control, etc (b) Similar level of technology and marketing strategies / practices (c) Similar channels for communication among the members of the cluster (d) Common challenges and opportunities.

### **Components:**

#### **I. Common Facility Centers (CFCs):**

The GoI grant will be restricted to 70% the cost of project from Rs. 5.00 crore to Rs. 10.00 crore and 60% of the cost of project from Rs. 10.00 crore to Rs. 30.00 crore. In case of NE and Hill States, Island territories, Aspirational District, GoI grant will be 80% of the cost of project from Rs. 5.00 crore to Rs. 10.00 crore and 70% of the cost of project from Rs. 10.00 crore to Rs. 30.00 crore. The project for CFC with project cost more than Rs. 30.00 crore can also be considered but the GoI assistance would be calculated by taking into account the maximum eligible project cost of Rs. 30.00 crore.

#### **II. Infrastructure Development:**

The Gol grant will be restricted to 60% of the cost of project from Rs. 5.00 crore to Rs. 15.00 crore for setting up of new Industrial Estate/Flatted Factory Complex and Gol grant will be 50% of the cost of project from Rs. 5.00 crore to Rs. 10.00 crore for up-gradation of existing Industrial Estate/Flatted Factory Complex. In case of NE and Hill States, Island territories, Aspirational Districts, Gol grant will be 70% of the cost of project from Rs. 5.00 crore to Rs. 15.00 crore for setting up of new Industrial Estate/ Flatted Factory Complex and 60% of the cost of project cost from Rs. 5.00 crore to Rs.10.00 crore for up-gradation of existing Industrial Estate/Flatted Factory Complex. The project for ID with project cost more than Rs.10.00 crore/15.00 crore can also considered but the Gol assistance would be calculated by taking into account the maximum eligible project cost of Rs. 10.00 crore/15.00 crore.

#### **E: Procurement and Marketing Support Scheme(PMS)**

To enhance the marketability of products and services in the MSME sector, Ministry of MSME has introduced Procurement and Marketing Scheme (PMS) in November 2019 and revised during July, 2022 with the following objectives:

- To encourage Micro and Small Enterprises (MSEs) to develop domestic markets and promotion of new market access initiatives.
- To facilitate market linkages for effective implementation of Public Procurement Policy for MSEs Order of 2012.



- To educate MSMEs on various facets of business development.
- To create an overall awareness about Public Procurement Policy for MSEs, Trade Fairs, latest market techniques, Modern Packaging Techniques, e-Commerce, Bar Code, Export, GeM and other such related topics etc.

### SCHEME COMPONENT DETAILS

S.N o	COMPONENT	SCALE OF ASSISTANCE
1	<b>Domestic Trade Fairs/ Exhibitions:</b> Supporting MSEs to participate/ Organizing fairs/ Exhibitions	(i)Subsidy on space rent charges and contingency expenditure including travel, freight charges etc up to Rs 1.50 Lakh in Metro/A class city and Rs.80,000 in other cities for each MSE unit.  (ii)Trade Fair as decided by Empowered committee with IF Wing concurrence
2	Workshops/ Seminars/ Vendor Development Program	Up to Rs. 5.0 lakh (Max.) per programme to Implementing Agencies
3	Adoption of Bar Code from Micros Enterprises	Reimbursement up to 80% one-time registration and annual recurring fee (1 <sup>st</sup> - 3 years) subject to max. Rs 50,650/-)
4	Adoption of e-Commerce Platform	Reimbursement up to 75% annual / subscription fee subject to max. Rs 25,000/- for on-boarding on “MSME Global Mart” being run by NSIC.
5	Adoption of Modern Packaging Techniques	Up to Rs 15 lakh / cluster for empanelling packaging expert organizations like IIP, NID, NIFT to provide consultancy services

6	Development of Retail Outlet	Up to 30 lakh for infrastructure outlet area of 500 sq.ft for GI products, subject to 50% contribution from the retaile
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### **EMPANELLED HOSPITALS IN KERALA**

#### **3159. SHRI RAJMOHAN UNNITHAN:**

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

- (a) the details of public and private hospitals empanelled under Ayushman Bharat Pradhan Mantri Jan ArogyaYojana (AB-PMJAY) in Kerala, district-wise;
- (b) whether the Government has any plan to include new empanelled hospital in Kerala under the said Yojana, if so, the details thereof; and
- (c) whether there are any proposals received from the State Government in this regard, 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): District-wise details of number of public and private hospitals empaneled in the State of Kerala under Ayushman Bharat- Pradhan Mantri Jan ArogyaYojana (AB-PMJAY) are given in the enclosed **Statement**.

Hospital empanelment is a continuous process and is undertaken based on the requirements and availability of healthcare providers (meeting AB-PMJAY criteria) within a given State/UT. As public health is a State subject, the responsibility of empaneling hospitals under AB-PMJAY lies with the respective

State/UT. The Government of India encourages States/UTs to empanel more hospitals under the scheme to ensure access to quality healthcare to all eligible beneficiaries.

### **STATEMENT**

#### **District-wise details of number of public and private hospitals empaneled in the State of Kerala under AB-PMJAY**

<b>District</b>	<b>Empaneled Private Hospitals</b>	<b>Empaneled Public Hospitals</b>
Alappuzha	10	10
Ernakulam	32	18
Idukki	10	6
Kannur	22	15
Kasaragod	21	11
Kollam	26	14
Kottayam	15	16
Kozhikode	68	17
Malappuram	72	21
Palakkad	20	15
Pathanamthitta	12	8
Thiruvananthapuram	30	33
Thrissur	30	11
Wayanad	17	7

Note: Data as on date 09.12.2024

### **JAKs IN RAJASTHAN**

#### **3160. SHRI KULDEEP INDORA:**

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

- (a) whether the Government has set any target to open more Jan AushadhiKendras across the country;
- (b) if so, the details thereof;
- (c) the details of Jan AushadhiKendras functional in Rajasthan;
- (d) the number of applications received for opening Jan AushadhiKendras in Rajasthan, district-wise; and
- (e) the number of applications approved in the last one year?

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

(a) and (b): The Government has decided to open 25,000 Jan Aushadhi Kendras (JAKs) across the country by March 2027. Online applications have been invited from all districts of the country through the website [www.janaushadhi.gov.in](http://www.janaushadhi.gov.in).

(c): Till 30.11.2024, a total of 455 Jan Aushadhi Kendras have been opened in Rajasthan. District- wise number of JAKs opened in Rajasthan is given as enclosed **Statement-I**.

(d) and (e): Under PMBJP, a total of 2303 applications have been received for opening of JAKs in the state of Rajasthan, of which 869 applications have been approved during the last one-year. Out of 869 applications, 312 JAKs have already been opened and 557 applications have been given in-principle approval for obtaining drug license. District-wise number of the approved applications in the state of Rajasthan during the last one year is given as enclosed **Statement-**

**II.**

**STATEMENT-I**

<b>District-wise number of JAKs opened in the State of Rajasthan till 30.11.2024</b>		
<b>Sl. No.</b>	<b>Name of the District</b>	<b>No. of JAKs opened</b>
1	Ajmer	4
2	Alwar	22
3	Banswara	3
4	Baran	2
5	Barmer	7
6	Bharatpur	5
7	Bhilwara	9
8	Bikaner	8
9	Bundi	3
10	Chittorgarh	5
11	Churu	10
12	Dausa	9
13	Dholpur	6
14	Dungarpur	3
15	Ganganagar	9
16	Hanumangarh	19
17	Jaipur	127
18	Jaisalmer	4
19	Jalore	10
20	Jhalawar	3
21	Jhunjhunu	23
22	Jodhpur	20
23	Karauli	6
24	Kota	10
25	Nagaur	21
26	Pali	8
27	Rajsamand	5
28	SawaiMadhopur	9

29	Sikar	17
30	Sirohi	4
31	Tonk	9
32	Udaipur	5
33	Pratapgarh	2
34	Deeg	1
35	Didwana-Kuchaman	17
36	Dudu	1
37	Khairthal-Tijara	3
38	Gangapurcity	2
39	Phalodi	1
40	Neem Ka Thana	1
41	Beawar	1
42	Balotra	1
43	Anupgarh	1
44	Salumbar	2
45	Jodhpur (Gramin)	5
46	Sanchole	1
47	Shahpura	1
48	Kekri	1
49	Kotputli-Behror	4
50	Jaipur (Gramin)	5
<b>Total</b>		<b>455</b>

**STATEMENT-II**

<b>District-wise details of the approved applications in the state of Rajasthan during the last one year</b>				
<b>Sl. No.</b>	<b>District</b>	<b>In-principle approval given</b>	<b>Store Opened</b>	<b>Total</b>
1	Ajmer	10	3	13
2	Alwar	21	19	40

3	Anoopgarh	1	1	2
4	Balotra	6	3	9
5	Banswara	10	1	11
6	Baran	10	1	11
7	Barmer	10	3	13
8	Beawar	7	1	8
9	Bharatpur	24	3	27
10	Bhilwara	10	5	15
11	Bikaner	7	4	11
12	Bundi	15	2	17
13	Chittorgarh	12	4	16
14	Churu	11	5	16
15	Dausa	27	7	34
16	Deeg	6	1	7
17	Dholpur	10	5	15
18	DidwanaKuchaman	5	6	11
19	Dungarpur	8	0	8
20	Ganganagar	31	7	38
21	Gangapurcity	6	2	8
22	Hanumangarh	19	12	31
23	Jaipur	71	106	177
24	Jaipur Gramin	11	3	14
25	Jaisalmer	7	3	10
26	Jalore	13	5	18
27	Jhalawar	6	1	7
28	Jhunjhunu	20	16	36
29	Jodhpur	20	10	30
30	Jodhpur Gramin	3	2	5
31	Karauli	6	6	12
32	Kekri	1	0	1
33	Khairthal-Tijara	1	2	3
34	Kota	12	6	18

35	Kotputli-Behror	1	0	1
36	Nagaur	13	11	24
37	Neem Ka Thana	3	3	6
38	Pali	14	5	19
39	Phalodi	2	2	4
40	Pratapgarh	8	1	9
41	Rajsamand	7	2	9
42	Salumbar	1	1	2
43	Sanchor	2	0	2
44	SawaiMadhopur	16	7	23
45	Sikar	23	13	36
46	Sirohi	6	2	8
47	Tonk	16	7	23
48	Udaipur	8	3	11
<b>Grand Total</b>		<b>557</b>	<b>312</b>	<b>869</b>

### दवाइयों और सर्जिकल उपकरणों की कीमतें

#### 3161.श्री दरोगा प्रसाद सरोज:

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

- (क) क्या भारत में विगो, आईवी सेट, फिक्सेटर, विक्रिल थ्रेड, कमर बेल्ट जैसे अधिकांश चिकित्सा या शल्य चिकित्सा उपकरणों और दवाओं के थोक मूल्य तथा बिक्री मूल्य के बीच 5 से 100 गुना का अंतर है;
- (ख) क्या दवाओं और शल्य चिकित्सा उपकरणों के मूल्य निर्धारण पर सरकार का कोई नियंत्रण है;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके लिए किस प्राधिकारी को नियुक्त किया गया है;



(घ) यदि नहीं, तो इसके क्या कारण हैं;

(ङ) क्या सरकार डीलरों को दवा और शल्य चिकित्सा उपकरणों की आपूर्ति वाली दवा कंपनियों द्वारा निर्धारित मूल्यसे दो से तीन गुना अधिक खुदरा मूल्य अंकित करने की कोई योजना बना रही है; और

(च) क्या सरकार का देश में निजी अस्पतालों और डॉक्टरों द्वारा परामर्श शुल्क के मनमाने और अंधाधुंध संग्रह को नियंत्रित करने का प्रस्ताव है?

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

(क) से (ङ): औषध विभाग (डीओपी) के तहत राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) औषधि (मूल्य नियंत्रण) आदेश, 2013 (डीपीसीओ, 2013) की अनुसूची-1 में शामिल दवाओं का अधिकतम मूल्यनियत करता है। अनुसूचित औषधियों के सभी विनिर्माताओं को अपने उत्पादों की बिक्री एनपीपीए द्वारा नियत किए गए अधिकतम मूल्य (साथ ही लागू माल और सेवा कर) के भीतर करनी होती है। गैर-अनुसूचित फॉर्मूलेशनों के मामले में, विनिर्माता को अपने द्वारा शुरू की गई औषधियों का अधिकतम खुदरा मूल्य (एमआरपी) निर्धारित करने की स्वतंत्रता है। हालांकि, डीपीसीओ, 2013 के अनुसार, कोई भी विनिर्माता गैर-अनुसूचित औषधि के एमआरपी में पिछले 12 महीनों के दौरान व्याप्त एमआरपी के 10% से अधिक की वृद्धि नहीं कर सकता है। इसके अलावा, एनपीपीए डीपीसीओ 2013 में यथा परिभाषित नई औषधिका खुदरा मूल्य भी निर्धारित करता है। एनपीपीए मूल्यों की निगरानी करता है और उल्लंघन की रिपोर्ट/सूचना मिलने पर डीपीसीओ, 2013 के मौजूदा प्रावधानों के अनुसार दोषी कंपनियों के विरुद्ध कार्रवाई शुरू करता है। हालांकि, आपूर्ति श्रृंखला में विभिन्न चरणों में विभिन्न हितधारकों को दिए जाने वाले मार्जिन और छूट सहित व्यावसायिक गतिविधियां डीपीसीओ, 2013 के दायरे में नहीं आती हैं। डीपीसीओ, 2013 के अनुसार सर्जिकल उपकरण जैसे विगो, आईवीसेट, फिक्सेटर, विक्रिल थ्रेड, कमर बेल्ट गैर-अनुसूचित वस्तुएं

हैं। तदनुसार, कानून के अनुसार मूल्यों में वृद्धि के संदर्भ में किसी भी उल्लंघन के लिए उनके मूल्यों की निगरानी की जाती है।

(च): स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा दी गई सूचना के अनुसार, सरकार ने उनके द्वारा प्रदान की जाने वाली सुविधाओं और सेवाओं के न्यूनतम मानकों को निर्धारित करने के उद्देश्य से नैदानिक प्रतिष्ठान (पंजीकरण और विनियमन) अधिनियम, 2010 (सीई अधिनियम) को अधिनियमित किया। सीई अधिनियम सरकारी और निजी दोनों स्वास्थ्य सुविधाकेन्द्रों (सशस्त्र बलों के सुविधाकेन्द्रों के अलावा) में क्लीनिक, अस्पताल, नैदानिक केंद्रों सहित सभी प्रकार के नैदानिक प्रतिष्ठानों पर लागू होता है, यदि इसे राज्यों/संघ राज्य क्षेत्रों द्वारा अंगीकृत और कार्यान्वित किया जाता है। नैदानिक प्रतिष्ठान (केंद्र सरकार) नियम, 2012 के अनुसार प्रत्येक नैदानिक प्रतिष्ठान पारदर्शिता बनाए रखने के लिए शुल्कों, उपलब्ध सुविधाओं का विवरण प्रमुख स्थान पर मुख्य रूप से प्रदर्शित करेगा। जिन राज्यों/संघ राज्य क्षेत्रों ने सीई अधिनियम को अपनाया है, वे मुख्य रूप से अधिनियम और उसके तहत बनाए गए नियमों के प्रावधानों के अनुसार निजी अस्पतालों सहित अपने अस्पतालों को विनियमित करने के लिए जिम्मेदार हैं ताकि रोगियों के लिए वहनीय और गुणवत्तापूर्ण स्वास्थ्य परिचर्या का प्रावधान सुनिश्चित किया जा सके।

## VACANCY IN NATIONAL MEDICAL COMMISSION

### 3162. SHRI BENNY BEHANAN:

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

- the total number of key posts currently lying vacant in the National Medical Commission (NMC) and the reasons for the same;
- the timeline by which these posts are expected to be filled; and

- the steps being taken to address the internal conflicts and concerns raised regarding the functioning of the NMC particularly related to the release of medical college inspection reports?

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

(a) to (c): As informed by National Medical Commission (NMC), as of now, there are a total of 19 vacant posts in the NMC and its Autonomous Boards. For filling up of these vacant posts, advertisements were published in National daily newspapers on 31/08/2024 and 11/10/2024. Further, a Search-cum-Selection Committee for appointment of office bearers of the Commission has been constituted under the Chairmanship of Cabinet Secretary.

To ensure smooth functioning of the organisation, Coordination meetings of Chairman, NMC with Presidents and Members of all four autonomous boards are held at regular intervals to review policy matters and pending decisions. This ensures effective collaboration, timely decision-making and resolution of internal issues, promoting better coordination and robust functioning of NMC.

**NEW NYAYA SANHITA**

**3163. SHRI BALABHADRA MAJHI:**

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

(a) whether the new Nyaya Sanhita has been useful and helpful in quick justice delivery, if so, the details thereof; and

(b) if not, the details of hurdles being faced?

**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 New Nyaya Sanhita provides the following mechanisms for quick justice delivery:

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

**PERFORMANCE SMART BOARD****3164. SHRI JAGDAMBIKA PAL:**

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

- (a) whether the Government has made any efforts to share information and data regarding its various services and activities;
- (b) if so, the details thereof;
- (c) the key characteristics of the Performance Smart Board dashboard; and
- (d) the details of advancements achieved in citizen services, engagement with the diaspora, and trade and commerce upto October, 2024?

**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) Yes. The Ministry of External Affairs Smart Board, launched in 2019, provides information and data related to various services and activities of the Ministry like the number of passports issued, number of visas granted, number of pilgrims assisted, number of MOUs/Agreements signed with various countries etc. It also provides information on India's bilateral trade with various countries. The Smart Board also has details of grants, loans and capacity building programmes under India's development partnership initiatives.
- (d) The Performance Smart Board has year-wise and country-wise data for citizen services, engagement with diaspora and trade and commerce. These have been organised under five modules on the Smart Board, namely (i) Development Partnership; (ii) Diaspora Engagement; (iii) Trade and Commerce;

(iv) Citizen Services; (v) International Engagement. The Smart Board may be accessed at the URL – meadashboard.gov.in

### लाडली योजना

#### 3165. श्रीमती संध्या राय:

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

(क) विगत पांच वर्षों के दौरान मध्य प्रदेश में लाडली योजना के माध्यम से देश भर में राज्य-वार और जिला-वार कितनी बालिकाएं लाभान्वित हुई हैं;

(ख) वन स्टॉप सेन्टर के माध्यम से किस प्रकार की सुरक्षा और सुविधाएं प्रदान की जा रही हैं;

(ग) क्या सरकार का भिण्ड जिले में उक्त केन्द्र खोलने का प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) सरकार द्वारा बालिकाओं को शिक्षा के लिए क्या प्रोत्साहन दिए जा रहे हैं?

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

(क) लाडली योजना न तो केन्द्र प्रायोजित योजना है और न ही केन्द्रीय क्षेत्र की योजना है। यह राज्य द्वारा संचालित योजना है। अतः इस योजना के संबंध में आंकड़े केन्द्रीय स्तर पर नहीं रखे जाते हैं।

(ख) वन स्टॉप सेंटर (ओएससी) योजना 1 अप्रैल 2015 से पूरे देश में लागू की जा रही है। वन स्टॉप सेंटर योजना का उद्देश्य हिंसा से प्रभावित महिलाओं और निजी एवं सार्वजनिक दोनों स्थानों पर तनावग्रस्त महिलाओं को एक ही जगह एकीकृत समर्थन और सहायता प्रदान करना है। यह चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता तथा मनोसामाजिक परामर्श जैसी आपातकालीन और गैर-आपातकालीन सेवाएं प्रदान करता है।

(ग) वन स्टॉप सेंटर (ओएससी) मध्य प्रदेश के भिंड जिले में अनुमोदित और कार्यात्मक है,

(घ) सरकार बालिका शिक्षा को प्रोत्साहित करने के लिए विभिन्न योजनाएं कार्यान्वित कर रही हैं। इन पहलों का उद्देश्य लैंगिक समानता को बढ़ावा देना और यह सुनिश्चित करना है कि लड़कियों की गुणवत्तापूर्ण शिक्षा तक पहुंच हो।

समग्र शिक्षा प्री-स्कूल से बारहवीं कक्षा तक स्कूली शिक्षा के लिए एक एकीकृत योजना है, जो राष्ट्रीय शिक्षा नीति 2020 और शिक्षा का अधिकार अधिनियम, 2009 के कार्यान्वयन में सहायता करती है। यह प्रारंभिक बाल्यावस्था देखभाल और शिक्षा, मूलभूत साक्षरता तथा संख्यात्मकता, समग्र और समावेशी पाठ्यक्रम, सीखने के परिणामों को बढ़ाने, सामाजिक और लैंगिक अंतराल को पाटने एवं शिक्षा के सभी स्तरों पर समानता तथा समावेश सुनिश्चित करने पर जोर देता है।

कस्तूरबा गांधी बालिका विद्यालय (केजीबीवी) योजना बारहवीं कक्षा तक लड़कियों के लिए आवासीय स्कूली शिक्षा सुविधाएं प्रदान करके स्कूली शिक्षा में लैंगिक और सामाजिक श्रेणी के अंतर को पाटने का प्रयास करती है। इस योजना के तहत, अनुसूचित जाति (एससी), अनुसूचित जनजाति (एसटी), अन्य पिछड़ा वर्ग (ओबीसी), अल्पसंख्यक समुदायों और बीपीएल परिवारों की 10-18 वर्ष की आयु वर्ग की लड़कियों को शामिल किया जाता है।

विज्ञान ज्योति कार्यक्रम लैंगिक संतुलन में सुधार हेतु लड़कियों को एसटीईएम (विज्ञान, प्रौद्योगिकी, इंजीनियरिंग, गणित) क्षेत्रों में शिक्षा और करियर बनाने के लिए प्रोत्साहित करता है। यह कक्षा IX से कक्षा XII तक मेधावी लड़कियों को लक्षित करता है और इसमें छात्र-अभिभावक परामर्श, करियर परामर्श, अतिरिक्त शैक्षणिक सहायता कक्षाएं, टिकरिंग गतिविधियां, विशेष व्याख्यान, वैज्ञानिक संस्थानों, प्रयोगशालाओं, उद्योगों और विज्ञान शिविरों और कार्यशालाओं का दौरा शामिल है।

## **SCHEMES FOR SPECIAL NEEDS AND DISABLED CHILDREN**

**3166: SHRI. ARVIND DHARMAPURI:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the details of schemes and programs implemented to support the welfare of children with special needs and disabilities across the country;

(b) the funds allocated and utilized under these programs during the last three years, State/UT-wise with specific data for Telangana; and

(c) the data on the number of beneficiaries, infrastructure availability and the measures taken/proposed to be taken to enhance accessibility and inclusion for these children?

**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 reported by Department of Empowerment of Persons with Disabilities (Divyangjan) under Ministry of Social Justice and Empowerment, major schemes are mentioned below:

- Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances (ADIP).
  - a) Aids and assistive devices distribution to school going children with special needs under the provision of ADIP- SSA (Samagra Shiksha Abhiyan).
  - b) Cochlear Implant and post-operative therapy and rehabilitation for children with Hearing Impairment.
- Deendayal Disabled Rehabilitation Scheme (DDRS) provides grant-in-aid to Non-Governmental Organisations for running model projects on special schools with residential facilities for the persons with intellectual disabilities.
- Scholarship schemes for students with disabilities.



- National Action Plan for Skill Development of Persons with disabilities (NAP-SDP).
- Cross Disability Early Intervention Centers (CDEIC) to support infants and young children (0-6 years) at-risk of disabilities or with disabilities to improve their physical, sensory and cognitive abilities.
- Unique Disability ID (UDID) project for issuance of disability certificates and Unique Disability Identity Cards to Persons with Disabilities (Divyangjans).

As reported by Ministry of Education, the Centrally Sponsored Scheme of Samagra Shiksha has dedicated inclusive education component for the education of Children with Special Needs (CwSN) with one or more disabilities.

The Ministry of Health and Family Welfare (MoHFW) implements Rashtriya Bal Swasthaya Karyakram (RBSK) in all States/UTs under National Health Mission (NHM) for children in age group 0-18 years in Anganwadi centres, Government and Government aided schools with the objective of early identification and management for 32 selected health conditions - 4 D's i.e. Defects at Birth, Developmental delays, Diseases and Deficiencies.

(b) As per the information provided by Department of Empowerment of Persons with Disabilities (Divyangjan) of Ministry of Social Justice and Empowerment, the funds utilized under these schemes during the last three years, State/UT-wise including State of Telangana is placed in the enclosed **Statement – I, II and III.**

(c) Under the Samagra Shiksha Abhiyan (SSA) Scheme of Ministry of Education, following facilities are provided to enhance accessibility and inclusion for these children:

- i. Facilities like Braille books, Braille kit, Low Vision treatment, Hearing aid, Braces, Crutches, Wheel Chair, Tri-cycle, and Callipers are provided to Children with Special Needs.
- ii. Financial assistance provided for all the enrolled CwSN and the ones receiving home based education services.
- iii. Facilities like ramps in toilets, at entry/exit points for wheelchair users and auditory signals in elevators/lifts and other provision to enhance accessibility.

As per the information provided by Department of Empowerment of Persons with Disabilities (Divyangjan) of Ministry of Social Justice and Empowerment, the number of beneficiaries under these schemes during the last three years, State/UT-wise including State of Telangana is placed in the enclosed **Statement – I and II**.

Under RBSK program of Ministry of Health and Family Welfare, children of 0-18 years of age are screened and managed at District Early Intervention Centres.

**STATEMENT-I**

**State-wise details of funds utilized and number of beneficiaries covered under the Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliance - Samagra Shiksha Abhiyan Scheme**

Sl. No.	State Name	2021-22		2022-23		2023-24	
		Number of beneficiaries	Funds Utilized (Rs.in Lakhs)	Number of beneficiaries	Funds Utilized (Rs.in Lakhs)	Number of beneficiaries	Funds Utilized (Rs.in Lakhs)
1	ANDAMAN AND NICOBAR ISLANDS	145	8.06				
2	ANDHRA PRADESH	269	4.07	3927	253.59	1029	70.54
3	ASSAM	2714	171.61	4051	337.62	4740	349.23
4	BIHAR	0	0	4615	340.11		
5	CHANDIGARH	128	9.75	106	8.68	72	5.68
6	DELHI	2012	150.00			1695	124.07
7	GOA	0	0				
8	GUJARAT	7670	477.39	1791	118.11	10401	631.89
9	HARYANA	2163	157.13	3120	260.66	2249	211.74
10	HIMACHAL PRADESH	901	63.05	1338	112.28	1291	100.45
11	JAMMU AND KASHMIR	6	0.14	54	1.53	4857	402.99
12	JHARKHAND	2977	202.00	8061	587.03	6349	479.37
13	KARNATAKA	0				11481	843.94
14	LADAKH	0				0	
15	MADHYA PRADESH	11450	932.54	11630	842.11	6457	485.54
16	MAHARASHTRA	13101	985.11	10	1.2	2421	155.91
17	MEGHALAYA	0		1343	111.46	38	3.56
18	ODISHA	3826	287.24	4532	351.2	3721	289.27
19	PUDUCHERRY	0					
20	PUNJAB	6013	470.31	4700	343.91	5713	438.85
21	RAJASTHAN	128	11.71	4924	315	5619	451.67
22	TAMIL NADU	15999	964.12	3619	268.67	3680	278.75
23	TELANGANA	465	32.80	0	0	7110	518.82

24	THE DADRA AND NAGAR HAVELI	22	2.24	91	6.37	49	4.78
25	TRIPURA	0		1308	76.1		
26	UTTAR PRADESH	20791	1569.04	19455	1418.8 2	17453	1405.49
27	UTTARAKHAND	538	39.18	1062	84.49	656	47.64
28	WEST BENGAL	1141	80.6	13313	914.29	1913	149.37
	<b>Total :</b>	<b>92459</b>	<b>6618.09</b>	<b>93050</b>	<b>6753.2 3</b>	<b>98994</b>	<b>7449.55</b>

### STATEMENT-II

**State wise beneficiaries and funds utilized under scholarship scheme by Department of Empowerment of Persons with Disabilities (Divyangjan) of Ministry of Social Justice and Empowerment**

(In Crore)

Sl. No.	State/UT	2021-22		2022-23		2023-24	
		Beneficiaries	Amount	Beneficiaries	Amount	Beneficiaries	Amount
1	ANDAMAN AND NICOBAR	0	0.00	0	0.00	0	0.00
2	ANDHRA PRADESH	1343	4.75	3070	6.26	625	3.45
3	ARUNACHAL PRADESH	0	0.00	0	0.00	0	0.00
4	ASSAM	783	2.02	71	0.67	322	1.07
5	BIHAR	2278	9.05	1257	5.43	1441	11.94
6	CHANDIGARH	34	0.03	90	0.19	343	0.75
7	CHHATTISGARH	1125	1.53	612	3.01	456	0.76
8	DADRA and NAGAR HAVELI	15	0.01	28	0.03	5	0.01
9	DAMAN and DIU	0	0.00	1	0.00	2	0.00
10	DELHI	313	1.03	502	1.66	149	1.29
11	GOA	26	0.06	25	0.04	26	0.03
12	GUJARAT	1577	2.76	1240	2.56	1034	2.63
13	HARYANA	275	1.07	285	1.29	136	0.95

14	HIMACHAL PRADESH	186	0.58	179	1.31	204	1.09
15	JAMMU AND KASHMIR	594	1.77	547	1.88	291	2.18
16	JHARKHAND	145	0.99	762	8.32	331	3.43
17	KARNATAKA	3331	16.93	3026	16.29	3428	23.20
18	KERALA	5095	7.22	4932	7.62	3992	6.29
19	LADAKH	0	0.00	0	0.00	0	0.00
20	LAKSHADWEEP	0	0.00	0	0.00	0	0.00
21	MADHYA PRADESH	5661	9.73	8765	18.03	1293	3.93
22	MAHARASHTRA	1490	5.83	691	5.99	1757	6.73
23	MANIPUR	0	0.00	32	0.11	27	0.16
24	MEGHALAYA	6	0.06	5	0.01	22	0.05
25	MIZORAM	11	0.02	12	0.14	2	0.07
26	NAGALAND	6	0.01	2	0.00	7	0.01
27	ODISHA	2699	5.40	3168	6.11	1467	4.36
28	PUDUCHERRY	95	0.29	46	0.30	7	0.39
29	PUNJAB	1393	2.12	1094	1.74	608	2.35
30	RAJASTHAN	1856	4.08	1084	3.54	1007	3.51
31	SIKKIM	3	0.00	1	0.00	1	0.00
32	TAMIL NADU	4384	9.15	6448	13.46	4046	10.69
33	TELANGANA	1340	6.40	2936	8.86	879	6.76
34	TRIPURA	186	1.19	245	0.48	329	1.86
35	UTTARAKHAND	259	0.96	229	1.05	64	0.45
36	UTTAR PRADESH	5115	32.90	2318	24.33	4477	24.86
37	WEST BENGAL	512	3.49	459	4.49	596	5.22
<b>Total</b>		<b>0</b>	<b>42136</b>	<b>131.43</b>	<b>44162</b>	<b>145.2</b>	<b>29374</b>

**STATEMENT-III**

**Details of funds released for Cross Disability Early Intervention Centres (CDEIC) during last three years by Department of Empowerment of Persons with Disabilities (Divyangjan) of Ministry of Social Justice and Empowerment**

(Rs. in lakh)

Sl. No.	Name of NIs/CRCs	2021-22	2022-23	2023-24
1	National Institute of Empowerment of the Persons with Intellectually Disabilities, Secunderabad (NIEPID), Telangana	14.17	25.98	44.69
2	National Institute of Empowerment of the Persons with Mental Disabilities, Chennai, Tamil Nadu	20.64	63.76	28.86
3	National Institute for Empowerment of Visually Disabilities (NIEPVD), Dehradun	24.00	20.33	24.23
4	Swami Vivekananda National Institute of Rehabilitation Training and Research (SVNIRTAR), Cuttack, Odisha	9.01	35.89	23.42
5	National Institute for Locomotor Disabilities (NILD), Kolkata	27.20	50.98	13.32
6	Pt. Deendayal Upadhyaya National Institute of Persons with Physical Disabilities (PDUNIPPD), New Delhi	3.10	26.87	21.80
7	Ali Yavar Junag National Institute for Speech and Hearing Disabilities (AYJNISHD), Mumbai	-	24.87	9.48
8	Composite Regional Centre, Lucknow	2.91	26.59	17.22
9	Composite Regional Centre, Kozhikode	-	52.93	6.58
10	Composite Regional Centre, Patna	12.60	22.38	0.00
11	Composite Regional Centre, Nellore	-	14.55	17.98
12	Composite Regional Centre, Rajnandagon	-	15.70	17.84
13	Composite Regional Centre, Bhopal	-	4.61	0.00

14	Composite Regional Centre, Sundernagar	1.48	25.28	14.00
15	Composite Regional Centre, Davanegere	-	14.54	5.28
16	Composite Regional Centre, Srinagar	-	9.00	0.00
17	Composite Regional Centre, Ranchi	-	8.99	8.90
18	Composite Regional Centre, Balangir	-	8.82	10.65
19	Composite Regional Centre, Guwahati	-	9.00	7.90
20	Composite Regional Centre, Ahemdabad	-	6.00	4.13
21	Composite Regional Centre, Gorakhpur	-	-	4.40
22	National Institute of Mental Health Rehabilitation (NIMHR), Sehore, Madhya Pradesh	-	-	6.75
	<b>Total</b>	<b>115.11</b>	<b>467.07</b>	<b>287.43</b>

### **MATCHING OF VVPAT SLIPS WITH EVM VOTES**

#### **3167. SHRI ANAND BHADAURIA:**

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

- (a) the details of petitions filed during 2024 for matching of VVPAT slips with EVM votes in Supreme Court and various High Courts, State-wise;
- (b) whether the Election Commission of India is not allowing matching of VVPAT slips and EVM votes after counting in spite of the fact that several Lok Sabha and assembly candidates have deposited the required amount for said matching, in contempt of the orders of Supreme Court;
- (c) if so, the details thereof and the reasons therefor, State-wise;
- (d) whether time limit for said VVPAT matching is fixed; and
- (e) if so, the reasons therefor?

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

(a): The Election Commission of India (ECI) has informed that total 08 petitions were filed in 2024 for matching of Voter Verifiable Paper Audit Trail unit (VVPAT) slips with Electronic Voting Machine (EVM) votes in Hon'ble Supreme Court and various High Courts. The details are given in the enclosed **Statement**.

(b): The ECI has informed that after counting of votes, mandatory verification of VVPAT slips of randomly selected 05 polling stations per Assembly constituency/segment is conducted, in pursuance of the Hon'ble Supreme Court of India order dated 08th April, 2019 in N.Chnadrababu Naidu vs. Union of India. Deposit of any amount is not required for the said mandatory verification. The ECI has further stated that as required, the mandatory verification has been done in all elections held in 2024.

(c) to (e): Do not arise.

**STATEMENT**

**The details of petitions filed during 2024 for matching of VVPAT slips  
with EVM votes in Hon'ble Supreme Court and various High Courts**

Sl.No	Name of the Court	Case Number	Case Title
1	Supreme Court of India	Writ Petition (Civil) No. 247 of 2024	Mohit Kumar Bhandari vs. Election Commission of India
2		Writ Petition (Civil) No. 277 of 2024	Abhay Bhakchand Chhajed vs. Election Commission of India
3		Writ Petition (Civil) No. 184 of 2024	Arun Kumar Aggarwal vs. Election Commission of India
4	High Court of Madras	Writ Petition No. 9578 of 2024	Dravida Munnetra Kazhagam vs The Chief Election Commissioner



5		Writ Petition No. 10374 of 2024	F. Camilus Selva vs Chief Election Commissioner
6	High Court of Bombay (Bombay Bench)	Civil Writ Petition No. 4356 of 2024	Suryakant Abhimanyu Phadke vs. UOI and Ors.
7	High Court of Delhi	Writ Petition (Civil) No. 11103 of 2024	Hans Raj Jain vs. Election Commission of India
8	High Court of Calcutta	FMAT No. 91 of 2024	Kanishk Sinha and Anr vs Election Commission of India and Ors.

### पिछड़े क्षेत्रों में जन औषधि केंद्र

#### 3168.श्री अरुण कुमार सागर:

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

- (क) सम्पूर्ण देश, विशेषकर पिछड़े और अनुसूचित जाति बाहुल्य क्षेत्रों, में कहां-कहां जन औषधि केन्द्र खोले गए हैं;
- (ख) क्या सरकार द्वारा विशेषकर अनुसूचित जाति बाहुल्य क्षेत्रों में जन औषधि केन्द्र खोलने के लिए कोई कदम उठाए गए हैं/उठाए जाने हैं;
- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या इस संबंध में उत्तर प्रदेश के शाहजहांपुर का अनुसूचित जाति संसदीय निर्वाचन क्षेत्र भी शामिल किया गया है; और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (ङ): प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) एक उद्यमी संचालित योजना है और जन औषधि केंद्रों(जेएके) को देश भर के विभिन्न क्षेत्रों से प्राप्त आवेदनों के आधार पर खोला जाता है। दिनांक 30.11.2024 तक, देश भर में कुल 14,320 जेएके खोले गए हैं, जिनमें से 1016 जेएके आकांक्षी जिलों में खोले गए हैं, जो पिछड़े और अनुसूचित जाति बहुल क्षेत्रों को कवर करते हैं।

दिनांक 30.11.2024 तक, देश के आकांक्षी जिलों में खोले गए जेएके की राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा संलग्न **विवरण** में दिया गया है।

सरकार ने मार्च 2027 तक देशभर में 25,000 जन औषधि केंद्र (जेएके) खोलने का निर्णय लिया है। देश के सभी जिलों से वेबसाइट [www.janaushadhi.gov.in](http://www.janaushadhi.gov.in) के माध्यम से ऑनलाइन आवेदन आमंत्रित किए गए हैं।

### विवरण

दिनांक 30.11.2024 तक देश के आकांक्षी जिलों में खोले गए जन औषधि केन्द्रों की राज्य/जिलावार संख्या			
क्र. सं.	राज्य/संघ राज्य क्षेत्र	जिला	पीएमबीजेके की संख्या
1	आंध्र प्रदेश	विजयनगरम	7
2	आंध्र प्रदेश	विशाखापत्तनम	8
3	आंध्र प्रदेश	वाई.एस.आर. कडप्पा	8
4	अरुणाचल प्रदेश	नामसाई	1
5	असम	गोलपाड़ा	2
6	असम	बारपेटा	4
7	असम	हैलाकांडी	9
8	असम	बक्सा	1
9	असम	दरांग	4
10	असम	उदलगुड़ी	2
11	असम	धुबरी	2
12	बिहार	सीतामढ़ी	28
13	बिहार	अररिया	3
14	बिहार	पूर्णिया	4
15	बिहार	कटिहार	6
16	बिहार	मुजफ्फरपुर	83
17	बिहार	बेगूसराय	38
18	बिहार	खगरिया	4
19	बिहार	बांका	3
20	बिहार	शेखपुरा	4

21	बिहार	औरंगाबाद	14
22	बिहार	गया	25
23	बिहार	नवादा	12
24	बिहार	जमुई	7
25	छत्तीसगढ	कोरबा	9
26	छत्तीसगढ	राजनंदगांव	11
27	छत्तीसगढ	महासमुंद	10
28	छत्तीसगढ	कांकेर	2
29	छत्तीसगढ	नारायणपुर	2
30	छत्तीसगढ	दंतेवाड़ा	1
31	छत्तीसगढ	बीजापुर	2
32	छत्तीसगढ	बस्तर	10
33	छत्तीसगढ	कोंडागांव	2
34	छत्तीसगढ	सुकमा	1
35	गुजरात	दाहोद	7
36	गुजरात	नर्मदा	4
37	हरियाणा	मेवात	4
38	हिमाचल प्रदेश	चंबा	3
39	जम्मू और कश्मीर	कुपवाड़ा	14
40	जम्मू और कश्मीर	बारामुल्ला	19
41	झारखंड	गढ़वा	2
42	झारखंड	चतरा	1
43	झारखंड	गिरिडीह	5
44	झारखंड	गोड्डा	2
45	झारखंड	साहिबगंज	2
46	झारखंड	पाकुर	3
47	झारखंड	बोकारो	24
48	झारखंड	लोहरदगा	1
49	झारखंड	पूरबी सिंहभूम	9
50	झारखंड	पलामू	6
51	झारखंड	लातेहार	3
52	झारखंड	हजारीबाग	7
53	झारखंड	रामगढ़	6

54	झारखंड	दुमका	4
55	झारखंड	रांची	21
56	झारखंड	खूंटी	1
57	झारखंड	गुमला	2
58	झारखंड	सिमडेगा	3
59	झारखंड	पश्चिमी सिंहभूम	2
60	कर्नाटक	रायचूर	29
61	कर्नाटक	यादगीर	14
62	केरल	वायनाड	27
63	मध्य प्रदेश	छतरपुर	20
64	मध्य प्रदेश	दमोह	8
65	मध्य प्रदेश	बड़वानी	9
66	मध्य प्रदेश	राजगढ़	6
67	मध्य प्रदेश	विदिशा	5
68	मध्य प्रदेश	गुना	3
69	मध्य प्रदेश	सिंगरौली	7
70	मध्य प्रदेश	खंडवा	5
71	महाराष्ट्र	नंदुरबार	4
72	महाराष्ट्र	वाशिम	7
73	महाराष्ट्र	गडचिरोली	1
74	महाराष्ट्र	उस्मानाबाद	15
75	मणिपुर	चंदेल	2
76	मेघालय	रिभोई	4
77	मिजोरम	मामित	1
78	नागालैंड	किफायर	2
79	ओडिशा	ढेंकनाल	25
80	ओडिशा	गजपति	2
81	ओडिशा	कंधमाल	2
82	ओडिशा	बलांगीर	12
83	ओडिशा	कालाहांडी	3
84	ओडिशा	रायगढ़	4
85	ओडिशा	कोरापुट	3
86	ओडिशा	मल्कानगिरी	2

87	ओडिशा	नबरंगपुर	4
88	ओडिशा	नुआपाड़ा	2
89	पंजाब	मोगा	13
90	पंजाब	फिरोजपुर	11
91	राजस्थान	धौलपुर	6
92	राजस्थान	करौली	6
93	राजस्थान	जैसलमेर	4
94	राजस्थान	सिरोही	4
95	राजस्थान	बरन	2
96	सिक्किम	पश्चिमी सिक्किम	2
97	तमिलनाडु	विरुधुनगर	19
98	तमिलनाडु	रामनाथपुरम	14
99	तेलंगाना	आसिफाबाद	3
100	तेलंगाना	भूपालपल्ली	2
101	तेलंगाना	भद्राद्री-कोठागुडेम	3
102	त्रिपुरा	धलाई	2
103	उत्तर प्रदेश	चित्रकूट	9
104	उत्तर प्रदेश	फतेहपुर	21
105	उत्तर प्रदेश	बहराइच	20
106	उत्तर प्रदेश	श्रावस्ती	4
107	उत्तर प्रदेश	बलरामपुर	3
108	उत्तर प्रदेश	सिद्धार्थनगर	17
109	उत्तर प्रदेश	चंदौली	24
110	उत्तर प्रदेश	सोनभद्र	17
111	उत्तराखंड	उधम सिंह नगर	35
112	उत्तराखंड	हरिद्वार	63
	<b>कुल योग</b>		<b>1016</b>

### आंगनवाड़ी कार्यकर्ताओं को वित्तीय सुरक्षा

**3169. श्री बलवंत बसवंत वानखडे:**

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

(क) देश भर में आंगनवाड़ी केन्द्रों में पंजीकृत छह वर्ष से कम आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं की राज्य-वार संख्या कितनी है;

(ख) क्या महाराष्ट्र सहित कुछ राज्य सरकारों ने केन्द्र सरकार से निकटवर्ती आंगनवाड़ी केन्द्र का अतिरिक्त प्रभार संभालने वाली आंगनवाड़ी कार्यकर्ताओं को दिए जा रहे अतिरिक्त मानदेय में वृद्धि करने का अनुरोध किया है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और केन्द्र सरकार द्वारा इस संबंध में क्या कार्रवाई की गई है,

(घ) क्या केन्द्र सरकार ने आंगनवाड़ी कार्यकर्ताओं के लाभार्थ कोई बीमा/सामाजिक सुरक्षा योजना भी शुरू की है,

(ङ) यदि हां, तो उक्त योजना के अंतर्गत आंगनवाड़ी कार्यकर्ताओं को दिए गए वित्तीय मुआवजे का ब्यौरा क्या है, और

(च) विगत तीन वर्षों में प्रत्येक वर्ष और चालू वर्ष के दौरान उक्त योजना से लाभान्वित आंगनवाड़ी कार्यकर्ताओं की राज्य-वार संख्या कितनी है?

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

(क) : देश भर में आंगनवाड़ी केंद्रों में पंजीकृत और आधार सत्यापित छह वर्ष से कम आयु के कुल बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं की राज्य-वार संख्या का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ख) और (ग) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अधिदेश के अनुसार, प्रत्येक आंगनवाड़ी केंद्र में मुख्य आंगनवाड़ी केंद्र (एडब्ल्यूसी) में एक आंगनवाड़ी कार्यकर्त्री (एडब्ल्यूडब्ल्यू) और एक आंगनवाड़ी सहायिका (एडब्ल्यूएच) तथा लघु आंगनवाड़ी केंद्र में एक आंगनवाड़ी कार्यकर्त्री होती है। मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी सेवाएं एक केंद्र प्रायोजित योजना है। केंद्र सरकार नीति और योजना बनाने के लिए जिम्मेदार है और राज्य सरकारें दिन-प्रतिदिन के कार्यक्रम कार्यान्वयन के लिए जिम्मेदार हैं। भारत सरकार मुख्य आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को प्रति माह 4,500 रुपये और लघु आंगनवाड़ी केंद्रों की

आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को 3,500/- रुपये प्रति माह तथा आंगनवाड़ी सहायिकाओं को 2,250/- रुपये प्रति माह की दर से मानदेय प्रदान करने के लिए परिभाषित लागत साझाकरण अनुपात के अनुसार राज्यों/ संघ राज्य क्षेत्रों को धनराशि जारी करती है।

(घ) से (च) : प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेबीवाई) के अंतर्गत 18 से 50 वर्ष की आयु वर्ग की सभी पात्र आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को 2.00 लाख रुपये (जीवन जोखिम, किसी भी कारण से मृत्यु को कवर करता है) का बीमा लाभ प्रदान किया गया 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। वित्त वर्ष 2024-25 में कवर की गई आंगनवाड़ी कार्यकर्त्रियों की संख्या का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

अंतरिम बजट वित्तीय वर्ष 2024-25 के दौरान सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के तहत 5 लाख रुपये का वार्षिक स्वास्थ्य सेवा कवरेज देने की घोषणा की गई थी। राष्ट्रीय स्वास्थ्य प्राधिकरण (एनएचए) द्वारा दी गई जानकारी के अनुसार, ओडिशा, पश्चिम बंगाल और दिल्ली जहां राज्य सरकारें एबी-पीएमजेवाई को कार्यान्वित नहीं कर रही हैं, को छोड़कर सभी राज्यों/ संघ राज्य क्षेत्रों के लगभग 8.15 लाख आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं के लिए आयुष्मान कार्ड बनाए गए हैं। पीएम-जेवाई के तहत कवर किए गए लाभार्थियों का राज्य/ संघ राज्य क्षेत्र-वार ब्यौरा संलग्न **विवरण-III** में दिया गया है। कोविड-19 का मुकाबला कर रहे स्वास्थ्य देखरेख कर्मियों के लिए बीमा योजना, 'प्रधानमंत्री गरीब कल्याण पैकेज (पीएमजीकेपी)' 30 मार्च, 2020 को शुरू की गई थी जिसका उद्देश्य कोविड-19 रोगियों के सीधे संपर्क में आने वाले उनकी देखरेख करने वाले तथा प्रभावित होने के जोखिम वाले सामुदायिक स्वास्थ्य कार्यकर्ताओं तथा निजी स्वास्थ्य कार्यकर्ताओं सहित 22.12

लाख स्वास्थ्य देखरेख प्रदाताओं को 50 लाख रुपये का व्यापक व्यक्तिगत दुर्घटना कवर प्रदान करना है।

इस योजना के तहत आंगनवाड़ी कार्यकर्त्रियों के 64 दावों का निपटारा किया गया है और प्रति दावे 50,00,000 रुपये की दर से 32 करोड़ रुपये की राशि वितरित की गई है। प्रधानमंत्री गरीब कल्याण पैकेज के तहत कवर की गई कुल आंगनवाड़ी कार्यकर्त्रियों की राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा संलग्न **विवरण-IV** में दिया गया है।

### विवरण -I

पोषण ट्रैकर पर पंजीकृत 6 वर्ष तक की आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं का राज्य/संघ राज्य क्षेत्र-वार विवरण (09.12.2024 तक) निम्नानुसार है:

राज्य/संघ राज्य क्षेत्र	स्तनपान कराने वाली माताएं	गर्भवती महिलाएं	6 वर्ष तक के बच्चे
आंध्र प्रदेश	211327	213679	2474100
अरुणाचल प्रदेश	1724	1991	80742
असम	99452	149013	2701159
बिहार	398707	550917	9197623
छत्तीसगढ़	124972	170588	2135976
गोवा	3950	3207	46523
गुजरात	194979	200724	2877109
हरियाणा	105202	107239	1636892
हिमाचल प्रदेश	34969	33380	450523
झारखंड	101675	152666	2750318
कर्नाटक	231143	312110	3575543
केरल	94885	112211	1778363
मध्य प्रदेश	351574	416624	6236593
महाराष्ट्र	292754	289859	5696339
मणिपुर	7167	9226	260681
मेघालय	7059	7335	343246
मिजोरम	3572	5349	101985
नागालैंड	1104	877	102278



ओडिशा	211743	275535	3254683
पंजाब	96590	82939	1348160
राजस्थान	254649	293513	3467301
सिक्किम	1379	1269	28525
तमिलनाडु	244343	265302	3383663
तेलंगाना	69218	97665	1675337
त्रिपुरा	9913	14994	283891
उत्तर प्रदेश	1083107	1385404	18527317
उत्तराखंड	53599	57576	605347
पश्चिम बंगाल	425238	501537	7317200
अंडमान और निकोबार द्वीप समूह	652	727	10140
दादरा और नगर हवेली - दमन एवं दीव	2260	3008	30500
दिल्ली	62510	56930	485858
जम्मू एवं कश्मीर	45949	46505	734164
लद्दाख	894	774	16165
लक्षद्वीप	401	396	3440
पुद्दुचेरी	3062	2725	27146
संघ राज्य क्षेत्र-चंडीगढ़	2996	3148	33633
<b>कुल</b>	<b>4834718</b>	<b>5826942</b>	<b>83678463</b>

### विवरण -II

वित्त वर्ष 2024-25 में कवर की गई आंगनवाड़ी कार्यकर्त्रियों की संख्या

क्र.सं .	राज्यो/ संघ राज्य क्षेत्रों के नाम	पीएमजेजेबीवाई के अंतर्गत कवरेज के लिए 18-50 वर्ष आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों की संख्या	पीएमएसबीवाई के अंतर्गत कवरेज के लिए 18-59 वर्ष आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों की संख्या
1	आंध्र प्रदेश	40683	54731
2	बिहार	87828	107148
3	छत्तीसगढ़	33534	44089
4	गोवा	721	1069
5	गुजरात	22352	30330

6	हरियाणा	13921	20341
7	हिमाचल प्रदेश	14438	18925
8	जम्मू एवं कश्मीर	19175	24133
9	झारखंड	28599	35973
10	कर्नाटक	52733	60620
11	केरल	7287	13322
12	मध्य प्रदेश	69624	91205
13	महाराष्ट्र	62143	93074
14	ओडिशा	55921	71510
15	पंजाब	13747	22586
16	राजस्थान	41241	53281
17	तमिलनाडु	35352	43953
18	तेलंगाना	23816	31315
19	उत्तर प्रदेश	98627	141449
20	उत्तराखंड	18278	20069
21	पश्चिम बंगाल	77402	91906
22	अंडमान और निकोबार द्वीप	353	387
23	चंडीगढ़	263	187
24	दादरा एवं नगर हवेली/दमन एवं दीव	336	403
25	लक्षद्वीप	0	0
26	दिल्ली	8034	10016
27	पुद्दुचेरी	408	595
28	अरुणाचल प्रदेश	687	603
29	असम	45091	60996
30	मणिपुर	11373	11523
31	मेघालय	5033	863
32	मिजोरम	2244	2244
33	नागालैंड	3520	3980
34	सिक्किम	944	1168
35	त्रिपुरा	10205	10222
36	लद्दाख	950	950
	<b>कुल</b>	<b>906863</b>	<b>1175166</b>

**विवरण-III**

पीएम-जेंवाई के तहत कवर किए गए लाभार्थियों का राज्य/ संघ राज्य क्षेत्र-वार ब्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र	पीएम-जेएवाई के तहत कुल लाभार्थियों (एडब्ल्यूडब्ल्यू और एडब्ल्यूएच)की संख्या जिनके आयुष्मान कार्ड बनाए गए हैं
1	अंडमान और निकोबार द्वीप समूह	453
2	आंध्र प्रदेश	42523
3	अरुणाचल प्रदेश	1544
4	असम	59391
5	बिहार	68581
6	छत्तीसगढ़	67829
7	दादरा और नगर हवेली - दमन एवं दीव	507
8	गोवा	629
9	गुजरात	49002
10	हरियाणा	17657
11	हिमाचल प्रदेश	8128
12	जम्मू एवं कश्मीर	34498
13	झारखंड	31755
14	कर्नाटक	48479
15	केरल	24444
16	लद्दाख	1449
17	लक्षद्वीप	64
18	मध्य प्रदेश	102411
19	महाराष्ट्र	70365
20	मणिपुर	5739
21	मेघालय	4523
22	मिजोरम	2376
23	नागालैंड	4591
24	पुद्दुचेरी	395
25	पंजाब	18481
26	राजस्थान	34874
27	सिक्किम	1227

28	तमिलनाडु	6990
29	तेलंगाना	15505
30	त्रिपुरा	7940
31	संघ राज्य क्षेत्र -चंडीगढ़	370
32	उत्तर प्रदेश	65176
33	उत्तराखंड	18065
	<b>कुल</b>	<b>815961</b>

#### विवरण- IV

प्रधानमंत्री गरीब कल्याण पैकेज के तहत कवर की गई कुल आंगनवाड़ी कार्यकर्त्रियों की राज्य/संघ राज्य क्षेत्र-वार संख्या

राज्य	आंगनवाड़ी कार्यकर्त्रियों द्वारा किए गए कुल दावों का भुगतान
आंध्र प्रदेश	2
छत्तीसगढ़	2
कर्नाटक	2
महाराष्ट्र	1
पंजाब	1
राजस्थान	32
तेलंगाना	24
<b>कुल</b>	<b>64</b>

#### **PROMOTION OF MENSTRUAL HEALTH**

##### **3170. DR. D. RAVI KUMAR:**

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

(a) whether the Government plan to mandate the provision of free sanitary pads in schools, especially for girls in classes 6 to 12, to promote menstrual health and education equity in the country and if so, the details thereof;

- (b) the details of the steps taken/being taken by the Government to ensure accurate data collection and assessment of the ground realities before finalizing and implementing policies related to free sanitary pad distribution in the country;
- (c) whether it is a fact that the policy has failed to include provision for essential support systems like housekeeping and staff availability in schools, especially in districts like Damoh, Madhya Pradesh and if so, the details thereof;
- (d) the details of the measures undertaken to ensure the availability of sanitary pads in Government middle schools, where the lack of access disproportionately impacts girls aged 12 to 15 years; and
- (e) the manner in which the Government is likely to address the inconsistencies in the data, such as the inflated percentages regarding sanitary napkin usage, that were used to frame the policy on menstrual hygiene in the country?

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

(a) to (e) The Scheme for Promotion of Menstrual Hygiene among adolescent girls in the age group of 10-19 years is implemented to increase awareness among adolescent girls on menstrual hygiene, access to and use of sanitary napkins by adolescent girls and safe disposal of sanitary napkins in an environmentally friendly manner. The Scheme is implemented across the entire country to cover adolescent girls. Since 2015-16, the Menstrual Hygiene Scheme is supported by National Health Mission through State Programme Implementation Plan (PIP) route based on the proposals received from the States to manage menstrual hygiene needs.

The Menstrual Hygiene Policy for School Going girls focusses on availability and accessibility of safe and low-cost menstrual hygiene products in all Government and Government-aided schools for girls. The policy is applicable to the entire country and all line Ministries /Departments of Central and State Governments.

The Menstrual Hygiene Policy for School Going Girls incorporates inputs following detailed deliberations with the line Ministries as Education, Women and Child Development, Jal Shakti, Home Affairs, Environment, Forest and Climate Change, Pollution Control Board/Bodies, Chemical and Fertilizers, Consumer Affairs, Rural and Urban Development and all States and Union Territories. It is synchronised with the existing schemes for effective implementation taking into consideration the various aspects of menstrual hygiene management.

The Policy incorporates aspects of access to clean, gender-segregated toilets and adequate washing and disposal facilities in Government and Government-aided schools, ensuring that girls can manage their menstruation safely, hygienically, and with dignity.

The data referenced in the National Menstrual Hygiene Policy is sourced from the National Family Health Survey (NFHS5), a reliable and validated dataset to give comprehensive details of use of various hygiene practices.

## यूरिया का उत्पादन

### 3171. श्री उज्ज्वल रमण सिंह:

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

- (क) वर्ष 2023-24 में देश में उत्पादित यूरिया की कुल मात्रा कितनी है;
- (ख) विगत तीन वर्षों में उत्तर प्रदेश विशेषकर प्रयागराज संसदीय क्षेत्र में आपूर्ति की गई यूरिया की कुल मात्रा कितनी है;
- (ग) उत्तर प्रदेश में मुख्यतः कृषि मौसम के दौरान यूरिया की कमी के क्या कारण हैं;
- (घ) देश में यूरिया का उत्पादन करने वाली सरकारी एवं निजी कम्पनियों का ब्यौरा क्या है;
- (ङ) क्या यूरिया उत्पादन के क्षेत्र में नई कम्पनियां आई हैं; और
- (च) 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): वर्ष 2023-24 में देश में उत्पादित यूरिया की कुल मात्रा 314.09 एलएमटी रही। पिछले तीन वर्षों, खरीफ 2024 और चालू रबी 2024-25 मौसमों में उत्तर प्रदेश में यूरिया की आवश्यकता, उपलब्धता, बिक्री और अंतिम स्टॉक का ब्यौरा संलग्न **विवरण-I** में दिया गया है। इसके अलावा, राज्य में जिला स्तर पर उर्वरकों का वितरण राज्य सरकार के कार्य क्षेत्र में आता है। वर्तमान में, देश में 36 यूरिया उत्पादन इकाइयां हैं और इन इकाइयों का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(ङ) और (च): 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।

### विवरण-I

#### उत्तर प्रदेश के लिए यूरिया की स्थिति

#### I. रबी 2024-25 (09.12.2024 तक) और खरीफ 2024:

(मात्रा एलएमटी में)						
क्र.सं.	मौसम वार	मौसमी आवश्यकता	यथानुपतिक आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक
1	रबी 2024-25 (09.12.2024 तक)	39.00	14.90	26.50	12.01	14.49
2	खरीफ 2024	38.00	38.00	52.50	39.00	13.50
*सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता						
** सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री						

#### II. पिछले तीन वर्षों के लिए यूरिया की स्थिति:

(मात्रा एलएमटी में)					
क्र.सं.	वर्ष	आवश्यकता	उपलब्धता	डीबीटी बिक्री	अंतिम स्टॉक



1	2023-24	76.15	91.83	74.53	17.30
2	2022-23	77.50	87.39	74.72	12.67
3	2021-22	78.00	82.30	71.12	11.18
*सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता>आवश्यकता					
** सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता>बिक्री					

### विवरण-II

#### देश के 36 यूरिया इकाइयों का ब्यौरा

क्र.सं	संयंत्रों के नाम	स्थान
<b>सार्वजनिक क्षेत्र</b>		
1	नेशनल फर्टिलाइजर्स लिमिटेड (एनएफएल):-नांगल	पंजाब
2	नेशनल फर्टिलाइजर्स लिमिटेड (एनएफएल): भटिण्डा	पंजाब
3	नेशनल फर्टिलाइजर्स लिमिटेड (एनएफएल): पानीपत	हरियाणा
4	नेशनल फर्टिलाइजर्स लिमिटेड (एनएफएल) विजयपुर-I	मध्य प्रदेश
5	नेशनल फर्टिलाइजर्स लिमिटेड (एनएफएल) विजयपुर-II	मध्य प्रदेश
6	राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड (आरसीएफ):ट्राम्बे - V	महाराष्ट्र
7	राष्ट्रीय केमिकल्स एण्ड फर्टिलाइजर्स लिमिटेड (आरसीएफ):थल	महाराष्ट्र
8	मद्रास फर्टिलाइजर्स लिमिटेड (एमएफएल)-मणलि	तमिलनाडु
9	ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लिमिटेड (बीवीएफसीएल):नामरूप-II	असम
10	ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉरपोरेशन लिमिटेड (बीवीएफसीएल):नामरूप-III	असम
<b>संयुक्त उद्यम</b>		
11	रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल)	रामागुंडम
12	हिंदुस्तान उर्वरक एवं रसायन लिमिटेड: गोरखपुर	उत्तर प्रदेश
13	हिंदुस्तान उर्वरक एवं रसायन लिमिटेड: सिंदरी	उत्तराखंड
14	हिंदुस्तान उर्वरक एण्ड रसायन लिमिटेड: बरौनी	बिहार
<b>कॉर्पोरेट क्षेत्र</b>		
15	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव (इफको): कलोल	गुजरात

16	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव (इफको): फूलपुर	उत्तर प्रदेश
17	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव (इफको): फूलपुर एक्स	उत्तर प्रदेश
18	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव (इफको): आंवला	उत्तर प्रदेश
19	इंडियन फार्मर्स फर्टिलाइजर कोऑपरेटिव (इफको): आंवला एक्स	उत्तर प्रदेश
20	कृषक भारती कॉपरेटिव (कृभको): हजीरा	गुजरात
<b>निजी क्षेत्र</b>		
21	गुजरात स्टेट फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (जीएसएफसी): वडोदरा	गुजरात
22	श्रीराम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (एसएफसी): कोटा	राजस्थान
23	कानपुर फर्टिलाइजर्स एंड सीमेंट लिमिटेड (केएफसीएल): पनकी	उत्तर प्रदेश
24	जुआरी एग्रो केमिकल्स लिमिटेड (जेडएसीएल): गोवा	गोवा
25	सदर्न पेट्रोकेमिकल्स इंडस्ट्रीज लिमिटेड (स्पिक): तूतीकोरिन	तमिलनाडु
26	मंगलौर केमिकल्स एंड फर्टिलाइजर्स लिमिटेड (एमसीएफएल): मैंगलोर	कर्नाटक
27	गुजरात नर्मदा वैली फर्टिलाइजर्स कंपनी लिमिटेड (जीएनवीएफसी): भरूच	गुजरात
28	नागार्जुन फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (एनएफसीएल): काकीनाडा	हैदराबाद
29	नागार्जुन फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (एनएफसीएल): काकीनाडा एक्स	हैदराबाद
30	ग्रासिम इंडस्ट्रीज लिमिटेड/इंडोरामा इंडस्ट्रीज लिमिटेड: जगदीशपुर	उत्तर प्रदेश
31	चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल): गढ़ेपान-I	राजस्थान
32	चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल): गढ़ेपान-II	राजस्थान
33	चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल): गढ़ेपान-III	राजस्थान
34	यारा फर्टिलाइजर्स इंडिया प्रा. लिमिटेड/टीसीएल: बबराला	उत्तर प्रदेश
35	कृभको फर्टिलाइजर्स लिमिटेड (केएफएल): शाजहांपुर	उत्तर प्रदेश
36	मेटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड, पानागढ़	पश्चिम बंगाल

## **DEVELOPMENT OF MULTI-MODAL PORTS**

### **3172. SHRI K. GOPINATH:**

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

- (a) whether the Government has any proposal to develop multi-modal ports in the country, if so, the details thereof;
- (b) whether the Government has identified any locations in the State of Tamil Nadu for developing such multi modal ports and if so, the details thereof; and
- (c) the amount of funds earmarked and released therefor, so far?

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

(a) to (c) The Central Government has notified and approved the development of Vadhavan Port in Maharashtra at an estimated cost of Rs. 76,000 crore. Additionally, Galathea Bay Port in Andaman and Nicobar Islands has also notified as a new Major Port. In the state of Tamil Nadu, three major ports are already in existence, i.e, Chennai Port Authority, V.O. Chidambaranar Port Authority (VoCPA) and Kamarajar Port Limited. Central Government has also approved Outer Harber Terminal at VoCPA with a capacity of 4 Million TEU at an estimated cost of Rs. 7055 croreto strengthen the nation's maritime capabilities.

## ग्रामीण क्षेत्रों में स्वास्थ्य अवसंरचना

### 3173. श्री ज्योतिर्मय सिंह महतो:

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

(क) कोविड-19 महामारी के बाद ग्रामीण क्षेत्रों में स्वास्थ्य सेवा अवसंरचना को मजबूत करने तथा प्राथमिक स्वास्थ्य सुविधाओं में सुधार करने, चिकित्साकर्मियों की उपलब्धता सुनिश्चित करने तथा महत्वपूर्ण उपकरण उपलब्ध कराने के लिए क्या कदम उठाए गए/उठाए जा रहे हैं;

(ख) क्या सरकार के पास यह सुनिश्चित करने के लिए कोई योजना है कि ग्रामीण समुदायों की आवश्यक स्वास्थ्य सेवाओं तक विश्वसनीय पहुंच हो;

(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) से (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर सार्वजनिक स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के रिकॉर्ड (आरओपी) के रूप में प्रस्ताव को अनुमोदन प्रदान करती है।

देश की स्वास्थ्य परिचर्या प्रणाली में तीन स्तरीय प्रणाली शामिल है, जिसमें उप स्वास्थ्य केंद्र (ग्रामीण), प्राथमिक स्वास्थ्य केंद्र (शहरी और ग्रामीण) और सामुदायिक स्वास्थ्य केंद्र (शहरी और ग्रामीण) भारत में प्राथमिक स्वास्थ्य परिचर्या प्रणाली के तीन स्तंभ हैं।

स्थापित मानदंडों के अनुसार, ग्रामीण क्षेत्रों में 5,000 (मैदानी क्षेत्रों में) और 3000 (पहाड़ी और जनजातीय क्षेत्रों में) की आबादी के लिए एक उप स्वास्थ्य केंद्र, 30,000 (मैदानी क्षेत्रों में) और 20,000 (पहाड़ी और जनजातीय क्षेत्रों में) की आबादी के लिए एक प्राथमिक स्वास्थ्य केंद्र और

1,20,000 (मैदानी क्षेत्रों में) और 80,000 (पहाड़ी और जनजातीय क्षेत्रों में) की आबादी के लिए एक सामुदायिक स्वास्थ्य केंद्र का सुझाव दिया गया है। इसके अलावा, जिला अस्पताल (डीएच), उप-जिला अस्पताल (एसडीएच) और प्रथम रेफरल इकाई ग्रामीण और शहरी क्षेत्रों के लिए मध्यम परिचर्या सेवाएं प्रदान करती है।

ग्रामीण और शहरी दोनों क्षेत्रों में मौजूदा उप-केंद्रों और प्राथमिक स्वास्थ्य केंद्रों को आयुष्मान आरोग्य मंदिर (एएएम) में परिवर्तित किया जा रहा है, ताकि व्यापक प्राथमिक स्वास्थ्य परिचर्या प्रदान की जा सके, जिसमें निवारक, प्रोत्साहक, उपचारात्मक, उपशामक और पुनर्वास सेवाएं शामिल हैं, जो सार्वभौमिक, निःशुल्क और समुदाय के करीब हैं, इससे ग्रामीण क्षेत्रों में गुणवत्तापरक परिचर्या में सुधार होगा।

देश भर में पीएम-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) भविष्य में किसी भी महामारी और प्रकोप का प्रभावी ढंग से प्रबंधन करने और उसके लिए अनुक्रिया हेतु स्वास्थ्य सेवा अवसंरचना को मजबूत करने के लिए 64,180/- करोड़ रुपये के परिव्यय के साथ सबसे बड़ी अखिल भारतीय योजनाओं में से एक है। इस योजना की अवधि 5 वर्षों यानी वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक के लिए है। योजना के सीएसएस घटकों के तहत, निम्नलिखित पाँच गतिविधियाँ हैं जहाँ योजना अवधि (2021-2026) के दौरान राज्य/संघ राज्य क्षेत्रों को सहायता प्रदान की जाती है:

- आयुष्मान भारत-स्वास्थ्य एवं आरोग्य केंद्र के रूप में 17,788 भवनहीन उप-केंद्रों का निर्माण, जिन्हें अब आयुष्मान आरोग्य मंदिर (एएएम) के रूप में जाना जाता है;
- शहरी क्षेत्रों में 11,024 स्वास्थ्य एवं आरोग्य केंद्रों की स्थापना, जो अब झुग्गी-झोपड़ियों और झुग्गी-झोपड़ियों जैसे क्षेत्रों पर केंद्रित हैं;
- ब्लॉक स्तर पर 3382 ब्लॉक जन स्वास्थ्य इकाई (बीपीएचयू) की स्थापना;
- देश में 730 जिला एकीकृत जन स्वास्थ्य लैब (आईपीएचएल) की स्थापना, जिसमें प्रत्येक जिले में एक ऐसी लैब होगी।

- 5 लाख से अधिक आबादी वाले सभी जिलों में 602 गहन परिचर्या अस्पताल ब्लॉक (सीसीबी) की स्थापना।

ईसीआरपी-I: 15,000 करोड़ रुपये लागत के 'भारत कोविड-19 आपातकालीन अनुक्रिया और स्वास्थ्य प्रणाली तत्परता पैकेज-I' (ईसीआरपी-I) को 22 अप्रैल, 2020 को कैबिनेट द्वारा मंजूरी दी गई है, जिसका उद्देश्य कोविड-19 से उत्पन्न खतरे को रोकना, उसका पता लगाना और उसका मुकाबला करना है। यह 100% केंद्र द्वारा वित्तपोषित है।

ईसीआरपी-II: कैबिनेट ने 08 जुलाई, 2021 को वित्त वर्ष 2021-22 के लिए 23,123 करोड़ रुपये की राशि के लिए "भारत कोविड-19 आपातकालीन अनुक्रिया और स्वास्थ्य प्रणाली तत्परता पैकेज पैकेज-II" (ईसीआरपी-II) योजना को भी मंजूरी दी है। इस योजना का उद्देश्य कोविड-19 की प्रारंभिक रोकथाम, पहचान और प्रबंधन के लिए तत्काल अनुक्रिया के लिए स्वास्थ्य प्रणाली की तत्परता में तेजी लाना है, जिसमें बाल चिकित्सा परिचर्या सहित स्वास्थ्य बुनियादी ढांचे के विकास पर ध्यान केंद्रित किया गया है और इसके परिणाम मापने योग्य हैं। कोविड-19 महामारी के दौरान बिस्तरों की उपलब्धता का जवाब देने के लिए ईसीआरपी-II के तहत, मेडिकल कॉलेजों सहित सार्वजनिक क्षेत्र के अस्पतालों में बिस्तरों की उपलब्धता में सुधार करने के लिए राज्यों/संघ राज्य क्षेत्रों को निम्नलिखित स्वीकृतियां दी गईं। विवरण इस प्रकार हैं:

- कुल 37,834 आईसीयू बिस्तर, जिनमें 9,873 बाल चिकित्सा आईसीयू बिस्तर, 7,008 बाल चिकित्सा उच्च निर्भरता इकाई (एचडीयू) बिस्तर, मेडिकल कॉलेजों, जिला अस्पतालों और उप-मंडल अस्पतालों में 20,953 वयस्क आईसीयू बिस्तर शामिल हैं।
- मौजूदा सीएचसी, पीएचसी और उप स्वास्थ्य केंद्रों (6-20 बिस्तर वाली इकाइयों) में अतिरिक्त 124,859 बिस्तर; 19,337 ऑक्सीजन प्रतिबद्ध बाल चिकित्सा बिस्तर; 20,102 बिस्तर वाले फील्ड अस्पताल (50-100 बिस्तर वाली इकाइयाँ)।

- पहाड़ी और पूर्वोत्तर राज्य/ संघ राज्य क्षेत्रों में 26 गहन परिचर्या ब्लॉक (सीसीबी) (50 बिस्तर वाले)।

15वां वित्त आयोग (एफसी-XV): पंद्रहवें वित्त आयोग (एफसी-XV) ने स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से 70,051 करोड़ रुपये के अनुदान की सिफारिश की है और इसे केंद्र सरकार ने स्वीकार कर लिया है। स्थानीय सरकारों के माध्यम से स्वास्थ्य के लिए ये अनुदान वित्त वर्ष 2021-2022 से वित्त वर्ष 2025-26 तक की पांच साल की अवधि में विस्तारित किए जाएंगे और जमीनी स्तर पर स्वास्थ्य प्रणाली को मजबूत बनाने में मदद करेंगे। 15वें वित्त आयोग के अनुदान ग्रामीण क्षेत्रों में भवन रहित उप-केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), ग्रामीण पीएचसी और उप-केंद्रों को स्वास्थ्य और आरोग्य केंद्रों (एचडब्ल्यूसी) में बदलने, प्राथमिक स्वास्थ्य सुविधा केंद्रों और ब्लॉक स्तरीय सार्वजनिक स्वास्थ्य इकाइयों के लिए नैदानिक अवसंरचना के लिए समर्थन जैसे घटकों के माध्यम से प्राथमिक परिचर्या को मजबूत करने के लिए प्रदान किए जा रहे हैं। इन घटकों के लिए ग्रामीण स्थानीय निकायों (आरएलबी) के माध्यम से राज्यों को अनुदान के रूप में 43,928 करोड़ रुपये आवंटित किए गए हैं।

इसके अलावा, मंत्रालय एनएचएम के तहत 'निःशुल्क निदान सेवा पहल' कार्यक्रम हेतु सहायता करता है, जिसका उद्देश्य समुदाय के करीब सुलभ और किफ़ायती पैथोलॉजिकल और रेडियोलॉजिकल डायग्नोस्टिक सेवाएं प्रदान करना है, जिससे ओओपीई में कमी आती है। इसमें निःशुल्क प्रयोगशाला सेवाएं, निःशुल्क टेली रेडियोलॉजी सेवाएं और निःशुल्क सीटी स्कैन सेवाएं शामिल हैं। इस योजना के तहत उप-केंद्रों पर 14, प्राथमिक स्वास्थ्य केंद्रों पर 63, सामुदायिक स्वास्थ्य केंद्रों पर 97, उप-जिला अस्पतालों पर 111 और जिला अस्पतालों पर 134 परीक्षणों का प्रावधान है।

एनएचएम के तहत राज्यों को ग्रामीण और शहरी दोनों क्षेत्रों में एडवांस्ड लाइफ सपोर्ट (एएलएस), बेसिक लाइफ सपोर्ट (बीएलएस) और रोगी परिवहन वाहन (पीटीवी) एम्बुलेंस प्रणाली

द्वारा देश में रेफरल नेटवर्क को बढ़ाने के लिए सहायता प्रदान की जाती है। स्वास्थ्य सेवा की वहनीयता में सुधार के लिए एनएचएम के तहत मोबाइल मेडिकल यूनिट (एमएमयू) के लिए भी सहायता प्रदान की जाती है। एमएमयू दूरदराज, दुर्गम और पहुंच से दूर क्षेत्रों में सेवाएं प्रदान करने के लिए आउटरीच गतिविधियों का संचालन करते हैं।

मानव संसाधन (एचआर) की कमी को दूर करने के लिए, एनएचएम के तहत देश के ग्रामीण और दूरदराज के क्षेत्रों में डॉक्टरों और पैरामेडिक्स को प्रेरित करने के लिए प्रोत्साहित करने के लिए निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने के लिए विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता और आवासीय क्वार्टर।
- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने के लिए स्त्री रोग विशेषज्ञों/आपातकालीन प्रसूति देखभाल (ईएमओसी) प्रशिक्षित, बाल रोग विशेषज्ञों और एनेस्थेतिस्ट/जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) प्रशिक्षित चिकित्सकों को मानदेय भी प्रदान किया जाता है।
- चिकित्सकों के लिए विशेष प्रोत्साहन, समय पर एनसी जांच और रिकॉर्डिंग सुनिश्चित करने के लिए एनएचएम के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य कार्यक्रमों के संचालन के लिए विशेष प्रोत्साहन जैसे प्रोत्साहन को बढ़ावा देना।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए "आप कोट करें, हम अदा करेंगे" जैसी कार्यनीतियों में लचीलापन सहित परक्राम्य वेतन की पेशकश अनुमेय है।
- एनएचएम के तहत दुर्गम क्षेत्रों में काम करने वाले कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में वरीयता प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत चिकित्सकों के बहु-कौशल का



समर्थन किया जाता है। स्वास्थ्य परिणामों में सुधार करने के लिए एनएचएम के तहत मौजूदा मानव संसाधन का कौशल उन्नयन करना एक और प्रमुख कार्यनीति है।

इसके अलावा, स्वास्थ्य और परिवार कल्याण मंत्रालय ने ई-संजीवनी नामक एक टेलीमेडिसिन एप्लीकेशन विकसित की है, जो डॉक्टर से डॉक्टर (एचडब्ल्यूसी मॉड्यूल) और मरीज से डॉक्टर परामर्श सेवाएं (ओपीडी मॉड्यूल) प्रदान करती है। यह एप्लीकेशन हब और स्पोक मॉडल पर काम करती है। हब स्तर पर, एक विशेषज्ञ डॉक्टर ग्रामीण क्षेत्रों में स्वास्थ्य और आरोग्य केंद्रों (एचडब्ल्यूसी) को सेवाएं प्रदान करता है। इन उपायों ने यह सुनिश्चित किया है कि ग्रामीण समुदायों को आवश्यक स्वास्थ्य सेवाओं तक विश्वसनीय पहुंच प्राप्त हो।

### छत्तीसगढ़ में ट्रॉमा केयर सेंटर

#### 3174. श्री भोजराज नाग:

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

- (क) छत्तीसगढ़ में ट्रॉमा केयर सेंटरों की संख्या कितनी है;
- (ख) विगत तीन वर्षों के दौरान छत्तीसगढ़ सरकार द्वारा इस संबंध में कितनी धनराशि का उपयोग किया गया है;
- (ग) क्या छत्तीसगढ़ के नक्सल प्रभावित कांकेर जिले में ट्रॉमा केयर सेंटर की आपातकालीन सुविधा उपलब्ध कराने के लिए कोई योजना क्रियान्वित की जा रही है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (घ): “राष्ट्रीय ट्रामा और बर्न इंजरी रोकथाम और प्रबंधन कार्यक्रम” (एनपीपीएमटी और बीआई) के तहत, देश भर के सरकारी अस्पतालों/मेडिकल कॉलेजों में 196 ट्रॉमा केयर सुविधा केंद्र

(टीसीएफ) स्वीकृत किए गए। 196 में से, छत्तीसगढ़ में 06 टीसीएफ स्वीकृत किए गए हैं। छत्तीसगढ़ में टीसीएफ का विवरण और उनकी इकाई लागत नीचे दिया गया है:

क्र सं.	टीसीएफ का नाम	स्तर	राज्य की हिस्सेदारी सहित इकाई लागत (करोड़ रुपए में)
1	डॉ. भीम राव अंबेडकर मेमोरियल अस्पताल, रायपुर	II	10.272
2	छत्तीसगढ़ आयुर्विज्ञान संस्थान, बिलासपुर	II	10.272
3	सरकार. कोमलदेव जिला अस्पताल, कांकेर	III	4.942
4	जिला अस्पताल, रायगढ़	III	4.942
5	बालीराम कश्यप मेमोरियल मेडिकल कॉलेज, जगदलपुर	II	10.272
6	जिला अस्पताल, अंबिकापुर	III	4.942

12वीं पंचवर्षीय योजना (वित्त वर्ष योजना 2012-17) के बाद, इस योजना के तहत नई ट्रॉमा देखभाल सुविधा केंद्रों की पहचान का कोई प्रावधान नहीं है। वित्तीय सहायता स्वीकृत सुविधा केंद्रों/इकाइयों की कुल स्वीकृत लागत के भीतर केंद्रीय सहायता के शेष हिस्से को जारी करने के संबंध में है। छत्तीसगढ़ सरकार द्वारा दी गई रिपोर्ट के अनुसार, पिछले तीन वर्षों के दौरान किसी भी निधि का उपयोग नहीं किया गया है।

### आयुष विश्वविद्यालय

#### 3175. श्री अनिल फिरोजिया:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा संपूर्ण देश में आयुष विश्वविद्यालयों की संख्या बढ़ाने तथा उनकी गुणवत्ता में सुधार लाने के लिए क्या कदम उठाए गए हैं;
- (ख) क्या सरकार ग्रामीण तथा दूरदराज के क्षेत्रों में आयुष चिकित्सा सेवाओं के विस्तार के लिए कोई विशेष योजना बना रही है;

- (ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस संबंध में सरकार द्वारा क्या कदम उठाए गए हैं;
- (घ) आयुर्वेद, योग, यूनानी, सिद्ध तथा होम्योपैथी के क्षेत्र में अनुसंधान एवं विकास को बढ़ावा देने के लिए सरकार द्वारा क्रियान्वित की जा रही योजनाओं का ब्यौरा क्या है; और
- (ङ) आयुष उत्पादों तथा सेवाओं को अंतर्राष्ट्रीय स्तर पर लोकप्रिय बनाने के लिए सरकार द्वारा क्या प्रयास किए गए हैं तथा इस संबंध में कोई विशेष नीति क्रियान्वित की गई है?

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

(क): विश्वविद्यालयों की स्थापना राज्य विधानमंडल या संसद द्वारा की जाती है; यूजीसी सक्षम विधानमंडल द्वारा स्थापित ऐसे विश्वविद्यालयों को मान्यता देता है और उनके नाम यूजीसी अधिनियम की धारा 2(च) के तहत विश्वविद्यालय अनुदान आयोग (यूजीसी) द्वारा तैयार की गई, मान्यता प्राप्त विश्वविद्यालयों की सूची में शामिल किए जाते हैं।

यूजीसी, शिक्षा या अनुसंधान के विशिष्ट क्षेत्रों में मानकों के समन्वय और निर्धारण के उद्देश्य से संविधान के अनुच्छेद 246 के तहत संसद के संगत अधिनियम द्वारा स्थापित संबंधित परिषदों के मनोनीत सदस्यों के साथ-साथ संगत क्षेत्रों में विशेषज्ञता धारक सदस्यों वाली एक विशेषज्ञ समिति के माध्यम से शिक्षण, परीक्षा तथा अनुसंधान के मानकों को सुनिश्चित करने के लिए यूजीसी अधिनियम की धारा 13 के प्रावधानों के अनुसार विश्वविद्यालयों का निरीक्षण करता है।

(ख) और (ग): आयुष मंत्रालय ग्रामीण और दूरदराज के क्षेत्रों सहित राज्यों/संघ राज्य क्षेत्रों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है; और आयुष पद्धति के संवर्धन और समग्र विकास के लिए उनके प्रयासों को सहयोग प्रदान कर रहा है। एनएएम के तहत, एनएएम दिशानिर्देशों के प्रावधानों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त उनके प्रस्तावों के निमित्त राज्य/संघ राज्य क्षेत्र की सरकारों को

अनुदान सहायता प्रदान की जा रही है। एनएएम अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान करता है:-

- i. आयुष स्वास्थ्य एवं आरोग्य केंद्रों (एएचडब्ल्यूसी) जिनका नाम अब आयुष्मान आरोग्य मंदिर (आयुष) रखा गया है, का संचालन।
- ii. प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं का सह-स्थापन।
- iii. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।
- iv. मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास) के लिए भवन का निर्माण/नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण।
- v. 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना।
- vi. सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक औषधियों की आपूर्ति।
- vii. आयुष जन स्वास्थ्य कार्यक्रम।
- viii. उन राज्यों में नए आयुष कॉलेजों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- ix. आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का ढांचागत विकास/पीजी/फार्मैसी/पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।

(घ): आयुष क्षेत्र के संवर्धन और विकास की प्रक्रिया में और भारतीय चिकित्सा पद्धति एवं होम्योपैथी (आईएसएम एंड एच) की शिक्षा को सुव्यवस्थित करने के लिए, केंद्र सरकार ने भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग अधिनियम, 2020 (एनसीआईएसएम अधिनियम 2020) और राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020 (एनसीएच अधिनियम 2020) अधिनियमित किया है।

इसके अलावा, केंद्र सरकार ने अधिसूचना द्वारा एनसीआईएसएम अधिनियम, 2020 और एनसीएच अधिनियम, 2020 के तहत प्रदत्त शक्तियों का प्रयोग करने और उन्हें सौंपे गए कार्यों को करने के लिए क्रमशः दो आयोगों नामतः भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) और राष्ट्रीय होम्योपैथी आयोग (एनसीएच) का गठन किया।

भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) अधिनियम, 2020 और राष्ट्रीय होम्योपैथी आयोग (एनसीएच) अधिनियम, 2020 क्रमशः निम्नलिखित लिंक पर उपलब्ध हैं:

<https://ncismindia.org/NCISM%20Gazette%20notification.pdf> और [http://nch.org.in/upload/pdf\\_upload-381801.pdf](http://nch.org.in/upload/pdf_upload-381801.pdf)

आयुर्वेद, सिद्ध और यूनानी क्षेत्र में अनुसंधान को बढ़ावा देने के लिए एनसीआईएसएम के तहत चल रही योजनाएं निम्न प्रकार हैं:-

#### 1. छात्रवृत्ति कार्यक्रम

##### •स्पर्क कार्यक्रम-

एनसीआईएसएम ने, सीसीआरएस के सहयोग से पिछले वर्ष आयुर्वेद महाविद्यालयों के 100 स्नातक शोधार्थियों के लिए स्टूडेंटशिप प्रोग्राम फॉर आयुर्वेद रिसर्च केन (स्पर्क) कार्यक्रम शुरू किया था। इसके तहत दो महीने के लिए 25000 रुपये प्रति माह की छात्रवृत्ति दी जा रही है।

##### •एसपीयूआर कार्यक्रम-

एनसीआईएसएम ने, केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद (सीसीआरयूएम) के सहयोग से, स्नातक की शोध योग्यता को बढ़ावा देने के लिए स्टूडेंटशिप प्रोग्राम फॉर यूनानी रिसर्च (एसपीयूआर) कार्यान्वित किया है। इसके तहत दो महीने के लिए 25000 रुपये प्रति माह की छात्रवृत्ति दी जा रही है।

#### 2. पीजी-स्टार कार्यक्रम-

- एनसीआईएसएम ने केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएस) के सहयोग से स्नातकोत्तर शोधार्थियों के लिए आयुर्वेद अनुसंधान में प्रशिक्षण योजना (पीजी-स्टार) शुरू की है।

(ड): मंत्रालय ने आयुष में अंतर्राष्ट्रीय सहयोग को बढ़ावा देने के लिए एक केंद्रीय क्षेत्रीय योजना (आईसी योजना) विकसित की है जिसके तहत, आयुष मंत्रालय आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए भारतीय आयुष औषध विनिर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करता है, जिसमें अंतरराष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों के बारे में जागरूकता और रुचि को बढ़ावा देने और मजबूत करने के लिए आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देना, आयुष चिकित्सा पद्धति का अंतर्राष्ट्रीय प्रचार, विकास और मान्यता देना, हितधारकों में आपसी संपर्क बढ़ाने और अंतर्राष्ट्रीय स्तर पर आयुष के बाजार में वृद्धि करना, विदेशों में आयुष अकादमिक पीठों की स्थापना के माध्यम से शिक्षाविदों तथा अनुसंधान को बढ़ावा देना और प्रशिक्षण कार्यशाला/संगोष्ठी आयोजित करना शामिल है।

आयुष मंत्रालय ने आयुष चिकित्सा पद्धतियों को अंतर्राष्ट्रीय मान्यता दिलाने की दिशा में निम्नलिखित कदम उठाए हैं:-

- आपसी हितों पर आयुष से संबंधित गतिविधियों को शुरू करने के लिए राष्ट्रीय स्तर पर समझौता ज्ञापन (एमओयू) पर हस्ताक्षर करके विदेशों के साथ सहयोग। विदेशों के साथ पारंपरिक चिकित्सा और होम्योपैथी के क्षेत्र में सहयोग के लिए 24 अलग-अलग देशों के बीच समझौता ज्ञापनों पर हस्ताक्षर किए गए;
- अनुसंधान/अकादमिक सहयोग के लिए विदेशी संस्थानों के साथ समझौता ज्ञापनों पर हस्ताक्षर;
- विदेशी विश्वविद्यालयों/संस्थानों में आयुष पीठों की स्थापना के लिए 15 समझौता ज्ञापन;
- आयुष विशेषज्ञों की प्रतिनियुक्ति (अल्पकालिक/दीर्घकालिक);

- आयुष के क्षेत्र में सहयोग के लिए विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) या संयुक्त राष्ट्र (यूएन) एजेंसियों के साथ सहयोग, अंतर्राष्ट्रीय प्रशिक्षण के लिए सहयोग या आयोजन;
- अंतर्राष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों के बारे में जागरूकता और रुचि को बढ़ावा देने और मजबूत करने के लिए भारत या विदेश में सम्मेलन, सेमिनार, एक्सपो आदि;
- आयुष पद्धति के बारे में प्रामाणिक जानकारी प्रदान करने के लिए दुनिया भर के विभिन्न देशों में 42 आयुष सूचना प्रकोष्ठ (केंद्र) की स्थापना;
- विभिन्न द्विपक्षीय बैठकों और बहुपक्षीय मंचों में आयुष का प्रतिनिधित्व करना, अंतर्राष्ट्रीय स्तर पर आयुष में नैदानिक अनुसंधान करने के लिए सहयोग;
- आयुष उत्पादों और सेवाओं आदि के निर्यात को बढ़ावा देने के लिए भारतीय आयुष विनिर्माताओं/आयुष सेवा प्रदाताओं को सहायता प्रदान करना।
- भारत में मान्यता प्राप्त आयुष संस्थानों में पाठ्यक्रमों के लिए विदेशी नागरिकों को आयुष छात्रवृत्तियां प्रदान करना।
- अंतर्राष्ट्रीय योग दिवस (आईडीवाई), प्रतिवर्ष 21 जून को मनाया जाता है, वर्ष 2014 में संयुक्त राष्ट्र द्वारा अपनाए जाने के बाद आईडीवाई एक प्रमुख कार्यक्रम बन गया है, जिसमें दूतावासों, योग चिकित्सकों और स्थानीय समुदायों के माध्यम से दुनिया भर में बड़े पैमाने पर भागीदारी होती है।
- पाठ्यक्रमों के माध्यम से योग शिक्षा के लिए सहयोग और विदेशी विश्वविद्यालयों में आयुष पीठों की स्थापना जैसी शैक्षिक पहल आयुष मंत्रालय द्वारा स्थापित, योग प्रमाणन बोर्ड (वाईसीबी), योग पेशेवरों और संस्थानों के लिए अंतर्राष्ट्रीय स्तर पर मान्यता प्राप्त प्रमाणन प्रदान करता है, तथा शिक्षण और व्यवस्था में गुणवत्ता मानकों को सुनिश्चित करता है।

### रासायनिक उर्वरकों की बढ़ती कीमतें

#### 3176. श्री संजय हरिभाऊ जाधव:

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

- (क) क्या वर्ष 2020-2024 के दौरान महाराष्ट्र राज्य में तरल यूरिया और तरल 18:46 ओ (डीए) प्रदान किया गया है और यदि हां, तो इसके क्या कारण हैं;
- (ख) पिछले पांच वर्षों के दौरान रासायनिक उर्वरकों की कीमतें वर्ष-वार कितनी बार बढ़ी हैं;
- (ग) पिछले पांच वर्षों के दौरान देश में कितनी मात्रा में रासायनिक उर्वरकों का आयात किया गया;
- (घ) बेहतर खेती के लिए देश में किस प्रकार उर्वरकों की आपूर्ति की जा रही है;
- (ड.) यह सुनिश्चित करने के लिए कि किसानों को किफायती मूल्य पर उपयुक्त उर्वरक मिल रहे हैं, सरकार द्वारा क्या कदम उठाए गए/उठाए जाने का प्रस्ताव है; और
- (च) उर्वरकों की बढ़ती कीमतों से राहत प्रदान करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

- (क): कृषि और किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) ने नैनो यूरिया (तरल) और नैनो डीएपी को उर्वरक नियंत्रण आदेश (एफसीओ)-1985 के तहत शामिल किया है जिसका उत्पादन कई उर्वरक कंपनियों द्वारा किया जाता है।

तदनुसार, महाराष्ट्र राज्य में नैनो यूरिया और नैनो डीएपी नियमित रूप से उपलब्ध कराया जाता है।

- (ख) से (च): तदनुसार, किसानों को वहनीय मूल्यों पर यूरिया सब्सिडी स्कीम के तहत, उत्पादन लागत पर ध्यान दिए बिना किसानों को यूरिया सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर उपलब्ध कराया जाता है। यूरिया की 45 किलोग्राम बोरी की सब्सिडी प्राप्त एमआरपी 266.50 रुपये है। यूरिया की 45 किलोग्राम बोरी की एमआरपी पिछले पांच वर्षों के दौरान अर्थात् 2019-20 से 2023-24 तक एक समान रही है। इसके अलावा, पोषक-तत्व आधारित सब्सिडी (एनबीएस)



स्कीम के अंतर्गत, फॉस्फेटयुक्त और पोटेशियुक्त (पीएण्डके) उर्वरकों की एमआरपी विनियंत्रित है और इसे उर्वरक कंपनियों द्वारा बाजार के उतार-चढ़ाव के अनुसार यथोचित स्तर पर नियत किया जाता है जिसकी निगरानी सरकार द्वारा की जाती है। वर्ष 2022-23 से 2024-25 तक प्रमुख एनपीके ग्रेड, डीएपी, एमओपी और एसएसपी की एमआरपी का का ब्यौरा संलग्न **विवरण** में दिया गया है। उर्वरक उपलब्ध कराए जाते हैं।

पिछले पांच वर्षों के दौरान देश में आयातित रासायनिक उर्वरक निम्नानुसार हैं:

वर्ष 2019-20 से 2024-25 तक रासायनिक उर्वरकों (यूरिया, डीएपी, एमओपी और एनपीके) का आयात (नवंबर, 2024 तक)				
मात्रा एलएमटी में				
वर्ष	यूरिया	डीएपी	एमओपी *	एनपीके
		कंपनियों की सूचना के अनुसार		
2019-20	91.23	48.70	36.70	7.46
2020-21	98.28	48.82	42.27	13.90
2021-22	91.36	54.62	24.60	11.70
2022-23	75.80	68.83	18.66	27.52
2023-24	70.42	55.67	28.69	22.17

कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) "कृषि आदानों के लिए क्षेत्रीय सम्मेलन" के माध्यम से प्रत्येक फसल मौसम (अर्थात रबी और खरीफ) से पहले प्रमुख उर्वरकों अर्थात यूरिया, डीएपी, एमओपी और एनपीकेएस उर्वरकों की आवश्यकता का आकलन करता है। कृषि एवं किसान कल्याण विभाग द्वारा किए गए आकलन के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरकों की पर्याप्त मात्रा आबंटित करता है और उपलब्धता की स्थिति की निरंतर निगरानी करता है। यह आपूर्तियां स्वदेशी उत्पादन के साथ-साथ आयातों के माध्यम से की जाती हैं।

### विवरण

**वर्ष 2019-20 से 2024-25 में अक्टूबर-24 तक उत्पाद-वार औसत एमआरपी (रुपये/एमटी)**

उत्पाद का नाम	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
10-26-26	25750.94	24575.66	29751.24	29760.78	29394.92	29895.40
12-32-16	25734.16	24643.11	28733.24	31562.41	29865.16	29400.00
20-20-0-13	20707.05	19950.14	24652.55	28045.64	25275.63	25253.09
डीएपी	26518.28	24966.78	25003.55	26939.94	26999.77	27000.00
एमओपी	18981.04	17872.63	23338.42	34147.54	33987.88	31584.03
एसएसपी-दानेदार	8213.69	8468.49	7750.95	10555.79	11157.39	10903.18

\*आंकड़े एफएमएस और आईएफएमएस से (dbtfert.nic.in)

### DEATHS DUE TO COVID PANDEMIC

#### 3177. DR. THOL THIRUMAAVALAVAN:

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

- the details of infections and deaths due to Covid pandemic, month-wise and State-wise;
- whether the Government is aware about the new variant of concern, new strains of high danger during the last one year; 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):**

- As on 6<sup>th</sup> December, 2024, State/UT and year-wise details of cases and deaths due to COVID-19 as reported by States/UTs is given in the enclosed **Statement**.

(b) and (c) As per the World Health Organization (WHO), as of 2<sup>nd</sup> December 2024, there are no currently circulating Variants of Concern (VoCs). However, the only currently circulating Variant of Interest (VoI) includes JN.1 which was first detected globally in August, 2023 and designated as a VoI by WHO on 18<sup>th</sup> December, 2023. The JN.1 variant remains the most prevalent SARS-CoV-2 variant globally. In India, cases of JN.1 variant of SARS-CoV-2 virus were first reported in the country in the month of November, 2023.

### **STATEMENT**

**State/UT and year-wise details of cases and deaths due to COVID-19 as reported by States/UTs (as on 6<sup>th</sup> December, 2024)**

States/UTs Covid-19 Cases and Deaths year-wise (2022-2024)							
S. No.	States/UTs	2022		2023		2024	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	AandN Islands	3026	0	20	0	0	0
2	Andhra Pradesh	262090	240	1713	0	316	0
3	Arunachal Pradesh	11551	16	159	0	0	0
4	Assam	125527	1871	71	0	89	3
5	Bihar	124650	206	3890	13	413	0
6	Chandigarh	33503	102	1353	4	59	1
7	Chhattisgarh	169757	546	10016	45	856	14
8	Dadar and Nagar Haveli and Daman and Diu	900	0	1	0	0	0
9	Delhi	560793	1414	33990	149	2507	31
10	Goa	78423	492	4413	1	210	0

11	Gujarat	446491	925	14036	38	1165	20
12	Haryana	283250	651	22383	65	203	8
13	Himachal Pradesh	83877	338	10301	33	173	1
14	JandK (UT)	138250	259	2630	7	153	1
15	Jharkhand	91585	188	1282	6	8	0
16	Karnataka	1065489	1980	18284	65	7252	39
17	Kerala	1583884	24114	87242	516	5597	66
18	Ladakh (UT)	7239	12	202	0	74	0
19	Lakshdweep	999	1	0	0	0	0
20	Madhya Pradesh	261031	243	1661	10	253	1
21	Maharashtra	1465879	6899	36072	150	5658	35
22	Manipur	14144	147	114	0	4	0
23	Meghalaya	11966	140	207	4	4	0
24	Mizoram	97564	184	598	8	73	0
25	Nagaland	3795	80	47	0	0	0
26	Odisha	281957	747	11902	10	297	0
27	Puducherry	46051	94	2113	7	176	0
28	Punjab	180840	2645	8255	1281	339	30
29	Rajasthan	359447	690	11060	84	1414	9
30	Sikkim	11817	90	613	2	46	0
31	Tamil Nadu	847525	1284	16750	34	1015	3
32	Telangana	159752	86	3260	0	323	0
33	Tripura	22965	111	461	2	94	1
34	Uttar Pradesh	416755	718	17424	84	820	22
35	Uttarakhand	104449	334	3199	17	200	10
36	West Bengal	483583	1775	7995	24	1458	2

**VILLAGE LEVEL CHILD PROTECTION COMMITTEE****3178. SHRI VAMSI KRISHNA GADDAM:**

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

- (a) the details of the villages that have successfully established Village Level Child Protection Committees (VLCPCs), State/UT-wise especially Telangana;
- (b) the details of successful awareness campaigns initiated by Village Level Child Protection Committees (VLCPCs) in all the villages, State-wise and year-wise;
- (c) whether any assessments have been conducted by Government to evaluate the impact of child protection initiatives implemented by VLCPCs on reducing cases of child marriage, trafficking and school dropouts, if so, the details thereof and if not, the reasons thereof;
- (d) whether the Government has any data regarding improvements in child protection outcomes since the formation of VLCPCs and Block Level Child Protection Committees (BLCPCs), if so, the details thereof; and
- (e) if not, the reasons therefor?

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

(a) to (e): Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State/UT Governments on pre-defined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult

circumstances which include both institutional care and non-institutional care services. The scheme provides services to the Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL) for their rehabilitation and social re-integration into the mainstream of the society. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, *inter-alia*, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Support under non-institutional care is provided by way of sponsorship, foster care and after care to children in need of care and protection.

Mission Vatsalya envisages a robust ecosystem through the network of State and Local Governments to ensure the safety and security of children in the country. These Local Bodies are required to reach out to children, engage with communities and encourage them to take ownership of the wellbeing of Children in their areas.

Mission Vatsalya also envisages assigning of the functions of child welfare and protection issues to the existing committees of the Panchayati Raj Institution/ Gram Panchayat/ Urban Local Body which deal with the issues of social justice/ welfare of children.

The details of the villages that have successfully established Village Level Child Protection Committees (VLCPCs) are not maintained centrally. Further, no assessments have been conducted under Mission Vatsalya

scheme to evaluate the impact of child protection initiatives implemented by VLCPCs on reducing cases of child marriage, trafficking and school dropouts

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

### **SPECIAL CANCER WARD**

#### **3179. KUMARI SELJA:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the number of cancer patients reported in the State of Haryana;
- (b) the details of special cancer wards which have been established for the treatment of such patients in various districts of Haryana, district-wise;
- (c) the extent to which the polluted water of Ghaggar river entering Haryana is responsible in spreading cancer in the State;
- (d) whether the Government has made any plan to clean the water of the said river, if so, the details thereof; and

(e) whether the Central Government provides any special assistance to cancer patients from BPL families 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) : As per the Indian Council of Medical Research's National Cancer Registry Programme (ICMR-NCRP), the estimated number of incidences of cancer cases in Haryana during the last five years(2019-2023) is given below;

<b>Estimated number of cancer cases in Haryana (2021-2023) – Both Sexes*</b>					
<b>Year</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Estimated Incidence of All sites of cancer Cases in Haryana	1486	1536	1580	1630	1678

(b) Cancer care facilities are available in Government Medical Colleges in district Hisar, Karnal, Nuh, Sonapat and Rohtak. Further comprehensive cancer care services are provided in National Cancer Institute, Bhadsa district Jhajjar.

Under the Strengthening of tertiary cancer care centres facilities Scheme, Atal Cancer Care Centre (ACCC) has been established at Sub Divisional Civil Hospital (SDCH), Ambala Cantt. on centre and state sharing basis (60:40). It is equipped with latest equipment for cancer Treatment and Comprehensive Cancer Care services are provided to the needy patients not only from Haryana but also neighboring States.



National Programme for Prevention and Control of Non-Communicable Diseases(NP-NCD) is being implemented in all 22 districts of the State of Haryana. Under NP-NCD, 22 District NCD Clinics, 157 Community Health Center NCD Clinics and 5 district Cancer Day care centres are functional at Panchkula, Ambala, Faridabad, Kurukshetra and Yamunanagar.

(c) and (d) ICMR has informed that a study conducted by Kaur et al., 2024, published in Indian Academy of Sciences on Human health risk assessment revealed that people dwelling near river drains are highly prone to cancer disease and hazard quotients were observed above the threshold limit that poses high non-carcinogenic risks. The results of the current study revealed that lead, iron, and aluminium exceeded the permissible limit of the Central Pollution Control Board (India).

Central Pollution Control Board (CPCB) in coordination with State Pollution Control Boards (SPCBs)/ Pollution Control Committees (PCCs) has established a Water Quality Monitoring Network the National Water Quality Monitoring Programme (NWMP). River Ghaggar is monitored at 18 locations in Punjab and 9 locations in Haryana by respective SPCB/CPCB.

Central Pollution Control Board (CPCB) has informed that the analysis of water quality monitoring results of river Ghaggar in the state of Punjab and Haryana for the year 2023 reveals that River Ghaggar is found non-complying w.r.t. notified Primary Water Quality Criteria for Outdoor Bathing at all the monitored locations in the state of Punjab and Haryana for the year 2023. The

Haryana State Pollution Control Board has found the water of Ghaggar River not fit for drinking.

Under the Centrally Sponsored Scheme of National River Conservation Plan, sewage treatment capacity of 15 million litres per day (MLD) was created in different towns in Punjab for conservation of Ghaggar river. Punjab Pollution Control Board has informed that to treat waste water from the towns in the catchment of river Ghaggar, 28 STPs of total capacity 291.7 MLD have been installed. Haryana State Pollution Control Board has informed that sewage treatment capacity of 588 MLD has been created in river catchment in the State under the Ghaggar Action Plan.

(e) The Treatment of cancer is either free or subsidized in the Government Institutions. Further, financial assistance is provided to poor patients for their cancer treatment under the Health Minister's Cancer Patient Fund component of the Umbrella scheme of the Rashtriya Arogya Nidhi (RAN). Pradhan Mantri Jan Arogya Yojana (PMJAY) aims at providing health insurance cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization. Since the inception of the scheme, treatment for cancer diseases is included in the benefit packages. All modes of treatment for cancer (Medical Oncology, Surgical Oncology and Radiation Oncology) are covered under the scheme.

### **ESTABLISHMENT OF ANIIMS**

#### **3180: SHRI BISHNU PADA RAY:**

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

- (a) the timeline set for the full-fledged establishment of Andaman and Nicobar Islands Institute of Medical Sciences (ANIIMS) in AandN Islands as per the Government of India orders;
- (b) the current status of the medical college in all respects including the civil work for building construction, laboratories, and procurement of medical instruments etc.;
- (c) the total project cost for establishment of the medical college along with the amount sanctioned and released by the Government in this regard;
- (d) the manner in which the cost escalation will be managed in case the work is not completed within the set time frame and within the allocated project amount; and
- (e) the manner in which accountability is proposed to be fixed in case of the delay in the execution of the said project?

**THE MINISTER 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): Andaman and Nicobar Islands Institute of Medical Sciences (ANIIMS) was approved under Phase-I of the Centrally Sponsored Scheme (CSS) for '*Establishment of New Medical Colleges attached with existing district/referral hospitals*' Scheme of the Ministry of Health and Family Welfare, Government of India in the year 2015 at a cost of Rs.189 crores for up-gradation of the existing GB Pant Hospital-a district hospital at Sri Vijaya Puram in AandN Islands. The entire central share of Rs.113.40 crore towards the project has been released

to the UT Administration. The construction of new building in the new medical campus is likely to be completed by March, 2026. However, all labs (Pathology, Microbiology, Biochemistry) in the existing hospital are fully functional in an adjacent building. All the required essential equipments are available and all basic and essential tests are being done routinely.

(d) to (e): Expenditure in excess of the approved cost of the medical college will be borne by the UT Administration. Establishment of ANIIMS is a project requiring a phased approach due to the challenging terrain, geographical constraints, logistical issues, and workforce availability etc. affecting the project's progress.

### योग विश्वविद्यालय की स्थापना

#### 3181. श्री देवेश चन्द्र ठाकुर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार के पास योग और प्राकृतिक चिकित्सा को बढ़ावा देने की कोई योजना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार ने देश में योग विश्वविद्यालय स्थापित किए हैं अथवा स्थापित करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का योग और प्राकृतिक चिकित्सा को बढ़ावा देने और इस संबंध में लोगों के बीच जागरूकता पैदा करने के उद्देश्य से योग और प्राकृतिक चिकित्सा को विद्यालयी पाठ्यक्रम का हिस्सा बनाने का विचार है या बनाया गया 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): आयुष मंत्रालय देश में अपने तीन स्वायत्त निकायों नामतः मोरारजी देसाई राष्ट्रीय योग संस्थान (एमडीएनआईवाई), नई दिल्ली, केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन), नई दिल्ली और राष्ट्रीय प्राकृतिक चिकित्सा संस्थान (एनआईएन), पुणे के माध्यम से योग और प्राकृतिक चिकित्सा को बढ़ावा दे रहा है। एमडीएनआईवाई में योग शिक्षा के लिए विभिन्न पाठ्यक्रमों की व्यवस्था है। सीसीआरवाईएन योग और प्राकृतिक चिकित्सा पद्धतियों में अनुसंधान और विकास के लिए शीर्ष निकाय है। एनआईएन जो प्राकृतिक चिकित्सा के लिए एक प्रमुख संस्थान है, प्राकृतिक चिकित्सा और योग से संबंधित विभिन्न गतिविधियों का आयोजन करता है। एमडीएनआईवाई, सीसीआरवाईएन और एनआईएन की गतिविधियाँ और कार्यक्रम क्रमशः संबंधित वेबसाइटों यथा [yogamdniy.nic.in](http://yogamdniy.nic.in), [www.ccrn.gov.in](http://www.ccrn.gov.in) और [ninpune.ayush.gov.in](http://ninpune.ayush.gov.in) पर उपलब्ध हैं।

इसके अतिरिक्त, मंत्रालय देश में योग सहित विभिन्न आयुष पद्धतियों के विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केन्द्रीय प्रायोजित योजना को लागू कर रहा है और उन्हें राज्य वार्षिक कार्य योजनाओं (एसएएपी) में प्राप्त प्रस्तावों के अनुसार वित्तीय सहायता प्रदान कर रहा है। राज्य/संघ राज्य क्षेत्र की सरकारें एनएएम दिशानिर्देशों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं। राष्ट्रीय आयुष मिशन (एनएएम) के तहत, आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से 12,500 आयुष्मान आरोग्य मंदिरों के संचालन कार्य को कार्यान्वित कर रहा है। इन सभी आयुष्मान आरोग्य मंदिरों में, योग्य योग प्रशिक्षकों द्वारा सामान्य स्वास्थ्य संवर्धन के लिए समुदाय-आधारित इंटरवेंशन के रूप में जनसामान्य को योग सिखाया जा रहा है।

इसके अलावा, मंत्रालय द्वारा एक सूचना शिक्षा और संचार (आईईसी) योजना भी तैयार की गई है, जिसके तहत योग एवं प्राकृतिक चिकित्सा के बारे में जागरूकता को बढ़ावा देने के लिए लोगों तक पहुंचने के कदम शामिल हैं। आईईसी गतिविधियों में सार्वजनिक कार्यक्रम, सम्मेलन, प्रदर्शनियां, शिविर और टीवी, रेडियो, प्रिंट-मीडिया आदि पर कार्यक्रम शामिल हैं।

(ख): देश में किसी भी योग विश्वविद्यालय की स्थापना के लिए इस मंत्रालय के पास वर्तमान में ऐसा कोई प्रस्ताव नहीं है।

(ग) और (घ): वर्तमान में केंद्रीय स्तर पर योग एवं प्राकृतिक चिकित्सा शिक्षा के लिए कोई विनियमन नहीं है।

इसके अलावा, राष्ट्रीय पाठ्यचर्या की रूपरेखा (एनसीएफ), 2005 में स्वास्थ्य और शारीरिक शिक्षा के अभिन्न अंग के रूप में योग की सिफारिश की गई है। स्वास्थ्य और शारीरिक शिक्षा, कक्षा I से कक्षा X तक अनिवार्य विषय के रूप में और कक्षा XI से XII तक वैकल्पिक विषय के रूप में है। राष्ट्रीय शैक्षिक अनुसंधान एवं प्रशिक्षण परिषद (एनसीईआरटी) ने पहले ही कक्षा I से कक्षा X तक के लिए स्वास्थ्य और शारीरिक शिक्षा पर एकीकृत पाठ्यक्रम विकसित कर लिया है।

## **MEDICAL COLLEGE IN ODISHA**

### **3182. SHRI AVIMANYU SETHI:**

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

(a) whether the Government has any plan to establish a medical college and a super speciality hospital with a fully equipped trauma care center in Bhadrak district of Odisha to improve access to quality healthcare for the region's population and if so, the details thereof;

(b) whether the Government has assessed the current healthcare infrastructure gaps in Bhadrak district and the potential benefits that such an institution could

bring to address critical health challenges in these underserved areas and if so, the details thereof;

(c) the timeline, funding provisions and specific facilities envisioned for the proposed medical college and super speciality hospital, if approved;

(d) whether the Government is also likely to incorporate measures to ensure specialized medical education and training for healthcare professionals in this region; 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): The Ministry of Health and Family Welfare administers a Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals' with preference to underserved areas and aspirational districts, where there is no existing Government or private medical college. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, 07 medical colleges (Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri in Phase-I, Jajpur in Phase-II and Kalahandi in Phase-III) have been approved in Odisha. All the medical colleges are functional.

Besides under "Upgradation of Government medical colleges by construction of Super Specialty Blocks" component of Pradhan Mantri Swasthya

Suraksha Yojana (PMSSY), a total of 03 projects have been approved in Odisha in Government Medical Colleges at Berhampur, Burla and Sundargarh, out of which projects at Berhampur and Burla are complete.

### **UPGRADATION OF HOSPITALS**

#### **3183. DR. SHIVAJI BANDAPPA KALGE:**

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

- (a) whether the Government has prepared any concrete national level plan to upgrade Primary Health Centres, District Hospitals, Regional level Hospitals, State level Hospitals across the country with requisite facilities to face adverse situations;
- (b) if so, the details thereof State/UT-wise; and
- (c) whether the Union Government has extended necessary help/assistance to the State Governments for upgradation of medical infrastructure, if so, the details thereof along with the nature of assistance extended?

#### **THE MINISTER 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 healthcare system of the country involves a three-tier system with Sub Health Centre (Rural), Primary Health Centre (Urban and Rural) and Community Health Centre (Urban and Rural) as the three pillars of Primary Health Care System in India.



As per established norms, in rural areas, a Sub Health Centre for a population of 5,000 (in plain) and 3000 (in hilly and tribal area), a Primary Health Centre for a population of 30,000 (in plains) and 20,000 (in hilly and tribal areas) and Community Health Centre for a population of 1,20,000 (in plain) and 80,000 (in hilly and tribal area) is suggested. Further, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit provide secondary care services for rural and urban area.

Public Health and Hospitals are state subjects. However, the Government has provided substantial support for strengthening of Healthcare infrastructure in India. The details of the schemes are as under:

- **National Health Mission (NHM):** The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms and available resources. State/UT-wise SPIP Approval for Health Infrastructure Strengthening under National Health Mission (NHM) from FY 2021-22 to FY 2023-24 is given in the enclosed **Statement-I**.
- **PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** It is one of the largest Pan-India scheme with an outlay of Rs. 64,180/- crores for strengthening health care infrastructure to effectively manage and respond to any future pandemics and outbreaks across the country. The scheme period is

for 5 years ie. FY 2021-22 to FY 2025-26. The scheme period is for 5 years ie. FY 2021-22 to FY 2025-26. 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 Buildingless 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,
- Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- Establishment of 730 District Integrated Public Health Labs (IPHL) in the country, wherein each district will have one such lab.
- Establishing 602 Critical Care Hospital Blocks (CCBs) in all districts with population more than 5 lakhs.

The details are given in the enclosed **Statement -II**.

- **India COVID-19 Emergency Response and Health System Preparedness Package II (ECRP-II):** The Cabinet has also approved the scheme, “India Covind-19 Emergency Response and Health Systems Preparedness Package-II” (ECRP-II) on 08<sup>th</sup> July 2021 for an amount of Rs.23,123 crore for the F.Y. 2021-22. The scheme aims to accelerate health system preparedness for immediate responsiveness for early prevention, detection

and management of COVID-19, with the focus on health infrastructure development including for Paediatric Care and with measurable outcomes. Under ECRP-II to respond to the bed availability during Covid-19 pandemic, the following sanctions were given to the States/UTs to improve bed availability in Public Sector Hospitals including Medical Colleges. The details are as under:

- Total 37,834 ICU beds inclusive of 9,873 Paediatric ICU Beds, 7,008 Paediatric High Dependency Unit (HDU) Beds, 20,953 Adult ICU Beds in Medical Colleges, District Hospitals and Sub-Divisional Hospitals.
- Additional 124,859 beds at the existing CHCs, PHCs and Sub Health Centres (6-20 bedded units); 19,337 Oxygen supported Paediatric beds; Field hospitals (50-100 bedded units) with 20,102 Beds.
- 26 Critical Care Blocks (CCBs) (50 bedded) in Hilly States in the Hilly and North Eastern State/UTs.

• **15<sup>th</sup> Finance Commission (FC-XV):** The Fifteenth Finance Commission (FC-XV) has recommended grants through local governments for specific components of the health sector to the tune of Rs.70,051 crore and the same have been accepted by the Union Government. These grants for health through Local Governments will be spread over the five-year period from FY 2021-2022 to FY 2025-26 and will facilitate strengthening of health system at the grass-root level.

- The Pradhan Mantri Swasthya Suraksha Yojna (PMSSY):** It aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). So far setting up of 22 New AIIMS and 75 projects of upgradation of GMCIs have been approved under the scheme in various phases. The details of New AIIMS approved under PMSSY are given in the enclosed **Statement -III**. The detailed status of up-gradation projects under Government Medical College/Institutions is given in the enclosed **Statement-IV**.
- Under Centrally Sponsored Scheme for 'Establishment of new Medical Colleges attached with existing district/referral hospitals', a total of **157 Medical Colleges** have been approved in the country. The details of Medical Colleges approved under Centrally Sponsored Scheme for 'Establishment of new Medical Colleges attached with existing District/Referral Hospitals is given in the enclosed **Statement -V**.

### STATEMENT-I

**State/UT-wise SPIP Approval for Health Infrastructure Strengthening under National Health Mission (NHM) from FY 2021-22 to FY 2023-24**

(Rs. in Lakhs)

Sl. No.	States	2021-22	2022-23	2023-24

		<b>SPIP Approvals</b>	<b>SPIP Approvals</b>	<b>SPIP Approvals</b>
1	Andaman and Nicobar Islands	159.00	2.00	5.00
2	Andhra Pradesh	2,583.25	633.06	875.72
3	Arunachal Pradesh	5,674.45	4,737.52	2,069.80
4	Assam	23,425.82	35,925.05	10,500.34
5	Bihar	37,842.57	99,387.56	52,900.70
6	Chandigarh	-	-	-
7	Chhattisgarh	15,047.86	7,789.77	7,789.77
8	Dadra and Nagar Haveli and Daman and Diu	2.88	2.88	2.88
9	Delhi	681.80	1,399.96	1,399.96
10	Goa	125.95	260.26	225.34
11	Gujarat	878.22	5,028.85	353.08
12	Haryana	12,804.52	8,555.93	335.90
13	Himachal Pradesh	3,547.39	-	600.00
14	Jammu and Kashmir	3,433.33	1,599.96	3,375.46
15	Jharkhand	2,494.78	9,373.36	8,850.36

16	Karnataka	15,324.05	7,613.96	4,789.20
17	Kerala	5,897.00	12,709.03	18,104.34
18	Lakshadweep	-	-	-
19	Madhya Pradesh	25,482.92	19,866.87	42,679.70
20	Maharashtra	55,881.84	61,535.48	60,134.13
21	Manipur	2,999.42	1,796.82	16.41
22	Meghalaya	1,656.32	1,096.27	69.49
23	Mizoram	35.40	36.75	33.79
24	Nagaland	1,074.84	3,073.78	2,132.23
25	Odisha	32,846.14	62,574.68	48,034.45
26	Puducherry	26.16	6.36	6.48
27	Punjab	5,201.90	990.10	190.60
28	Rajasthan	85,616.83	57,577.61	57,736.11
29	Sikkim	391.84	52.51	64.37
30	Tamil Nadu	26,196.13	56,033.70	79,790.36
31	Telangana	7,640.83	11,534.19	41,042.91
32	Tripura	4,998.54	5,149.70	4,518.05

33	Uttar Pradesh	1,24,665.62	42,730.00	1,71,102.14
34	Uttarakhand	13,588.14	10,604.54	1,238.88
35	West Bengal	7,984.58	11,212.94	3,005.22
36	Ladakh	3,125.00	2,691.15	2,334.65
<b>Total</b>		<b>5,29,335.32</b>	<b>5,43,582.60</b>	<b>6,26,307.82</b>

Note

:

The Above Figures are as per FMR reported by State/UTs and are Provisional.

### STATEMENT-II

**State wise approval for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25)**

#### **1. Building less-AAM (Sub-Centers - Health and wellness Centers)**

S. No.	State/UT	Approvals FY 2021-25 (4 Yrs.)		
		Target for scheme period (FY 2021-26)	Total Unit Approved for 4 years	Total Amount Approved (In Cr.)
1	Andhra Pradesh	-	1786	535.80
2	Assam	720	768	399.59
3	Bihar	2546	2546	1413.04
4	Jharkhand	893	893	495.61
5	Manipur	64	64	35.52
6	Meghalaya	151	151	83.8

7	Odisha	502	604	278.14
8	Rajasthan	821	1112	455.65
9	Uttar Pradesh	1670	1670	926.86
	<b>Total</b>	<b>7367</b>	<b>9594</b>	<b>4624.01</b>

## 2. Urban- AAM (U-HWC)

Approvals FY 2021-25 (4 Yrs.)				
S. No.	State/UT	Target for scheme period (FY 2021-26)	Total Unit Approved for 4 years	Total Amount Approved (In Cr.)
1	A and N Islands	4	4	3.00
2	Andhra Pradesh	45	45	70.25
3	Assam	9	0	0.00
4	Chandigarh	92	19	29.93
5	Daman and Diu	4	3	4.50
6	Delhi*	1139	0	0.00
7	Gujarat	275	82	44.00
8	Himachal Pradesh	38	26	39.00
9	Jammu and Kashmir	104	69	97.76
10	Karnataka	736	817	512.05
11	Manipur	3	0	0.00
12	Mizoram	1	0	0.00



13	Odisha	47	140	32.20
14	Puducherry	32	21	34.50
15	Rajasthan	639	371	455.86
16	Tamil Nadu	436	500	93.00
17	Telangana	324	500	257.00
18	Uttar Pradesh	674	250	187.50
19	West Bengal	510	204	153.00
<b>Total</b>		<b>5112</b>	<b>3051</b>	<b>2013.55</b>

\* Delhi has not signed a MoU with MoHFW.

### 3. Block Public Health Units (BPHUs)

S. No.	State/UT	Approvals FY 2021-25 (4 Yrs.)		
		Target for scheme period (FY 2021-26)	Total Unit Approved for 4 years	Total Amount Approved (In Cr.)
1	Assam	207	142	129.66
2	Bihar	333	59	47.77
3	Chhattisgarh	91	54	53.79
4	Himachal Pradesh	73	50	51.56
5	Jammu and Kashmir	287	200	213.89
6	Jharkhand	165	100	99.50
7	Madhya Pradesh	196	119	106.91
8	Odisha	197	119	118.44
9	Rajasthan	184	111	107.29
10	Uttar Pradesh	515	311	318.77
11	Uttarakhand	86	59	52.60
<b>Total</b>		<b>2334</b>	<b>1324</b>	<b>1300.18</b>

#### 4. Integrated Public Health Labs (IPHLs)

S. No.	State/UT	Approvals FY 2021-25 (4 Yrs.)		
		Target for scheme period (FY 2021-26)	Total Unit Approved for 4 years	Total Amount Approved (In Cr.)
1	A and N Islands	3	3	3.75
2	Andhra Pradesh	13	23	37.57
3	Arunachal Pradesh	22	14	26.33
4	Assam	33	24	36.37
5	Bihar	38	12	15.00
6	Chandigarh	1	0	0.00
7	Chhattisgarh	28	21	39.49
8	DNH and DD	3	0	0.00
9	Delhi	11	0	0.00
10	Goa	2	0	0.00
11	Gujarat	33	24	44.70
12	Haryana	22	14	26.32
13	Himachal Pradesh	12	7	12.67
14	Jammu and Kashmir	20	14	26.33
15	Jharkhand	24	17	30.57
16	Karnataka	30	21	39.49
17	Kerala	14	10	18.38
18	Ladakh	2	2	2.50
19	Lakshadweep	1	1	1.25
20	Madhya Pradesh	55	39	60.03
21	Maharashtra	36	25	45.48
22	Manipur	15	11	21.11
23	Meghalaya	10	7	13.16
24	Mizoram	10	7	13.16
25	Nagaland	11	7	13.16
26	Odisha	30	21	39.20
27	Puducherry	4	3	5.22

28	Punjab	22	14	26.33
29	Rajasthan	33	24	42.98
30	Sikkim	3	3	5.22
31	Tamil Nadu	38	28	52.66
32	Telangana	33	24	44.72
33	Tripura	7	4	6.94
34	Uttar Pradesh	75	53	103.76
35	Uttarakhand	13	10	13.48
36	West Bengal	23	17	31.54
	<b>Total</b>	<b>730</b>	<b>504</b>	<b>898.86</b>

### 5. Critical Care Hospital Block (CCBs)

S. No.	State/UT	Approvals FY 2021-25 (4 Yrs.)		
		Target for scheme period (FY 2021-26)	Total Unit Approved for 4 years	Total Amount Approved (In Cr.)
1	A and N Islands	1	1	23.75
2	Andhra Pradesh	13	16	380.00
3	Arunachal Pradesh	1	0	0.00
4	Assam	27	17	412.93
5	Bihar	38	12	401.30
6	Chandigarh	-	1	23.75
7	Chhattisgarh	23	15	425.10
8	DNH and DD	1	0	0.00
9	Delhi	9	0	0.00
10	Goa	2	0	0.00
11	Gujarat	32	22	704.01
12	Haryana	22	15	425.10
13	Himachal Pradesh	8	4	95.00
14	Jammu and Kashmir	9	4	95.00
15	Jharkhand	22	15	427.51

16	Karnataka	30	21	617.16
17	Kerala	14	10	251.27
18	Ladakh	-	-	-
19	Lakshadweep	-	-	-
20	Madhya Pradesh	50	35	900.13
21	Maharashtra	36	24	635.85
22	Manipur	2	0	0.00
23	Meghalaya	2	0	0.00
24	Mizoram	1	1	23.75
25	Nagaland	1	0	0.00
26	Odisha	28	21	581.40
27	Puducherry	3	0	0.00
28	Punjab	21	17	508.49
29	Rajasthan	33	24	680.99
30	Sikkim	1	1	23.75
31	Tamil Nadu	37	28	856.52
32	Telangana	31	21	581.40
33	Tripura	1	0	0.00
34	Uttar Pradesh	74	49	1915.35
35	Uttarakhand	7	4	95.00
36	West Bengal	22	17	530.19
	<b>Total</b>	<b>602</b>	<b>395</b>	<b>11614.71</b>

**STATEMENT-III**

**22 New AIIMS approved under PMSSY**

<b>S.No.</b>	<b>State/UT</b>	<b>Name of AIIMS</b>
1.	Andhra Pradesh	AIIMS, Mangalagiri
2.	Assam	AIIMS, Guwahati

3.	Bihar	AIIMS, Patna
4.		AIIMS, Darbhanga
5.	Chhattisgarh	AIIMS, Raipur
6.	Gujarat	AIIMS, Rajkot
7.	Haryana	AIIMS, Rewari
8.	Himachal Pradesh	AIIMS, Bilaspur
9.	Jammu and Kashmir	AIIMS, Jammu
10.		AIIMS, Kashmir
11.	Jharkhand	AIIMS, Deoghar
12.	Madhya Pradesh	AIIMS, Bhopal
13.	Maharashtra	AIIMS, Nagpur
14.	Odisha	AIIMS, Bhubaneswar
15.	Punjab	AIIMS, Bathinda
16.	Rajasthan	AIIMS, Jodhpur
17.	Tamil Nadu	AIIMS, Madurai
18.	Telangana	AIIMS, Bibinagar
19.	Uttar Pradesh	AIIMS, Raebareli
20.		AIIMS, Gorakhpur
21.	Uttarakhand	AIIMS, Rishikesh
22.	West Bengal	AIIMS, Kalyani

**STATEMENT-IV****Detailed status of up-gradation projects under Government Medical College/Institutions.**

<b>Sl. No.</b>	<b>State</b>	<b>No</b>	<b>Name of GMC/ Institute</b>	<b>Approved Infrastructure</b>
1	Andhra Pradesh	1	Sri Venkateshwara Institute of Medical Sciences, Tirupati	Procurement of Equipment
		2	Siddhartha Medical College, Vijayawada	Super Speciality Block
		3	Govt. Medical College, Anantpur	Super Speciality Block
2	Assam	4	Guwahati Medical College, Guwahati	Super Speciality Block
		5	Assam Medical College, Dibrugarh	Super Speciality Block
3	Bihar	6	Srikrishna Medical College, Muzaffarpur	Super Speciality Block
		7	Darbhanga Medical College and Hospital, Darbhanga	Super Speciality Block
		8	Patna Medical College and Hospital, Patna	Super Speciality Block
		9	Government Medical College, Bhagalpur	Super Speciality

<b>Sl. No.</b>	<b>State</b>	<b>No</b>	<b>Name of GMC/ Institute</b>	<b>Approved Infrastructure</b>
				Block
		10	Government Medical College, Gaya	Super Speciality Block
		11	IGIMS, Patna	Regional Institute of Ophthalmology
4	Chhattisgarh	12	Government Medical College, Bilaspur	Super Speciality Block
		13	Government Medical College, Jagdalpur	Super Speciality Block
5	Delhi	14	UCMS-GTB Hospital	-
6	Goa	15	Goa Medical College, Panaji	Super Speciality Block
7	Gujarat	16	BJ Medical College, Ahmadabad	Procurement of Medical Equipment
		17	Govt. Medical College, Rajkot	Super Speciality Block
		18	Government Medical College, Surat	Super Speciality Block
		19	Government Medical College, Bhavnagar	Super Speciality Block
8	Haryana	20	Pandit BD Sharma Postgraduate Institute of Medical Sciences, Rohtak	Service Block and OT Complex

<b>Sl. No.</b>	<b>State</b>	<b>No</b>	<b>Name of GMC/ Institute</b>	<b>Approved Infrastructure</b>
9	Himachal Pradesh	21	Government Medical College, Tanda	Super Speciality Block
		22	Indira Gandhi Govt. Medical College, Shimla	Super Speciality Block
10	Jammu and Kashmir	23	Government Medical College, Jammu	Super Speciality Block
		24	Government Medical College, Srinagar	Institute of Traumatology
11	Jharkhand	25	Rajendra Institute of Medical Sciences (RIMS), Ranchi	Super Speciality and Oncology Block
		26	Patliputra Medical College, Dhanbad	Super Speciality Block
12	Karnataka	27	Bangalore Medical College, Bangalore	Super Speciality Block
		28	Vijayanagar Institute of Medical Sciences, Bellary	Trauma Care Block
		29	Karnataka Institute of Medical Sciences, Hubli	Super Speciality Block
13	Kerala	30	Medical College, Thiruvananthapuram	Super Speciality Block
		31	Kozhikode Medical College	Trauma Care Centre with



Sl. No.	State	No	Name of GMC/ Institute	Approved Infrastructure
				Super Speciality Block
		32	T.D. Medical College, Alappuzha	Super Speciality Block
		33	SCTIMST, Trivandrum	Super Speciality Block
14	Madhya Pradesh	34	Govt. Medical College, Rewa	Super Speciality Block
		35	Netaji Subhash Chandra Bose Medical College, Jabalpur	Super Speciality Block
		36	GR Medical College, Gwalior	Super Speciality Block
		37	Government Medical College, Indore	Super Speciality Block
15	Maharashtra	38	Grant Medical College and Sir JJ Group of Hospitals, Mumbai	Procurement of Medical Equipment
		39	Government Medical College, Nagpur	Procurement of Medical Equipment
		40	Govt. Medical College, Aurangabad	Super Speciality Block
		41	Govt. Medical College, Latur	Super Speciality Block
		42	Govt. Medical College, Akola	Super Speciality Block
		43	Shri Vasantrao Naik Govt. Medical College, Yavatmal	Super Speciality Block
16	Odisha	44	MKCG Medical College, Berhampur	Super Speciality Block
		45	VSS Medical College, Burla	Super Speciality Block
		46	Government Medical College, Cuttack	Super Speciality Block

<b>Sl. No.</b>	<b>State</b>	<b>No</b>	<b>Name of GMC/ Institute</b>	<b>Approved Infrastructure</b>
17	Punjab	47	Government Medical College, Amritsar	Super Speciality Block
		48	Govt. Medical College, Patiala	Super Speciality Block
18	Rajasthan	49	SP Medical College, Bikaner	Super Speciality Block
		50	RNT Medical College, Udaipur	Super Speciality Block
		51	Govt. Medical College, Kota	Super Speciality Block
		52	Government Medical College, Jaipur	Super Speciality Block
19	Tamil Nadu	53	Government Medical College, Salem	Super Speciality Block and Trauma Centre
		54	Government Medical College, Madurai	Super Speciality Block
		55	Thanjavur Medical College, Thanjavur	Super Speciality Block
		56	Tirunelveli Medical College, Tirunelveli	Super Speciality Block
20	Telangana	57	Nizam Institute of Medical Sciences, Hyderabad	Super Speciality Block and Trauma Centre
		58	Rajiv Gandhi Institute of Medical Sciences, Adilabad	Super Speciality Block
		59	Kakatiya Medical College, Warangal	Super Speciality Block
21	Tripura	60	Agartala Govt. Medical College, Agartala	Super Speciality Block
22	Uttar Pradesh	61	SGPGIMS, Lucknow	Super Speciality Block
		62	Trauma Centre (TC) in IMS, BHU, Varanasi	Trauma Centre and Nursing College

<b>Sl. No.</b>	<b>State</b>	<b>No</b>	<b>Name of GMC/ Institute</b>	<b>Approved Infrastructure</b>
		63	Jawaharlal Nehru Medical College of Aligarh Muslim University (AMU), Aligarh	Trauma Care Centre and OBG Block
		64	Govt. Medical College, Jhansi	Super Speciality Block
		65	BRD Medical College, Gorakhpur	Super Speciality Block
		66	MLN Medical College, Allahabad	Super Speciality Block
		67	LLRM Medical College, Meerut	Super Speciality Block
		68	Government Medical College, Agra	Super Speciality Block
		69	Government Medical College, Kanpur	Super Speciality Block
		70	SSB at Institute of Medical Sciences (IMS), BHU, Varanasi	Super Speciality Block
		71	RIO, IMS, BHU, Varanasi	Regional Institute of Ophthalmology (RIO)
23	West Bengal	72	Kolkata Medical College, Kolkata	Super Speciality Block
		73	BS Medical College, Bankura	Super Speciality Block
		74	Govt. Medical College, Malda	Trauma Care Centre and Emergency Medical Block
		75	North Bengal Medical College, Darjeeling	Super Specialty Block

**STATEMENT-V****Details of Medical Colleges approved under Centrally Sponsored Scheme for 'Establishment of new Medical Colleges attached with existing District/Referral Hospitals**

S. No.	Name of State	No. of Location	Location of Medical College
1.	A & N Islands	1	Port Blair
2.	Arunachal Pradesh	1	Naharlagun
3.	Assam	5	Dhubri; Nagaon; North Lakhimpur; Diphu and Kokrajhar
4.	Andhra Pradesh	3	Piduguralla; Paderu and Machilipatnam
5.	Bihar	8	Purnia; Saran (Chhapara); Samastipur; Sitamarhi; Jhanjharpur; Siwan; Buxar and Jamui
6.	Chhattisgarh	5	Rajnandgaon; Sarguja; Korba; Mahasamund and Kanker
7.	Gujarat	5	Narmada; Navsari; Panchmahal; Porbandar and Morbi
8.	Himachal Pradesh	3	Chamba; Hamirpur and Nahan (Sirmour)
9.	Haryana	1	Bhiwani
10.	Jharkhand	5	Dumka; Hazaribagh; Palamu (Daltonganj); Koderma and Chaibasa (Singhbhum)
11.	Jammu and Kashmir	7	Anantnag; Baramulla; Rajouri; Doda; Kathua; Udhampur and Handwara (Distt. Kupwara)
12.	Karnataka	4	Chikkamagaluru; Haveri; Yadgiri and Chikkaballapura
13.	Ladakh	1	Leh

S. No.	Name of State	No. of Location	Location of Medical College
14.	Madhya Pradesh	14	Datia; Khandwa; Ratlam; Shahdol; Vidisha; Chindwara; Shivpuri; Satna; Rajgarh; Mandla; Neemuch; Mandsaur; Sheopur and Singrauli
15.	Maharashtra	2	Gondia and Nandurbar
16.	Manipur	1	Churachandpur
17.	Meghalaya	1	West Garo Hills (Tura)
18.	Mizoram	1	Falkawn
19.	Nagaland	2	Naga Hospital and Mon
20.	Odisha	7	Balasore; Baripada (Mayurbhanj); Bolangir; Koraput; Puri; Jajpur and Kalahandi
21.	Punjab	3	SAS Nagar; Kapurthala and Hoshiarpur
22.	Rajasthan	23	Barmer; Bharatpur; Bhilwara; Churu; Dungarpur; Pali; Sikar; Dholpur; Alwar; Baran; Bansawara; Chittorgarh; Jaisalmer; Karauli; Nagaur; ShriGanganagar; Sirohi; Bundi; SawaiMadhopur; Tonk; Hanumangarh; Jhunjhunu and Dausa
23.	Sikkim	1	Gangtok
24.	Tamil Nadu	11	Tiruppur; Nilgiris; Ramanathapuram; Namakkal; Dindigul; Virudhunagar; Krishnagiri; Tiruvallur; Nagapattinam; Ariyalur and Kallakurichi
25.	Uttar Pradesh	27	Basti; Faizabad; Firozabad; Shahjahanpur; Bahraich; Etah; Hardoi; Pratapgarh; Fatehpur; Siddharthnagar (Domariyaganj); Deoria; Ghazipur; Mirzapur; Bijnaur; Kushinagar; Sultanpur;

S. No.	Name of State	No. of Location	Location of Medical College
			Gonda; Lalitpur; LakhimpurKheri; Chandauli; Bulandshahar; Sonbhadra; Pilibhit; Auraiya; Kanpur Dehat; Kaushambi and Amethi
26.	Uttarakhand	4	Almora; Rudrapur- Distt. Udham Singh Nagar; Pithoragarh And Haridwar
27.	West Bengal	11	Birbhum (Rampur Hat); Cooch behar; Diamond harbor; Purulia; Raiganj, North Dinajpur; Barasat; Uluberia; Arambagh; Jhargram; Tamluk and Jalpaiguri
Total		157	

### पोषण भी पढ़ाई भी

#### 3184. श्री धवल लक्ष्मणभाई पटेल:

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

- (क) गुजरात में विशेष रूप से वलसाड, नवसारी और डांग संसदीय क्षेत्र में पोषण भी पढ़ाई भी कार्यक्रम के लाभार्थियों की संख्या कितनी है;
- (ख) गुजरात के उक्त निर्वाचन क्षेत्र में आंगनवाड़ी केंद्रों की संख्या कितनी है जहां उक्त कार्यक्रम के तहत कौशल विकास सुविधा उपलब्ध कराने का प्रस्ताव है;
- (ग) क्या सरकार उक्त कार्यक्रम के तहत दिव्यांग बच्चों के लिए विशेष अभियान शुरू करने के लिए कोई विशेष योजना बना रही है;
- (घ) यदि हां, तो तत्संबंधी व्यौरा क्या है; और
- (ङ) उक्त योजना का समग्र प्रभाव क्या है?

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

(क) से (ड.) : भारत सरकार ने 10 मई, 2023 को सभी आंगनवाड़ी कार्यकर्त्रियों के कौशल उन्नयन के लिए पोषण भी पढ़ाई भी (पीबीपीबी) पहल शुरू की ताकि दिव्यांग बच्चों सहित छह वर्ष से कम उम्र के बच्चों को प्रारंभिक बाल्यावस्था देखरेख और शिक्षा तथा पोषण सेवा प्रदान करने की उनकी क्षमता को सशक्त किया जा सके।

आंगनवाड़ी कार्यकर्त्रियों की क्षमता निर्माण की परिकल्पना आंगनवाड़ी को एक शिक्षण केंद्र में बदलने के पहले कदम के रूप में की गई है जिसमें गुणवत्तापूर्ण बुनियादी ढांचा, खेल उपकरण और अच्छी तरह से प्रशिक्षित आंगनवाड़ी कार्यकर्त्री होनी चाहिए। इस कार्यक्रम के तहत, महिला एवं बाल विकास मंत्रालय दो स्तरीय प्रशिक्षण कार्यान्वयन मॉडल पर ध्यान केंद्रित करता है।

निपसिड को अपने नई दिल्ली स्थित मुख्यालय और देश भर में स्थित पांच क्षेत्रीय केंद्रों के माध्यम से पोषण भी पढ़ाई भी के तहत आंगनवाड़ी कार्यकर्त्रियों की क्षमता निर्माण का काम सौंपा गया है।

टियर में निपसिड मुख्यालय और इसके पांच क्षेत्रीय केंद्रों के माध्यम से सीडीपीओ, पर्यवेक्षकों और राज्य-नामांकित अतिरिक्त संसाधन व्यक्तियों सहित राज्य स्तरीय मास्टर प्रशिक्षकों (एसएलएमटी) को प्रशिक्षण दिया जाता है। उन्हें ऑनलाइन और ऑफलाइन (व्यक्तिगत रूप से) दोनों तरह के प्रशिक्षणों वाले हाइब्रिड मॉडल में 2 दिनों का प्रशिक्षण दिया जाता है। इसके अलावा, टियर शहरों में II में देश भर के आंगनवाड़ी कार्यकर्त्रियों के लिए भौतिक रूप में 3 दिवसीय प्रशिक्षण कार्यशाला शामिल है।

आज तक, पीबीपीबी कार्यक्रम के तहत कुल 25,183 एसएलएमटी और 54,029 आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित किया गया है जिसमें गुजरात में कुल 2044 में से 916 एसएलएमटी प्रशिक्षित हैं।

पोषण भी पढ़ाई भी कार्यक्रम के तहत आंगनवाड़ी कार्यकर्त्रियों को सशक्त बनाने और दिव्यांग बच्चों सहित सभी बच्चों के लिए इष्टतम शिक्षा सुनिश्चित करने के लिए, इस मंत्रालय ने दो पाठ्यक्रम

रूपरेखाएं तैयार की हैं - "नवचेतना- जन्म से 3 वर्ष तक के बच्चों के लिए प्रारंभिक बाल्यावस्था उत्प्रेरणा के लिए राष्ट्रीय रूपरेखा" और "आधारशिला- 3 से 6 वर्ष तक के बच्चों के लिए प्रारंभिक बाल्यावस्था देखरेख और शिक्षा के लिए राष्ट्रीय पाठ्यक्रम"।

राष्ट्रीय रूपरेखा - "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 का समर्थन करने और मापने के लिए उत्प्रेरण कार्यक्रमों का संचालन करने में देखरेख करने वालों की सहायता करती है। यह पहले तीन वर्षों में मस्तिष्क के विकास के महत्व पर विस्तृत जानकारी प्रदान करता है और प्रारंभिक उत्प्रेरण कार्यक्रमों के संचालन के लिए देखरेख करने वालों और अग्रिम पंक्ति के कार्यकर्ताओं के लिए चरण-दर-चरण निर्देश देता है। यह दिव्यांग बच्चों की स्क्रीनिंग, समावेशन और रेफरल पर भी ध्यान केंद्रित करता है।

राष्ट्रीय पाठ्यक्रम - "आधारशिला" आंगनवाड़ी केंद्रों में आने वाले 3-6 वर्ष की आयु के सभी बच्चों के लिए आंगनवाड़ी केंद्रों में दी जाने वाली प्रारंभिक बाल्यावस्था शिक्षा की गुणवत्ता में सुधार करता है और सभी शिक्षण डोमेन को कवर करते हुए योग्यता आधारित पाठ योजनाओं और कार्यक्रमों को प्राथमिकता देता है। यह दस्तावेज़ उम्र के अनुसार उपयुक्त कार्यक्रमों और आकलन सहित आसान योजना बनाने में सक्षम बनाता है। इसमें स्वदेशी खिलौनों और कम लागत वाली, बिना लागत वाली सामग्रियों के उपयोग पर जोर दिया गया है। वार्षिक योजना को 4+36+8 सप्ताह में विभाजित किया गया है यानी 36 सप्ताह सक्रिय सीखने, 4 सप्ताह दीक्षा और 8 सप्ताह सुदृढ़ीकरण के लिए। प्रत्येक सप्ताह को 5+1 दिनों में विभाजित किया गया है, यानी 5 दिन कार्यक्रमों के परिचय और अभ्यास के लिए और एक दिन साप्ताहिक सुदृढ़ीकरण के लिए। प्रत्येक दिन में 3 ब्लॉक होते हैं, एक बच्चों के आने और मुक्त खेल के लिए, एक सीखने और खेल गतिविधियों के लिए तथा एक चिंतन और समापन के लिए।

महिला एवं बाल विकास मंत्रालय ने दिव्यांग व्यक्तियों के सशक्तिकरण विभाग (डीईपीडब्ल्यूडी) और स्वास्थ्य और परिवार कल्याण मंत्रालय से प्राप्त इनपुट सहित 28 नवंबर,



2023 को "दिव्यांग बच्चों के लिए आंगनवाड़ी प्रोटोकॉल" लॉन्च किया। प्रोटोकॉल में दिव्यांगों के लिए पोषण अभियान के तहत समावेशी देखरेख के लिए एक सामाजिक मॉडल का प्रावधान है जिसमें चरण-दर-चरण दृष्टिकोण शामिल है। प्रोटोकॉल दिव्यांग बच्चों की शिक्षा और पोषण से संबंधित विशेष आवश्यकताओं को पूरा करने के लिए जिला प्रशासन को मार्गदर्शन प्रदान करता है। प्रोटोकॉल विशुद्ध रूप से चिकित्सा मॉडल के बजाय विकलांगता के एक सामाजिक मॉडल अपनाता है। दिव्यांग बच्चों को बेहतर गुणवत्ता वाली देखरेख और सेवा प्रदान करने में असानी होने तथा जमीनी स्तर पर अधिक प्रभावी बनाने के लिए इसे सरल भाषा में बनाया गया है।

### **PROMOTION OF INTEGRATIVE HEALTHCARE SYSTEM**

#### **3185. DR. SANJAY JAISWAL:**

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

- (a) whether the Government has taken any steps to promote integrative healthcare by combining AYUSH practices with modern medicine in primary healthcare centers in the country;
- (b) if so, the details of such initiatives of the Government, State/UT-wise particularly in Bihar including Champaran district;
- (c) whether any support is being provided to promote medicinal plant cultivation in Bihar under National Ayush Mission and if so, the details thereof;
- (d) the current status of these projects and their impact on local farmers; and
- (e) the steps taken/proposed to be taken by the Government to ensure availability and affordability of AYUSH medicines in the rural areas of the country?

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

(a) 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) of modern medicine, 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 wise details of co-located Ayush facilities at PHCs, CHCs and DHs including Champaran in Bihar is given in the enclosed **Statement-I**.

(c) and (d) Ministry of Ayush, Government of India had implemented Centrally Sponsored Scheme of National Ayush Mission (NAM) to promote the cultivation of medicinal plants since 2015-16 to 2020-21. Under 'Medicinal Plants' component of the National Ayush Mission Scheme, market driven cultivation of 140 prioritized medicinal plants in identified clusters/zones was supported and implemented in a mission mode through selected State Implementing agencies throughout the country including Bihar. As per the scheme guidelines, the support was provided for:

- (i) Cultivation of prioritized medicinal plants on farmer's land.

- (ii) Establishment of nurseries with backward linkages for raising and supply of quality planting material.
- (iii) Post-harvest management with forwarding linkages.
- (iv) Primary processing, marketing infrastructure etc.

Till date, Ministry of Ayush had approved an amount of Rs. 287.201 lakh and released an amount of Rs. 172.32 lakh as a central share and supported 175 hectare area for 07 species namely Giloy, Kalmegh, Shatavari, Tulsi, Bach, Sarpagandha and Safed Musli under cultivation of medicinal plants, 07 nurseries, 14 post-harvest management units (storage / godown and drying shed) and 07 processing units in Bihar under medicinal plants component of NAM scheme from the financial year 2015-16 to 2020-21. Detail is given in the enclosed **Statement-II**. Presently, National Medicinal Plant Board (NMPB), Ministry of Ayush is not supporting financial assistance for cultivation/ plantation of medicinal plants on farmer's land.

(e) Ministry is supporting the effort of State/UT Governments by providing financial assistance under different activities like supply of medicine to Ayush Hospital/Dispensary, co-location of Ayush facilities at the level of PHC, CHC and DH, operationalisation of Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries and Sub Health Centre to ensure availability and affordability of Ayush medicines in the rural areas of the country under NAM scheme.

**STATEMENT-I****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
<b>4</b>	<b>Bihar</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>36</b>
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

### STATEMENT- II

The details of activities approved in Bihar under Medicinal Plants Component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21.

S.No.	Activities	2015-16	2016-17	2017-18	2018-19	2019-20		2020-21
						Physical	Financial	
1	Area covered under cultivation of medicinal plants (Area in hectare)	0	0	0	0	175	74.487	0
2	Establishment of Nursery	0	0	0	0	7	8.75	0
3	No. of Post-Harvest Management units (in numbers)	0	0	0	0	14	140	0

4	Processing Unit	0	0	0	0	7	39.97	0
5	Flexi component	0	0	0	0	-	23.994	0
6	Fund approved (Rs. in lakh)	0	0	0	0	0	287.20 1	0
7	Fund released (Central share) (Rs. in lakh)	0	0	0	0	0	172.32	0

### **MATERNAL AND CHILD HEALTH SERVICES**

#### **3186. DR. PRABHA MALLIKARJUN:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the steps taken by the Government to improve access to quality maternal and child health services, particularly in rural and underserved areas to support healthier families and communities in the country;
- (b) whether any initiatives have been taken by the Government to ensure that women receive regular prenatal and postnatal care by introducing a mandatory Mother Card or Maaji Card from the Government for accurate information about pregnant women including the IMR,MMR and if so, the details thereof;
- (c) whether the Government plan to increase the number of trained healthcare professionals and midwives in maternity and pediatric facilities to ensure comprehensive maternal and child health support and if so, the details thereof;

(d) the manner in which the Government plan to address malnutrition and immunization gaps among children in the country; and

(e) whether any measures have been implemented to make maternal health services more affordable , thereby reducing financial stress on families and encouraging them to seek necessary medical care in the country and if so, the details thereof?

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

(a) and (e) Under National Health Mission (NHM), the steps/initiatives taken by the Government of India to improve access to quality and enhance the affordability of maternal and child health services in order to support healthier families and communities across the country including rural and underserved areas are mentioned below:

- **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 and 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 focuses on quality antenatal care (ANC) for pregnant women, especially high-risk pregnant (HRP) women and individual HRP tracking with financial incentivization for the identified high-risk pregnant women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.

- **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.
- **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 Swasthaya 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 Swasthaya 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.
- Dissemination of information about the Schemes through Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) strategies including mass media.
- Field level workers like ANMs, ASHAs and CHOs promote programme at the ground level through interpersonal communication.
- Communications through multiple channels with State Governments including letters, video conferencing etc.

- A system of supportive supervisory visits to the states and districts to monitor the implementation of various maternal and child health interventions.

(b) To ensure that pregnant women receive regular prenatal and postnatal care, the Government of India introduced the Mother and Child Protection (MCP) Card and Safe Motherhood Booklet. These are distributed to all pregnant women as soon as their pregnancy is registered to educate them on prenatal and postnatal care, including diet, rest, danger signs during pregnancy and for newborns, benefit schemes, and institutional deliveries.

(c) To increase the number of trained healthcare professionals and midwives in maternity and pediatric facilities across all States and Union Territories, the Government of India conducts regular training programmes. These include Basic Emergency Obstetric and Newborn Care (BEmONC), Comprehensive Emergency Obstetric and Newborn Care (CEmONC), Life Saving Anaesthesia Skills (LSAS), Skilled Birth Attendant (SBA), Nurse Practitioner Midwife (NPM) , Revised training package of Facility based Integrated Management of Neonatal and Childhood Illness (F-IMNCI), Integrated Management of Neonatal and Childhood illness(IMNCI), Revised training package of Facility Based Newborn Care (FBNC), Navjat Shishu Suraksha Karyakram (NSSK) and Newborn Stabilization Units (NBSUs).

(d) The Government addresses malnutrition and immunization gaps among children in the country, which include the following:

- **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 women of reproductive age group (15-49 years) in life cycle approach through implementation of six interventions via robust institutional mechanism.

- **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 Malnutrition (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 newborn.
- **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.
- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres

to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).

- The Government of India implements **Mission Indradhanush**, a periodic catch-up campaign is the country's flagship immunization program, for the left out and dropped out children and pregnant women who have missed their routine immunizations. During the twelve phases of Mission Indradhanush conducted so far, 5.46 crore children and 1.32 crore pregnant women have been vaccinated.
- **U-WIN** is a digital platform for registering, recording and tracking all vaccination services provided under the Universal Immunization Programme to ensure timely administration of life-saving vaccines to pregnant women and children (0-16 years).

### **AYUSH HOSPITAL AT PALANI**

#### **3187. SHRI SACHITHANANTHAM R.:**

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

- (a) whether the Government proposes to construct AYUSH hospital or wellness center under National Ayush Mission at Palani-Dindigul district of Tamil Nadu as Palani district is popular for Narabhasana, a Siddha Medicine;
- (b) if so, the details thereof; 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) Public Health being a State subject, construction of AYUSH hospital or wellness center at Palani-Dindigul district of Tamil Nadu comes under the purview of respective State Government. However, under the Centrally Sponsored Scheme of National Ayush Mission (NAM), there is a provision of financial assistance to the State Government for the establishment of 50/30/10 bedded Integrated Ayush Hospitals and Ayush educational Institution for which State Government is required to submit their proposal through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines. Further, under NAM, as per the proposals received from the State Government of Tamil Nadu through SAAPs, a new Siddha Medical College at Palani, Dindigul District has been sanctioned.

**पंजाब में कैंसर के रोगियों की बढ़ती संख्या**

**3188. श्री सुखजिंदर सिंह रंधावा:**

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

(क) क्या पंजाब में कैंसर रोगियों की संख्या दिन-प्रतिदिन बढ़ रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने इसके कारणों का पता लगा लिया है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) क्या सरकार का उक्त राज्य में कैंसर संस्थान खोलने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(ड) पिछले तीन वर्षों के दौरान कैंसर के कितने रोगियों का पता लगा है?

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

(क) से (ड) : भारतीय आयुर्विज्ञान अनुसंधान परिषद के राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम (आईसीएमआर-एनसीआरपी) के अनुसार, विगत तीन वर्षों (2021-2023) के दौरान पंजाब राज्य में कैंसर के मामलों की अनुमानित संख्या निम्नानुसार है;

हरियाणा राज्य में कैंसर के मामलों की अनुमानित संख्या (2021-2023) – स्त्री-पुरुष दोनों *			
वर्ष	2021	2022	2023
कैंसर के सभी स्थानों के अनुमानित मामले	39521	40435	41337

भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने सूचित किया है कि कैंसर का पता लगाने के लिए उन्नत नैदानिक तकनीकों की सुलभता और उपलब्धता के अलावा, जीवन प्रत्याशा में वृद्धि, वृद्धजनों की बढ़ती हुई संख्या, उच्च स्वास्थ्य चेतना और बेहतर स्वास्थ्य संबंधी व्यवहार के कारण भारत में कैंसर के अधिक मामले दर्ज किए गए हैं।

केन्द्र सरकार ने विशिष्ट परिचर्या कैंसर सुविधा केन्द्रों का सुदृढीकरण योजना कार्यान्वित की है। यह योजना देश के विभिन्न भागों में क्रमशः राज्य कैंसर संस्थानों (एससीआई) और विशिष्ट कैंसर परिचर्या केन्द्रों (टीसीसीसी) की स्थापना के लिए राज्य के हिस्से सहित 120 करोड़ रुपये और 45 करोड़ रुपये तक की एकमुश्त वित्तीय सहायता प्रदान करती है। अब तक, 19 एससीआई और 20 टीसीसीसी अनुमोदित किए गए हैं जिनमें सरकारी मेडिकल कॉलेज, अमृतसर में एससीआई और सिविल अस्पताल, फाजिल्का में टीसीसीसी शामिल हैं।

### राजस्थान में सामुदायिक स्वास्थ्य केन्द्र का उन्नयन

**3189. श्री भजन लाल जाटव:**

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

(क) राजस्थान में सामुदायिक स्वास्थ्य केंद्र को उप-जिला अस्पताल और जिला अस्पताल में उन्नयन करने के लिए क्यामानदंड तय किए गए हैं;

(ख) क्या सामुदायिक स्वास्थ्य केंद्र को उप-जिला अस्पताल और जिला अस्पताल में उन्नयन करने के लिए समानमानदंड हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) सामुदायिक स्वास्थ्य केंद्र को क्रश: उप-जिला अस्पताल और जिला अस्पताल में उन्नयन करने के लिए भूमि की आवश्यकताओं का ब्यौरा क्या है?

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

(क) से (ग): राजस्थान सरकार द्वारा दी गई जानकारी के अनुसार, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) को बिस्तर अधिभोग दर मानदंड और स्वास्थ्य सुविधा केंद्रों के उन्नयन के संबंध में राज्य की बजट घोषणा के अनुसार उप-जिला अस्पताल और जिला अस्पताल में अपग्रेड किया जाता है।

सार्वजनिक स्वास्थ्य सुविधा केंद्रों में स्वास्थ्य के बुनियादी ढांचे और सेवाओं को बेहतर बनाने के लिए, भारत सरकार ने भारतीय सार्वजनिक स्वास्थ्य मानक (आईपीएचएस) 2022 निर्धारित किए हैं। इन मानकों में सेवाओं, बुनियादी ढांचे, मानव संसाधन, निदान, उपकरण, दवाइयों आदि के मानदंड शामिल हैं। आईपीएचएस स्वास्थ्य सेवा सुविधा केंद्रों की स्थापना और उन्नयन के लिए जनसंख्या मानदंडों को भी परिभाषित करता है। आईपीएचएस के अनुसार, 5 लाख से कम आबादी वाले जिलों में, जहां एक कार्यात्मक जिला अस्पताल (डीएच) है, किसी उप-जिला अस्पताल (एसडीएच) की आवश्यकता नहीं है। 5-10 लाख की आबादी वाले जिलों में एक एसडीएच हो सकता है। इसके बाद, व्यापक मध्यम देखभाल स्वास्थ्य सेवा केंद्रों के प्रावधान के लिए हर 10 लाख की आबादी पर एक एसडीएच पर विचार किया जाता है।

आईपीएचएस दिशानिर्देशों के अनुसार, उप-जिला अस्पताल और जिला अस्पताल के लिए निर्मित क्षेत्र संबंधी आवश्यकताएं निम्नानुसार हैं:

क्र. सं.	स्वास्थ्य सुविधाकेंद्र	प्रकार	आईपीएचएस 2022 के अनुसार निर्मित क्षेत्र का क्षेत्रफल (वर्ग फुट में)
1	उप जिला अस्पताल		99,530
2	जिला अस्पताल	50 बिस्तर	55,414
		100 बिस्तर	1,00,606
		200 बिस्तर	1,99,060
		300 बिस्तर	2,74,380
		400 बिस्तर	3,74,986
		500 बिस्तर	4,68,867

### JOBS OF SAFAI KARAMCHARIS IN CABS

#### 3190. SHRI SUDAMA PRASAD:

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

(a) whether there is any step taken by the Government to ensure that 47 Safai Karamchari is working in Centre for Airborne Systems (CABS), Department of Defence RandD, DRDO who were terminated on 23.03.2024 are taken back to the duty as per direction of Karnataka Safai Karamchari Commission and instruction of Regional Labour Commissioner (Central); and

(b) if so, the details thereof?

#### THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE

#### (SHRI SANJAY SETH):

(a) and (b): It is informed that 47 Safai Karamchari is were hired through a Contract. They were not the permanent Government employees. The contract expired after completion of the term as per the procedure. The new contractor had the option of appointing his workers as per the contract. He exercised the



option, brought some new workers and retained some of the old workers. Hence, it is reiterated that no one has been terminated by CABS, DRDO.

DRDO had informed the Karnataka SafaiKaramchri Commission that CABS, DRDO has no role in selecting the SafaiKaramchari and it is the responsibility of the contractor to provide Good Service for which he has the authority to appoint workers who meet his criteria.

The new Contractor has informed the Regional Labor Commissioner (Central) that, some of the old workers have been kept in new contract and the remaining have neither approached nor submitted letter seeking employment in the present contract at the time of commencement of the contract.

## **MALNUTRITION IN KARNATAKA**

### **3191.SHRI SHREYAS M. PATEL:**

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

- (a) the steps taken by the Government to address the growing malnutrition problem in Karnataka, particularly in Hassan district, during the last five years;
- (b) the details of financial assistance provided by the Government to Karnataka for malnutrition prevention and nutritional support programmes, year-wise during the last five years;
- (c) the specific initiatives undertaken to provide a balanced nutritional diet to children and vulnerable groups in Karnataka during the last five years; and

(d) the data on stunting, wasting, and underweight cases in Karnataka during the last five years?

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

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

This scheme is available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs including in the Hassan district of Karnataka.

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

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

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

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

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of

Malnutrition (CMAM) to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

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

Details of funds released to State of Karnataka under Mission Poshan 2.0 during FY 2021-22 to FY 2024-25 are given in the enclosed **Statement-I**.

Details of malnutrition indicators of children (0-5 years) in Karnataka are given in the enclosed **Statement-II**.

### **STATEMENT-I**

**Details of funds released to State of Karnataka under Mission Poshan 2.0 are as follows:**

<b>Funds</b>	<b>Released (in crore)</b>
2021-22	1003.70
2022-23	765.87
2023-24	912.96
2024-25	624.78*

\* funds released up to 20 November 2024

**STATEMENT – II**

**Details of malnutrition indicators of children (0-5 years) in Karnataka under mission Poshan 2.0 are as follows:**

	<b>October 2022</b>	<b>October 2023</b>	<b>October 2024</b>
<b>Stunting %</b>	41.0	39.7	39.7
<b>Wasted %</b>	8.9	7.5	3.2
<b>Underweight %</b>	20.7	17.5	17.1

As per Poshan Tracker data.

**NATIONAL NUTRITION MISSION****3192. SHRIMATI DAGGUBATI PURANDESHWARI:****SHRI KAUSHALENDRA KUMAR:**

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

- (a) the details of the comparative progress that has been made under the National Nutrition Mission in reducing malnutrition among children and women;
- (b) the number of beneficiaries covered under Poshan Abhiyaan in the last three years particularly in Andhra Pradesh;
- (c) the details of the fund allocation/utilization for the said mission during the last five years, year-wise, State-wise including Bihar;
- (d) the details of the innovative approaches, if any, adopted and training imparted to improve nutrition outcomes under Poshan Abhiyaan; and
- (e) the details of the districts in Bihar selected for implementation of the scheme along with the steps being taken to popularize the said scheme?

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

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

It is a Centrally Sponsored mission, where the responsibility of implementation is with the States. It is being implemented in all States/UTs of the country including the State of Bihar.

The objectives of Mission are as follows:

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

Nutrition goes beyond mere eating of food; it requires proper digestion, absorption, and metabolism 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.

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

NFHS Survey	Stunting %	Underweight %	Wasting %
NFHS-1 (1992-93)*	52	53.4	17.5
NFHS-2 (1998-99)**	45.5	47	15.5
NFHS-3 (2005-6)***	48.0	42.5	19.8
NFHS-4 (2015-16)***	38.4	35.8	21.0
NFHS-5 (2019-21)***	35.5	32.1	19.3

\* Under 4 years

\*\* Under 3 years

\*\*\* Under 5 years

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

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

Further, the projected population of all children in India up to 6 years for the year 2021 is approximately 16.1 crores (source: Population Projections for India and States 2011-2036, National Commission on Population, Ministry of Health and Family Welfare). As per the October 2024 data of Poshan Tracker, 8.82 crores children (0-6 years) are enrolled in Anganwadis out of whom 8.55 crores were measured on growth parameters of height and weight. 37% of these children (0-6 years) have been found to be stunted and 17% children (0-6 years) have been found to be underweight.

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

Under this Mission, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to a Jan Andolan to educate people on nutritional aspects. State/UTs including Bihar 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.

The Mission Poshan 2.0 is a self-selecting bouquet of services available to all the eligible beneficiaries who enroll voluntarily at the Anganwadi Centers (AWCs).



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 by National Institute of Public Cooperation and Child Development (NIPCCD) 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.

Self/Beneficiary Registration module has been introduced in Poshan Tracker where the Beneficiary can self register by selecting Anganwadi centre. The beneficiaries can also view the services available to him/her in the AWC.

Details of State-wise beneficiaries including those in Andhra Pradesh under Mission Poshan 2.0 in the last two years are given in the enclosed

**Statement – I.**

State wise details of funds released and utilized by all States including Bihar are given in the enclosed **Statement – II.**

**STATEMENT - I**

**Details of State-wise beneficiaries under Mission Poshan 2.0 in the last two years are as follows:**

<b>State</b>	<b>Oct-23</b>	<b>Oct-24</b>
Andhra Pradesh	23,93,173	31,64,138
Arunachal Pradesh	96,007	1,02,582
Assam	34,52,946	34,36,718
Bihar	1,08,11,518	1,05,82,926
Chhattisgarh	28,03,880	26,42,697
Goa	67,619	57,194
Gujarat	38,29,853	35,37,211
Haryana	19,95,931	19,41,761
Himachal Pradesh	5,83,243	5,72,226
Jharkhand	36,91,447	33,59,175
Karnataka	38,47,945	43,63,784
Kerala	23,02,383	21,03,592
Madhya Pradesh	77,34,305	74,71,827
Maharashtra	74,20,828	66,75,390
Manipur	3,24,705	3,35,649



1	Andaman and Nicobar Islands	19.71	13.36	3.85	3.88	12.15	Utilization Certificate not yet due
2	Andhra Pradesh	744.60	749.91	827.79	721.45	705.68	
3	Arunachal Pradesh	170.83	230.77	137.78	145.74	162.06	
4	Assam	1319.90	1432.19	1651.63	1717.00	2233.31	
5	Bihar	1574.43	1608.02	1740.09	1586.61	1859.29	
6	Chandigarh	15.32	23.09	33.10	34.33	19.79	
7	Chhattisgarh	606.73	522.72	668.96	571.80	579.46	
8	Dadra and Nagar Haveli and Daman and Diu	9.33	9.56	5.80	5.80	11.97	
9	Delhi	133.11	125.52	182.77	142.84	161.81	
10	Goa	10.84	12.92	14.71	16.83	13.95	
11	Gujarat	839.86	757.92	912.64	552.30	1126.80	
12	Haryana	173.03	146.99	195.25	150.24	225.78	
13	Himachal Pradesh	247.99	386.68	270.24	247.76	301.09	
14	Jammu and Kashmir	405.74	704.57	479.01	416.23	530.88	
15	Jharkhand	352.98	183.30	430.91	596.03	664.30	
16	Karnataka	1003.70	984.62	765.87	885.65	912.96	
17	Kerala	388.23	397.98	444.98	325.43	306.64	
18	Ladakh	14.70	14.67	18.79	18.79	19.62	
19	Lakshadweep	2.11	2.73	0.44	0.44	2.88	
20	Madhya Pradesh	1085.47	1055.83	1011.57	1038.67	1123.11	
21	Maharashtra	1713.39	1609.02	1646.17	1589.97	1699.52	
22	Manipur	228.92	177.28	135.95	167.74	201.28	

23	Meghalaya	173.33	177.86	192.39	200.24	269.69
24	Mizoram	59.32	61.57	42.81	53.02	100.27
25	Nagaland	159.80	160.21	199.30	190.47	262.91
26	Odisha	1065.98	871.20	923.92	884.96	968.80
27	Puducherry	2.78	6.13	0.12	6.68	4.48
28	Punjab	383.52	177.94	75.31	247.25	307.87
29	Rajasthan	682.65	771.64	974.02	936.17	1091.96
30	Sikkim	25.73	24.59	20.33	24.09	33.49
31	Tamil Nadu	655.38	681.28	766.81	741.30	880.79
32	Telangana	482.33	479.30	550.69	503.33	507.87
33	Tripura	186.72	171.66	150.52	186.55	244.22
34	Uttar Pradesh	2407.55	2341.91	2721.87	2622.64	2668.69
35	Uttarakhand	353.65	336.03	425.84	364.77	288.24
36	West Bengal	668.35	1378.31	1227.59	1455.89	1237.56

### अनाथालयों की स्थिति

#### 3193. श्री मनसुखभाई धनजीभाई वसावा:

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

(क) देश में राज्यवार/संघ राज्यक्षेत्रवार अनाथालयों की संख्या और उनमें रहने वाले बच्चों की संख्या कितनी है;

(ख) क्या सरकार ने देश में विशेषकर ग्रामीण क्षेत्रों में अनाथालयों की पहचान करने के लिए कोई कदम उठाया है;

(ग) यदि हां, तो पिछले तीन वर्षों और चालू वर्ष के दौरान राज्यवार/संघ राज्यक्षेत्रवार, वर्षवार कितने अनाथालयों की पहचान की गई है;

(घ) क्या सरकार का अनाथालयों में रहने वाले बच्चों की शिक्षा और विकास के लिए कोई नई योजना शुरू करने का विचार है; और

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

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

(क) से (ड): महिला एवं बाल विकास मंत्रालय किशोर न्याय (बालकों की देखरेख एवं संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) को क्रियान्वित कर रहा है जो देखरेख, संरक्षण, विकास, उपचार, पुनर्वास और सामाजिक पुनः एकीकरण के माध्यम से उनकी बुनियादी जरूरत को पूरा करके देखभाल और संरक्षण की आवश्यकताओं वाले बच्चों (सीएनसीपी) और विधि का उल्लंघन करने वाले बच्चों (सीसीएल) की सुरक्षा, सम्मान और कल्याण सुनिश्चित करने हेतु प्राथमिक कानून है।

महिला एवं बाल विकास मंत्रालय राज्य/संघ राज्य क्षेत्र (यूटी) सरकारों के माध्यम से केंद्र और राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझाकरण के आधार पर केंद्र प्रायोजित योजना 'मिशन वात्सल्य' को क्रियान्वित कर रहा है ताकि सीएनसीपी एवं सीसीएल श्रेणी के लिए विभिन्न सेवाएं प्रदान की जा सकें, जिसमें संस्थागत देखभाल और गैर-संस्थागत देखभाल सेवाएं दोनों शामिल हैं। यह योजना देखभाल और संरक्षण की आवश्यकता वाले बच्चों और विधि का उल्लंघन करने वाले बच्चों का पुनर्वास और समाज की मुख्यधारा में सामाजिक रूप से पुनःशामिल करने के लिए सेवाएँ प्रदान करती है।

मिशन वात्सल्य योजना के तहत स्थापित बाल देखभाल संस्थान (सीसीआई) अन्य कार्यों के साथ-साथ आयु-उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखभाल, परामर्श इत्यादि प्रदान करते हैं। गैर-संस्थागत देखभाल के तहत देखभाल और संरक्षण की आवश्यकता वाले बच्चों को प्रायोजन, पालन-पोषण और पश्चात देखभाल के माध्यम से सहायता प्रदान की जाती है।

पिछले तीन वर्षों और वर्तमान वर्ष के दौरान मिशन वात्सल्य योजना के अंतर्गत सहायता प्राप्त बाल देखभाल संस्थानों की राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा संलग्न **विवरण-1** में दिया गया है।

पिछले तीन वर्षों और वर्तमान वर्ष के दौरान मिशन वात्सल्य योजना के तहत संस्थागत देखभाल के अंतर्गत सहायता प्राप्त बच्चों की राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा संलग्न विवरण -II में दिया गया है।

### विवरण -I

पिछले तीन वर्षों और वर्तमान वर्ष के दौरान मिशन वात्सल्य योजना के अंतर्गत सहायता प्राप्त बाल देखभाल संस्थानों की राज्य/संघ राज्य क्षेत्रवार संख्या

क्र. सं.	राज्य/संघ राज्य क्षेत्र	2021-22	2022-23	2023-24	2024-25
1	आंध्र प्रदेश	92	84	98	98
2	अरुणाचल प्रदेश	8	11	11	14
3	असम	64	67	60	84
4	बिहार	80	78	89	107
5	छत्तीसगढ़	85	83	85	110
6	गोवा	23	25	25	22
7	गुजरात	81	78	76	93
8	हरियाणा	50	49	31	31
9	हिमाचल प्रदेश	37	38	31	59
10	जम्मू और कश्मीर	16	39	55	71
11	झारखंड	50	50	49	60
12	कर्नाटक	164	154	154	212
13	केरल	41	47	45	45
14	मध्य प्रदेश	103	104	101	131
15	महाराष्ट्र	107	112	107	126
16	मणिपुर	81	86	86	91
17	मेघालय	52	54	54	61
18	मिजोरम	49	49	60	67
19	नागालैंड	43	44	44	57
20	उड़ीसा	130	140	135	143
21	पंजाब	25	27	27	42
22	राजस्थान	159	156	141	182
23	सिक्किम	22	23	23	28
24	तमिलनाडु	225	221	320	318

25	तेलंगाना	56	62	63	92
26	त्रिपुरा	33	34	31	41
27	उत्तर प्रदेश	104	100	108	245
28	उत्तराखंड	32	33	36	46
29	पश्चिम बंगाल	137	164	207	216
30	अंडमान और निकोबार द्वीप समूह	12	10	10	10
31	चंडीगढ़	8	8	9	9
32	दादरा और नगर हवेली एवं दमन और दीव	4	4	4	5
33	लद्दाख	0	1	7	13
34	लक्षद्वीप	1	1	0	0
35	दिल्ली	42	39	39	51
36	पुद्दुचेरी	29	30	29	30
	<b>कुल</b>	<b>2245</b>	<b>2305</b>	<b>2450</b>	<b>3010</b>

### विवरण -II

पिछले तीन वर्षों और वर्तमान वर्ष के दौरान मिशन वात्सल्य योजना के तहत संस्थागत देखभाल के अंतर्गत सहायता प्राप्त बच्चों की राज्य/संघ राज्य क्षेत्रवार संख्या

क्र. सं.	राज्य/संघ राज्य क्षेत्र	2021-22	2022-23	2023-24
1	आंध्र प्रदेश	3069	1504	1546
2	अरुणाचल प्रदेश	147	206	206
3	असम	1378	1380	1241
4	बिहार	2372	2088	2227
5	छत्तीसगढ़	2167	1974	1843
6	गोवा	685	526	461
7	गुजरात	1299	1651	3195
8	हरियाणा	1786	1239	963
9	हिमाचल प्रदेश	1147	805	926
10	जम्मू और कश्मीर	579	817	1104
11	झारखंड	1537	1219	1238
12	कर्नाटक	3974	3182	3110



13	केरल	1380	697	776
14	मध्य प्रदेश	2982	2292	2597
15	महाराष्ट्र	3468	3654	3495
16	मणिपुर	1980	2121	2295
17	मेघालय	915	972	1031
18	मिजोरम	776	914	1172
19	नागालैंड	597	493	562
20	उड़ीसा	7077	4153	4431
21	पंजाब	685	607	533
22	राजस्थान	3670	2560	2733
23	सिक्किम	534	526	468
24	तमिलनाडु	13877	7785	10118
25	तेलंगाना	2822	1129	2243
26	त्रिपुरा	875	829	948
27	उत्तर प्रदेश	4722	3238	3226
28	उत्तराखंड	457	700	589
29	पश्चिम बंगाल	6494	6220	4744
30	अंडमान और निकोबार	301	308	274
31	चंडीगढ़	153	202	222
32	दादरा और नगर हवेली एवं दमन और दीव	5	28	36
33	लद्दाख	0	25	84
34	लक्षद्वीप	0	0	0
35	दिल्ली	1835	1206	1216
36	पुद्दुचेरी	373	690	739
	<b>कुल</b>	<b>76118</b>	<b>57940</b>	<b>62592</b>

वर्ष 2024-25 में पिछले वर्ष के समान ही बच्चों को सहायता दी जा रही है।

## **GENETIC TESTING AND EARLY DETECTION**

### **3194. DR. DHARAMVIRA GANDHI:**

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

- (a) whether the Government is promoting prenatal and natal genetic testing as part of the strategy to manage rare diseases and if so, the details thereof;
- (b) the steps taken/proposed to be taken by the Government to make these tests accessible and affordable for all segments of the society;
- (c) the plans for integrating genetic testing with early diagnostics to prevent rare diseases and improve outcomes for affected individuals;
- (d) whether the Government is ensuring that such initiatives are being implemented across all regions of the country, particularly in rural and underserved areas; 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) As per the National Policy for Rare Diseases (NPRD), 2021, the Government is emphasizing on the strategies for early detection and prevention of rare diseases which include Primary Prevention i.e. preventing birth of an affected child and Secondary Prevention which focuses on avoiding the birth of affected fetus (Prenatal Screening and Prenatal Diagnosis), early detection of

the disorders and appropriate medical intervention i.e. New-born Screening to ameliorate or minimize the manifestations. The Government has identified 12 Centres of Excellence (CoEs), which are premier Government tertiary hospitals with facilities for diagnosis, prevention and treatment of Rare Diseases. CoEs are responsible for Screening – Antenatal, Neonatal (specified disorders), High-risk Screening (Both Antenatal and in new-borns and children) and Prevention by Prenatal Screening and Diagnosis. The CoEs are also given one-time financial support up to a ceiling of Rs. 5 crores for procurement of equipment as per individual centre's need for strengthening patient care services for screening, diagnosis and prevention (Prenatal diagnosis) of Rare Diseases based on a gap analysis. Department of Biotechnology (DBT) has also set up Nidan Kendras under Unique Methods of Management and treatment of Inherited Disorders (UMMID) project for genetic testing and counseling services. Such initiatives are being implemented through CoEs across the country.

## **PROMOTION OF AYURVEDIC TREATMENT CENTRES AND HOSPITALS**

### **3195. SHRI MADHAVANENI RAGHUNANDAN RAO:**

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

- (a) whether any measures have been taken by the Government to promote Ayurvedic treatment centers and hospitals across the country and if so, the details thereof, State/UT-wise particularly in Telangana;
- (b) the details of the steps taken by the Government to revive and promote Ayurveda, India's ancient and revered medical science; and

(c) whether any support is being extended by the AYUSH department in Telangana including allocations of funds to establish and upgrade Ayurvedic medical centers and hospitals in the State?

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

(a) to (c) Ministry of Ayush is implementing the Centrally Sponsored Scheme of National AYUSH Mission (NAM) through State/UT Governments in the country including Telangana and supporting their efforts for overall development and promotion of AYUSH systems of medicine including Ayurvedic treatment centers and hospitals by providing financial assistance to them under different activities as per the proposals received in their State Annual Action Plans (SAAPs). The Mission inter-alia makes provision for the following activities:

- (i) Operationalization of Ayushman Arogya Mandir (Ayush) by upgrading existing Ayush dispensaries including Ayurveda and Sub health Centres.
- (ii) Co-location of Ayush facilities including Ayurveda at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
- (iii) Upgradation of existing standalone Government Ayush Hospitals including Ayurveda .
- (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 including Ayurveda in the area where there are no Ayush facilities available.

(v) Setting up of 10/30/50 bedded Integrated Ayush Hospitals including Ayurveda.

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

(vii) Ayush Public Health Programmes.

(viii) Establishment of new Ayush colleges including Ayurveda 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 including Ayurveda / add on PG/ Pharmacy /Para-Medical Courses.

Under NAM, as per the proposals received from State/UT Governments through SAAPs, an amount of **Rs. 453428.45 Lakhs** has been released to different States/UTs including Telangana for implementation of various approved activities from 2024-15 to 2023-24. The State/UT-wise status of released grant-in-aid is given in the enclosed **Statement**. Further, as per the proposals received from State Government of Telangana through SAAPs, an amount of **Rs. 503.73 Lakhs** has been approved for establishment of 3 units of Integrated Ayush Hospitals and similarly assistance of **Rs. 535.784 Lakhs** for

upgradation of hospitals including Ayurveda and **Rs. 667.300 Lakhs** for upgradation of dispensaries has been approved.

### STATEMENT

#### **State/UT wise status of releases from 2014-15 to 2024-25 under Centrally Sponsored Scheme of National AYUSH Mission (NAM)**

S.No	Name of States/UTs	Total Releases(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
<b>31</b>	<b>Telangana</b>	<b>9789.23</b>
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>

### FLOATING JETTIES IN BIHAR

#### 3196. SHRI RAJIV PRATAP RUDY:

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

- (a) the manner in which the jetties are useful for the coastal communities;
- (b) the number and location of floating jetties in the country along with the budget allocated for the same;
- (c) whether India has established jetties with other nations and if so, the details thereof;
- (d) whether any jetties are being planned on waterways in Bihu and if so, the details thereof;

(e) whether the Government is considering jetty for ferry services between Digha, Patna, to Aami, Dighwara, on river Ganga under Namami Gange Programme and if so, the details thereof; and

(f) whether such a jetty on Patna side is feasible and if so, the details thereof?

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

(a) and (b) Yes. Jetties are very useful for the coastal communities as fish landing platforms. Under Jal Marg Vikas Project (JMVP), Inland Waterway Authority of India (IWAI) has undertaken construction of sixty (60) new community jetties on National Waterway-1 (NW-1) to boost the socio-economic condition of the people. These jetties are utilized by the riverine/coastal communities for transporting their goods, local trade promotion, livelihood support, tourism purpose, ferry operation etc. So far, one hundred and fifteen (115) floating jetties have been provided on National Waterways in the country with a budget of Rs. 133.14 cr. as given at enclosed **Statement -I**.

(c) No.

(d) IWAI has constructed twenty-one (21) new community jetties under Jal Marg Vikas Project (JMVP) in the state of Bihar on NW-1. Further, tender for construction of two (2) community jetties on NW-37 (Gandakriver) has been floated. Details are given in the enclosed **Statement -II**.

(e) There is already an Inter Modal 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.

(f) On Patna side jetties at Panapur, Nasiriganj, Kachchi Dargah, Digha, NaktaDyara, Barh and RaghopurDyara have been provided as per the feasibility.

### **STATEMENT-I**

**A. Details of 115 floating jetties provided on National Waterways in the country with cost.**

<b>State</b>	<b>No. of Community Jetties</b>	<b>Cost (In Rs. Crores)</b>
U.P.	15	11.58
Bihar	21	29.01
Jharkhand	2	
West Bengal	22	37.96
pre-JMVP jetties on NW-1	25	4.71
Assam	22	33.33
Goa	03	9.60
A.P.	04	6.84
NW-40 (UP)	01	0.11

**B. In addition to above, construction of 12 more Jetties has been taken up by IWAI in the State of Uttar Pradesh at estimated cost of Rs. 15 Cr. as given below.**

<b>State</b>	<b>Location</b>
Uttar Pradesh	VishramGhat
Uttar Pradesh	Yamuna Ghat
Uttar Pradesh	KansQuilaGhat
Uttar Pradesh	PanigoanGhat
Uttar Pradesh	KeshiGhat
Uttar Pradesh	Math Road area
Uttar Pradesh	Devraha baba Ghat

Uttar Pradesh	JugalkishorGhat
Uttar Pradesh	KilaGhat
Uttar Pradesh	Arial Ghat
Uttar Pradesh	GuptarGhat
Uttar Pradesh	NayaGhat

**STATEMENT – II**

**Details of Communities Jetties constructed in the State of Bihar in NW-1 and NW-37**

S.No.	District	Location	Type
<b>NW-1</b>			
1	Bhojpur	Maujampur (MahuliGhat)	HDPE
2	Patna	Panapur	HDPE
3	Patna	Nasiriganj	HDPE
4	Patna	KachchiDargah	HDPE
5	Munger	Munger	HDPE
6	Bhagalpur	Sultanganj	HDPE
7	Khagari	Aguani	HDPE
8	Buxar	Buxar (RamrekhaGhat)	HDPE
9	Katihar	Manihari-1	HDPE
10	Saran	Doriganj	Steel Jetty
11	Patna	Digha	Steel Jetty
12	Patna	NakhtaDiyara	Steel Jetty
13	Patna	RaghopurDiyara	Steel Jetty
14	Samastipur	Hasanpur	Steel Jetty
15	Patna	Barh	Steel Jetty
16	Bhagalpur	Tintanga	Steel Jetty
17	Bhagalpur	Kahalgaon	Steel Jetty
18	Katihar	Karagola -1	Steel Jetty
19	Bhojpur	Mauajampur (khawaspur)	Steel Jetty
20	Begusarai	Simariya	Steel Jetty
21	Bhagalpur	Bateshwarsthan	Steel Jetty (Existing)

<b>NW-37</b>			
1	West Champaran	Mangalpur (Nautan)	Steel Jetty
2	West Champaran	Opposite bank in Bettiah	Steel Jetty

### **AIIMS IN NASHIK**

#### **3197. SHRI RAJABHAU PARAG PRAKASH WAJE:**

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

(a) whether the Government is aware of the urgent need for a premier medical institution in Nashik having a significant tribal population in north Maharashtra, if so, the details thereof;

(b) whether the Government has considered sanctioning an All India Institute of Medical Sciences (AIIMS) in Nashik, given the region's lack of access to quality medical facilities and the importance of providing healthcare services to the tribal population;

(c) if so, the details of the proposed AIIMS institute in Nashik, including the timeline fixed for its establishment, infrastructure requirements and fund allocation;

(d) whether the Government has assessed the feasibility of establishing an AIIMS institute in Nashik, considering factors such as land availability, connectivity and manpower requirements, if so, the details thereof; and

(e) whether the Government has any plan to provide any additional medical facilities/services in Nashik, apart from the proposed AIIMS institute, to cater to the region's healthcare needs 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) Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), setting up of 22 All India Institutes of Medical Sciences (AIIMS) has been approved including one AIIMS at Nagpur in Maharashtra, which is functional. Further, for expansion and strengthening of tertiary healthcare facilities in Maharashtra, under another component of PMSSY upgradation of following six (06) Government Medical Colleges/ Institutes have been approved by way of construction of Super Specialty Blocks (SSBs) on Centre-State cost sharing basis: (i) Grant Medical College and Sir JJ Group of Hospitals, Mumbai (ii) Government Medical College, Nagpur (iii) Govt. Medical College, Aurangabad (iv) Govt. Medical College, Latur (v) Govt. Medical College, Akola and (vi) Shri Vasantnaik Govt. Medical College, Yavatmal. In current phase of PMSSY, there is no proposal for establishment of AIIMS in Nashik in Maharashtra.

Under Centrally Sponsored Scheme (CSS) for 'Establishment of new medical colleges attached with existing district/referral hospitals, 02 Medical Colleges have been approved in Maharashtra at Gondia and Nandurbar on Centre - State cost sharing basis.

Further, under Centrally Sponsored Scheme (CSS) of Strengthening and up-gradation of Govt. Medical Colleges for increase of Post Graduate (PG) seats, 692 PG seats have been approved in 11 Medical Colleges with an approved cost of Rs.345.79 crores.

Under the CSS of upgradation of existing State Government/Central Government Medical Colleges to increase MBBS seats in the country, 700 MBBS seats have been approved in 14 colleges in Maharashtra with an approved cost of Rs.839.86 crores.

Under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)scheme, administrative approval has been accorded to state of Maharashtra for FY 2021-22 to 2024-25 for an amount of Rs. 681.33 Crores for construction/strengthening of 25 Integrated Public Health Labs (IPHLs) at District level and 24 Critical Care Blocks (CCBs).

For strengthening infrastructure under National Health Mission (NHM), following State Program Implementation Plan (SPIP) has been approved for the State of Maharashtra:

Sr.No	Financial Year	SPIP Approvals ( Rs. in Lakhs)
1	2021-22	55881.84
2	2022-23	61535.48
3	2023-24	60134.13

**EVALUATION MECHANISM FOR THE PERFORMANCE OF GOVERNMENT  
LAWYERS**

**3198. SHRI PARSHOTTAMBHAI RUPALA:**

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

(a) whether the steps have been taken to establish a consistent and comprehensive monitoring/evaluation mechanism for the performance of Government Lawyers and Government empanelled Lawyers to ensure strong protection of the interest of the Government and its agencies, if so, the details thereof; and

(b) the measures implemented to establish an online platform for all Government and agencies to upload all relevant data pertaining to each Government case?

**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) There is a system of In-charge litigations for all the courts/tribunals in country who submit monthly report with regard to allocation of cases and performance of the Panel Counsel to Department of Legal Affairs. Further, the feedback/complaints received from Ministries/Departments against performance of panel counsel which are duly examined and where any delinquency is found the Counsel is even removed from the panel.

(b) The Department of Legal Affairs has launched Legal Information Management and Briefing System (LIMBS) in the month of February 2016. It is a web-based application used for monitoring of all court cases involving Union

of India. Further, it is innovative easy to access and is 24x7 to various Ministries/ Departments of the Government of India, its organisations, Law Officers and the empanelled Counsels, enabling them to upload data related to cases of Union of India, pertaining to them.

### **PUBLIC HEALTH AWARENESS**

#### **3199. SHRI AMARSING TISSO:**

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

- (a) the initiatives being implemented by the Government to increase public health awareness and education in Karbi Anglong and Dima Hasao districts of Assam particularly regarding preventive healthcare and lifestyle diseases;
- (b) whether the Government has any plan to involve local communities and leaders in these awareness programmes; and
- (c) if so, the details thereof and if not, the reasons therefor?

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

(a) to (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 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).

As informed by Government of Assam, The National Health Mission, Assam has taken significant steps towards increasing the public health awareness on lifestyle diseases i.e. Hypertension and Diabetes. The activities are undertaken at all the levels of the Health Care including Secondary and Primary Health Care. The Ayushman Arogya Mandir's (AAM) are conducting yoga and wellness activities by involving yoga instructor in the community.

In the Karbi Anglong district a total of 4121 and in the Dima Hasao 1497 yoga and wellness activity were Conducted in the Ayushman Arogya Mandir for the period between April 2024 to November 2024 for prevention of life style diseases. NHM, Assam has also a state specific standard protocol for the management of Hypertension and Diabetes which also focuses on the preventive aspect of the life style diseases.

Apart from Yoga and Wellnes activities, Ayushman Arogya Mandir has also conducted monthly shivir at all Sub Centre- AAM, Primary Health Centre – AAM and Community Health Centers where local leaders and communities have actively participated.

A total of 193 Ayushman Shivir at Sub Centre – AAM and Primary Health Centre-AAM and a total of 13 Shivir at Community Health Centers were conducted from April 2024 to November 2024 in Karbi Anglong District. The total footfall was approximately 12,000. Similarly in Dima-Hasao District, a total of 140 Shivir at Sub Centre- AAM, Primary Health Centre –AAM and 2 were



conducted at Community Health Centers from April 2024 to November 2024. The total footfall was approximately 8000.

A population-based initiative for screening, management and prevention of common NCDs (diabetes, hypertension, oral cancer, breast cancer and cervical cancer) have been rolled out as a part of comprehensive Primary Health Care in the country including Assam under NHM. Screening of these common NCDs is an integral part of service delivery.

In the community, Accredited Social Health Activist (ASHA) plays a pivotal role in spreading awareness about NCDs. ASHAs educate individuals and families on the importance of adopting healthy lifestyles, including nutritious diets, regular physical activity, and avoidance of 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.

Further, initiatives for increasing public awareness about NCDs and for promotion of healthy lifestyle include observance of NCDs health days, use of print, electronic and social media for continued community awareness. Financial support under National Health Mission (NHM) for awareness generation

activities for NCDs is provided to States/Union Territories including Assam as per their Programme Implementation Plans (PIPs).

### **INDIA'S STANCE ON PALESTINE ISSUE**

#### **3200. SHRI AGA SYED RUHULLAH MEHDI:**

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

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

- (a) whether the Government is concerned over the continuing conflict in Gaza region or on the issue of Palestine;
- (b) if so, the diplomatic efforts made along with other major countries to bring early ceasefire and to stop further escalation in the region;
- (c) the official stance of India in the United Nations forums for supporting the Palestinian cause;
- (d) the decision of the Government of India on the aggression of Israel which has resulted in the killing of thousands of innocent people including children in Palestine; and
- (e) the decision of the Government of India on Israel's violation of international commitments?

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

- (a) to (e) India remains concerned at the evolving situation in West Asia and the humanitarian crisis in Gaza. Government have emphasized the need for safe, timely and sustained delivery of humanitarian assistance to the people of

Palestine. Since the beginning of the conflict, India has provided around 70 MT of humanitarian aid, including 16.5 MT of medicines and medical supplies in two tranches. It has also released \$ 5 million last year and disbursed another \$ 5 million this year to United Nations Relief and Works Agency for Palestinian refugees in Near East (UNRWA). Recently, 65 tonnes of medicines were also sent to UNRWA and Palestine Ministry of Health in October and November 2024.

India's policy towards Palestine has been long standing and includes support for a negotiated two State solution, and the establishment of a sovereign, independent and viable State of Palestine within secure and recognized borders, living side by side in peace with Israel. India also supports Palestine's membership of the UN.

India has strongly condemned the terror attacks on Israel on 7 October 2023 and also the loss of civilian lives in the ongoing Israel-Hamas conflict. India has called for a ceasefire, release of all hostages and peaceful resolution of conflict through dialogue and diplomacy.

The Prime Minister and the Minister of External Affairs have spoken to several leaders in the region and across the globe, including President, Prime Minister and Foreign Minister of Israel and President and Foreign Minister of Palestine. India's position has been reiterated in various bilateral and multilateral forums such as UN, BRICS, NAM, Voice of Global South, etc. Prime Minister met the Palestine President on the sidelines of Summit of the Future in New

York on 22 September 2024 and called for ceasefire, release of hostages and return to path of dialogue and diplomacy.

## **MODERNIZATION OF PORT INFRASTRUCTURE**

### **3201. SHRI NAVEEN JINDAL:**

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

(a) the details of maximum size of ships that could enter Indian ports at present vis a vis global average;

(b) whether the Government has taken/proposes to take any steps to strengthen and

modernize port infrastructure across the country to facilitate berthing of larger ships; and

(c) if so, the details thereof?

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

(a) to (c) The maximum size of ship with a draft of 18.4 meter entered in Indian Major Ports, which is comparable to global ports. Infrastructure development and capacity augmentation of Major Ports is a continuous process. It involves the construction of new berths and terminals, mechanization of existing berths and terminals, capital dredging for deepening of drafts for handling larger vessels of new generation. With the development of New Vadhavan Port in Maharashtra with container handling capacity of 23.2 Million TEUs per annum, Outer Harbour

Project at V.O. Chidambaranar Port in Tamilnadu with container handling capacity of 4 Million TEUs per annum and Container Terminal Development project at Tuna Tekra at Deendayal Port in Gujarat with container handling capacity of 2.19 Million TEUs per annum, the country would be able to handle the new generation mega size vessel.

### **e-COURTS MISSION MODE PROJECT**

**3202. SHRI MUKESHKUMAR CHANDRAKAANT DALAL:**

**SHRI P. C. MOHAN:**

**SHRI SURESH KUMAR KASHYAP:**

**SHRI BIPLAB KUMAR DEB:**

**SHRI BALYA MAMA SURESH GOPINATH MHATRE:**

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

- (a) the current status of the e-court integrated Mission Mode Project;
- (b) the key objectives and achievements of e-courts Integrated Mission Mode Project, specially in enhancing access to justice through technology;
- (c) the manner in which the project contributed to the conceptualization of district and subordinate courts;
- (d) the specific technologies that have been implemented to improve connectivity in courts; and
- (e) the number of district and subordinate courts which have been computerized, State-wise especially in Tripura?

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

(a) to (d) : 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, a total expenditure of Rs.639.41 crore was incurred for the 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, a total expenditure of Rs. 1668.43 crore was incurred for the 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 e-Courts 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. The Wide Area Network (WAN) Project under eCourts project is aimed at connecting all District and Subordinate court complexes, spread across the country using various technologies like Multiprotocol Label Switching (MPLS), Optical Fibre Cable (OFC), Radio Frequency (RF), Very Small Aperture Terminal (VSAT), Submarine Cable etc. This forms the backbone for the eCourts project ensuring data connectivity in courts across the length and breadth of the country.
- 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 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.

The 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, use of emerging technologies like Artificial Intelligence and its subsets like Optical Character Recognition (OCR) 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.

(e): The details of district and subordinate courts (including Tripura) which have been computerized across the country is given in the enclosed **Statement -I**.

### **STATEMENT-I**

**The details of district and subordinate courts (including Tripura) which have been computerized across the country**

<b>S.No</b>	<b>High Court</b>	<b>State</b>	<b>Courts</b>
1	Allahabad	Uttar Pradesh	2222
2	Andhra Pradesh	Andhra Pradesh	617
3	Bombay	Dadra and Nagar Haveli	3
		Daman and Diu	2
		Goa	39
		Maharashtra	2157
4	Calcutta	Andaman and Nicobar Islands	14
		West Bengal	827
5	Chhattisgarh	Chhattisgarh	434

6	Delhi	Delhi	681
7	Gauhati	Arunachal Pradesh	28
		Assam	408
		Mizoram	69
		Nagaland	37
8	Gujarat	Gujarat	1268
9	Himachal Pradesh	Himachal Pradesh	162
10	Jammu and Kashmir and Ladakh	Union Territory of Jammu and Kashmir and Union Territory of Ladakh	218
11	Jharkhand	Jharkhand	447
12	Karnataka	Karnataka	1031
13	Kerala	Kerala	484
		Lakshadweep	3
14	Madhya Pradesh	Madhya Pradesh	1363
15	Madras	Puducherry	24
		Tamil Nadu	1124
16	Manipur	Manipur	38
17	Meghalaya	Meghalaya	42
18	Orissa	Odisha	686
19	Patna	Bihar	1142
20	Punjab and Haryana	Chandigarh	30
		Haryana	500
		Punjab	541
21	Rajasthan	Rajasthan	1240
22	Sikkim	Sikkim	23
23	Telangana	Telangana	476
24	Tripura	Tripura	84
25	Uttarakhand	Uttarakhand	271
	<b>Total</b>		<b>18735</b>

**FREE DIAGNOSTIC SERVICE****3203. SHRIMATI BHARTI PARDHI:****SHRI ARVIND GANPAT SAWANT:****SHRI SHRIRANG APPA CHANDU BARNE:****SHRI DHARMENDRA YADAV:**

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

(a) whether the Government has rolled out the Free Diagnostic Service initiative under National Health Mission (NHM);

(b) if so, whether laboratory service have been implemented in the country, particularly in the State of Madhya Pradesh and Uttar Pradesh and if so, the details thereof, State/UT-wise;

(c) the details of the test facilities available at Sub-centre, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospital (SDH) and District Hospital (DH) in this regard;

(d) whether the patients have not availed the laboratory services due to non-functional equipment across public health facilities; and

(e) if so, the details thereof along with the steps taken by the Government to address the issue of non-functional equipment in the country?

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

(a): The Ministry of Health and Family Welfare had launched Free Diagnostics Services Initiative (FDSI) in 2015 under NHM. The FDSI guidelines have

recommended a minimum set of laboratory tests tailored to healthcare facility level in alignment with the National Essential Diagnostic List (NEDL). Subsequently, in 2019, the MoHFW launched a guidance document for implementing laboratory services to provide an expanded range of diagnostics free of cost at all levels of public health facilities (14 tests at Ayushman Arogya Mandir (AAM)-Sub Centres, 63 at AAM Primary Health Centres/UPHC, 97 at Community Health Centres, 111 test at Sub District Hospitals and 134 tests at District Hospitals) thereby reducing high out of pocket expenditure incurred by patients for diagnostics.

(b): FDSI providing laboratory services has been implemented in all 36 States/UTs, out of which 12 States/UTs are implementing in mixed mode i.e. (PPP as well as In-house mode) of service delivery and in 24 States/UTs through In-house mode only. In Madhya Pradesh, the state has implemented through both in-house and PPP mode. State has adopted selective tests outsourcing with wet lease rental reagent model for 06 high-end auto analysers (Haematology, biochemistry, urine, hormone, coagulation and HPLC) at 50 DHs and 35 Civil Hospitals for conducting around 134 tests. Sample transportation for CHC and below facilities is undertaken in PPP mode through runners arranged by the service provider. In Uttar Pradesh, the state has implemented FDSI through In-House mode. The service delivery is undertaken in 'Hub and spoke model'. The state has strengthened the in-house capacity and has established diagnostic hubs at selected CHCs (around 125-150 CHC hub labs in whole State) which are equipped as per IPHS 2022 guidelines. State/UTs wise

details of mode of service delivery under FDSI is given in the enclosed **Statement.**

(c): The details of the test facilities available at Sub-centre, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospital (SDH) and District Hospital (DH) is available at website at :

[https://nhm.gov.in/New\\_Updates\\_2018/NHM\\_Components/Health\\_System\\_Strengthening/Comprehensive\\_primary\\_health\\_care/letter/Guidance\\_document\\_for\\_Free\\_Laboratory\\_Services.pdf](https://nhm.gov.in/New_Updates_2018/NHM_Components/Health_System_Strengthening/Comprehensive_primary_health_care/letter/Guidance_document_for_Free_Laboratory_Services.pdf)

(d) and (e) : MoHFW, Government of India has launched the Biomedical Equipment Management and Maintenance Program (BMMP) in 2015 under NHM to address the issue of Non-functional equipment at the public health facilities. The laboratory equipment is covered under BMMP (post warranty) and is operational either through in-house, PPP and mixed model of service delivery. State Government monitors the non-functionality of equipment through this BMMP portal ensuring upkeep time of 95% at District Hospital level, 90% at Community health Centre level and 80% at Primary Health Centre level.

### **STATEMENT**

#### **State/UTs wise details of mode of service delivery under FDSI**

<b>State/UT</b>	<b>Mode of service delivery</b>
Arunachal Pradesh, Assam, Delhi, Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra,	PPP as well as In-house mode of service delivery

Manipur, Odisha, Punjab, Tripura, and Uttarakhand (12 States)	
Andhra Pradesh, AandN Island, Bihar, Chandigarh, Chhattisgarh, DandN Haveli-Daman and Diu, Goa, Gujarat, Haryana, Jammu and Kashmir, Karnataka, Kerala, Ladakh, Lakshadweep, Meghalaya, Mizoram, Nagaland, Puducherry, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttar Pradesh, and West Bengal. (24 States/UTs)	Only In-house mode of service delivery

### परिवारों को गोद लेना

#### 3204. श्री रामप्रीत मंडल:

#### श्री गिरिधारी यादव:

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

(क) क्या सरकार ने देश भर के सभी एमबीबीएस छात्रों को अपनी नामांकन प्रक्रिया के एक भाग के रूप में पांचस्थानीय परिवारों को गोद लेने के लिए दिशा निर्देशों के अनुपालन हेतु आदेश जारी किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा उक्त पहल के माध्यम से जनता को होने वाले संभावित लाभों का ब्यौरा क्या है;

(ख) उक्त पहल से चिकित्सा महाविद्यालयों के अभाव वाले स्थानों पर रहने वाले स्थानीय परिवारों को किस प्रकार सहायता मिलने की संभावना है;

(ग) क्या सरकार का इस पहल में भाग लेने के लिए छात्रों को प्रोत्साहित करने के लिए उन्हें कोई वृत्ति प्रदान करने का विचार है; 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): राष्ट्रीय आयुर्विज्ञान आयोग द्वारा तैयार योग्यता आधारित चिकित्सा शिक्षा (सीबीएमई) पाठ्यक्रम 2024 के लिए दिशानिर्देश में गांव की पहुंच के माध्यम से परिवार दत्तक ग्रहण कार्यक्रम (एफएपी) का प्रावधान है, जिसमें प्रत्येक छात्र न्यूनतम तीन (03) परिवारों और अधिमानतः कम से कम पांच (05) परिवारों को गोद लेगा।

सीबीएमई पाठ्यक्रम में उल्लिखित एफएपी परिवारों को स्वास्थ्य संबंधी परिचर्या संसाधन, शिक्षा और सहायता प्रदान करके उन्हें सशक्त बनाता है, जिससे स्वास्थ्य संबंधी परिणाम बेहतर होते हैं और जीवन की गुणवत्ता में वृद्धि होती है। यह सामुदायिक जिम्मेदारी और सामाजिक कल्याण की भावना को भी बढ़ावा देता है। इन लाभों में अन्य बातों के साथ-साथ निम्नलिखित शामिल हैं:

1. बेहतर स्वास्थ्य जागरूकता
2. स्वास्थ्य परिचर्या सेवाओं तक पहुंच
3. प्रारंभिक पहचान और रोकथाम
4. अनुवर्ती देखभाल
5. स्वस्थ जीवनशैली को बढ़ावा देना
6. सामाजिक और मनोवैज्ञानिक सहायता
7. सरकारी स्वास्थ्य कार्यक्रम एकीकरण
8. स्वच्छता और पर्यावरणीय स्वास्थ्य

(ग) और (घ): चूंकि, एफएपी अकादमिक पाठ्यक्रम का एक हिस्सा है, इसलिए छात्रों को वजीफा देने का कोई प्रस्ताव विचाराधीन नहीं है। हालांकि, मेडिकल छात्रों के लिए वजीफे का भुगतान अनिवार्य रोटेटिंग मेडिकल इंटरनशिप विनियमों में बनाए रखा जाता है।

**CRUISE TERMINAL IN VISAKHAPATNAM****3205. DR. C. M. RAMESH:**

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

- (a) whether Cruise Terminal in Visakhapatnam which was to be completed by March, 2024 is ready for operation for cruise ships services, if so, the details thereof;
- (b) the original date of completion of the Cruise Terminal at Visakhapatnam and the reasons for its enormous delay;
- (c) whether it is true that Vizag Port has entered into MoU with Littoral Cruise Ltd., for cruise from Visakhapatnam to Singapore and to other places, if so, the details thereof; and
- (d) the time by which the first cruise ship is going to start its services from Visakhapatnam Cruise Terminal in Andhra Pradesh?

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

(a) and (b) The establishment of cruise terminal in Visakhapatnam was completed on 11.08.2023. The cruise terminal was originally scheduled for completion by April, 2023. The delay by three months was on account of receipt of Environment Clearance and No Objection Certificate from Navy.

(c) No.

(d) The first foreign cruise vessel "The World" was berthed on 28<sup>th</sup> April 2024 at Visakhapatnam Cruise Terminal.

**SAINIK SCHOOLS****3206. DR. BYREDDY SHABARI:****SHRI G. LAKSHMINARAYANA:**

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

(a) the number of Sainik Schools functioning under the erstwhile pattern in the country, State/UT-wise;

(b) the details of funds provided by the Central and State Governments including scholarships/grants to each school during the last five years, year-wise;

(c) the capacity and enrollment of students in each Sainik School during the last five years, year-wise including gender-wise; and

(d) the steps being taken by the Government to promote gender inclusivity in all Saini Schools in the country?

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

(a): State/UT-wise details of Sainik Schools functioning under the erstwhile pattern in the country is given in the enclosed **Statement-I**.

(b): The details of funds provided by the Central and State Governments including scholarships/grants to 33 Sainik Schools on erstwhile pattern, during the last five years, year-wise is given in the enclosed **Statement-II** and **Statement-III** respectively.

(c): The capacity and enrollment of students in each Sainik School during the last five years, year-wise including gender-wise is given in the enclosed **Statement-IV**.

(d): All 33 Sainik Schools established under the erstwhile pattern in the country have been made co-educational with effect from academic session 2021-22 to achieve gender equality and to pave way for induction of women in Armed Forces. Further, to encourage girl cadets to join Sainik Schools, wide publicity for admission of girls in existing Sainik Schools has been made and adequate girl cadets' centric infrastructure has been created in existing Sainik Schools.

As regards setting up of new Sainik Schools in partnership mode with NGOs/Trusts/Private/Government Schools, there is no restriction for establishing an all girls or co-ed Sainik School. Also, no bar has been imposed by Sainik School Society on the number of girls that can be given admission in the new Sainik Schools. In this regard, one school i.e. Samvid Gurukulam Senior Secondary School, Mathura, in the State of Uttar Pradesh has been approved as an all-girls Sainik School. Further, 36 New Sainik Schools which are co-educational, have also been made operational.

### **STATEMENT-I**

#### **LIST OF SAINIK SCHOOLS –STATE/UT-WISE**

Sl. No.	State/UT	Name of Sainik Schools
1	Andhra Pradesh	Sainik School Kalikiri
		Sainik School Korukonda
2	Arunachal Pradesh	Sainik School East Siang
3	Assam	Sainik School Goalpara
4	Bihar	Sainik School Gopalganj
		Sainik School Nalanda
5	Chhattisgarh	Sainik School Ambikapur
6	Gujarat	Sainik School Balachadi
7	Haryana	Sainik School Kunjpura
		Sainik School Rewari
8	Himachal Pradesh	Sainik School SujapurTira

9	Jammu and Kashmir	Sainik School Nagrota
10	Jharkhand	Sainik School Tilaiya
11	Karnataka	Sainik School Bijapur
		Sainik School Kodagu
12	Kerala	Sainik School Kazhakoottam
13	Madhya Pradesh	Sainik School Rewa
14	Maharashtra	Sainik School Satara
		Sainik School Chandrapur
15	Manipur	Sainik School Imphal
16	Mizoram	Sainik School Chhingchhip
17	Nagaland	Sainik School Punglwa
18	Odisha	Sainik School Bhubaneswar
		Sainik School Sambalpur
19	Punjab	Sainik School Kapurthala
20	Rajasthan	Sainik School Chittorgarh
		Sainik School Jhunjhunu
21	Tamil Nadu	Sainik School Amaravathinagar
22	Uttarakhand	Sainik School Ghorakhal
23	Uttar Pradesh	Sainik School Jhansi
		Sainik School Mainpuri
		Sainik School Amethi
24	West Bengal	Sainik School Purulia

### **STATEMENT-II**

#### **Financial Assistance Provided by the Central Government to Sainik Schools in the last 05 years**

**(Amount in Crores)**

Sl. No.	Name of Sainik Schools	2019-20	2020-21	2021-22	2022-23	2023-24
1	Sainik School Amaravathinagar	2.67	10.97	5.94	11.68	5.70
2	Sainik School Ambikapur	0.81	5.37	2.79	6.77	2.76
3	Sainik School Amethi	0.00	1.26	0.41	1.13	2.13
4	Sainik School Balachadi	1.69	10.40	6.77	9.84	6.91
5	Sainik School Bhubaneswar	1.52	8.20	4.29	15.88	5.04
6	Sainik School Bijapur	1.62	9.87	6.75	6.50	6.33

7	Sainik School Chandrapur	0.10	1.67	1.35	1.89	1.88
8	Sainik School Chhingchhip	0.19	2.06	0.92	3.05	4.10
9	Sainik School Chittorgarh	1.57	8.03	4.29	4.14	5.39
10	Sainik School East Siang	0.17	1.08	0.69	1.18	0.55
11	Sainik School Ghorakhal	1.52	7.52	4.10	4.72	5.04
12	Sainik School Goalpara	1.30	7.69	3.87	7.04	4.34
13	Sainik School Gopalganj	1.09	4.97	2.89	3.65	2.74
14	Sainik School Imphal	1.01	8.23	5.30	8.58	4.57
15	Sainik School Jhansi	0.10	0.52	0.57	2.36	2.45
16	Sainik School Jhunjhunu	0.38	2.58	2.32	2.62	3.68
17	Sainik School Kalikiri	0.95	4.65	3.38	8.52	3.95
18	Sainik School Kapurthala	1.51	7.39	4.38	8.79	4.71
19	Sainik School Kazhakootam	2.56	7.97	4.09	5.07	4.56
20	Sainik School Kodagu	1.02	5.52	2.99	3.78	4.05
21	Sainik School Korukonda	1.44	8.49	4.33	7.95	6.17
22	Sainik School Kunjpura	2.66	8.70	5.64	7.01	6.14
23	Sainik School Mainpuri	0.10	2.05	1.03	3.13	3.38
24	Sainik School Nagrota	1.13	9.99	4.40	6.33	5.91
25	Sainik School Nalanda	1.13	5.15	3.92	4.76	3.98
26	Sainik School Punglwa	1.93	6.91	4.25	3.50	3.66
27	Sainik School Purulia	1.40	9.50	4.12	5.30	3.40
28	Sainik School Rewa	1.37	9.00	4.32	5.77	3.34
29	Sainik School Rewari	1.06	4.29	2.72	2.57	3.32
30	Sainik School Sambalpur	0.00	0.38	0.42	0.90	1.07
31	Sainik School Satara	1.72	10.72	5.65	5.83	6.85
32	Sainik School SujapurTira	2.64	8.03	5.10	5.48	4.60
33	Sainik School Tilaiya	2.03	11.22	5.52	13.04	7.25

**STATEMENT-III**

**Financial Assistance Provided by the State Governments to Sainik Schools in the last 05 years**

**(Amount in Crores)**

Sl. No.	Name of Sainik Schools	2019-20	2020-21	2021-22	2022-23	2023-24
1	Sainik School Amaravathinagar	9.64	1.32	7.08	6.68	6.13

2	Sainik School Ambikapur	4.84	0.93	0.93	2.46	1.70
3	Sainik School Amethi	0.00	1.62	0.00	0.45	7.25
4	Sainik School Balachadi	1.95	1.84	2.74	4.64	6.80
5	Sainik School Bhubaneswar	5.20	5.22	5.20	6.11	7.42
6	Sainik School Bijapur	7.24	7.73	7.73	7.35	7.40
7	Sainik School Chandrapur	3.02	0.82	1.15	3.02	2.93
8	Sainik School Chhingchhip	0.00	0.00	0.00	3.22	3.71
9	Sainik School Chittorgarh	6.33	8.13	5.41	6.24	6.70
10	Sainik School East Siang	2.59	2.51	2.50	4.53	4.99
11	Sainik School Ghorakhal	5.09	5.09	5.00	4.29	5.01
12	Sainik School Goalpara	1.74	1.86	1.79	11.08	4.52
13	Sainik School Gopalganj	2.85	2.86	2.85	2.75	2.69
14	Sainik School Imphal	5.79	0.05	0.05	4.53	4.41
15	Sainik School Jhansi	4.08	1.43	0.00	0.45	6.72
16	Sainik School Jhunjhunu	1.52	1.75	2.12	3.05	3.91
17	Sainik School Kalikiri	4.13	5.53	3.25	4.45	6.70
18	Sainik School Kapurthala	0.00	2.51	0.00	2.48	3.65
19	Sainik School Kazhakootam	5.81	0.41	1.73	6.93	4.39
20	Sainik School Kodagu	7.62	8.13	8.23	7.82	7.97
21	Sainik School Korukonda	5.16	4.72	4.50	6.03	7.68
22	Sainik School Kunjpura	1.59	2.36	2.73	2.34	4.15
23	Sainik School Mainpuri	4.07	1.67	0.00	0.45	12.32
24	Sainik School Nagrota	4.21	6.00	6.00	6.56	6.65
25	Sainik School Nalanda	3.00	3.08	3.09	3.03	2.83
26	Sainik School Punglwa	2.22	2.32	2.17	2.14	1.91
27	Sainik School Purulia	1.94	1.52	1.81	1.13	2.50
28	Sainik School Rewa	4.33	5.72	6.14	8.52	5.62
29	Sainik School Rewari	3.84	1.59	113.71	5.10	2.70
30	Sainik School Sambalpur	1.33	6.00	6.00	5.85	6.80
31	Sainik School Satara	2.61	2.46	16.49	2.34	22.41
32	Sainik School SujapurTira	1.50	0.07	2.08	1.36	1.19
33	Sainik School Tilaiya	3.75	5.45	3.50	3.93	3.87

**STATEMENT-IV**

**Capacity and enrollment of students in each Sainik School during the last five years, year-wise including gender-wise**

S er	Name of Sainik School	2020				2021				2022				2023				2024			
		Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
		Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed	Capac ity	Enroll ed
1	Sainik School Amaravat hinagar	101	101	NA	NA	72	72	10	10	114	114	10	10	172	170	13	13	141	137	16	14
2	Sainik School Ambikapu r	100	94	NA	NA	90	88	10	10	90	90	10	10	90	81	10	9	90	86	10	9
3	Sainik School Amethi	90	89	NA	NA	80	80	10	10	80	80	10	10	80	80	10	10	70	65	10	10
4	Sainik School Bhubanes war	104	104	NA	NA	55	55	10	10	97	96	11	11	108	108	12	12	96	96	10	10
5	Sainik School Bijapur	85	80	10	8	88	87	11	10	92	89	10	8	103	100	12	12	131	125	15	13



<b>6</b>	Sainik School Balachadi	107	103	NA	NA	65	65	10	10	130	130	11	11	125	116	10	10	141	133	15	13
<b>7</b>	Sainik School Chandrapur	80	78	9	7	80	80	10	10	80	80	10	10	95	95	10	10	95	95	10	9
<b>8</b>	Sainik School Chhingchhip	72	72	6	6	82	75	10	10	60	56	10	10	72	63	12	11	72	58	10	9
<b>9</b>	Sainik School Chittorgarh	130	127	NA	NA	102	102	10	10	90	89	10	10	128	110	10	9	125	125	10	10
<b>10</b>	Sainik School East Siang	60	56	NA	NA	50	58	10	8	50	50	10	7	60	43	10	7	50	50	10	10
<b>11</b>	Sainik School Ghorakhal	94	93	10	7	77	69	10	9	72	70	10	9	105	101	10	10	85	83	10	10
<b>12</b>	Sainik School Goalpara	130	130	NA	NA	72	72	10	10	103	103	10	10	175	164	10	10	108	105	14	12
<b>13</b>	Sainik School Gopalganj	60	52	NA	NA	70	70	10	10	70	70	10	10	70	70	10	10	70	66	10	9
<b>14</b>	Sainik School Imphal	66	66	NA	NA	65	65	10	10	60	60	10	10	45	45	10	10	162	162	14	14

<b>15</b>	Sainik School Jhansi	90	80	NA	NA	80	78	10	10	80	77	10	9	80	80	10	10	70	60	10	10
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<b>16</b>	Sainik School Jhunjhunu	100	99	NA	NA	90	88	10	9	90	86	10	10	90	87	10	9	90	85	10	9
<b>17</b>	Sainik School Kalikiri	63	63	7	7	107	107	7	7	103	103	10	10	90	90	7	7	110	108	10	10
<b>18</b>	Sainik School Kapurthala	150	150	NA	NA	62	62	10	10	75	75	10	10	110	110	10	10	168	158	12	12
<b>19</b>	Sainik School Kazhakootam	101	92	NA	NA	90	88	Nil	Nil	85	79	10	0	129	117	12	11	117	110	10	9
<b>20</b>	Sainik School Kodagu	80	78	8	8	88	88	10	10	70	70	10	10	150	145	10	10	135	120	11	9
<b>21</b>	Sainik School Korukonda	94	94	NA	NA	95	95	10	10	115	115	10	10	102	102	10	10	86	86	14	14
<b>22</b>	Sainik School Kunjpura	110	110	NA	NA	105	105	10	10	73	73	10	10	131	130	12	12	110	106	10	9
<b>23</b>	Sainik School Mainpuri	90	90	NA	NA	80	80	10	5	92	92	15	13	92	92	10	9	92	80	15	11
<b>24</b>	Sainik School Nagrota	70	70	NA	NA	70	70	10	10	88	88	10	10	70	70	10	10	70	70	10	10

<b>25</b>	Sainik School Nalanda	101	101	NA	NA	70	70	10	10	91	91	10	10	74	73	10	10	62	55	10	10
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<b>26</b>	Sainik School Punglwa	110	110	NA	NA	99	94	11	10	60	60	10	10	94	83	11	10	108	71	12	11
<b>27</b>	Sainik School Purulia	66	66	NA	NA	72	72	10	10	118	118	10	8	126	121	12	12	105	100	10	10
<b>28</b>	Sainik School Rewa	75	74	NA	NA	54	54	10	10	94	93	11	11	69	62	10	9	86	80	10	9
<b>29</b>	Sainik School Rewari	97	94	NA	NA	90	90	10	7	80	66	10	8	165	164	10	9	131	120	14	12
<b>30</b>	Sainik School Sambalpur	100	100	NA	NA	90	90	10	10	90	90	10	10	50	50	10	10	75	71	11	9
<b>31</b>	Sainik School Satara	100	97	NA	NA	105	103	10	10	127	127	13	13	105	105	10	10	103	99	11	11
<b>32</b>	Sainik School SujanpurTira	76	76	NA	NA	64	64	10	10	67	67	10	10	120	120	12	12	79	75	10	10
<b>33</b>	Sainik School Tilaiya	82	82	NA	NA	115	115	11	11	151	151	14	14	172	172	16	16	140	131	16	16

**NATIONAL MENTAL HEALTH POLICY****3207. SUSHRI SAYANI GHOSH:**

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

- (a) the total number of elderly persons suffering from mental illness across the country;
- (b) the total number of such elderly persons who have been benefitted from National Mental Health Policy till date;
- (c) the total number of public psychiatric beds across the country, State-wise;
- (d) the number of psychiatrists per lakh people in the country; and
- (e) whether the Government has conducted any social audit of National Mental Health Policy launched in 2014 to assess its impact and efficiency, 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 National Mental Health Survey (NMHS) conducted in 2016, the prevalence of mental disorders in elderly over the age of 60 years is about 15.1%.

The Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National

Health Mission. Facilities made available under DMHP at the Community Health Centre(CHC) and Primary Health Centre(PHC) levels for all including elderly, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.

Government is also implementing the National Programme for Health Care of the Elderly (NPHCE). The major activities of NPHCE include setting up of Geriatric Department in regional Geriatric Centres (RGC) with OPD care services and 30 bedded Geriatric Ward, setting up of Geriatric units at District Hospitals to provide specialized Geriatric Services including a 10 bedded Geriatric Ward, establishment of a rehabilitation unit at all Community Health Centres and Geriatric Clinics twice a week, setting up of weekly Geriatric Clinic by trained Medical Officers at Primary Health Centres and information, education and communication activities on healthy lifestyle, home care to the bed ridden and supporting devices for the needy elderly persons at sub-centre level.

The Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.73 lakh Sub Health Centres (SHCs) and Primary Health Centres (PHCs) to Ayushman Arogya Mandirs. Mental health services and services for the elderly have been added in the packages of services under Comprehensive Primary Health Care provided at these Ayushman Arogya Mandirs. Operational

guidelines on Mental, Neurological, and Substance Use Disorders (MNS) at Ayushman Arogya Mandirs have been released under the ambit of Ayushman Bharat.

The data regarding number of public psychiatric beds across the country, State/UT-wise, is not maintained centrally. There are 47 Government run mental hospitals in the country, including 3 Central Mental Health Institutions. The number of psychiatric beds available in three Central Mental Health Institutions, viz. National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru, Central Institute of Psychiatry (CIP), Ranchi and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur is 1096, 643 and 336 beds respectively. Mental Health Services are also provisioned in all AIIMS. These services are also available under PMJAY.

Under the tertiary care component of NMHP, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialities as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health specialties.

As per the National Mental Health Survey (NMHS) 2016, conducted by the NIMHANS, Bengaluru in 12 States of the country, the availability of Psychiatrists in the NMHS states varied from 0.05 per lakh population in Madhya Pradesh to 1.2 per lakh population in Kerala.

Besides the above, the Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 22.11.2024, 36 States/ UTs have set up 53 Tele MANAS Cells and have started tele mental health services. More than 15,95,000 calls have been handled on the helpline number.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders.

### **RISE IN NON-COMMUNICABLE DISEASES IN PUNJAB**

#### **3208. SHRI CHARANJIT SINGH CHANNI:**

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

(a) whether the Government is aware of the alarming rise in non-communicable diseases (NCDs) such as diabetes, hypertension and cancer in Punjab, as highlighted by recent reports and if so, the details thereof;

(b) the measures taken/proposed to be taken by the Government to address the underlying causes, including sedentary lifestyles, unhealthy diets and environmental factors contributing to these diseases; and

(c) whether there is any plan to launch a targeted programme in Punjab under the Ayushman Bharat scheme to combat the growing prevalence of NCDs in the country and if so, the details thereof, State/UT-wise?

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

(a): As per the “India State-Level Disease Burden Initiative” study report and disease specific publications, the contribution of all non-communicable diseases (NCDs) and major NCDs like diabetes, hypertension and cancer to total Disability Adjusted Life Years (DALYs) is given in the table below:

Name of the disease group	Contribution to total DALYs			
	India		Punjab	
	1990	2016	1990	2016
All NCDs	30.5%	55.4%	NA	66%
Diabetes	0.7%	2.2%	1.3%	3.9%
Hypertension	3.9%	8.5%	7.3%	15.3%
Cancer	2.5%	5.0%	58.0*	85.5*

\*Incidence rate per one lakh population

Full report is available at :

[https://phfi.org/downloads/171110\\_India\\_Health\\_of\\_Nation\\_states\\_Report\\_2017.pdf](https://phfi.org/downloads/171110_India_Health_of_Nation_states_Report_2017.pdf)

(b) and (c): The Department of Health and Family Welfare, Government of India provides technical and financial support to the States/UTs 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). Under NP-NCD, 770 District NCD Clinics and 6410 Community Health Centre NCD Clinics has been set up.

A population-based initiative for screening, management and prevention of common NCDs have been rolled out as a part of comprehensive Primary Health Care in the country under National Health Mission (NHM). Screening of diabetes, hypertension, oral, cervical and breast cancer is an integral part of service delivery.

Further, initiatives for increasing public awareness for promotion of healthy lifestyle include observance of National Health Days, use of print, electronic and social media. 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).

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

Healthy Eating is promoted through Eat Right India movement of Food Safety and Standards Authority of India (FSSAI). ICMR- NIN (National Institute of Nutrition) along with Food Safety and Standards Authority of India (FSSAI) has recommended guidelines for High Fat High Salt, Sugars (HFSS) Food Labels on all Ready to eat foods so that consumption of these foods will be moderated. ICMR-NIN has recommended a new syllabus in Text books of

School children in NCERT Board on Healthy Food habits and Nutrition as a Part of Nutrition Education and Communication Strategy for Healthy foods

### **SAGARMALA PROJECT IN WEST BENGAL**

#### **3209. SHRI RAJU BISTA:**

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

- (a) the details of projects sanctioned under Sagarmala project to connect West Bengal with several ports of the country;
- (b) the amount of fund(s) allocated and released to these projects during the last five years along with the status of the completion of such projects;
- (c) whether the Government proposes more projects under the Sagarmala scheme for port connectivity of the State of West Bengal; 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) The Sagarmala Programme is a flagship initiative of Government of India to promote port-led development, improve connectivity between ports, and enhance industrial growth through efficient logistics. Under the Programme, several infrastructure projects are being developed across the country, including West Bengal, to improve connectivity between the ports in India.

There are 17 Projects worth more than Rs.9487 Cr. identified under Sagarmala Programme in the state of West Bengal for Port Connectivity

enhancement. These projects are implemented by Central Ministries, IWAI, Indian Railways, State Government and Major Ports etc. The detailed status of projects is given in the enclosed **Statement-I**.

Under Sagarmala Scheme, Ministry of Ports, Shipping and Waterways is partially funding 6 projects worth Rs. 404 Cr under Connectivity Pillar. All the 6 projects have been completed. The details of projects along with funds sanctioned and released under the project is given in the enclosed

### **Statement-II**

(c) and(d) The expansion of port facilities and the improvement of road and rail networks under the Sagarmala Programme is indeed an ongoing and dynamic process. The projects and investments are primarily driven by the requirements and demands of the State Government, Major Ports, and industry growth, and are continuously updated to align with increased trade, regional development needs, and economic goals.

### **STATEMENT-I**

#### **Details of the projects sanctioned under Sagarmala project.**

<b>S.No</b>	<b>Project name</b>	<b>Project Cost (Rs. Cr.)</b>	<b>Status</b>
1.	RoB cum Flyover at Ranichak level crossing at KoPT	127.80	Completed
2.	Improvement of road connectivity to facilitate trade and port users at KoPT	15.00	Completed
3.	Upgradation of the track 10-12-14-16-18-19-20-21- 22 and 23 at EJC yard of KoPT	47.00	Completed

<b>S.No</b>	<b>Project name</b>	<b>Project Cost (Rs. Cr.)</b>	<b>Status</b>
4.	Upgrade of existing rail network at Kolkata Dock System	9.00	Completed
5.	2nd Railway Line from Durgachak take off point to 'A' cabin at Durgachak at HDC	117.00	Completed
6.	Upgrading to accommodate full rake length at 7 Netaji Subash Dock and its yard under KDS- KoPT	16.50	Completed
7.	Improvement of road connectivity to facilitate trade and port users at KoPT, Phase-2	88.00	Completed
8.	Kharagpur - Narayangarh 3rd line	270.00	Completed
9.	Renovation of Bascule Bridge at Kolkata Dock System of Syama Prasad Mookerjee Port, Kolkata	40.32	Under Development
10.	Double Lane to 4 Lane road connecting Haldia Multi Modal Terminal and NH-116 (National Waterway-1)	924.00	Under Development
11.	Two Lane to Four Lane road connecting Kolaghat to NH-41 (National Waterway-86)	110.00	Under Development
12.	Panskura-Kharagpur 3rd line -44.7 km	3,075.00	Completed
13.	Inspection, Measurement, correcting parameters and recouping deficient components of rail tracks at KDS	14.04	Under Implementation
14.	Construction and upgradation of level crossing at different areas of KDS	4.47	Completed
15.	New alignment from SH. From Balagarh to Balagarh Island	743	Under Development

S.No	Project name	Project Cost (Rs. Cr.)	Status
16.	New alignment proposed for improving connectivity of Port to NH-06. Underground Tunnel / RoB from NS Dock Area of Kolkata Dock System to Salap, Howrah connectivity to NH-06	1,040	Under Development
17.	"From Kolkata Dock System to Diamond Harbour (2 lane to 4 lane)	2,846	Under Development

### **STATEMENT-II**

**The details of projects along with funds sanctioned and released under the Sagarmala project.**

Sr No	Name of Project	Project Pillar	Implementing Agency	Project Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr)	Fund Released till date (Rs. Cr)
1	2 <sup>nd</sup> Railway Line from Durgachak take off point to 'A' cabin at Durgachak at HDC	Port Connectivity	Haldia Dock Complex	Completed	117.00	20.00	20.00
2	Improvement of road connectivity to facilitate trade and port users	Port Connectivity	Kolkata Port Trust	Completed	88.00	20.00	18.00

	at KoPT, Phase-2						
3	Upgrade of existing rail network at Kolkata Dock System	Port Connectivity	Kolkata Port Trust	Completed	9.00	4.00	4.00
4	Upgradation of the track 10-12-14-16-18-19-20-21- 22 and 23 at EJC yard of KoPT	Port Connectivity	Kolkata Port Trust	Completed	47.00	14.00	14.00
5	Improvement of road connectivity to facilitate trade and port users at KoPT	Port Connectivity	Kolkata Port Trust	Completed	15.00	7.50	6.76
6	RoB cum Flyover at Ranichak level crossing at KoPT	Port Connectivity	Haldia Dock Complex	Completed	127.80	50.00	50.00

### DIGITISATION OF PORT OPERATIONS

#### 3210. SHRI TEJASVI SURYA:

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

(a) whether any efforts are being made by the Government to digitize port operations under the Sagarmala Scheme;

(b) if so, the details thereof; and

(c) the estimated impact that digitization of port operations is likely to have on port efficiency in the country?

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

(a) and (b) Government of India has been actively working on digitizing port operations to enhance efficiency, transparency, and ease of doing business in the maritime sector. The push for digitization in port operations is a part of the broader "Port Modernisation" pillar under Sagarmala Programme.

To improve efficiency and transparency, Government has inaugurated NLP Marine with a vision to provide one stop platform aimed at connecting all the stakeholders of the logistics community using IT. Maritime single window(MSW) and Mercantile Marine Department(MMD) Modules in SagarSetu (NLP-Marine) have been launched. The MSW module is a cutting edge digital platform designed to revolutionize the exchange of maritime related information and documents, emphasizing harmonization and standardization for efficient data submission.

In 20<sup>th</sup> MSDC meeting held in Goa in the month of September, 2024 , Ministry launched the National Safety in Ports Committee (NSPC) application on the National Single Window System platform. This application is developed to streamline regulatory processes, improving efficiency and reducing costs for stakeholders.

(c) The digitization of port operations is expected to bring significant improvements in port efficiency, translating into higher productivity, cost savings, reduced turnaround times, and improved supply chain management. Digital technologies will not only improve their operational efficiency but also enhance their competitiveness on the global stage, facilitating smoother international trade and boosting the national economy.

### आंगनवाड़ी में शिशुगृह

#### 3211. श्री दर्शन सिंह चौधरी:

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

- (क) क्या सरकार का देशभर के आंगनवाड़ी केंद्रों में शिशुगृह (क्रैश) स्थापित करने का विचार है;
- (ख) यदि हां, तो सरकार द्वारा उक्त उद्देश्य को प्राप्त करने के लिए क्या कदम उठाए गए हैं; और
- (ग) सरकार द्वारा स्वीकृत शिशुगृहों की संख्या कितनी है तथा शेष शिशुगृहों को कब तक स्वीकृत किए जाने की संभावना है?

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

(क) से (ग): आंगनवाड़ी केंद्र दुनिया के सबसे बड़े बाल देखभाल संस्थान हैं जो अंतिम मील तक देखभाल सुविधाओं का वितरण सुनिश्चित करते हुए बच्चों को आवश्यक देखभाल और सहायता प्रदान करने के लिए समर्पित हैं। अपनी तरह के पहले दृष्टिकोण में, मंत्रालय ने पालना योजना के माध्यम से आंगनवाड़ी सह शिशुगृह (एडब्ल्यूसीसी) के माध्यम से बाल देखभाल की सेवाओं का विस्तार किया है। इससे सुरक्षित वातावरण में उनके हितों का ध्यान रखते हुए पूरे दिन बाल देखभाल सहायता की सुविधा मिलेगी। पालना का उद्देश्य बच्चों (6 महीने से 6 वर्ष की आयु तक) के लिए सुरक्षित वातावरण में गुणवत्तापूर्ण शिशुगृह सुविधा, पोषण संबंधी सहायता, बच्चों के स्वास्थ्य और संज्ञानात्मक विकास, विकास निगरानी और टीकाकरण की सुविधा प्रदान करना है। पालना के तहत सभी माताओं को शिशु गृह सुविधाएं प्रदान की जाती हैं, चाहे उनकी रोजगार की स्थिति कुछ भी हो।



व्यापक 'मिशन शक्ति' के हिस्से के रूप में, 15वें वित्त आयोग की अवधि (यानी वित्त वर्ष 2025-26 तक) के दौरान पालना योजना के तहत कुल 17,000 आंगनवाड़ी-सह-शिशुगृह (एडब्ल्यूसीसी) की स्थापना को मंजूरी दी गई है। आंगनवाड़ी केन्द्रों की स्थापना एवं प्रचालन हेतु प्रस्ताव संबंधित राज्य सरकारों/संघ राज्य क्षेत्र प्रशासनों से प्राप्त होते हैं, जो इस योजना के कार्यान्वयन में अपना समानुपाती अंशदान के लिए भी उत्तरदायी होते हैं। विभिन्न राज्यों/संघ राज्य से प्राप्त प्रस्तावों के अनुसार 31.10.2024 तक मंत्रालय द्वारा कुल 10,609 आंगनवाड़ी केंद्रों को मंजूरी दी गई है, जिनमें से संबंधित राज्यों/ संघ राज्य क्षेत्रों द्वारा 1,241 आंगनवाड़ी केंद्रों का संचालन शुरू कर दिया गया है।

## GLOBAL GENDER GAP INDEX

### 3212. SHRI GAURAV GOGOI:

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

- (a) whether the government is aware that India's global ranking on gender inequality has been falling in recent years indicating a decline in women's political, economic and educational empowerment;
- (b) if so, the details of measures taken by the Government to address the widening gender gap in the country;
- (c) whether the Government has identified any specific factors behind the falling rank in the Global Gender Gap Index, if so, the details of the areas identified which require immediate attention and intervention;

- (d) whether the Government has any measures to collect and analyze gender-disaggregated data to monitor progress and identify areas of concern, if so, the details thereof;
- (e) the manner in which the Government is evaluating the effect of gender equality initiatives; and
- (f) if so, the details of the mechanisms put in place to hold officials accountable for progress?

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

(a) to (f): The Global Gender Gap Report 2024 is released by the World Economic Forum, a non-government organization. It ranked India at 129 out of 146 countries on its Global Gender Gap Index (GGGI). The Global Gender Gap Report 2023 had ranked India at 127 out of 146 countries and 135 out of 146 countries in 2022.

Government of India has given utmost priority to bridge the gender gap in India, by reducing disparity between men and women and by increasing socio-economic status of women and their participation in various fields. Some major initiatives taken by the Government of India for bridging the gender gap in economic and political life and education are as follows:

**Economic Empowerment**

Government has taken several initiatives to enhance women's participation in labour force. The labour laws have specific provisions relating to women workers besides all other rights under labour laws which, inter alia, include:

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

Some major initiatives taken by the Government for improving economic empowerment of women are as follows:

- **Sakhi Niwas** (Working Women’s Hostel) scheme provides safe and affordable housing for working women and thereby encourages more women to seek employment.

- **Palna**, the National Crèche Scheme, ensures that women take up gainful employment through providing a safe, secure and stimulating environment to the children.
- **Hubs for Empowerment of Women (HEW)** at National, State and District level have been approved under Mission Shakti. The support under HEW is available for guiding, linking and hand holding women to various institutional and schematic set-up for their empowerment and development including equal access to healthcare, quality education, career and vocational counselling/training, financial inclusion, entrepreneurship, backward and forward linkages, health and safety for workers, social security and digital literacy at various levels across the country.
- **Pradhan Mantri Mudra Yojana (PMMY)** has been initiated by Government, inter alia, for facilitation of self-employment. Under PMMY, collateral free loans upto Rs. 20 lakh are extended to micro/small business enterprises and to individuals to enable them to setup or expand their business activities. Majority of the beneficiaries under this yojana are women.
- **Stand Up India** scheme promotes entrepreneurship amongst women, SC and ST categories, i.e., those sections of the population understood to be facing significant hurdles due to lack of advice/ mentorship as well as inadequate and delayed credit. 84% of the loans sized Rs 10 lakh to Rs. 1 crore were made available to women.

- **Pradhan Mantri Kaushal Vikas Yojana** aims to enable a large number of Indian youths including women to take up industry-relevant skill training in securing a better livelihood.
- **Deen Dayal Antyodaya National Urban Livelihoods Mission** focuses on creating opportunities for women in skill development, leading to market-based employment.
- **Pradhan Mantri Awaas Yojana** aims to provide housing for all, incentivising women's property ownership through encouraging sole and joint ownership of property registered under the name of woman.
- **Sukanya Samridhi Yojna** – Families are incentivised economically to financially invest in the future of girls by opening their bank accounts under this scheme.
- **Skill Upgradation and Mahila Coir Yojna** is an exclusive training programme of MSME aimed at skill development of women artisans engaged in coir Industry.
- **Prime Minister's Employment Generation Programme** is a major credit-linked subsidy programme aimed at generating self-employment opportunities through establishment of micro-enterprises in the non-farm sector.
- **The Mahatma Gandhi National Rural Employment Guarantee Act, 2005** (MGNREGA) mandates that at least one third of the jobs generated under the scheme (MGNREGS) should be given to women.

## Political Empowerment

- The country currently has a woman as the Head of the State.
- In order to bring women in the mainstream of political leadership at the grassroots level, Government has reserved 33% of the seats in Panchayati Raj Institutions for women. Capacity Building of Panchayat Stakeholders including Elected Women Representatives (EWRs) of Ministry of Panchayati Raj is conducted with a view to empowering women to participate effectively in the governance processes. Today, out of the 31 lakh elected representatives in PRIs, 14 lakhs, or 46% are women, much higher than the constitutional mandate, and the highest absolute number of women in local governments globally.
- In 2023, Parliament of India passed the Constitution (One Hundred and Sixth Amendment) Act, 2023, “**Nari Shakti Vandan Adhiniyam**”, marking a historic milestone in its national journey to foster equitable women’s representation in public life at all levels of the federal structure. This landmark legislation rotationally reserves one-third of all seats for women in the Lower House of Parliament, Lok Sabha, and in all federal State Legislative Assemblies, including Legislative Assembly of National Capital Territory of Delhi, thus institutionalizing representation of women in politics at the highest levels of public decision-making.

## Education

- **Samagra Shiksha**: The Department of School Education and Literacy, M/o Education launched an integrated Centrally Sponsored Scheme for

school education, i.e., “Samagra Shiksha” with effect from the FY 2018-19. The scheme subsumes the three erstwhile Centrally Sponsored Schemes viz. “Sarva Shiksha Abhiyan” (SSA), “Rashtriya Madhyamik Shiksha Abhiyan” (RMSA) and “Teacher Education”.

- To ensure greater participation of girls in schools and to reduce drop-out rate of girls, various interventions have been targeted under Samagra Shiksha which include opening of schools in the neighbourhood as defined by the State, provision of free text-books and uniforms to girls up to Class VIII, provision of gender segregated toilets in all schools, teachers’ sensitization programmes to promote girls’ participation, provision for self-defence training for the girls from classes VI to XII, stipend to CwSN (Children with Special Needs) girls from class I to Class XII, construction of residential quarters for teachers in remote/hilly areas/in areas with difficult terrain, vocationalization of secondary education, special projects for equity such as life skills, awareness programmes, incinerators, sanitary pad vending machines.
- Nav Bharat SakshartaKaryakram (New India Literacy Programme - NILP): The Union of India has approved a new Centrally Sponsored Scheme, namely - Nav Bharat SakshartaKaryakram (New India Literacy Programme - NILP) to align with the National Education Policy 2020 and to support all the States and Union Territories in promoting literacy among non-literates across the country covering 5.00 crore non-literates under Foundational Literacy and Numeracy of the scheme with a financial outlay

of Rs.1037.90 crore during the implementation period from 2022-23 to 2026-27.

- Under the **Swacch Vidyalaya Mission**, it was ensured that all schools have at least one functional toilet for girls by August, 2015. As per UDISE+2021-22, 97.48% Government Schools have the facilities of separate Girls' toilets and 98.2% Government Schools have the facilities of drinking water.
- **Vigyan Jyoti** was launched in 2020 to balance low representation of girls in different streams of Science and Technology from 9<sup>th</sup> to 12<sup>th</sup> standards benefiting over 80,000 girl students.
- **Gender Advancement for Transforming Institutions (GATI) (2020)** initiative encourages transformational changes at institutional level towards achieving Gender Equality in the STEM area. In its pilot phase, 30 scientific institutions are working under GATI pilot towards achieving Gender Equality in STEM.
- **Women Technology Parks (2017-18)** have been established as resource centers where all necessary support is made available to women on Science and Technology based training, capacity building in various technologies.

Ministries/departments under Government of India collect data, including gender disaggregated data, for monitoring the performance and implementation of their respective schemes and programmes. Gender disaggregated data is also collected by undertaking surveys and censuses by various agencies.



Under the Global Indices for Reforms and Growth (GIRG), it has been decided to leverage the monitoring of select Global Indices to drive reforms and growth in the country and improve service delivery.

### **DEMAND AND PRODUCTION OF UREA**

**3213. SHRI DHAIRYASHEEL RAJSINH MOHITE- PATIL:**

**SHRI SANJAY DINA PATIL:**

**SHRIMATI SUPRIYA SULE:**

**PROF. VARSHA EKNATH GAIKWAD:**

**SHRI BAJRANG MANOHAR SONWANE:**

**SHRI AMAR SHARADRAO KALE:**

**DR. AMOL RAMSING KOLHE:**

**SHRI NILESH DNYANDEV LANKE:**

**DR. SANJAY JAISWAL:**

**SHRI BHASKAR MURLIDHAR BHAGARE:**

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

- (a) the demand and production for urea in the country indicating the policies formulated to encourage its production and the role of private sector participation envisaged in these policies;
- (b) whether the Government is incentivizing the establishment of new urea manufacturing plants, if so, the details thereof and the expected outcomes in terms of expansion of its domestic production capacity;
- (c) whether the Government has revived or plans to revive closed urea manufacturing plants;
- (d) if so, the details, including their locations and current status thereof;

(e) whether the Government plans to adopt green hydrogen or other sustainable technologies in urea production and if so, the details thereof; and

(f) the steps taken by the Government to ensure equitable supply of these across States?

**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): During 2023-24 the demand for Urea stood at 356.08 LMT and production of Urea stood at 314.09 LMT. With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7<sup>th</sup> October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak and Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based

on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity), RAC has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA at present.

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually. 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) and (d) : Government mandated the revival of Ramagundam (Telangana), Gorakhpur (Uttar Pradesh), Sindri (Jharkhand) and Talcher (Odisha) units of Fertilizer Corporation of India (FCIL) and Barauni (Bihar) unit of Hindustan Fertilizer Corporation Ltd. (HFCL) through Joint Venture Company (JVC) of nominated PSUs for setting up new ammonia-urea plants of 12.7 LMT per annum capacity each. Ramagundam, Gorakhpur, Barauni and Sindri units have started urea production on 22.03.2021, 07.12.2021, 18.10.2022 and 05.11.2022 respectively.

(e): As per the National Green Hydrogen Mission (NGHM), there is no such proposal.

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

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

### **CONTRACT WORKERS IN RML HOSPITAL**

#### **3214. SHRI RAJA RAM SINGH :**

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

- (a) whether the Government is aware of the fact that services of contract workers engaged directly by Dr. Ram Manohar Lohia Hospital, New Delhi including 16 LDCs since 2010-2011 have been terminated despite having served for 12-15 years (including during COVID pandemic) and during pendency of industrial dispute;
- (b) if so, the steps taken/proposed to be taken by the Government to give relief to these employees by means of reinstatement/regularization of services;
- (c) whether the Government is aware of the fact that services of contractual nurses employed by Dr. RML Hospital, New Delhi, working since 2010-2011 have been terminated despite having served for 12-15 years (including during COVID pandemic); and
- (d) if so, whether the Government is inclined to reinstate/regularize the services of these contractual nurses in Dr. RML Hospital/any other Central Government health institution in Delhi?

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

(a) to (d): 16 Lower Division Clerks (LDCs) were engaged by Dr. Ram Manohar Lohia Hospital (Dr RMLH) on contract basis as a stop-gap arrangement purely on temporary basis in the year 2010 and 2011 and their engagement was extended from time to time against sanctioned and vacant posts of LDCs. Their services were terminated in the year 2022 on filling up of the posts on regular appointment basis. Similarly, services of some contractual Nursing Officers were terminated in the year 2022 on filling up of posts on regular appointment basis. There is no proposal under

consideration of this Ministry for re-engagement/regularization of such contractual employees.

### **SPREAD OF MONKEYPOX**

#### **3215. SHRI BAIJAYANT PANDA:**

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

- (a) the number of active Monkeypox cases reported across the country as per latest data;
- (b) the specific measures taken/proposed to be taken by the Government to control its spread;
- (c) whether the Government has done any collaboration with international health organisations to address the outbreak and if so, the details thereof; and
- (d) whether any actions are being undertaken to strengthen the monitoring of Monkeypox cases across the country particularly in rural areas and if so, the details thereof, State/UT-wise?

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

(a): As per latest data, there is no active Monkeypox (Mpox) cases across the country. However, since 2022, Thirty-three (33) confirmed cases of Mpox (17 cases from Kerala and 16 cases from Delhi) have been reported by the States and UTs in the country.

(b) to (d): Ministry of Health and Family Welfare has taken a number of steps to minimize the risk of disease importation as well as to strengthen requisite public health and clinical interventions for management of Mpox disease. Some of the key measures are as detailed below:

- MoHFW released 'Guidelines on Management of Mpox Disease' which may please be seen at <https://mohfw.gov.in/sites/default/files/Guidelines%20for%20Management%20of%20Monkeypox%20Disease.pdf>. This was widely circulated to all States/UTs. The guidelines cover all aspects of management of Mpox including case definitions, surveillance strategies, clinical management, infection prevention and control, risk communication.
- The State/District Surveillance Officers (SSOs) under Integrated Disease Surveillance Programme (IDSP) of all States/UTs have been instructed to intensify surveillance activities for Mpox disease.
- NIV Pune (BSL-4 laboratory) under ICMR has been designated as a referral laboratory for testing of suspected cases. In addition, 17 other ICMR-VRDL network laboratories have been operationalized to undertake diagnostic testing for Mpox disease. Instructions on sample packaging and transport have been shared with all States/UTs.
- All Airport/Port Health Officers have been instructed to remain vigilant and undertake rigorous health screening of incoming international passengers.

- MoHFW has issued Communicable Diseases Alert on Mpox which may be seen at <https://ncdc.mohfw.gov.in/cd-alert/>. Emergency Operation Centre was also activated to maintain the situation.
- A National Task Force on Mpox Disease has been constituted to monitor the development of diagnostics and vaccines for management of Mpox disease.
- The Government has taken steps to create awareness about the Mpox outbreak especially in rural and remote areas of the country. Information, Education and Communication (IEC) materials have been developed by the MoHFW both in Hindi and English language and circulated to create awareness about common symptoms, need for immediate reporting of suspect cases, and its prevention for the community.
- Central Teams have also been deployed on detection of confirmed cases to affected districts to assist control and containment efforts by the State Health Authorities.
- Union Health Ministry has been in regular interaction with all States/UTs and meetings held by Secretary, Health and Family Welfare and Senior Officials of MoHFW, Government of India wherein States and UTs were advised to take requisite public health actions for control and containment of the outbreak.



## आयुर्वेदिक अनुसंधान केंद्र

### 3216. श्री हनुमान बेनीवाल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या सरकार का देश में आयुर्वेद को बढ़ावा देने के लिए नए आयुर्वेदिक अनुसंधान केंद्रों की स्थापना करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) सरकार द्वारा कौन-कौन सी नीतिगत पहलें की गई हैं और सरकार को इस संबंध में कितनी सफलता मिली है; और

(ग) देश में कार्यशील आयुर्वेदिक अनुसंधान केंद्रों का राजस्थान सहित राज्य/संघ राज्यक्षेत्रवार ब्यौरा क्या है?

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

(क) और (ख): आज की तिथि तक, आयुष मंत्रालय में ऐसा कोई प्रस्ताव विचाराधीन नहीं है।

(ग) आयुष मंत्रालय, भारत सरकार ने आयुर्वेदीय विज्ञान में वैज्ञानिक तर्ज पर अनुसंधान कार्य के प्रारंभ, समन्वय, निरूपण, विकास और प्रोत्साहन के लिए एक स्वायत्त संगठन, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) की स्थापना की है। देश के 25 राज्यों में 30 परिधीय संस्थानों के माध्यम से परिषद की गतिविधियां की जाती हैं। सीसीआरएएस संस्थानों/केंद्रों की सूची का ब्यौरा संलग्न **विवरण** में दिया गया है।

राजस्थान राज्य में सीसीआरएएस के तहत एक संस्थान नामतः एमएस क्षेत्रीय आयुर्वेद अनुसंधान संस्थान (एमएसआरएआरआई), जयपुर में कार्यशील है।

विवरण

## सीसीआरएस अनुसंधान संस्थानों/केंद्रों की राज्य/संघ राज्य क्षेत्र-वार सूची

क्र.सं	राज्य/संघ राज्य क्षेत्र	संस्थान/केंद्र का नाम
1.	अंदमान व निकोबार द्वीप	1) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, पोर्ट ब्लेयर
2.	आंध्र प्रदेश	2) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, विजयवाड़ा
3.	अरुणाचल प्रदेश	3) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, ईटानगर
4.	असम	4) केंद्रीय आयुर्वेद अनुसंधान संस्थान, गुवाहाटी
5.	बिहार	5) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, पटना
6.	दिल्ली	6) केंद्रीय आयुर्वेद अनुसंधान संस्थान, नई दिल्ली
7.	गोवा	7) क्षेत्रीय आयुर्वेद खनिज एवं समुद्री औषधीय संपदा अनुसंधान संस्थान, गोवा
8.	गुजरात	8) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, अहमदाबाद
9.	हिमाचल प्रदेश	9) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, मंडी
10.	जम्मू-कश्मीर	10) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, जम्मू
11.	कर्नाटक	11) केंद्रीय आयुर्वेद अनुसंधान संस्थान, बेंगलुरु
12.	केरल	12) राष्ट्रीय आयुर्वेद पंचकर्म अनुसंधान संस्थान, चेरुथुरुथी 13) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, तिरुवनंतपुरम
13.	मध्य प्रदेश	14) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, ग्वालियर
14.	महाराष्ट्र	15) राजा रामदेव आनंदीलाल पोदार (आरआरएपी) केंद्रीय आयुर्वेद अनुसंधान संस्थान, मुंबई 16) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, नागपुर 17) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, पुणे
15.	नागालैंड	18) क्षेत्रीय आयुर्वेद अनुसंधान केंद्र, दीमापुर, नागालैंड
16.	ओडिशा	19) केंद्रीय आयुर्वेद अनुसंधान संस्थान, भुवनेश्वर
17.	पंजाब	20) केंद्रीय आयुर्वेद अनुसंधान संस्थान, पटियाला
18.	राजस्थान	21) एम.एस. क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, जयपुर
19.	सिक्किम	22) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, गंगटोक
20.	तमिलनाडु	23) कैप्टन श्रीनिवास मूर्ति केंद्रीय आयुर्वेद अनुसंधान संस्थान, चेन्नई

		24) डॉ. अचंता लक्ष्मीपति क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, चेन्नई
21.	तेलंगाना	25) भारतीय चिकित्सा राष्ट्रीय विरासत संस्थान (एनआईआईएमएच), हैदराबाद
22.	त्रिपुरा	26) क्षेत्रीय आयुर्वेद अनुसंधान केंद्र, अगरतला, त्रिपुरा
23.	उत्तर प्रदेश	27) केंद्रीय आयुर्वेद अनुसंधान संस्थान, झांसी
		28) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, लखनऊ
24.	उत्तराखंड	29) क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, रानीखेत
25.	पश्चिमी बंगाल	30) केंद्रीय आयुर्वेद अनुसंधान संस्थान, कोलकाता

### GREEN TUG TRANSITION PROGRAMME

**3217. SHRI DUSHYANT SINGH:**

**SHRI RAJESH VERMA:**

**SHRIMATI SHAMBHAVI:**

**SHRI NARESH GANPAT MHASKE:**

**DR. SHRIKANT EKNATH SHINDE:**

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

- the steps taken by the Government for transition to greener and more sustainable alternatives in maritime sector in the country since January, 2021;
- the amount allocated and disbursed for the Green Tug Transition Programme (GTTP) for the FY- 2024-25;
- the details of the conventional fuel-based harbour tugs identified for transition to greener and more sustainable alternatives under the GTTP in the next five years;

(d) whether the Government is considering expanding the aforementioned programme to include other components in the next ten years, if so, the details thereof; and

(e) the details of the anticipated environmental benefits of the Green Tug Transition Programme in terms of reducing carbon emissions, air pollution and dependence on fossil fuels 79 and the manner this transition is likely to support India's commitment to international climate agreements, such as the Paris Agreement?

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

(a) and (b) The Ministry of Ports, Shipping and Waterways launched the HaritSagar Green Port guidelines to provide a framework to Major Ports for sustainable development and reduction in carbon footprint through various green initiatives at Major Ports. Ministry of Ports, Shipping and Waterways has not disbursed any funds for the Green Tug Transition Programme (GTTP) for FY 2024-25, as the GTTP intend to utilized the ports own resources.

(c) to (e) GTTP aims to transition at least 30% of the operational tug fleet (both owned and chartered) at all Major Ports to greener and more sustainable alternative fuels by 2030. GTTP is envisaged to be implemented in a phased manner with completion scheduled by 2040 to facilitate a seamless transition of the Harbor tug fleet in the Ports in India from existing diesel fueled tugs to green tugs. It will help reduce carbon emissions, support the Paris Agreement, and contribute to achieving net-zero GHG emissions in the shipping sector.

## DATA ON EMIGRANTS GOING ABROAD

### 3218. SHRI SHAFI PARAMBIL:

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

- (a) whether the Government has the latest data on the emigrants going abroad for studies and overseas employment;
- (b) if so, the details thereof along with the methodology adopted for capturing and compiling the data on emigrants;
- (c) whether the Government has initiated any orientation programmes for those willing to go abroad; and
- (d) if so, the details thereof?

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

(a) and (b) Ministry maintains data in respect of Indian workers, holding Emigration Check Required (ECR) passports, proceeding for employment overseas through e-Migrate portal to any of the 18 notified ECR category countries. The data regarding migration of such Indian workers to these ECR countries during the last 5 years is as follows:

Year	Number of Emigration Clearance granted
2024 (till 1 <sup>st</sup> December)	3,55,851
2023	3,98,317
2022	3,73,435
2021	1,32,675
2020	94,145

Data on Indian students abroad is collated on the basis of inputs received from Indian Missions/Consulates abroad. Missions/Consulates gather this data based on the Indian students abroad registering on their websites. As per information available, approx 1.33 million Indian students are pursuing higher education abroad, as of January 2024.

(c) and (d) The Pre-Departure Orientation Training (PDOT) Programme was launched by the Ministry of External Affairs in January, 2018 under the Pravasi Kaushal Vikas Yojana (PKVY) which is aimed at enhancing skill set of Indian emigrant workers going abroad especially to Gulf and other ECR countries. Under this programme, the emigrant workers are given one day free of cost orientation training to help them to understand local laws and regulations, culture, tradition, language etc of the destination country. The training also provides an opportunity to sensitize the emigrant workers about the pathways to safe and legal migration and brief them about various welfare schemes and initiatives of the Government of India such as Indian Community Welfare Fund (ICWF), Pravasi Bhartiya Bima Yojna (PBBY), MADAD Portal etc.

### वरिष्ठ नागरिकों के लिए आयुष्मान भारत योजना

**3219. श्री कौशलेन्द्र कुमार:**

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

(क) क्या देश भर में 70 वर्ष से अधिक आयु के सभी नागरिकों को आयुष्मान भारत योजना के अंतर्गत शामिल किया गया है;

(ख) क्या उक्त सभी लाभार्थियों को आयुष्मान कार्ड प्रदान किए गए हैं और यदि हां, तो राज्य-वार तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार लाभार्थियों की आयु सीमा 70 से घटाकर 60 वर्ष करने का है; और

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

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

(क) और (ख): दिनांक 29.10.2024 को, भारत सरकार ने 70 वर्ष और उससे अधिक आयु के सभी वरिष्ठ नागरिकों को उनकी सामाजिक-आर्थिक स्थिति की परवाह किए बिना, प्रति परिवार के आधार पर प्रति वर्ष ₹5 लाख तक का निःशुल्क उपचार लाभ प्रदान करने के लिए आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) का विस्तार किया। 70 वर्ष और उससे अधिक आयु के लाभार्थी परिवारों की अनुमानित संख्या 4.5 करोड़ है, जो आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत 6 करोड़ व्यक्तियों के तदनुरूप है। इन पात्र लाभार्थियों (70 वर्ष और उससे अधिक) की अनुमानित संख्या और उक्त योजना के तहत बनाए गए आयुष्मान वय वंदना कार्डों की संख्या का राज्य/संघ राज्य क्षेत्रवार ब्यौरा क्रमशः संलग्न **विवरण -I** और **विवरण -II** में दिया गया है।

(ग) और (घ): उक्त योजना का कार्य दायरा बढ़ाने का कोई प्रस्ताव सरकार के विचाराधीन नहीं है।

#### विवरण-I

योजना के अंतर्गत पात्र लाभार्थियों (70 वर्ष और उससे अधिक) की अनुमानित संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	70 वर्ष और उससे अधिक आयु के वरिष्ठ नागरिकों की अनुमानित संख्या	
	परिवार	व्यक्ति
अंडमान व निकोबार द्वीप समूह	9,984	13,329
आंध्र प्रदेश	19,43,486	25,94,554
अरुणाचल प्रदेश	26,281	35,085

असम	9,04,507	12,07,517
बिहार	29,53,168	39,42,479
चंडीगढ़	28,790	38,434
छत्तीसगढ़	8,22,062	10,97,453
दादरा और नागर हवेली	9,784	13,062
गोवा	69,458	92,727
गुजरात	21,37,596	28,53,690
हरियाणा	9,56,300	12,76,661
हिमाचल प्रदेश	3,54,275	4,72,957
जम्मू और कश्मीर	4,37,276	5,83,763
झारखंड	8,64,437	11,54,024
कर्नाटक	25,02,165	33,40,390
केरल	20,10,672	26,84,247
लद्दाख	10,861	14,500
लक्षद्वीप	2,063	2,754
मध्य प्रदेश	260,1,742	34,73,325
महाराष्ट्र	49,64,017	66,26,963
मणिपुर	92,210	1,23,101
मेघालय	59,327	79,201
मिजोरम	31,664	42,272
नगालैंड	47,493	63,403
पुद्दुचेरी	55,032	73,468
पंजाब	13,01,116	17,36,990
राजस्थान	23,55,898	31,45,124
सिक्किम	18,922	25,261
तमिलनाडु	32,35,454	43,19,331
तेलंगाना	13,50,558	18,02,995
त्रिपुरा	1,38,001	1,84,232



उत्तर प्रदेश	66,71,437	89,06,369
उत्तराखंड	3,99,505	5,33,339

### विवरण -II

**एबी-पीएमजेएवाई के तहत बनाए गए आयुष्मान वय वंदना कार्डों का राज्य/संघराज्य क्षेत्र-वार ब्यौरा**

राज्य/संघ राज्य क्षेत्र	बनाए गए आयुष्मान वय वंदना कार्डों की संख्या
अंडमान व निकोबार द्वीप समूह	222
आंध्र प्रदेश	10,244
अरुणाचल प्रदेश	14
असम	5,514
बिहार	66,712
चंडीगढ़	5,387
छत्तीसगढ़	26,142
दादरा और नागर हवेली	1,537
गोवा	2,19,865
गुजरात	63,297
हरियाणा	12,762
हिमाचल प्रदेश	562
जम्मू और कश्मीर	4,856
झारखंड	68,638
कर्नाटक	3,97,320
केरल	5
लद्दाख	28
लक्षद्वीप	8,17,175
मध्य प्रदेश	21,279
महाराष्ट्र	3,013
मणिपुर	47
मेघालय	38
मिजोरम	106
नगालैंड	3,186
पुदुचेरी	38,988
पंजाब	20,451

राजस्थान	575
सिक्किम	63,233
तमिलनाडु	9,864
तेलंगाना	731
त्रिपुरा	472
उत्तर प्रदेश	3,14,330
उत्तराखंड	3,414

नोट: 04.12.2024 की स्थिति के अनुसार

## INDIA-ITALY TIES

### 3220. SHRI DAYANIDHI MARAN

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

- (a) the immediate steps taken to implement the India-Middle East-Europe Connectivity Corridor (IMECC) following the agreement reached during India's G20 presidency alongwith the manner in which the Ministry ensure that Italy plays an active role in advancing this initiative;
- (b) the specific sectors in Italy identified for collaboration under IMECC and the manner Indian stakeholders are likely to benefit from this partnership;
- (c) the focal areas of economic, defence and technological cooperation between India and Italy;
- (d) whether any new agreements/investments expected as a result of this strengthened partnership, if so, the details thereof;
- (e) the manner in which India is planning to expand its influence and contributions to international organisations based in Rome, like the FAO and the

World Food Programme to advance global food security and agricultural policies; and

(f) the long-term goals for this bilateral relationship with emphasis on Italy as a key partner in Europe and the Mediterranean?

**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) Italy is among select partners along with India who announced the conclusion of an MOU committing to work together to develop a new India-Middle East- Europe Economic Corridor (IMEEC), on the sidelines of the G20 Leaders' Summit in Delhi in 2023. The other partners include European Union, France, Germany, Saudi Arabia, UAE and US.

The IMEEC corridor, which aims at integration of Asia, Europe and the Middle East, involves multiple stakeholders and is at an incipient stage.

(c) , (d) and ( f) India and Italy share a strategic partnership. During their meeting on the margins of G20 Summit in Rio on 18<sup>th</sup> November 2024, Prime Minister Shri Narendra Modi and Prime Minister of Italy Ms Giorgia Meloni, announced a Joint Strategic Action Plan (JSAP) for 2025-2029 for giving an impetus to the bilateral ties. Under the JSAP, both sides will deepen cooperation in diverse domains including trade and investments, science, technology and innovation, space, energy transition, defence, security, migration and mobility, culture, academic and people-to-people ties.

(e) As a founding member of the three UN bodies based in Rome – Food and Agriculture Organisation (FAO), World Food Programme (WFP) and the International Fund for Agricultural Development (IFAD), India is proactively participating in these UN organisations to shape policies and approaches on issues related to global agriculture, food security and nutrition, and rural transformation. India, as a member of key Governing Bodies and Committees, contributes to the effective governance of these UN organisations. India is also articulating the perspective of developing countries. Our partnership with these UN organisations has evolved to joint development of initiatives and technologies, which have immense relevance for other developing countries.

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**12.01 hrs**

**FELICITATION BY THE SPEAKER**

**Congratulation to Shri D. Gukesh on winning the world chess  
championship.**

**माननीय अध्यक्ष :** माननीय सदस्यगण, कल दिनांक 12 दिसम्बर को भारत के 18 वर्षीय युवा शतरंज खिलाड़ी श्री डी. गुकेश ने सिंगापुर में आयोजित फ़ाइडे विश्व शतरंज चैम्पियनशिप का खिताब जीतकर अभी तक के सबसे युवा विजेता बनने का गौरव प्राप्त किया है।

श्री गुकेश की इस जीत से सम्पूर्ण राष्ट्र में उल्लास एवं उत्साह का वातावरण है। निश्चित रूप से उनकी इस उपलब्धि से हमारे युवा खिलाड़ियों को प्रेरणा मिलेगी।

यह सदन श्री डी. गुकेश को शतरंज विश्व चैम्पियन बनने पर हार्दिक बधाई तथा उनके स्वर्णिम भविष्य की शुभकामनाएं देता है।

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**माननीय अध्यक्ष :** माननीय सदस्यगण, मुझे कुछ माननीय सदस्यों द्वारा कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। मैंने स्थगन प्रस्ताव की किसी भी सूचना के लिए आज अनुमति प्रदान नहीं की है।

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**12.02 hrs**

(Shri Dilip Saikia in the chair)

**12.2¼ hrs****PAPERS LAID ON THE TABLE**

**माननीय सभापति :** अब पत्र सभा पटल पर रखे जाएंगे ।

आइटम नंबर – 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):** Hon. Chairperson, Sir, with your kind permission, I rise to lay on the Table:-

- (1) A copy of the Annual Report (Hindi and English versions) of the National Legal Services Authority, New Delhi, for the year 2023-2024 alongwith Audited Annual Accounts of the National Legal Aid Fund for the year 2023-2024.
- (2) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Legal Services Authority, New Delhi, for the year 2023-2024 alongwith audited Annual Accounts of the National Legal Aid Fund for the year 2023-2024.

[Placed in Library. See No.LT1397/18/24]

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

**(श्री प्रतापराव गणपतराव जाधव) :** महोदय, निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

- (1) ओषधि और प्रसाधन सामग्री अधिनियम, 1940 की धारा 38 के अंतर्गत ओषधि (पांचवां संशोधन) नियम, 2024, जो दिनांक 29 अक्तूबर, 2024 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.669(अ) में प्रकाशित हुए थे, की एक प्रति, तथा उसका शुद्धिपत्र जो दिनांक 21 नवम्बर, 2024 की अधिसूचना संख्या सा.का.नि.660(अ) में

प्रकाशित हुआ था।

[Placed in Library. See No.LT1398/18/24]

(2) 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 (खाद्य उत्पाद मानक और खाद्य योज्य) पहला संशोधन विनियम, 2024 जो दिनांक 23 अक्टूबर, 2024 के भारत के राजपत्र में अधिसूचना संख्या एसटीडी/एफए/38/एफएसएसएआई(भाग-एक) में प्रकाशित हुए थे।

(दो) खाद्य सुरक्षा और मानक (संशोधन) नियम, 2024 जो दिनांक 30 अक्टूबर, 2024 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.678(अ) में प्रकाशित हुए थे।

[Placed in Library. See No.LT1399/18/24]

(3) (एक) केन्द्रीय सिद्ध अनुसंधान परिषद्, चेन्नई के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) केन्द्रीय सिद्ध अनुसंधान परिषद्, चेन्नई के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library. See No.LT1400/18/24]

(4) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरि के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी

संस्करण)।

[Placed in Library. See No.LT1401/18/24]

- (5) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library. See No.LT1402/18/24]

- (6) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, मदुरै के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library. See No.LT1403/18/24]

- (7) (एक) केंद्रीय चिकित्सा सेवा सोसाइटी, नई दिल्ली के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) केंद्रीय चिकित्सा सेवा सोसाइटी, नई दिल्ली के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library. See No.LT1404/18/24]



**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):** Chairman Sir, with your

permission, I rise to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Pharmaceutical Education and Research, Hyderabad, for the year 2023-2024, alongwith audited accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the National Institute of Pharmaceutical Education and Research, Hyderabad, for the year 2023-2024.

[Placed in Library. See No.LT1405/18/24]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the National Institute of Tuberculosis and Respiratory Diseases, 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 National Institute of Tuberculosis and Respiratory Diseases, New Delhi, for the year 2022-2023.

- (3) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (2) above.

[Placed in Library. See No.LT1406/18/24]

- (4) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Institute for Social and Economic

Change), Bangalore 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 Population Research Centre (Institute for Social and Economic Change), Bangalore, for the year 2023-2024.

[Placed in Library. See No.LT1407/18/24]

- (5) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Department of Statistics, Maharaja Syajirao University of Baroda), Vadodara, 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 Population Research Centre (Department of Statistics, Maharaja Syajirao University of Baroda), Vadodara, for the year 2023-2024.

[Placed in Library. See No.LT1408/18/24]

- (6) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Utkal University), Bhubaneswar, 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 Population Research Centre (Utkal University), Bhubaneswar, for the year 2023-2024.

[Placed in Library. See No.LT1409/18/24]

- (7) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Centre for Research in Rural and Industrial Development), Chandigarh, 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 Population Research Centre (Centre for Research in Rural and Industrial Development), Chandigarh, for the year 2023-2024.

[Placed in Library. See No.LT1410/18/24]

- (8) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Institute of Economic Growth), 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 Population Research Centre (Institute of Economic Growth), Delhi, for the year 2023-2024.

[Placed in Library. See No.LT1411/18/24]

- (9) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (JSS Institute of Economic Research), Dharwad, 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 Population Research Centre

(JSS Institute of Economic Research), Dharwad, for the year 2023-2024.

[Placed in Library. See No.LT1412/18/24]

- (10) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (The Gandhigram Institute of Rural Health and Family Welfare Trust), Gandhigram, District Dindigul, 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 Population Research Centre (The Gandhigram Institute of Rural Health and Family Welfare Trust), Gandhigram, District Dindigul, for the year 2023-2024.

[Placed in Library. See No.LT1413/18/24]

- (11) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Gauhati University), Guwahati, 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 Population Research Centre (Gauhati University), Guwahati, for the year 2023-2024.

[Placed in Library. See No.LT1414/18/24]

- (12) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (University of Kerala), Thiruvananthapuram, 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 Population Research Centre (University of Kerala), Thiruvananthapuram, for the year 2023-2024.

[Placed in Library. See No.LT1415/18/24]

- (13) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Panjab University), Chandigarh, 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 Population Research Centre (Panjab University), Chandigarh, for the year 2023-2024.

[Placed in Library. See No.LT1416/18/24]

- (14) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Patna University), Patna, 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 Population Research Centre (Patna University), Patna, for the year 2023-2024.

[Placed in Library. See No.LT1417/18/24]

- (15) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (University of Lucknow), Lucknow, 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 Population Research Centre (University of Lucknow), Lucknow, for the year 2023-2024.

[Placed in Library. See No.LT1418/18/24]

(16) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre, (Gokhale Institute of Politics and Economics), Pune, 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 Population Research Centre (Gokhale Institute of Politics and Economics), Pune, for the year 2023-2024.

[Placed in Library. See No.LT1419/18/24]

(17) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre, (Dr. Hari Singh Gour University)

Sagar, (M.P.), 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 Population Research Centre (Dr. Hari Singh Gour University), Sagar (M.P.), for the year 2023-2024.

[Placed in Library. See No.LT1420/18/24]

(18) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Himachal Pradesh University),

Shimla, 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 Population Research Centre (Himachal Pradesh University), Shimla, for the year 2023-2024.

[Placed in Library. See No.LT1421/18/24]

- (19) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (University of Kashmir), Srinagar, 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 Population Research Centre (University of Kashmir), Srinagar, for the year 2023-2024.

[Placed in Library. See No.LT1422/18/24]

- (20) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Mohanlal Sukhadia University), Udaipur, 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 Population Research Centre (Mohanlal Sukhadia University), Udaipur, for the year 2023-2024.

[Placed in Library. See No.LT1423/18/24]

- (21) (i) A copy of the Annual Report (Hindi and English versions) of the Population Research Centre (Andhra University), Visakhapatnam, 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 Population Research Centre (Andhra University), Visakhapatnam, for the year 2023-2024.

[Placed in Library. See No.LT1424/18/24]

(22) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-

- (a) (i) Statement regarding Review by the Government of the working of the National Fertilizers Limited, New Delhi, for the year 2023-2024.
- (ii) Annual Report of the National Fertilizers Limited, New Delhi, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1425/18/24]

- (b) (i) Statement regarding Review by the Government of the working of the Rashtriya Chemicals and Fertilizers Limited, New Delhi, for the year 2023-2024.
- (ii) Annual Report of the Rashtriya Chemicals and Fertilizers Limited, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1426/18/24]

- (c) (i) Statement regarding Review by the Government of the working of the Madras Fertilizers Limited, Chennai, for the year 2023-2024.
- (ii) Annual Report of the Madras Fertilizers Limited, Chennai, for the year 2023-2024, alongwith Audited Accounts and comments of the



Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1427/18/24]

- (d) (i) Statement regarding Review by the Government of the working of the FCI Aravali Gypsum and Minerals India Limited, Jodhpur, for the year 2023-2024.
- (ii) Annual Report of the FCI Aravali Gypsum and Minerals India Limited, Jodhpur, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1428/18/24]

- (e) (i) Statement regarding Review by the Government of the working of the Fertilisers and Chemicals Limited Travancore Limited, Kochi, for the year 2023-2024.
- (ii) Annual Report of the Fertilisers and Chemicals Limited Travancore Limited, Kochi, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1429/18/24]

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND  
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

**(SHRI ARJUN RAM MEGHWAL):** Hon. Chairperson, Sir, with your kind permission, on behalf of Shri Shantanu Thakur, I beg to lay on the Table:-

- (1) A copy each of the following Notifications (Hindi and English versions) under sub-section (3) of Section 458 of the Merchant Shipping Act, 1980:-

- (i) The Merchant Shipping (Ships and Port Facility Security) Rules, 2024 published in Notification No. G.S.R.84(E) in Gazette of India dated 22<sup>nd</sup> June, 2024.
  - (ii) S.O.2446(E) published in Gazette of India dated 24<sup>th</sup> June, 2024 notifying the Director General of Shipping, appointed under section 7 of Merchant Shipping Act, 1980, shall be the designated authority for the purposes of Part IXB of Merchant Shipping Act, 1980.
  - (iii) The Merchant Shipping (Appeal) Rules, 2024 published in Notification No. G.S.R.558(E) in Gazette of India dated 10<sup>th</sup> September, 2024.
  - (iv) S.O.3870(E) published in Gazette of India dated 10<sup>th</sup> September, 2024 appointing the date of publication of the notification as the date on which the provisions at serial number 14 in the Schedule of the Jan Vishwas (Amendment of Provisions) Act, 2023 relating to the Merchant Shipping Act, 1980 shall come into force.
- (2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at Item No. (i) of (1) above.

[Placed in Library. See No.LT1430/18/24]

- (3) A copy of the Inland Vessels (Central Database and Allied Matters) Rules, 2024 (Hindi and English versions) published in Notification No. G.S.R. 670(E) in Gazette of India dated 29<sup>th</sup> October, 2024 under sub-section (1) of Section 113 of the Inland Vessels Act, 2021.

[Placed in Library. See No.LT1431/18/24]

(4) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Deendayal Port Authority, Kandla, for the year 2023-2024.

(ii) A copy of the Annual Accounts (Hindi and English versions) of the Deendayal Port Authority, Kandla, for the year 2023-2024, together with Audit report thereon.

[Placed in Library. See No.LT1432/18/24]

(iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Deendayal Port Authority, Kandla, for the year 2023-2024.

(iv) A copy of the Review (Hindi and English versions) by the Government on the audited accounts of the Deendayal Port Authority, Kandla, for the year 2023-2024.

[Placed in Library. See No.LT1433/18/24]

(5) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Jawaharlal Nehru Port Authority, Mumbai for the year 2023-2024.

(ii) A copy of the Annual Accounts (Hindi and English versions) of the Jawaharlal Nehru Port Authority, Mumbai for the year 2023-2024, together with Audit Report thereon.

[Placed in Library. See No.LT1434/18/24]

(iii) A copy of the Review (Hindi and English versions) by the

Government of the working of the Jawaharlal Nehru Port Authority, Mumbai, for the year 2023-2024.

- (iv) A copy of the Review (Hindi and English versions) by the Government on the audited accounts of the Jawaharlal Nehru Port Authority, Mumbai, for the year 2023-2024.

[Placed in Library. See No.LT1435/18/24]

- (6) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Visakhapatnam Port Authority, Visakhapatnam, 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 Visakhapatnam Port Authority, Visakhapatnam, for the year 2023-2024.

[Placed in Library. See No.LT1436/18/24]

- (7) (i) A copy of the Administration Report (Hindi and English versions) of the Syama Prasad Mookerjee Port, Kolkata for the year 2023-2024.

- (ii) A copy of the Annual Accounts (Hindi and English versions) of the Syama Prasad Mookerjee Port, Kolkata 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 Syama Prasad Mookerjee Port,

Kolkata, for the year 2023-2024.

- (iv) A copy of the Review (Hindi and English versions) by the Government on the audited accounts of the Syama Prasad Mookerjee Port, Kolkata, for the year 2023-2024.

[Placed in Library. See No.LT1437/18/24]

- (8) A copy each of the following papers (Hindi and English versions) under sub-section 1(b) of Section 394 of the Companies Act, 2013:-

- (a) (i) Statement regarding Review by the Government of the working of the Shipping Corporation of India Land and Assets Limited, Mumbai, for the year 2023-2024.
- (ii) Annual Report of the Shipping Corporation of India Land and Assets Limited, Mumbai, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1438/18/24]

- (b) (i) Statement regarding Review by the Government of the working of the Shipping Corporation of India Limited, Mumbai, for the year 2023-2024.
- (ii) Annual Report of the Shipping Corporation of India Limited, Mumbai, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1439/18/24]

- (9) A copy of the Notification No. IMU/HQ/ADM/Notification/2023/01 (Hindi

and English versions) published in Gazette of India dated 3<sup>rd</sup> July, 2024 notifying Statute 34(1), Ordinance No 1 of 2024, Ordinance No 2 of 2024, Regulation 01 of 2016, Regulation 03 of 2016 and appointing Estate Officer in respect of public premises controlled by each Campus of Indian Maritime University under sub- section (2) of Section 47 of the Indian Maritime University Act, 2008.

[Placed in Library. See No.LT1440/18/24]

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY**

**SETH):** Hon. Chairperson, Sir, with your kind permission, I rise to lay on the Table:-

(1) A copy each of the following Notifications (Hindi and English versions) under article 309 of the Constitution:-

- (i) The Ministry of Defence, Defence Research and Development Organisation, Civil Works Officer Cadre (Group 'A' and 'B' Posts) Recruitment Rules, 2023 published in Notification No. S.R.O.73(E) in weekly Gazette of India dated 10<sup>th</sup> June, 2023.
- (ii) The Defence Research and Development Service Rules, 2023 published in Notification No. S.R.O.72 in weekly Gazette of India dated 3<sup>rd</sup> June, 2023.
- (iii) The Defence Research and Development Organisation, Store Assistant 'B' and Store Assistant 'A' (Group 'C' Posts) Recruitment (Amendment) Rules, 2023 published in Notification No. S.R.O.78 in

weekly Gazette of India dated 24<sup>th</sup> June, 2023.

- (iv) The Ministry of Defence, Defence Research and Development Organisation, Senior Store Officer Grade- II. Store Officer and Senior Store Assistant (Group 'A' and 'B' Posts) Recruitment Rules, 2023 published in Notification No. S.R.O.85 in weekly Gazette of India dated 26<sup>th</sup> August, 2023.
- (v) The Defence Research and Development Organization, Ministry of Defence, Group 'C' posts Recruitment (Amendment) Rules, 2023 published in Notification No. S.R.O.86 in weekly Gazette of India dated 30<sup>th</sup> September, 2023.
- (vi) The Ministry of Defence, Defence Research and Development Organisation and Directorate General of Aeronautical Quality Assurance, Accounts Cadre, Accountant (Group 'B' Post) Recruitment Rules, 2024 published in Notification No. S.R.O.9 in weekly Gazette of India dated 10<sup>th</sup> February, 2024.
- (vii) The Ministry of Defence, Defence Research and Development Organisation and Directorate General of Aeronautical Quality Assurance, Accounts Cadre, Senior Accounts Officer Grade-I (Group 'A' Post) Recruitment Rules, 2024 published in Notification No. S.R.O.10 in weekly Gazette of India dated 10<sup>th</sup> February, 2024.
- (viii) The Ministry of Defence, Defence Research and Development Organisation and Senior Administrative Officer Grade-II (Group 'A' Post) Recruitment Rules, 2024 published in Notification No.

S.R.O.24 in weekly Gazette of India dated 1<sup>st</sup> June, 2024.

- (ix) The Ministry of Defence, Defence Research and Development Organisation, Principal Private Secretary Recruitment (Amendment) Rules, 2024 published in Notification No. S.R.O.25 in weekly Gazette of India dated 1<sup>st</sup> June, 2024.
  - (x) The Ministry of Defence, Defence Research and Development Organisation Technical Cadre Recruitment Rules, 2024 published in Notification No. S.R.O.52 in weekly Gazette of India dated 21<sup>st</sup> September, 2024.
  - (xi) The Ministry of Defence, Defence Research and Development Organisation, Deputy Director (Official Language), Group 'A' Post, Recruitment Rules, 2023 published in Notification No. S.R.O.90 in weekly Gazette of India dated 30<sup>th</sup> December, 2023.
- (2) Eleven Statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library. See No.LT1441/18/24]

- (3) (i) A copy of the Annual Report (Hindi and English versions) of the Centre for Joint Warfare Studies, 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 Centre for Joint Warfare Studies, New Delhi, for the year 2023-2024.

[Placed in Library. See No.LT1442/18/24]



- (4) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Cantonment Boards for the year 2023-2024.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Cantonment Boards, for the year 2023-2024.

[Placed in Library. See No.LT1443/18/24]

- (5) (i) A copy of the Annual Report of the National Maritime Foundation, New Delhi, for the year 2023-2024, alongwith Audited Accounts.
- (ii) A copy of the Review by the Government of the working of the National Maritime Foundation, New Delhi, for the year 2023-2024.

[Placed in Library. See No.LT1444/18/24]

- (6) 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 Hindustan Aeronautics Limited, Bengaluru, for the year 2023-2024.
- (ii) Annual Report of the Hindustan Aeronautics Limited, Bengaluru, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1445/18/24]

- (b) (i) Review by the Government of the working of the BEML Limited, Bangalore, for the year 2023-2024.

- (ii) Annual Report of the BEML Limited, Bengaluru, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1446/18/24]

- (c) (i) Review by the Government of the working of the BEML Land Assets Limited, Bengaluru, for the year 2022-2023.

- (ii) Annual Report of the BEML Land Assets Limited, Bengaluru, for the year 2022-2023 alongwith audited accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library. See No.LT1447/18/24]

- (d) (i) Review by the Government of the working of the BEML Land Assets Limited, Bengaluru, for the year 2023-2024.

- (ii) Annual Report (Hindi and English versions) of the BEML Land Assets Limited, Bengaluru, for the year 2023-2024, alongwith audited accounts and comments of the Comptroller and Auditor General thereon.

- (7) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at Item No. (c) of (6) above.

[Placed in Library. See No.LT1448/18/24]

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

**MARGHERITA):** Hon. Chairperson, Sir, with your kind permission, I rise to lay on the Table:-

- (1) A copy of the Annual Report (Hindi and English versions) of the Research and Information System for Developing Countries, New Delhi, for the year 2023-2024, alongwith Audited Accounts.
- (2) A copy of the Review (Hindi and English versions) by the Government of the working of the Research and Information System for Developing Countries, New Delhi, for the year 2023-2024.

[Placed in Library. See No.LT1449/18/24]

**12.03 hrs**

## **COMMITTEE ON ESTIMATES**

### **Statements**

**डॉ. संजय जायसवाल (पश्चिम चम्पारण) :** महोदय, मैं प्राक्कलन समिति (2024-2025) के निम्नलिखित विवरण (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ :-

- (1) गृह मंत्रालय से संबंधित 'केंद्रीय सशस्त्र पुलिस बल और आंतरिक सुरक्षा चुनौतियां-मूल्यांकन और प्रतिउत्तर तंत्र' विषय के बारे में प्राक्कलन समिति (2017-2018) के 28वें प्रतिवेदन (सोलहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2020-2021) के दूसरे प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-एक और पांच में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (2) वित्त मंत्रालय (आर्थिक कार्य विभाग) से संबंधित 'अनुदानों की मांगों का युक्तिकरण' विषय के बारे में प्राक्कलन समिति (2015-2016) के 12वें प्रतिवेदन (सोलहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2020-2021) के 10वें प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-

एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।

- (3) सड़क परिवहन और राजमार्ग मंत्रालय से संबंधित 'भारतमाला परियोजनाओं सहित राष्ट्रीय राजमार्ग परियोजनाओं का प्राक्कलन और कार्यकरण' विषय के बारे में प्राक्कलन समिति (2020-2021) के 7वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2022-2023) के 16वें प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-एक में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (4) वित्त मंत्रालय (आर्थिक कार्य विभाग) से संबंधित 'सरकारी व्यय के बेहतर प्रबंध के लिए हालिया बजटीय सुधार' विषय के बारे में प्राक्कलन समिति (2020-2021) के 9वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2022-2023) के 17वें प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-एक और पांच में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (5) ग्रामीण विकास मंत्रालय से संबंधित 'प्रधानमंत्री आवास योजना – ग्रामीण (पीएमएवाई – जी) के निष्पादन की समीक्षा' विषय के बारे में प्राक्कलन समिति (2021-2022) के 11वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2022-2023) के 22वें प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-एक और पांच में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।
- (6) गृह मंत्रालय (आपदा प्रबंधन प्रभाग) से संबंधित 'राष्ट्रीय आपदा मोचन बल की समीक्षा' विषय के बारे में प्राक्कलन समिति (2021-2022) के 13वें प्रतिवेदन (सत्रहवीं लोक

सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2022-2023) के 25वें प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-एक और पांच में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।

- (7) उत्तर पूर्वी क्षेत्र विकास मंत्रालय से संबंधित 'उत्तर पूर्वी क्षेत्र विकास मंत्रालय के प्राक्कलन और नीतिगत पहलू' विषय के बारे में प्राक्कलन समिति (2022-2023) के 18वें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई से संबंधित प्राक्कलन समिति (2023-2024) के 29वें प्रतिवेदन (सत्रहवीं लोक सभा) के अध्याय-एक और पांच में अंतर्विष्ट टिप्पणियों/सिफारिशों के संबंध में सरकार द्वारा अंतिम-की-गई-कार्रवाई को दर्शाने वाला विवरण ।

### 12.3½ hrs

#### **Committee on the Welfare of Sheduled castes and Scheduled Tribes**

#### **Study Visit Reports**

**डॉ. फग्गन सिंह कुलस्ते (मंडला) :** महोदय, मैं अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति (2024-2025) के निम्नलिखित अध्ययन दौरा प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ:-

- (1) अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति का 4 से 9 नवम्बर, 2023 तक गुवाहाटी, दार्जिलिंग और सिलीगुड़ी का अध्ययन दौरा प्रतिवेदन ।
- (2) अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति का 16 से 21 अक्तूबर, 2024 तक मुन्नार, कोच्चि, बंगलुरु और भुवनेश्वर का अध्ययन दौरा प्रतिवेदन ।

**12.04 hrs**

(Hon. Speaker *in the Chair*)

**12.4½ hrs**

**STANDING COMMITTEE ON RAILWAYS**

(i) 1<sup>st</sup> Report

**DR. C. M. RAMESH (ANAKAPALLE):** Sir, I beg to present the 1<sup>st</sup> Report (Hindi and English versions) of Standing Committee on Railways (2024-25) on Demands for Grants (2024-25) of the Ministry of Railways.

(ii) Statement

**DR. C. M. RAMESH (ANAKAPALLE):** I rise to lay on the Table the Statement (Hindi and English versions) on Final Action Taken by Government on the recommendations contained in the 17<sup>th</sup> Report of the Committee (17<sup>th</sup> Lok Sabha) on action taken by Government on the recommendations contained in their 16<sup>th</sup> Report of the Committee (17<sup>th</sup> Lok Sabha) on the subject 'Performance of Rail Land Development Authority'.

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**12.05 hrs**

**STATEMENT BY MINISTER**

**Status of implementation of the recommendations contained in the 2<sup>nd</sup> Report of the Standing Committee on Defence on Demands for Grants (2019-20) on Army, Navy, Air Force and Joint Staff (Demand Nos. 19 and 20) pertaining to the Ministry of Defence\***

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):** I rise to lay a statement regarding the status of implementation of the recommendations contained in the 2<sup>nd</sup> Report of the Standing Committee on Defence on Demands for Grants (2019-20) on Army, Navy, Air Force and Joint Staff (Demand Nos. 19 and 20) pertaining to the Ministry of Defence.

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\* Laid on the Table and also placed in Library, See No. LT 1396 /18/ 24

**BUSINESS OF THE HOUSE****12.06 hrs**

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND  
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

**(SHRI ARJUN RAM MEGHWAL):** With your permission Sir, I rise to announce that Government Business during the remaining part of 3<sup>rd</sup> Session of 18<sup>th</sup> Lok Sabha will consist of:-

1. 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.
  2. Consideration and passing of the following Bills:-
    - (i) The Readjustment of Representation of Scheduled Tribes in Assembly Constituencies of the State of Goa Bill, 2024;
    - (ii) The Carriage of Goods by Sea Bill, 2024;
    - (iii) The Bills of Lading Bill, 2024;
    - (iv) The Coastal Shipping Bill, 2024; and
    - (v) The Merchant Shipping Bill, 2024.
  3. 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.
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**माननीय अध्यक्ष:** जिन माननीय सदस्यों को आज नियम 377 के अधीन मामलों को उठाने की अनुमति प्रदान की गई है, वे अपने मामले के अनुमोदित पाठ को तुरंत व्यक्तिगत रूप से सभा पटल पर रख दें।

**12.07 hrs**

### **MATTERS UNDER RULE 377\***

#### **(i) Need to re-open Forest Rangers College, Balaghat, Madhya Pradesh**

**श्रीमती भारती पारधी (बालाघाट) :** बालाघाट, मध्य प्रदेश में स्थित फॉरेस्ट रेंजर्स कॉलेज की स्थापना 1907 में वन अधिकारियों को प्रशिक्षित करने के उद्देश्य से की गई थी, आज निष्क्रिय अवस्था में है। यह कॉलेज हमारे देश के वन विभाग के लिए प्रशिक्षित और कुशल कर्मियों का एक महत्वपूर्ण केंद्र रहा है। यह कॉलेज 1 अप्रैल 1990 से मध्य प्रदेश राज्य वन विभाग के प्रशासनिक और वित्तीय नियंत्रण में है। लेकिन वर्तमान में इसकी गतिविधियां बंद पड़ी हैं। यह एक अत्यंत चिंता का विषय है क्योंकि वानिकी क्षेत्र में हमारे सामने कई चुनौतियां हैं, जैसे पर्यावरण संरक्षण, वनों की सुरक्षा और वन्यजीव प्रबंधन। ऐसे में इस कॉलेज को सक्रिय करना हमारी प्राथमिकता होनी चाहिए। मैं सरकार से आग्रह करती हूँ कि बालाघाट फॉरेस्ट रेंजर्स कॉलेज को तुरंत पुनः संचालित किया जाए। इसके लिए आवश्यक संसाधन, स्टाफ की नियुक्ति और आधुनिक सुविधाओं की उपलब्धता सुनिश्चित की जाए। इससे न केवल वानिकी शिक्षा को बल मिलेगा, बल्कि युवाओं के लिए रोजगार के अवसर भी सृजित होंगे।

#### **(ii) Need to fix minimum distance between toll plazas from current 60 km to 100 km**

**श्री दिलीप शइकीया (दारंग-उदालगुड़ी) :** देश के नेशनल हाईवे पर इस वक्त 983 टोल प्लाजा चल रहे हैं। नेशनल हाईवे मामले में महाराष्ट्र और उत्तर प्रदेश सबसे ऊपर हैं। वर्तमान में इन टोल

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\* Treated as laid on the Table.

प्लाजों पर वाहन चालकों को भारी भरकम टोल चुकाना पड़ रहा है, जिससे देश के आम नागरिकों पर आर्थिक बोझ बढ़ रहा है। टोल दरों में वार्षिक स्तर पर संशोधन हो रहा है, जिससे आवश्यक वस्तुओं की परिवहन लागत भी बढ़ रही है और आम नागरिकों पर अतिरिक्त बोझ पड़ रहा है। वर्तमान में देश के कुल राष्ट्रीय राजमार्ग की लंबाई लगभग 1,46,000 किलोमीटर है, जो दूसरा सबसे बड़ा वैश्विक सड़क नेटवर्क है। वर्ष 2018-19 में टोल संग्रह करीब 25 हजार करोड़ रुपये था, जो वर्ष 2022-23 में बढ़कर 54 हजार करोड़ रुपये हो गया था और वर्ष 2024-25 तक इसके 70 हजार करोड़ रुपये तक पहुँचने की सम्भावना है। केंद्र सरकार के दिशा-निर्देशों के अनुसार 2 टोल प्लाजा के मध्य कम से कम 60 किमी. की दूरी होनी चाहिए, लेकिन असम राज्य में गुवाहाटी राष्ट्रीय राजमार्ग पर केवल 50 किमी. के मध्य 2 टोल प्लाजा चल रहे हैं।

अतः मेरा केंद्र सरकार से अनुरोध है कि देश के नागरिकों पर बढ़ते टोल प्लाजा और टोल टैक्स के भार को कम करने और 2 टोल प्लाजों के मध्य दूरी को कम से कम 100 किमी. करने के विषय में जल्द से जल्द सकारात्मक कदम उठाने का कष्ट करें।

**(iii) Need to start graduate courses in IIHT, Bargah, Odisha and also provide basic infrastructure facilities at Balijori Handloom Market**

**श्री प्रदीप पुरोहित (बारगढ़) :** मैं सरकार का ध्यान ओडिशा के बारगढ़ जिले में स्थित भारतीय हथकरघा प्रौद्योगिकी संस्थान के विकास और बलिजोरी हथकरघा बाजार की अवसंरचना सुधार की ओर आकर्षित करना चाहता हूँ। यह संस्थान पश्चिमी ओडिशा के 7 जिलों की सेवा करता है, जो अपनी समृद्ध हथकरघा विरासत, विशेष रूप से प्रसिद्ध संबलपुरी साड़ियों और वस्त्रों के लिए जाना जाता है। पूर्व मंत्री श्री गंगवार जी ने IIHT बारगढ़ में स्नातक पाठ्यक्रम शुरू करने की घोषणा की थी, लेकिन यह अभी तक लागू नहीं हो सका है, जिससे विद्यार्थियों और कारीगरों में निराशा है साथ ही, बारगढ़ में स्थित बलिजोरी हथकरघा बाजार, जो रोज 12 घंटे संचालित होता है, स्थानीय बुनकरों और व्यापारियों के लिए जीवनरेखा है। लेकिन इस बाजार में बुनियादी अवसंरचना की भारी कमी है, जिससे इसका पूर्ण विकास बाधित हो रहा है मैं सरकार से आग्रह करता हूँ कि IIHT बारगढ़ में

स्नातक पाठ्यक्रम जल्द शुरू किए जाएं और बलिजोरी बाजार की अवसंरचना विकास के लिए पर्याप्त धनराशि आवंटित की जाए। ये कदम न केवल ओडिशा की हथकरघा विरासत को संरक्षित करेंगे, बल्कि क्षेत्र के कारीगरों को सशक्त बनाने और रोजगार के नए अवसर सृजित करने में भी मदद करेंगे। मैं सरकार से इस मामले में शीघ्र कार्रवाई की अपेक्षा करता हूँ।

**(iv) Need to abolish service charges on Industries in Delhi under  
DIDOM Act**

**श्री योगेन्द्र चांदोलिया (उत्तर-पश्चिम दिल्ली) :** मैं दिल्ली के औद्योगिक क्षेत्र की दुर्दशा की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ, जो दोहरे कराधान और बुनियादी सुविधाओं के अभाव के बोझ तले संघर्ष कर रहा है। दिल्ली में उद्योगपति संपत्ति कर के अलावा DIDOM अधिनियम के तहत भारी सेवा शुल्क का भुगतान करने को मजबूर है। यह दोहरा कराधान उद्योग को पंगु बना रहा है और इसके विकास में बाधा डाल रहा है। DIDOM अधिनियम सड़कों के निर्माण और रखरखाव जैसी सेवाओं के लिए शुल्क और प्रभार लगाता है। बुनियादी सुविधाओं का अभाव: DSIIDC को करों का भुगतान करने के बावजूद, उद्योगपतियों को स्ट्रीट लाइट, पैदल यात्री मार्ग, उचित स्वच्छता और सुरक्षा के लिए बाड़ लगाने जैसी बुनियादी सुविधाएँ नहीं मिल रही हैं। बुनियादी ढांचे की यह कमी न केवल उद्योग की उत्पादकता को प्रभावित कर रही है, बल्कि श्रमिकों की सुरक्षा को भी खतरे में डाल रही है। DIDOM कर को समाप्त करने और केवल एक ही कर के प्रावधान का मैं निवेदन करता हूँ। मैं सरकार से अनुरोध करता हूँ कि वह दिल्ली के औद्योगिक क्षेत्र के सामने आने वाली समस्याओं के समाधान के लिए आवश्यक कदम उठाए।

**(v) Need to regulate social media to address its negative impact upon  
youths of the country**

**SHRI P. P. CHAUDHARY (PALI):** I draw the attention of the Hon'ble Minister of Electronics and Information Technology to the critical issue of social media's

impact on our youth. Social media's growing influence on Indian youth is shaping their lives in ways that demand immediate intervention. With over 398 million young users in India, teenagers spend an average of 2-3 hours daily on platforms like Instagram and YouTube. Beyond issues like dependency and mental health concerns, unregulated use exposes children to misinformation, skewed ideologies and harmful opinions during their formative years, impacting their emotional development and core values. Studies by NIMHANS reveal that 27% of teens show signs of social media addiction, leading to anxiety, poor academic performance and sleep disorders. ICSSR research highlights that 65% of teens feel pressured by influencers, damaging their self-esteem. Furthermore, unchecked exposure to radical ideas and manipulated content can foster negative thoughts in children in their critical growing years. Countries like Australia, the US, and the EU have introduced stricter regulations to address these challenges, ensuring healthier digital engagement for their youth. I urge the Ministry of Electronics and Information Technology to give fair resolutions to address this matter and protect the architects of our nation's future.

**(vi) Need to resume payment of compensation to farmers whose land was acquired by Army for construction of ditches in 1971 in Reasi Assembly Segment in Jammu Parliamentary Constituency**

**श्री जुगल किशोर (जम्मू) :** मैं माननीय रक्षा मंत्री जी से यह मांग रखना चाहता हूँ कि मेरे संसदीय क्षेत्र जम्मू लोकसभा रियासी विधानसभा छम्ब गाँव सामवा से हमीरपुर जिसमे (कमवा, पंचतुत, पलातन, गरार, सैन्य, हमीरपुर) सभी की जमीने (2381 कनाल) Ditch बनाने के लिए 1971 में

आर्मी द्वारा ली गई थी। 1972 से लेकर मुवावजा वहाँ के किसानों को मिलता आ रहा था जो सितम्बर 2012 तक मिलता रहा उसके बाद मुवावजा देना बंद कर दिया गया है। सभी गाँव में गरीब किसान रहते हैं जिनकी रोजी रोटी इसी जमीन से चलती थी अब वो बहुत तंगी से अपना जीवन जीते हैं उन्हें जल्द से मुवावजा दिया जाय पिछला भी और आगे से सही से मिले जिससे वो किसान अपना गुजर बसर कर सकें।

**(vii) Need to take steps for extensive study and research work on Assamese language by Central Universities and Academic Research Institutions**

**SHRI KAMAKHYA PRASAD TASA (KAZIRANGA):** Assamese is one of India's 22 officially recognized languages and the official language of Assam. With over 15 million native speakers, it's a vital part of the region's culture and identity. The Assamese language has its roots in Old Indo-Aryan dialects, specifically the Magadhi Prakrit and Kamarupi dialects, with influences from Austroasiatic languages. Its script, derived from the Bengali-Assamese alphabet, has been in use since the 2<sup>nd</sup> century AD. The language has undergone significant development, with notable contributions from scholars like Srimanta Sankardev, who used the Bajrabali language in his works. Assamese has also been enriched by languages like Bodo, Dimasa, and Karbi. Recently, the Government of India recognized Assamese as a classical language, alongside Marathi, Pali, Prakrit, and Bengali. This recognition acknowledges Assamese's rich literary and cultural heritage. Assamese has several dialects, including Kamrupi, Goalpariya, and Eastern Assamese. Additionally, there are creole languages Nagamese and Sadri, also Mundari, Santhali, Bengali is now parts of Assam

influenced by Assamese Language in Assam, which have emerged as lingua francas in certain regions. Overall, Assamese is a vibrant language with a rich history and cultural significance. Though Assamese Language is a major language, studied by many universities, lots of reasearch done, I like to request ministry of Education to allow extensive study, research work on Assamese language in the Central Universities and Academic Research Institutions.

**(viii) Regarding adverse impact of social media on children of the country**

**DR. K. SUDHAKAR (CHIKKBALLAPUR):** Children between the ages of 9 and 17 are dedicating between three to six hours each day to social media platforms, with a significant number exceeding six hours daily. This extensive usage has detrimental effects on their mental and psychological well-being, often resulting in increased aggression. Currently, there are 398 million young social media users in India. A 2023 study conducted by the Internet and Mobile Association of India (IAMAI) indicates that teenagers typically spend over 2-3 hours on platforms such as Instagram and YouTube. Furthermore, a recent report from the National Institute of Mental Health and Neurosciences (NIMHANS) reveals that 27% of Indian teenagers exhibit signs of social media dependency, which can lead to diminished concentration, poor academic performance, and various mental health issues. This addiction can manifest in several ways, including impatience, aggression, difficulties with concentration and memory, headaches, discomfort in the eyes and back, stress, communication challenges, lethargy,

and even depression. The proliferation of explicit and violent content on social media occurs without adequate regulation. It is imperative to implement regulations and consider banning social media access for children in the country. Additionally, schools should provide counselling services, and digital detox programs should be promoted.

**(ix) Need to expedite completion of Fishing Harbour at Pudimadaka in Anakapalle district, Andhra Pradesh**

**DR. C. M. RAMESH (ANAKAPALLE):** The Sagarmala Project is a national initiative to develop India's Coastal infrastructure maritime trade and port connectivity and meant for maritime prosperity. Many projects have been taken up under Sagarmala and one of them funded under this is Fishing Harbor at Pudimadaka in Atchutapuram Mandal, Anakapalli District, Andhra Pradesh. This project was inaugurated by our Hon'ble Prime Minister and a sum of Rs 387 crores has been allocated for the proposed Harbor, which includes fishing jetties, cold storage, dredging, breakwater, quay, etc. The Andhra Pradesh Government have already allotted 37 acres of Land for the purpose. With 75 kms of coastline and nearly 90,000 fishermen, Anakapalli has 32 coastal villages, 28 fish landing centres, 2350 marine fishing fleet with fish landing of nearly 30,000 metric tons amounting to nearly Rs.300 crores. Fishing Harbor at Pudimadaka will prove transformation in the lives of fishermen and local economy. I would request the Ministry of Ports, Shipping and Waterways for expeditious completion of the project for the benefit of the people of Anakapalle.

**(x) Regarding alleged intervention of officials in the functioning of Gram Panchayat Sarpanch in Dadra and Nagar Haveli Parliamentary Constituency**

**श्रीमती कलाबेन मोहनभाई देलकर (दादरा और नागर हवेली) :** संसदीय क्षेत्र दादरा और नागर हवेली में ग्राम पंचायतों को अधिक शक्तियाँ प्रदान करने से वे स्थानीय स्तर पर निर्णय ले सकेंगी और विकास कार्यों में तेजी आएगी। मेरे संसदीय क्षेत्र में ग्राम पंचायतों के सरपंच जिला पंचायत और नागर पालिका के पास उच्च स्तर के अधिकारी स्थानीय स्तर पर निर्णय लेने में हस्तक्षेप करने के कारण, ग्राम पंचायतों और ग्रामवासियों के हित के कामों को करने में बहुत मुश्किलें आ रही हैं! उनके विकास कामों को करने में काफी कठिनाइयों और चुनौतियों का सामना करना पड़ रहा है जिससे जनहित के विकास काम प्रभावित हो रहे हैं। उच्च स्तर के अधिकारी स्थानीय स्तर पर निर्णय लेने में हस्तक्षेप करते हैं जिससे स्थानीय विकास कामों को गति नहीं मिल रही है। मैं सरकार से निवेदन करना चाहूँगी कि मेरे संसदीय क्षेत्र में ग्राम पंचायतों के सरपंच जिला पंचायत और नागर पालिका के जनहित के कल्याण और विकास कार्यों में उच्च स्तर के अधिकारियों को स्थानीय स्तर पर निर्णय लेने में हस्तक्षेप करने से रोका जाना चाहिए तभी मेरे संसदीय क्षेत्र के ग्राम पंचायतों और स्थानीय विकास कामों को गति मिल सकेगी। मैं आशा करती हूँ कि सरकार इस संबंध में आवश्यक कार्यवाही करेंगी।

**(xi) Need to establish a Banana Research Centre and Agriculture College in Burhanpur district, Madhya Pradesh**

**श्री ज्ञानेश्वर पाटील (खण्डवा) :** मेरा संसदीय क्षेत्र खण्डवा (मध्य प्रदेश) के अंतर्गत बुरहानपुर जिला केले के उत्पादन के लिए देश भर में जाना जाता है। ऐसे में यहां एक केला अनुसंधान केंद्र और कृषि महाविद्यालय की स्थापना निश्चित रूप से किसानों की आय बढ़ाने और क्षेत्र के समग्र विकास में सहायक होगी। अनुसंधान केंद्र के माध्यम से रोग प्रतिरोधी, अधिक उत्पादक और बेहतर गुणवत्ता



वाले केले की नई किस्में विकसित की जा सकेंगी जिससे किसानों को खेती की आधुनिक तकनीकों जैसे ड्रिप सिंचाई, खाद प्रबंधन, कीटनाशकों का वैज्ञानिक उपयोग आदि के बारे में प्रशिक्षित किया जा सकेगा। अनुसंधान केंद्र और कृषि महाविद्यालय के स्थापित होने से स्थानीय युवाओं को रोजगार के अवसर प्राप्त होंगे। केले के उत्पादन और प्रसंस्करण से जुड़े उद्योगों के विकास से क्षेत्र की अर्थव्यवस्था मजबूत होगी। केला अनुसंधान केंद्र एक पर्यटक आकर्षण का केंद्र बनेगा। अनुसंधान केंद्र के माध्यम से अंतरराष्ट्रीय बाजार की मांग के अनुरूप उच्च गुणवत्ता वाले केले का उत्पादन करेंगी। उच्च गुणवत्ता वाले केले उत्पादों का निर्यात भारत की छवि को अंतरराष्ट्रीय स्तर पर बढ़ाएगा। जिससे भारत को विदेशी मुद्रा अर्जित होगी और किसानों की आय में भी वृद्धि होगी। मैं माननीय कृषि मंत्री से निवेदन करना चाहूंगा कि बुरहानपुर में केला अनुसंधान केंद्र एवं कृषि महाविद्यालय की स्थापना की जाये।

**(xii) Need to bring policy on use of GM crops ensuring protection of agro-biodiversity and livelihood of farmers**

**SHRI DUSHYANT SINGH (JHALAWAR-BARAN):** I draw the attention of the Government to the growing concerns raised by farmers across India regarding genetically modified (GM) crops. Farmer unions from many states, including my constituency of Jhalawar-Baran, Rajasthan, have passed a resolution opposing GM crops, deeming them unnecessary, unsafe, and harmful to our agriculture and food systems. Farmers have highlighted the risks the GM crops pose to biosecurity, biodiversity, and public health. These concerns are amplified by the fact that many countries have banned or heavily restricted GM crop cultivation. India's experience with Bt cotton has shown increased chemical use, stagnating yields, and growing farmer distress. Furthermore, farmers are alarmed by the

increasing corporate control over seeds and genetic material through Intellectual Property Rights (IPR), threatening India's agricultural sovereignty. The failure of Bt cotton to control pests has worsened the crisis, especially for cotton farmers in my constituency, where yields are declining, and input costs are rising. Farmers demand a comprehensive national policy on GM crops, one that is precautionary, transparent, and includes stakeholder consultations. I urge the Government to address these concerns and ensure that any policy on GM crops prioritizes the protection of agro-biodiversity, food security, and farmers' livelihoods.

**(xiii) Need to rehabilitate the slum dwellers in Paradip Port area in Jagatsinghpur Parliamentary Constituency, Odisha**

**SHRI BIBHU PRASAD TARAI (JAGATSINGHPUR):** Paradip Port in Jagatsinghpur Parliamentary Constituency in Odisha is one of the largest ports in Country's East Coast and has been performing as number one Port authority in handling of cargo, mostly Iron ore and coal. Besides the establishment of Port authority, many large industrial establishments like IFFCO, IOCL, PPL and number of small and medium industries are operating within and periphery of Paradip Port region. The manual labourers who extend services as daily wage labourers as per requirement of Paradip Port and other industrial set ups have been residing in many pockets inside the Paradip Port authority region as well as in the periphery of the port area as slum dwellers since long. The social and health conditions of these slum dwellers, living in fragmented manner inside and

outside of Paradip Port is pitiable and they are also debarred from getting minimum basic facilities provided by the Government. Therefore, I urge the minister of Ports, Shipping and Waterways to kindly look into the matter on priority basis and initiate for their rehabilitation in concrete buildings having facilities of housing, water and sanitation, schooling, anganwadi centers, market, park and other facilities. I would also like to attract the attention of the Hon'ble Minister for beautification of Paradip Town in order to attract investment and create employment opportunity for local people.

**(xiv) Need to reopen the National Film Development Corporation (NFDC)  
Centre in Thiruvananthapuram, Kerala**

**DR. SHASHI THAROOR (THIRUVANANTHAPURAM):** I wish to draw the attention of the Hon'ble Minister of Information and Broadcasting to the recent closure of the National Film Development Corporation (NFDC) centre in Thiruvananthapuram, following staff transfers mandated by NFDC. This decision has caused considerable disruption within Kerala's film fraternity, affecting countless cinema artists and pensioners who have long relied on the centre's services and support. For over three decades, the Thiruvananthapuram's NDFC has been a cornerstone of Kerala's cinematic heritage, nurturing talent and promoting regional cinema. Its closure not only jeopardises the livelihoods of many in the local film industry but also reflects a troubling disregard for the preservation of cultural legacy. With the Thiruvananthapuram centre no longer operational, the Chennai regional office remains the sole NFDC presence in

South India, leaving a significant gap in support for artists and filmmakers in the region. I therefore, urge the Hon'ble Minister of Information and Broadcasting to intervene and facilitate the reopening of the Thiruvananthapuram NFDC Centre which is essential to ensure the preservation of Kerala's rich cultural heritage as also the continued development of regional cinema.

**(xv) Regarding railway related issues of Sonipat  
Parliamentary Constituency, Haryana**

**श्री सतपाल ब्रह्मचारी (सोनीपत) :** मैं माननीय रेल मंत्री जी से निवेदन करता हूँ कि सोनीपत लोकसभा के रेलवे संबंधित निम्न मांगों पर यथाशीघ्र आवश्यक कार्रवाई की जाए :-

- 1) ट्रेन नंबर 04584/04013 का विस्तार गोहाना- रोहतक-रेवाड़ी-नारनौल मार्ग से जयपुर तक किया जाए।
- 2) ट्रेन नंबर 14028/01616 का विस्तार रींगस तक किया जाए।
- 3) ट्रेन नंबर 04971/04982 इसके लाइ ओवर से जींद से जयपुर वाया नारनौल नयी गाडी का संचालन करा जाए।
- 4) सोनीपत और गन्नौर में खाटूश्याम जाने वाली गाडी नंबर 22451/22452 (चंडीगढ़-बांद्रा-चंडीगढ़) का ठहराव दिया जाए।
- 5) जुलाना में ट्रेन नंबर 14623/14624 और 20409/20410 का ठहराव दिया जाए।
- 6) जुलाना स्टेशन पर यात्रियों की सुविधा के लिए डस्टबिन, cctv कैमरा लगवाया जाए और प्लेटफार्म नंबर 1 की ऊँचाई बढ़ाई जाए और जुलाना हांसी फाटक पर ROB बनाया जाए।
- 7) हरिद्वार/कुरुक्षेत्र से जयपुर वाया कैथल-जींद-रेवाड़ी-नारनौल नयी ट्रेन का संचालन करवाया जाए.
- 8) लॉक डाउन के समय बंद हुई ट्रेन नंबर 13007/13008 (उद्यान आभा एक्सप्रेस),

19023/19024 (फ़िरोज़पुर जनता एक्सप्रेस) और 54641/54642 (दिल्ली फ़िरोज़पुर पैसेंजर) का संचालन फिर से शुरू किया जाए।

मेरा सुझाव है कि ट्रेन नंबर 19023/19024 को वाया सूरत-रींगस-नारनौल-रेवाड़ी-रोहतक मार्ग से चलाया जा सकता है। इसके अतिरिक्त 13007/13008 को वाया भुसावल सूरत-रींगस-नारनौल-रेवाड़ी-रोहतक मार्ग से चलाया जा सकता है। इन ट्रेनों के मार्ग परिवर्तन से जींद को राजस्थान के खाटूश्याम मंदिर से कनेक्टिविटी मिलेगी और जनता को सुविधा मिलेगी।

**(xvi) Need to constitute an apex committee to address the problems posed to Telangana by Polavaram Multi-Purpose Irrigation Project**

**SHRI RAMASAHAYAM RAGHURAM REDDY (KHAMMAM):** The Polavaram Multi-Purpose Irrigation Project, initiated by Andhra Pradesh, aims to utilize the Godavari River water with a Full Reservoir Level (FRL) of +45.72 meters and a storage capacity of 194.60 TMC. The backwater effect from this project is expected to inundate agricultural fields and areas in Telangana's Bhadradi Kothagudem district, including Burgampahad, Aswapuram, and Dummugudem mandals. The rising water levels will submerge about 1,090 acres of land. Flood banks were constructed in 2002-03 along the Godavari to protect Bhadrachalam and its surroundings. However, the backwater effect, worsened by local streams like Kinnerasani and Murredu, has caused severe flooding, particularly in Bhadrachalam. In response, the Telangana Government has proposed the construction of additional flood banks at an estimated cost of Rs. 4,100 crores. These banks would extend over 83 kilometers along both flanks of the Godavari, from Sanjeev Reddypalem to Ammagaripalli and from Bhadrachalam to

Dummugudem Mandal. I urge for the formation of an Apex Committee by the Minister of Jal Shakti to address the backwater issues caused by the Polavaram project, based on the proposal of Telengana Government.

**(xvii) Regarding pollution of Buddha Nullah, a tributary of Sutlej river due to untreated industrial effluents in Punjab.**

**SHRI AMRINDER SINGH RAJA WARRING (LUDHIANA):** I would like to draw the attention of the Government towards Buddha Nullah, once known as Buddha Dariya, a tributary of the Sutlej River passes through Ludhiana. Once a source of life, it is now severely polluted, primarily due to untreated industrial effluents and sewage. The water, blackened by contaminants, is not fit for irrigation and poses significant health risks to nearby residents. Local reports link the pollution to rising cases of cancer and other serious health issues in the area. A Punjab Pollution Control Board (PPCB) report reveals that 54 dyeing units in Ludhiana are not connected to Common Effluent Treatment Plants (CETPs) and continue to discharge untreated waste into the Nullah. Even the operational CETPs fail to comply with discharge norms, aggravating the pollution. Despite orders from the National Green Tribunal (NGT) to enforce environmental standards and penalize violators, implementation remains inadequate. To combat this issue, immediate attention is needed. The Government must prioritize restoring Buddha Nullah to safeguard public health and protect the environment. It is the need of the hour to enforce compliance and ensure accountability in this escalating crisis.

**(xviii) Need to stop mining activities in the region around  
Gandhamardan Hills in Odisha**

**SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT):** I would like to draw urgent attention of the Government towards the renewed threat of mining in the ecologically and culturally significant Gandhamardan Hills, spanning Odisha's Bargarh and Balangir districts. Mahanadi Mines and Minerals Pvt Ltd has acquired 112 acres of land in villages around the hills, raising fears of bauxite exploitation. Renowned for their biodiversity, these hills host over 1,200 plant species, including 220 medicinal varieties essential to Ayurvedic practices, serving over 50,000 individuals annually. For the 55,000 tribal residents, the hills are a spiritual and livelihood cornerstone. The sacred Nrusinghanath and Harishankar temples, embodying Odisha's cultural heritage, face desecration. Mining threatens to destroy ecosystems, decimate biodiversity, and eliminate medicinal plants critical to traditional healthcare. It would displace the livelihoods of thousands of tribal people, plunging them into uncertainty. Culturally, the sanctity of the Nrusinghanath and Harishankar temples and other sacred sites would be irreparably damaged, eroding the community's spiritual fabric. Would urge the Central Government to halt mining to preserve the region's ecological and cultural sanctity as well ensure transparency and community consent in land use decisions. Designate the Gandhamardan Hills as a protected area.

**(xix) Need to implement National Food Security Act effectively in the country**

**SHRI SASIKANTH SENTHIL (TIRUVALLUR):** There have been alarming reports of mass cancellation or proposed cancellation of ration cards under the National Food Security Act (NFSA) across several states. These developments pose a severe threat to the food security of millions of vulnerable citizens who depend on subsidized rations for their sustenance. Reports suggest that a significant number of ration cards have been cancelled in the financial years 2023-24 and 2024-25. State-wise figures remain unclear. It is imperative to provide transparency on the exact number of cancellations across states during this period. Further, there is considerable ambiguity regarding the Ministry's directives on completing e-KYC formalities, potentially depriving deserving beneficiaries of their entitlements. Additionally, it is crucial to ascertain whether the Ministry ensures that the list of cancelled ration cards is accessible on its official portal for public scrutiny and accountability. Instances have surfaced of ration card cancellations being executed arbitrarily, without valid justification, leading to severe consequences such as starvation deaths, as seen in the tragic case in Jharkhand. These matters demand immediate attention and detailed clarification to ensure that NFSA, a cornerstone of our social welfare framework, is implemented effectively and justly, safeguarding the rights of the most marginalised sections.



**(xx) Need to ensure supply of DAP to farmers**

**श्री बाबू सिंह कुशवाहा (जौनपुर) :** इस समय रबी फसल की बुवाई का सीजन चल रहा है, और किसानों को डीएपी खाद नहीं मिल रही है। सरकारी वितरण केंद्रों पर हो रही अनियमितताओं ने किसानों की परेशानियों को और बढ़ा दिया है। किसान दिनभर लाइन में खड़े रहते हैं, परंतु शाम होते-होते उन्हें खाली हाथ लौटना पड़ता है। ऐसा भी देखने में आया है कि सरकारी केंद्रों पर उपलब्ध खाद को प्राइवेट डीलरों को बेच दिया जाता है, जिससे जरूरतमंद किसानों तक खाद नहीं पहुंच पाती। खाद वितरण में कुछ वर्ग और जाति विशेष के लोगों को भी प्राथमिकता दी जा रही है, जो अन्य किसानों के लिए असमानता और कठिनाइयों का कारण बन रहा है। ऐसे पीक सीजन में, जब किसानों को खाद की अत्यधिक आवश्यकता है, बाजार से डीएपी खाद ही गायब हो गई है, जिससे उनकी स्थिति और अधिक जटिल हो गई है। माननीय मंत्री जी से मेरा विनम्र आग्रह है कि किसानों को समय पर खाद मुहैया कराये और सरकारी वितरण केंद्रों पर हो रही कालाबाजारी पर सख्त कार्रवाई करें। साथ ही, छोटे और जरूरतमंद किसानों को प्राथमिकता दी जाए, ताकि वे समय पर अपनी फसल की बुवाई कर सकें।

**(xxi) Need to ensure implementation of reservation policy in recruitment to the post of lecturer, associate professor and professors in central and state universities**

**श्री वीरेन्द्र सिंह (चन्दौली) :** देश में अनुसूचित जाति, अनुसूचित जनजाति एवं पिछड़ी जाति के योग्य अभ्यर्थियों को उनके हक से वंचित किया जा रहा है। देश के कई महत्वपूर्ण केंद्रीय व प्रादेशिक विश्वविद्यालय में दर्जनों की संख्या में लेक्चरर, एसोसिएट प्रोफेसर, प्रोफेसर के पद रिक्त होने के बावजूद एक-एक विषय के एक-एक पद का विज्ञापन प्रकाशित किया जाता है ताकि वो आरक्षण के दायरे से बाहर आ जाएँ तथा वहां पर सामान्य श्रेणी के अभ्यर्थियों की नियुक्ति हो सके, साथ ही साथ

एक से ज्यादा पदों के सापेक्ष में अनुसूचित जाति, अनुसूचित जनजाति एवं पिछड़े वर्ग के अभ्यर्थियों को अयोग्य बताकर चयन से वंचित कर दिया जाता है। यह देश के संविधान जिसमें डॉ भीमराव अम्बेडकर जी ने कमजोर व वंचित समाज के हित में उनकी रक्षा व संरक्षण हेतु आरक्षण का कानून बनाया था, साथ ही साथ मंडल आयोग की सिफारिश जिसके द्वारा पिछड़ी समाज के कमजोर अभ्यर्थी भी लाभान्वित होते थे, उसके अनुरूप नहीं है।

हम सरकार से मांग करते हैं कि सरकार विज्ञापन के अनुसार योग्य अभ्यर्थी न पाए जाने की दशा में उस पद को संरक्षित रखा जाए व बैकलॉक के जरिये पुनः भर्ती प्रक्रिया लागू कर अनुसूचित जाति, अनुसूचित जनजाति एवं पिछड़ी जाति की भर्ती प्रक्रिया के अनुसार उन्हें आरक्षण का लाभ देने हेतु एडवाइजरी जारी की जाए।

**(xxii) Need to provide dry ash of Thermal Power Plants at free of cost or subsidised price to MSME companies manufacturing dry bricks**

**SHRI ESWARASAMY K. (POLLACHI):** In 1999, the Union Government encouraged the companies to provide free dry ash from thermal power plants to kilns so that they would not harm the environment, but today the same Government is destroying these companies. Government Order No. 763 dated 14/09/1999 has ordered that at least 20% of the dry ash generated from thermal power plants should be provided free of cost to the companies that manufacture bricks and building materials from that dry ash. In December 2021, the Hon'ble National Green Tribunal (NGT) had issued an interim order against the order issued by the MOEF, considering the environmental pollution and the welfare of MSME companies. About 25,000 MSME companies across India are operating on this dry ash. It is the livelihood of lakhs of workers. Currently, due to the non-

provision of free dry ash, about 60% of the companies have been pushed into a very poor situation and their accounts in banks are in NPA status. Therefore, as per the guidelines of Government Order 763(e) of the Pollution Control Board, I request the Union Government to provide it free of cost or at a preferential price to MSME companies manufacturing dry bricks.

**(xxiii) Need to include Vedavathi Lift Irrigation, Gundrevula and Rejolibanda Diversion Scheme Project in Andhra Pradesh under Accelerated Irrigation Benefit Programme of Pradhan Mantri Krishi Sinchayee Yojana**

**SHRI BASTIPATI NAGARAJU (KURNOOL):** I rise to bring attention of the Government to the distressing situation in Kurnool, where 50% of the population resides in drought-prone zones. Our farmers face repeated droughts and lack adequate water for irrigation, forcing many to leave their homes and livelihoods in search of better opportunities. In March 2019, Andhra Pradesh Government initiated the Vedavathi Lift Irrigation, Gundrevula, and Rajolibanda Diversion Scheme (RDS) projects to address this crisis. Unfortunately, these critical projects have been stagnated, exacerbating the hardships of our farmers. Currently the Andhra Pradesh Government has allocated ₹16,705 crores in its latest budget, prioritising the completion of these irrigation projects. It has also introduced a forward-looking Water Policy aimed at bringing water to every possible field. To support this initiative, I urge the Central Government to include the Vedavathi Lift Irrigation, Gundrevula, and RDS projects under the Pradhan Mantri Krishi Sinchayee Yojana's Accelerated Irrigation Benefit Program. This

will transform Rayalaseema into "Ratnalaseema" ensuring a better future for the people of the region.

**(xxiv) Need to rehabilitate the hutment dwellers residing on the land of Mumbai Port**

**SHRI ARVIND GANPAT SAWANT (MUMBAI SOUTH):** Mumbai port was one of the finest ports in the country and has played a pivotal role in the development of the national economy. Even today, it caters to 8.61 percent of the country's sea-borne trade handled by major ports of the country in terms of volume. It caters to 16.07% of POL Traffic handled by the Major Ports. It has handled a record break Cargo even during the Corona pandemic. But to develop it today, Mumbai Port Authority (MbPA) is in a miserable financial position. In fact, to increase the revenue of MbPA, I myself consistently persuaded with the Hon'ble PM & Shipping Minister for developing the port and make it fully functional for huge vessels to enter into port and embark from it. As the decision for revival was not taken on time along with the reduction in the staff, huge encroachment has taken place on the land of MbPA. Thousands of Hutment dwellers are residing for more than 20 years. To revive the Mumbai port and rehabilitate the existing hutment dwellers by granting 'Pucca ghar' a dream project of Hon'ble PM, holistic plan, approach and execution is required.

**(xxv) Need to conduct a survey to identify the eligible landless families in Maharashtra and provide them land legally ensuring them to avail the Government facilities**

**SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI):** Numerous rural families across India, particularly in Maharashtra, get denied essential welfare benefits as they are treated like encroachers. In Maharashtra, many such families have been residing for generations on Gayran and Gowthan but their claim today is not recognised as it is seen as if they have encroached upon Government or forest land. This takes away the claim to ownership of their land as property, hindering their access to basic amenities and schemes such as those relating to sanitation, clean water, and electricity. In past repeated calls for recognition and legalisation of these lands has been demanded but the Government of Maharashtra is yet to take decisive action. I urge the Government of India to consider a pragmatic approach towards land regularisation. This would provide security of tenure facilitating development. It is recommended to conduct a survey to identify such eligible families and provide the necessary land to the landless villagers so that they can legalise their homes. By implementing these measures, it can be ensured that no deserving family is left behind and that the promise of inclusive development is realised for all.

**(xxvi) Regarding inclusion of Kudmi Tribe in the list of Scheduled Tribes**

**श्री चन्द्र प्रकाश चौधरी (गिरिडीह) :** अखण्ड भारत के पहला Census में ही कुड़मियों को Jhari Tribes or Wood Tribes चिन्हित किया गया था | इस Census के बाद ही वृहत् छोटा नागपुर

Schedule District घोषित कर Schedule District Act 1874 पारित किया गया था, जो 25 November 1949 तक लागू था। इस वृहत् छोटा नागपुर में कुड़मी जनजाति की आबादी सभी जनजाति से अधिक था। Bihar-Orissa Province बनने के पूर्व ही Chhotanagpur Tenancy Act 1908 पारित किया गया जिसमें कुड़मी को Aboriginal Raiyat (आदिवासी रैयत) कहा गया था। 1911 के Census में कुड़मी को Aboriginal (आदिवासी) लिखा गया और 1913 में कुड़मी Aboriginal Tribe होने के कारण अन्य बारह जनजाति (Aboriginal Tribes) के साथ इन्हें भी Indian Succession Act 1865 से अलग रखा गया, क्योंकि इन सभी जनजाति का अपना-अपना Custom है और उसी से ये लोग गाइड होते हैं। Tribe लोगों का वही एकमात्र पहला और अंतिम Custom notification है। 1950 में जिस तरह से 1931 के Tribes को ही Scheduled Tribes बनाया है, परन्तु सभी Tribes को आज तक Scheduled Tribes नहीं बनाया है। माननीय जनजातीय कार्य मंत्री जी से बस यही उत्तर चाहिए कि किन कारणों से कुड़मी समुदाय को 1931 के tribes में शामिल होने के बावजूद 1950 में Scheduled Tribes नहीं बनाया गया।

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**12.07 hrs**

## **DISCUSSION ON THE GLORIOUS JOURNEY OF 75 YEARS OF THE CONSTITUTION OF INDIA**

**माननीय अध्यक्ष:** भारत के संविधान सभा द्वारा आज संविधान को अंगीकार किए हुए 75 वर्ष पूर्ण होने के उपलक्ष्य में सदन एक व्यापक चर्चा और संवाद के लिए एकत्रित हुआ है। यह हमारी गौरवशाली यात्रा का बहुत महत्वपूर्ण अह्व पड़ाव है। मैं सभी माननीय सदस्यों से आग्रह करता हूँ कि यह चर्चा सकारात्मक और प्रेरणादायी हो, ऐसा मेरा आग्रह है।

माननीय राजनाथ सिंह जी।

**रक्षा मंत्री (श्री राज नाथ सिंह):** अध्यक्ष महोदय, आज संसद पर हमले की बरसी है। मैं इस लोकतंत्र की मंदिर की रक्षा करने वाले अपने सारे शहीद सुरक्षाकर्मियों के प्रति अपनी हार्दिक श्रद्धांजलि अर्पित करता हूँ, जिन्होंने संसद की सुरक्षा में अपने प्राणों की आहुति दी।

अध्यक्ष महोदय, मैं सबसे पहले आपको धन्यवाद देना चाहता हूँ, आपने मुझे इस सदन में भारतीय संविधान के 75 वर्ष की यात्रा पूरी होने पर आयोजित इस चर्चा में भाग लेने का अवसर दिया है। हम सभी सौभाग्यशाली हैं कि हम भारतीय संविधान के अमृत महोत्सव के साक्षी बन रहे हैं। 75 वर्ष पहले संविधान सभा ने न्यूली इंडिपेन्डेंट इंडिया के लिए संविधान निर्माण का महान कार्य सम्पन्न किया गया था। लगभग 3 वर्षों के रिगरस डिबेट और डेलिब्रेशन के परिणामस्वरूप हमें हमारा संविधान मिला है। संविधान सभा ने जो संविधान तैयार किया था वह केवल एक कानूनी दस्तावेज नहीं था बल्कि जन अकांक्षाओं का प्रतिबिम्ब था और उन्हें पूरा करने का वह माध्यम भी था। It was an expression of the general will of the people. कई सदियों के बाद एक बार फिर से भारत की तकदीर, भारत के लोगों के हाथों में थी। स्वराज का जो सपना भारत के स्वतंत्रता सेनानियों और आम भारतीयों ने देखा था, वह पूरा हो चुका था।

हम भारत के लोगों ने 26 नवंबर, 1949 के दिन संविधान को अपनाया था, अधिनियमित किया था और इसे राष्ट्र को समर्पित किया था। यह वह दिन था जब भारत के लोग प्रजा से नागरिक

बने थे। ऐसे नागरिक जिनके अपने मौलिक अधिकार थे और भारतीय नागरिक होने का गौरव भी था। ऐसे नागरिक जो अपनी सरकार चुन सकते थे, केवल चुन ही नहीं सकते थे बल्कि सरकारों को बदल सकते थे। अब देश में राजा-रानी का शासन नहीं था, राजतंत्र नहीं था और न ही ब्रिटिश तंत्र था बल्कि जनता का शासन था, लोकतंत्र था।

अध्यक्ष महोदय, मैं अपनी बात को आगे बढ़ाने से पहले संविधान को अंगीकार करने के 75 वर्ष पूरे होने के उपलक्ष्य में इस सदन और समस्त देशवासियों को हार्दिक बधाई देता हूँ। इसके साथ ही भारत की आजादी और भारत के संविधान के निर्माण से जुड़े सभी महानुभावों के प्रति कृतज्ञता भी व्यक्त करता हूँ और उन सभी को शीश झुकाकर नमन करता हूँ।

अध्यक्ष जी, हमारा संविधान सार्वभौम है, हमारा संविधान सर्वसक्षम है। हमारे संविधान की सार्वभौमिकता और सर्वसक्षमता का अंदाजा इसी बात से लगाया जा सकता है, जहां एक ओर हमारा संविधान स्टेट यानी राज्य की जिम्मेदारियों को विस्तृत रूप से सूचीबद्ध करता है, वहीं दूसरी ओर नागरिकों को उनके संवैधानिक और मौलिक अधिकार भी प्रदान करता है। अगर एक लाइन में कहना हो तो मैं कह सकता हूँ कि हमारा संविधान सामाजिक, आर्थिक, राजनैतिक और सांस्कृतिक जीवन के सभी पहलुओं को छूते हुए राष्ट्र निर्माण का मार्ग प्रशस्त करता है। इसके साथ ही लोगों के लिए मोरल ट्रेजेक्टरी यानी नैतिक मार्ग भी बनाता है।

हमारा संविधान जहां एक ओर कोऑपरेटिव फेडरलिज्म सुनिश्चित करता है, वहीं दूसरी ओर राष्ट्र की एकता को सुनिश्चित करने पर भी बल देता है। हमारा संविधान लेजिस्लेटर, लेजिस्लेचर, एग्जीक्यूटिव और ज्यूडिशियरी को नागरिकों के हितों के लिए मिलजुल कर काम करने की शक्ति भी प्रदान करता है। यह संविधान चैक्स एंड बैलेंसिस का भी सिस्टम प्रदान करता है जिससे सभी संस्थाएं अपने संवैधानिक दायरे में रहकर काम कर सकें।

भारत का संविधान सिर्फ एक शासन प्रणाली स्थापित करने का ही कार्य नहीं करता है बल्कि भारत के गौरव को पुनर्स्थापित करने का एक रोड मैप है। यह भारत को विश्व पटल पर सही स्थान दिलाने का रोड मैप है। भारत को पुनः एक आदर्श राष्ट्र बनाने का भी रोड मैप है। यह रोड



मैप है विकास का, रोड मैप है क्षमता का, रोड मैप है न्याय का, रोड मैप है स्वतंत्रता, बंधुता, राष्ट्र की एकता और अखंडता को अक्षुण्ण रखने का। यह रोड मैप है नागरिकों की गरिमा सुनिश्चित करने का।

अध्यक्ष महोदय, कुछ लोगों द्वारा संविधान को कोलोनियल रूप यानी उपनिवेशवाद का उपहार मान लिया जाता है। हमारे संविधान को अक्सर पश्चिमी देशों के संविधान से ली गई अच्छी बातों का एक संकलन मात्र मान लिया जाता है। पिछले कुछ वर्षों में देश में एक ऐसा माहौल बनाने का प्रयास किया गया कि संविधान एक पार्टी की विशेष देन है। मैं मानता हूँ कि इन सभी बातों में डैपथ एंड ब्रैथ, दोनों की कमी है। संविधान निर्माण में बहुत से लोगों की भूमिका को जानबूझकर नकार दिया गया है जबकि सच्चाई यह है कि हमारा संविधान हमारी सिविलाइजेशन वैल्यूज यानी सभ्यता और सांस्कृतिक मूल्यों का एक एक्सप्रेशन है।

हमारा संविधान स्वाधीनता संग्राम के हवन कुंड से निकला हुआ अमृत है। हमारा संविधान स्वतंत्रता सेनानियों के त्याग से सिंचित स्वाभिमान है। यह एक ट्रीज ऑफ हिस्टॉरिकल इवेंट्स का आउटकम है। स्वतंत्र भारत का संविधान कैसा होगा, इस पर बात पर स्वतंत्रता संग्राम के दौरान कई संस्थाओं और विभूतियों ने अपने विचार प्रस्तुत किए थे, इनमें बहुत से लोग संविधान सभा के सभा के सदस्य नहीं थे।

लेकिन उनके विचारों ने भारत के संविधान के निर्माण में बहुत महत्वपूर्ण भूमिका निभाई है और उनका बहुत बड़ा योगदान है। हमें याद रखना चाहिए कि पंडित मदन मोहन मालवीय, लाला लाजपत राय, सरदार भगत सिंह, वीर सावरकर और ऐसे कई महापुरुषों के विचारों ने हमारे संविधान की भावना को मजबूत और समृद्ध किया। ... (व्यवधान) हमारे प्रेरणा स्रोत डॉक्टर श्यामा प्रसाद मुखर्जी जी का मानना था कि संविधान कलेक्टिव एफर्ट एंड कन्सेन्सेस का रिजल्ट होना चाहिए। मैं फिर से दोहराना चाहता हूँ कि हमारे प्रेरणा स्रोत डॉक्टर श्यामा प्रसाद मुखर्जी जी का मानना था कि संविधान कलेक्टिव एफर्ट एंड कन्सेन्सेस का रिजल्ट होना चाहिए। हमारा संविधान इसी सामूहिक प्रयास और समझ का नतीजा है। हमारे संविधान के लिखे जाने से 6 साल पहले, यानी वर्ष 1934

में लिखे गए काँस्टीट्यूशन ऑफ द हिन्दुस्तान फ्री स्टेट नाम के दस्तावेज में कई बड़े नेताओं ने संविधान के बारे में अपने विचार दिए थे। इसमें सभी नागरिकों के लिए धार्मिक स्वतंत्रता सुनिश्चित करने की बात कही गई थी। इस बात का उल्लेख एक एमिनेन्ट ज्यूरिस्ट श्री अर्घ्यसेन गुप्ता ने भी किया है।

महोदय, उस दस्तावेज में प्रत्येक नागरिक को अपनी संस्कृति और भाषा की रक्षा करने का भी अधिकार दिया गया था। सरकार को धर्म के आधार पर भेदभाव करने से स्पष्ट रूप से प्रतिबंधित किया गया था। सार्वजनिक अनुदान प्राप्त करने वाले स्कूलों को रिलीजियस एजुकेशन देने की मनाही थी और यह भी स्पष्ट किया गया था कि स्टेट का कोई धर्म नहीं होगा, यानी वह सेकुलर होगा। यह बात वे लोग कह रहे थे, जिन्हें हमारे सामने बैठे कुछ लोगों के दल, कांग्रेस के लोग कम्यूनल कहा करते थे। यह बात उन लोगों ने कही थी।

महोदय, काँस्टीट्यूशन ऑफ द हिन्दुस्तान फ्री स्टेट से डॉ. श्यामा प्रसाद मुखर्जी बेहद प्रभावित थे। अगर हम संविधान सभा की बहस को ध्यान से पढ़ें, तो चलता है कि उन्होंने राष्ट्रीय एकता के लिए और अलगाववादी रणनीतियों पर अंकुश लगाने के लिए एक मजबूत संघ की आवश्यकता पर विशेष बल दिया था। स्वतंत्रता व समानता के सिद्धांतों पर आधारित एक गणतांत्रिक संविधान की डॉ. श्यामा प्रसाद मुखर्जी ने वकालत भी की थी। हमारे वर्तमान संविधान में भी इन्हीं मूल्यों को प्राथमिकता दी गई है, मगर इस बात का कहीं उल्लेख नहीं मिलता है।

महोदय, एक पार्टी विशेष द्वारा संविधान निर्माण के कार्य को हाईजैक और एप्रोप्रिएट करने की कोशिश हमेशा की गई। भारत में संविधान निर्माण से जुड़ी ये सब बातें लोगों से छिपाई गई हैं। इतिहास में जाने पर पता चलता है कि हमारे देश में इस बात पर व्यापक सहमति थी कि भारत का भविष्य किस तरह के कानून से निर्धारित होगा। मैं आज यह स्पष्ट करना चाहता हूँ कि हमारा संविधान किसी एक पार्टी की देन नहीं है। भारत का संविधान, भारत के लोगों द्वारा, भारत के विचारों की तरह भारत के मूल्यों के अनुरूप बनाया गया एक अनपैरेलल ट्रांसफॉर्मेटिव डॉक्यूमेंट है।

महोदय, पश्चिमी सभ्यता में राज्य की अवधारणा नाइट वाचमैन स्टेट की थी। नाइट वाचमैन

स्टेट का कॉसेप्ट विश्व प्रसिद्ध विचारक जॉन स्टुअर्ट मिल द्वारा दिया गया था। इसका अर्थ है कि सरकार का दायित्व लोगों को सुरक्षा प्रदान करने तक ही सीमित रहे, लेकिन हमारे देश में राजधर्म की बात की गई है। महाभारत के शांति पर्व में राजा को सिर्फ राजधर्म लागू करने की शक्ति दी गयी, लेकिन वह राजा राजधर्म का स्रोत नहीं माना गया है। हमारे यहां भी राजा राजधर्म से बंधा हुआ है। उसकी शक्तियां लोगों के कल्याण के लिए हैं, समाज के कमजोर वर्गों की रक्षा के लिए हैं।

महोदय, हमारा संविधान कॉस्टीट्यूशनल मशीनरी के जरिए नागरिकों के कल्याण के लिए पूरी तरह से प्रतिबद्ध है। उनकी आजादी सुनिश्चित करने के लिए भी यह प्रतिबद्ध है। हमारा संविधान नागरिकों के समग्र विकास के रास्ते में आने वाली सभी बाधाओं को हटाने तथा समुचित विकास के लिए अनुकूल परिस्थितियां पैदा करने के लिए राज्य को निर्देश देता है।

संविधान के भाग-4 में दिए गए डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी से यही भावना निकलकर सामने आती है। मुझे इस बात का गर्व है, गर्व नहीं बल्कि मुझे गौरव की अनुभूति है कि प्रधानमंत्री नरेंद्र मोदी जी के नेतृत्व में हमारी सरकार 'सबका साथ, सबका विकास, सबका विश्वास और सबका प्रयास' की भावना के साथ काम कर रही है। ... (व्यवधान) हमारी सरकार भारत के संविधान में निहित धर्म और भावना दोनों के अनुरूप काम कर रही है।

अध्यक्ष महोदय, हमारा संविधान प्रोग्रेसिव, प्रगतिशील, समावेशी और परिवर्तनकारी है। हमारे संविधान ने हमें एक ऐसे समाज के निर्माण का ब्लू प्रिंट दिया है, जिसमें हर प्रकार से समाज में समरसता हो, सद्भाव हो और साथ ही समृद्धि भी हो।

अध्यक्ष महोदय, जहां देश के शीर्ष पद को प्राप्त करने के लिए जन्म की पहचान मायने न रखती हो, वह है हमारा संविधान। यहां एक गरीब परिवार में जन्म लिया व्यक्ति देश का प्रधानमंत्री और देश का राष्ट्रपति बन सकता है। संविधान क्रियान्वयन के कुछ वर्षों बाद ही संविधान की मूल भावना को ताक पर रख दिया गया था, लेकिन हमारी सरकार ने संविधान के मूल्यों को खुले और सच्चे मन से स्वीकार किया है। मुझे खुशी है कि हमारी सरकार संविधान की मूल भावना को केंद्र में रखकर जनहित के मार्ग पर तेजी से आगे बढ़ रही है। हमने गुलामी की मानसिकता को समाप्त करके

‘भारत न्याय संहिता’, ‘भारतीय नागरिक सुरक्षा संहिता’ और ‘भारतीय साक्ष्य अधिनियम’ जैसे नये कानूनों को पारित किया है।

अध्यक्ष महोदय, हमारी सरकार ने समाज के सभी वर्गों, विशेषकर कमजोर वर्गों के लोगों के समुचित विकास को अपना लक्ष्य बनाया है। रिफॉर्म, परफॉर्म और ट्रांसफॉर्म के हमारे संकल्प ने आज भारत को दुनिया की सबसे बड़ी अर्थव्यवस्थाओं की कतार में लाकर खड़ा कर दिया है। आज गरीब लोगों को ‘प्रधानमंत्री आवास योजना’ की वजह से अपना पक्का मकान मिल रहा है। ‘प्रधानमंत्री जन आरोग्य योजना’ के अंतर्गत गरीबों को मुफ्त इलाज मिल रहा है और ‘प्रधानमंत्री गरीब कल्याण अन्न योजना’ के माध्यम से 80 करोड़ गरीबों को मुफ्त राशन की सुविधा दी जा रही है। हर घर में नल से जल पहुंच रहा है और हर घर में शौचालय बन रहे हैं।

अध्यक्ष महोदय, हमारे देश में लगभग आधी आबादी महिलाओं की है। महिला सशक्तिकरण की दिशा में हमारी सरकार हर संभव प्रयास कर रही है। सामाजिक न्याय के संवैधानिक आदर्शों के अनुरूप वीमेन डेवलपमेंट के साथ वीमेन एंड वीमेन लेड डेवलपमेंट को सुनिश्चित करने के लिए हमने ‘नारी शक्ति वंदन अधिनियम’ बिल पास किया है। इससे राजनीतिक क्षेत्र की महिलाओं का प्रतिनिधित्व बढ़ेगा तथा उनका सशक्तिकरण भी सुनिश्चित होगा।

अध्यक्ष महोदय, इसी सोच के तहत हमारी सरकार ने वर्ष 2018 में राष्ट्रीय पिछड़ा आयोग को संवैधानिक दर्जा दिया है। आजाद भारत के इतिहास में यह पहली बार हुआ है। आर्थिक रूप से कमजोर वर्गों की उन्नति के लिए वर्ष 2019 में संविधान संशोधन किया गया। इसके लिए हमने इकोनॉमिकली बैकवर्ड क्लास के लिए आर्थिक आधार पर दस प्रतिशत आरक्षण का अवसर प्रदान किया है।

अध्यक्ष महोदय, समग्र और समावेशी विकास के सभी काम हमारे संवैधानिक मूल्यों और आदर्शों के जीवंत रूप हैं। हमारी सरकार ने न सिर्फ संविधान के मूल्यों को केंद्र में रखकर काम किया है बल्कि संविधान को लेटर एंड स्पिरिट में बखूबी सरकार ने लागू किया है।

अध्यक्ष महोदय, इस देश में एक ऐसा राज्य भी था, जहां देश का संविधान लागू नहीं होता

था। संसद के कानून भी पूरी तरह से लागू नहीं होते थे। हमने वहां भी संविधान को पूरी तरह से लागू करके दिखाया है और आज पूरा देश उस निर्णय का सकारात्मक परिणाम अपनी प्रत्यक्ष आंखों से देख रहा है।

अध्यक्ष महोदय, हाल ही में चुनाव संपन्न हुए हैं और रिकॉर्ड मतदान हुआ है, ऐसा लंबे समय बाद हुआ है। हिंसा की एक भी घटना मतदान के दौरान नहीं हुई है। मैं वहां की जनता का अपनी तरफ से हार्दिक अभिनंदन करता हूं।

अध्यक्ष महोदय, हमारे संविधान ने हमें भारतीयता से पुनः परिचित कराया है। हमें अपनी संस्कृति, सभ्यता और संस्कृत के प्रति गौरव की भावना का संदेश दिया है। जैसे हमारे संविधान की मूल प्रति के भाग तीन में, जिसमें मौलिक अधिकारों का वर्णन है, उसमें भगवान श्रीराम, मां सीता जी और प्रभु लक्ष्मण जी की तस्वीर भी अंकित है।

अध्यक्ष महोदय, संविधान की मूल प्रति के मुख पृष्ठ पर अजंता गुफाओं की पेंटिंग्स की छाप मिलती है। इसके साथ ही कमल का फूल भी अंकित है। वह कमल का फूल यह दर्शाता है कि सदियों की गुलामी के दलदल से बाहर आकर अब एक संप्रभु और लोकतांत्रिक गणराज्य का उदय हो चुका है। हमारा संविधान और उसमें उकेरी गई आकृतियां, हमारी सर्वोत्तम विरासत, समृद्ध इतिहास और महान परंपरा की वाहक हैं। इसी परंपरा को हम विकास भी, विरासत भी की भावना के साथ तेजी से आगे बढ़ा रहे हैं।

हम सभी जानते हैं कि भारत लोकतंत्र की जननी है। हमारे लोकतंत्र की महानता के बारे में डॉ. बाबासाहेब अंबेडकर ने संविधान सभा में भी कहा था। And I quote:

“There was a time when India was studded with republics, and even where there were monarchies, they were either elected or limited. They were never absolute. It is not that India did not know Parliaments or parliamentary procedure.

A study of the Buddhist Bhikshu Sanghas discloses that not

only there were Parliaments for the Sanghas but they knew and observed all the rules of parliamentary procedure known to modern times.”

अध्यक्ष महोदय, हम ऐसी ही महान परंपरा का हिस्सा हैं और यह हम सभी के लिए गौरव और स्वाभिमान की बात है।

अध्यक्ष महोदय, हमारा संविधान अथक परिश्रम और विचार-विमर्श का परिणाम है। इसके निर्माण में शामिल सभी महानुभाव महान देशभक्त थे। जैसे डॉक्टर बी. आर. अंबेडकर, श्री अल्लादी कृष्णास्वामी अय्यर, श्री के. एम. मुंशी, श्री गोपाल स्वामी आयंगर, पंडित जवाहर लाल नेहरू, सरदार वल्लभ भाई पटेल, डॉक्टर राजेन्द्र प्रसाद,...(व्यवधान) मैं जो बोल रहा हूँ, वह सच्चाई है। डॉक्टर श्यामा प्रसाद मुखर्जी जैसे नेताओं ने हमारे संविधान के निर्माण में अपनी महत्वपूर्ण भूमिका निभाई है और अपना महत्वपूर्ण योगदान दिया है।

एच. वी. कामथ, पी. एस. देशमुख, आर. के. सिधवा, शिबन लाल सक्सेना, ठाकुर दास भार्गव, के. टी. शाह और हृदय नाथ कुंजरू आदि जैसी महान विभूतियों ने अपने अनुभव और ज्ञान से हमारे संविधान को समृद्ध किया है। डॉफिटिंग कमेटी के सलाहकार बी. एन. राव और इसके मुख्य मसौदाकार एस. एन. मुखर्जी ने अपने असाधारण योगदान के लिए आज भी याद किए जाते हैं।

अध्यक्ष महोदय, अमूमन जब भी संविधान की बात की जाती है, तो हम फाउंडिंग फादर्स की बात तो करते हैं, लेकिन फाउंडिंग मदर्स की बात नहीं करते हैं, लेकिन आज मैं भारतीय गणतंत्र की उन फाउंडिंग मदर्स को भी अपनी श्रद्धांजलि अर्पित करना चाहता हूँ, जिनका संविधान निर्माण में बहुत ही महत्वपूर्ण योगदान रहा है, जितना कि हमारे फाउंडिंग फादर्स का रहा है।

अध्यक्ष महोदय, यहां मैं एक ऐसी पुस्तक का उल्लेख करना चाहता हूँ, जो संविधान सभा की उन महिला सदस्यों की भूमिका का वर्णन करती है, जिनके योगदान का इतिहास द्वारा उचित मूल्यांकन नहीं किया गया था। उस पुस्तक का नाम है - 'Founding Mothers of the Indian Republic: Gender Politics of the Framing of the Constitution'. नामक यह किताब

संविधान की महिला सदस्यों का जीवन-चित्रण करते हुए संविधान के निर्माण में उनके योगदान पर विस्तृत प्रकाश डालती है।

अध्यक्ष महोदय, जब 24 जनवरी, 1950 को भारतीय संविधान पर जनप्रतिनिधियों द्वारा हस्ताक्षर किए गए थे, तो उस दस्तावेज पर हस्ताक्षर करने वालों में ये 11 महिलाएं भी शामिल थीं।

मैं यहां पर उनके नामों का उल्लेख करना चाहूंगा। मैं मानता हूँ कि उनके नाम का उल्लेख करना इस संसद के समक्ष आवश्यक है। उनके नाम जी. दुर्गाबाई, अम्मू स्वामीनाथन, अमृत कौर, दक्षिणानी वेलायुधन, हंसा मेहता, रेणुका रे, सुचेता कृपलानी, पूर्णिमा बनर्जी, बेगम कुदसिया, एजाज रसूद, कमला चौधरी और एनी मैस्कारिन हैं। मैं समझता हूँ कि इस सदन और देश के द्वारा अपनी संविधान सभा की इन महान महिलाओं की हर्ष ध्वनि के साथ उनकी सामूहिक सराहना की जाए।

अध्यक्ष महोदय, भारत का संविधान भारत और भारतीयता के मूल विचार की उपज है। भारतीय संविधान का निर्माण संविधान निर्माण और लोकतंत्र के वैश्विक इतिहास में एक महत्वपूर्ण घटना और एक अनूठा अनुभव भी है। जब अन्य एशियाई और अफ्रीकी देश उपनिवेशवाद से मुक्त हुए थे तो उनका संविधान कोलोनियल रूलर्स का एक पार्टिंग गिफ्ट था। इसके विपरीत भारतीयों ने अपना संविधान अपने लिए खुद रचा है, यह हम सब के लिए गौरव की बात है। कई पोस्ट कोलोनियल डेमोक्रेसीज़ और उनके संविधान ज्यादा लंबे समय तक टिक नहीं पाए, लेकिन भारतीय संविधान तमाम onslaughts and challenges के बावजूद बिना अपनी मूल भावना को खोए, दुनिया के सबसे बड़े लोकतंत्र को बनाए रखने में निरंतर महत्वपूर्ण भूमिका निभा रहा है। मैं मानता हूँ कि इसकी बड़ी वजह भारतीय समाज में लोकतांत्रिक मूल्यों के प्रति प्रतिबद्धता, न्यायविद और संविधान के प्रति आदर और सम्मान का भाव है।

महोदय, आज जब हम संविधान के 75 वर्ष पूरे होने का अमृत महोत्सव मना रहे हैं। मैं इस अवसर पर संविधान की भावना की रक्षा सुनिश्चित करने में सर्वोच्च न्यायालय की भूमिका की भी सराहना करना चाहता हूँ। संविधान के कस्टोडियन और इंटरप्रिटर के रूप में सुप्रीम कोर्ट की भूमिका को हम सब सहज रूप से स्वीकार करते हैं। आज संविधान की रक्षा करने की बात की जा

रही है। यह हम सभी का कर्तव्य है, लेकिन हमें यह भी समझने की जरूरत है कि किसने संविधान का सम्मान किया है और किसने संविधान का अपमान किया। इसी संदर्भ में मैं सुप्रीम कोर्ट के पूर्व जस्टिस एच. आर. खन्ना की आत्मकथा नाइदर रोजेज नॉर थॉर्न्स नामक किताब से एक पंक्ति उद्धृत करना चाहता हूँ, जिसमें उन्होंने साफ-साफ लिखा है, and I would like to quote:

“I told my younger sister Santosh I have prepared a judgement which is going to cost me the Chief Justiceship of India.”

वर्ष 1976 में एक घटना घटी। इस घटना और इन लाइनों का संदर्भ आप में से अधिकांश लोग जानते होंगे। जस्टिस एचआर खन्ना ने एडीएम जबलपुर वर्सेज शिवकांत शुक्ला केस में कांग्रेस सरकार के खिलाफ डिसेंटिंग जजमेंट दिया था। जस्टिस खन्ना यह स्वीकार करने के लिए तैयार नहीं थे कि किसी भी हालत में सरकार द्वारा किसी नागरिक से उसके जीने का हक और अदालत में न्याय मांगने का अधिकार छीन लिया जाए। अपने डिसेंटिंग जजमेंट के लिए जस्टिस खन्ना को क्या कीमत चुकानी पड़ी? यह बात भारतीय लोकतंत्र के सबसे काले अध्याय के पन्नों पर अंकित है। इसी तरह से वर्ष 1973 में सभी संवैधानिक मूल्यों को ताक पर रखकर तब की कांग्रेस सरकार ने जस्टिस जेएम शेलत, केएस हेगड़े और एएन ग्रोवर को सुपरसीड करके सीनियरटी में चौथे नंबर की जज को भारत का मुख्य न्यायाधीश बनाया।

अध्यक्ष महोदय, इन तीनों जजों का सिर्फ एक अपराध था कि ये तीन लोग सरकार के सामने नहीं झुके। इन तीनों जजों ने तानाशाह सरकार की शक्तियों को संवैधानिक दायरे में बांधने की पूरी कोशिश की।

अध्यक्ष महोदय, यहां मैं एक महत्वपूर्ण बात जोड़ना चाहता हूँ और यह किसी व्यक्ति पर हमला नहीं है। यह सिर्फ किसी व्यक्ति विशेष के अधिकारों का हनन नहीं था, बल्कि यह संविधान पर हमला था। यह हमारे संविधान को सबवर्ट करने का महापाप था। मुझे हैरानी होती है कि इस कृत्य को अंजाम देने वाली पार्टी संविधान के संरक्षण की बात करती है।

अध्यक्ष महोदय, मैं इस सदन में यह कहना चाहता हूँ कि कांग्रेस के मित्रों ने अनेक मौकों पर



संविधान और संवैधानिक भावनाओं का निरादर किया है। उन्हें कभी भी संस्थानों यानी इंस्टीट्यूशंस की इंडिपेंडेंस और ऑटोनॉमी हजम नहीं हुई है और उन्होंने हमेशा एक कमिटेड ज्यूडिशियरी, कमिटेड ब्यूरोक्रेसी और कमिटेड इंस्टिट्यूशन बनाने का काम किया है।

अध्यक्ष महोदय, कांग्रेस पार्टी ने हमेशा संविधान को राजनैतिक हित साधने का एक माध्यम बनाया और उसकी मूल भावना को तहस-नहस करने का काम किया है। उनके मुंह से संविधान की रक्षा जैसी बातें, मैं समझता हूं, शोभा नहीं देती हैं।

अध्यक्ष महोदय, आज मैं देखता हूं कि विपक्ष के कई नेता संविधान की प्रति अपनी जेब में रखकर घूमते हैं। असल में उन्होंने बचपन से ही यही सीखा है। वह पीढ़ियों से अपने परिवार में संविधान को जेब में रखे हुए हैं। लेकिन, अध्यक्ष महोदय, भारतीय जनता पार्टी संविधान को सिर माथे पर लगाती है। हमारा कमिटमेंट संविधान के प्रति पूरी तरह से साफ है। हमने कभी भी किसी इंस्टिट्यूशन की इंडिपेंडेंस और ऑटोनॉमी के साथ खिलवाड़ नहीं किया है। एक भी ऐसी कोई मिसाल नहीं है। संविधान के मूल्य हमारे लिए कहने या दिखाने भर के लिए नहीं हैं। संविधान के मूल्य, संविधान के द्वारा दिखाया गया मार्ग, संविधान के सिद्धांत हमारे मन में, वचन में और कर्म में, हर जगह, दिखाई पड़ेंगे।

अध्यक्ष महोदय, हमारे संविधान निर्माताओं ने हमें एक लिविंग डॉक्यूमेंट दिया है जो युगानुकूल परिवर्तन की जरूरत के साथ तेजी से आग बढ़ रहा है। बाबा साहब अम्बेडकर सहित अन्य संविधान निर्माताओं ने भी यह माना था कि संविधान भविष्य की सभी संभावनाओं को नहीं भांप सकता है। इसलिए उन्होंने आने वाली पीढ़ियों को उसमें संशोधन करने का अधिकार दिया था।

अध्यक्ष महोदय, प्रधान मंत्री श्री नरेन्द्र मोदी जी के नेतृत्व में हमारी सरकार ने पिछले दस वर्षों में जो भी संवैधानिक संशोधन किए हैं, मैं दावे के साथ कह सकता हूं कि उन सभी का उद्देश्य सिर्फ और सिर्फ संवैधानिक मूल्यों को सशक्त करना था, सामाजिक कल्याण था, लोगों का सशक्तीकरण था। हमने अनुच्छेद 370 को निरस्त किया ताकि भारत की अखंडता सुनिश्चित हो

सके। नारी शक्ति वंदन अधिनियम से महिलाओं के सामाजिक व आर्थिक सशक्तीकरण का मार्ग हमने प्रशस्त किया है। आर्थिक रूप से कमजोर वर्ग के लिए 10 प्रतिशत आरक्षण भी सामाजिक न्याय की भावना से ही प्रेरित था। 70 वर्षों से हमारा पुराना टैक्सेशन सिस्टम करोड़ों उद्यमियों के लिए एक समस्या था ही, यह देश की एकता में भी बाधक था। हमने जीएसटी कानून बनाया। यह कार्य फेडरलिज्म के संवैधानिक सिद्धांत को कायम रखते हुए, सभी को साथ लेकर चलने के हमारे प्रयास को यह दर्शाता है। अब जीएसटी काउंसिल में राज्यों की सहमति से टैक्स की दरें निर्धारित की जाती हैं। इससे ईज ऑफ डूइंग बिजनेस की रैंकिंग में सुधार हुआ है। इससे लोगों का जीवन आसान हुआ है।

अध्यक्ष महोदय, जीएसटी काउंसिल के माध्यम से हमने कोऑपरेटिव फेडरलिज्म को मजबूत किया है। इस बात को सुप्रीम कोर्ट ने अपने फैसले में भी स्वीकार किया है। भारत के पूर्व मुख्य न्यायाधीश जस्टिस डी.वाई. चन्द्रचूड़ ने इस कानून की प्रशंसा करते हुए कहा था-“The amendment in the Constitution to reflect and embody the GST is, to my mind, a classical example of collaborative, cooperative federalism.”

अध्यक्ष महोदय, डॉ. श्यामा प्रसाद मुखर्जी ने कहा था – The Constitution is not just a set of rules, it is the spirit of India, seeking its destiny. मुझे यह कहते हुए हर्ष है कि भारतीय जनता पार्टी ने हमेशा बाबा साहेब भीमराव अम्बेडकर जी और संविधान सभा की भावनाओं के प्रति पूरी तरह से निष्ठा रखते हुए संविधान को एक गाइडिंग प्रिंसिपल मानकर काम किया है।

अध्यक्ष महोदय, कांग्रेस की तरह हमने संविधान को कभी राजनैतिक हित साधने का जरिया नहीं बनाया है। मैं दावे के साथ इस बात को कह सकता हूँ। हमने संविधान को जिया है। हमने सजग और सच्चे सिपाही की तरह संविधान के खिलाफ की जा रही साजिशों का सामना किया है और उसकी रक्षा के लिए बड़े से बड़े कष्ट भी सहे हैं।

वर्ष 2003 में जब श्री अटल बिहारी वाजपेयी जी प्रधान मंत्री थे, तब हमने सुशासन को मजबूत करने के लिए 91वें संशोधन में मिनिमम गवर्नमेंट और मैक्सिमम गवर्नेंस की भावना से मंत्री परिषद

के आकार को सीमित कर दिया था। इस संशोधन ने दल विरोधी कानून के तहत जरूरी बदलाव भी किए थे, ताकि भ्रष्टाचार पर लगाम लगाई जा सके और राजनीतिक स्थिरता को बढ़ावा मिले।

अध्यक्ष महोदय, आप आजाद भारत का इतिहास देख लीजिए। कांग्रेस ने सिर्फ संविधान संशोधन ही नहीं किया है, बल्कि मेरा आरोप है कि इन्होंने दुर्भावना के साथ-साथ धीरे-धीरे संविधान को बदलने का प्रयास भी किया है। ... (व्यवधान)

पंडित जवाहर लाल जी नहेरू, जब प्रधान मंत्री थे तो लगभग 17 बार संविधान में बदलाव किए गए। श्रीमती इंदिरा गांधी जी के समय पर लगभग 28 बार संविधान में बदलाव किए गए। श्री राजीव गांधी जी के समय पर लगभग 10 बार संविधान में बदलाव किए गए। मनमोहन सिंह जी के समय पर लगभग सात बार संविधान में बदलाव किए गए। कांग्रेस सरकार द्वारा किए गए अधिकांश संवैधानिक संशोधन या तो विरोधियों और आलोचकों को चुप कराने के लिए किए गए या गलत नीतियों को लागू करने के लिए किए गए थे। ... (व्यवधान)

अध्यक्ष महोदय, आप पहले संविधान संशोधन को ही ले लीजिए। साल 1950 में प्रेस में कांग्रेस सरकार की गलत नीतियों की आलोचना हो रही थीं। अभी हमारे प्रेस के मित्र भी सुन रहे होंगे। ऐसे में तब की कांग्रेस की सरकार ने आरएसएस के साप्ताहिक प्रकाशन ऑर्गेनाइजर और मद्रास से निकलने वाली पत्रिका 'क्रॉस रोड्स' को प्रतिबंधित कर दिया था। इसका विरोध करते हुए ऑर्गेनाइजर के संपादक श्री के आर मलकानी ने लिखा था –

I would like to quote:

“To threaten the liberty of the press for the sole offence of nonconformity to official view, may be a handy tool for tyrants but only a crippling curtailment of civil liberties in a free democracy. A government can always learn more from bona fide criticism of independent-thinking citizens than the fulsome flattery of charlatans.”

अध्यक्ष महोदय, शार्लटन का मतलब आप सभी जानते हैं। मलकानी जी और आरएसएस ने सरकार के आदेश को सुप्रीम कोर्ट में चुनौती दी और सुप्रीम कोर्ट ने सेंसरशिप आदेश को रद्द कर दिया और सरकार के निर्णय को असंवैधानिक घोषित कर दिया था।

आज संविधान का राग अलापने वाली कांग्रेस पार्टी ने सुप्रीम कोर्ट के आदेश का सम्मान करने की जगह मई, 1951 में ही संवैधानिक संशोधन करके नागरिकों के फ्रीडम ऑफ स्पीच एंड एक्सप्रेशन को कुचल दिया था। देश में पहला आम चुनाव भी नहीं हुआ था। कांग्रेस के पास कोई जनादेश भी नहीं था, लेकिन हड़बड़ी में पहला संविधान संशोधन कर दिया गया, जिससे आलोचकों को चुप किया जा सके और अभिव्यक्ति की आजादी को कुचला जा सके।

अध्यक्ष महोदय, हम सभी जानते हैं कि संविधान निर्माण में बाबा साहेब अम्बेडकर जी की अग्रणी भूमिका थी, लेकिन यह बहुत कम लोग जानते हैं कि संविधान लागू होने के बाद कांग्रेस सरकार द्वारा मौलिक अधिकारों को कमजोर करने के प्रयासों के खिलाफ बाबा साहेब हमेशा लड़ते रहे। जब कांग्रेस सरकार ने सन् 1954 में संविधान में चौथा संशोधन लाकर मौलिक अधिकारों को कमजोर करने की कोशिश की तो बाबा साहेब अम्बेडकर जी ने उसके खिलाफ कहा था –

I would like to quote:

“I am sorry to say that this attitude of treating the fundamental rights with contempt, as though they were of no consequence, that they could be trodden upon at any time with the convenience of the majority or the wishes of a Party chief, is an attitude that may easily lead to some dangerous consequences in the future. And I therefore feel very sorry that even a matter of this sort, namely, the infringement of, or the deviation from, fundamental rights, is being treated by the Party in power as though it was a matter of no moment at all.”

अध्यक्ष महोदय, कांग्रेस और उसके नेताओं के द्वारा नागरिकों के मौलिक अधिकारों को कुचलने के लिए जिस एटीट्यूड की बात बाबा साहेब ने की थी, कांग्रेस ने उसी एटीट्यूड को सत्ता में होने के दौरान बार-बार दोहराया है। मैं कांग्रेस सरकार द्वारा किए गए कुछ संवैधानिक संशोधनों का यहां पर उल्लेख करना चाहता हूं जिनके द्वारा संविधान और उसमें निहित भावना को ही नष्ट करने की कोशिश की गई।

अध्यक्ष महोदय, साल 1975 में हुए 38वें संविधान संशोधन से आपातकाल यानी इमरजेंसी लगाने के निर्णय को नॉन-जस्टिसिएबल बनाने की कोशिश की गई। इलेक्शन लॉ अमेंडमेंट बिल लाया गया। इसका एक मात्र उद्देश्य उन सभी इलेक्टोरल मैलप्रैक्टिसेज को इम्युनिटी देना था, जिसके कारण श्रीमति इंदिरा गांधी के चुनाव को चुनौती दी गई। आप कल्पना कर सकते हैं।

अध्यक्ष महोदय, एक निंदनीय संशोधन जो अंततः लैप्स हो गया, वह वर्ष 1976 में किया गया था – 41 संविधान संशोधन विधेयक। अध्यक्ष महोदय, मैं सदन का ध्यान इस ओर आकर्षित करना चाहता हूं कि इस संशोधन का उद्देश्य प्रधान मंत्री, राज्यपाल और राष्ट्रपति को पद ग्रहण करने से पहले उनके कार्यकाल के दौरान किए गए सभी कार्यों के लिए आपराधिक मुकदमों से इम्युनिटी प्रदान करना। चाहे जो भी अपराध किए हों, सब क्षम्य है।

अध्यक्ष महोदय, इसका मतलब यह था कि सबसे जघन्य अपराध करने वाला व्यक्ति भी अगर एक दिन के लिए संवैधानिक पद पर बैठ जाए तो उसके सभी अपराध माफ। ... (व्यवधान) देश कैसे माफ कर सकता है?

अध्यक्ष महोदय, संवैधानिक शक्तियों का दुरुपयोग यहीं नहीं रुका। 28 अगस्त, 1976 को 42वां संविधान संशोधन पेश किया गया था, जिसमें प्रोविजंस थे कि किसी भी कानून की संवैधानिकता केवल सात न्यायाधीशों द्वारा ही तय की जा सकती है और किसी भी कानून को केवल दो-तिहाई बहुमत से ही रद्द किया जा सकता है।

अध्यक्ष महोदय, क्षमा कीजिए। क्या यह सब एक तानाशाह द्वारा अपने निजी स्वार्थ के लिए

संविधान को विकृत करने का यह भरसक प्रयास नहीं था? अध्यक्ष महोदय, बेसिक स्ट्रक्चर के सिद्धांत को नकारने के लिए 42वें संविधान संशोधन के द्वारा यह प्रोविजन किया गया था कि आर्टिकल 368 के तहत किया गया प्रत्येक संवैधानिक संशोधन वैध है। जैसा कि आप जानते हैं कि आर्टिकल 368 के माध्यम से संविधान में संशोधन की व्यवस्था की गई है और संविधान में लोक सभा कार्यकाल भी बढ़ा कर छः साल कर दिया गया।

अध्यक्ष महोदय, क्या यह पूरे संविधान को एक तानाशाह के उद्देश्यों की पूर्ति का एक माध्यम मात्र बनाने का षडयंत्र नहीं था? क्या यह सब जनता को फिर से प्रजा बनाने की साजिश नहीं थी? आज उसी पार्टी के लोग संविधान का इस्तेमाल दुष्प्रचार के लिए कर रहे हैं। आज उसी पार्टी के लोग जाति के आधार पर जनगणना कराना चाहते हैं, वे कराएं, हमें कोई आपत्ति नहीं है, लेकिन मैं यह जानना चाहता हूँ कि देश की जनता की आंखों में धूल झोंक कर राजनीति नहीं की जानी चाहिए। राजनीति करनी है तो जनता की आंखों में आंख डाल कर राजनीति करनी चाहिए। आपको एक ब्लू प्रिंट लेकर आना चाहिए, एक मसौदा लेकर आना चाहिए। ऐसा मसौदा, जिसमें कि यह पूरी तरह से स्पष्ट हो कि जो जातिगत जनगणना कराएंगे, किस जाति को आरक्षण का कितना प्रतिशत देंगे, इसका भी खुलासा होना चाहिए।

अध्यक्ष महोदय, मैं चाहूंगा कि ऐसा मसौदा तैयार होता है, यदि यह संसद सहमत हो, यदि आपकी अनुमति हो, उस पर संसद में चर्चा भी हो सकती है। अध्यक्ष महोदय, देश को गर्व है कि हमारा संविधान आपातकाल और भ्रष्ट सरकारों के सामने भी मजबूती से खड़ा रहा है। अध्यक्ष महोदय, हमारे संविधान में समय के साथ कई संशोधन हुए हैं, लेकिन संविधान की मूल भावना आज भी बनी हुई है। यह हमेशा बनी रहेगी। अध्यक्ष महोदय, कांग्रेस चाहे कितनी भी कोशिश कर ले, लेकिन हम कभी भी संविधान के मूल चरित्र को बदलने नहीं देंगे।

आप इतिहास देखें। हमने आपात काल के काले दिनों में भी संविधान के मूल चरित्र को चोट पहुंचाने के हर प्रयास का मजबूती के साथ विरोध किया था। लाखों की संख्या में संविधान के सिपाहियों ने जेल की यातना झेली है। मैं स्वयं इन यातनाओं का भुक्तभोगी हूँ। मैं भी 18 महीने

जेल रहा हूँ। हमने दो महीने तक तनहाई काटी है, जेल काटी है। जेल में रहते हुए मेरी मां की मृत्यु हो जाने पर मुखान्नि देने के लिए हमें पैरोल तक नहीं दिया गया।

अध्यक्ष महोदय, कांग्रेस ने कभी संविधान, न संवैधानिक मूल्यों और न संवैधानिक संस्थाओं का सम्मान किया है। कांग्रेस के नेताओं ने हमेशा पर्सनल इंटरैस्ट को कॉन्स्टीट्यूशनल वैल्यूज़ और इंस्टीट्यूशनल डिग्निति के ऊपर रखा। एक डॉक्यूमेंट फैक्ट है कि वर्ष 1973 में तीन सीनियर मोस्ट जजेज को सुपरसीड करने के फैसले से तत्कालीन राष्ट्रपति श्री वी.वी. गिरी जी सहमत नहीं थे। पर तत्कालीन प्रधान मंत्री ने अपनी जिद, हठ, राजनीतिक दम्भ के कारण राष्ट्रपति के पद का सम्मान नहीं किया। आज संविधान के तथाकथित हितैषी यह भूल जाते हैं कि श्रीमती इंदिरा गांधी ने 50 बार आर्टिकल 356 का दुरुपयोग करके चुनी हुई सरकारों को गिराने का काम किया।

अध्यक्ष महोदय, सौ बात की एक बात, जब भी कांग्रेस नेताओं को सत्ता और संविधान में से एक को चुनना था, तो उन्होंने सबसे पहले सत्ता को चुना है, संविधान को नहीं चुना है। मैं यहां पर उत्तर प्रदेश से जुड़ी हुई कुछ घटनाओं की चर्चा जरूर करना चाहूंगा, क्योंकि वे मेरे कार्यकाल की हैं, जब मैं वहां अध्यक्ष था। 06 दिसंबर, 1992 को मैं श्री कल्याण सिंह जी के मंत्रिमण्डल में शिक्षा मंत्री था। दोपहर साढ़े 11 बजे अयोध्या में एक विवादित ढांचे के गुम्बद में आंतरिक क्षति पहुंचने की जानकारी मिली और जब तीन-चार घंटे के बाद इस बात की पुष्टि हुई कि वहां ढांचे में भारी तोड़-फोड़ हो चुकी है तो शाम 5 बजे श्री कल्याण सिंह जी की सरकार ने राज्यपाल को इस्तीफा सौंप दिया। अध्यक्ष महोदय, मैं आपका विशेष रूप से ध्यान आकर्षित करना चाहता हूँ, कल्याण सिंह जी ने इस्तीफा दे दिया, परंतु आश्चर्य की बात है कि पूर्ण बहुमत की सरकार का इस्तीफा स्वीकार नहीं किया गया और कुछ घंटे के बाद बर्खास्तगी का आदेश कर दिया गया। यह संवैधानिक व्यवस्था के दुरुपयोग का पहला उदाहरण मैंने अपने राजनीतिक जीवन में देखा है।

महोदय, मैं तो सिर्फ अपने द्वारा अनुभव किए गए कुछ प्रयोग बतलाना चाहता हूँ। 22 अक्टूबर, 1997 को मैं भारतीय जनता पार्टी, उत्तर प्रदेश का अध्यक्ष था। श्री कल्याण सिंह जी हमारी गठबंधन सरकार के मुख्य मंत्री थे। हमने अपना बहुमत सदन के पटल पर साबित कर दिया

था, विधान सभा अध्यक्ष स्व. श्री केशरी नाथ त्रिपाठी जी ने सरकार के बहुमत सिद्ध होने का निर्णय भी सुना दिया था, किन्तु फिर भी विपक्षी दल एक झुंड बनाकर, जिसमें हमारे कांग्रेस के मित्र थे, उत्तर प्रदेश के राज्यपाल के पास गए। राज्यपाल ने यह कह दिया— उन्हें लगता है कि सरकार के पास बहुमत नहीं है, जबकि हम बहुमत सिद्ध कर चुके थे अर्थात् विधान सभा में बहुमत सिद्ध करने के बाद भी किसी सरकार को बर्खास्त कर दिया गया और रात में ही कैबिनेट ने बर्खास्तगी का निर्णय लेकर अनुमोदन के लिए राष्ट्रपति को भेज दिया।

महोदय, मुझे याद है कि उस समय मेरे साथ रात्रि में 12 बजे वहां से चल कर हम सभी विधायक अगले दिन राष्ट्रपति भवन के बाहर देश की मीडिया के सामने, 240 विधायकों की संख्या के साथ वहां पर मौजूद थे। उस समय उत्तर प्रदेश की विधान सभा 425 की होती थी। मैं देश के तत्कालीन राष्ट्रपति और दलित समाज से आने वाले देश के पहले राष्ट्रपति श्री के.आर. नारायणन का आभार व्यक्त करना चाहूंगा, जिन्होंने इस अन्याय को देखते हुए अपने संवैधानिक अधिकार का प्रयोग करते हुए उस समय कांग्रेस सरकार की कैबिनेट की संस्तुति को पुनर्विचार के लिए लौटा दिया। समाचार पत्रों ने उस समय जो शीर्षक दिया था, राष्ट्रपति महोदय के इस फैसले के बाद समाचार पत्रों ने अपनी खबरों का जो शीर्षक दिया था— 'President Steps in to Save Democracy'.

माननीय अध्यक्ष महोदय, मैं एक दूसरा उदाहरण देना चाहूंगा। यह भी मेरा स्वयं का अनुभव किया हुआ है। 22 फरवरी, 1998 को देश में लोक सभा के चुनाव चल रहे थे। अचानक हमारे गठबंधन के कुछ विधायक समर्थन वापसी का पत्र राज्यपाल को देते हैं और राज्यपाल बगैर सरकार को बहुमत साबित करने का मौका दिये, हमारी सरकार को बर्खास्त करके दूसरे मुख्यमंत्री को शपथ दिला देते हैं। ... (व्यवधान) अब क्या करें, वे एक डिसिप्लीन्ड सोलज़र हैं। ... (व्यवधान) उस समय कांग्रेस में थे। ... (व्यवधान) उनको बाद में यह एहसास हुआ होगा कि हम से हमारी पार्टी ने गलत काम करा दिया। इसीलिए उन्होंने पार्टी छोड़कर भारतीय जनता पार्टी की तरफ आने का विचार किया। ... (व्यवधान)



माननीय अध्यक्ष महोदय, तब उनसे तुरंत बहुमत साबित करने के लिए भी नहीं कहा। तब इलाहाबाद हाई कोर्ट ने भारत के संवैधानिक इतिहास का एक अभूतपूर्व निर्णय लिया कि 24 घंटे में शक्ति परीक्षण होगा। सदन में दो मुख्यमंत्री रहेंगे। आपने ऐसा कभी नहीं सुना होगा और जो बहुमत पाएगा, वही मुख्यमंत्री माना जाएगा। महोदय, ये दोनों घटनाएं भारत के संवैधानिक इतिहास की यात्रा में एक काला अध्याय जरूर हैं, परंतु संविधान कैसे लोकतंत्र को बचा सकता है, उस दृष्टि से यह अंधेरे में प्रकाश स्तम्भ की तरह है।

हम सबसे बड़े दल के रूप में थे। हम और जदयू चुनाव-पूर्व सबसे बड़े गठबंधन में थे। इसके बावजूद, हमारे पास बहुमत था। हमें सरकार बनाने नहीं दी जा रही थी। जब यह मामला सर्वोच्च न्यायालय में गया, तो पहली बार झारखण्ड के तत्कालीन राज्यपाल और तत्कालीन केन्द्र सरकार पर तल्लख टिप्पणी करते हुए, सर्वोच्च न्यायालय ने fraud on the constitution जैसी बात कही थी। यह झारखण्ड की घटना है, जिसका मैं यहाँ पर उल्लेख करना चाहता हूँ। मैं उसके विस्तार में नहीं गया हूँ।

माननीय अध्यक्ष महोदय, भारत के संसदीय और संवैधानिक इतिहास में, यदि मैं मील के पत्थर गिनाना चाहूँ, महोदय, मैं आपके माध्यम से, विशेष रूप से प्रतिपक्ष का ध्यान आकर्षित करना चाहता हूँ। वर्ष 1995 में जेनेवा में, संयुक्त राष्ट्र संघ में पाकिस्तान कश्मीर को लेकर भारत के खिलाफ प्रस्ताव ला रहा था, उस समय कांग्रेस की तत्कालीन सरकार से कश्मीर मुद्दे पर घनघोर विरोध के बावजूद तत्कालीन नेता प्रतिपक्ष, हम सबके श्रद्धेय अटल बिहारी वाजपेयी जी भारतीय प्रतिनिधिमंडल का नेतृत्व करते हुए, नरसिम्हा राव सरकार का पक्ष प्रस्तुत करने के लिए जेनेवा गये थे। तत्कालीन लीडर ऑफ अपॉजिशन हमारे श्रद्धेय अटल बिहारी वाजपेयी जी ने विदेश की धरती पर सारा श्रेय नरसिम्हा राव जी की सरकार को दिया था। भारत की धरती पर आकर... (व्यवधान) विदेश जाकर उन्होंने केन्द्रीय सरकार का समर्थन किया था। लेकिन भारत की धरती पर आकर उन्होंने सरकार का फिर से मुखर विरोध किया।

महोदय, आज जब मैं देखता हूँ कि हमारे कई नेता विदेश की धरती पर जाकर भारत के बारे

में न जाने क्या-क्या कहते हैं। ... (व्यवधान) न जाने क्या-क्या कहते हैं। ... (व्यवधान) हमें यह घटना एक कहानी जैसी लगती है। ... (व्यवधान) परंतु परिपक्व विपक्ष की भूमिका कैसे निभाई जा सकती है, इसे भी सभी दलों को समझना चाहिए। ... (व्यवधान)

मैं एक और घटना याद दिलाना चाहता हूँ। वर्ष 1996 में, अटल जी की 13 दिनों की सरकार थी। टेलीविज़न के द्वारा, सदन की कार्यवाही का सीधा प्रसारण करने का जब फैसला किया गया था, तो उस समय अटल जी भारत के प्रधानमंत्री थे और उन्होंने इसकी पहल की थी।

माननीय अध्यक्ष महोदय, सौ बात की एक बात है। जब भी कांग्रेस के नेताओं को सत्ता और संविधान में से एक को चुनना था, तो उन्होंने हमेशा सत्ता को चुना।

### **13.00 hrs**

संविधान के आर्टिकल 44 में यूनिफॉर्म सिविल कोड लागू करने की बात की गई है। सुप्रीम कोर्ट ने सरला मुद्गल वर्सेज यूनियन ऑफ इंडिया केस में कहा था:

“Pandit Jawaharlal Nehru, while defending the introduction of the Hindu Code Bill instead of a uniform civil code, in the Parliament in 1954, said, “I do not think that at the present moment the time is ripe in India for me to try to push it through”. It appears that even 41 years thereafter, the Rulers of the day are not in a mood to retrieve Article 44 from the cold storage where it is lying since 1949. The Governments – which have come and gone – have so far failed to make any effort towards “unified personal law for all Indians”. The reasons are too obvious to be stated. The utmost that has been done is to codify the Hindu law in the form of the Hindu Marriage Act, 1955. The Hindu Succession Act, 1956, the Hindu Minority and Guardianship Act, 1956, and the Hindu Adoptions and Maintenance

Act, 1956 have replaced the traditional Hindu law based on different schools of thought and scriptural laws into one unified code. When more than 80 per cent of the citizens have already been brought under the codified personal law, there is no justification whatsoever to keep in abeyance, any more, the introduction of “uniform civil code” for all citizens in the territory of India.”

अध्यक्ष महोदय, यूनिफॉर्म सिविल कोड तो कांग्रेस क्या ही लाती, उन्होंने तो सुप्रीम कोर्ट के जजमेंट को भी पूरी तरह से नकार दिया था।

अध्यक्ष महोदय, आप शाह बानो केस याद कीजिए, जो कि भारत में मुस्लिम महिलाओं के अधिकारों के लिए एक ऐतिहासिक निर्णय था। मैं उसे 'ऐतिहासिक' कहना चाहता हूँ। इस मामले में सुप्रीम कोर्ट ने तलाकशुदा महिला शाह बानो के पक्ष में फैसला सुनाया था। इस फैसले के जरिए सुप्रीम कोर्ट ने यह कहा था कि मुस्लिम महिलाएं भी गुजारा भत्ता पाने की हकदार हैं। यह सुप्रीम कोर्ट ने कहा था।

अध्यक्ष महोदय, लेकिन तुष्टीकरण के रास्ते पर चलते हुए तत्कालीन कांग्रेस की सरकार ने कानून बनाकर इस जजमेंट को ही पलट दिया था। ... (व्यवधान) कांग्रेस के लोग, जो हमेशा तुष्टीकरण की राजनीति करते आए हैं, इसलिए, जब हमारे नेता विरोधी दल जब 'मोहब्बत की दुकान' की बात करते हैं, तो हंसी आती है। ... (व्यवधान) 75 वर्षों के बाद आज हमें अपने संवैधानिक कर्तव्यों के प्रति अपनी प्रतिबद्धता को फिर से दोहराना चाहिए। भारत का संविधान भारतवासियों की आकांक्षाओं की पूर्ति के लिए, उनके मौलिक अधिकारों की रक्षा के लिए एक सशक्त माध्यम साबित हुआ है। यह बात मैं दावे के साथ कह सकता हूँ। ... (व्यवधान)

अध्यक्ष महोदय, जैसा मैंने प्रारंभ में कहा था, आज संसद पर हमले की बरसी है, तो आज मैं अपेक्षा करता हूँ कि संविधान ने जो अधिकार सर्वोच्च पदों पर बैठे हुए लोगों को दिए हैं, उनका वैसा दुरुपयोग कभी नहीं, जैसा हमले के मास्टरमाइंड को क्षमादान प्रकरण पर सात साल तक वह लंबित

रहे, आज तक ऐसी कभी कल्पना नहीं की जा सकती। ... (व्यवधान) मैं समझता हूँ कि यह संकल्प लेना चाहिए कि राष्ट्रीय सुरक्षा के मुद्दों पर संवैधानिक शक्तियों का दुरुपयोग कभी न हो। यह संसद को सुनिश्चित करना चाहिए।

अध्यक्ष महोदय, आज जब हम अपने संविधान के 75 साल पूरे होने के साक्षी बने हैं, तो हमें अधिकारों से एक कदम आगे बढ़कर अपने कर्तव्यों की तरफ भी ध्यान देना चाहिए। भारतीय संस्कृति में धर्म का एक महत्वपूर्ण स्थान है। इसको कोई नकार नहीं सकता। धर्म के अनेकों अर्थ हैं, मंदिर में जाकर पूजा करना, मस्जिद में जाकर इबादत करना, गिरजाघर में सिजदा करना, यही धर्म नहीं है। धर्म के अनेकों अर्थ हैं, उनमें जो सबसे महत्वपूर्ण है, वह 'कर्तव्य' है। 'कर्तव्य' सबसे महत्वपूर्ण है। हमारे धर्म ग्रंथों में धर्म का अर्थ मूलतः 'कर्तव्य' ही है। 'धर्म' शब्द ऋग्वेद में 56 टाइम्स, 56 बार आता है और लगभग सभी स्थानों पर इसका उपयोग 'कर्तव्य' के अर्थ और संदर्भ में ही किया गया है।

अध्यक्ष महोदय, भारत की संस्कृति में उसके धर्म, मूल्य, इतिहास, सभी में कर्तव्यों के निर्वहन की बातें की गई हैं। भारत एक लोकतांत्रिक देश है और किसी भी लोकतंत्र में उसका संविधान ही उसका सबसे महत्वपूर्ण दस्तावेज, या मैं यूँ कहूँ कि 'सेक्रेड डॉक्यूमेंट' माना जाता है। यही कारण है कि सर्वोच्च पदों पर बैठे सभी व्यक्तियों को इस संविधान में मौजूद शपथ को पद ग्रहण से पहले दोहराना पड़ता है – 'मैं अपने कर्तव्यों का श्रद्धापूर्वक और शुद्ध अंतःकरण से निर्वहन करूँगा', आपके ही समक्ष यह शपथ लेनी पड़ती है।

अध्यक्ष महोदय, ये केवल कुछ शब्द नहीं हैं, बल्कि भारत के लोकतंत्र की अंतरात्मा हैं।

यह एक संवैधानिक दायित्व होने के साथ-साथ एक नैतिक दायित्व भी है। यह अक्सर कहा जाता है कि भारत विविधता का देश है। भारत विभिन्न धर्मों, विश्वासों, मान्यताओं, रीति-रिवाजों और परम्पराओं का देश है, लेकिन इस जीवंत विविधता के बीच जो हमें एकत्व में बांधता है, वह है हमारा संविधान।

अध्यक्ष जी, ग्रैनविल ऑस्टिन ने अपनी बहुचर्चित किताब 'दि इंडियन कांस्टीट्यूशन

कॉर्नरस्टोन ऑफ ए नेशन' में लिखा है कि हमारे संविधान निर्माताओं ने भारतीय संविधान में राष्ट्र के आदर्शों और उन्हें प्राप्त करने के लिए इश्यूज एंड प्रोसीजर दोनों को एक समान महत्व दिया है। जिन आदर्शों को उन्होंने सबसे अधिक महत्व दिया, वे हैं - राष्ट्रीय एकता, अखंडता, लोकतांत्रिक और समतामूलक समाज। हमारे संविधान निर्माताओं ने इन्हें प्राप्त करने के लिए सामाजिक और आर्थिक परिवर्तन का रास्ता अपनाया लेकिन उनके जहन में एक बात पूरी तरह से साफ थी कि यह सामाजिक और आर्थिक परिवर्तन केवल संवैधानिक और लोकतांत्रिक संस्थानों का उपयोग करते हुए लोकतांत्रिक भावना के साथ लाया जाया, यह उनकी मंशा थी। ग्रैनविल ऑस्टिन ने अपनी किताब में एक महत्वपूर्ण बात लिखी, जिसका मैं उल्लेख करना चाहता हूँ। वह बात यह थी कि संविधान निर्माताओं को यह विश्वास था कि सामाजिक एकता, सामाजिक क्रांति और लोकतंत्र को अलग-अलग हासिल नहीं किया जा सकता है बल्कि यह एक सीमलेस वेब के तीन अलग-अलग स्ट्रैंड्स हैं।

Sir, I would like to quote him:

“Without national unity, democracy would be endangered and there could be little progress toward social and economic reform. And without democracy and reform, the nation would not hold together.

With these three strands, the framers had spun a seamless web.”

अध्यक्ष जी, हमारे संविधान ने हमेशा नागरिक, राज्य, व्यक्ति और समाज के बीच हारमोनियस बैलेंस बनाने में बहुत ही महत्वपूर्ण भूमिका निभाई है। एक प्रसिद्ध ज्यूरिस्ट फार्मर चीफ जस्टिस ऑफ यूएसए जॉन मार्शल ने कहा था –

“...Constitution is framed for ages to come, but its course cannot always be tranquil. ”

जिसका अर्थ है कि संविधान की रचना सदियों के लिए होती है, मगर उसकी यात्रा चुनौतीपूर्ण होती है।

अध्यक्ष जी, हम सभी जानते हैं कि हमारे संविधान निर्माता आजादी के आंदोलनों से प्रेरित थे और सभी दूरदर्शी थे लेकिन भविष्य में आने वाली सभी चुनौतियों और उनके समाधानों को संविधान में सम्मिलित करना किसी भी सूरत में संभव नहीं था। पिछले साढ़े सात दशकों में संविधान को बहुत-सी चुनौतियों का सामना करना पड़ा। हम सभी को इस बात का गर्व होना चाहिए कि हमारे संविधान की स्प्रिट ऑफ रीजिलिएंस है कि हम उन सभी चुनौतियों का सामना पूरी दृढ़ता से कर पाए। पिछले 75 वर्षों में ऐसे कई अवसर आए जब भारत के सर्वोच्च न्यायालय ने अपने फैसलों के माध्यम से लोगों के मौलिक अधिकारों की रक्षा की है और लोकतंत्र को मजबूत किया है। उन सभी ऐतिहासिक फैसलों के पीछे जो आदर्श, सोच और मापदंड थे, वे सभी हमारे संविधान में निहित हैं। भारतीय संविधान वह आदर्श है, जिसके माध्यम से दुनिया का सबसे बड़ा लोकतंत्र अस्तित्व में आया। यह चार्टर था जिसने प्राचीन सभ्यता को आधुनिकता और बड़े सामाजिक और आर्थिक सुधार के मार्ग पर अग्रसर किया और पिछले 75 वर्षों से हमारा संविधान इस भूमिका को पूरी निष्ठा और समर्पण के साथ निभा रहा है।

अध्यक्ष महोदय, पिछले 75 सालों में संविधान की मूल भावना से ही प्रेरणा लेते हुए हमारे सर्वोच्च न्यायालय ने लैंगिक समानता को बढ़ावा दिया। पर्यावरण संरक्षण को सुनिश्चित किया। संघीय संरचना को मजबूत किया और लोगों के मौलिक अधिकारों की रक्षा की है। इस संदर्भ में मेरा मानना है कि इन सभी निर्णयों के पीछे जो गाइडिंग प्रिंसिपल्स थे वे हमारे संवैधानिक निर्माताओं के आदर्श और दृष्टिकोण थे, जो भारत के संविधान में ही निहित हैं। भारत का संविधान 7 दशकों से अधिक समय से न सिर्फ शानदार तरीके से काम कर रहा है बल्कि तमाम झंझावातों को झेलने के बाद भी साल-साल दर साल हमारा संविधान मजबूत होता जा रहा है। मेरा मानना है कि इसकी सबसे बड़ी वजह इसमें कांस्टीट्यूशनल मोरैलिटी है। डॉ. अम्बेडकर ने संविधान सभा की 4 नवम्बर, 1949 को अपने भाषण में इसी कांस्टीट्यूशनल मोरैलिटी पर विचार रखते हुए प्रसिद्ध विचारक जॉर्ज ग्रोट को कोट करते हुए कहा था-“Constitutional morality was the indispensable condition of a Government at once free and peaceable.”

अध्यक्ष महोदय, हमारे भारतीय संविधान को इस कान्स्टिटूशनल मोरैलिटी से रेखांकित करने के लिए हमें बाबा साहेब डॉ. भीम राव अंबेडकर और संविधान सभा के प्रत्येक सदस्य के प्रति आभारी होना चाहिए। 26 नवंबर, 1949 से ठीक एक दिन पहले डॉ. अंबेडकर ने संविधान सभा में एक भाषण दिया था जिसे the grammar of anarchy speech के नाम से जाना जाता है। डॉ. अंबेडकर ने उसमें कहा था कि कोई संविधान कितना भी अच्छा हो, वह बुरा बन सकता है, अगर जिन लोगों पर उसे चलाने की जिम्मेदारी है, वे अच्छे न हों। ... (व्यवधान) उसी तरह कोई संविधान कितना भी बुरा हो, वह अच्छा साबित हो सकता है, अगर उसे चलाने वाले लोगों की भूमिका सकारात्मक हो। ... (व्यवधान) यह राजनीति का चरित्र है कि जैसे व्यक्तियों के हाथों में जाती है, वैसी बन जाती है। राम के हाथों में जाती है तो भक्ति बन जाती है। कृष्ण के हाथों में जाती है तो युक्ति बन जाती है। आजाद, भगत सिंह और अशफाकउल्ला खान जैसे लोगों के हाथों में जाती है तो मुक्ति बन जाती है।

अध्यक्ष महोदय, अंत में बाबा साहब अंबेडकर द्वारा कही गई एक बहुत ही महत्वपूर्ण बात मैं आप सभी के बीच में रखना चाहता हूँ। उन्होंने कहा था कि By Independence, we have lost the excuse of blaming the British for anything going wrong. If hereafter things go wrong, we will have nobody to blame except ourselves. ... (व्यवधान)

अध्यक्ष महोदय, इस बात को हमें हमेशा याद रखना चाहिए कि हमारा संविधान सबसे उत्कृष्ट दिमागों की एक कड़ी मेहनत और दृष्टि का परिणाम है। महोदय, हमारा संविधान हर मामले में एक महान दस्तावेज़ है। यह हमारे फाउंडिंग फादर्स और फाउंडिंग मदर्स का हम सभी के लिए एक सबसे बड़ा उपहार है। अब यह हमारा कर्तव्य है कि हम यह सुनिश्चित करें कि हम संविधान की पवित्रता को किसी भी सूरत में भंग न होने दें और यह संवैधानिक यात्रा अनवरत जारी रहे, इसके लिए पूरी शक्ति से काम करें।

अध्यक्ष महोदय, मैं विश्वास के साथ कह सकता हूँ, गौरव की अनुभूति करते हुए कह सकता हूँ कि हमारे प्रधान मंत्री मोदी जी के नेतृत्व की सरकार, चाहे जो भी कीमत चुकानी पड़े, संविधान

की पवित्रता को किसी भी सूरत में भंग नहीं होने देगी। ... (व्यवधान) यह कर्त्तव्य हमारे किसी भी अन्य दायित्व से बड़ा होना चाहिए। अध्यक्ष महोदय, इन्हीं शब्दों के साथ मैं अपनी वाणी को विराम देता हूँ।

आप सभी को बहुत-बहुत धन्यवाद।

जय भारत। जय हिंद। जय संविधान।

**श्रीमती प्रियंका गांधी वाड्रा (वायनाड) :** माननीय अध्यक्ष महोदय जी, आज आपने मुझे इस सभा में बोलने का मौका दिया, इसके लिए मैं आपकी बहुत-बहुत आभारी हूँ। मैं सबसे पहले, जो सुरक्षाकर्मी, जवान, अफसर 13 दिसंबर, 2001 को संसद की सुरक्षा करते हुए शहीद हुए थे, उनके प्रति श्रद्धांजलि अर्पित करना चाहती हूँ।

महोदय, हजारों साल पुरानी हमारे देश की, धर्म की एक पुरानी परंपरा रही है। यह परंपरा संवाद, चर्चा की रही है। एक गौरवशाली परंपरा है, जो दर्शन ग्रंथों में, वेदों में, उपनिषदों में दिखती है। वाद-विवाद और संवाद की हमारी पुरानी संस्कृति है।

अलग-अलग धर्मों में भी, इस्लाम धर्म में, सूफियों में, बौद्ध धर्म में, जैन धर्म में और सिख धर्म में वाद-संवाद, चर्चा और बहस की संस्कृति रही है। इसी परंपरा से हमारा स्वतंत्रता संग्राम उभरा। हमारा स्वतंत्रता संग्राम विश्व में एक अनोखा संग्राम था, एक अनोखी लड़ाई थी, जो अहिंसा और सत्य पर आधारित थी। विवाद-संवाद की जो परंपरा है, इसको इस संग्राम ने आगे कैसे बढ़ाया? हमारी आजादी के लिए जो संग्राम था, जो लड़ाई थी, वह बेहद लोकतांत्रिक लड़ाई थी। इसमें देश के किसान, देश के जवान, देश के मजदूर, देश के अधिवक्ता, देश के बुद्धिजीवी, चाहे किसी भी जाति के हो, चाहे किसी भी धर्म के हो, चाहे वे किसी भी भाषा को बोलते हो, सब इस स्वतंत्रता संग्राम में शामिल हुए। सब ने हमारे देश की आजादी की लड़ाई लड़ी। उसी आजादी की लड़ाई से एक आवाज उभरी, जो हमारे देश की आवाज थी। वह आवाज ही आज हमारा संविधान है। वह साहस की आवाज थी, हमारी आजादी की आवाज थी और उसी की गूंज ने हमारे संविधान को लिखा और बनाया। यह सिर्फ एक दस्तावेज नहीं है। बाबा साहब अंबेडकर जी, मौलाना आजाद जी,



राजगोपालाचारी जी और जवाहर लाल नेहरू जी सहित उस समय के तमाम नेता, जैसा आपने कहा कि इस संविधान को बनाने के कार्य में सालों से जुटे रहे।

हमारा संविधान इंसाफ, उम्मीद, अभिव्यक्ति और आकांक्षा की वह ज्योति है, जो हर हिंदुस्तानी के दिल में जलती है।

अध्यक्ष महोदय, इस ज्योत ने हरेक भारतीय को यह पहचानने की शक्ति दी कि उसे न्याय मिलने का अधिकार है। उसमें अपने अधिकारों के लिए आवाज उठाने की क्षमता है। जब वह आवाज उठाएगा तो सत्ता को उसके सामने झुकना पड़ेगा। इस संविधान ने हरेक देशवासी को यह अधिकार दिया कि वह सरकार बना भी सकता है और सरकार बदल भी सकता है। यह ज्योति जो हर हिंदुस्तानी के दिल में जलती है, उसने हर हिंदुस्तानी को यह विश्वास दिया कि देश की संपत्ति में, देश की दौलत में और संसाधनों में उसका भी हिस्सा है। उसे एक सुरक्षित भविष्य की उम्मीद का अधिकार है। देश बनाने में भी उसकी भागीदारी है। उम्मीद और आशा की यह ज्योति मैंने देश के कोने-कोने में खुद देखी है। उन्नाव में मैं एक रेप पीड़िता के घर गई। उसे जला कर मार डाला गया था। वह शायद 20-21 साल की होगी। हम सबके बच्चे हैं। हम सोच सकते हैं कि अगर हमारी बेटी के साथ बार-बार बलात्कार होता और फिर जब वह अपनी लड़ाई लड़ने के लिए जाए तो उसको जलाकर मार डाला गया होता तो हम पर क्या बीतता? मैं उस बच्ची के पिता से मिली। उसके खेत जलाए गए थे। उसके भाइयों को पीटा गया था। उसके पिता को घर के बाहर घसीट कर मारा गया था। उस पिता ने मुझे बताया कि बेटी, मुझे न्याय चाहिए। मेरी बेटी अपने एफआईआर को दर्ज कराने के लिए जिले में गई तो उसको मना किया गया। तब उसको अगले जिले में जाना पड़ा। वह रोज सुबह छह बजे उठ कर, तैयार हो कर, अकेले ही अपने मुकदमे को लड़ने के लिए अगले जिले में ट्रेन से जाती थी।

उसके पिता ने मुझे कहा कि मैंने उससे कहा कि बेटी अकेली मत जाओ, छोड़ दो यह लड़ाई, लेकिन उसकी बेटी ने उसको जवाब दिया कि पिता जी, मैं अकेली जाऊंगी, मैं लडूंगी, यह मेरी लड़ाई है, मैं इसे लडूंगी। यह लड़ने की क्षमता, यह हिम्मत उस लड़की को और करोड़ों भारत की नारियों

को हमारे संविधान ने दी है। मैं आगरा में अरुण वाल्मीकि के घर गई। अरुण वाल्मीकि पुलिस स्टेशन में सफाई का काम करता था। आप सोच सकते हैं कि हमारी तरह उसका भी परिवार था, नई-नई शादी हुई थी और उसका दो-तीन महीनों का बच्चा था। पुलिस स्टेशन में चोरी हो गई। उस पर चोरी का इल्जाम लगाया गया और उसके पूरे परिवार को पुलिस स्टेशन ले गए। आप हंस रहे हैं, लेकिन यह गम्भीर बात है। ... (व्यवधान) अरुण वाल्मीकि को पीट-पीटकर मार डाला, उसकी बीवी को पीटा, उसके पिता के नाखून निकाले, उसके पूरे परिवार को पीटा गया। जब मैं उस जवान महिला से मिलने गई, जो अभी-अभी विधवा हुई थी, तो उसने मुझे कहा कि दीदी हमें सिर्फ एक चीज चाहिए, हमें न्याय चाहिए और हम इस न्याय के लिए लड़ते रहेंगे, चाहे कुछ भी हो जाए। यह हिम्मत उस महिला को हमारे संविधान ने दी है।

सम्भल के कुछ लोग हमसे मिलने आए थे, जो मृतकों के परिवार के सदस्य थे। उसमें दो बच्चे थे, अदनान और उजैद। ... (व्यवधान) एक बच्चा मेरे बच्चे की उम्र का है, दूसरा उससे छोटा 17 साल का है। वे दर्जी के बेटे हैं। दर्जी का एक ही सपना था कि वह अपने बेटों को पढ़ाएगा-लिखाएगा, एक बेटा डॉक्टर बनेगा और दूसरा बेटा भी अपने जीवन में सफल होगा। उनके पिता जी हर रोज उनको स्कूल छोड़ते थे। उस दिन भी स्कूल छोड़ने के बाद वे अपनी दुकान में चले गए। उन्हें पता नहीं था कि विवाद हो रहा है। उन्होंने भीड़ देखी, घर आने की कोशिश की तो पुलिस ने गोली से मार डाला। ... (व्यवधान) वह 17 साल का बच्चा अदनान मुझसे कहता है कि मैं बड़ा होकर डॉक्टर बनकर दिखाऊंगा। मैं अपने पिता का सपना साकार करूंगा। यह सपना, यह आशा उसके दिल में हमारे संविधान ने डाली है।

अध्यक्ष महोदय, हमारे देश के करोड़ों देशवासियों के संघर्ष में, अपने अधिकारों की पहचान में, इनकी कठिन से कठिन परिस्थितियों से लड़ने की अपार हिम्मत में और देश से न्याय की अपेक्षा में हमारे संविधान की ज्योति जल रही है। मैंने हमारे संविधान की ज्योति को जलते हुए देखा है और इसके साथ-साथ यह भी समझा है कि हमारा संविधान एक सुरक्षा कवच है। यह एक ऐसा सुरक्षा कवच है जो देशवासियों को सुरक्षित रखता है। यह न्याय का कवच है, एकता का कवच है और

अभिव्यक्ति की आजादी का कवच है। दुःख की बात यह है कि मेरे सत्ता पक्ष के साथी, जो बहुत बड़ी-बड़ी बातें करते हैं, इन्होंने इन 10 सालों में यह सुरक्षा कवच तोड़ने का पूरा प्रयास किया। संविधान में सामाजिक, आर्थिक और राजनीतिक न्याय का वादा है। यह वादा एक सुरक्षा कवच है, जिसको तोड़ने का काम शुरू हो चुका है। लैटरल एंट्री और निजीकरण के जरिए यह सरकार आरक्षण को कमजोर करने का काम कर रही है। अगर लोक सभा चुनाव में ये नतीजे नहीं आए होते तो ये संविधान बदलने का काम भी शुरू कर लेते। सच्चाई यह है कि आज संविधान, संविधान, संविधान बार-बार इसलिए कह रहे हैं, क्योंकि इस चुनाव में इनको पता चल गया कि इस देश की जनता ही इस संविधान को सुरक्षित रखेगी।

इस चुनाव में हारते-हारते जीतने से इन्हें अहसास हुआ कि संविधान बदलने की बात इस देश में नहीं चलेगी। आज जनता की मांग है कि जाति जनगणना हो। सत्ता पक्ष के साथी ने इसका जिक्र किया, यह जिक्र भी आज इसलिए हो रहा है कि चुनाव ये नतीजे आए। जाति जनगणना इसलिए जरूरी है ताकि हमें पता चले कि किसकी क्या स्थिति है और नीतियां उस हिसाब से बने। इनकी गंभीरता का प्रमाण यह है कि जब चुनाव में पूरे विपक्ष ने जोर-शोर से जोरदार आवाज उठायी कि जाति जनगणना होनी चाहिए, इनका जवाब देखिए, इनका जवाब है, भैंस चुरा लेंगे, मंगलसूत्र चुरा लेंगे, इनका ये जवाब था। जाति जनगणना की यह इनकी गंभीरता है।

महोदय, हमारे संविधान ने आर्थिक न्याय की नींव डाली, किसानों और गरीबों को जमीन बांटी, भूमि सुधार किया। जिसका नाम लेने से कभी-कभी आप झिझकते हैं, कभी-कभी उनका नाम अपने आपको बचाने के लिए धड़ाधड़ इस्तेमाल किया जाता है। उन्होंने एचएएल, बीएचईएल, सेल, गेल, ओएनजीसी, एनटीपीसी, रेलवे, आईआईटीज, आईआईएम और ऑयल रिफाइनरीज जैसे तमाम पीएसयूज बनाए।

अध्यक्ष महोदय, उनका नाम पुस्तकों से मिटाया जा सकता है, उनका नाम भाषणों से मिटाया जा सकता है लेकिन देश की आजादी के लिए जो उनकी भूमिका रही, इस देश के निर्माण के लिए जो भूमिका रही, वह इस देश से कभी नहीं मिटाया जा सकता है। 75 सालों में जनता का भरोसा

रहा कि नीतियां बनेंगी तो जनता की भलाई के लिए बनेंगी। जल, जंगल का अधिकार आदिवासी भाई-बहनों को मिला। इंदिरा जी ने बैंकों का राष्ट्रीयकरण करवाया, खदानों का राष्ट्रीयकरण कराया, कांग्रेस की यूपीए सरकारों में शिक्षा और भोजन का अधिकार मिला। 75 सालों में जनता का भरोसा मिला, पहले संसद चलती थी तो जनता जनता को उम्मीद होती थी कि सरकार महंगाई और बेरोजगारी पर चर्चा करेगी, कोई उपाय निकालेगी, कोई रास्ता निकालेगी। लोग मानते थे कि यदि कोई नई आर्थिक नीति बनेगी तो देश की अर्थव्यवस्था को मजबूत बनाने के लिए बनेगी, भारतीय बाजार को मजबूत बनाने के लिए बनेगी, उनके भविष्य को मजबूत बनाने के लिए बनेगी, किसान और आदिवासी भाई-बहन भरोसा करते थे कि यदि जमीन के कानून में संशोधन होगा तो उन्हीं की भलाई के लिए होगा। आप नारी शक्ति की बात करते हैं, आज चुनाव की वजह से नारी शक्ति की शायद इतनी बातचीत हो रही है। हमारे संविधान ने महिलाओं को यह अधिकार दिया था, उनकी शक्ति को वोट में परिवर्तित किया, आज आपको पहचानना पड़ रहा है कि महिलाओं के बिना, नारी शक्ति के बिना सरकारें नहीं बन सकती हैं, इसीलिए आज आप नारी शक्ति की बात दोहरा रहे हैं। आप नारी शक्ति का अधिनियम लाये हैं, उसको लागू क्यों नहीं करते? दस साल बाद लागू क्यों होगा, क्या आज की नारी उसके लागू करने के लिए दस साल इंतजार करेगी? आज संसद में बैठे हुए सत्ता पक्ष के साथी ज्यादा से ज्यादा अतीत की बातें करते हैं कि सन उन्नीस सौ में क्या हुआ, नेहरू जी ने क्या किया। आप वर्तमान की बात कीजिए, देश को बताइए कि आप क्या कर रहे हैं?

आपकी जिम्मेदारी क्या है? क्या सारी जिम्मेदारी जवाहर लाल नेहरू की है?

अध्यक्ष महोदय, यह सरकार आर्थिक न्याय का सुरक्षा कवच तोड़ रही है। आज संसद में बैठी यह सरकार बेरोजगारी और महंगाई से जूझ रही जनता को क्या राहत दे रही है? कृषि के कानून भी बड़े-बड़े उद्योगपतियों के लिए बन रहे हैं। सही एमएसपी तो छोड़िए, डीएपी तक नहीं मिल रहा है। वायनाड से लेकर ललितपुर तक इस देश का किसान रो रहा है। आपदा आती है तो उसे कोई राहत नहीं मिलती है। आज इस देश का किसान भगवान भरोसे है क्योंकि उसे छोड़ दिया गया है। आज हिमाचल प्रदेश में देखिए, जितने भी कानून बने हैं, सब बड़े-बड़े उद्योगपतियों के लिए बन रहे

हैं। हिमाचल प्रदेश में सेब उगता है, इसके छोटे-छोटे किसान रो रहे हैं क्योंकि एक व्यक्ति के लिए सब कुछ बदला जा रहा है। ... (व्यवधान)

अध्यक्ष महोदय, ... \* को सारे कोल्ड स्टोरेज प्रदेश की सरकार ने नहीं दिए। ... (व्यवधान)  
... \* को सारे कोल्ड स्टोरेज आपकी सरकार ने दिए हैं। ... (व्यवधान) देश देख रहा है कि एक व्यक्ति को बचाने के लिए देश की 142 करोड़ जनता को नकारा जा रहा है। सारे बिजनेस, सारे संसाधन, सारी दौलत, सारे मौके एक ही व्यक्ति को सौंपे जा रहे हैं। सारे बंदरगाह, एयरपोर्ट्स, सड़कें, रेलवे का काम, कारखानें, खदानें और सरकारी कंपनियां सिर्फ एक व्यक्ति को दी जा रही हैं। जनता के मन में हमेशा विश्वास रहता था कि अगर कुछ नहीं है तो संविधान हमारी सुरक्षा करेगा, लेकिन आज आम लोगों के बीच यह धारणा बनती जा रही है कि यह सरकार सिर्फ ... (अध्यक्षपीठ के आदेशानुसार कार्यवाही-वृत्तान्त में सम्मिलित नहीं किया गया।) के मुनाफे के लिए चल रही है। देश में बहुत तेजी से गैर-बराबरी बढ़ रही है, जो गरीब है वह और गरीब हो रहा है और जो अमीर है, वह और अमीर हो रहा है। इस सरकार ने आर्थिक न्याय का भी सुरक्षा कवच तोड़ दिया है।

महोदय, राजनीतिक न्याय की बात भी होती है। आज सत्ता पक्ष के साथी खड़े हुए और तमाम गिनतियां करने लग गए कि ऐसा हुआ, वैसा हुआ, वर्ष 1975 में ऐसा हुआ। आप भी सीख लीजिए। आप भी अपनी गलतियों के लिए माफी मांग लीजिए। आप भी बैलेट पर चुनाव कर लीजिए, दूध का दूध और पानी का पानी हो जाएगा। आप राजनीतिक न्याय की बात करते हैं? सरकारों को पैसे के बल पर गिरा देते हैं। ... (व्यवधान)

**माननीय अध्यक्ष:** मेरा आग्रह है कि संविधान पर सकारात्मक बात कहें।

... (व्यवधान)

**श्रीमती प्रियंका गांधी वाड्ढा :** अध्यक्ष महोदय, सत्ता पक्ष के एक साथी ने उत्तर प्रदेश की सरकार का उदाहरण दिया तो मैं भी एक उदाहरण दे देती हूं महाराष्ट्र की सरकार का। मैं भी एक उदाहरण

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\* Not recorded as ordered by the Chair.

दे देती हूँ, हिमाचल प्रदेश की सरकार को तोड़ने की कोशिश किसने की? पैसों के बल पर की। ... (व्यवधान) गोवा की सरकार, तमाम उदाहरण हैं। ... (व्यवधान) क्या ये सरकारें जनता ने नहीं चुनी थीं?

क्या संविधान इन पर लागू नहीं था? पूरे देश की जनता जानती है, हंसती है कि इनके यहां तो वाशिंग मशीन है। जो यहां से वहां जाता है, वह धुल जाता है। इस तरफ दाग, उस तरफ स्वच्छता। मेरे कई ऐसे साथी हैं, जो इस तरफ होते थे, उस तरफ चले गए। मुझे वे दिख भी रहे हैं। शायद वाशिंग मशीन में धुल भी गए हैं।

अध्यक्ष महोदय, जहां भाईचारा और अपनापन होता था, जहां हमारे संविधान ने एकता का सुरक्षा कवच दिया था, वहां शक और घृणा के बीज बोए जा रहे हैं। एकता का सुरक्षा कवच तोड़ा जा रहा है। प्रधान मंत्री जी सदन में संविधान की किताब को माथे से लगाते हैं, लेकिन संभल, हाथरस, मणिपुर में जब न्याय की गुहार उठती है, तो उनके माथे पर शिकन तक नहीं आती है। वह शायद समझ नहीं पाए हैं कि भारत का संविधान संघ का विधान नहीं है। भारत के संविधान ने हमें एकता दी। हमें आपसी प्रेम दिया। उस मोहब्बत की दुकान, जिस पर आपको हंसी आती है, उसके साथ करोड़ों देशवासी चले। करोड़ों देशवासियों के दिल में एक-दूसरे के लिए प्रेम है, घृणा नहीं है।

महोदय, इनकी जो विभाजनकारी नीतियां हैं, उनका नतीजा हम रोज देखते हैं। राजनीतिक फायदे के लिए, संविधान को छोड़िए, देश की एकता ये बनाए नहीं रख सकते, सुरक्षा भी नहीं कर सकते। हमने सम्भल, मणिपुर में देखा। दरअसल, इनका कहना है कि देश के अलग-अलग हिस्से हैं, लेकिन हमारा संविधान कहता है कि यह देश एक है और यह देश एक रहेगा। जहां खुला विवाद होता था, अभिव्यक्ति का सुरक्षा कवच होता था, वहां इन्होंने भय का माहौल पैदा किया है। सत्तापक्ष के मेरे साथी अक्सर 75 सालों की बात करते हैं, लेकिन इन 75 सालों में यह उम्मीद, अभिव्यक्ति की ज्योति कभी थमी नहीं, कभी बुझी नहीं। इस देश की जनता ने खुलकर आलोचना की, निडर होकर धरना-प्रदर्शन किया। जब-जब जनता नाराज हुई, तब-तब सत्ता को ललकारा, उसे चेतावनी दी। बड़े से बड़े नेताओं को कठघरे में खड़ा किया। उनसे जवाब मांगा, न्याय मांगा। इस देश के

छोटी-मोटी नुककड़ की दुकानों में, चाय की दुकानों में इस देश के घरों, मोहल्लों, अखबारों, प्रकाशन घरों, न्याय पालिकाओं में चर्चा कभी बंद नहीं हुई, लेकिन आज यह माहौल है। आज जनता को सच बोलने से डराया, धमकाया जाता है। पत्रकार हो या विपक्ष का नेता हो या किसी यूनिवर्सिटी का प्रोफेसर हो, छात्रसंघ हो या कर्मचारियों का संगठन हो, सबका मुंह बंद कराया जाता है। किसी पर भी ईडी, किसी पर सीबीआई, किसी पर इनकम टैक्स, किसी पर फर्जी मुकदमे लगाकर जेल में डाल दिया जाता है। विपक्षी नेताओं को जेल में डाल दिया जाता है, उनको सताया जाता है। किसी को इस सरकार ने नहीं छोड़ा। मुझे याद है कि उत्तर प्रदेश में कुछ अध्यापिकाएं प्रदर्शन कर रही थीं। उन पर देशद्रोही का मुकदमा डाल दिया गया, उन्हें देशद्रोही कह दिया गया। इन्होंने देश का पूरा माहौल भय से भर दिया है। इनकी मीडिया की मशीन झूठ फैलाती है, तरह-तरह के आरोप लगाती है और शायद वह भी भय में ही है।

महोदय, मैं इस सदन को याद दिलाना चाहती हूं कि ऐसा डर का माहौल देश में अंग्रेजों के राज में था। जब इस तरफ बैठे हुए गांधी जी की विचारधारा वाले लोग आजादी की लड़ाई लड़ रहे थे, तब उस तरफ वाली विचारधारा वाले लोग भय में रहकर अंग्रेजों के साथ सांठ-गांठ कर रहे थे। भय का भी अपना स्वभाव होता है। भय फैलाने वाले हमेशा भय का खुद शिकार बन जाते हैं। यह प्रकृति का नियम है। क्या आज इनकी यह हालत नहीं हो गई है? ये भय फैलाने के इतने आदी हो गए हैं कि खुद भय में रहने लगे हैं। ये चर्चा से डरते हैं और आलोचना से घबराते हैं। हम कई दिनों से मांग कर रहे हैं कि चर्चा कीजिए, लेकिन इनमें चर्चा करने की हिम्मत ही नहीं है।

अध्यक्ष महोदय, एक कहानी होती थी। शायद बचपन में आपने भी सुनी होगी। राजा भेष बदलकर बाजार में आलोचना सुनने जाता था। वह यह सुनने जाता था कि प्रजा मेरे बारे में क्या कह रही है? मैं सही रास्ते पर चल रहा हूं या नहीं? आज के राजा भेष तो बदलते हैं, उनको भेष बदलने का शौक है, लेकिन न जनता के बीच जाने की हिम्मत है और न आलोचना सुनने की हिम्मत है। मैं तो सदन में नई हूं। ... (व्यवधान)

अध्यक्ष महोदय, जनता में बहुत विवेक है, यह सही है। ... (व्यवधान) मैं सदन में नई हूं। मैं

मात्र 15 दिनों से आ रही हूँ। लेकिन, मुझे ताज्जुब होता है कि इन 15 दिनों में, इतने बड़े-बड़े इश्यूज हैं, इतनी बड़ी-बड़ी बातें हैं और प्रधानमंत्री जी मात्र एक दिन के लिए सदन में शायद दस मिनट के लिए दिखे हैं। बात यह है कि यह देश भय से नहीं, साहस और संघर्ष से बना है। इसको बनाने वाले देश के किसान, जवान, देश के करोड़ों मजदूर और जनता है। संविधान इनको साहस देता है। मेहनती मिडिल क्लास है और इस देश के जो करोड़ों देशवासी हैं, जो रोजाना भयंकर परिस्थितियों का सामना करते हैं, उनको साहस देता है।

वायनाड में जो आपदा आई थी, उसमें 17 साल का एक छोटा लड़का था। उसने छः घंटों तक अपनी माँ को बचाने की कोशिश की थी। आप सोच सकते हैं कि छः घंटों तक अगर नदी की धारा बह रही है, वह नाराज है, आप अपनी माँ को पकड़े हों, छः घंटों तक पकड़े रहें कि मेरी माँ बच जाएगी और अंत में वह माँ भी बह जाती है। उस लड़के का साहस, उन महिलाओं का साहस, जो पीड़ित हैं, लेकिन फिर भी अपनी लड़ाई लड़ रही हैं। संभल के उन बच्चों का साहस, जिनके पिताजी अभी-अभी गुजर गए, लेकिन फिर भी उनके सपनों को साकार करने की हिम्मत है और साहस है। वह साहस इस संविधान ने दिया है। वह आत्मविश्वास इस संविधान ने दिया है। यह देश भय से नहीं चल सकता। यह देश साहस से ही चलेगा। भय की भी सीमा होती है। जब वह सीमा पार हो जाती है, जब किसी को इतना दबाया जाता है तो उसको लगने लगता है कि अब मेरे पास खोने के लिए कुछ नहीं है, तब उसमें एक ऐसी शक्ति पैदा होती है, जिसके सामने कोई ... \* खड़ा नहीं हो सकता है। यह देश ... \* के हाथों में ज्यादा देर तक कभी नहीं रहा है। यह देश उठेगा, यह देश लड़ेगा, सत्य मांगेगा। सत्यमेव जयते, जय हिन्द।

**श्री अखिलेश यादव (कन्नौज) :** अध्यक्ष महोदय, मैं आपको धन्यवाद देना चाहता हूँ। इसके साथ ही साथ इस सदन में 'भारत के संविधान की 75 वर्षों की गौरवशाली यात्रा' पर जो बहस शुरू हुई है, जहां सत्ता पक्ष से माननीय रक्षा मंत्री जी ने अपनी बात रखी है, वहीं अभी-अभी कांग्रेस पार्टी की

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\* Not recorded as ordered by the Chair



नवनिर्वाचित सांसद ने भी अपनी बात रखी है। उसके बाद मुझे बोलने का मौका मिल रहा है।

मैं सबसे पहले उन लाखों-लाख लोगों को याद करता हूँ, जिन्होंने भारत देश की आजादी में अपनी जान न्यौछावर कर दी है। हमारा देश आजाद हुआ, आजादी के बाद बाबासाहेब भीमराव अंबेडकर जी और हमारे तमाम वरिष्ठ लोगों ने इस संविधान को बनाने का काम किया है। मैं उनको याद करने के साथ ही साथ, आज 13 तारीख है, आज आप और हम इस सदन में बैठे हैं, उस दिन एक ऐसी घटना घटी थी, अगर उस समय सुरक्षाकर्मियों ने अपनी सूझ-बूझ, बहादुरी और साहस के साथ उन आतंकवादियों का मुकाबला न किया होता, तो हमारे देश के बहुत सारे महत्वपूर्ण नेता जो उस सदन में बैठे थे, तब न जाने क्या परिस्थिति बनती। जिनकी जान गई थी, मैं उन बहादुरों को याद करता हूँ तथा उनको श्रद्धांजलि भी देता हूँ।

मैं 'भारत के संविधान की 75 वर्षों की गौरवशाली यात्रा' पर चर्चा करने के लिए खड़ा हुआ हूँ। मैं बाबा भीमराव अंबेडकर जी को श्रद्धांजलि अर्पित करता हूँ, जिन्होंने इस संविधान को बनाने का काम किया था। हमारा जो संविधान तैयार हुआ है, उनकी प्रबुद्ध दृष्टि का परिणाम है कि न्याय, स्वतंत्रता, समानता और बंधुत्व के सिद्धांतों पर आधारित हमें एक महान संविधान मिला है। भारत राज्यों का एक संघ है और हमें विविधता में एकता पर गर्व है। यह हमारा संविधान ही है, जिसने भाषायी, क्षेत्रीय, धार्मिक और जातीय विविधता वाले हमारे देश को एक साथ रखा है।

डॉक्टर अंबेडकर जी ने कहा था कि संविधान की सफलता इस पर निर्भर करेगी कि हम उसके अनुसार कैसे काम करते हैं। यह देखना है, विधायिका, कार्यपालिका और न्यायपालिका की यह जिम्मेदारी है कि इस महान देश का शासन हमारे संविधान में निहित उच्च सिद्धांतों के अनुसार चलाया जाए। डॉक्टर अंबेडकर जी ने कहा था, मैंने तो संविधान निर्माण का दायित्व बहिष्कृत और वंचित वर्गों को अधिकार दिलाने के लिए लिया है।

यह वही संविधान है, जो समय-समय पर हमारा रक्षा कवच बनता है। यह संविधान हमारी ढाल है। संविधान हमारी सुरक्षा है, संविधान हमें समय-समय पर शक्ति देता है। संविधान इस देश की 90 प्रतिशत शोषित, उपेक्षित, पीड़ित और वंचित जनता के अधिकारों का सच्चा संरक्षक है।

यह संविधान ही हमारा बड़ा मददगार है।

अध्यक्ष महोदय, हमारे जैसे लोग और देश के कमजोर लोगों के लिए, खासकर पीडीए के लिए संविधान की रक्षा जन्म-मरण का विषय है। संविधान ही लोकतंत्र की प्राण वायु है। जहां बाबा साहेब भीमराव अंबेडकर जी ने इतना शानदार और अच्छा संविधान दिया, वहीं डॉक्टर अंबेडकर ने स्पष्ट रूप से कहा था तथा सत्तापक्ष के हमारे माननीय मंत्री ने भी यह बात रखी है। उन्होंने कहा था कि “संविधान कितना भी अच्छा हो, यदि उसे लागू करने वाले लोग अच्छे नहीं होंगे, तो परिणाम अच्छे नहीं निकलेंगे।”

अध्यक्ष महोदय, इस संविधान पर लगभग 75 वर्ष के बाद भारत की संसद में फिर से चर्चा हो रही है। मैं कई महत्वपूर्ण बिंदुओं पर अपनी बात को रखना चाहूंगा। हमारे संविधान की प्रस्तावना संविधान का निचोड़ है। सरकार के उद्देश्यों और लक्ष्यों का स्पष्ट उल्लेख प्रस्तावना में है। मैं संपूर्ण, प्रभुत्व, संपन्न, समाजवादी, धर्मनिरपेक्ष, लोकतांत्रिक गणराज्य से प्रारम्भ करता हूं। आज सीमाओं की रक्षा करना संप्रभु का प्रथम कर्तव्य है। जिस देश की सीमाओं की सुरक्षा में समय-समय पर संध लगती हो और हमारे माननीय मंत्री जी बेहतर जानते होंगे कि कई जगहों पर हमारी सीमाएं सिकुड़ रही हैं। हमारे संसदीय मंत्री अरुणाचल प्रदेश राज्य में चीन के बिल्कुल बगल में रहते हैं। वह जानते होंगे कि हमारे पड़ोस में कितने गांव बस गए हैं, न जाने वहां पर गांवों की तरह कितने घर बसा दिए हैं। लद्दाख की तरफ अभी दोनों देशों की सेनाएं पीछे हटी हैं। हम अपनी सीमा में ही पीछे हटे हैं। चीन हमारी सीमा में अंदर आ गया था, वह हमारी सीमाओं से आंशिक रूप से पीछे हटा है।

अध्यक्ष महोदय, उस सीमा के पास एक रेजांग-ला मेमोरियल बना था। सरकार के लोग यह जानते होंगे कि लद्दाख को लेकर जिस समय यह बात उठी थी, उस रेजांगला के मेमोरियल को तोड़ दिया गया। आज वह रेजांग-ला मेमोरियल वहां नहीं है। उस लड़ाई के लिए, हमारी फौज के लिए कहा गया था कि हमारी बहादुर फौज है। ... (व्यवधान)

**पर्यावरण, वन और जलवायु परिवर्तन मंत्री (श्री भूपेन्द्र यादव) :** अध्यक्ष महोदय, फैक्चुअल गलत है। रेजांग-ला मेमोरियल बना है। रक्षा मंत्री जी उद्घाटन करके आए हैं। वहां पर अमिताभ बच्चन

की आवाज में पूरी गाथा की डॉक्यूमेंट्री भी है।

**श्री अखिलेश यादव :** अध्यक्ष महोदय, यही तो फर्क है कि वह कहां पर बना था और अब वह कहां पर है। मैं सरकार को बताना चाहता हूं और मंत्री जी जानते होंगे कि केवल 12 किलोमीटर सड़क बनी थी और पड़ोसी देश से क्या-क्या नहीं कहा गया। वह समय आएगा, जब मानसरोवर और कैलाश पर्वत पर जाने के लिए भी वह देश हमें रोकने लगेगा। आज 75 साल बाद हमारी सीमाएं कितनी सुरक्षित हैं? लद्दाख की वे फिंगर्स, जहां हम पहले थे, क्या हमारी फौज वहीं खड़ी है? अगर आप रेजांग-ला मेमोरियल ही जानते होंगे तो लद्दाख की वे सीमाएं, जो हमारे देश के अंदर थीं, क्या हमारी वे सीमाएं वहां तक हैं या नहीं हैं?

यह देश समाजवादी गणराज्य बने। समाजवाद का सरल शब्दों में अर्थ है कि समता और संबंधता हो, लेकिन देश में वर्ष 2014 के बाद विषमता जिस तेजी के साथ बढ़ी है, उसकी कल्पना भी नहीं की जा सकती है। 146 करोड़ में से 82 करोड़ सरकारी अन्न पर जिंदा हैं। जो देश को यह कहते हों कि हम विश्व की सबसे तेज रफ्तार से चलने वाली अर्थव्यवस्था बनने जा रहे हैं। तीसरे स्थान पर पहुंच गए हैं और ऊपर जाएंगे। मैं सरकार से कहना चाहता हूं कि जब 82 करोड़ सरकारी अन्न पर जिंदा हैं और दूसरी तरफ सम्पूर्ण सम्पत्ति के दो तिहाई हिस्से पर कुछ परिवारों का कब्जा है, अगर सरकार में यह बहादुरी और हिम्मत है तो इस 60 परसेंट गरीबी की रेखा से नीचे रहने वाले लोगों की पर-कैपिटा इनकम क्या है? अगर आपकी अर्थव्यवस्था ऊंचाई पर जा रही है तो हमारे जो गरीब लोग हैं, जो 60 प्रतिशत गरीब लोग हैं, उनकी पर-कैपिटा इनकम क्या है? सरकार समय-समय पर आंकड़े देती रहती है तो कम से ये आंकड़े भी दे दे कि गरीबी रेखा से नीचे रहने वाले लोगों की पर-कैपिटा इनकम क्या है? इससे स्पष्ट हो जाएगा कि पांच परसेंट लोगों की पर-कैपिटा इनकम क्या है? हमारा प्रिअम्बल यह कहता है कि धर्मनिरपेक्ष गणराज्य बने। राज्य की निगाह में सभी धर्म समान हैं। हमारा सेक्युलरिज्म हमें रिलीजियस इक्वैलिटी का रास्ता दिखाता है। यही इसका अर्थ है। क्या इस पर सरकार अमल कर रही है? देश के 20 करोड़ से ज्यादा अल्पसंख्यकों, विशेष रूप से मुसलमानों को दूसरे दर्जे का नागरिक बनाने का प्रयास चल रहा है। उन पर हो रहे अत्याचार

प्रतिदिन बढ़ते जा रहे हैं। उनकी सम्पत्ति को लूटा जा रहा है, हत्याएं की जा रही हैं, घर तोड़े जा रहे हैं। उनके पूजा स्थलों पर कब्जा प्रशासन की मदद से किया जा रहा है। अगर यह धर्मनिरपेक्षता है तो धर्म शासित राज्य की क्या परिभाषा है? हाल ही में हम लोगों ने उदाहरण देखा है कि किस तरीके से उत्तर प्रदेश में कई जगहों पर इस तरह की घटनाएं जान-बूझकर की गयीं। मुझे याद है कि जिस समय उत्तर प्रदेश का इलेक्शन चल रहा था, उस समय बहुत से लोगों को, जिनको वोट डालने का अधिकार था, उनको उनके अधिकार से रोका गया और जो लोग वोट डालने जा रहे थे, उन्हें डराया-धमकाया जा रहा था। ऐसे इंतजाम किए गए थे ताकि लोग वोट डालने के लिए पोलिंग बूथ तक न पहुंच पाएं। वो तस्वीरें न केवल हम लोगों ने देखी, बल्कि पूरे देश और दुनिया ने देखी होगी कि किस तरह से उत्तर प्रदेश सरकार के प्रशासन के इशारे पर एक पुलिस के अधिकारी ने महिलाओं को वोट डालने से रोका और कहा कि वोट डालने मत जाओ। मैं उन बहादुर महिलाओं को बधाई देना चाहता हूं जिन्होंने परवाह नहीं की और उन्होंने कहा कि इससे जान जाने वाली नहीं है और अगर जान भी जाएगी तो हम वोट डालकर के आएंगे। क्या यही लोकतांत्रिक गणराज्य है? सच्चे लोकतंत्र में जनता श्रद्धापूर्वक मतदान के माध्यम से अपनी सरकार चुनती है। क्या हम सही अर्थों में लोकतांत्रिक व्यवस्था में जी रहे हैं? जहां सरकार सरकारी मशीनों और मशीनरी के जरिए जहां चाहे अपनी सरकार बना लेती है, जनता के मत का कोई अर्थ नहीं है, वह लोकतंत्र नहीं कहा जा सकता है। यह व्यवस्था तेजी से लोकतंत्र में तानाशाही की तरफ बढ़ रही है। हिटलर ने भी जनता द्वारा चुने जाने के बाद संविधान में संशोधन करके तानाशाही कायम कर दी थी। हमारी सरकार भी उसी के समानांतर चलने का प्रयास कर रही है।

#### **14.00 hrs**

अध्यक्ष महोदय, प्रस्तावना में सामाजिक, आर्थिक और राजनीतिक न्याय दिलाने की बात है। जब मैं सरकार की तरफ से माननीय मंत्री जी को सुन रहा था तो उन्होंने जातीय जनगणना को लेकर कहा था कि आप जातीय जनगणना कराना चाहें तो करवा लें। हम तो उसके पक्षधर लोग हैं, जो बोल रहे हैं कि अगर आप करवा सकते हैं तो आप कराइए, नहीं तो जब कभी भी हम लोगों को

मौका मिलेगा, तब जातीय जनगणना करवाने का काम हम करेंगे। सामाजिक न्याय के तौर पर समाज के अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़े वर्गों को न्याय दिलाने के लिए आरक्षण था। आज उसे समाप्त कर दिया गया है। आउटसोर्सिंग और कॉन्ट्रैक्ट बेसिस पर थोड़ी बहुत जो नौकरियां दी जा रही हैं, उनमें दलितों और पिछड़ों के लिए किसी तरह का आरक्षण नहीं है।

शिक्षण संस्थाओं और विश्वविद्यालयों में प्रोफेसर्स और वाइस चांसलर्स के चयन के समय इनके आगे वह शब्द लिख दिया जाता है। आज उस एक नए शब्द का इजाद हुआ है और वह है – नॉट फाउंड सूटेबल (एनएफएस)। आज सरकारी उपक्रम बेच दिए गए हैं और प्राइवेट उपक्रमों में कोई आरक्षण नहीं है।

अध्यक्ष महोदय, अगर यह बात कहीं भी गलत है तो शिक्षा मंत्री जी सूची जारी कर दें। मैं तो कहूंगा कि जितनी भी सेन्ट्रल यूनिवर्सिटीज हैं और उनके माध्यम से जितने भी प्रोफेसर्स का अपॉइंटमेंट हुआ है, उनकी अगर शिक्षा मंत्री जी सूची जारी कर दें तो सारी बातें साफ हो जाएंगी। आप केवल देश के 10 परसेंट लोगों का ही ख्याल रख रहे हैं, बाकी 90 परसेंट लोगों का आप ख्याल नहीं रख पा रहे हैं।

अध्यक्ष महोदय, जातीय जनगणना कभी भी जातियों में भेदभाव नहीं बढ़ाएगी। जातीय जनगणना जातियों के बीच दूरियां कम करेगी और हमारे समाज के तमाम लोग, जिनको न्याय नहीं मिला, जिनको अधिकार नहीं मिला है, उनको कम से कम जातीय जनगणना के बाद अधिकार और सम्मान दिलाने का काम भी हो सकेगा, इसलिए हम इसके पक्ष में हैं।

आर्थिक न्याय के बगैर न सामाजिक न्याय मिल सकता है और न ही राजनीतिक न्याय मिल सकता है। गरीबी का नाजायज लाभ उठाकर धन्ना सेठों की सरकार चुनाव में पैसा बांटकर राजनीतिक न्याय का भी अपहरण कर लेती है। कर्ज में डूबी बड़ी आबादी महाजन के दबाव में अपनी इच्छा के खिलाफ वोट देने के लिए विवश हो जाती है। चुनाव में सत्ताधारी दलों द्वारा पैसे की भरमार के चलते कोई सामान्य कार्यकर्ता चुनाव नहीं लड़ पा रहा है। पैसे के बल पर बड़े पैमाने

पर धनवान चुनकर आ जाते हैं। जब तक आर्थिक विषमता समाप्त नहीं होगी, तब तक लोगों को राजनीतिक न्याय नहीं मिल सकेगा।

प्रस्तावना में आगे के ये लक्ष्य हैं – विचार, अभिव्यक्ति, विश्वास, पंथ और उपासना की स्वतंत्रता। आज अन्याय के खिलाफ विचार व्यक्त करने पर जेल, अभिव्यक्ति की स्वतंत्रता का अर्थ है – देशद्रोह। अगर भाजपा के मत के नहीं हैं, दूसरे धर्म के हैं तो वे प्रताड़ना के हकदार हैं। अब तो उपासना करने पर भी दिक्कत है, क्योंकि हर मस्जिद के नीचे मंदिर खोजने वाले तत्व इस देश को शांति से रखना ही नहीं चाहते हैं। उन्हें कानून की कोई परवाह ही नहीं है।

मैं इस मौके पर सुप्रीम कोर्ट को धन्यवाद देना चाहता हूँ कि कम से कम वह फैसला आया है, जहां कुछ दिनों के लिए यह पाबंदी लगाई गई है। व्यक्तियों की गरिमा और देश की एकता और अखंडता को सुनिश्चित करने वाली बंधुता, ये विभाजनकारी नीतियां संविधान की प्रस्तावना के उस उद्देश्य से जरा भी मेल नहीं खाती हैं। व्यक्ति की गरिमा लिंग से धूल धूसरित हो चुकी है। उद्योगपति सरकारी आतंक से परेशान हैं। वे अपनी पूंजी समेटकर देश छोड़ गए हैं और लगातार जा रहे हैं।

अध्यक्ष महोदय, आजादी के बाद कभी इतने उद्योगपति अपना देश छोड़कर नहीं गए होंगे, जितने इनकी सरकार में चले गए हैं। अगर व्यक्ति की गरिमा सुनिश्चित हो तो क्या कोई व्यक्ति अपनी मातृभूमि को छोड़ कर जा सकता है? सरकार इस पर आत्म चिंतन करे। अगर आपसी मतभेद पैदा करके एक-दूसरे के प्रति अविश्वास पैदा किया जाएगा, तो क्या देश की एकता और अखंडता के लिए एक अशुभ संकेत नहीं होगा?

अध्यक्ष महोदय, आर्टिकल 14, कानून के समक्ष समानता, भारत के अंदर किसी भी व्यक्ति को राज्य कानून के समक्ष समानता को डिनाई नहीं कर सकता है। क्या हो रहा है? एक ही कानून कुछ लोगों के लिए अलग है और दूसरों के लिए अलग है। अगर सत्ता पक्ष का व्यक्ति गेरुआ गमछा पहन कर अधिकारियों को गाली दे दे, तो जी-हुजूरी और दूसरा न्याय मांगने जाए तो उसे लाठी, क्या यह अनुच्छेद 14 का अनुपालन हो रहा है?

अध्यक्ष महोदय, किसी भी व्यक्ति को उसके जीवन और दैहिक स्वतंत्रता से कानून सम्मत प्रज्ञा के बगैर वंचित नहीं किया जा सकता। यह सबसे महत्वपूर्ण मौलिक अधिकार है लेकिन सबसे ज्यादा इसी का दुरुपयोग हो रहा है। फर्जी मुठभेड में हत्याएं, जेल के अंदर हत्याएं और पुलिस सुरक्षा में हत्याएं, आदमी कहीं भी सुरक्षित नहीं है। ईडी का ऐसा कानून बना दिया गया है कि बिना एफआईआर और बिना नोटिस किसी को भी बंद कर दो, लोकतंत्र फासिज्म में बदल रहा है।

अध्यक्ष महोदय, क्योंकि उत्तर प्रदेश की चर्चा सत्ता पक्ष से भी हुई है। जो हालात उत्तर प्रदेश में हैं, ऐसे हालात कभी किसी ने पहले नहीं देखे। जहां पर कानून की समय-समय पर धज्जियां उड़ रही हैं। मैं केवल एक घटना के बारे में नहीं कहना चाहता हूं, ऐसी तमाम घटनाएं हैं, जिनके बारे में मैं कह सकता हूं। आजादी के बाद अगर हम 75वें वर्ष में संविधान पर चर्चा कर रहे हैं और आए दिन लोगों को न्याय मांगने के लिए आत्मदाह करना पड़े, तहसील हो वहां पर आत्मदाह, जिलाधिकारी हों, वहां पर आत्मदाह, न्याय मांगने के लिए अगर मुख्यमंत्री आवास में जाना पड़े वहां आत्मदाह, सोचिए हम किस दिशा में जा रहे हैं?

अध्यक्ष महोदय, किसने नहीं देखा है कि टीवी पर चलते हुए लोगों की जान ले ली गई, सबने लाइव देखा है। यह कहां का न्याय है? न केवल वह, बल्कि पता नहीं, अध्यक्ष महोदय, हमारा प्रदेश कस्टोडियल डेथ्स में सबसे आगे जा रहा है, महिलाओं के उत्पीड़न में सबसे आगे जा रहा है। यह मैं नहीं कह रहा हूं, ये सरकार के आंकड़े बता रहे हैं। न केवल इन चीजों में आगे जा रहा है, बल्कि आज कल नए जमाने का जो डिजिटल इंडिया है, साइबर अपराधों में सबसे आगे उत्तर प्रदेश दिखाई दे रहा है।

अध्यक्ष महोदय, यह अलग बात है कि कभी-कभी डबल इंजन की सरकार चलाने वाले दावा करते थे। पहले इंजन टकराते थे, अब तो डब्ले भी टकराने लगे हैं। ...(व्यवधान) होड़ लगी हुई है कि कभी किसी ने दिल्ली का रास्ता किसी माध्यम से अपनाया था, उसी रास्ते पर आगे चल कर बढ़ना चाहते हैं। इससे खराब इस लोक तंत्र में और क्या हो सकता है? जिन लोगों ने यह कहा हो कि हम नौकरियां दे देंगे, लेकिन आज नौकरियां कहां हैं, रोजगार कहां हैं?

अध्यक्ष महोदय, अगर नौकरी, रोजगार और इन्वेस्टमेंट का वादा किया जाए और बड़े सपने दिखाए जाएं, मैं यह बात इसलिए कह रहा हूँ कि माननीय मंत्री जी भी उसी प्रदेश से आते हैं। प्रधान मंत्री जी भी उसी प्रदेश से आते हैं। आज कई मायनों में, कई आंकड़ों में उत्तर प्रदेश पीछे दिखाई दे रहा है, जहां रोजगार के सवाल पर, सरकारी नौकरियां इसलिए नहीं हैं, क्योंकि आरक्षण न देना पड़ जाए, इसलिए सरकारी नौकरियां नहीं हैं। आए दिन पेपर आउट, पेपर लीक, न केवल पेपर लीक है, बल्कि जान-बूझकर पेपर लीक कराया जाता है, जिससे परीक्षा रद्द की जा सके।

अग्निवीर वाला जो सवाल था, वह आज भी वैसा का वैसा है। हम लोग अग्निवीर वाली व्यवस्था कभी स्वीकार नहीं कर सकते हैं। पहले भर्ती जैसे होती थी, अगर वैसी ही भर्ती होगी तो हमारी सीमाएं और सुरक्षित होंगी। हमारे और नौजवान जाकर देश की असली, पक्की वर्दी पहनने का काम करेंगे।

अध्यक्ष महोदय, यह कैसी चर्चा संविधान की, जो है बिना प्रधान की। इस सरकार में लोकतंत्र के साथ जो खिलवाड़ हुआ है, इतना कभी खिलवाड़ नहीं हुआ होगा। संविधान को परतंत्र बनाकर जो लोग राज करना चाहते हैं, उनके लिए आजादी का अमृत काल सिर्फ एक जुमला है।

अंत में, मैं सिर्फ एक ही बात कहना चाहता हूँ कि संविधान बचेगा तो न्याय बचेगा और न्याय बचेगा तभी सब को बराबर मान-सम्मान, सब को बराबर मौके मिलेंगे, भेदभाव भी मिटेगा। भेदभाव को दूर करने के लिए आज फिर से संविधान को बचाने के लिए एक और करो या मरो आंदोलन की जरूरत है। इसलिए, अध्यक्ष महोदय, हम आपको भरोसा दिलाते हैं कि पिछले चुनाव में भी बहुत सारे सत्ता पक्ष के माननीय लोग यह कहते थे कि हमें इतनी सीटें मिल जाएंगी तो हम संविधान बदल देंगे। अध्यक्ष महोदय, मैं आपके माध्यम से जनता को धन्यवाद देना चाहता हूँ कि उन्होंने 400 पार के नारे को गिरा दिया और विपक्ष को इतनी ताकत दे दी कि इनका जो सपना था संविधान बदलने का, उस सपने को तोड़ने का काम किया।

अध्यक्ष महोदय, बहुत सारे साथी इधर के ही उधर हैं। अगर उधर वाले इधर आ गए, तो उसी दिन ये सत्ता से बाहर हो जाएंगे। आखिर में, मैं कुछ लाइनें कहकर अपनी बात खत्म करना



चाहता हूँ:-

“न मेरा है न तेरा है ये हिन्दुस्तान सब का है  
 नहीं समझी गई ये बात तो नुकसान सब का है ।  
 हजारों रास्ते खोजे गए उस तक पहुंचने के  
 मगर पहुंचे हुए ये कह गए भगवान सब का है ।  
 जो इसमें मिल गईं नदियां वे दिखाई नहीं देतीं  
 महासागर बनाने में मगर एहसान सब का है ।  
 अनेकों रंग, खुशबू, नस्ल के फल-फूल पौधे हैं  
 मगर उपवन की इज्जत-आबरू ईमान सब का है । ”

हमें उम्मीद है कि इस चर्चा के बाद बाबा साहेब भीमराव अम्बेडकर जी का दिया हुआ संविधान को बदलने का सपना नहीं देखा जाएगा । साथ ही साथ डॉ. राम मनोहर लोहिया, जिन्होंने समाजवादी आंदोलन का रास्ता दिखाया, नेताजी ने जो संघर्ष करके हम लोगों को उस जगह पहुंचाया, वहीं लोकनायक जयप्रकाश जी ने इस देश को आगे बढ़ाने के लिए समय-समय पर संपूर्ण क्रांति का आह्वान देकर जागरूक किया । मैं उन सब को याद करते हुए एक बार फिर अध्यक्ष जी आपको बहुत-बहुत धन्यवाद देता हूँ ।

**SHRI KALYAN BANERJEE (SREERAMPUR):** Hon. Speaker, Sir, first of all, we would like to pay respect and homage to the security personnel who had sacrificed their lives for the protection of this ‘Temple of Democracy’.

Sir, today's discussion is on ‘The Glorious Journey of 75 years of the Constitution of India.’ I heard the speech of the respected hon. Minister Shri Raj Nath Singh Ji. I could not hear anything about which part is glorious and which

part is inglorious. If we discuss on this subject 'The Glorious Journey of 75 years of the Constitution of India', then we have to give credit from Pandit Jawaharlal Nehru to Dr. Manmohan Singh. No one can be left out. The glorious journey of this Constitution is not only for the 10 years. If we accept it, we have to accept right from Pandit Jawaharlal Nehru to Narendra Modi who are the leaders of the country itself. It cannot be segregated. Anything can be said and anything can be criticized. But I did not hear anything. I will be expecting a reply from the hon. Prime Minister that which part was glorious and which part was inglorious.

I accept our Constitution worked well. Our Constitution and our country are considered as glorious in the world because all the machineries have discharged their duties, except for certain arenas, which I will be coming to later on.

Dr. Ambedkar said in the Constituent Assembly, "However good a Constitution may be, it is sure to turn out bad because those who are called to work it, happen to be a bad lot. However bad a Constitution may be, it may turn out to be good if those who are called to work it, happen to be a good lot. The working of a Constitution does not depend wholly upon the nature of the Constitution."

India is the largest democratic country in the world. Over the decades, the Constitutional institutions tried to discharge their duties with the object of fulfilling the Constitutional rights and legitimate expectations of the citizens of this country. Sometimes it has worked well, sometimes the Constitutional institutions failed to discharge their duties to a certain extent. The necessary question today

in India arises whether the Constitution failed or we failed the Constitution.

The preamble of our Constitution is the heart and soul of the Constitution. Therefore, it was and is always amenable to amendments.

India is a secular country. Secularism has been inserted in the preamble by virtue of the 42<sup>nd</sup> Amendment Act of 1976. The object of inserting the said word was to spell out expressly the high ideas of secularism and the integrity of the nation. Even before the insertion of the secularism word, every Prime Minister, every Chief Minister, every Ministers of this country have considered the country as secular. But unfortunately, during the last 10 years in the hands of the present Central Government, the secular fabric of the country is at stake. We can see there is a discrimination on the basis of a religion at the behest of the ruling Party of the Centre.

**14.19 hrs**

(Shri Jagdambika Pal *in the Chair*)

Minority people of the country always have a feeling that their security and their religious faith to manage their affairs in matters of religion are in danger because of the highly communal concept or highly aggressive form of Hinduism inspired by the ruling Party at the Centre and their associates. If we have to understand the Constitution of our country, we have to give meaning to the words because the interpretation of this Constitution cannot be narrow. We have to give a broader meaning. The definition of Fundamental Rights and expression cannot be interpreted in narrow formula of black and white letters, and its duty and beauty lie in interpreting it with a broader point of view as the faith of the common man is on the broad shoulders of the Parliament or the courts of law.

It is a duty. Attempts have been made for the last 10 years by the party in power at the Centre to curtail Constitutional rights. We are witnessing the abrogation of the Fundamental Rights. In many instances, the abrogation of the Fundamental Rights of the citizens is being done at the hands of the Central Government. If a Government does not act at an appropriate time to uphold the fundamental rights of the citizens of the country, the democratic polity of our country is at stake. For example, in Manipur, the rights of the people of that State neither have been there, nor anything has been done. Rights of the people of Manipur, time and again, have been violated. We have seen rapes. We have seen murders. We have seen that the State is completely in an out of law-and-order condition. I would like to know whether the rights of the people of Manipur, which are Constitutional rights, have been protected. If you do not protect them at an appropriate time, there is no use of saying that there is protection of the Fundamental Rights. Why are the people of Manipur being killed? Why so many rapes have taken place in Manipur? Why democracy in Manipur has been throttled down for nearly one year and six months? Why the hon. Prime Minister of India could not resolve the problem of Manipur?

The hon. Prime Minister of India went to West Bengal before the elections. In Sandeshkhali, the hon. Prime Minister said that संदेशखाली देश का अंग है । ... (व्यवधान) संदेशखाली की महिला, देश की महिला है, देश की बिटिया है । ... (व्यवधान) Basirhat Parliamentary constituency gave a befitting reply to the statement which was made by the hon. Prime Minister. My question today is this. प्राइम मिनिस्टर साहब, क्या मणिपुर देश का अंग नहीं है? ... (व्यवधान) क्या मणिपुर की बिटिया देश की

बिटिया नहीं है? ... (व्यवधान) क्या मणिपुर की नारी की इज्जत, इज्जत नहीं है? ... (व्यवधान) क्या मणिपुर की नारी का सम्मान, सम्मान नहीं है? ... (व्यवधान) आपने क्या किया? ... (व्यवधान)

Still, you are waiting. You are not doing anything. Why in the name of survey of waqf property at Sambhal in Uttar Pradesh, six or seven minority community people have been killed? Why are you silent, hon. Prime Minister? When the rights under Article 21 of the Constitution of the citizens of Manipur and Uttar Pradesh are put in danger, then being the Prime Minister of the country, why do you remain a silent spectator? When you become the Prime Minister of the country, it is your duty to save them. You cannot confine yourselves to your political party's agenda which speaks only for division as per religion, spreading hatred and destroying the federal structure of this country.

You have heard it. Everyone has heard about the R.G. Kar Medical College's sad rape case and death case. It has happened on 8<sup>th</sup> or 9<sup>th</sup> August. The CBI is investigating the matter. Still now the investigation is not completed. The trial has not been completed. But after that, two rape and death cases had happened in West Bengal. Within 60 days, appropriate court has convicted the accused and declared a death sentence. Why the assent has not been given till now by the ... \* to the Aparajita Bill which was passed by the West Bengal Legislative Assembly? What does the Aparajita Bill speak? It speaks about speedy investigation.

**HON. CHAIRPERSON :** You cannot discuss the conduct of the hon. President.

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\* Expunged as ordered by the Chair.

You are a senior lawyer.

**SHRI KALYAN BANERJEE** : Okay. Why the process of assent has not yet been completed by the appropriate persons who are responsible for this?

And what does it speak about? It speaks about speedy investigation and speedy trial within six months.

Sir, parliamentary practices are the basic structure of our Constitution.

Shri G.V. Mavalankar said, and I quote:

“For real democracy, one has to look not merely in the provisions of the Constitution, or the rules and regulations made for the conduct of business in the Legislatures, but one has to foster a real democratic spirit in those who form the Legislature. If this fundamental is borne in mind, it will be clear that though questions would be decided by majorities, parliamentary government will not be possible if it is reduced to a mere counting of heads or hands. If we are to go merely by majority, we shall be fostering the seeds of fascism, violence and revolt. If on the other hand, we could help to foster a spirit of tolerance, a spirit of freedom of discussion and a spirit of understanding, we shall be fostering the spirit of democracy.”

During the last ten years, all the speakers who have spoken from the Opposition, and all the statements and speeches which have been made from the Opposition side, are not worthy. They are not worthy at all. Only the hands

on that side of the House are much higher. Therefore, everything would be done. Are you not fostering the seed of fascism in the Parliament itself?

The Constitutional rights of the poor people of West Bengal to receive benefits of Centrally-sponsored schemes like, MGNREGA, Pradhan Mantri Gram Sadak Yojana, Backward Regions Grant Fund, etc., have not been given. Whenever we have raised this question, the answer is that there is illegality and irregularity. And we have repeatedly said that if there is illegality and irregularity, then catch hold of the persons, arrest them, and put them into the prison. We will not mind that. But give extended benefits of these schemes to the poorest people of West Bengal. It has not been done. I would like to know whether the rights of the poor people of West Bengal, protected under Article 14 and Article 21 of the Constitution of India like inclusive livelihood, have not been destroyed by the hands of the Central Government. Has the Constitution worked? Or, has the Constitution failed?

The requirements of the people, and fulfilment of the expectations of the people from the Government, do not depend upon comparative statistics of pre-2014 and post-2014. At times, you come up with the statistics -- what was there in pre-2014 and what is there post-2014. The present Government may be happy with the statistics, but the people of the country are suffering from poverty, mental ill health, unemployment, malnutrition, lack of medical assistance, and free education up to graduation level, etc. These are only a few examples.

Regarding poverty, almost 129 million Indians are living in extreme poverty. About mental health, 70 million people in India are suffering from mental

ill health. In August 2024, the unemployment rate stood at 8.5 per cent. With regard to malnutrition, India is ranked 105<sup>th</sup> out of 127 countries. This is India. Why has the Constitutional right not been extended to these poor people, malnourished people, and others? Same is the case with medical assistance. With regard to education, there are about 265 million students enrolled in schools across India, but the estimates suggest that more than 3.5 million students have dropped out after class 10<sup>th</sup> in the academic year 2021-22. I have a lot of statistics with me, which will take time. But I do not have that much of time.

One of the basic structures of the Constitution is federalism which is repeatedly being interfered with by the Central Government through the Office of the Governors.

The hon. Supreme Court in the case of B. P. Singhal versus Union of India, 2010 (6) SCC 331 held, and I quote:

“Governor has a dual role. The first is that of the Constitutional head of the State bound by the advice of the Council of Ministers. The second is to function as a vital link between the Union Government and the State Government. In certain special emergency situation, he may also act as a special representative of the Union Government. He is required to discharge the functions related to his different roles harmoniously assessing the scope and ambit of each role properly. He is not an employee of the Union Government nor the agent of the party in power.”



**HON. CHAIRPERSON** : You cannot mention this. At least I have made a request about Governor.

**SHRI KALYAN BANERJEE** : I am reading from the Judgement. ...  
(*Interruptions*).

I am reading the Supreme Court Judgement.

**HON. CHAIRPERSON**: I am saying you cannot discuss about the conduct of Governors.

**SHRI KALYAN BANERJEE** : How can you say? I am reading the Supreme Court Judgment. I am not saying on my own.

He should remain neutral as an umpire where the views of the Union Government and the State Government are in conflict.

The Constitution Bench of the Supreme Court in a case held it in 2016 (8) Page 1. I am reading from Supreme Court Judgement.

“A Governor is only a formal and Constitutional head of the executives. The Council of Ministers are the real head and virtually controls both legislative and executive functions. The principles of collective responsibility is firmly entrenched in our Constitutional democracy and does not accept any parallel administration by the Governor”

Why is there a departure of this well-settled principles of law in non- BJP States, Sir? Why has the Constitution not been saved? Why has the Constitution not been worked out not following the principles of law of the Supreme Court?

Sir, the time has come to relook into Article 361 of the Constitution because Article 361 of the Constitution gives protection to the persons so designated there. No one can sue him and file any suit against that person.

But today, the persons who are appointed under Article 163 of the Constitution of India, their conduct are in question. Their morality is under question. No one can start a criminal case for their breach of mortality. This has to be relooked into.

Sir, we are very proud of our judiciary. Indian democracy- I believe with my heart - has been strengthened by the reason of the interpretation of the Constitutional law and appropriate directions and orders passed by the hon. apex court of the country. For the last three years, a question and some doubts have been arising in the minds of the people about the independence of the judiciary.

Judicial independence does not depend upon the factor whether the judiciary has succumbed to the pressure of the Central Government or the State Government. The factor is whether Indian judiciary has succumbed to the pressure of some interested person through the media that has been created. Now, it is the question today.

Thank you, Sir. You have given me enough time to speak. I wish every provision of the Constitution of India should be broadly interpreted, should be extended to the poor people of this country, give the benefit of the Directive Principles of the State Policy so that not a single poor person remains hungry in our country, a single person should not remain unemployed, a single person should not be sent to jail. Not a single one. Thank you, Sir.

**SHRI T. R. BAALU (SRIPERUMBUDUR):** Thank you, Sir.

I pay my homage to departed security officers on 13.12.2001 in defending the Parliament of India against the terrorist act.

Sir, I heard the President's address on the other day with rapt attention. I know that the text of the President's address is approved by the Cabinet and the Cabinet sends it to the President of India to read it to both Houses of Parliament.

**HON. CHAIRPERSON :** You were also the Cabinet Minister for a long time. You are well aware of it.

**SHRI T. R. BAALU :** For the sake of information, I should say this thing. Actually, what I find is that the soul and heart of the Constitution was not in the President's Address. In the Preamble, secularism and socialism are the most important aspects of the Constitution. But they are not there in the President's address.

It is printed as a book and is supplied to all the Members of Parliament. When she addressed both the Houses, both the words and phrases were not spelled by the President of India. I am not finding fault with the President. But this Government is allergic to socialism and secularism. That is what I want to say.

Sir, socialism and secularism are not merely just the terms etched in the Preamble, but they embody the essence of India's democratic, inclusive and egalitarian vision. The Constitution is not just a book listing laws, rights and duties. It is a vision document by the first-generation leaders of Independent India that guides the country.

The words 'secular and socialist' were inserted in the Preamble by the

Constitution Amendment Act of 1976. Even before the 42<sup>nd</sup> Amendment, secularism was a fundamental part of the Constitution. Articles 25, 26, 27 were specifically designed to promote secularism, but the underlying principles were already implicit in various provisions of the Constitution. Articles 14, 15, 16 of the Constitution prohibit religious discrimination and ensures equal protection and employment.

Sir, the words 'socialist and secular' represent the fundamental values that guide India's democracy and governance. Their inclusion in the Preamble is not just symbolic, but it underscores India's commitment to a fair, just and inclusive society. Removing these words would not only erase the spirit of the Constitution, but also undermine the country's moral and democratic framework.

Sir, today is 13th December, 2024 and the Parliament is discussing about the 'socialist and secular' phrase incorporated in the Preamble. The same thing was discussed in 1946 on the very same day. The same phrase was discussed in 1946 on the same day. After a long debate, it was decided not to include these two concepts. But later, after a journey of 30 years, in 1976, it was proved that these two aspects should find a place prominently in our Constitution. This became a reality through the 42<sup>nd</sup> Constitution Amendment in 1976.

In this backdrop, I would like to voice the legacy of our Dravidian forefathers, in particular, Dr. Natesa Mudaliar, Sir P. T. Thiyagaraya, Shri T. M. Nair, Shri Thanthai Periyar, Shri Perarignar Anna and Dr. Kalaingar who were instrumental in developing our society into an egalitarian society.

Today, my leader, Shri M.K. Stalin is carrying forward the torch of

Dravidian legacy to achieve our forefathers' dream. Even yesterday, on 12.12.2024, hon. Chief Minister of Tamil Nadu inaugurated the renovated Periyar Memorial in Vaikom of Kerala where so-called lower caste people were forbidden entry in the Temple Street.

Thanthai Periyar undertook an agitation 100 years ago in 1924, and successfully secured the entry into the temple for all people, which was a great proud moment of social justice. This glorious Dravidian legacy is having more than 108 years' prestigious history for establishing socialist and secular society in our nation. These two high ideals of socialism and secularism are the heart and soul of social justice. This Dravidian legacy commenced with the launching of reservation for the oppressed in jobs, education, and political liberation; the cursed lot of millions comprised of mostly Hindu communities.

This century old struggle is still not over, and the fight is continuing even after 77 years of Independence. In this context only, socialism and secularism have assumed new importance, and the Governments today have to prove their commitment to the people, that they will implement the noble concept of secularism and socialism in letter and spirit. We say this because this Government is wavering on both these principles. The visible hesitation and wavering of the Government is reflected in the President's speech, which exposes the Government's dubious commitments and unwillingness in this regard explicitly and strongly. That is why, these commitments are not expressly and soundly stated in the speech of the President. Therefore, we are fully justified in our feeling that the observation of 75<sup>th</sup> Constitution Day is a mere

tokenism. That is why, after the President's speech, DMK appealed to the Speaker to have a full-fledged discussion in Parliament on this omission of this Government.

The concepts of socialism and secularism did not find a place in our Constitution initially adopted in 1949. Though there was a debate on this matter, it was excluded. However, as we travelled in the free nation, the need for bringing them into the Constitution expressly was felt strongly. Consequently, the then Prime Minister madam Indira Gandhi was instrumental in bringing the 42<sup>nd</sup> Amendment to include them in the Preamble itself. In this regard, I would like to point out that the very first amendment to our Constitution was made in 1951 itself for an enabling provision to reservation of backward classes, SCs, and STs.

The Dravidian founding fathers paved the way for the aforesaid amendment, because the communal G.O. was introduced in 1920 by the Justice Party Government of erstwhile Madras Province. This great feat was achieved by the Dravidian movement in pre-Independence days to uplift the socially backward class masses. I must mention that this historical great initiative happened during the British India regime itself. This foresightedness not only benefited downtrodden people of South India, but also the whole of India is now enjoying the fruits borne out of the political wisdom of our forefathers of Dravidian Movement. The socialist ideology has supreme value even today.

Coming back to the other aspect of secularism, I want to read and quote Article 15(1) of the Constitution. I quote: "The State shall not discriminate against

any citizen of India on grounds only of religion, race, caste, sex, place of birth or any of them.” The vital question is: “Has the State ensured this mandate in all these years?” What happened in Odisha when Father Graham Steins was burnt alive when sleeping? How many places of worship have been pulled down is known to the entire world? There were incidents of mob lynching and massacre of the innocent minorities in Gujarat and many other States. There is suppression of linguistic rights. The most gruesome example of mob lynching was attempted against our Tamil leader K. Kamaraj where his house was torched. These cruel incidents happened due to religious frenzy. The situation today is grimmer than the situation of 1976 because the minorities and the poor masses have a strong feeling that they have been left out, and their livelihood is in serious threat.

That is why we wanted that the Government should expressly commit themselves to the two noble principles. Hence, it was our strong wish that the President of India, in her Address on the 75<sup>th</sup> Constitution Day, should have at least made a mention that her Government is committed to the socialist and secular values so that the 145 crore people of this vast nation could get the right signal and would have felt reassured. This becomes a valid point because only on the previous day, that is, the 25<sup>th</sup> November, 2024, the Supreme Court had given a historical verdict on this matter. The Supreme Court had dismissed the petition praying for the deletion of the words ‘Socialist’ and ‘Secular’ from the Preamble of the Constitution. The Supreme Court correctly condemned the petitioners who were motivated by partisan considerations in filing the petition,

challenging the constitutional validity of the matter after 44 years of the 42<sup>nd</sup> Constitutional Amendment.

In the light of such an important development, we strongly feel that the President, in her Speech, should have mentioned about this so that the commitment of the Government on the two high principles is proved beyond doubt, and 145 crore people are also convinced about the unwavering sincerity of the Government in this regard.

When Compared to the Mughal rule of 300 years and British rule of 200 years, our journey of 75 years as an independent nation is not that long. But it has a chequered history, and it is time for us to introspect. That is why, we wanted a discussion on this in the Parliament, and it happened today. On behalf of my Party and my Leader, Dr. M.K. Stalin, I profoundly thank and salute the architect of the Constitution, the great Dr. Ambedkar. Also, I would like to thank some of the leaders of Tamil Nadu, namely Raja of Bobbili, Freedom Fighter Kakkan, Shri Swaminathan, Dr. R.K. Shanmugam Chettiar, Shri T.T. Krishnamachari, Alladi Krishnaswamy, the great leader Shri K. Kamaraj, Shri O.V. Alagesan, and so on.

Sir, with this, I conclude and at the same time, thank you for giving me the time to speak.

**DR. BYREDDY SHABARI (NANDYAL):** Thank you, hon. Chairperson Sir, for giving me this opportunity. As we mark the 75 years of adoption of the Constitution, I am very happy to speak today on this historic occasion.

Sir, there was one incident where Dr. B.R. Ambedkar ji, along with his



family, was stranded at a railway station in Masur, and everyone rejected them to take them home. This happened just because he belonged to Mahar community and was called untouchable. This is the incident after which he had become the architect of the Constitution, and this is where democracy was shaped. We, sitting here as the representatives of the people, are trying to resolve the grievances of the people, speaking truth and also fulfilling the promises.

Sir, a *chai wala* could become the Prime Minister of our country; a woman from tribal community could become the President of the country; and an auto driver could become a Chief Minister. This is the true essence of the Constitution.

Before we speak about the Constitution, we should also know that if the provisions of the Constitution are misused, then what the position of the people of the State would be, and also how the Governments could collapse. One such example is about the YSRCP during their tenure from 2019 to 2024. It was ruled by a dictator who was suffering from OCD. That is not Obsessive Compulsive Disorder but Obsessive Criminal Disorder.

Sir, I can tell you very clearly that every single chapter of the 22 chapters of the Constitution was misused in Andhra Pradesh during the last five years. ... (*Interruptions*) No one is misleading.... (*Interruptions*) You should have spoken this five years back. ... (*Interruptions*)

**HON. CHAIRPERSON** : Shabari ji, kindly address the Chair. Nothing will go on record except what Dr. Shabari is speaking.

**DR. BYREDDY SHABARI** : Sir, about Rs.86,000 crore which were for the welfare of people of SC/ST categories under SC/ST Subplan were misutilized and diverted for their personal use, which is a violation of Article 14 of the Constitution. Then, about Rs.1600 crore which were supposed to be used for the health, were diverted for their personal use or Navaratnalu scheme, which even did not do well because of the corruption of their leaders. About nine lakh acres of Government land was transferred to the private people or benamis during their Government.

Sir, we were very proud of our State. When the State got divided, we were happy that Amaravati was the capital for which the foundation stone was laid by the hon. Prime Minister, Shri Narendra Modiji. It was not just built with bricks and mortar, but hopes and aspirations of the people of Andhra Pradesh. About 28,000 people have sacrificed their land in the hope of having a new capital. But after YSRCP Government came, they played a game by forming three capitals and built three palaces, where thousands of crores of rupees were spent. An example of it is the Rishikonda Palace.

Sir, as I told, the volunteer system that was brought by the YSRCP Government was to use them as pawns in their political game. They were used for election campaigning. They were used for deleting the data of voters who belonged to the NDA parties from the voting lists. About 15.8 lakh false voters were identified by the Election Commission.

Our State was very famous globally for ease of doing business. But after YSRCP Government has come, companies are scared of doing business. Lulu

Group was kicked out of the State; Franklin Templeton was shunted out, KIA Motors was harassed, and this goes on. Instead of promoting ease of doing business, they promoted ease of taking bribes.

Then, the local body elections, which were supposed to happen smoothly, were won with a lot of difficulties. The sarpanch candidates from NDA party were harassed and mishandled. Many false cases were filed against them. Many murders took place. ....(*Interruptions*) I am just talking about Articles 14 and 46 of the Constitution. ....(*Interruptions*)

**HON. CHAIRPERSON :** Hon. Member, just address the Chair.

**DR. BYREDDY SHABARI :** Sir, Articles 14 and 46 of the Constitution were violated by the YSRCP Government. That is the right to equality, right to law. I can even mention the Articles, if YSRCP demands. ....(*Interruptions*)

Sir, despite right to equality and right to vote being enshrined in our Constitution, local body elections were disrupted. A fund of about Rs.8000 crore meant for Gram Panchayats were diverted. We do not know where this fund has gone. The sarpanch who won with a lot of difficulty could not even fix a light in the rural areas.

Sir, women in our State were harassed. This violated Article 14, 15 and 46 of the Constitution. Our Chief Minister's wife, who is a gem of a person was harassed in the social media. Our Deputy Chief Minister's daughter who is not even 12 years old was harassed. We, the women politicians were harassed by assassinating our characters and our images were marred. But we are still unshattered and are representing our people today in the Parliament through

the Telugu Desam Party and the NDA.

Articles 14, 21 and 46 of the Constitution were violated again and again when our hon. Chief Minister was arrested. That happened in my very own constituency. He was arrested and kept behind the bars for 53 days, surrounded by Maoists. This was the day when an undeclared emergency was imposed in our State. This was the day when the people of Andhra Pradesh had decided, and said, I will quote it in Telugu -

*Anduke Jagannmohan Reddy Garu Gari Kurchi Madathapeti*

*Andhra Rashtra Intiki Pampichesaru.*

Sir, this is not the victory of the NDA, but the victory of justice, equality and law. This also exhibits the confidence the people of the State had in our visionary leader, the saviour of Andhra Pradesh, our hon. Chief Minister, Nara Chandrababu Naidu *garu*. In six months, we have shown what a Government is while we are abiding by the rules and laws of the Constitution. In six months, we could give social, economic and financial justice to the people.

Sir, education reforms were brought in by our future leader, Nara Lokesh *garu*. Our Deputy Chief Minister, Pawan Kalyan *garu* is not a reel star, but a real star. He not only seizes the ship but also seizes the corruption out of the lives of the corrupt people.

Sir, I can tell you that this is just a trailer of the transformative future of Andhra Pradesh. With more vibrant reforms and initiatives, and the unprecedented developments under the leadership of Nara Chandrababu Naidu *guru*, our hon. Chief Minister, I am sure that we are going to reach new heights

and fulfil the dreams of the people of Andhra Pradesh.

Sir, our party is a 40-year old party. We have gone through many hardships. We are here in the 18<sup>th</sup> Lok Sabha. We will abide by the law of Constitution and also make our State and country proud.

*Maa balam, Constitution Rajyangam, Maa balam, Maa prajalu.*

Thank you, Sir. Jai Hind.

**पंचायती राज मंत्री; तथा मत्स्यपालन, पशुपालन और डेयरी मंत्री (श्री राजीव रंजन सिंह उर्फ ललन सिंह):** सभापति महोदय, धन्यवाद। भारत के संविधान ने 75 वर्ष पूरे किए हैं। भारत के संविधान के 75 वर्ष की इस गौरवशाली यात्रा पर हम आज चर्चा कर रहे हैं। हमारे संविधान के निर्माताओं ने संविधान का निर्माण किया। संविधान के दो पहलू हैं। एक पहलू तो संविधान का वह है, जो इस समाज के सभी वर्गों के लिए सामाजिक और आर्थिक उन्नति का रास्ता प्रशस्त करता है तो दूसरी तरफ संविधान के साथ छेड़छाड़ करने वालों के लिए उसी में प्रावधान है कि उनको कहां जगह मिलेगी। इस देश में कई लोगों ने शासन किया और बहुत लंबा शासन किया। आज इस देश के आदरणीय प्रधान मंत्री नरेन्द्र मोदी जी की बात करते हैं। नरेन्द्र मोदी जी ने पिछले दस वर्षों में जो काम किया है, उसकी विस्तार से माननीय रक्षा मंत्री जी ने चर्चा की है। उन्होंने एक-एक काम गिनाया है। हम उसको दोहराकर समय नहीं लेना चाहते हैं, लेकिन एक मूल मंत्र, जो आदरणीय प्रधान मंत्री नरेन्द्र मोदी जी का है, वह इसी संविधान से निकला है, जिसमें लिखा है और उनका नारा है – सबका साथ, सबका विकास, सबका विश्वास और सबका प्रयास। यही हमारे संविधान का मूल मंत्र है। इनको यह मूल मंत्र कहां समझ में आएगा।

महोदय, इतने लंबे समय तक इन्होंने शासन किया और सैकड़ों बार के उदाहरण हैं कि इन्होंने संविधान की धज्जियां उड़ाईं। आज यही कारण है कि संविधान ने उनको वहां बैठा दिया, जहां 15 साल से टहल रहे हैं। ये संविधान को ऐसे इस्तेमाल करते थे, जैसी अभी ये चर्चा कर रहे थे। ये

संविधान की बहुत बात कर रहे थे। कांग्रेस पार्टी की माननीय सदस्या ने अपनी प्रथम स्पीच में बहुत ही चुटकुले के साथ व्यंग्यात्मक टिप्पणियां इस सरकार और आदरणीय प्रधान मंत्री नरेन्द्र मोदी जी पर की हैं। अभी आपको ज्ञान नहीं है, आपके पूर्वजों ने इस देश पर शासन किया है, जरा उनका इतिहास भी पढ़ लें।

### **15.00 hrs**

सभापति महोदय, हम लोगों के यहां एक कहावत है। आप भी जानते होंगे, आपके यहां भी उत्तर प्रदेश में कहावत होगी कि 'सौ चूहे खाकर बिल्ली चली हज करने के लिए चली'। पूरे शासनकाल में इन्होंने संविधान की धज्जियां उड़ाईं। संविधान की धज्जियां उड़ाने के बाद, जो संविधान के भक्षक हैं, वे आज संविधान की कॉपी लेकर घूम रहे हैं, जैसे लगता है कि कितने बड़े संविधान के रक्षक हैं। संविधान के भक्षक संविधान के रक्षक नहीं हो सकते हैं। इसीलिए, आज आप वहां बैठे हैं। आपको संविधान की प्रति लेकर घूमने का हक नहीं है। जब आप संविधान की प्रति लेकर घूमते हैं तो इस देश की जनता हंसती है। आपको कम से कम महाराष्ट्र और हरियाणा के चुनाव से सीख लेनी चाहिए। कुछ सुधर जाइए, अगर आप कुछ सुधर जाइएगा तो आगे ठीक रहेगा।

सभापति महोदय, इस देश के संविधान में अनुच्छेद-356 का प्रावधान है। जब अनुच्छेद-356 का प्रावधान है और जब संविधान का निर्माण हो रहा था तो उस समय डॉ. भीमराव अम्बेडकर ने संविधान में अनुच्छेद-356 को मृत-पत्र की संज्ञा दी थी। मृत-पत्र का मतलब, इसका इस्तेमाल विशेष परिस्थिति में ही किया जाना चाहिए। लेकिन, इन्होंने कैसे किया? इनका इतिहास है। पंडित जवाहरलाल नेहरू जी ने अनुच्छेद-356 का 7 बार इस्तेमाल किया। इंदिरा गांधी जी ने 51 बार किया। राजीव गांधी जी के शासनकाल में 6 बार इस्तेमाल हुआ। पी.वी.नरसिम्हा राव के समय में इसका 11 बार इस्तेमाल हुआ और डॉ.मनमोहन सिंह जी की सरकार में 12 बार हुआ था। डॉ. मनमोहन सिंह जी की सरकार ने वर्ष 2005 में जो बिहार में किया था, वह तो अभूतपूर्व था। ये संविधान की रक्षा की बात कर रहे हैं, संविधान की बात कर रहे हैं। संविधान के डर से इन्होंने जो

भी इस तरह के फैसले किए, वे दिन के उजाले में नहीं किए बल्कि रात के अंधेरे में किए। बिहार में फरवरी के चुनाव के बाद जब वर्ष 2005 में सरकार बन रही थी, तो कैबिनेट मंत्री, जो बहुत दबंग कहे जाते थे, वे 12 बजे रात को प्रधानमंत्री जी के यहां चले गए और उन्होंने कहा कि सरकार गिरा देंगे, नहीं तो विधान सभा भंग करो। सुबह 4 बजे कैबिनेट की मीटिंग हुई थी, महामहिम राष्ट्रपति जी मास्को में थे, फैंक्स पर भेजकर उनसे दस्तखत करवाकर मंगवाया गया और जब सूर्योदय हुआ तो बिहार में राष्ट्रपति शासन लग गया। इन्होंने यही तो काम किया। दिन के उजाले में नहीं किया। इन्होंने इस देश में जब इमरजेंसी भी लगाया तो 12 बजे रात में सभी कैबिनेट मंत्रियों को बुलाकर दस्तखत कराया और सुबह इमरजेंसी की घोषणा कर दी और ये संविधान और संविधान की रक्षा की बात कर रहे हैं। सत्ता में बने रहने और अपने स्वार्थ के लिए इन्होंने संविधान की धज्जियां उड़ाई और संविधान को तार-तार किया। इन्होंने संविधान निर्माताओं की आत्मा को कलंकित करने का काम किया है और ये प्रधानमंत्री नरेंद्र मोदी जी के ऊपर आरोप लगाते हैं। प्रधानमंत्री नरेंद्र मोदी जी जब शपथ लेने जाते हैं तो नतमस्तक होकर संविधान का नमन करते हैं और तब शपथ लेते हैं। वे शपथ के मुताबिक 'सबका साथ, सबका विकास, सबका विश्वास और सबका प्रयास' के मूलमंत्र के साथ इस देश के निर्माण में लगे हैं।

**श्री अनुराग सिंह ठाकुर (हमीरपुर) :** कांग्रेस पार्टी के लोग कहां हैं?

**श्री राजीव रंजन सिंह उर्फ ललन सिंह :** महोदय, कांग्रेस के लोग चले गए हैं, संविधान से उनको कोई मतलब नहीं है। उनका संविधान से कुछ भी लेना-देना नहीं है। ... (व्यवधान)

**माननीय सभापति :** आप चेयर को एड्रेस करिए। उनको भूल जाइए।

**श्री राजीव रंजन सिंह उर्फ ललन सिंह :** महोदय, जब सन् 1975 में इमरजेन्सी लगी थी, तब हम सब लोग जेल में थे और वहां कई प्रताड़नाएं हुई थीं। इमरजेन्सी अचानक लग गई, इमरजेन्सी अचानक क्यों लगी? इलाहाबाद हाई कोर्ट ने तत्कालीन प्रधानमंत्री के चुनाव को अवैध करार दे दिया था। अवैध करार देने के बाद उनको अपनी गद्दी भी बचानी थी, तो उन्होंने अपनी गद्दी बचाने के लिए इस देश में इमरजेन्सी लगाई थी। लाखों लोगों को मीसा एक्ट के तहत जेल में बंद कर दिया

गया था। पूरे देश में छोटे से लेकर बड़ा विरोधी दल का कोई नेता नहीं था, जो सड़कों पर घूम सकता था। आप संविधान की बात कर रहे हैं, संविधान की दुहाई दे रहे हैं, संविधान की प्रति लेकर घूम रहे हैं।

न्यायपालिका पर प्रतिबंध लगाया गया, मौलिक अधिकार समाप्त कर दिए गए, बोलने पर पाबंदी लगा दी गई। मीडिया के लोगों को जेल भेज दिया गया। संविधान के कई अनुच्छेदों को संविधान की नौवीं अनुसूची में डालकर कोर्ट को प्रतिबंधित कर दिया गया था कि आप उसकी सुनवाई नहीं सकते हैं। उन्होंने अपने पांच साल के शासन को छः साल कर दिया। अगर उसके बाद उनका बस चलता, तो आजीवन के लिए अपना शासन कर लेते। ये संविधान के रक्षक हैं और ये इस देश में संविधान लेकर घूम रहे हैं। इस देश के लोग तो हंसते हैं। इन लोगों ने अपनी गद्दी बचाने और अपने स्वार्थ की सिद्धि के लिए संविधान का दुरुपयोग किया है। ये आरक्षण की बात कर रहे हैं। कांग्रेस पार्टी हरियाणा और महाराष्ट्र में घूम-घूमकर नकारात्मक प्रचार कर रही थी कि नरेन्द्र मोदी जी आरक्षण समाप्त कर देंगे। अरे भाई, नरेन्द्र मोदी जी ने तो सभी दिन कहा और ताल ठोककर कहा है कि आरक्षण समाप्त नहीं होगा। जब तक नरेन्द्र मोदी है, तब तक आरक्षण समाप्त नहीं होगा। आप कौन-सा नकारात्मक प्रचार कर रहे हैं? आपने क्या किया? आपके पूर्वज ने क्या कहा था? डॉक्टर अंबेडकर जी ने संविधान के निर्माण के समय कहा था कि आरक्षण वैशाखी नहीं, सहारा है। वह उन वर्गों के एक लिए सहारा है, जो दलित हैं, पिछड़े हैं। आज जो सहारा मिला हुआ है, आप उससे छोड़-छाड़ करते हैं। आरक्षण के सवाल पर जब बात हुई, तो पंडित जवाहर लाल नेहरू जी ने 26 मई, 1949 में संविधान सभा में भाषण दिया था और आरक्षण का विरोध किया था। 15 अक्टूबर, 1947 को पंडित जवाहर लाल नेहरू ने सभी प्रांतीय सरकारों को चिट्ठी लिखनी शुरू कर दी। 27 जून, 1961 को लिखे हुए पत्र में उन्होंने कहा था कि...(व्यवधान) सब खिसक गए हैं, उनको संविधान से कोई मतलब नहीं है। ...(व्यवधान)

**माननीय सभापति :** आदरणीय गिरिराज जी, राजीव रंजन जी बोल रहे हैं।

**श्री राजीव रंजन सिंह उर्फ ललन सिंह :** महोदय, पंडित नेहरू जी ने लिखा था, उन्होंने 1961 में



प्रांतीय सरकारों को जो पत्र लिखा था, उसमें लिखा था कि यह सच है कि हम अनुसूचित जाति, अनुसूचित जनजाति की मदद के लिए कुछ नियमों और परंपराओं से बंधे हैं। वे मदद के पात्र हैं, लेकिन फिर भी मैं किसी भी प्रकार के आरक्षण को नापसंद करता हूँ। यह नेहरू जी की विचारधारा थी, यह नेहरू जी की सोच थी। ये आरक्षण पर सवाल उठा रहे हैं।

अभी कांग्रेस पार्टी की एक माननीय सदस्या बोल रही थीं, उन्होंने कई बातों पर चर्चा की है। आपको याद होगा, इन्होंने संविधान की धज्जियां उड़ाई है, मुझे एक बात याद आ रही है। वर्ष 1982 में हरियाणा में चुनाव हुए थे। वहां पर बीजेपी और लोक दल के गठबंधन से सरकार बननी थी। हम ज्यादा बहुमत थे। वहां पर तपासे साहब गवर्नर थे और चौधरी देवीलाल नेता चुने गए। गवर्नर साहब ने उनको कहा कि आप सोमवार को सभी विधायकों को लेकर आइए, आपका शपथ ग्रहण कराएंगे। वह संडे को दिल्ली चले आए, यहां से दिशा-निर्देश मिला और इतवार को ही उन्होंने हरियाणा में कांग्रेस की सरकार का दिल्ली में शपथ ग्रहण करा दिया। ये संविधान के रक्षक हैं? अभी सांसद जी जातीय गणना पर बोल रही थीं। विरोधी दल के नेता जातीय गणना पर चले गए हैं। अखिलेश जी अभी यहां नहीं हैं। अखिलेश जी गवाह हैं। इण्डिया की मीटिंग मुंबई और बंगलुरु में हो रही थी। यह सवाल उठा था कि जातीय जनगणना पर प्रस्ताव पारित कीजिए, लेकिन ये मुंह में टेप लगाकर बैठे हुए थे। मैं भी उस मीटिंग में था। इनकी कथनी और करनी में यही फर्क है। ये अपने राजनीतिक इस्तेमाल और अपने फायदे के लिए नारे के रूप में इस्तेमाल करते हैं। उनको खुलासा करना चाहिए। हम चुनौती देते हैं कि यह प्रस्ताव आया, लेकिन मुंह में पट्टी बांधकर, मुंह में टेप लगाकर क्यों खड़े थे? यह आपको बताना चाहिए।

माननीय सदस्या कह रही थीं कि साहस संविधान ने दिया है। संविधान ने तो साहस दिया है। अगर संविधान ने साहस नहीं दिया होता तो हम लोग आपकी प्रताड़ना को इमरजेंसी में इतना कैसे झेलते? हम लोगों ने आपकी प्रताड़ना को झेला, यह संविधान ने ही हमको साहस दिया था। हम लोगों ने झेला, क्योंकि यह साहस संविधान ने दिया है, लेकिन आपने कभी नहीं झेला है। आप समझती हैं कि हम लोग इस देश में सोने का चम्मच लेकर शासन करने के लिए पैदा हुए हैं। देश की

जनता ने कहा कि आप विपक्ष में बैठने के लायक हो, वहीं बैठे रहिए और वहीं आनंद करते रहिए। मोदी जी तीसरी बार आए हैं, चौथी बार आएंगे, आपका नामो-निशान कुछ दिन में समाप्त हो जाएगा और अभी हुआ भी है। हरियाणा, महाराष्ट्र, जम्मू और कश्मीर में आपका क्या हश्र हुआ है, कांग्रेस पार्टी का क्या हश्र हुआ है? कांग्रेस पार्टी जम्मू और कश्मीर में समाप्ति की ओर है। वहां इन्हें 6 सीटें मिली हैं और महाराष्ट्र में तो आप सबसे नीचे हैं। आपका यह हश्र हो रहा है। आपका आगे भी यह हश्र होता रहेगा। अभी भी सुधर जाइए और संविधान की प्रति लेकर मत घूमिए। आदरणीय प्रधानमंत्री नरेन्द्र मोदी जी ने इस देश के गरीबों, अति पिछड़ों के लिए जो काम किया है, आप उसका सकारात्मक प्रचार कीजिए और प्रशंसा कीजिए, तभी आपका कुछ कल्याण होगा, अन्यथा आपका कुछ नहीं होने वाला है। संविधान की इस 75 वर्ष की यात्रा पर कांग्रेस पार्टी को संविधान की प्रति को लेकर घूमना और उसे संविधान की बात करने का उनको कोई हक नहीं है, उनको कोई अधिकार नहीं है। संविधान के रक्षक इस देश के प्रधानमंत्री आदरणीय नरेन्द्र मोदी जी हैं। जब तक नरेन्द्र मोदी जी हैं, संविधान के साथ कोई छेड़छाड़ नहीं कर सकता है और संविधान में दिए गए प्रावधानों के साथ कोई छेड़छाड़ नहीं कर सकता है। आप लाख दिग्भ्रमित करते रहें, इस देश की जनता दिग्भ्रमित नहीं होने वाली है। वह नरेन्द्र मोदी जी के नेतृत्व पर विश्वास करती है और भरोसा करती है। इसलिए गांवों-गांवों में यह चर्चा होती है कि संविधान की रक्षा करना मोदी की गारंटी है, मोदी की गारंटी है और मोदी की गारंटी है तथा संविधान की रक्षा हो रही है। आपका बहुत-बहुत धन्यवाद।

**श्री अरविंद गणपत सावंत (मुम्बई दक्षिण) :** माननीय चेयरमैन सर, स्वातंत्र्य, समता, बंधुत्व की विचारधारा की नींव को लेकर जो संविधान बना, उस संविधान की 75वीं वर्षगांठ पर मैं अपने विचार व्यक्त करने के लिए खड़ा हुआ हूं। आपने मुझे बोलने की अनुमति दी, इसके लिए आपको धन्यवाद।

**15.15 hrs**

(Shri Dilip Saikia on *the chair*)

सभापति महोदय, आज इस संविधान का सही सम्मान क्या हो रहा है? अभी हमारे मित्र सारी पुरानी यादें बता रहे थे। इसका मतलब यह नहीं है कि उन्होंने गलती की तो हमें गलती करने का

अधिकार मिल गया है। जब आप ऐसी चीजों का समर्थन करते हो तो हमें लगता है कि आप भी यह सोचते हो कि उन्होंने गलती की तो हम भी गलती कर लेते हैं, इसमें कौन सी बड़ी बात है। डॉ. बाबा साहब अम्बेडकर जी ने 25 नवंबर, 1949 को संविधान सभा में भाषण दिया था। उस भाषण की दो-तीन पंक्तियां मैं यहां पढ़ना चाहता हूँ-

“ संविधान चाहे जितना भी अच्छा हो, यदि उसे कार्यान्वित करने वाले लोग बुरे हैं तो निःसंदेह बुरा होगा। संविधान का क्रियाकरण पूर्णतया संविधान के प्रकार पर निर्भर नहीं करता है, संविधान केवल विधान मंडल, कार्यपालिका और न्यायपालिका जैसे अंगों के लिए व्यवस्था कर सकता है। ”

उसी भाषण में उन्होंने दो-तीन चीजें और बतायीं और उसमें उन्होंने जॉन स्टूअर्ट मिल का जिक्र किया और कहा कि ‘किसी भी महान व्यक्ति के चरणों में अपनी स्वतंत्रता को न चढ़ा दें या उसे वे शक्तियां न सौंपें जो उसे उन्हीं की संस्थाओं को मिटाने की शक्ति दे।’ आगे चलकर उन्होंने कहा-

“महान व्यक्तियों के प्रति, जिन्होंने जीवन पर्यन्त देश की सेवा की हो, कृतज्ञ होने में कोई बुराई नहीं है, लेकिन कृतज्ञता की भी सीमा होती है। ”

आयरलैंड के देशभक्त डेनियल ओ'कोन्नल ने उस विषय में यह ठीक ही कहा है-

“अपने सम्मान को खोकर कोई पुरुष कृतज्ञ नहीं हो सकता। अपने स्तीत्व को खोकर कोई स्त्री कृतज्ञ नहीं हो सकती और अपनी स्वतंत्रता को खोकर कोई राष्ट्र कृतज्ञ नहीं हो सकता। ”

किसी भी अन्य देश की अपेक्षा भारत के लिए यह चेतावनी अधिक आवश्यक है क्योंकि भारत में भक्ति या जिसे भक्ति मार्ग या वीर पूजा कहा जाता है, उसका भारत की राजनीति में इतना महत्वपूर्ण स्थान है, जितना किसी अन्य देश की राजनीति में नहीं है। धर्म में भक्ति आत्म मोक्ष का मार्ग हो सकता है, लेकिन राजनीति में भक्ति या पूजा अंततः तानाशाही का एक निश्चित मार्ग है। समझने

वाले को इशारा काफी है। आजकल अंधभक्तों के लिए यह बड़ा मसला है। यह वाक्य बहुत महत्वपूर्ण है।

सभापति महोदय, संविधान के बारे में मैं टीका-टिप्पणी नहीं कर रहा हूँ, बल्कि सत्यता बता रहा हूँ क्योंकि मैं व्यथित हूँ। संविधान के साथ किस तरह से खिलवाड़ हो रहा है, कैसे संविधान से खेल रहे हैं, इमरजेंसी लगाने की कोई जरूरत नहीं है। अभी तो बिना लगाए ही इमरजेंसी चालू है। लोग डर के मारे चलते हैं। सुप्रीम कोर्ट के जजेस ... \* भूलो मत, चार जजेस बाहर आकर अनशन पर बैठे थे और कह रहे थे कि यह सरकार हमारे ऊपर अन्याय कर रही है। याद है! यह न भूलना! वह भी याद दिला देता हूँ।

सभापति महोदय, शेड्यूल 10 में एंटी डिफेक्शन लॉ लाया गया था। दल बदलू लोगों की संख्या बढ़ रही थी तो राजीव गांधी जी ने उस वक्त सोचा कि इस पर कुछ करना पड़ेगा। उनके मन में भी कभी नहीं आया कि दो तिहाई लोग पार्टी छोड़ देंगे। शेड्यूल 10 में लिखा था कि अगर कोई व्यक्ति व्यक्तिगत रूप से छोड़ कर जाता है तो वह अपात्र हो जाएगा।

अगर दो तिहाई लोग जाते हैं तो वे जा सकते हैं, लेकिन उनको किसी पार्टी में विलय होना होगा। हमारे महाराष्ट्र में दो तिहाई लोग तो नहीं गए। पहले तो बहुत कम गए। फिर आगे यह सब चलता रहा। आखिर में दो तिहाई लोग हो गए, लेकिन वे मर्जर नहीं हुए। संविधान के शेड्यूल 10 की धज्जियां कौन उड़ा रहा है? ये धज्जी-धज्जी शब्द बार-बार बोल रहे थे। सुप्रीम कोर्ट के जज की ... \*\* मैं उनका स्टेटमेंट पढ़कर बताता हूँ। मैं चीफ जस्टिस ऑफ इंडिया का स्टेटमेंट पढ़कर बताता हूँ।

CJI Chandrachud highlighted, "If the disqualification proceedings against the Shinde faction are not carried out, then the entire goal of the 10<sup>th</sup> Schedule

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\* Not recorded as ordered by the Chair.

\*\* Expunged as ordered by the Chair.

will be defeated.” Who says it? यह सुप्रीम कोर्ट के जज चन्द्रचूड़ साहब ने कहा था। उसके आगे वे क्या कहते हैं, वह भी बताता हूँ :

“The Governor cannot impart legitimacy to a defecting faction of a political party by enabling them to form a Government through unconstitutional means.” हम संविधान का सम्मान मना रहे हैं। “Further, being an executive appointee, the Governor has no role to play in a legislative issue.” यह नबाम रेबिया केस में हुआ था। वहां न्याय मिला, लेकिन यहां नहीं मिला। महाराष्ट्र के चुनाव की नींव यहां से शुरू हुई है।

“The Governor cannot direct a House of the legislature to hold a floor test. Instead, the Members of the House must move a motion of no-confidence. The Members defecting from a political party cannot escape the consequences of defection merely on a technicality. The purpose of the 10<sup>th</sup> Schedule –preventing the Constitutional sin of defection – must be fulfilled.” Who said it? The Chief Justice of India said it.

महाराष्ट्र में क्या हुआ? आप ही बताइए, आप सब जानते हैं। क्या संविधान का आदर किया गया? सबसे बड़ी बात कार्यकाल की है। जब यह केस दाखिल हुआ तो वहां पर जो सरकार असंवैधानिक रूप से बैठाई गई थी, उसको काम करने दिया गया।

He made a number of strictures saying this is unconstitutional. But giving oath is Constitutional. The Chief Minister was given an oath. Then, the Government functioned.

अब गवर्नमेंट बन गई थी तो केस का निर्णय कब तक आ जाना चाहिए था। दो से ढाई वर्ष के समय में, जब तक उनका कार्यकाल समाप्त नहीं होता है, तब तक निर्णय आ जाना चाहिए था, लेकिन निर्णय नहीं आया। उन्होंने स्पीकर को भेज दिया। स्पीकर किस पार्टी से थे? उन्होंने निर्णय में न इनको डिसक्वालीफाई किया और न ही उनको डिसक्वालीफाई किया। सुप्रीम कोर्ट के निर्णय

का क्या हुआ? कहां है – संविधान? कहां है – उसका सम्मान? कहां है – उसका आदरभाव और कहां है – डॉक्टर बाबा साहेब अम्बेडकर जी का आदरभाव?

सभापति महोदय, आदरभाव नहीं है। मैं इनके गवर्नर साहब के बारे में बता देता हूँ। ये संविधान की बात करते हैं। हम देखते हैं कि बिल पास किए जाते हैं। महाराष्ट्र में जब आदरणीय उद्धव जी ठाकरे साहब मुख्य मंत्री थे, तब उन्होंने एक बिल पास किया था। वह बिल मुम्बई के चालों में रहने वाले लोगों के लिए 500 क्वायर फीट तक के लिए नो प्रॉपर्टी टैक्स का बिल था। विधान सभा में बिल पास हुआ, विधान परिषद में हुआ। उस पर राज्यपाल साहब ने साइन कर दिए, लेकिन वह ... \* के पास पड़ा रहा। वह तब तक मंजूर नहीं हुआ, जब तक वहां पर सरकार नहीं गिरी और उद्धव जी ठाकरे साहब, जिस दिन मुख्य मंत्री पद से हटे, उसके आठ दिनों के अंदर ... \* के कार्यकाल के अंतिम दिनों में उस बिल के ऊपर हस्ताक्षर हुए।

ये संविधान के सम्मान की बात करते हैं। उस समय नारियों के लिए शक्ति कानून पास किया। वह अभी भी पड़ा है। वह विधान सभा में पास हुआ, विधान परिषद में पास हुआ। ... \* बिल पास करने के बाद कितने दिनों तक वह राज्यपाल के पास रह सकता है, उसके लिए तमिलनाडु के लोग भुगत रहे हैं। हम भी भुगत रहे हैं। हमने देखा है। इस पर क्या कोई पाबंदी है? सिर्फ मनमर्जी है। यहां पर राज्य सभा में महामहिम राष्ट्रपति जी के द्वारा 12 लोग मनोनीत होते हैं, वैसे ही वहां पर भी मनोनीत किए जाते हैं। वहां पर राज्य की सरकार द्वारा 12 लोगों का नाम लिया गया। राज्यपाल महोदय को कौन नियुक्त करता है, सब जानते हैं। वहां पर 12 लोगों के नामों की सूची देने के बाद भी ढाई वर्षों तक ... \* ने साइन नहीं किए।

अभी-अभी सात लोगों की सूची साइन करके भेजी गई है। यह तुम्हारे संविधान का सम्मान है।

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\* Expunged as ordered by the Chair.

सभापति महोदय, मुझे कभी-कभी लगता है कि क्या न्यायपालिका स्वतंत्र नहीं है? ... \*\*अभी बाकी अन्य लोग भी हैं। मुझे कमाल लगता है कि एक हाई कोर्ट का जज एक दिन में इस्तीफा देता है, दूसरे दिन किसी पार्टी को ज्वाइन करता है, तीसरे दिन चुनाव लड़ता है, चौथे दिन सांसद बन कर आता है। क्या कूलिंग पीरियड भी नहीं है? उन्होंने न्यायपालिका में बैठकर क्या निर्णय दिया होगा? हमारे दूसरे न्यायाधीश राज्य सभा में हैं। पूर्व चीफ जस्टिस माननीय सांसद बन कर आए हैं। ये सब आगे चल कर हमें क्या मिलेगा, के लिए तड़पते रहते हैं। ... (व्यवधान)

**माननीय सभापति :** आप पूरे सिस्टम को ... \*\* बता रहे हैं, ... \*\* आप इसको हटा दीजिए।

**श्री अरविंद गणपत सावंत :** सर, सिस्टम कर रही है।

**माननीय सभापति :** नहीं।

**श्री अरविंद गणपत सावंत :** सर, आप सिस्टम की बात करते हैं, तो मैं ईडी की कार्रवाई के बारे में कहना चाहता हूँ। ईडी ने कितनी कार्रवाई की है। ब्लैकमेल करके इन्होंने कितनी सरकार गिराई हैं। जैसे गोवा में क्या हुआ, महाराष्ट्र में क्या हुआ, अन्य राज्यों में क्या हुआ? अन्य बहुत सारे राज्यों में ईडी की सहायता से नहीं, ईडी ने जिनको-जिनको हिरासत में लिया आगे चल कर कोर्ट ने कहा, यह पता है? हमारे ... \*\* साहब 100 दिन वहां थे। इसके बारे में क्या कहा? इस केस में दम नहीं है। केस ही नहीं है और 100 दिन जेल में, ... \*\* का बेटा ... \*\* 15-20 दिन जेल में, ईडी का क्या चल रहा है? संविधान का सम्मान – वाह, वाह।

सर, संविधान का सम्मान हो रहा है। मैं और दूसरा उदाहरण देता हूँ कि ईडी कैसे काम करती है? उसके बाद हमारे लेबर्स हैं। आज हमारे लोग बेरोजगार हैं। कितनी बेरोजगारी बढ़ी है। All PSUs have been destroyed. सभी सार्वजनिक उद्यमों को ध्वस्त कर दिया गया है। नौकरियां कहां हैं? अब सरकारी नौकरियां नहीं हैं और पीएसयूज भी नहीं रहीं तो आरक्षण कहां रहेगा? प्राइवेट सेक्टर में सभी कॉन्ट्रैक्टर्स, फिक्स्ड टर्म, दो वर्ष के लिए नौकरी लगेगी और ये आंकड़े

देंगे कि रोजगार मिल गया। एम्प्लॉयमेंट एक्सेचेंज को बर्बाद कर दिया। एम्प्लॉयमेंट एक्सेचेंज एक्ट आज भी है। उसको रिपील नहीं किया गया है। इनको नहीं पता, बस वह चल रहा है। लोग बेरोजगार घूम रहे हैं। नौकरियां नहीं हैं, रोजगार नहीं है। अभी हमारे देश से कितने बच्चे बाहर जा रहे हैं, क्या कभी आपने इसके बारे में सोचा है? हमारे बच्चे बाहर क्यों जाते हैं? वे पढ़ाई और जॉब्स के लिए वहां जा रहे हैं। आज सुबह से खास कर मिडल ईस्ट से जो विषय आ रहे हैं। थाइलैंड में जाने पर सीधा जेल में भेज देते हैं। उनको इतना डर लग रहा है। ये सब हो रहा है, पर वे क्यों वहां जा रहे हैं? It is because there is no permanent job in India. जॉब है भी तो अगर आप इंजीनियर हैं, तो कहा जाएगा कि 10 हजार रुपए में काम करो, तो उसकी शिक्षा का क्या होगा? सब अवमूल्यन हो रहा है। इसलिए मैं कह रहा हूँ कि प्राइवेटाइजेशन चल रहा है। मैं और बताना चाहता हूँ कि डिस्क्रिमिनेशन बहुत है।

मैं स्टाफ सेलेक्शन कमीशन के बारे में कहना चाहता हूँ। मेरा आपके माध्यम से सरकार को भी कहना है कि सन्स ऑफ द सॉयल की ओर ध्यान दे। अगर उत्तर प्रदेश में भर्ती हो रही है, अगर वहां की रेलवे में भर्तियां होने वाली है, वहां कोई कारखाना बनने वाला है, तो उत्तर प्रदेश के लोगों को, वहां के जो भूमि पुत्र हैं, उन बच्चों को पहले प्राथमिकता दी जाए, बीस प्रतिशत। अगर टेक्निकल जॉब, इंजीनियरिंग के जॉब्स हैं, तो मैं उसे अलग समझता हूँ। क्लास थ्री, क्लास फोर, पानी देने के लिए प्यून भी बाहर से आएं, इधर-उधर से आएं। क्या वे भी हमारे राज्य में नहीं मिलते हैं?

सर, हमारे महाराष्ट्र में अभी स्टाफ सेलेक्शन कमीशन से भर्ती हुई है। वहां 1200 लोग भरे गए हैं, उनमें से तीन लोग महाराष्ट्र से हैं और कहेंगे कि लोग एग्जाम में नहीं बैठे। सब डाउटफुल है। मतलब, महाराष्ट्र में इसके लिए किसी में क्षमता नहीं है। यह जो चल रहा है, उसके ऊपर भी आपको ध्यान देना पड़ेगा। कानून ऐसे बनाएं कि सब कानून बड़े अमीरों और इन्डस्ट्रियलिस्ट्स के लिए हैं। गरीबों के लिए कोई सुरक्षा नहीं है। नौकरी की सुरक्षा गई। सभी जगह कॉन्ट्रैक्ट लेबर्स चल रहे हैं, फिक्स्ड टर्म लेबर्स चल रहे हैं। अभी आप सोचिए आप पक्का घर दे रहे हैं। माननीय गिरिराज जी आप ही बताइए। आप हमारे दोस्त हैं। सरकार से पक्का घर के



लिए कितने पैसे मिलते हैं? ... (व्यवधान)

**वस्त्र मंत्री (श्री गिरिराज सिंह) :** डेढ़ लाख रुपए ।

**श्री अरविंद गणपत सावंत :** एक गरीब व्यक्ति को डेढ़ लाख रुपए या ढाई लाख रुपए मिलते हैं । क्या डेढ़ लाख रुपए में घर बनता है, नहीं । ... (व्यवधान) डेढ़ लाख रुपए या दो लाख रुपए में घर बनता है?

अभी वह कॉन्ट्रैक्ट लेबर है । ... (व्यवधान) वह बैंक में जाए और कहे कि मुझे पक्का घर बनाना है, मेरे गांव में घर की कीमत, मैं मुम्बई शहर की बात नहीं कर रहा हूं । उसमें तो बहुत पैसे लगेंगे । ... (व्यवधान)

**माननीय सभापति :** माननीय सदस्य, आप इधर एड्रेस कीजिए । आप शहर के बारे में बात कीजिए ।

**श्री अरविंद गणपत सावंत :** मैं गांव की बात करता हूं । उसके आठ-दस लाख रुपये लगने वाले हैं । उसे कौन कर्जा देगा? क्या करते हो, वह कहता है कि नौकरी करता हूं । मैं कॉन्ट्रैक्ट लेबर हूं । क्या कॉन्ट्रैक्ट लेबर को कर्जा मिलेगा? ... (व्यवधान) कौन देता है, दे दीजिए । ... (व्यवधान) कॉन्ट्रैक्ट लेबर को कर्जा मिलता है? ... (व्यवधान) ये इंस्टीट्यूशंस ध्वस्त हो रहे हैं, इसलिए मैं कहूंगा कि व्यवस्था ध्वस्त हो रही है । ... (व्यवधान)

**माननीय सभापति :** आप अपनी बात समाप्त कीजिए ।

**श्री अरविंद गणपत सावंत :** उन्होंने जो शब्द न्यायपालिका, विधायिका प्रयोग किया, यह व्यवस्था है । ये व्यवस्था ध्वस्त कर रहे हैं, इसलिए मैं आपके सामने यह बात बता रहा हूं ।

दूसरी बात है कि आगे चलकर इन्होंने नारी वंदना की बात की । इन्होंने मणिपुर की बात नहीं की । क्या नारी की वंदना हो रही है? 15 या 20 दिन हुए होंगे, एक आदिवासी महिला को जिंदा जलाया । महिला पर अत्याचार किया, फिर जिंदा जलाया । अगर वही राज्य कोई दूसरा होता तो क्या होता? क्या राष्ट्रपति का शासन नहीं लगता? वहां राष्ट्रपति का शासन लगता न । ... (व्यवधान) सर, आप मुझे दो मिनट दीजिए । मैं अपनी बात खत्म कर रहा हूं । मेरे दो-तीन वाक्य बचे हैं । ...

(व्यवधान)

**माननीय सभापति :** प्लीज आप अपनी बात कनक्लूड कीजिए ।

**श्री अरविंद गणपत सावंत :** सर, आज भी हमें दर्द नहीं होता कि महिलाओं पर इतने अत्याचार हो रहे हैं । क्या यह संविधान का सम्मान, नारी की वंदना है? हमारे संविधान में महापालिका चुनाव के बारे में दिया हुआ है । महाराष्ट्र में चार वर्ष हो चुके हैं, वहां महापालिका के चुनाव नहीं हो रहे हैं, जिला परिषद के चुनाव नहीं हो रहे हैं । यह संविधान का सम्मान हो रहा है, इसलिए मैं आपसे विनती करता हूं । ... (व्यवधान) मैं आखिर में इतना ही कहूंगा कि हम लोग स्वातंत्र्य, समता, बंधुत्व की बात करते हैं? मेरा एक वाक्य है, क्या अभी समता, बंधुत्व है? ... (व्यवधान) क्या समता है? कटेंगे तो बटेंगे, यह आपका समता का विचार है, बंधुत्व का विचार है । इसलिए मैं आपको कहता हूं कि—

“सर कटा सकते हैं, लेकिन सर झुका सकते नहीं,

अपनी आज़ादी को हम हरगिज़ मिटा सकते नहीं । ”

सभापति जी, मुझे यही कहना है । आपका धन्यवाद ।

**SHRI BHARTRUHARI MAHTAB (CUTTACK):** Thank you Mr. Chairman.

It is really gratifying to participate in this deliberation. Firstly, I am thankful to the decision that was taken in 2015 to observe Constitution Day. Some Members present here are of the previous Lok Sabha when during the deliberation on the Motion of Thanks to hon. President a suggestion was made that everybody is celebrating Constitution Day. The Supreme Court was celebrating Constitution day, Supreme Court Bar was celebrating Constitution Day, different High Courts of the country and their Bars were celebrating Constitution Day but the place where the Constitution was framed and adopted was not celebrating Constitution day.

That actually struck a chord with the Government of that time and hon. Prime Minister while inaugurating Baba Saheb Ambedkar's statute in Mumbai declared that Constitution day will be celebrated from this year, that is 2015, and that is how, Parliament has started celebrating Constitution day. And this year, all of us saw that a tribal lady, a person who was born in the Vananchal of Mayurbhanj district of Odisha walking down the aisles and accosted to the podium and she delivered a message relating to the Constitution. Who empowered her? It was the Constitution which empowered her.

It is not the *shakti* that was being discussed here. It was *Samarth* of this Constitution that gave to the citizen of this country.

Similarly, I would say that I am reminded of the Chief Minister of Odisha. He is a tribal person, born also in another forest area of Keonjhar district. This Constitution empowered him to become the Chief Minister of a State like Odisha. We should celebrate that and this is the glorious moment of our celebration of this Constitution.

Sir, hon. President, in her speech, has mentioned many things but one thing has struck me much: "Our Constitution is a living and progressive document. Our farsighted Constitution makers have provided for a system of adopting new ideas according to the needs of the changing times." That is why this Constitution is a living document. It changes as we progress, we inculcate new ideas and frame it for our better being. So, in that respect, I would say that this very aspect needs to be cherished and it should continue.

I would only mention here that there are certain aspects which are very

close to my heart. I have brought Private Members Bills a number of times as to why we should say India that is Bharat. Did some of the political leaders of this country not criticise when President of Bharat was there on the dinner table? Why did it embarrass you?

Bharat is our country's name. If one goes through all the five volumes – not necessarily all the five volumes if you do not have that much time – relating to the debates of the Constituent Assembly, it is mentioned there that In English it should be India and in other languages it should be Bharat. This type of thing was there. But India that is Bharat finally was there in the Constitution. Repeatedly when I go through the Constitution, this actually hurts me. Why should we have this English nomenclature? This unfinished agenda needs to be corrected.

A number of things have happened during these 75 years. Five years ago when we were celebrating the Constitution Day, many things were also said. During that period, one thing which comes to my mind is whether Babasaheb Ambedkar was representing Bengal or Babasaheb Ambedkar was representing Bombay Province. Both are correct. The then Member of this House, Professor Sugata Bose, son of Sarath Chandra Bose who was the elder brother of Netaji Subhash Chandra Bose, an eminent historian from Harvard University, was representing All India Trinamool Congress. He specifically mentioned that Dr. Ambedkar was representing Jessore and Khulna. At that time, it was a part of undivided India. That is the reason why I want to mention that from December, 1946 till June 1947, the Constituent Assembly had 389 members of undivided

India. But from August, 1947 to January, 1950 it came down to 299 members including representatives from Princely States. The whole work was done in more than 2 years 11 months 17 days and if we add 24<sup>th</sup> January 1950, it becomes 18 days.

I would like to say here that 284 members had signed the handwritten Constitution. That shows that by 24<sup>th</sup> January 1950, 15 members did not sign that Constitution, though they were the members of the Constituent Assembly. But, here we should remember two other people. Hon. President has mentioned how the Constitution was framed, the draft was made, and there our present Law Minister informed me the other day – he is also aware about it – that T. T. Krishnamachari categorically thanked Babasaheb Ambedkar for single-handedly, with the help of one or two other Drafting Committee Members, drafted the full Constitution. There were seven members nominated by the Chairman, or by the President, as it was being called. One resigned, one went to the United States, and two of them did not come to Delhi because of other reasons. So, practically, it was left to Dr. Ambedkar to individually draft the full Constitution, and the credit was given to him in the Constituent Assembly by none other than T.T. Krishnamachari on the last day when it was being adopted. Why am I saying this? I am saying this because he did not move one resolution. A number of resolutions were moved by Dr. Ambedkar. It was discussed by the respective members present in that Assembly, in that hallowed hall of our Samvidhan Sadan of today. But, he did not move one resolution. The history goes back, and all of us should ponder why Babasaheb Ambedkar did not move that

resolution. What was that resolution? That resolution was relating to Article 370. What was the assurance that was given? I will come to that aspect a little later.

As India celebrated its Independence on 15<sup>th</sup> August, 1947, it faced a daunting task of integrating over 565 princely states into the Union. While States like Hyderabad and Junagadh posed initial challenges; and Jammu and Kashmir emerged as a complex and critical issue. Maharaja Hari Singh, the ruler of Jammu and Kashmir, initially sought to maintain the State's independence, of course being prompted by the Britishers. However, in October 1947, invasion by Pakistan-backed tribals forced him to seek assistance from India. On October 26, 1947, Maharaja Hari Singh signed an Instrument of Accession, agreeing to cede – mark my words – only defence, foreign affairs, and communication, the rest were with the king. This was an idea which was floated by a section within our country, that if at all princely states will be amalgamated with the Union of India, it will be not full. Only these three, defence, foreign affairs, and communication, will be under the control of the Union of India. The rest will be enjoyed by the kings, or the rajas, or the maharajas. It means, law and order, the judiciary, everything will be controlled by them. What type of India would we have had? It would be a truncated India. That was in the mind of Churchill. That was in the minds of most of the colonial powers; India can never be united. These two ideas were floating at that point of time, and thanks to Sardar Patel, who could see the design behind this. But, why was Jammu and Kashmir not given in his charge? It is because the then Prime Minister said: “That is my State. I am a Kashmiri Pandit. I should look after that. Sheikh Abdullah is my good

friend. Whatever I tell him, he will agree.”

Did he agree? When you go through the letters of Shri Gopaldaswami Ayyangar which he had written to Sardar Patel and Babasaheb Ambedkar, it clearly reveals what type of treacherous action was being enacted during that period. That is the most unfortunate part. And, we had to suffer more than 70 years. Because of God's grace and the blessings of Lord Jagannath, finally, our hon. Prime Minister, Shri Narendra Modi took that decision to abrogate Article 370. But before coming to that, I would just mention here that Dr. Ambedkar was fully opposed to this Section. He repeatedly said what subsequently, of course, all of us always say - एक देश में दो निशान, दो प्रधान और दो संविधान नहीं चल सकते हैं। And, it continued. This was the design of a section of our thinking public in the country and was also being told by the colonizers during that period.

These were the words of Dr. Ambedkar:

“You wish India should protect your borders, she should build roads in your area, she should supply you food grains, and Kashmir should get equal status as India, but you don't want India and any citizen of India to have any rights in Kashmir and Government of India should have only limited powers. To give consent to this proposal would be a treacherous thing against the interests of India, and I, as the Law Minister of India, will never do it.”

When we think about N. Gopaldaswami Ayyangar, while going back a little bit to the history, one feels a little troubled as to why did he do it? To cut the story short I would say, Shri Gopaldaswami Ayyangar was included in the Drafting

Committee by Pandit Nehru. He was deputed by Pandit Nehru to go and meet Maharaja Hari Singh, to go to Srinagar and meet Sheikh Abdullah, and bring him to Delhi, somehow or other, to have an arrangement. Was it necessary? When Sardar Patel can bring in Junagadh into the Union of India; bring in Hyderabad into the Union of India; bring in 26 Garjat States of Odisha into the Union of India, why was Shri Gopalaswami Ayyangar doing all this? It is because in 1930s, he was the Diwan of Maharaja Hari Singh, and a personal rapport had developed during that time. My father has written about all these aspects very succinctly in a book named, 'Beginning of the End'. The foreword has been written by Sardar Patel in that book. This was published in 1949, relating to how the different Princely States got amalgamated into our Union, and how it was started from Odisha. The first Princely State that came into the Union of India was Nilagiri state of Odisha. Subsequently, the other states came in. This happened on 14<sup>th</sup> of November, 1947. On 15<sup>th</sup> of November, the Maharajas of the rest of the 25 princely States put their signatures on the Instrument of Accession. And, this continued throughout, ultimately culminating in the Hyderabad amalgamation.

But the story here is, when on 15<sup>th</sup> of December, 1947 the representatives of 25 Princely States were there, rajas and maharajas were there, one set was provided to them to put their signature. Out of 25, 20 rajas and maharajas said, 'we have not been told that we are conceding these three – Communication, Foreign Affairs and Defence. Why are you asking us to put a signature on it? By doing so, we will be acceding our full State to the Union of India. This was not agreed upon.' Then, Sardar Patel thumped the desk and said, 'if you want to do



it, do it otherwise you can leave.' And, within an hour, everybody agreed.

Why could not this strong-arm practice be used in Kashmir? What was the soft corner for Shekh Abdullah? What was the soft corner for Kashmir? ....(*Interruptions*) On 16<sup>th</sup> October, 1949, Sardar Patel had written a letter to Shri Gopaldaswami Ayyangar. Sardar Patel was disappointed with the change in the language. The language was also changed just to accommodate. And, he expressed the anomaly that would creep in. Sardar Patel criticized Shekh Abdullah's repeated appeals. Whenever he was cornered, he used to say, 'I have a duty to my people.' He did not have a duty to the people of India. That is the tragedy.

During my 25-26 years in Parliament, many a time I have listened, 'my duty to my people.' But are you not committed to the people of this country, to this nation? The Constitution binds us all. I quote from Sardar Patel's letter, 'I find there are some substantial changes over the original draft, particularly in regard to the applicability of Fundamental Rights and Directive Principles of State policy. You can yourself realize the anomaly of the State becoming part of India, at the same time, not recognizing any of these provisions. In these circumstances any question of my approval does not arise.' These were the objections of Sardar Patel, the then Home Minister and the Deputy Prime Minister. Dr. Ambedkar said, I am not going to move it. Still, Gopaldaswami Ayyangar moved that draft.' And, it was adopted only for the insistence of the then Prime Minister.

There is saying in Urdu, and I quote – 'लम्हों ने खता की थी, सदियों ने सज़ा पाई'.

One mistake of a moment, and generations after generation people suffered. This is a clear proof of that. ....(*Interruptions*) At the spur of the moment or because of your infatuation or softness, whatever it is, you allowed this to happen. How many Armed personnels have been killed? What has happened to that? And, who corrected it? I fail to understand it.

Again, I am quoting it from the debates of the Constituent Assembly, 'It is the hope of everybody here that in due course, even Jammu and Kashmir will become ripe for the same sort of integration as has taken place in the case of other States.' This hope was realized only in 2019.

Sir, I would say that notably Article 370 was placed under Part XXI of the Constitution titled 'Temporary'. This was the only solace. This inclusion along with its title as 'Temporary Provisions with respect to the State of Jammu and Kashmir' underscores its impermanence. It was on 5<sup>th</sup> August 2019 in the Monsoon Session, after the new Lok Sabha formed, that the removal of its temporary status happened as we were all expecting this to happen. But it had undergone a lot of footwork, a lot of paper-pushing and a lot of interactions. We should all remember the effort that Mr. Arun Jaitley had made at that time.

We are talking about the Constitution, and there is always a possibility. On 5<sup>th</sup> August 2019, nearly 70 years after the enactment of Article 370, the Central Government decided under the leadership of Prime Minister Narendra Modi to revoke the special status granted to Jammu and Kashmir and the Bill was piloted on that day by no other than the Home Minister, Amit Shah ji. Some of us participated in that debate. The forthrightness with which the Government

at that point in time said that Article 370 had to go, was the voice of the nation. There were some murmurs somewhere. Even today, we hear some murmurs. But they did not have the courage to say it publicly. Even during the last Assembly elections, there were some things said under a garb. I believe that the mistake that was committed in 1949 has been corrected. That is the reason why I mentioned about the hon. President's speech as to how we can correct ourselves according to the tune of time.

Sir, I would like to mention here the last point. Of course, political institutions and structures not only reflect the society, they also influence and change it. In this context, the Parliament of India plays a direct and conditioning role in bringing about social change and effecting socio-economic transformation. Being the people's supreme representative institution, Parliament is the lifeline of all governmental activities.

During last ten years and some months, it is under the leadership of our Prime Minister that a common person in a village also feels that he is a part of the system, his account is operated, he gets benefit and he also has a say. Did this happen ten years ago? It was not happening. Technology has helped us, and utilising that technology to reach the common people is something which we should glorify.

In the end, I would like to mention that the country that we see today in a map was never under one rule and one law at any point of time of our holy past. We had Chandragupta Maurya, Ashoka the Great and also Badshah Akbar ruling a large chunk of this country, but many a time, the North-East was not a

part of it and the South Deccan was not a part of it. Even the whole of India was not part of the British Empire. Many a time, this question is also asked: Who is keeping our borders safe? There is no doubt that the Armed Forces are doing it. We sit either on this side or that side. But who is keeping the people together? It is the Constitution that is keeping us together for last 75 years. It is the one law – our Constitution. At no point of time, one law was prevalent from Kashmir to Kanyakumari. It is the one law that is prevalent today and that law is our Constitution. And, we take pledge on this Constitution.

Thank you, Sir, for allowing me to speak.

### **16.00 hrs**

**श्री सुखजिंदर सिंह रंधावा (गुरदासपुर)** : सभापति जी, आपने मुझे संविधान की गौरवशाली यात्रा की चर्चा पर बोलने का टाइम दिया, इसके लिए धन्यवाद। मैं सुबह से सुन रहा हूँ, सभी माननीय सदस्यों ने बहुत अच्छा भाषण किया। मैं इसमें एक बात मिसिंग देख रहा था कि पंजाब ने हिंदुस्तान की आजादी में जो काम किया, उसके बारे में किसी ने भी नाम नहीं लिया। मेरे को याद है कि सबसे पहले महाराजा रंजीत सिंह महाराजा बने।

### **16.01 hrs**

(Kumari Selja *in the Chair*)

एक स्टेट थी, जहां पर अंग्रेजों ने कब्जा नहीं किया, उस राजा के साथ संधि की। जिस जेएंडके की बात आप कर रहे हैं, उस जेएंडके के ऊपर सबसे पहले सरदार महाराजा रंजीत सिंह ने कब्जा किया और अफगानियों का रास्ता बंद किया, जहां से वे हिंदुस्तान के ऊपर राज करते थे और हमला करते थे। महाराजा रंजीत सिंह ने अफगानिस्तान पर कब्जा किया। आज तक जिसके ऊपर कोई झंडा नहीं चढ़ा सका, वहां हरि सिंह नलवा ने 40 सालों तक सिखराज का झंडा गाड़ कर

रखा।

मैं एक-दो बातें यहां पर कहना चाहता हूं। हम आजादी की बात करते हैं। आजादी में सबसे ज्यादा किसी का रोल है तो वह पंजाबियों का है। ... (व्यवधान) 121 आदमियों को फांसी हुई, उनमें से 90 पंजाबी हैं और जो जेलों में गए, उनमें 80 पर्सेंट पंजाब का शेयर है। ... (व्यवधान) अंडमान निकोबार, जिसको काला पानी बोलते हैं, वहां सबसे पहले पंजाब के बाबा सोहन सिंह भकना, जो कोमागाटा मारु से चले थे, वे सबसे पहले वर्ष 1914 में वहां गए थे। उनको 6 साल तसीहे दिए गए। सभापति जी, आप पंजाब की बात समझती हैं। 6 साल के बाद वहां उनकी शहादत हो गई। काला पानी की पहली शहादत बाबा सोहन सिंह भकना की थी।

ये सेक्युलरिज्म की बात करते हैं। जिन्होंने आजादी के लिए अपना बलिदान दिया, वे सेक्युलर थे। जिन्होंने अपना बलिदान दिया, उनको यह मालूम नहीं था कि हमारा देश आजाद होगा। वे फांसी के फंदों पर चढ़े और काला पानी जैसी जगह पर गए। जब वहां जेल नहीं बनी थी, तब वहां तसीहे देने के लिए चार बाई आठ का पिंजरा हुआ करता था। देशभक्तों को उसमें बंद कर दिया जाता था। वे न उसमें खड़े हो सकते थे और न बैठ सकते थे। वहां उनकी शहादत हो जाती थी। जो सेलुलर जेल है, वह जेल नहीं अंग्रेजों का तसीहागार था। कामागाटू मारु जहाज चला, उसी जहाज में शहीद सरदार ऊधम सिंह थे। उन्होंने वहां से निकलकर जलियांवाला बाग का बदला अंग्रेजों से लिया। हम उनको याद तो करते हैं। कहां हैं वे हमारे शहीदी, कहां हैं सरदार भगत सिंह? ज्ञानी जैल सिंह जब 1972 में चीफ मिनिस्टर बने, उन्होंने सबसे उनकी माता को कहा कि तू भगत सिंह की माता नहीं, पूरे पंजाब की माता है और उनको पंजाब माता का खिताब दिया गया। ... (व्यवधान)

यह पूरे देश की बात है, उन्होंने कहा कि तू पंजाब की माता है, आपने बात की कि जलियांवाला बाग का मैसेकर हुआ, उसने पूरे हिन्दुस्तान को हिला कर रख दिया, कैसे शहादत दिया, गली में गोलियां चलाकर कितने लोगों को शहीद कर दिया। जलियांवाला बाग के बाद गदर पार्टी बनी, गदर पार्टी ने अंग्रेजों का मुंह मोड़ दिया। करतार सिंह सराभा, शहीद उद्यम सिंह, मदन लाल ढिंगरा और

सरदार भगत सिंह को हिन्दुस्तान ही नहीं पूरा वर्ल्ड याद करता है। एक आदमी जो शहीद हुआ, सरदार भगत सिंह 23 साल में शहीद हुए, आज भी उसे नौजवान शहीद कहते हैं। हमें गर्व है कि उसने अंग्रजों की हुकूम नहीं मानी। आप पंजाब के किसी भी जिले में चले जाएं, उनका फोटो देखते हैं तो फर्क होता है। इन लोगों की वजह से आज हम हिन्दुस्तान में आजादी की सांस ले रहे हैं और आनंद मना रहे हैं।

वर्ष 1921 सबसे पहले ननकाना साहब का मोर्चा लगा। वहां मेरे गांव के शहीद हुए सरदार लक्ष्मण सिंह धरोवारी 122 आदमियों को जिंदा जला दिया गया, मेरे गांव के उस बुजुर्ग को भी पेड़ के साथ बांध कर जिंदा जला दिया। उसके बाद आजादी की लौ और प्रचंड हुई, जब जैतो का मोर्चा लगा तो वहां पंडित जवाहर लाल नेहरू ने उस गुरुद्वारे पर पंजाबियों की तरफ से गिरफ्तारी दी और वहां जेल में रहें। उसके बाद गुरु का बाग मोर्चा लगा, उसे चाबियों का मोर्चा कहते हैं तो महात्मा गांधी ने टेलीग्राम किया और मोर्चा को लोगों ने वापस लिया। महात्मा गांधी का टेलीग्राम सिख लीडरों के पास गई और महात्मा गांधी ने कहा कि आधी लड़ाई हमने जीत ली है। संविधान में सेक्युलर स्टेट के बारे में लिखा कि हम सेक्युलर स्टेट हैं, कोई अपने स्टेट का नारा लगाता है, यहां देश का नारा लगाना चाहिए। देश मजबूत होगा तो हम मजबूत होंगे। फिर कोई हमारी तरफ नहीं देख सकता है।

मैं बार्डर का रहने वाला हूं, मेरा अपना गांव सेंकड डिफेंस लाइन पर है। हम पांच किलोमीटर की दूरी पर पाकिस्तान से हैं। आप कहते हैं कि घुंस कर मारेंगे, उनके ड्रोन घुस कर नाजायज असलहा, ड्रग्स लाते हैं। उसके बारे में सरकार ने कभी कुछ नहीं कहा, पाकिस्तान पंजाब के द्वारा प्रोक्सी वार लड़ रहा है, हमारा उसके ऊपर कोई ध्यान नहीं है कि दुश्मन को कैसे जवाब देना है। कोई कहता है कि क्या हो गया, कोई कहता है ऐसे हो गया।

मैं एक बात पूछना चाहता हूं, 1947 में अगर सबसे ज्यादा किसी को नुकसान हुआ तो पंजाब का हुआ। पाकिस्तान से कटी हुई ट्रेन आती थी, डेरा बाबा नानक रेलवे स्टेशन है, वह खून से भरा हुआ था। वहां एक नहीं पांच ट्रेनें पहुंची, अगर बारिश और तूफान नहीं आता तो बीमारियां फैल

जातीं, सभी डेडबॉडी रावी दरिया में बह कर चली गईं।

उसके बाद 1965 आया, वहां फिर से हिन्दुस्तान ने जीत प्राप्त की। लाल बहादुर शास्त्री ने नारा दिया 'जय जवान, जय किसान' आज जवान भी खत्म हो गया, किसान को भी हमने खत्म कर दिया। वर्ष 1971 में वार हुई, इंदिरा गांधी ने पाकिस्तान के दो टुकड़े कर दिए। उसके बाद पाकिस्तान की हिन्दुस्तान से लड़ाई करने की जुर्रत नहीं हुई। हमें कहते हैं कि इतने सालों में क्या किया? जब हिन्दुस्तान में अनाज नहीं था, पंडित जवाहर लाल नेहरू और सरदार प्रताप सिंह कैरो ने वहां एग्रीकल्चर यूनिवर्सिटीज दी, भांखड़ा डैम दिया। पंजाब के लोगों ने देश के अनाज भंडार भर दिए। आज पंजाब के किसानों की हालत क्या है? हम उनको देशद्रोही समझ रहे हैं, वे बार्डर पर बैठे हैं, उनको देश की राजधानी में नहीं आने दिया जा रहा है।

\*Sardar Bhagat Singh's uncle had given the slogan at that time – 'Take care of your turbans O Jats. Time for action has come. We were victorious during this agitation. We brought the British Government to their knees. But today, our farmers are protesting and they are not being allowed to come to Delhi.\*

नुकसान हो रहा है, पानी खराब हो रहा है, जमीन खराब हो रही है। ... (व्यवधान) हमें क्या मिला?

वर्ष 1872 में नॉन-कोऑपरेशन मूवमेंट नामधारी बाबा सतगुरु राम सिंह जी ने शुरू किया था। ... (व्यवधान) आप सबको पता है कि मलेरकोटला में जो पीसफुल प्रोसेशन कर रहे थे, जिसे अंग्रेजों ने तोपों के साथ उड़ा दिया। 13 साल का लड़का तोप की रेंज में नहीं आ रहा था, उसने ईंटें लगाईं और कहा कि अब मैं रेंज में आ रहा हूं, मुझे गोली मारो, उसकी भी शहादत हो गई।

अंत में, मैं गुरु नानक साहब का श्लोक कहकर अपनी बात खत्म करूंगा।

'आसा महला -1'

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\*.....\* English Translation of this part of the speech originally delivered in Punjabi.

खुरासान खसमाना किया हिंदुस्तान  
एती मार पई करलाणे तैं कि दर्द न आया ।

बाबर ने हमला किया था, देश पर अत्याचार किया था तब गुरु जी ने कहा था कि आप अच्छा नहीं कर रहे हैं, हिन्दुस्तान के लोगों को इतना मारा है क्या दर्द नहीं आ रहा है? मैं कहता हूँ कि मोदी साहब, किसानों के साथ इतना गलत हो रहा है, इसे बंद करिए, उनको देशद्रोही मत समझिए, वे देश के अन्नदाता हैं। बहुत-बहुत धन्यवाद ।

**माननीय सभापति :** निशिकांत जी, प्वाइंट ऑफ आर्डर है तो रूल नंबर बताएं ।

... (व्यवधान)

**डॉ. निशिकान्त दुबे (गोड्डा) :** नियम 115(1) है, इसमें माननीय स्पीकर की डायरेक्शन है। यहां संविधान पर चर्चा हो रही है। ... (व्यवधान)

**माननीय सभापति:** ठीक है, धन्यवाद ।

... (व्यवधान)

**माननीय सभापति:** आपने जो प्वाइंट ऑफ आर्डर उठाया है इसे स्पीकर साहब देख लेंगे ।

... (व्यवधान)

**माननीय सभापति:** श्री अमोल कोल्हे जी ।

... (व्यवधान)

**डॉ. अमोल रामसिंग कोल्हे (शिरूर) :** माननीय सभापति महोदया जी, आज मैं खुद को गौरवान्वित महसूस कर रहा हूँ क्योंकि आज मैं एक ऐसे दस्तावेज पर अपनी बात रख रहा हूँ जो हमारे लोकतंत्र की प्रेरणा है और हर भारतीय के जीवन का मार्गदर्शक तत्व है ।

जब हमें आजादी मिली तब कई देशों ने हमारा मजाक उड़ाया था, लेकिन गर्व की बात है कि



भिन्नताएं होने के बावजूद आज हम विश्व के सबसे बड़े लोकतंत्र के रूप में लगातार प्रगति की ऊंचाइयों को छू रहे हैं और इसका प्रमुख कारण संविधान है जो हमें व्यक्ति केंद्रित नहीं बल्कि राष्ट्र समर्पण की सीख देता है।

मैं महाराष्ट्र की भूमि से आता हूँ जहां 350 साल पहले छत्रपति शिवाजी महाराज ने आदर्श राज्य प्रस्थापित किया था।

छत्रपति शिवाजी महाराज के स्वराज से ज्यादा वैभवशाली, ज्यादा बड़े कई साम्राज्यों का निर्माण हुआ और वे हस्तगत भी हुए, लेकिन आज भी साढ़े तीन सौ साल बाद छत्रपति शिवाजी महाराज के स्वराज का नाम लिया, तो हमारा भी सीना 56 इंच होता है। इसका कारण है छत्रपति शिवाजी महाराज के स्वराज को मिला नैतिक अधिष्ठान। वही प्रेरणा संविधान में भी प्रतीत होती है। सत्ता, बंधुता और स्वतंत्रता के नैतिक अधिष्ठान पर मानव का उत्थान और मानवता कल्याण, इसीलिए संविधान के निर्माण में योगदान देने वाले हर उस व्यक्ति के प्रति मैं कृतज्ञता प्रकट करता हूँ और आदरपूर्वक नमन करता हूँ।

महोदया, हम अमृतकाल की बात करते हैं, तो जब अमृत की बात होती है, तो हलाहल की बात क्यों नहीं होती है। जब हलाहल की बात निकले, तो मंथन होना चाहिए। मेरा यह मानना है कि इस मंथन में पुराने जख्मों को कुरेदने से अच्छा है कि वर्तमान का परीक्षण करें और भविष्य का अवलोकन करें। संविधान ने संसद को संवैधानिक व्यवस्था में प्रमुख स्थान दिया है, लेकिन दुर्भाग्य की बात है कि कई बार हम संसद को राजनैतिक अखाड़े में बदला हुआ अनुभव करते हैं। व्यक्तिगत टिप्पणियां और नारेबाजी के कारण कई बार संसद की कार्यवाही भी स्थगित करनी पड़ती है। किसी नेता का किसी पूंजीपति से क्या संबंध है, कौन नेता किसकी फ्लाइट में कहां गया या किस विदेशी नेता ने किस नेता को डोनेशन दिया, इन बातों से हमें लगता है कि यह महत्वपूर्ण होना चाहिए कि हमारे देश के किसान की, नौजवान की, आम आदमी की आवाज यहां उठाई जाती है या नहीं। उसकी समस्या का यहां समाधान होता है या नहीं।

सभापति महोदया, हम बेसिक मुद्दों पर चर्चा और बहस चाहते हैं न कि राजनीतिक

नारेबाजी। चाहे सत्तापक्ष हो या विपक्ष, दोनों को यह ध्यान में रखना चाहिए। संविधान ने सामाजिक, आर्थिक और राजनीतिक न्याय की बात की। जब आर्थिक न्याय की बात हो, तो हमें सोचना चाहिए कि क्या हम सही मायने में देश की सबसे बड़ी आबादी यानी किसानों को आर्थिक न्याय प्रदान कर सके हैं? उनकी मेहनत, उनकी फसल का क्या उन्हें सही दाम मिल पा रहा है? चाहे सोयाबीन हो, प्याज हो, दूध हो या कपास हो, किसी भी किसान से यदि हम पूछें कि आज की स्थिति में वह खेती आउट ऑफ च्वाइस कर रहा है या आउट ऑफ कंपल्शन कर रहा है? यह तो मानना पड़ेगा और हर किसान को यह कहना पड़ेगा कि आउट ऑफ कंपल्शन उसे खेती करनी पड़ रही है, क्योंकि उसके पास रोजगार का दूसरा कोई चारा, कोई जरिया नहीं है। सरकार किसान सम्मान जैसी योजना तो लाती है, लेकिन किसान का असली सम्मान तभी होगा, जब उसकी फसल को सही दाम मिलेगा। किसानों के हित में देश की इम्पोर्ट और एक्सपोर्ट पॉलिसीज बनाई जाएंगी। जो आर्थिक न्याय की बात किसानों पर लागू होती है, वही बात देश के नौजवानों पर भी लागू होती है। संविधान में गरिमापूर्ण जीवन की बात की गई है, लेकिन हर इंटरव्यू की लाइन में खड़े नौजवान युवकों की भीड़ देखें या प्यून की नौकरी के लिए पीएचडी के छात्र कतार में देखें, तो हम यह सोचने पर मजबूर हो जाते हैं कि क्या देश के भविष्य को हम गरिमापूर्ण जीवन दे रहे हैं? क्या हम उनकी शिक्षा के अनुसार आर्थिक न्याय दे पा रहे हैं?

महोदया, जब सरकार कहती है कि वह 80 करोड़ देशवासियों को मुफ्त में राशन देती है, तो इसके अभिनन्दन के साथ ही हमें अंतर्मुख होकर यह भी विचार करना होगा कि आजादी के 75 वर्षों बाद भी अगर 80 करोड़ देशवासियों को मुफ्त में राशन देना पड़े, तो क्या यह उपलब्धि है या विफलता? जनता मुफ्त का राशन नहीं, बल्कि हक का रोजगार मांग रही है और मुफ्त के राशन से गरिमा नहीं बढ़ती, बल्कि हक की सम्मानजनक कमाई से बढ़ती है। सामाजिक न्याय की जब बात आती है, तो हमें ध्यान रखना चाहिए कि हमारा धार्मिक ग्रंथ, चाहे जो भी हो, वह गीता हो, बाइबिल हो, कुरान शरीफ हो या गुरु ग्रंथ साहिब हो, उसे हमें दिल में रखना जरूर है, लेकिन दिमाग में सबसे पवित्र राष्ट्रीय ग्रंथ संविधान को रखना होगा। हिंदू, मुसलमान, सिख, इसाई, कोई भी हो, वह दहलीज

के अंदर है, लेकिन दहलीज के बाहर कदम रखते ही उसे सिर्फ और सिर्फ भारतीय बनना होगा। तभी तो संविधान की धर्मनिरपेक्षता के तत्व का सम्मान होगा। किसी मस्जिद के नीचे क्या है या मंदिर के पीछे क्या है, इस चर्चा में जाने वाले न्याय पालिका, मीडिया तथा सरकार का वक्त अगर राष्ट्र निर्माण और देशवासियों की प्राथमिकता के लिए सदुपयोग में लाया जाएगा, तो इसमें देश का हित होगा।

महोदया, हमारा संविधान हमें असहमति की भी अनुमति देता है, लेकिन वर्तमान में कुछ तत्व सरकार से असहमति रखने वालों को देशद्रोही करार देने लगते हैं। क्या यह असहमति के तत्व का सम्मान है? देश को आजाद कराने वाले सत्याग्रहियों और क्रांतिकारियों के बीच भी आजादी के मार्ग को लेकर असहमति जरूर थी, लेकिन दोनों का मकसद एक ही था-देश की आजादी।

इसी प्रकार आजाद भारत में भी असहमति का मकसद एक ही होना चाहिए और वह है देशहित। डॉ. बाबा साहब अम्बेडकर जी ने कहा था कि संविधान मात्र एक कानूनी दस्तावेज नहीं है बल्कि हमारे जीवन का सारथी है। लेकिन, आज हमारी शिक्षा प्रणाली में नागरिक शास्त्र का अध्ययन महज 20 मार्क्स के लिए होता है। प्राथमिक शिक्षा के बाद जैसे आम नागरिक का नागरिक शास्त्र से हाथ ही छूट जाता है। आज हम देख रहे हैं कि शहरी आबादी लगातार बढ़ती जा रही है, लेकिन शहरों में वोटिंग परसेंटेज लगातार घटता जा रहा है। कई मतदाताओं को यह पता तक नहीं होता कि स्थानिक स्वराज्य संस्थाओं का काम क्या है, विधान सभा का काम क्या है और संसद का काम क्या है। यह भी वास्तविकता है कि कई बार मतदान जाति के आधार पर होता है या धर्म के आधार पर होता है। इस स्थिति से उबरने के लिए हमें नींव मजबूत करनी होगी। यह न सिर्फ स्कूलों में नहीं बल्कि कॉलेजों, कॉरपोरेट और कंपनियों में संविधान के प्रति सजगता के लिए हमें ठोस कार्यक्रम के बारे में सोचना होगा।

महोदया, अंत में मैं राजनीतिक न्याय की बात करूंगा। हमारे संविधान ने 'एक व्यक्ति, एक वोट' को अंगीकार किया है। यह संविधान की खूबसूरती है कि देश के झुग्गी-झोपड़ी में बसने वाले एक सामान्य देशवासी को भी एक मत का अधिकार है और देश के आदरणीय प्रधानमंत्री जी को भी

एक ही मत का अधिकार है। इसलिए, मैं मानता हूँ कि हमारा वोट सिर्फ संविधान द्वारा दिया गया एक अधिकार ही नहीं है बल्कि हमारे लिए एक बेशकीमती उपहार भी है। अगर हमारी कोई बेशकीमती चीज खो जाती है या चोरी हो जाती है तो हम क्या करते हैं? हम शिकायत करते हैं। अगर दारोगा कहे कि चोरी हुई ही नहीं तो फिर हम क्या करते हैं? फिर हम अपने आप से तहकीकात करने की कोशिश करते हैं।

महोदया, महाराष्ट्र के विधान सभा चुनाव में कई मतदाताओं को आशंका है कि या तो उनका दिया हुआ वोट खो गया या फिर चोरी हो गया। ... (व्यवधान) लेकिन, दारोगा ने कहा कि ऐसा कुछ नहीं हुआ है। यह तो लोगों का कहना है। महाराष्ट्र के शोलापुर जिले के मार्कडवाडी के लोगों ने बैलेट पेपर पर यह जानने की कोशिश की उनका मत गया कहाँ, लेकिन प्रशासन ने इस पर रोक लगा दी। ... (व्यवधान)

**डॉ. संजय जायसवाल (पश्चिम चम्पारण) :** आप यहां कैसे आ गए?

**डॉ. अमोल रामसिंग कोल्हे (शिरूर) :** सर, मैं यह डिस्क्लेमर देता हूँ कि मैं ईवीएम से आया हूँ। लेकिन, जिन मतदाताओं की आशंका है, उन मतदाताओं की बात को यहां रखना, मैं समझता हूँ कि मेरा कर्तव्य है। ... (व्यवधान) न उन्होंने इलेक्शन पर अविश्वास दिखाया था और न उनको फैसले पर कोई आपत्ति थी, क्योंकि वहां पर उम्मीदवार जीतकर आया है। फिर भी लोग जानना चाहते हैं कि वोट कहाँ गया। वह खो गया या चोरी हो गया? उन्हें यह करने से मना करना, क्या यह राजनीतिक अधिकार है? ... (व्यवधान)

महोदया, लोकतंत्र में चुनाव प्रक्रिया की बहुत अहम प्रक्रिया है। महाराष्ट्र में विधान सभा चुनाव के बाद, जैसा मैंने कहा कि मैं ईवीएम से चुनकर आया हूँ, लेकिन मतदाताओं में एक भ्रम है, एक असमंजस है और कई आशंकाएं हैं। लोक सभा चुनाव के बाद महज छः महीनों में लाखों मतदाताओं के नाम मतदाता सूची में जुड़े हैं। इलेक्शन कमीशन बार-बार मांग करने के बाद भी वह सूची विपक्ष को नहीं सौंप रही है। उसी के साथ, जो सुप्रीम कोर्ट की गाइडलाइन्स थी, 5 परसेंट वीवीपैट, कंट्रोल यूनिट और वैलेट यूनिट का वैरिफिकेशन होना था, वह सुप्रीम कोर्ट की गाइडलाइन

के बावजूद अचानक इलेक्शन कमीशन ने नई एसओपी जारी की है, जिसमें वह वैरिफिकेशन नहीं होगा बल्कि पूरी मेमोरी बर्न करके सिर्फ मॉक पोल कराया जाएगा। इससे असमंजस और भी बढ़ जाता है। ... (व्यवधान) हमारी मराठी में एक कहावत है – ‘कर नाही त्याला डर कशाला’, यदि कुछ किया ही नहीं तो डरते क्यों हो, ‘हाथ कंगन को आरसी क्या’। इसीलिए, यह शंका उत्पन्न होती है कि क्या कुछ छुपाने की कोशिश हो रही है? क्या दाल में कुछ काला है या पूरी दाल ही काली है?

महोदया, यह सत्तापक्ष और विपक्ष की बात नहीं है। लोकतंत्र को मजबूत रहने के लिए जनता का चुनावी प्रक्रिया पर विश्वास कायम रहना बहुत जरूरी है। चुनाव आयोग का गठन ही फ्री और फेयर इलेक्शन के लिए हुआ है। इसलिए, आपके माध्यम से मेरी दरखास्त है कि 5 परसेंट ईवीएम में मॉक पोल की वोट वैरिफिकेशन कराई जाए। साथ ही, चुनाव प्रक्रिया में अधिक पारदर्शिता लाने के लिए ईवीएम का लॉग डाटा उम्मीदवारों को दिया जाए।

महोदया, यह तो मानना पड़ेगा कि चुनाव आयोग मतदाताओं की सुविधाओं के लिए हमेशा जागरूक रहता है। लेकिन, जैसे रेस्टोरेंट में हमारे पास विकल्प होता है कि हमें नॉनवेज खाना है या वेज खाना है तो मतदाताओं के पास यह विकल्प क्यों नहीं है कि उन्हें मतदान बैलेट पेपर से करना है या ईवीएम से करना है।

जिसका बैलेट पेपर पर विश्वास हो, वह बैलेट पेपर से मतदान करे, जिसका ईवीएम पर विश्वास हो, वह ईवीएम पर मतदान करे। यह एक अवसर है। विश्व के सबसे बड़े लोकतंत्र के पास एक अवसर है कि अमृत काल में माननीय प्रधानमंत्री जी के नेतृत्व में एक ऐसी व्यवस्था बने कि पूरे देश के मतदाताओं को पता चला कि उनका वोट कहाँ गया है, तभी तो लोकतंत्र मजबूत होगा।

सभापति महोदया, मैं अंत में इतना ही कहूंगा, अगर राष्ट्र प्रथम के साथ स्वतंत्रता प्रथम, समानता प्रथम, बंधुता प्रथम और धर्मनिर्पेक्षता प्रथम हमारे जीवन में अंगीकार हो, तो वर्तमान में संविधान का सम्मान और बढ़ेगा और भविष्य में हमारा लोकतांत्रिक गणराज्य विश्व की महाशक्ति बनकर उभरेगा। इसीलिए -

“छोड़ो कल की बातें, कल की बात पुरानी,

नए दौर में लिखेंगे, मिलकर नई कहानी,  
हम हिन्दुस्तानी, हम हिन्दुस्तानी” ।

**माननीय सभापति :** डॉ. निशिकान्त दुबे जी ।

**डॉ. निशिकान्त दुबे :** महोदया, संविधान पर चर्चा हो रही है और संविधान की हत्या हो, यह संभव नहीं है । हम लोग यहां चुपचाप बैठने नहीं आए हैं । अभी कांग्रेस पार्टी के वक्ता ने जलियांवाला बाग हत्याकांड की बात कही है, बड़ा ही दुर्भाग्यपूर्ण था । उसमें जो लोग मारे गए थे, पूरे देश की उनके प्रति सहानुभूति है ।

**माननीय सभापति :** आपका प्वाइंट ऑफ आर्डर क्या है?

**डॉ. निशिकान्त दुबे :** महोदया, लोक सभा अध्यक्ष का निदेश 115(1) है । यदि उन्होंने गलत कहा है, जलियांवाला बाग ट्रस्ट का चेयरमैन....(व्यवधान)

**माननीय सभापति :** आप अध्यक्ष महोदय को लिखित रूप से दे दीजिएगा ।

**डॉ. निशिकान्त दुबे :** लिखित रूप से नहीं, कांग्रेस हमेशा रही है, कांग्रेस का अध्यक्ष रहा है । यदि जलियांवाला बाग में कुछ नहीं हुआ है, तो कांग्रेस दोषी है । ... (व्यवधान) आप अपने दोष को सरकार के ऊपर नहीं डाल सकते हैं । मेरे कहने का मतलब केवल इतना ही है । ... (व्यवधान)

**माननीय सभापति :** श्रीमती शांभवी जी ।

मैंने शांभवी जी का नाम लिया है । शांभवी जी, आप बोलिए ।

निशिकान्त जी, आप लिखित रूप से दे दीजिए ।

... (व्यवधान)

**श्रीमती शांभवी (समस्तीपुर) :** सभापति महोदया, आपने मुझे इतने गंभीर विषय पर बोलने का अवसर दिया, इसलिए मैं आपको धन्यवाद देती हूँ । इस मौके पर मैं हमारी पार्टी के राष्ट्रीय अध्यक्ष श्री चिराग पासवान जी का आभार व्यक्त करूंगी, क्योंकि मैं देख रही हूँ कि 'भारत के संविधान की 75 वर्षों की गौरवशाली यात्रा पर चर्चा' में बहुत कद्दावर और सीनियर नेता बोल रहे हैं, लेकिन पहली

बार जीतकर आई एक महिला युवा सांसद को संविधान पर चर्चा करने का मौका दिया गया है, इसके लिए मैं हमारी पार्टी के राष्ट्रीय अध्यक्ष श्री चिराग पासवान जी की आभारी हूँ।

इस सदन में सबसे युवा सांसद होने के नाते मुझे गर्व की अनुभूति हो रही है कि मैंने इस सदन में उस वर्ष शपथ ली है, जिस वर्ष संविधान अपने 75वें वर्ष का उत्सव मना रहा है। मैं सोशियोलॉजी की छात्रा रही हूँ। कॉलेज में संविधान को एकेडमिकली और थियोरेटिकली पढ़ने का मौका मिला है। जब मैंने 24 जून को इस सदन में शपथ ली थी, तो संविधान को अपना प्रेरणा स्रोत मानकर, उससे प्रेरणा लेकर अपने कार्यों में भी संविधान को ढालने का मौका मिला है।

महात्मा गांधी जी ने भारत के संविधान के विषय में सन् 1931 में कहा था कि -

“I shall strive for a Constitution, which will release India from thralldom and patronage. I shall work for an India in which the poorest shall feel that it is their country in whose making they have an effective voice; an India in which there is no high class and low class of people; an India in which all communities shall live in perfect harmony. This is the India of my dreams for which I shall struggle.”

जब मैंने इस सदन में शपथ ली थी, संविधान की शपथ ली थी और सत्यनिष्ठा से प्रतिज्ञान किया था कि भारत की प्रभुता और अखंडता को अक्षुण्ण रखूंगी और कर्तव्यों का श्रद्धापूर्वक निर्वहन करूंगी। विपक्ष के जो लोग हैं, जो विदेशी तंत्रों से हाथ मिलाकर बार-बार भारत की प्रभुता और अखंडता पर चोट करते हैं। एक तरफ जहां मोदी जी के कार्यकाल में फॉरेन डॉयरेक्ट इन्वेस्टमेंट (एफडीआई) बढ़ा है, वहीं इतने ही वर्षों में कांग्रेस पार्टी का एसडीआई जरूर बढ़ गया है। अब उसमें 'एस' क्या है, अगर उसका नाम लूंगी, तो हल्ला-हंगामा हो जाएगा, इसीलिए आप लोग खुद ही समझ जाइए।

यह वही बात हो गई, हिन्दी का एक मुहावरा है – 'मुंह में राम, बगल में छूरी'। विपक्ष पर यह

भी सही नहीं बैठता है, क्योंकि विपक्ष तो प्रभु श्री राम का नाम ही नहीं ले सकता है, पर छूरी लेकर बार-बार संविधान की हत्या जरूर करने की कोशिश करते रहते हैं। इसीलिए हम लोग कहते हैं कि संविधान नेता के हाथ में नहीं, बल्कि संविधान नेता के दिल में होना चाहिए। मैं एक उदाहरण देती हूँ। वर्ष 2008 में इसी सदन में ट्रस्ट बोर्ड के लिए कैश फॉर वोट स्कैम किया गया था और लोकतंत्र का गला घोटने की कोशिश की गई थी। इमरजेंसी में जिस तरह से संविधान का चीर हरण हुआ था, वह हम सब ने देखा था। हम बिहार की बेटी हैं। बिहार के पुत्र जयप्रकाश नारायण जी थे, जिन्होंने इसी दिल्ली में रामलीला मैदान में राष्ट्र कवि रामधारी सिंह दिनकर की एक कविता पढ़ी थी – “सिंहासन खाली करो कि जनता आती है।” उसने कांग्रेस की जड़ों को हिला दिया था और भारत में एक नई क्रांति का आह्वान किया था। आज जब हम संविधान की 75वीं वर्षगांठ का उत्सव मना रहे हैं तो हम संविधान के निर्माता डॉक्टर बाबासाहेब भीमराव अंबेडकर जी को नमन करते हैं, जिन्होंने अपने पूरे जीवन की सीख को इस संविधान के निर्माण में लगा दिया, लेकिन कांग्रेस उनका अपमान करने से कभी नहीं चूकी। जिस सेंट्रल हॉल में संविधान सभा की संविधान पर चर्चा हुई, संविधान लिखा गया, इन्होंने उस सेंट्रल हॉल में बाबा साहब के चित्र तक को लगाने नहीं दिया। इनके कार्यकाल के दो प्रधान मंत्रियों ने खुद भारत रत्न लिया, लेकिन बाबा साहब को भारत रत्न नहीं देने दिया।

मैं उन सभी संविधान सभा के सदस्यों को नमन करती हूँ, जिन्होंने 2 साल 11 महीने 17 दिन में इस संविधान को आकार दिया। इस देश के पहले राष्ट्रपति और संविधान सभा के अध्यक्ष डॉक्टर राजेंद्र प्रसाद जी, संविधान सभा के सबसे पहले अध्यक्ष सच्चिदानंद जी ने मिलकर इस संविधान के निर्माण में अपना पूरा जीवन लगा दिया। मैं कहना चाहती हूँ कि संविधान सिर्फ आर्टिकल्स और प्रिंसिपल्स नहीं है, यह एक ग्रंथ है, यह आम आदमी का भरोसा है, यह आम आदमी की आस है। यह इस देश के नागरिक को यह महसूस कराता है कि वह स्वतंत्र है, सशक्त है और सुरक्षित भी है। इस संविधान की ताकत ही है कि आज एक 25 साल की युवा महिला सांसद इस सदन में महिलाओं की आवाज बनी है। यह संविधान की ताकत है कि इस देश के सबसे उच्च पद



पर एक आदिवासी समुदाय की महिला विराजमान है। यह इस संविधान की ताकत है कि हमारे प्रधानमंत्री जी एक गरीब परिवार के सदस्य हैं और संविधान ही की ताकत है कि जननायक कर्पूरी ठाकुर जैसे व्यक्ति, जो पिछड़े वर्ग से आते थे, वह बिहार जैसे राज्य के मुख्यमंत्री बने।

मैडम, जब बिहार की बात कर रहे हैं तो मैं इस सदन के संज्ञान में लाना चाहूंगी कि विपक्षी दल का एक शासन आया था, जब बिहार में जंगल राज आ गया था। उस जंगल राज में हर वह कार्य हुआ, जो संविधान का उल्लंघन था, संविधान के निर्माताओं के विचारों का उल्लंघन था। बिहार उस समय दंगों और अपहरण का गढ़ बन गया था। हम अपने यशस्वी प्रधान मंत्री श्री नरेंद्र मोदी जी, हमारे माननीय मुख्य मंत्री श्री नीतीश कुमार जी और हमारी पार्टी के राष्ट्रीय अध्यक्ष श्री चिराग पासवान जी का आभार व्यक्त करेंगे, जिनके अथक प्रयासों की वजह से आज संविधान के उसूल बिहार में कायम हैं। विपक्ष के साथियों ने अपने भाषण में हमें आरक्षण विरोधी कहा, संविधान विरोधी कहा, हमें देश विरोधी कहा, लेकिन इन्हीं के तीन प्रधान मंत्रियों का वाक्य मैं इस सदन में पेश करना चाहूंगी। सबसे पहले जवाहरलाल नेहरू जी ने 1961 में लिखा था। I do not like reservation in any form, especially reservation in jobs. I am against any such step that promotes inefficiency and takes us towards mediocrity. दूसरा, नीरज चौधरी जी कि एक किताब थी - *How Prime Ministers Decide*. उसमें इंदिरा गांधी जी ने अपने उस समय के लॉ मिनिस्टर शिव शंकर जी से कहा था कि एक ऐसा एटीआर तैयार कीजिए कि सांप भी मर जाए और लाठी भी न टूटे। यह उन्होंने मंडल कमीशन की रिपोर्ट पर कहा था। ... (व्यवधान)

तीसरा, राजीव गांधी जी ने मार्च, 1985 में एक इंटरव्यू में जर्नलिस्ट आलोक मेहता से कहा था कि no promotion of idiots in the name of reservation and that promoting idiots in the name of reservation would harm the entire country. यह इनके तीन प्रधान मंत्री थे और देश 37 साल इनके प्रतिनिधित्व में था और इन्हें लगता था कि आरक्षण से इस देश में सेकेण्ड ग्रेड सिटिजन आते हैं। ... (व्यवधान) आप सेक्युलरिज्म की बात करते हैं तो मैं एक आंकड़ा प्रस्तुत करना चाहती हूं। जवाहर लाल नेहरू जी के कार्यकाल में 243 सांप्रदायिक दंगे हुए। इंदिरा गांधी

जी के कार्यकाल में 15 राज्यों में 337 साम्प्रदायिक दंगे हुए और राजीव गांधी जी के कार्यकाल में 16 राज्यों में 291 साम्प्रदायिक दंगे हुए। यह कैसी सेक्युलरिज्म की परिभाषा है, हमें तो समझ में नहीं आता है। ... (व्यवधान) एक और बात कहेंगे और आपको एक कहानी सुनाएंगे कि वर्ष 1984 में जब सिख दंगे हो रहे थे ... (व्यवधान) तो एक सिख समुदाय के व्यक्ति एक दलित नेता के घर में रक्षा पाने के लिए गए थे। एक पनाह मांगने गए थे और उस दलित नेता के घर को जला दिया गया था और वह दलित नेता कोई और नहीं, हमारी पार्टी के संस्थापक श्रद्धेय रामविलास पासवान जी थे, जिनके घर को वर्ष 1984 में जला दिया गया था ... (व्यवधान) आप संविधान की बात करते हैं, सेंटर-स्टेट रिलेशन की बात करते हैं तो मैं बताना चाहती हूँ कि इंदिरा जी के कार्यकाल में 11 साल में 35 बार राष्ट्रपति शासन लगाया गया। एक महिला, एक युवा और एक दलित सांसद होने के नाते हमें गर्व होता है कि हमारी सरकार एक ऐसी सरकार है, जिसने संविधान के उसूल को अटल रखा है। हमारी सरकार ने संविधान को मजबूत करने का काम किया है। पिछड़े आयोग को संवैधानिक दर्जा हमारी सरकार ने दिया। पिछड़े और आर्थिक रूप से कमजोर व्यक्ति को आरक्षण हमारी सरकार ने दिया। इनके पास महिला प्रधान मंत्री थी, लेकिन हमारे प्रधान मंत्री जी ने नारी शक्ति वंदन अधिनियम लाकर 33 प्रतिशत आरक्षण देकर के महिलाओं की आवाज को मजबूती दी है तो वह हमारे यशस्वी प्रधान मंत्री श्री नरेन्द्र मोदी जी ने दी है। ... (व्यवधान)

**प्रो. सौगत राय (दम दम) :** आरएसएस का संविधान बनाने में कोई योगदान नहीं है। ... (व्यवधान)

**श्रीमती शांभवी :** एनडीए की सरकार बिहार में हमारे प्रधान मंत्री, हमारे माननीय मुख्यमंत्री श्री नीतीश कुमार जी और हमारी पार्टी के राष्ट्रीय अध्यक्ष श्री चिराग पासवान जी के नेतृत्व में संविधान के सभी प्रावधानों को मजबूती से वापस लाए हैं ... (व्यवधान) और यही प्रयास करते हैं कि संविधान को अपनी प्रेरणा मानकर योजनाएं बनाएं जो हर उस नागरिक तक पहुंचे जो जरूरतमंद है। ... (व्यवधान)

अंत में, मैं चार पंक्ति पढ़कर अपनी वाणी को विराम देना चाहती हूँ-

हर रंग को खुद में समेटकर जो बेखौफ खड़ा है

जाति और धर्म के दायरे से जो आगे बढ़ा है।

नैतिक, निष्पक्ष, समावेशी संविधान ही है वो

जो 75 वर्षों बाद भी सहज खड़ा है।

**माननीय सभापति :** श्री के.सुब्बारायण ।

... (व्यवधान)

**पर्यावरण, वन और जलवायु परिवर्तन मंत्री (श्री भूपेन्द्र यादव):** मैडम, मेरा पॉइंट ऑफ ऑर्डर है।

**माननीय सभापति :** आपका क्या पॉइंट ऑफ ऑर्डर है?

**श्री भूपेन्द्र यादव :** मैडम, जब कोई माननीय सदस्य बोले और जब किसी सदस्य की मैडन स्पीच है, एक नौजवान माननीय सदस्या पढ़कर आयी हैं, उसके बीच में सौगत राय जी बोलें, यह शोभा नहीं देता है। ... (व्यवधान)

**माननीय सभापति :** माननीय सदस्या ने जो भी बोला है, वह सब रिकॉर्ड में गया है। आप चिंता मत कीजिए।

... (व्यवधान)

**श्री भूपेन्द्र यादव :** इनको शर्म आनी चाहिए। ... (व्यवधान) क्या यह कोई तरीका है? ... (व्यवधान) यह कोई तरीका नहीं है कि किसी की मैडन स्पीच के बीच में बोला जाए। ... (व्यवधान) इसको कंडैम करना चाहिए। ... (व्यवधान)

**HON. CHAIRPERSON:** Mantri ji, everything is on record. आप बैठ जाइए, कोई दिक्कत नहीं है।

... (व्यवधान)

**माननीय सभापति :** उनकी बात रिकॉर्ड में आ गयी है। आप बैठ जाइए।

श्री के. सुब्बारायण जी ।

\* **SHRI SUBBARAYAN K. (TIRUPPUR):** Hon. Madam Chairperson, Vanakkam.

This discussion is aimed to be on the 75 years of the glorious journey of Constitution of India and the experiences we have with our Constitution. But I should say with pain that this discussion is being made futile due to some reasons. It is a matter of great concern that this discussion is being used to say something ill by defaming Pandit Jawaharlal Nehru who has been instrumental in creating a better image for India in the world. During the freedom struggle our former Prime Minister Pandit Jawaharlal Nehru was in jail for almost 10 years and 6 months. Whoever is trying to talk ill of Pandit Nehru should not do so.

I wish to state that, due to political reasons, you should not state such criticisms about Pandit Nehru. On 25-26 November, 1949, after delivering his concluding remarks in the Constituent Assembly, Dr. Ambedkar gave some warnings. Hon Union Minister of Defence also mentioned about this in his Address at the beginning of today's discussion. But I want to say about another warning which Dr. Ambedkar gave on this occasion. Dr. Ambedkar said that it is not known whether Indians will keep religion above nation or nation above religion. But if they consider and keep religion above nation then they will get themselves struck in a destructive path. This was the caution given by him. But in the present scenario, you are trying to make a mockery out of this. This is not good for the nation. This will prove to be a wrong guidance to our future generation.

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\* English translation of the speech originally delivered in Tamil.

Here several Hon MPs spoke about RSS. RSS did not accept when our Constitution was adopted. They did not accept the National Flag. Those who learnt lessons from RSS, will remain in the same ideology. This is what the present situation explains to us. But I want to say that this situation is very wrong. It has been clearly indicated in the Preamble of the Constitution. Even our ...\* did not utter the words "Socialism and Secularism" in her Constitution Day Speech. They are reluctant to even use the word 'Socialism'. I don't know why? Are they not willing to include the word 'Socialism' in the Preamble? Why did not they accept equality? We are able to accept ...\* but we are unable to accept equality. We need to discuss about this. Whether we have achieved economic freedom? No we have not achieved it. We talk about so many things. Why did you reduce the corporate tax from 30 per cent to 22 per cent? Who will be benefitted? It is to increase the wealth of ... (*Not recorded*) If that is so, how can we bring about equality in our society? Those who are in power for the last 10 years have to reply in this regard. The farmers are holding agitations. Has the WTO instructed the Government not to provide remunerative and fair price to the farm produce grown by farmers? Is it true or not? Has the WTO got this right? What happened to our sovereignty? They should answer whether India is a sovereign country or not. Similarly, the natural resources are being given to foreign companies and corporate companies. Who is prominently engaged in the natural gas exploration work in the Krishna and Godavari River basin?

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\* Not recorded

Natural resources are with either with the corporates or with the FDI.

They spoke several things here. A tribal woman has been made our hon. President. It is so good to hear. But many people living in 680 villages of the Dhandakaranya forest have been forcefully displaced. They are all tribal people. When will these thousands of tribal people get their freedom? When will they come back to their original habitation? It is not known. Who is responsible for this? This Government is responsible for their displacement. No use in simply talking like this. Political freedom has not yet been achieved by us totally. If we want to achieve economic freedom and social freedom, we need to bring in several amendments keeping in mind the constitutional experience. They talked about Kashmir here. They want to defame Pandit Nehru by linking Kashmir issue with him. Not only have you, even if your teacher ... *(Not recorded)* who taught you comes here, Pandit Nehru's glory cannot be defamed. Pandit Nehru remains to be a great son of this soil.

I conclude by saying that in whatever way you orchestrate verbal attacks on Pandit Nehru, you will be forced to face dire consequences.

**SHRI SACHITHANANTHAM R. (DINDIGUL):** Hon. Chairperson Madam, on behalf of the CPI (M), I express my wishes to the people of India on the 75<sup>th</sup> year of the adoption of our holy Constitution. As the country celebrates the 75<sup>th</sup> anniversary of being a Republic, it is necessary to recall that it was the Constitution which came into effect on January 26<sup>th</sup>, 1950 that made India a Republic. It is a fact that this Constitution is presently facing the biggest threat

ever in its history. India became a parliamentary democracy based on secularism because of the Constitution. It is the Constitution which ordained equal rights for all citizens irrespective of race, religion, creed or gender, and enshrined the fundamental rights of citizens. It recognised the rights of minorities and socially oppressed groups like the *Dalits* and *Adivasis*.

The threat to the basic postulates of the Constitution emanates from the very people who are now entrusted with the task of upholding the Constitution and working its institutions. The ruling BJP-RSS combine adheres to the Hindutva ideology which is inimical to the basic values of the Constitution. The RSS and its ideologues have never hidden their contempt for the Constitution.

According to Shri M.S. Golwalkar, the second *sarsanghchalak* of the RSS, the Constitution was a heterogeneous piecing together of various Articles from various Constitutions of Western countries. Pandit Deen Dayal Upadhyaya, another RSS leader and one time President of the Jan Sangh echoed this idea when he said that India's Constitution is imitative and divorced from India's mode of life and ideals. What they wanted instead was a Constitution which conformed to India's ancient culture and ethos which includes presumably *Manusmriti* originating from the "first law giver" Manu.

Ever since the Modi Government came into office, the Ministers and those holding key positions in various State-run institutions have been talking about changing the Constitution.

Madam Chairperson, the different aspects of the Constitution are under attack. The Constitution propagates scientific temper which is anathema to the

Hindutva devotees. Promotion of anti-scientific ideas and irrationalism are the hallmarks of the regime. It is appropriate, at this juncture, to recall what Dr B R Ambedkar warned about in his last speech to the Constituent Assembly on November 25, 1949. He said:

“I feel, however good a Constitution may be, it is sure to turn out bad because those who are called to work it, happen to be a bad lot.”

Those who have been called to work the Constitution currently are indeed a bad lot. There is a legitimate concern that the ultimate aim of the BJP and the RSS is to change the Constitution itself. But what is happening at present is the subversion of the Constitution from within by those who are working it. Every institution under the Constitution – whether it be the Judiciary, the Civil Service, or the Armed Forces – is being corroded from within and their integrity is compromised. Those holding Constitutional positions like Governors are propagating anti-Constitutional ideas. These efforts to weaken and erode the Constitution constitute an attack on the fundamental rights of citizens and also pose a grave threat to the secular democratic Republic itself. This assault has to be resisted and fought back. Only the people can do it as they are ultimately the custodians of the Constitution. Thank you.

**श्री अवधेश प्रसाद (फैजाबाद) :** माननीय सभापति महोदया, हम आपके प्रति बहुत आभारी हैं। आज लोकतंत्र के विशालतम मंदिर में संविधान के 75 वर्ष की वर्षगांठ पर शानदार चर्चा हो रही है। आपने मुझे उस पर बोलने का मौका दिया, उसके लिए मैं आपको धन्यवाद देता हूँ।

आज हमारे नेता माननीय अखिलेश यादव जी ने संविधान के प्रिम्बल, जो संविधान की



आत्मा है, जिसको 26 नवंबर, 1949 को अडॉप्ट किया गया था, उन्होंने उसके बारे में विस्तार से बताने का काम किया है और संकल्प करने का काम किया है कि समाजवादियों के रहते, इंडिया गठबंधन के लोगों के रहते, बाबा साहेब का जो संविधान है, उसे न बदलने देंगे, न टूटने देंगे, न हटने देंगे।

“भारतीय संविधान को लेकर देश की जनता का पैगाम  
हम दिल्ली आए हैं बचाने संविधान।”

माननीय रक्षा मंत्री जी ने ओपनिंग में बहुत-सी बातें कहीं। आज अफसोस के साथ कहना पड़ रहा है कि हमारे संविधान के जो प्रिम्बल में है, इसमें लिखा हुआ है कि :

We, the People of India, हिन्दी में है— हम भारत के लोग। इसमें जो मंशा है, हम भारत के लोग, भारत को एक संपूर्ण प्रभुत्व-सम्पन्न समाजवादी, धर्मनिरपेक्ष लोकतंत्रात्मक गणराज्य बनाने के लिए तथा उसके समस्त नागरिकों को: हमारे प्रिम्बल में समाजवादी, धर्मनिरपेक्ष लिखा हुआ है, संविधान की आत्मा में है। लेकिन आज अफसोस के साथ कहना पड़ रहा है, अगर इस देश में किसी ने समाजवाद की शुरुआत की है, तो डॉ. राम मनोहर लोहिया जी ने की है। वे आज दुनिया में नहीं हैं। उस समाजवाद को देश में फैलाने का काम और देश में समाजवाद के आधार पर सरकार चलाने की शुरुआत किसी ने की है तो हमारे नेता श्रद्धेय मुलायम सिंह यादव जी ने की है। वे आज दुनिया में नहीं हैं। वे बहुत समय तक यहां मैम्बर रहे हैं। आज मुझे खुशी है कि जिस मशाल को, जिस संविधान को, जिस समाजवाद की व्यवस्था की माननीय नेताजी ने शुरुआत की और उसे काफी चलाया। आज हमें खुशी है कि हमारे नेता माननीय अखिलेश यादव जी ने समाज को बनाने, हिन्दुस्तान बनाने का संकल्प पूरी तरह से किया है। इसी आधार पर जातीय जनगणना करने का संकल्प किया है। हमारे संविधान के प्रिम्बल में धर्मनिरपेक्ष शब्द लिखा हुआ है। आज लोगों को अपने धर्म के अनुसार चलने एवं धार्मिक भावनाओं के अनुसार चलने का अधिकार है। लेकिन अफसोस है कि भारतीय जनता पार्टी की डबल इंजन की सरकार ने किस तरह से कुचक्र चलाकर धार्मिक स्थलों को बिगाड़ने का काम किया है। हम माननीय सुप्रीम कोर्ट के बहुत ही आभारी हैं।

देश की सबसे बड़ी न्यायपालिका, उच्चतम न्यायालय के फैसले ने देश में एक संदेश दिया है कि देश में कानून का राज चलेगा, संविधान का पालन होगा और इस देश को साम्प्रदायिकता की आग में जलाने वालों को मौका नहीं दिया जाएगा।

मान्यवर, आज मुझे अफसोस के साथ कहना पड़ रहा है कि हमारे संविधान के आर्टिकल 14 में व्यवस्था दी गई है, सबको सम्मानित करने की। हमारे देश में करोड़ों नौजवान हैं, वे बेरोजगार हैं, उनके हाथों में काम नहीं है। किसी देश की दौलत सोना, चाँदी और हीरे-जवाहरात नहीं हुआ करती है। देश की दौलत हमारे देश के युवा हैं, हमारे देश के इंसान हैं। लेकिन आज बेरोजगारी के नाम पर क्या हो रहा है? वे अपनी बड़ी-बड़ी डिग्रियों को जलाने की सोच रहे हैं, आत्महत्या करने की सोच रहे हैं, यह क्या हो रहा है? आज यह जो सरकार है, हम बहुत ही आभारी हैं, अयोध्या जनपद मर्यादा पुरुषोत्तम श्री राम की धरती है। यहाँ की मर्यादा पूरे देश-दुनिया में प्रसिद्ध है। लेकिन भारतीय जनता पार्टी की सरकार में वहाँ की मर्यादा तोड़ी जा रही है, लोगों के घरों को उजाड़ा गया है, तोड़ा गया है और किसानों की जमीनें कौड़ियों के दाम पर ली गई हैं।

ये दम भरते थे, अभी अयोध्या से चर्चा आई। हम अपने नेता माननीय अखिलेश यादव जी का आभार प्रकट करते हैं कि उन्होंने जनपद अयोध्या की फैजाबाद लोक सभा सीट, जो एक सामान्य सीट है, उस सीट से वहाँ की देवतुल्य जनता ने हमें जिताया। इससे पूरे देश को यह संदेश गया है कि अब धर्म के आधार पर राजनीति नहीं चलेगी। राजनीति चलेगी, तो बाबा साहब डॉ. भीमराव अम्बेडकर जी के संविधान को बचाने की, अब राजनीति चलेगी, तो इस देश में जातीय जनगणना कराने की, राजनीति चलेगी इस देश में महँगाई दूर करने की, राजनीति चलेगी इस देश में नौजवानों को सरकारी नौकरी देने की। लेकिन ये देश को कहाँ ले जाना चाहते हैं?

**माननीय सभापति :** अब समाप्त कीजिए। आपकी बात पूरी हो गई है।

**श्री अवधेश प्रसाद :** महोदया, केवल एक मिनट का समय दिया जाए।

वैसे तो भारतीय जनता पार्टी की डबल इंजन की सरकार ने संविधान को बदलने का काम किया था। कहा गया था कि 272 सीट्स चाहिए सरकार बनाने के लिए और संविधान चेंज करने के

लिए 400 सीट्स के पार चाहिए। लेकिन इस देश की जनता ने इस तरह का मैनडेट दिया है कि अब ये संविधान नहीं बदल पाएंगे, उसमें कोई परिवर्तन नहीं कर पाएंगे। बाबा साहब डॉ. भीमराव अम्बेडकर जी के चरणों को प्रणाम करते हुए, आज हम सभी संकल्प करते हैं, पूरे देश की सम्मानित जनता को, नागरिकों को आश्वस्त करते हैं कि बाबा साहब डॉ. भीमराव अम्बेडकर जी के संविधान, जिसने अनुच्छेद 14 में, इस देश के दलितों, पिछड़ों, अल्पसंख्यकों और इस देश के तमाम कमजोर लोगों को जो सम्मान दिया है, उसका प्रावधान रहेगा। संविधान किसी भी कीमत पर खत्म नहीं हो पाएगा।

आपका बहुत-बहुत धन्यवाद।

### **17.00 hrs**

**SUSHRI MAHUA MOITRA (KRISHNANAGAR):** Thank you, Madam Chairperson. At the onset, I have 18 minutes of allotted time by my Party.

Hon. Chairperson, Madam, I stand today on behalf of my Party, the All India Trinamool Congress, to speak on the 75<sup>th</sup> anniversary of our Constitution, a Constitution that is not merely a book but indeed the life and the soul of our nation. Almost 75 years ago, to the day, on the 25<sup>th</sup> of November 1949, Babasaheb Ambedkar reminded us that we must observe the caution which John Stuart Mill has given to all who are interested in the maintenance of democracy, namely, not to lay their liberties at the feet of even a great man, or to trust him with powers which enable him to subvert their institutions. This nation was made by great men and women, but the real challenge before us today is ensuring that no one man should believe he is greater than the nation, and that he is above the principles of the Constitution.

Today as I stand to participate in this historic debate, let me start with a

short, yet very apt *nazm*, by the poet Dr. Hilal Fareed. I trust the truth and the irony in his words will not be lost on anyone.

“मुबारक घड़ी है, कल सज-धजकर, मेकअप रचकर,  
 खूब जंचकर, देखो उसका मंच पर आना,  
 किताब संविधान की आंखों से लगाना और फरमाना  
 मैं शीष को झुकाकर, इस किताब को मन में बसाकर ईश्वर की शपथ लेता हूँ।  
 रात ढलने दीजिए, दिन बदलने दीजिए,  
 कल तलक ये बेवफा, सितमगरों का बादशाह सब भूल जाएगा।  
 नफरतें उगाएगा, दूरियां बढ़ाएगा,  
 रोज संविधान की धज्जियां उड़ाएगा,  
 मगर जो आज महफिल सजी है,  
 यही मानती है कि हीरो वही है, मुबारक घड़ी है।”

For the past 10 years, a very large number of people in this country have felt that Constitution is in danger. Our Constitution is in danger. As responsible public representatives, it is imperative that we actually put this to the test and check if this is just fear-mongering, as the ruling party would have us believe. Or indeed, is the Constitution framework imperilled?

As Professor Tarun Khaitan explains, there are three broad tests to check if the political Executive is Constitutionally accountable. There are three checks for the country to remain democratic over time. So, let us see how our country is faring on these three checks. First is direct electoral accountability to the people. Second, there is accountability to the Judiciary and other fourth branch institutions. And third, there is accountability rendered by the media and civil

society as watchdogs of the citizenry at large. The ruling party has the right to influence policies over a large range of matters – you cannot take away that prerogative – but it cannot usurp power in a way that kills Constitutional rights for the rest of us. This Government, this ruling party, when confronted with this charge, uses only one defence. What about Mrs. Gandhi's emergency? Yes, that was a full frontal attack on democracy. There is no question about that. But we saw it for what it was. This Government's *modus operandi* has been indirect and creeping, an incremental systemic assault, for the past 10 years.

The Modi Government has consistently sought to erase the distinction between the party and the State by undermining and capturing all the mechanisms that seek Executive accountability. It is killing our Constitution by a thousand cuts. I am going to point out a few of the particularly bloody cuts. In the first test, democracies seek electoral accountability from the political Executive. Measures such as electoral manipulation, voter disenfranchisement, and biased campaign finance over time give the ruling party an unfair advantage. Voter disenfranchisement has reached epic proportions in India. In the past general elections, as well as in the recent by-polls in many BJP-ruled States, there were widespread documented instances, caught on television cameras, caught on mobile phones, of voter suppression – from names missing from electoral rolls to physical violence. Police used to threaten, beat, and intimidate voters. We saw it in Rampur; we saw it in Sambal. Entire localities were being forced to stay home.

Another aspect is the largely targeted exclusion of a hated minority by a

prejudiced majoritarian State creating a whole section of second-class citizens whose rights are less equal than others. This Government brought in a discriminatory Citizenship (Amendment) Act that is openly violative of the fundamental right to equality before law. All the BJP State Governments are competing with each other in bulldozer justice, demolishing homes, usually of minorities, without due process of law. I had to go to the Supreme Court to get a stay on the unconstitutional order of the UP Government demanding that the minorities, Muslims, put identifying markers on their eateries and shops during the Kanwar Yatra. This was blatantly violative of Article 15.

Let us move onto 'campaign finance' now. In 2014, both the BJP and the Congress were held liable for illegally accepting foreign contributions. In response, this Government retrospectively amended the Foreign Contribution Regulatory Act (FCRA) 2010 to narrow the definition of a foreign company and thereby remove the illegality with retrospective effect. This was done surreptitiously. The Act of 2010 was not amended by a separate Bill. It was done *via* clauses slipped into the Finance Act, 2016 and the Finance Act, 2018. The amendments not only legalized foreign funding of political parties, but they also created a new funding vehicle called 'electoral bonds'.

In 2017-2018, the BJP got 97.7 per cent of funds that were legalized by surreptitious changes to their 'campaign finance' laws. When the electoral bond numbers came out earlier this year, we saw that the BJP had between 54 per cent and 57 per cent of the total amount raised in the past six years. This kind of unfair advantage for the BJP in 'campaign finance' has created a very skewed

playing field for the Opposition in recent years. There is no denying this. The use of the Government funds to promote the BJP and to promote Modi ji's political branding in the run-up to the elections -- *Modi ji ki guarantee, Modi ji ka Parivar* -- creates a media blitzkrieg that few smaller Parties can match.

A neutral referee is necessary for a free and fair electoral process. So, in addition to electoral accountability, our Constitution lays down a second check of institutional accountability where the Government is scrutinised by the judiciary and by various 'fourth branch' institutions such as the Election Commission, the Vigilance Commission, a human rights watchdog, and an anti-corruption body. The appointment mechanism of these 'fourth branch' institutions along with their functional autonomy is what keeps them independent. What has this Government done? This Government has wilfully defied the spirit of the Supreme Court ruling on the Election Commission's independence by replacing the Chief Justice of India on the Selection Committee with a Government-appointed Minister. So, you have a 2:1 majority.

How often did we hear of an Election Commissioner not serving out their full term prior to Modi ji becoming the Prime Minister? Ever since this Government has come in, two Election Commissioners have inexplicably quit before their terms have ended. ... \* But even the smallest violation by an Opposition Party saw the ECI taking prompt stringent action.

For free and fair elections, just like justice must not only be done, but must

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\* Expunged as ordered by the Chair.

also seem to be done. So, public trust in democracy has to be restored by this Election Commission. We have jokingly started calling it the ... \* Code of Conduct'. Other institutional bodies have been similarly compromised. Appointments to the National Human Rights Commission have been widely criticised, especially of ... \* and others close to the establishment. This is a ... \* who, while in office, heaped praise on Modi ji calling him an 'international visionary' who thought globally and acted locally, and lest the Treasury Benches claim this assessment as a biased one. Please remember that it is precisely these kinds of appointments that had undermined the independence of the NHRC so much so that the NHRC has lost its UN accreditation. The NHRC can no longer represent India or vote at the UN Council of Human Rights.

Allow me to turn to a simple instance of what human rights under the rule of law means -- the right to bail. The erstwhile outgoing Chief Justice of India waxed eloquently recently about how the right to bail has been granted during his tenure for a range of undertrials 'from A for Arnab to Z for Zubair'. His alphabet, unfortunately, seems abbreviated because it did not include 'G for Gulfisha Fatima, did not include H for Hany Babu, did not include K for Khalid Saifi, did not include S for Sharjeel Imam, and did not include U for Umar Khalid and countless others. The former Chief Justice made it a point to say that the Supreme Court is not meant to act like the political opposition.

We, in the political Opposition, do not need the Supreme Court to do our

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\* Expunged as ordered by the Chair



job and we are not asking it to. But what troubles us is that some members of the ...\* appear to be doing their best to compromise the independence and integrity of our constitutional courts. I do not think that the framers of our Constitution ever imagined a scenario where... \* would rely on private conversations with God to ...\* rather than on objective logic, reasoning, the law and the Constitution.

The Honourable Defence Minister in his speech this morning mentioned the courage of the late Justice H. R. Khanna to dissent in 1976. May I remind everyone that Justice Khanna lived for 32 years after 1976 under a largely Congress regime – long enough to write his autobiography that the BJP is quoting from ...\* Delays in filling vacancies in the Central Information Commission are denying citizens their Right to Information. Currently, the CIC has only three Commissioners, including the Chief, instead of the mandated ten, and has 22,000 pending appeals filed by people against denial of information by the Government.

The third dimension of executive accountability is discursive accountability. The citizens in a democracy expect their Government to be able to justify its actions in a public discourse with civil society. The Government on a daily basis is pursuing unconstitutional methods of restricting freedom of the press and freedom of speech. Its ill-conceived amendment to the IT Rules to

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\* Expunged as ordered by the Chair

create Fact Checking Units was recently struck down by the Bombay High Court as being violative of Articles 14 and 19 of the Constitution. The latest UP police case against a fact-checker, Mohammed Zubair, where the UP police is invoking *de facto* sedition against a fact checker who is documenting hate speech, is preposterous. I am one of the petitioners challenging the constitutionality of the Sedition Law and the Supreme Court has very clearly stated that no coercive action will be taken on alleged sedition cases till the matter is decided. Yet the Government does not stop. The Bharatiya Nyaya Sanhita, which the ruling Party brought in last year when most of the Parliamentarians were suspended. They said that they are dropping sedition but they have also replaced it with the far more draconian section 152.

There is also something else that we all need to think about. The BNS for the first time adds 'terrorism' as a punishable offence and defines it as an act that 'intends to threaten the unity, integrity, and security'. So, the crime of terrorism is no longer anchored in an actual act. It is anchored in an intent or a thought. This means that from now onwards, the parents of the disappearing Kashmiris or Manipuris, who are protesting peacefully in a park, can be accused of being 'terrorists'. What they do or do not do in that park while they assemble is precise the point. As long as a police officer is convinced that they have an intent to do something, they can be terrorists. This makes terrorism a thought crime. Madam Chairperson, this is closer to the letter and spirit of the dystopian reality in George Orwell's 1984 novel than it is to the Constitution of India.

Let me turn to how the policy of a thousand cuts has damaged our

institutions. Institutions like the Enforcement Directorate and the CBI have turned into ... \* departments for the Government. Fourteen political parties approached the Supreme Court against the coercive criminal actions of these two agencies – 95 per cent of cases by these two agencies are against Opposition politicians. Since 2014, 25 Opposition leaders facing corruption have crossed over to BJP; 23 of them got reprieves; three cases are closed; and 20 cases have been stalled. For years, the CBI was used to put pressure on NDTV and its promoters via a bogus case. Now that the channel has been captured and sanitized, the CBI says there was never any case to investigate. Airports and large infrastructure have been captured by crony capitalists by similar misuse of the ED and CBI. In a cooked-up case against me, the CBI has wasted precious time and resources looking for a scarf and lipstick that a friend gifted me. These actions have cost India the first ever human rights violation by the Inter-Parliamentary Union in Geneva, the global body governing all national legislatures.

After the abrogation of Article 370, there has been a flagrant crackdown on the constitutional rights of the people of Kashmir. Free speech and movement have been hampered, and the passports were cancelled without any pending cases – never heard of it. Manipur, an integral part of the Union of India seems to have a complete breakdown of Constitutional machinery. The failure of governance is stark. The Union Government under Article 355 of the

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\* Expunged as ordered by the Chair.

Constitution is obligated to assist the States in maintaining the law and order. In May 2024, the Supreme Court was assured by the Solicitor General that the violence was subsiding, yet horrifying incidents continue unabated. I petitioned the Supreme Court in the Manipur Violence Case. Senior Advocate Indira Jaising appeared for me. An expert committee was set up. But even after 27 or more hearings, there is no relief, there is no justice yet. Time constraints do not allow a more in-depth analysis but it is crystal clear that this political executive for the past ten years has systematically eroded democracy. It fails spectacularly on all the three tests of Constitutional accountability laid out by Professor Khaitan. Our Constitution is bleeding from a thousand cuts – *Samvidhan Khatre Mein Zaroor hai*.

The need of this hour is to ensure that the idea of India survives in its purest form. This burden lies heavier on some of us than on others. The judiciary and the media have a far greater responsibility in protecting our Constitution than do normal citizens.

History will not be kind to you, your lords and ladyship, if you falter. To every ... \* past and present, I say this, yours is not to worry about your personal legacy, yours is not to take directions from the God, yours is not to have private family functions turned into a ... \* with the political executive. The Constitution is your only God. The Constitution should be the only *atithi* who should be in your home as your *Deva*. Attention seeking divas do not leave legacies. Upholders

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\* Expunged as ordered by the Chair.

and protectors of our basic sovereign rights will only be remembered.

To the media I say this, you play a huge role in guaranteeing our democracy's survival. Live up to it.

Taking a few liberties with Faiz's immortal words let me tell you – 'सब ताज उछाले जाएंगे, सब तख्त गिराये जाएंगे, बस नाम रहेगा संविधान का । '

In conclusion, I pay homage to the 17 women of India's Constituent Assembly who laid the path for all of us like me to stand here today. I would like to remind us of Vijaya Lakshmi Pandit's words – "Freedom is not for the timid". Protecting our Constitution in these harrowing times requires courage. Let us rise to it. We will succeed. Jai Hind

**माननीय सभापति :** श्री जगदम्बिका पाल जी ।

... (व्यवधान)

**माननीय सभापति:** 118(2) तो कुछ नहीं है ।

... (व्यवधान)

**डॉ. निशिकान्त दुबे (गोड्डा) :** स्पीकर का डायरेक्शन 118(2) है । ... (व्यवधान) इन्होंने दो महत्वपूर्ण बातें कही हैं । एक तो एफसीआरए का अमेंडमेंट हुआ है । इसका मतलब यह कहना चाहती है कि बीजेपी को ब्लैक मनी मिला है । वह अपने डॉक्यूमेंट को ऑथेंटिकेट करके दे दें । ...

(व्यवधान)

**माननीय सभापति:** नहीं, नहीं ।

... (व्यवधान)

**HON. CHAIRPERSON:** It is not going on record.

... (Interruptions)\*

माननीय सभापति: जगदम्बिका पाल जी ।

... (व्यवधान)

माननीय सभापति: क्या कोई प्वाइंट ऑफ ऑर्डर है?

... (व्यवधान)

श्री अनुराग सिंह ठाकुर (हमीरपुर) : सभापति जी, सदन की एक सदस्या ने अभी जो टिप्पणी की है। ... (व्यवधान)

माननीय सभापति: आप स्पीकर साहब को लिखिए ।

... (व्यवधान)

श्री अनुराग सिंह ठाकुर : यह कहा गया कि ये महिला किलर हैं। ... (व्यवधान) इस तरह की टिप्पणी... (व्यवधान)

**HON. CHAIRPERSON:** It is not going on record.

... (Interruptions)...\*

माननीय अध्यक्ष: जगदम्बिका पाल जी ।

... (व्यवधान)

माननीय सभापति: सब रिकॉर्ड देख लिया जाएगा । माननीय सदस्य बैठ जाइए ।

... (व्यवधान)

**17.18 hrs**

(Hon'ble Speaker *in the Chair*)

माननीय अध्यक्ष: आप बोलिए ।

... (व्यवधान)

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\* Not recorded.

**डॉ. निशिकान्त दुबे :** स्पीकर साहब, दो बातें कही गईं। एक तो एफसीआरए का रेट्रोस्पेक्टिव अमेंडमेंट हुआ। वह कागज दे दें, जिससे यह पता चले कि ब्लैक मनी किसको गया। ... (व्यवधान)

दूसरा सवाल है, ... \* ... (व्यवधान) इसके बाद वे इस तरह की बातें करते हैं। इनको आप ऑथेंटिकेट करने के लिए कहिए। ... (व्यवधान) कोई भी आरोप लगा देना, किसी जज के ऊपर आरोप लगा देना, इन्होंने सारे चीफ जस्टिस को कोट किया है। चीफ जस्टिस इसके पहले भी प्रधानमंत्री के यहां जाते रहे। ... (व्यवधान) यदि माननीय प्रधानमंत्री जी गए तो अन्याय नहीं हो गया। यह प्रधानमंत्री के ऊपर एलिगेशन है। चीफ जस्टिस के बारे में गया है। ... \* कहा गया है। बीजेपी के बारे में कहा गया है। सर, सबको एक्सपंज कीजिए। ... (व्यवधान)

**माननीय अध्यक्ष:** आप मेरी बात सुनिए।

... (व्यवधान)

**माननीय अध्यक्ष:** मणिकम टैगोर जी यह कह रहे हैं कि ... \* सुप्रीम कोर्ट के तीन बेंचों ने फैसला दे दिया है। अब इससे बड़ा तो कुछ नहीं हो सकता है।

... (व्यवधान)

**माननीय अध्यक्ष:** अब इस पर क्या चर्चा करेंगे? जिस पर सुप्रीम कोर्ट ने फैसला दे दिया है, उस पर संसद क्या चर्चा करेगी? नो, गलत है।

... (व्यवधान)

**संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरन रिजिजू) :** सर, ऐसे मामलों को तू-तू, मैं-मैं करके खत्म नहीं करना चाहिए। यह विषय बहुत गम्भीर है। मैंने बहुत ध्यान से सुना। ऑनरेबल लेडी एमपी ने जो टिप्पणी की, हम लोगों ने शांति से सुना। वे क्या सोचकर आईं, क्या ड्राफ्ट लेकर आईं और क्या पढ़ रही थीं, मैं इस पर टिप्पणी नहीं करूंगा, उनकी आदत जो भी है।

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\* Not recorded as ordered by the Chair.

...(व्यवधान) लेकिन, जो पॉइंट उन्होंने ... \* कहा, यह बहुत गम्भीर इसीलिए है कि यह एक सैटलड केस है और पूरे कोर्ट में उसकी परिस्थिति, जजेज़ का कोई पॉलिटिकल इंटरवेंशन, उससे कोई पॉलिटिकल लिंक नहीं है। जजेज़ लोगों के समूह में बैठकर जो घटना हुई, जजेज़ के बीच में जो भी वहां अनफॉर्चुनेट घटना हुई, फिर बाद में जजेज़ की ओर से क्लेरिफिकेशन करके जुडीशियरी में सारा मामला खत्म हो गया। इसमें किसी का कोई हस्तक्षेप, किसी का इंटरवेंशन, लिंक का कोई सवाल ही पैदा नहीं होता है।

इन्होंने इस पार्लियामेंट में, हाईएस्ट कोर्ट से डिजीजन हो गए वाले को, कैसे गायब हो गया, मर्डर, इस तरह की बात कहेंगे तो इसके खिलाफ में कार्रवाई होनी चाहिए। ... (व्यवधान) नहीं तो कोई भी मेंबर उठकर ऐसी ही बात करेंगे। ... (व्यवधान) यह नहीं होगा। ... (व्यवधान)

**माननीय अध्यक्ष :** मैं रिकार्ड मंगा कर देख लूंगा।

... (व्यवधान)

**श्री किरन रिजिजू :** सर, मेरा इतना कहना है कि आपने मामले को संज्ञान में लिया है। आपने इसे देखने के लिए कहा है। मैं सदन को इन्फॉर्म करना चाहता हूं कि ... \* और हम लोगों की तरफ से एप्रोप्रिएट पार्लियामेंट्री एक्शन लिया जाएगा। ... (व्यवधान) इस तरह की टिप्पणी से आप बच नहीं सकते हैं। ... (व्यवधान) ऐसी टिप्पणी करके बच नहीं सकते हैं। ... \* ... (व्यवधान) ये बहुत गलत परम्परा स्थापित कर रहे हैं। ... (व्यवधान)

**माननीय अध्यक्ष :** सदन की कार्यवाही आधे घंटे के लिए स्थगित की जाती है।

... (व्यवधान)

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\* Not recorded as ordered by the Chair.



**17.23 hrs**

*The Lok Sabha then adjourned till Fifty Three Minutes past Seventeen of the Clock.*

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**17.53 hrs**

*The Lok Sabha reassembled again at Fifty Three Minutes past Seventeen of the Clock.*

(Shri Dilip Saikia *in the Chair*)

**HON. CHAIRPERSON:** Please be seated.

... (*Interruptions*)

**माननीय सभापति :** संविधान के ऊपर आपका भी भरोसा है और उनका भी भरोसा है। सुबह से अच्छे से चर्चा चल रही है, प्लीज इसको कन्टीन्यू कीजिए। मैं आप सभी का सहयोग चाहता हूँ।

... (व्यवधान)

**HON. CHAIRPERSON:** Please be seated.

... (*Interruptions*)

**HON. CHAIRPERSON:** Please cooperate with us.

... (*Interruptions*)

**HON. CHAIRPERSON:** I will take it.

... (*Interruptions*)

**माननीय सभापति:** माननीय जगदम्बिका पाल जी।

... (व्यवधान)

**PROF. SOUGATA RAY (DUM DUM):** I have a point of order. ... (*Interruptions*)

**18.15 hrs**

**DISCUSSION ON THE GLORIOUS JOURNEY OF 75 YEARS OF THE  
CONSTITUTION OF INDIA....Contd**

**श्री जगदम्बिका पाल (डुमरियागंज) :** माननीय सभापति महोदय, मैं आपका अत्यंत आभारी हूँ। आदरणीय लोक सभा अध्यक्ष जी द्वारा विगत दिनों संविधान दिवस पर एक कार्यक्रम हुआ और आज संविधान पर चर्चा करने का अवसर हमें उन्होंने दिया। सदन के सभी माननीय सदस्यों को इस चर्चा में भाग लेने का अवसर मिल रहा है।

संविधान की चर्चा में सम्पूर्ण सदन भाग ले रहा है। ... (व्यवधान) सुबह से संविधान की चर्चा पर सब लोग शांतिपूर्वक भाग ले रहे थे, ऐसा कौन सा कारण हुआ और तृणमूल कांग्रेस की सदस्या ने ऐसी कौन सी बात कह दी कि सदन स्थगित हुआ?... (व्यवधान) संविधान के आरक्षण की चर्चा नहीं थी। ... (व्यवधान)

**माननीय सभापति :** जगदम्बिका पाल जी, एक मिनट रुकिए।

... (व्यवधान)

**माननीय सभापति :** सुबह से सदन आप सबके सहयोग से बहुत ही बढ़िया तरीके से चल रहा है। आप सब लोगों के बहुत विचार आए हैं। क्या आप सदन नहीं चलाना चाहते हैं?

... (व्यवधान)

**माननीय सभापति:** सभा की कार्यवाही छ: बजकर पन्द्रह मिनट तक के लिए स्थगित की जाती है।

**17.56 hrs**

*The Lok Sabha then adjourned till Fifteen Minutes past Eighteen of the Clock.*

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**18.15 hrs**

*The Lok Sabha reassemble again at Fifteen Minutes past Eighteen of the Clock.*

*(Hon'ble Speaker in the Chair)*

... (व्यवधान)

**माननीय अध्यक्ष** : वेणुगोपाल जी, आपका पॉइंट ऑफ ऑर्डर क्या है? आप में से कोई एक ही उठाए, या ये उठाएं या वो। तीन-चार में से कोई एक ही पॉइंट ऑफ ऑर्डर उठाए। आप सभी मिलकर फैसला कर लीजिए कि कौन उठाएगा?

**SHRI K. C. VENUGOPAL (ALAPPUZHA)**: Sir, we have different points of order. दादा के लिए चाहिए। ... (व्यवधान) दोनों को दीजिए।

**PROF. SOUGATA RAY (DUM DUM)**: Sir, as per Rule 376, I am raising a point of order. Hon. Member, Sushri Mahua Moitra had made a speech. Some Members of the ruling party felt that she said something wrong.

Now, there are two methods in dealing with this matter. You please read Rule 352. It says:

“A Member while speaking shall not make personal reference by way of making an allegation imputing a motive to or questioning the *bona fides* of any other member of the House.”

There is also another tool in your hand. It is Direction no. 115 (1) of Directions by the Speaker. It says:

“A Member wishing to point out any mistake or inaccuracy in the statement made by a Minister or any other member shall, before referring to the matter in the House, write to the Speaker pointing

out the particulars. The Member may place before the Speaker such evidence as that Member may have in support of the allegation.”

Now, the ruling party Members made an allegation that hon. Member, Sushri Mahua Moitra had made a wrong statement. They had two rules in their hand. Either they could use Direction 115(1) of Directions by the Speaker or they should have refrained by using Rule 352(1).

Sir, I remind you that hon. Member, Sushri Mahua Moitra is a lady Member. I saw hon. Minister of Parliamentary Affairs, Shri Kiren Rijiju, who I know for a long time, standing up and saying that whatever Mahua Moitra ji had said was totally wrong. He also said, “We shall have a meeting and teach a lesson to her.” I have never seen in my long career in the Parliament such a brazen effort to threaten a Member... (*Interruptions*)

You are intimidating her. He was brazenly threatening Mahua Moitra ji. He said, “Please keep your trap shut. Otherwise, we are powerful. We shall have the Constitution on one hand and will punish you.” ... (*Interruptions*) I strongly condemn this.

**माननीय अध्यक्ष** : नो नो, आपका विषय हो गया । रूल्स से हटकर आप उत्तर मत दें । अब श्री वेणुगोपाल जी बोलें ।

**SHRI K. C. VENUGOPAL** : Sir, as has been pointed out, there are tools to be used against Members when they speak any unparliamentary things. As hon. Member, Sougata Ray ji has pointed out, Rule 352 is there. My point is that while

I am speaking in this House, some may not like my speech and they have difference of views. There are rules which they can use and approach you.

You are the custodian of this House. Here, what has happened is the Minister of Parliamentary Affairs took full custody of this House and virtually threatened a lady Member ... (*Interruptions*) We all heard her speech ... (*Interruptions*) You have the power to delete and expunge any speech. You have that power. They could request you. But how can the Parliamentary Affairs Minister, who has the responsibility to maintain peace in the House, take the entire law in his hand and threaten a lady Member? ... (*Interruptions*)

Sir, there is one more thing. ... (*Interruptions*) I heard Mahuaji's speech. She did not mention anything objectionable. ... (*Interruptions*) Sir, the Parliamentary Affairs Minister has to make an apology. ... (*Interruptions*) Sir, otherwise, you should expunge his objectionable remarks. ... (*Interruptions*)

**माननीय अध्यक्ष:** आप सब लोग सदन चलाना चाहते हैं?

... (व्यवधान)

**माननीय अध्यक्ष:** मैंने आपकी बात सुन ली है। आप रिपीटेशन मत कीजिए।

... (व्यवधान)

**माननीय अध्यक्ष:** प्लीज, एक मिनट मेरी बात सुनिए।

... (व्यवधान)

**माननीय अध्यक्ष:** माननीय सदस्यगण, मैं आपसे आग्रह करता हूँ। हम सबने बीएसी में डिसाइड किया था कि हम संविधान की 75 वर्षों की गौरवशाली यात्रा पर अपनी-अपनी बात रखेंगे। जब सदन की शुरुआत हुई, तभी मैंने यह अपेक्षा की थी कि हम संविधान और संविधान के माध्यम से हुए परिवर्तन और उसकी स्वर्णिम यात्रा पर चर्चा करेंगे। स्वर्णिम यात्रा में सभी दलों की सरकार रही है

और इस यात्रा में सबका सहयोग रहा है। सब अपनी-अपनी यात्रा में सहयोग को रखें। नीति, पॉलिसी एवं संविधान में कोई परिवर्तन हुआ हो तो उसकी चर्चा करें। सदन में बोलते समय हम विषय पर चर्चा न करके आरोप-प्रत्यारोप और व्यक्तिगत टिप्पणियों पर जाने का प्रयास करते हैं, जो ठीक नहीं है।

... (व्यवधान)

**माननीय अध्यक्ष:** एक मिनट, मैंने आपको बोलने की अनुमति दे दी है। आप बैठ जाइए।

... (व्यवधान)

**माननीय अध्यक्ष:** मेरी सदन से यह अपेक्षा है कि हम एक सकारात्मक चर्चा करें और सकारात्मक दिशा में चर्चा करें। संविधान के परिप्रेक्ष्य में आलोचना करनी है तो संविधान के परिप्रेक्ष्य में जिस-जिस ने संविधान में संशोधन किए हैं, उसके प्रभावों के बारे में भी करें। अगर आपको उसका प्रभाव उचित नहीं लग रहा है तो उसकी भी चर्चा करें कि संविधान में जो परिवर्तन हुआ है, उसका प्रभाव ठीक नहीं पड़ा है। नीतियों और पॉलिसी पर चर्चा होनी चाहिए।

हम कई बार सदन के वरिष्ठ नेताओं पर इस तरह से जो व्यक्तिगत रूप से चर्चा करते हैं, जो सदन की मर्यादा के अनुकूल नहीं है।

माननीय सदस्य ने जो बोला है, वह आवश्यक है। वे सब विषयों को आथेंटिकेट कर दें और अपने साक्ष्य रख दें। अगर माननीय मंत्री जी ने ऐसी कोई बात बोली है तो मैं उसको निश्चित रूप से देखूंगा और डिलीट करूंगा। सदन में मैं सभी माननीय सदस्यों से यह अपेक्षा करूंगा कि अब संविधान की स्वर्णिम यात्रा पर चर्चा हो। अगर चर्चा में इधर-उधर डायवर्जन होगा तो मैं टोकूंगा। फिर आप मत बोलिएगा कि अध्यक्ष जी टोक रहे हैं।

... (व्यवधान)

**माननीय अध्यक्ष:** अगर सभा की सहमति हो तो सभा की कार्यवाही आठ बजे तक बढ़ा दी जाए।

**अनेक माननीय सदस्य:** जी सर।

**माननीय अध्यक्ष:** श्री जगदम्बिका पाल जी, आप बोलिए।

**18.23 hrs****DISCUSSION ON THE GLORIOUS JOURNEY OF 75 YEARS OF THE  
CONSTITUTION OF INDIA....Contd**

**श्री जगदम्बिका पाल (डुमरियागंज) :** अध्यक्ष जी, मैं आपका अत्यंत आभारी हूँ कि आपने आसन से एक व्यवस्था दी और पूरा सदन आपके उस व्यवस्था के बाद इस सदन को उस संविधान की, जो अपेक्षा आपने सुबह अपने प्रारंभिक उद्बोधन में की थी कि संविधान हमारी आत्मा है और बिना संविधान के कोई भी राष्ट्र मृतप्राय है। आज उस संविधान के प्रति आपने जो दो दिन की चर्चा रखी है, उसके लिए मैं आपका आभार व्यक्त करता हूँ।

**18.24 hrs**

(Shri Krishna Prasad Tenneti *in the Chair*)

इस संविधान के एडॉप्शन के 75 वर्ष पूरे होने पर आज हम सभी को, जैसा आपने कहा कि आरोप या प्रत्यारोप का अवसर नहीं है, इस संविधान के प्रति जितनी जिम्मेदारी सत्तारूढ़ दल की है, जितनी जिम्मेदारी सरकार की है, उतनी ही जिम्मेदारी प्रतिपक्ष की भी है। अगर हम इस सदन में संवैधानिक रूप से चुनकर आए हैं, तो हम सबकी जिम्मेदारी है, चाहे सत्ता पक्ष के हों या प्रतिपक्ष के हों, हमें उस जिम्मेदारी का निर्वहन करना चाहिए। अध्यक्ष जी ने जिस तरीके से कहा है, मैं समझता हूँ कि जिस दिन संविधान दिवस मनाया गया था, उस दिन की शाम को न्यायपालिका की एक गोष्ठी थी। उस गोष्ठी में प्रधानमंत्री जी ने कहा था कि संविधान हमारे और हमारी सरकार के लिए एक पवित्र ग्रंथ है। जैसे गीता, रामायण, महाभारत, बाइबिल, गुरुग्रंथ साहब और कुरान है, उसके समतुल्य है।

जब आज हम संविधान पर चर्चा कर रहे हैं, तो आप सोचिए कि इस संविधान को बनाने के लिए संविधान सभा की पहली ड्रॉफ्टिंग कमेटी 09 दिसंबर, 1946 को बैठी थी और फाइनल मीटिंग 26 नवंबर, 1949 को हुई थी। 4 नवंबर, 1948 को संविधान सभा में ड्रॉफ्ट प्रस्तुत हुआ था, तो लगभग दो वर्षों तक उस समय के लोग इस ड्रॉफ्ट पर डिस्कशन और डिबेट कर रहे थे। अल्टीमेटली

26 नवंबर, 1949 को अंतिम बैठक में 284 सदस्यों के हस्ताक्षर से भारत का संविधान पास हुआ था। आज भारत का संविधान केवल भारत के गवर्नेंस का मार्गदर्शन नहीं कर रहा है, बल्कि आज भारत के संविधान को पूरी दुनिया मानती है कि भारत का संविधान बहुत मजबूत है।

अगर आज हम उस संविधान पर चर्चा कर रहे हैं, तो स्वाभाविक है कि जब मैं कहता हूँ कि इस संविधान के प्रति हमारी जिम्मेदारी है। हम इस संविधान के प्रति उत्तरदायी हैं या प्रतिपक्ष उत्तरदायी है, तो संवैधानिक व्यवस्था के रूप में सबसे पहली क्या जिम्मेदारी है? हमारी सबसे पहली जिम्मेदारी है कि अगर हम चुनकर यहां आए हैं, अगर हम यहां पर संविधान के अंतर्गत चाहे पीस ऑफ लेजिस्लेशन बनाते हों, कानून बनाते हों, चाहे विधेयक पर चर्चा करते हों, प्रश्न काल, शून्य काल और अन्य विषयों के माध्यम से हम देश की ज्वलंत समस्याओं पर चर्चा करते हैं।

यह हमारा एक संवैधानिक दायित्व है। इस संवैधानिक दायित्व में क्या है? यह हमारा कर्तव्य है कि हम सदन में हर समय उपस्थित रहें, संसद के सत्र में भाग लें, लेकिन आज जो लोग देश के संविधान की बात करते हैं, संविधान में आरक्षण की बात करते हैं। मैं देखता हूँ कि जब सत्र चल रहा होता है, तो सदन में उपस्थित होने के बजाय वे कभी हाथरस जा रहे हैं, कभी संभल जा रहे हैं, वे संवैधानिक दायित्व का कितना निर्वहन कर रहे हैं, कदाचित पूरा देश देख रहा है कि शायद ये संविधान की अवहेलना कर रहे हैं।

आपकी क्या जिम्मेदारी है? हमारा क्या दायित्व है? अगर मैं यह बात कहता हूँ, तो मैं इसलिए कहता हूँ, अगर मैं चुनकर आया हूँ, मेरे मन में इस संविधान के प्रति सम्मान है, तो मैं इस सदन में 100 प्रतिशत उपस्थित रहने का काम करता हूँ। हमारे साथियों ने जो बातें कही हैं, मैं उसको दोहराना नहीं चाहता हूँ। अगर आप एक तरफ आरक्षण खत्म करने की बात करते हैं, संविधान बदलने की बात है, तो मैं पूछना चाहता हूँ कि अगर आपकी संविधान में आस्था है, संविधान के प्रति मर्यादा है, तो जब उस समय सरकार थी, तो उस संविधान से चुनी हुई सरकार के द्वारा पारित किए गए विधेयक को उस सत्तारूढ़ दल के नेता के द्वारा ही फाड़ दिया जाए, तो यह संविधान के प्रति सम्मान है या फिर संविधान के प्रति अपमान है?



मुझे विश्वास नहीं है। आपने पूरे देश को चुनाव के समय जिस तरह से गुमराह करने की कोशिश कि हम आरक्षण को लागू नहीं करना चाहते हैं। अगर हमारी सरकार आएगी, तो हम आरक्षण को समाप्त कर देंगे। आखिर इस संविधान में जो आरक्षण की व्यवस्था है, जब आरक्षण समाप्त हो रहा था, शायद 12 दिसंबर, 2019 को अगर केन्द्र में नरेन्द्र मोदी जी की सरकार नहीं होती, तो एससी/एसटी का जो आरक्षण था, वह समाप्त हो जाता। नरेन्द्र मोदी जी के नेतृत्व में 12 दिसंबर, 2019 को एससी/एसटी के लिए आरक्षण लाया गया और 25 जनवरी, 2020 को उस एससी/एसटी के आरक्षण को वर्ष 2030 तक बढ़ाने का काम किया गया है, तो हम आज आरक्षण देने का काम कर रहे हैं।

आप क्या बात करेंगे? आरक्षण किसने दिया है? अगर इस देश के दलितों, मजलूमों, गरीबों, एससी-एसटी के लिए वर्ष 2030 तक आरक्षण बढ़ा है तो यह नरेन्द्र मोदी जी के नेतृत्व वाली सरकार में बढ़ा है। आप बैकवर्ड की बात करते हैं। देश की आजादी के बाद से बैकवर्ड की बात करते हैं, चुनाव में बैकवर्ड की दुहाई देते हैं, उनको कांस्टीट्यूशनल स्टेटस किसने दिया? उनको कांस्टीट्यूशनल स्टेटस देने का काम किया गया है। आजादी के बाद देश में पहली बार नेशनल कमिशन फॉर बैकवर्ड क्लास को संवैधानिक दर्जा दिया तो यह नरेन्द्र मोदी जी की सरकार ने दिया है, हमारी सरकार ने दिया है। आप याद कीजिए, 11 अगस्त, 2018 को हम लोगों ने उस बिल को प्रस्तुत किया और अगस्त 2018 में वह इफेक्ट में आया था। आज देश में बैकवर्ड की चिंता है, आज पिछड़ों की चिंता है, दलितों की चिंता है और न केवल चिंता है, बल्कि कानून बनाकर उनके आरक्षण, उनके अधिकारों की रक्षा करने का काम हमारी सरकार कर रही है।

महोदय, मैं आपसे कहना चाहता हूँ कि 103वां कांस्टीट्यूशनल अमेंडमेंट वर्ष 2019 में हुआ था। उस अमेंडमेंट के समय आप भी मौजूद थे, आपके बहुत से साथी बैठे थे और आपने भाग भी लिया था। आजादी के बाद से इकोनॉमिक वीकर सेक्शंस के लिए लगातार मांग उठ रही थी। वह किसी भी जाति के हों, अगर वह कमजोर हैं या वीकर सेक्शन से आते हैं, तो उनको रिजर्वेशन दिया है। देश के करोड़ों लोगों को हमने शेड्यूल कास्ट का रिजर्वेशन दिया, हमने बैकवर्ड को रिजर्वेशन

दिया। लेकिन बहुत से ऐसे लोग थे, जो ब्राह्मण, क्षत्रिय, वैश्य, राय, भूमिहार या किसी भी जाति-बिरादरी में आर्थिक रूप से कमजोर थे और उनको आरक्षण का कोई लाभ नहीं था, लेकिन आजादी के बाद पहली बार 103वां अमेंडमेंट करके हमारी सरकार ने 10 परसेंट रिजर्वेशन आर्थिक रूप से कमजोर वर्गों को देने का काम किया है। जब से हमारी सरकार आई है, पिछले 10 वर्षों से हमने लगातार हर वर्ग की चिंता की है। आप प्रिम्बल की बात करते हैं तो प्रिम्बल में क्या है? आप सोशलिज्म की बात करते हैं तो समाजवाद किस चीज पर आधारित है, समाजवाद इक्वैलिटी पर आधारित है। अगर आप समाजवाद में इक्वैलिटी की बात करते, तब जस्टिस है। उस जस्टिस और इक्वैलिटी को किसने पूरा करने का काम किया? आपने देखा और जैसा मैंने उल्लेख किया है कि 102वें कॉन्स्टीट्यूशनल अमेंडमेंट के द्वारा उनको कांस्टीट्यूशनल स्टेटस दिया।

आप देखिए अनुच्छेद 370 और धारा 35 ए भारत माता के माथे पर एक कलंक लगा हुआ था। इस भारत की लोक सभा से पारित किए हुए सैकड़ों कानून जम्मू और कश्मीर की धरती पर लागू नहीं होते थे। वहां पर आरक्षण का कानून लागू नहीं होता था, वहां पर तमाम स्कीम्स और आवास की स्कीम लागू नहीं होती थी। यह अनुच्छेद 370 और धारा 35ए अस्थाई रूप से उस सरकार के द्वारा लगाई गई थी। उसके नाते भारत की पार्लियामेंट के कानून जम्मू और कश्मीर की धरती पर लागू नहीं होते थे। 5 अगस्त, 2019 में गृह मंत्री श्री अमित शाह जी ने एक एब्रोगेशन ऑफ आर्टिकल 370 और धारा 35ए को प्रस्तुत किया। आज पूरे देश ने देखा है कि अब जम्मू और कश्मीर भारत का अभिन्न अंग हो गया है। भारत की पार्लियामेंट के बने हुए सारे कानून जम्मू और कश्मीर पर लागू होते हैं। आप संविधान की बात करते हैं। शायद पहली बार जम्मू और कश्मीर में आजादी के बाद संविधान दिवस मनाने का काम हुआ है तो इस समय हुआ है, जब नरेंद्र मोदी जी की सरकार है।

आप महिलाओं की बात करते हैं। महिलाओं का किस तरीके का नारकीय जीवन था। अगर रोटी कच्ची रह गई या घर में कुछ गलती हो गई तो मुंह से तीन तलाक निकाल दिया जाता था और जिंदगी भर के लिए हमारी बहन-बेटी सड़क पर आ जाती थी। यह किसी छोटी सी गलती के लिए

होता था। देश को वर्ष 1947 में आजादी मिली, लेकिन अल्पसंख्यक महिलाओं को ट्रिपल तलाक के बिल से नारकीय जीवन से छुटकारा मिला तो 31, जुलाई 2019 को मिला और भारत की उन महिलाओं ने खुली हवा में सांस ली। उनके भी अधिकार हैं, मुस्लिम वूमन (प्रोटेक्शन ऑफ़ राइट ऑन मैरिज) एक्ट वर्ष, 2019 है।

अगर हम इक्वैलिटी और जस्टिस की बात नहीं करते तो हमें क्यों चिंता होती? इसका मतलब है कि हम केवल सबका साथ, सबका विकास की बात ही नहीं करते हैं, अपितु सबके लिए कानून का प्रावधान करते हैं। अभी यूसीसी की बात हो रही थी। यूसीसी की चर्चा संविधान सभा से लेकर, आज वर्ष 2024 तक इस पर बहस हो रही है। आखिर विपक्ष का इस पर क्या स्टैंड है? आप बताइए कि यह संहिता या कानून क्या केवल कानून का विषय है या यूनिफार्म सिविल कोड समानता और न्याय की भावना को साकार करने की दिशा में एक बड़ा कदम होगा। मैं कंस्टीट्यूट असेम्बली की डिबेट की बात यहां करना चाहता हूं। आप किस को मानते हैं? क्या आप भारत के प्रथम राष्ट्रपति को मानते हैं या बाबा साहब अम्बेडकर को मानते हैं या के.एम. मुंशी जी को मानते हैं या आप डॉ. राजेन्द्र प्रसाद जी को मानते हैं। जब हमारा संविधान बनाया जा रहा था तब समान नागरिक संहिता की कल्पना उस समय के संविधान निर्माताओं ने भी की थी। आज वह आर्टिकल 44 के डायरेक्टिव प्रिंसिपल ऑफ़ स्टेट पॉलिसी में है, नीति-निर्देशक तत्वों में है। डायरेक्टिव प्रिंसिपल ऑफ़ स्टेट पॉलिसी पर क्या कहा था? डॉ. बी.आर. अम्बेडकर ने कहा था, मैं उसको कोट कर रहा हूं। यह जगदंबिका पाल नहीं कह रहा है, यह हमारी पार्टी या हमारी सरकार नहीं कह रही है, यह डॉ. बी.आर. अम्बेडकर ने कहा है –

“समान नागरिक संहिता देश की एकता और अखंडता के लिए आवश्यक है। इसका उद्देश्य यह नहीं है कि किसी की धार्मिक स्वतंत्रता को प्रभावित किया जाए, बल्कि समाज में समानता लायी जाए।”

बाबा साहब अम्बेडकर के सपनों को साकार करने के लिए हम यूसीसी की तरफ बढ़ रहे हैं तो मुझे लगता है कि अगर आपकी आस्था बाबा साहब अम्बेडकर में है तो निश्चित तौर पर इक्वैलिटी और

जस्टिस के लिए यूसीसी पास होना इस देश के लिए बहुत ही जरूरी है। श्री के.एम. मुंशी ने क्या कहा था? हमारे संवैधानिक निर्माताओं ने जब चर्चा की तो संविधान सभा में के.एम. मुंशी जी ने कहा था कि समान नागरिक संहिता राष्ट्रीय एकता को बढ़ावा देगी, क्योंकि अलग-अलग व्यक्ति कानून सामुदायिक विभाजन को प्रोत्साहित करते हैं। यह बात कंस्टीट्यूट असेम्बली के उन लोगों ने कही है जो संविधान निर्माता हैं, ड्राफ्टिंग कमेटी के मैम्बर हैं, उन्होंने कहा। जिसने भारत के धर्मनिरपेक्ष ताने-बाने को कमजोर किया है। आज उस समान नागरिक संहिता को माननीय नरेन्द्र मोदी जी के नेतृत्व में लाने की बात हो रही है। जिस बात को बाबा साहब भीमराव अम्बेडकर ने कहा था, उनके सपने को हम साकार करने जा रहे हैं, मुंशी जी के सपनों को साकार करने जा रहे हैं। मुंशी जी ने उस समय भी कहा था कि ऐसे तमाम अल्पसंख्यक देश हैं, मुस्लिम देश हैं, जैसे तुर्किये है, इजिप्ट है, ऐसे तमाम मुस्लिम बहुत देश हैं, जहां विभिन्न समूहों के लिए व्यक्तिगत कानून के बिना यूनिफार्म कोड को सफलतापूर्वक लागू किया गया। अगर तमाम इस्लामिक कंट्री में इस तरह का कानून है तो हम क्यों नहीं कर सकते हैं, जबकि वे तो इस्लामिक कंट्री हैं। मैं के.एम. मुंशी जी को कोट करना चाहता हूँ-

“A further argument has been advanced that the enactment of a Civil Code would be tyrannical to the minorities. Is it tyrannical? Nowhere in advanced Muslim countries has the personal law of each minority been recognised as so sacrosanct as to prevent the enactment of a Civil Code. Take for instance, Turkey or Egypt. No minority in these countries is permitted to have such rights. But I go further. When the Shariat Act was passed or when certain laws were passed in the Central Legislature in the old regime, the Khojas and Cutchi Memons were highly dissatisfied.”

This is a quote of Shri K.M. Munshi from the Constituent Assembly debates.

समान नागरिक संहिता को अनुच्छेद 44 में रख दिया गया। संविधान के अनुच्छेद 44 में डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी को रखा गया। आज ये फंडामेंटल राइट्स की बात करते हैं। आजादी के बाद डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी को बनाने वाले जो लोग हैं, चूँकि डॉ. राजेन्द्र प्रसाद जी ने संविधान सभा में कहा था कि “अगर हम समान नागरिक संहिता की ओर नहीं बढ़ते हैं, तो हम न्याय और समानता की नींव पर खड़े अपने लोकतंत्र को कमजोर करेंगे।”

सरदार वल्लभ भाई पटेल जी ने कहा था कि “देश में एक कानून होना हमारी राष्ट्रीय एकता का प्रतीक होगा।” अगर आज हम यूनिफॉर्म सिविल कोड की बात करते हैं तो सरदार वल्लभ भाई पटेल की बात करते हैं। ... (व्यवधान)

**HON. CHAIRPERSON** : Please be seated.

**SHRI JAGDAMBIKA PAL** : *Dada, you are well aware. You have gone through the Constituent Assembly's speeches. You will endorse me. ... (Interruptions)*

मैं एक बात कहना चाहता हूँ कि चाहे डॉ. राजेन्द्र प्रसाद जी हों, सरदार वल्लभ भाई पटेल जी हों, के. एम. मुंशी जी हों, यह जो आर्टिकल 44 है, इसमें डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी है। जबसे नरेन्द्र मोदी जी प्रधान मंत्री बने हैं तथा देश में पहली बार डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी के सपने के लिए मोदी जी ने कहा था कि उस समय हमारे संविधान निर्माताओं ने सपना देखा था कि हम सबको बुनियादी सुविधाएं देंगे और आज पूरे देश में उस डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी के तहत लोगों को चाहे आवास देना हो, चाहे 18 हजार गांवों में विद्युत पहुंचाने का काम हो, apart from caste, creed or religion, यह काम किया गया है। यह पहली सरकार है, जिसने यह काम करके दिखाया है। अगर हमारी सरकार प्रधान मंत्री किसान सम्मान निधि देती है तो यह नहीं देखती कि कौन किस जाति का है। हमारी सरकार लोगों को आयुष्मान कार्ड दे रही है और अगर वह हिंदू को मिल रहा है तो वह अल्पसंख्यक, दलित और पिछड़ों को भी मिल रहा है। इस तरह से हम समान नागरिक संहिता को लागू कर रहे हैं।

आज आप बुनियादी रूप से देखिए कि आजादी के इतने वर्षों के बाद भी लोगों के सिर पर पक्की छत नहीं थी, लोगों के घरों में शौचालय नहीं था, दवाई की कोई गारंटी नहीं थी। दवाई और पढ़ाई की गारंटी न दे सके, ऐसी कौन सी सरकार होगी। यह मोदी जी की पहली सरकार है, जिसने दवाई और पढ़ाई की गारंटी देने का काम किया है।

डॉ. भीमराव अम्बेडकर साहब जी ने जब कॉन्स्टिटुएंट असेंबली में कहा था, उस समय डायरेक्टिव प्रिंसिपल्स ऑफ स्टेट पॉलिसी का अनुच्छेद 44 नहीं था। उस समय ड्राफ्ट आर्टिकल 35 था। यूनिफॉर्म सिविल कोड का प्रोविजन ड्राफ्ट के आर्टिकल 35 में था और 4 नवम्बर, 1948 को डॉ. अम्बेडकर जी ने उसकी वकालत की थी। उसके बाद 23 नवम्बर, 1948 को उस पर डिबेट हुई और उसी आर्टिकल 35 पर वोटिंग हुई। डॉ. अम्बेडकर, के एम मुंशी, अल्लादी कृष्णस्वामी जैसे तमाम लोगों ने उसमें भाग लिया और सबने कहा कि यूनिफॉर्म सिविल कोड इस देश के लिए बहुत आवश्यक है। आज तक यह कांग्रेस पार्टी ने नहीं किया। उनको जवाब देना होगा। उन्होंने इसलिए नहीं किया, क्योंकि अगर सुप्रीम कोर्ट ने शाह बानों केस का फैसला किया और उस तुष्टीकरण की राजनीति ने उस शाह बानो केस के फैसले को बदल दिया और यहां पर बिल लेकर आ गए। क्या ये लोग यूनिफॉर्म सिविल कोड की बात करेंगे?

ये कहते हैं कि देश की संपत्ति पर पहला अधिकार अल्पसंख्यकों का है तो क्या ये कभी यूटिलिटी की बात कर सकते हैं? ये कभी जस्टिस की बात कर सकते हैं? ये कभी भी यह बात नहीं कर सकते हैं।

**HON. CHAIRPERSON :** Kindly conclude.

**श्री जगदम्बिका पाल :** मान्यवर, मैंने अभी तो अपना भाषण शुरू किया है।

आखिर इसकी जरूरत क्यों पड़ी? जरूरत इसलिए पड़ी, क्योंकि कानून में एक समानता होनी चाहिए। आज वर्तमान में सभी के अलग-अलग नियम हैं। आज ऐसे 14-15 कानून हैं, जिन्हें आप देखेंगे तो आश्चर्य करेंगे। इसलिए अगर यह आज नहीं हुआ तो इसको हम कब करेंगे? हम दो चीजों को मानते हैं कि एक तो जो अमेंडमेंट हुए हैं, वे गुणवत्तापरख हैं।

बस अंतर यह है कि हमारी सरकार ने जो भी अमेंडमेंट्स किए हैं, मैंने कुछ अमेंडमेंट्स का उल्लेख किया है, लेकिन जितने भी अमेंडमेंट्स हुए हैं, वे इस देश के हित में थे। इस देश के लोगों के हित में थे। इनके जमाने में भी अमेंडमेंट्स हुए। आपको 42वां संविधान संशोधन याद होगा, जिसको मिनी कॉन्स्टिट्यूशन कहा गया, उसमें एब्यूज ऑफ ह्यूमन राइट्स हुआ। आपने वह जो कॉन्स्टिट्यूशन अमेंडमेंट किया। यह पहली बार हुआ होगा। आपने इस पार्लियामेंट से कॉन्स्टिट्यूशन अमेंडमेंट किया, लेकिन देश के माननीय सर्वोच्च न्यायालय ने उसके कई प्रोविजंस को अनडेमोक्रेटिक कहा और कहा कि इसको नहीं स्वीकार करेंगे। आखिर यह सरकार के लिए क्या था? इसका मतलब है कि उस समय सरकार अगर अमेंडमेंट्स करती थी। ... (व्यवधान) मैं इमरजेंसी की बात नहीं कर रहा हूँ। मैं केवल वह बात कह रहा हूँ जो माननीय सुप्रीम कोर्ट ने फैसला किया। सुप्रीम कोर्ट ने यह फैसला किया और प्रोविजंस पर स्पष्ट तौर से जजमेंट दिया।

सर, मैं आपसे कहना चाहता हूँ। ... (व्यवधान) अभी तक एक कोलोनियल कानून चला आ रहा था। हमने तीन नए कानून बनाए हैं। भारतीय न्याय पहले इंडियन पेनल कोड था, तब वह दंड देने के लिए था। आजादी के बाद से चिंता नहीं थी कि आम जनता को न्याय मिल सके। वही भारतीय दंड संहिता, इंडियन पेनल कोड, सीआरपीसी और आज हमने दंड देने की जगह न्याय देने के लिए तीन-तीन कानून बनाने का काम किया है। भारतीय न्याय संहिता हो, बीएनएस हो, हमने उसको इंडियन पेनल कोड से रिप्लेस किया। भारतीय नागरिक सुरक्षा संहिता को सीआरपीसी से रिप्लेस किया। भारतीय साक्ष्य अधिनियम, बीएसए को हमने इंडियन एविडेंस एक्ट से रिप्लेस किया। इस तरीके से हमने यह किया।

मैं यह कहना चाहता हूँ कि हमारी सरकार की स्पिरिट है कि आज इस पर चर्चा हो रही है। डॉक्टर अम्बेडकर जी ने कहा था :

“... deep respect and reverence for the Constitution -- not just its form but its substance, not just its letter but its spirit. Constitutional morality is essential for effective governance and societal

progress.”.

हमारी सरकार इसको टोटलिटी और स्पिरिट में ले रही है। आज यह इसी का नतीजा है। ... (व्यवधान) आज संविधान पर चर्चा हो रही है। हम संविधान पर इसलिए चर्चा कर रहे हैं कि हमने दो साल काँस्टिट्यूट असेम्बली में चर्चा की, आज हम कम से कम दो दिन इस पर चर्चा कर लें। यह महसूस कर लें कि केवल संविधान की पुस्तक लेकर काम नहीं होगा, संविधान की पुस्तक दिखाने का काम करें, उस संविधान को अंगीकार करने का काम करें, उस पर अमल करने का काम करें। ... (व्यवधान) आखिर कौन-सा संवैधानिक ढांचा था? आज अगर मैं एक-दो उदाहरण दूँ, तो शायद बहुत हो जाएगा। उस दो साल में हमारे काँस्टिट्यूट असेम्बली में डिबेट हुई थी। ... (व्यवधान)

सभापति महोदय, आपने मुझे बोलने के लिए इतना समय दिया, उसके लिए मैं आपको धन्यवाद देता हूँ। मैं आपका आभारी हूँ।

**\*SHRI MALVINDER SINGH KANG (ANANDPUR SAHIB):** Thanks, Hon'ble Chairman Sir. First of all, I thank you for giving me the opportunity to express my views on the special discussion on completion of 75 years of the Constitution of India. On this occasion, I salute Baba Sahib Ambedkar ji and the great martyr Sardar Bhagat Singhji with great humility. Courtesy their efforts, the Constitution protects the rights of this country.

Hon'ble Chairman Sir, Aam Aadmi Party under Shri Arvind Kejriwal, for the first time in India, took a decision that the portraits of the great martyr Bhagat Singh ji and Baba Sahib Ambedkar ji should be displayed in all the government offices. Whether it is AAP government in Punjab under Shri Bhagwant Singh Mann or the Delhi government under Shri Kejriwal ji, we have ensured that the

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\*English translation of the speech originally delivered in Punjabi.



portraits of the great martyr Sardar Bhagat Singh ji and Baba Sahib Ambedkar ji are being displayed in all government offices.

Hon'ble Chairman Sir, this morning, Hon'ble Defence Minister Shri Raj Nath Singh ji was paying obeisance to several martyrs. Today, after 75 years of independence, Kartar Singh Sarabha, the great martyr Sardar Bhagat Singh and Chandra Shekhar Azad should have been eulogized but he didn't mention any of these great personalities. He was heaping praise on those people who had given apologies to the Britishers. This is rather unfortunate.

Hon'ble Chairman Sir, our constitution protects our socialist and secular state but on the contrary, reverse is happening. Loans to the tune of Rs.13 lac crores to Corporate sector have been waived off. Farmers, who are feeding the nation, are protesting on the roads. Our constitution protects the secular nature of the country enshrined in it but again, the reverse is happening. Today, when Hon'ble Supreme Court has recommended two names from Punjab & Haryana High Court judges, the Govt of India rejects it for the reason that they are ... \*

This is sheer discrimination in the name of religion, what to talk of secularism. Our secular credentials need to be protected. When we talk of the democratic structure, the states are being discriminated against. Federal structure is being demolished. The federal structure is the soul of our constitution. It is being weakened. The powers of the elected governments are being encroached upon. We have seen that the electorate of Delhi has gave a resounding mandate to Shri Arvind Kejriwal ji but the Central government made several amendments

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\* Expunged as ordered by the Chair

in the constitution and greatly reduced the powers of the elected government.

Sir, secularism must be strengthened but the people are being discriminated against on the basis of their attire, turban and caps etc. We have witnessed the happenings in Manipur. We have already seen the uproar in the parliament on the Sambhal incidents. One IPS officer in UP was humiliated by BJP leaders as he was a turbaned person. He was also branded as a Khalistani and anti-national person. Our farmers who feed the country are only protesting peacefully for their genuine democratic rights but they are also dubbed as anti-national. This is against the spirit of the constitution. The need of the hour is to save the communal harmony and brotherhood. Our fundamental rights need to be strengthened but the opposite is happening. The government claims that 80 crore people are being fed free food grains. But who will ensure the education of their children and medicines for their sick elders?

This is the time for introspection. In any democratic country, the institutions and their autonomy must be strengthened. Be it our Election Commission or judiciary, the questions are being raised against them.

**माननीय सभापति :** प्लीज आप अपनी बात कनक्लूड कीजिए ।

**SHRI MALVINDER SINGH KANG :** Recently, an ... \* court gave a very communal and provocative speech. What will happen to the independence ... \* gives such a speech?

**माननीय सभापति :** आप कृपया अपनी बात कनक्लूड कीजिए ।

**SHRI MALVINDER SINGH KANG :** In the end, through you, I urge upon the

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\* Expunged as ordered by the Chair.

Central government that we should be introspecting regarding our constitution after 75 years.

Sir, the people of Punjab have given the maximum number of sacrifices for the country and they have suffered the most along with West Bengal at the time of partition. But Punjab is being deprived of its own capital. This is again sheer step- motherly treatment being meted out to Punjab. We must guard against such injustices. The central government must look into these things, instead of dividing the people in the name of caste and religion. Every thing is not all right, Sir. We must guard against such tendencies. Daily, the people are being discriminated against for their attire and food habits. We have seen in Jammu & Kashmir, as I told earlier that our government is snatching the rights of minorities.

Hon'ble chairman sir: Ok, it is over no

**SHRI HIBI EDEN (ERNAKULAM):** Sir, I would like to extend my heartfelt gratitude to my Party as well as the hon. Speaker for giving me an opportunity to take part in this historical discussion.

Dr. B.R. Ambedkar, the Chairman of the Drafting Committee, was a prime believer in social justice, and therefore, believed that the interests of all sections of the society were to be protected through the Constitution. Dr. B. R. Ambedkar said and I quote, "However good a Constitution may be, if those who are implementing it are not good, it will prove bad."

We are taking part in this historical discussion not just because we are celebrating 75 years of the Constitution, but also, we truly understand the fact

that the Constitution is in danger. हमारा संविधान खतरे में है। That is the sole reason, like Dr. Ambedkar said. We have to be very cautious when we are completing 75 years of a Constitution.

The Indian National Congress has always been committed to the idea of the Constitution. It must be noted that the *Poorna Swaraj* Resolution was passed in 1929 during the Lahore Session of the Indian National Congress, which was presided over by Pandit Jawaharlal Nehru, who paved the way and laid the foundation of the Constitution.

In June 1934, the Indian National Congress, for the first time formally and officially demanded an Indian Constituent Assembly for framing the Constitution of India. Accordingly, the movement towards framing the Constitution of independent India was conceptualized and initiated by the Congress Party.

It was Pandit Jawaharlal Nehru who invited Dr. Ambedkar as a Law Minister, and after two weeks, when he became the Law Minister, he was requested to be the Chairman of the Drafting Committee. Dr. Ambedkar had differences of opinion with the Congress, but he very clearly said that there have been multiple oppositions, debates in the Constituent Assembly over two and a half years. Many things were voted in for and against, where both Mahatma Gandhi and Pandit Nehru were on one side and Dr. Ambedkar was on a different side. But, that is the beauty of the Constitution of India. That is the grace of the Constitution of India, I would like to say.

Sir, where were RSS and BJP at this time? While RSS had no contribution in the Constitution-making exercise, it has always been a major critic of the ideas

proposed by Dr. Ambedkar. The RSS always advocated for the enactment of Manusmriti in India, so that the caste and the class-based differences can continue to exist in India.

### **19.00 hrs**

Sir, I quote the official mouthpiece, *Organiser* of the RSS. On November 30, 1949, within three days of the Constitution being adopted, the RSS mouthpiece, *Organiser* came out with an editorial that said,

“The worst thing about the new Constitution of Bharat is that there is nothing Bhartiya about it. There is no trace of ancient Bhartiya constitutional laws, institutions, nomenclatures, and phraseology in it. Manu’s Laws were written long before Lycurgus of Sparta or Solon of Persia. To this day his laws as enunciated in the Manusmriti excite the admiration of the world and elicit spontaneous obedience and conformity. But to our constitutional pundits, that means nothing.”

This is quoted in the *Organiser*. This is the official version of the RSS and the Sangh Parivar in India.

In his book called ‘Bunch of Thoughts’, RSS’s second chief M.S. Golwalkar elaborated on what they called the Constitution, and I quote:

“Our Constitution too is just a cumbersome and heterogeneous piecing together of various articles from various Constitutions of Western countries. It has absolutely nothing which can be called our own. Is there a single word of reference in its guiding principles

as to what our national mission is and what our keynote in life is? Some lame principles from the United Nations Charter and the Charter of the now-defunct League of Nations and some features from the American and British Constitutions have been brought together in a mere hotchpotch manner. In other words, there is no reflection of Indian precepts and political philosophy in the Indian Constitution.”

This is the official version of the RSS which has come out long back, when the Constitution was framed, in the official mouthpiece of the RSS. Who can deny this?

**HON. CHAIRPERSON** : Kindly conclude.

**SHRI HIBI EDEN** : Sir, I have just started. The beauty of our Constitution is this. Like Rajnath Singh ji said, there were 15 women in the Constituent Assembly. Sir, three women were there from Kerala, namely, Ammu Swaminathan, Annie Mascarene and Dakshayani Velayudhan. Dakshayani Velayudhan hails from my constituency from a very small village, from an island called Mulavukad. She was the first graduate in the country from the dalit community. We are proud to say that somebody like Dakshayani Velayudhan is in the Constituent Assembly. On the other hand, in 2020 we had the Hathras incident in republic India where a dalit woman was killed, raped and burnt. This is the new India of the BJP *sarkar*.

In the 17<sup>th</sup> Lok Sabha, there was the 126<sup>th</sup> Constitutional Amendment. There have been many Constitutional amendments according to time and

according to the change in the society. The Constitution needs to be amended according to time, technology, etc. But the 126<sup>th</sup> Constitutional Amendment was for extending the reservation to the Scheduled Castes and the Scheduled Tribes. When these people from BJP come to Kerala, they say to the Christian minority community that we are with you. We had two Anglo-Indian Members of Parliament in this august House. As I said about these women, there was one priest whose name is Fr. Jerome D'Souza. He was from the Anglo-Indian community. That Anglo-Indian community reservation to 10 Assemblies, 10 MLAs and two Members of Parliament has been scrapped by the BJP Government. ... (*Interruptions*) I am asking the hon. Prime Minister. Will he bring back the Anglo-Indian reservation and the Anglo-Indian MPs back to this Parliament? ... (*Interruptions*)

**HON. CHAIRPERSON:** Please sit down.

... (*Interruptions*)

श्री हैबी ईडन : सर, यह मेरा बोलने का मौका है। ... (व्यवधान)

**HON. CHAIRPERSON:** Kindly conclude.

... (*Interruptions*)

श्री हैबी ईडन : सर, फ्रेम चला गया था, मुझे एक बार और बोलना है। ... (व्यवधान) I urge upon the Government of India whether they will bring back the Anglo-Indian reservation. They fought for the freedom struggle and they were part of the Constituent Assembly. They are microscopic minority who cannot win an election. They were given the reservation in the Indian Parliament, which was scrapped.

The Prime Minister of this country has time for Kapoor but no time for Manipur. सर, यह क्या है? ... (व्यवधान) इस कंट्री में डबल-इंजन सरकार चल रही है, मणिपुर में भी बीजेपी है और सेंट्रल गवर्नमेंट में भी बीजेपी है। ... (व्यवधान) In the last one year, hundreds of people have lost their lives. Nothing has been taken care of.

**HON. CHAIRPERSON:** Shri E. T. Mohammed Basheer ji.

... (*Interruptions*)

**HON. CHAIRPERSON:** Please sit down.

... (*Interruptions*)

**SHRI HIBI EDEN :** Sir, the first amendment made by Dr. Ambedkar was with regard to special provisions for the SCs and STs. The words 'socialist' and 'secular' were inserted into the Preamble of the Constitution by the 42<sup>nd</sup> Amendment during the tenure of Shrimati Indira Gandhi. The secular fabric of this country has to be protected. It is included in the Preamble.

The Constitutional amendments to MGNREGA, NRHM, Recognition of Forest Rights, Right to Education, Right to Fair Compensation and Transparency in Land Acquisition, Rehabilitation and Resettlement Act, Right to Speech, Street Vendors Act, and so on were made. The list goes on like this. This is a time when we have to understand ... (*Interruptions*)

**HON. CHAIRPERSON :** Shri E.T. Mohammed Basheer.

... (*Interruptions*)

**SHRI HIBI EDEN :** Sir, I will conclude with a quote. ... (*Interruptions*)

**HON. CHAIRPERSON:** Please go ahead.



**SHRI E. T. MOHAMMED BASHEER (MALAPPURAM):** Sir, my time may kindly be compensated. My time is precious. ... (*Interruptions*) I cannot speak now. ... (*Interruptions*) He can complete.

**HON. CHAIRPERSON:** Yes, Sir, please be seated.

... (*Interruptions*)

**SHRI HIBI EDEN :** Sir, I am concluding in thirty seconds.

Sir, I am concluding with a quote of Pandit Jawaharlal Nehru. And I quote:

“We shall face all the other disagreeable things that face us in the present or may do so in the future and we shall not flinch and we shall not falter and we shall not quit.”

Sir, this is the Constitution of India.

Thank you.

**SHRI E. T. MOHAMMED BASHEER (MALAPPURAM):** Hon. Chairperson, Sir, thank you very much for giving me this opportunity to participate in this historic Session.

Sir, I also begin with the words of Dr. Ambedkar. Dr. Ambedkar stood for morality in politics. My learned friend Mr. Hibi Eden just caught a part of it. I would like to complete it. Dr. Ambedkar said, and I quote:

“I feel however good a Constitution may be, it is sure to turn out bad because those who are called to work it, happen to be a bad lot. –

Sir, he continued – However bad a Constitution may be, it may turn out to be good if those who are called to work it, happen to be a good lot.”

It is so nice. It shows his farsightedness.

Now, Sir, what exactly is the beauty of the Indian Constitution? Shri Abdul Kalam Azad had a dream. I would like to quote:

“India a cultural unity amidst diversity is like a bouquet of flowers with various colours and each add to the beauty of the whole.”

We can very well understand his farsightedness.

Sir, now, what exactly is happening? There are two arms of the Indian Constitution – Secularism and Inclusiveness. If we do a further analysis of the Indian Constitution, it depends on Justice, Liberty, Equality and Fraternity. We are now very sad to say that the things are going in an opposite direction. This country is totally worried about it. What can we discuss? We can discuss the Constitutional rights of the minorities. Article 14, Article 25, Article 29(1), Article 29(2), Article 30 and Article 347 all are pertaining to the right of the minorities in the Constitution. Now, what is happening? All these rights are curtailed. Things are now going in an opposite direction. I would like to say that our forefathers had a dream. This Government is spoiling the entire thing.

Sir, if anybody asks as to what exactly is the saddest day as far as the secular India is concerned, we can say only one thing and that is, 6<sup>th</sup> December, 1992 when the demolition of Babri Masjid took place. Babri Masjid was demolished under the leadership of right-wing forces.

On that day, what happened? Those who demolished the Babri Masjid shouted a slogan. What exactly is that? *Yeh toh keval Jhanki hai, Kashi Mathura baaki hai*. Those who demolished Babri Masjid, travelled through the same path.

We have to realize it.

The Archaeological Survey of India is playing another trick. What are they saying? They have listed 172 worship places. They are also going in that direction. They are also creating that kind of confusion in this system. The Government is having a determination that things should not go in that direction.

At the same time, the Government is also really spoiling the things. Regarding the Worship Act, 1991, the Allahabad High Court gave a Judgement. They went for appeal.

When they went for appeal, that order was nullified, and they have given a clear direction. I would like to say that it is like a silver lining for the courts. We can be proud of that judgement. That is one thing I want to say.

All those people are going for this kind of survey and things like that. When the ASI people went to the Sambhal Mosque, they were also shouting the slogan, Jai Shree Ram. That is there.

Five people were shot dead. For what reason? Innocent people died. They encroached their mosque and shouted slogans. The devotees were put to this kind of harassment. We can very well understand something more.

What is there? It is hooliganism. The Government itself is doing this kind of thing. What is this? I am asking a simple question. If fence itself is spoiling, who will save? Fence is for protection. If fence itself needs protection, who will save this country? May God save this country!

Things are going on in a different way. I want to say about mob lynching. It has become a regular phenomenon. Bulldozing the houses and stopping those

minorities are also there. Hate speeches are spreading in the country. New legislations are made in different States. These types of things are going on. Social and economic marginalisation of the minorities is also happening in this country.

We have to realize that you should not ignore Pandit Jawaharlal Nehru and Mahatma Gandhi Ji.

Mahatma Gandhi Ji said a civilization can be judged by the way it treats the minorities. How are you treating the minorities? That is the criteria for judging the country's prestige.

Similarly, Pandit Jawaharlal Nehru said the real test of democracy is the ability of even the weakest minority to feel secure. Gandhi Ji had a dream. Pandit Jawaharlal Nehru had a dream. Unfortunately, this country is going in a different direction.

Sir, this is an era of political brightness.

Now, I come to the issue of judiciary. Nobility, credibility, independency of the court is a marvellous thing. If this is maintained, we can very well know the consequences which are going to happen.

Towards the end, I have two more points. One is with regard to Manipur. Manipur is still burning. The Prime Minister has not gone there. He has travelled throughout the world but he is not going to find out the reality there. That is the thing.

We talk about inclusiveness. In our society, the most neglected section is physically handicapped, the differently abled. They are not getting justice. They

are still paralysed. I humbly appeal to the Government to take very serious steps for the welfare of these people.

**SHRIMATI DAGGUBATI PURANDESWARI (RAJAHMUNDRY):** Sir, at the outset, I would like to thank you for having given me the opportunity to take part in this historical discussion on 75 years of journey of our Indian Constitution. I deem it a great honour and privilege to take part in this discussion today. It would be our bounden duty to pay our respect to the framers of our Constitution.

One of the tallest statesmen of our country, Dr. Babasaheb Bhimrao Ambedkar ji, chaired the Drafting Committee and 389 Members of the Constituent Assembly also contributed to the framing of our Constitution. Besides them, Shri B.N. Rao ji was the Constitutional Advisor at that point of time and Shri S.N. Mukherjee was the chief draftsman of our Constitution.

It is pertinent here to draw the attention of the respected House to the observations made by Professor Tom Ginsberg who was a professor of the University of Chicago. He studied very closely and analysed 200 Constitutions across the world, which were adopted after 1798. He categorically mentioned that the relevance of these Constitutions was for a period of 17 years. When we look around and take into consideration the countries around our country, we realise that Sri Lanka has replaced its Constitution thrice; Pakistan has replaced its Constitution six times, and Nepal has replaced its Constitution five times. But we have a great Constitution which has withstood the time and has completed a journey of 75 years. Therefore, on behalf of 140 crore Indians, I would like to

thank the hon. Prime Minister, Shri Narendra Modi ji for having declared November 26<sup>th</sup> as Constitutional Day, which is but a befitting tribute to the framers of our Constitution.

Sir, ours is recognised to be the second oldest Constitution and also perceived to be one of the longest and detailed documents, which also encompasses the pluralistic values of our country. We need to realise here that this is simply not a legal document. It is our moral guide. It seeks to provide equal rights and opportunities to the citizens of our country.

The outstanding feature of our Constitution is the balance that it displays between adaptability and rigidity. I say adaptability because it has withstood 106 amendments. It has subsumed 106 amendments and I say rigidity because it has not lost and has not compromised with the core values at all. I would here like to quote the words of Babasaheb Ambedkar:

“The Constitution is not a mere lawyer’s document and its spirit is always the spirit of the age.”

This reflects the strength of our Constitution. The appreciable aspect of our Constitution is that it simply does not seek to correct the wrong things which were done with many sections of our society, but it also seeks to address the challenges of an evolving modern society.

Many of the western democracies have shirked away or rather shied away from giving the women in their country equal rights right until 1960s. But it was our Constitution which gave the women of our country equal voting rights even as early as 1949 and this was a revolutionary decision at that point of a time. It

simply does not give equal voting rights to women, but it also ensures equality of women and protects them from discrimination which is reflected in various Articles of our Constitution. For example, Article 14 ensures equality before law and equal protection of laws. Article 15 prohibits discrimination of any State on gender basis. Article 16 ensures equality of opportunity in employment. Article 39D ensures equal pay for equal work. Article 42 directs the State to provide humane working conditions and maternity relief. There are many more Articles. The reason why I am quoting these Articles here today is that these various Articles have been made possible, and have found their way into the Constitution of India because of the great work done by 15 wonderful, great, and brave women of the Constituent Assembly.

Sir, I would like to quote some of them, and also remind the House the work that they have done. Shrimati Sarojini Naidu was one of them, and she promoted the importance of national identity symbolized in the National Flag. Sir, Begum Qudisia Aizaz Rasulji, who strongly opposed communal reservations, advocated minority education. Shrimati Ammu Swaminathan about whom one of the colleagues had just mentioned, was fondly called Ammukutty. She spoke on the economic issues and the problems of women workers. Shrimati Hansa Jivraj Mehtaji had advocated fundamental rights and rights for women too. Here, I would like to quote Shrimati Hansa Jivraj Mehtaji's interventions on two important issues. One was on the *purdah* system, and the other was on the Uniform Civil Code. Sir, on the *purdah* system, she said, and I quote: "It is an inhuman custom which still exists in parts of India.

Unfortunately, we were told that raising this question will hurt the religious susceptibilities of some people. As far as the Hindu religion is concerned, it does not enjoin purdah, Islam does. But, I feel that Islam will better rid of this evil. Any evil practised in the name of religion cannot be guaranteed in the Constitution.” This is what she observed about the *purdah* system.

Sir, on the Common Civil Code, she said, and I quote:

“The other item to which I wish to draw the attention of the House is the Common Civil Code. To my mind, this is much more important than even the National Language. We have too many personal laws in this country, and these personal laws are dividing the nation today. It is, therefore, very essential if we want to build up one nation to have one civil code. It must, however, be remembered that the civil code that we wish to have must be on par with or in advance of the most progressive of the personal laws in the country. Otherwise, it would be a retrograde step, and it will not be acceptable to all.”

Sir, Shrimati Vijayalakshmi Panditji emphasized India's role in protecting global peace. We had Shrimati Rajkumari Amrit Kaurji who supported extensively women's political participation. We had Shrimati Sucheta Kripalani, who emphasized the need for ensuring political rights for women. Shrimati Renuka Ray intervened on women's rights issues. Shrimati Leela Roy was deeply committed to gender equality. Shrimati Purnima Banerjeeji vehemently argued that power should lie with the people. Shrimati Annie Mascarene strongly



argued for democratic reforms, considering that to be vital for a strong India. Shrimati Dakshayani Velayudhan, the only *dalit* woman, as was mentioned earlier, in the Constituent Assembly fought vociferously for doing away with untouchability, and also equal opportunities to all. Shrimati Kamala Chowdhury was committed to rural development. Shrimati Durgabai Deshmukh, whom we all know, was instrumental in setting up family courts in the country, and Shrimati Malati Choudhury advocated for land reforms, social justice, and rural welfare policies to the women in rural India.

Sir, these remarkable women have left an indelible mark on the Constitution of India, and it is living up to this spirit of the Constitution. Being inspired by the work done by, as somebody had mentioned earlier, the mothers of the Constitution, Shri Narendra Modiji has defined a new India's growth story wherein it is no longer women development, but rather women-led development.

Today, women in our country would no longer be passive recipients of the benefits of certain schemes, but rather to promote women-led development, our focus should be on nutrition, health, and education, which is exactly what the Narendra Modiji-led Government is doing today.

Sir, the Direct Benefit Transfer Scheme under the Pradhan Mantri Matru Vandana Yojana and the Pradhan Mantri Surakshit Matritva Abhiyan has today resulted in healthy mothers giving birth to healthy children and thereby a healthy nation. Access to sanitation has improved the health of the women in the country. The Schemes like Sukanya Samridhhi Yojana and Beti Bachao, Beti Padhao have actually facilitated girl child education. The financial inclusion for

women in the country today has been facilitated through the Pradhan Mantri Jan-Dhan Yojana. The Maternity Benefit (Amendment) Bill, which has sought to extend the paid maternity leave for women from 12 weeks to 26 weeks, has ensured that the children of our country do get the mothers' care. The Namoo Drone Didi has empowered our women farmers in rural India. The micro finance that we are actually facilitating for the women in our country has converted them into entrepreneurs under the Stand-Up India Scheme.

Sir, here I would be failing if I do not mention the Nari Shakti Vandan Adhiniyam, which provides for 33 per cent reservation for women in Parliament as well as in the Assemblies. This is simply not just a facilitation of women coming forward, but we must understand and realize that this actually gives an opportunity to an entire dormant talent pool to come forward and take on the leadership role in our country. These interventions by the Narendra Modi-led Government have metamorphosized women to become leaders and key contributors to India's growing story. This only reflects the fact that our Constitution continues to shape the Indian governance as well, as it has been enshrined in the Constitution. Article 38 reads that the State is required to promote the welfare of the people by ensuring a social order that is just, social, economic and political.

However, Sir, the evolution of our Constitution has not been without challenges, and this would also mean the challenges that the framers of our Constitution had faced even when they had to ensure the security and welfare of the millions of people who were displaced during the partition. Yet, amidst all

the violence and the uncertainty of the day, the framers of our Constitution had met meticulously and religiously, and they have successfully given a Constitution to a country of exceptional diversity.

Sir, here, Dr. Babasaheb Ambedkar ji was a little apprehensive about the success of our Constitution when he said:

“Indeed, if I may say so, if things go wrong under the new Constitution, the reason will not be that we had a bad Constitution. What we will have to say is, that Man was vile.”

Sir, his words have come true. Our Constitution has been amended 106 times since 1950. And, even so, our tall leaders have accepted various responsibilities when the Constitution was being framed. For example, Late Babu Rajendra Prasad ji had kept the records; Babasaheb Ambedkar ji had chaired the Drafting Committee; and the Iron Man of our country, Sardar Vallabhbhai Patel took it upon himself to actually bring a consensus among the minorities and the other communities in our country. At this juncture, it is very important to recall the observations of Sri Jawaharlal Nehru ji when he said:

“Therefore, while we make a Constitution which is sound and as basic as we can, it should also be flexible and for a period we should be in a position to change it with relative facility.”

Sir, at that point of a time, it might have sounded very innocently apt, but the irony is that just about a year and a half after the Constitution was adopted in 1950, on the 18<sup>th</sup> of August 1951, the first draconian amendment was made to the Constitution, and that too, to Article 19(1)(a) of the Constitution wherein

freedom of expression, which was guaranteed under this Article, was actually curtailed and curbed. This move was bitterly opposed by Shri Shyama Prasad Mukherjee when he said:

“You are treating this Constitution as a scrap of paper.”

Sir, our Preamble was not spared. Many of my colleagues have actually spoken about it when the words ‘socialist’ and ‘secular’ were introduced into the Preamble. At that point of time, Baba Saheb Ambedkar Ji had vehemently said that ‘socialist’ should not be added in the Preamble of the Constitution because no one typical governance style should be imposed upon the citizens of our country. Of course, the emergency of 1975-77 is a stark reminder of the violation of the provisions of the Constitution and an encroachment on the Fundamental Rights of the citizens of our country. Since the adoption of our Constitution, the Union Government had 134 times dismissed democratically elected Governments largely during when the principal Opposition party was in power. And, for the first time, I would like to emphasize on the word ‘ironically’ because it was on the 20<sup>th</sup> of June, 1951 that Article 356 was imposed in Punjab too.

Sir, Article 356 actually vests wide powers in the Central Government to stamp its authority on the State Governments. Though this Article, at that point of a time, was meant to preserve the integrity and the unity of our country, it has been blatantly used to oust democratically elected Governments that were led by opponent parties. This Article was borrowed from the Government of India Act of 1935. Ironically, the leaders of the freedom struggle had opposed the invocation of Article 93 from the Government of India's Act of 1935. The

Britishers did not invoke it. But later on, it had found its way into our Constitution, and the reason why it was incorporated was to ensure stability in the post-Independent country. Baba Saheb Ambedkar Ji had called this Article a dead letter. But this Article has been misused a majority of times.

Here, I cannot refrain from recalling the experience of my late father, Shri N.T. Rama Rao ji, when he was undemocratically ousted out of power when Srimati Indra Gandhiji was the Prime Minister of the country. But it is thanks to the BJP, the principal party in the NDA Government today, and the love and affection of the people of Andhra Pradesh that have actually seen him reinstalled in the State of Andhra Pradesh. ....(*Interruptions*)

Sir, it would be pertinent here to recall the comments from an Editorial of *The Economist*. *The Economist* in its Editorial had written, 'A ruler who regards his opponents as demons, is liable to start behaving like one. Mr. Nixon, 10-years out of American presidency, has yet to say sorry. Mrs. Gandhi, four years back in power in India, is into her dirty tricks again.' This is what *The Economist* said. It is not what I said.

Sir, to conclude, the Constitution of India is not simply a compilation of Schedules and Articles. Neither does it simply seek to establish institutions, but it is rather a transformative one. The various provisions in our Constitution seek to ensure social and economic justice to all the citizens of our country.

Today, rising above all political considerations and ideologies, it is our bounden duty to pay respect to the 75 years' journey of our Constitution. The interpretation of our Constitution has been shaped by interventions of various

sections of society, and we cannot leave the judiciary far behind. Our judiciary too has been a part of this evolution journey wherein, when it was necessary, they had worked closely with the Governments, but when it was so desired, the judiciary did not hesitate from striking down laws, policies, and, at the same time, amendments too to uphold the basic structure of our Constitution.

Sir, when our Constitution was being framed, the framers of our Constitution were both men and women, leaders from different parties, leaders belonging to various ideologies, from different castes, creeds, and backgrounds. So, today we can never say that the Constitution belongs to any one particular person, party, or ideology. This Constitution belongs to India, and this is what is very, very inspiring.

Sir, the oldest and the longest Constitution of the world today seeks to realize the dream of every Indian citizen. And, that dream, if I were to put it in the words of poet Iqbal, is to realize a country which is *Saare Jahan Simultaneous elections Achcha Hindusita Hamara*.

Jai Hind, Sir.

**सुश्री इकरा चौधरी (कैराना) :** धन्यवाद सभापति महोदय, आपने मुझे इस विशेष चर्चा पर बोलने का मौका दिया। भारत के संविधान के 75वें वर्ष की चर्चा के मौके पर मैं सबसे पहले संविधान बनाने वालों की दूरदृष्टि को सलाम करती हूँ। एक युवा सांसद के तौर पर, मैं अपनी उम्मीदों को संविधान के साथ जोड़कर खास तौर पर ये बताना चाहती हूँ कि आज हमारे देश में पिछड़े दलित अल्पसंख्यक समुदाय को किस तरह अपने संवैधानिक अधिकारों और आजादियों की हिफाजत के लिए हर रोज मुश्किलें झेलनी पड़ती हैं।

सर, मैं डॉ. बी. आर. अंबेडकर के कथन से अपनी बात रखना चाहूँगी। उन्होंने कहा था-

'मुझे अपने भारत देश पर फख्र है कि जिसके पास ऐसा संविधान है जो लोकतंत्र, समाजवाद और सेकुलरिज्म को संजोता है।' लेकिन आज ऐसा लगता है कि जैसे संविधान की किताब तो है, पर इसे चलाने वालों का ईमान गुम हो गया है। आज हिंदुस्तान में हर वर्ग को किसी न किसी चुनौती का सामना करना पड़ रहा है। मगर अल्पसंख्यक, खासतौर पर मुसलमानों पर जो कहर टूटा है, वो किसी से छिपा नहीं है। ये लोग सिर्फ अपने मज़हबी पहचान की वजह से निशाने पर हैं। संविधान का अनुच्छेद 15 कहता है कि किसी भी नागरिक के साथ धर्म, जाति, या किसी और वजह से भेदभाव नहीं होना चाहिए, लेकिन हकीकत इसके उलट है। हालात इस कदर बिगड़ चुके हैं कि Hate Speech, Mob-lynching, Bulldozer द्वारा घरों को गिराने की घटनाएं आम हो गई हैं, खासतौर पर उत्तर प्रदेश में, जहां ऐसा लगता है जैसे कानून के नाम पर जंगलराज चल रहा हो।

सर, संभल में जो हुआ, वो सबके सामने है। पुलिस के संरक्षण में निर्दोष लोगों की हत्या की गई और सरकार ने चुप्पी साध ली। अल्पसंख्यकों पर हिंसा बढ़ती जा रही है, मगर सत्ता में बैठे लोग या तो आंखें मूंदे हुए हैं या फिर इन घटनाओं को बढ़ावा दे रहे हैं। हद तो तब हो जाती है, जब न्यायपालिका की बात भी अनसुनी कर दी जाती है। सुप्रीम कोर्ट ने Mob-lynching पर 11 सूत्रीय निर्देश जारी किए थे। इसमें साफ कहा गया था कि राज्य सरकारें और पुलिस इस तरह की घटनाओं को रोकने और दोषियों पर सख्त कार्रवाई करने के लिए जिम्मेदार हैं, लेकिन आज भी इन निर्देशों पर अमल नहीं हो रहा है। हाल ये है कि Mob-lynching को रोकने की बजाय सत्ता में बैठे लोग आग में घी डालने का काम कर रहे हैं। उनकी जुबान से ऐसी बातें निकलती हैं, जो नफरत को और बढ़ावा देती हैं। ये अशांति अब इतनी गहराई तक फैल चुकी है कि हमारे समाज के धर्मनिरपेक्ष चरित्र पर गंभीर सवाल उठ रहे हैं। साल की शुरुआत में कई राज्यों में दुकानदारों को अपने नाम बोर्ड पर लगाने के लिए मजबूर किया गया। इसे सेहत और सुरक्षा के कानूनों का हिस्सा बताया गया, मगर असल मंशा कुछ और थी। ये कदम खासतौर पर मुस्लिम दुकानदारों को निशाना बनाकर उठाया गया ताकि उनकी रोजी-रोटी पर चोट की जाए।

सर, मुरादाबाद में एक मुस्लिम डॉक्टर को हिंदू बाहुल्य मोहल्ले में घर खरीदने पर विरोध

झेलना पड़ा। वजह बताई गई कि इससे मोहल्ले की सामाजिक शांति बिगड़ जाएगी। अब आप ही बताइए, क्या ये वजह जायज़ है? असल में, ये छोटी-बड़ी घटनाएं इस बात का सबूत हैं कि साम्प्रदायिकता को बढ़ावा देने वाले बयान और नीतियां हमारे समाज को अंदर से खोखला कर रही हैं। उत्तर प्रदेश में यति नरसिहानंद ने बेहद घटिया बयान दिए, लेकिन सरकार इन बयानों पर कोई कार्रवाई नहीं कर रही है। Hate speech न केवल जन मानस के विचारों को प्रदूषित करती है बल्कि इसने अब संवैधानिक पदों पर बैठे लोगों को भी प्रभावित किया है। अभी हाल ही में माननीय उच्च न्यायालय, इलाहाबाद के माननीय न्यायाधीश ने ऐसे बयान दिए, जिसका संज्ञान खुद माननीय सुप्रीम कोर्ट को लेना पड़ा। संविधान के अनुच्छेद 29 और 30 ने अल्पसंख्यकों को उनके मज़हबी और सांस्कृतिक हक दिए हैं ताकि वो अपनी पहचान को बचा सकें और अपने संस्थान चला सकें, लेकिन आज उन्हीं हकों पर हर तरफ से चोट की जा रही है। वक्फ जैसे बिल लाकर उनके धार्मिक अधिकारों को छीनने की कोशिश की जा रही है। आज अल्पसंख्यक समुदायों को संविधान द्वारा दिए गए अपने बुनियादी अधिकार पाने के लिए लंबी लड़ाइयां लड़नी पड़ रही हैं। ऐसे कई मामलों में अदालत ने न्याय देकर संविधान की रक्षा की है, लेकिन अदालती प्रक्रिया में समय लगने की वजह से देश के सामाजिक ताने-बाने को भारी नुकसान उठाना पड़ता है।

मिसाल के तौर पर इलाहाबाद हाई कोर्ट ने वर्ष 2004 के मदरसा एक्ट को रद्द कर दिया था, जिससे मदरसों के संचालन पर सवाल उठे थे। हालांकि सुप्रीम कोर्ट ने इस फैसले को पलट दिया और एक्ट को वैध करार दिया। लेकिन, इस प्रक्रिया में जो समय लगा, उसने अल्पसंख्यकों को बेचैनी और संघर्ष के दौर में डाला है। इसी कड़ी में प्लेसेज ऑफ वर्शिप एक्ट, 1991 भी आता है। कई अन्य अधिकार भी हैं, जिन्हें इसी तरह से अदालती लड़ाइयों में उलझाया जा रहा है। यह स्थिति न केवल अल्पसंख्यकों के अधिकारों की राह में रुकावट है बल्कि "Justice delayed is justice denied" जैसी कहावत को सिद्ध करती है। ... (व्यवधान)

मैं इस सदन से दुनिया भर के अल्पसंख्यकों की आवाज उठाना चाहती हूँ। खास तौर पर हमारे पड़ोसी देश बांग्लादेश में अल्पसंख्यकों के साथ जो हो रहा है, वह दिल को गहराई तक चोट



پہنچانے والا ہے۔ ان کے جان-مال کی ہتیا کی جا رہی ہے۔ **ب**انگلاदेश हो، **ہ**ہندوستان ہو یا کوئی اور देश ہو، **ا**ल्पसंख्यकों की सुरक्षा, इज्जत और अधिकारों की हिफाजत हर सरकार के लिए सबसे पहली जिम्मेदारी होनी चाहिए। मैं इस सदन से अपने देश के **ا**ल्पसंख्यकों के साथ **ب**انگलादेश के पीड़ित **ا**ल्पसंख्यकों की आवाज को एक साथ उठाना चाहती हूँ। यह वक्त की पुकार है कि हम सब मिलकर यह सुनिश्चित करें कि किसी भी इंसान को उसकी पहचान या मजहब के कारण डर कर जीने पर मजबूर न होना पड़े। जहां हक छीने जाते हैं, वहां **ا**मन खो जाता है। यह बात हर सरकार को समझनी चाहिए। अगर हम सच में अपने संविधान का सम्मान करना चाहते हैं तो हमें नफरत और भेदभाव को खत्म करना होगा। हमें यह दिखाना होगा कि यह मुल्क हर वर्ग, हर जाति, हर धर्म और हर समुदाय का है। जब तक ऐसा नहीं होगा, तब तक संविधान की आत्मा सिसकती रहेगी।

सर, मैं अपनी बात को खत्म करते हुए एक शेर अर्ज करना चाहती हूँ –

“ये दाग़ दाग़ उजाला, ये शबगज़ीदा सहर

वो इन्तज़ार था जिसका, ये वो सहर तो नहीं।”

लेकिन, अगर इस सदन में बैठे हम सभी सदस्य यह ठान लें कि हमें संविधान के मूल्यों को लागू करना है और उसे लागू करने का प्रयास करें तो वह सुबह जरूर आएगी, जिसके लिए लाखों भारतवासियों ने अपनी जान की कुर्बानी दी है।

**[محترمہ اِقرآ چودھری (کیرانہ): محترم چیرمین صاحب، آپ نے مجھے اس موضوع پر بولنے کا موقع دیا۔ بھارت کے آئین کے 75 سال کی چرچہ کے موقع پر میں سب سے پہلے آئین بنانے والوں کی دوردرستی کو سلام کرتی ہوں۔ ایک نوجوان رکن پارلیمنٹ کے طور پر میں اپنی امیدوں کو آئین کے ساتھ جوڑ کر خاص طور پر یہ بتانا چاہتی ہوں کہ آج ہمارے مک میں پچھڑے، دلت، اقلیتی سماج کو کس طرح اپنے آئینی حقوق اور آزادیوں کی حفاظت کے لئے ہر روز مشکلات جھیلنی پڑتی ہیں۔**

سر، میں ڈاکٹر بی۔آر۔امبیڈکر کے کتھن سے اپنی بات رکھنا چاہوں گی۔ انہوں نے کہا تھا۔ مجھے اپنے بھارت دیش پر فخر ہے کہ جس کے پاس ایسا آئین ہے جو لوکنتر، سماجواد اور سیکولرزم کو سنجوتا ہے۔ لیکن آج ایسا لگتا ہے کہ جیسے آئین کی کتاب تو ہے پر اسے چلانے والوں کا ایمان گم ہو گیا ہے۔ آج ہندوستان میں ہر طبقے کو کسی نہ کسی چنوتی کا سامنا کرنا پڑ رہا ہے، مگر اقلیت، خاص طور پر مسلمانوں پر جو کھر ٹوٹا ہے، وہ کسی سے چھپا نہیں ہے، یہ صرف اپنے مذہبی پہچان کی وجہ سے نشانے پر ہیں۔ آئین کی دفعہ 15 کہتا ہے کہ کسی بھی ناگرک کے ساتھ دھرم، جاتی، یا کسی اور وجہ سے بھید بھاؤ نہیں ہونا چاہیے، لیکن حقیقت اس کے الٹ ہے۔ حالات اس قدر بگڑ چکے ہیں کہ Hate Speech, mob lynching, bulldozer کے ذریعہ گھروں کو گرانے کی گھٹنائیں عام ہو گئی ہیں، خاص طور پر اتر پردیش میں، جہاں ایسا لگتا ہے کہ جیسے قانون کے نام پر جنگل راج چل رہا ہو۔

سر، سنبھل میں جو ہوا وہ سب کے سامنے ہے، پولس کے سنرکشن میں نردوش لوگوں کی ہتیا کی گئی اور سرکار نے چپی سادھ لی۔ اقلیتوں پر ہنسا بڑھتی جا رہی ہے مگر سٹا میں بیٹھے لوگ یا تو آنکھیں موندے ہوئے ہیں یا پھر ان گھٹنوں کو بڑھاوا دے رہے ہیں۔ حد تو تب ہو جاتی ہے، جب نیائے پالیکا کی بات بھی ان سنی کر دی جاتی ہے۔ سپریم کورٹ نے mob lynching پر 11 سوتری نردیش جاری کئے تھے۔ اس میں صاف کہا گیا تھا کہ راجیہ سرکاریں اور پولس اس طرح کی گھٹنوں کو روکنے اور دوشیوں پر سخت کاروائی کرنے کے لئے ذمہ دار ہیں لیکن آج بھی ان نردیشوں پر عمل نہیں ہو رہا ہے۔ حال یہ ہے کہ ماب لنچنگ کو روکنے کی بجائے سٹا میں بیٹھے لوگ آگ میں گھی ڈالنے کا کام کر رہے ہیں، ان کی زبان سے ایسی باتیں نکلتی ہیں جو نفرت کو اور

بڑھاوا دیتی ہیں، یہ اشانتی اب اتنی گہرائی تک پھیل چکی ہے کہ ہمارے سماج کے دھرم نریپیکش چرتہر پر گمبھیر سوال اُٹھ رہے ہیں۔ سال کی شروعات میں کئی راجیوں میں دوکانداروں کو اپنے نام بورڈ پر لگانے کے لئے مجبور کیا گیا اسے صحت اور سُرکشا کے قانونوں کا حصہ بتایا گیا مگر اصل منشا کچھ اور تھی۔ یہ قدم خاص طور پر مسلم دوکانداروں کو نشانہ بنا کر اُٹھایا گیا تاکہ ان کی روزی روٹی پر چوٹ کی جائے۔

سر، مرادآباد میں ایک مسلم ڈاکٹر کو ہندو بہول محلے میں گھر خریدنے پر ورودھ جھیننا پڑا۔ وجہ بتائی گئی کہ اس سے محلے کی سماجی شانتی بگڑ جائے گی۔ اب آپ ہی بتائیے کیا یہ وجہ جائز ہے؟ اصل میں یہ چھوٹی بڑی گھٹنائیں اس بات کا ثبوت ہے کہ سامپردائیکتا کو بڑھاوا دینوالے بیان اور نیتیاں ہمارے سماج کو اندر سے کھوکھلہ کر رہی ہیں۔ اتر پردیش میں یتیم نرسنہاند نے بے حد گھٹیا بیان دیئے۔ لیکن سرکار ان بیانیوں پر کوئی بھی کاروائی نہیں کر رہی۔ ہیٹ اسپیچ نہ صرف عام آدمی کے وچاروں کو پردوشیت کرتی ہے بلکہ اس نے اب سمویدھانک پدوں پر بیٹھے لوگوں کو بھی پرہاوت کیا ہے۔ ابھی حال ہی میں ماننے اُچ نیایائے، الہ آباد کے ماننے نیائے دھیش نے ایسے بیان دیئے جس کا سنگیان خود ماننے سپریم کورٹ کو لینا پڑا۔ آئین کی دفعہ 29 اور 30 میں اقلیتوں کو ان کے مذہبی اور سانسکرتیک حق دیئے ہیں تاکہ وہ اپنی پہچان کو بچا سکیں اور اپنے سنستھان چلا سکیں لیکن آج انہیں حقوق پر ہر طرح سے چوٹ کی جا رہی ہے۔ وقف جیسے بل لا کر دھارمک ادھکاروں کو چھیننے کی کوشش کی جا رہی ہے۔ آج اقلیتی طبقے کو سمویدھان دوارا دیئے گئے اپنے بنیادی ادھیکار پانے کے لئے لمبی لڑائیاں لڑنی پڑ رہی ہیں۔ ایسے کئی معاملوں میں عدالت نے انصاف دے کر سمویدھان کی رکشا کی ہے، لیکن عدالتی پرکریا

میں وقت لنے کی وجہ سے سماجک تانے بانے کو بھاری نقصان اٹھانا پڑتا ہے۔ مثال کے طور پر الہ آباد ہائی کورٹ نے سال 2004 کے مدرسہ ایکٹ کو رد کر دیا تھا جس سے مدرسوں کے سنجالن پر سوال اٹھے تھے حالانکہ سپریم کورٹ نے اس فیصلے کو پلٹ دیا اور ایکٹ کو ویدھ قرار دیا، لیکن اس پر کریا میں جو وقت لگا اس نے اقلیتوں کو بے چینی اور سنگھرش کے دور میں ڈالا ہے۔ اسی کڑی میں پلیسز آف ورثپ ایکٹ 1991 بھی آتا ہے۔ کئی دوسرے ادھکار بھی ہیں جنہیں اسی طرح سے عدالتی لڑائیوں میں اُلجھایا جا رہا ہے۔ یہ حالت نہ صرف اقلیتوں کے ادھیکاروں کی راہ میں رکاوٹ ہے بلکہ Justice delayed is justice denied جیسی کہاوت کو ثابت کرتی ہے (مداخلت)

میں اس ایوان سے دنیا بھر کے اقلیتوں کی آواز اٹھانا چاہتی ہوں۔ خاص طور پر ہمارے پڑوسی دیش بنگلہ دیش میں اقلیتوں کے ساتھ جو ہو رہا ہے وہ دل کو گہرائی تک چوٹ پہنچانے والا ہے ان کے جان مال کی ہتیا کی جا رہی ہے۔ بنگلہ دیش ہو، ہندوستان ہو، یا کوئی اور دیش ہو اقلیتوں کی سُرکشا، عزت اور حقوق کی حفاظت ہر سرکار کے لئے سب سے پہلی ذمہ داری ہونی چاہیے میں اس ایوان سے اپنے دیش کے اقلیتوں کے ساتھ بنگلہ دیش کے پیڑت اقلیتوں کی آواز کو ایک ساتھ اٹھانا چاہتی ہوں۔ یہ وقت کی پُکار ہے کہ ہم سب ملک یہ طے کریں کہ کسی بھی انسان کو اس کی پہچان یا مذہب کی بنیاد پر ڈر کے جینے پر مجبور نہ ہونا پڑے۔ جہاں حق چھینے جاتے ہیں وہاں امن کھو جاتا ہے۔ یہ بات ہر سرکار کو سمجھنی چاہیے۔ اگر ہم سچ میں اپنے آئین کا سَمّان کرنا چاہتے ہیں تو ہمیں نفرت اور بھید بھاؤ کو ختم کرنا ہوگا ہمیں یہ دکھانا ہوگا کہ یہ ملک ہر ورگ، ہر جاتی، ہر دھرم اور ہر طبقے کا ہے۔ جب تک ایسا نہیں ہوگا تب تک آئین کی آتما سسکتی رہے گی۔

سر میں اپنی بات کو ختم کرتے ہوئے ایک شعر عرض کرنا چاہتی ہوں۔

یہ داغ داغ اجالا یہ شب گزیدہ سحر

وہ انتظار تھا جس کا یہ وہ سحر تو نہیں

لیکن، اگر اس ایوان میں بیٹھے ہم سبھی ممبران یہ ٹھان لیں کہ ہمیں آئین

کے مولیوں کو لاگو کرنا ہے اور اسے لاگو کرنے کی کوشش کریں تو وہ صبح

ضرور آئے گی۔ جس کے لئے لاکھوں ہندوستانیوں نے اپنی جان کی قربانی دی

ہے۔ ]

**श्री हनुमान बेनीवाल (नागौर) :** धन्यवाद सभापति जी । आज सदन में भारत के संविधान की 75 वर्षों की गौरवशाली यात्रा पर चर्चा हो रही है ।

सभापति जी, सदन के हमारे साथी विद्वान सदस्यों ने, पक्ष व विपक्ष दोनों तरफ से, खुशी की बात यह भी है कि सात घंटे से अलग-अलग उनके विचार आए । उधर से भी विचार आए और इधर से भी विचार आए । सारी बातें खुल कर आईं । निश्चित रूप से वर्ल्ड के अंदर हिन्दुस्तान सबसे बड़ा लोकतांत्रिक देश है और दूसरे देश हिन्दुस्तान को फॉलो करते हैं । इस धर्मनिरपेक्ष देश में हर व्यक्ति को अपना धर्म मानने की आजादी है । संविधान ने हमें जो ताकत दी है, शायद वर्ल्ड के किसी देश में इतना ताकतवर संविधान कहीं नहीं होगा । लोकतांत्रिक मूल्यों की जो रखवाली हिन्दुस्तान के अंदर होती है, वह वर्ल्ड के किसी अन्य देशों में नहीं होती है । उदाहरण के तौर पर हिन्दुस्तान को लिया जाता है और यह वर्ल्ड का सबसे बड़ा देश भी है

महोदय, हमें गर्व है कि हम विश्व के सबसे बड़े लोकतांत्रिक देश में रहते हैं । जहां संविधान रूपी पवित्र ग्रंथ को सर्वोच्च आदर्श मानकर देश की रीति-नीति बनती है ।

सभापति महोदय, 13 दिसंबर, 2001 को हमारी संसद के ऊपर हुए आतंकी हमले में शहीद होने वाले सुरक्षाकर्मी और कार्मिकों को मैं नमन करता हूँ । मैं बाबा साहब भीमराव अंबेडकर जी, सर छोटू राम जी, शिवाजी महाराज, महाराज सूरजमल जी, चंद्रशेखर आजाद जी, अशफाकउल्ला खान जी, भगत सिंह जी और सुभाष चंद्र बोस जैसे वीरों व महापुरुषों को भी नमन करूंगा । भगवान बिरसा मुंडा जी, सरदार उधम सिंह जी और जालियांवाला बाग में शहादत देने वाले वीरों, राजस्थान के मानगढ़ में शहादत देने वाले मेरे वीर आदिवासियों का भी मैं नमन करता हूँ ।

महोदय, जिनकी वजह से देश आजाद हुआ, जिनकी वजह से आजाद भारत में संविधान अंगीकृत हुआ, उनका मान-सम्मान करना हमारा परम कर्तव्य है । बाबा साहब अंबेडकर जी ने कहा था कि संविधान मात्र कानूनी दस्तावेज नहीं है । यह हमारे जीवन का सारथी है और सामयिक आवश्यकताओं के अनुरूप है ।

सभापति महोदय, हिन्दुस्तान में प्रत्येक नागरिक को वोट का अधिकार देने की पैरवी बाबा

साहब ने की थी। अंग्रेजों के जाने के बाद, उस समय जब संविधान प्रवर समिति के सामने मामला आया तो यह बात चली थी कि वोट का अधिकार पढ़े-लिखे लोगों को मिले या जमींदारों को मिले या उच्च जाति के लोगों को मिले, तब बाबा साहब ने इस बात को कहा कि वोट का अधिकार प्रत्येक व्यक्ति को मिलना चाहिए, जो हिन्दुस्तान के अंदर पैदा हुआ है और जो गुलामी के जंजीरों के अंदर रहा। उस समय अंग्रेजों का राज था।

उससे पहले जितने भी कालखंड आए, जहां हिन्दुस्तान के नागरिक गुलामी में सासें ले रहे थे, इसलिए प्रत्येक व्यक्ति को वोट करने का अधिकार मिले। बाबासाहेब ने प्रत्येक व्यक्ति को वोट का अधिकार को दिलाया था, जिसकी बदौलत आज हम और आप सब इस संसद के अंदर बैठे हैं। बाबासाहेब ने कहा था कि सदियों से गुलामी की जंजीरों में जकड़े प्रत्येक व्यक्ति को वोट का अधिकार मिले, ताकि वह अपने मन मुताबिक सरकार का चुनाव कर सके।

सभापति महोदय, आज संसद हमले की बरसी मनाई जा रही है। 13 दिसंबर, 2001 को संसद पर आतंकी हमला हुआ था। सबसे पहली शहादत राजस्थान के बेटे जेपी यादव ने दी थी। राजस्थान में सीकर जिले में बने नीम का थाना के रहने वाले जेपी यादव जी आतंकियों से शेर की तरह लड़कर वीरगति को प्राप्त हुए। 26 नवंबर, 1949 को हम भारत के लोगों ने स्वतंत्र भारत के संविधान को अंगीकृत करने का संकल्प लिया था। जब हम संविधान की इस गौरवमयी यात्रा को आगे बढ़ते हुए देखते हैं, तो नजर आता है कि देश के किसी न किसी कोने के अंदर हमारे दलित भाई, पिछड़े भाई और हमारे आदिवासी भाई समानता के अधिकार को हासिल करने के लिए जूझ रहे हैं।

मैं राजस्थान की बात करूंगा। जालोर जिले के साइला तहसील के सुराणा गांव में कथित तौर पर पानी की मटकी को छूने पर पिटाई की वजह से नौवीं क्लॉस का एक बच्चा इन्द्र मेघवाल की मौत हो गई थी। मैं खुद वहां गया था। पाली के सरकारी अस्पताल में कार्यरत कोविड हेल्थ सहायक जितेन्द्र मेघवाल की हत्या इसलिए कर दी गई थी कि वह मूछ नहीं रख सकता था। ...(व्यवधान) केवल इस बात की वजह से हत्या कर दी गई थी, क्योंकि वह मूछ रखता था। ...(व्यवधान)

हाल ही में बालोतरा में कुछ लोगों ने विशनाराम मेघवाल की हत्या कर दी थी। मेरे संसदीय क्षेत्र के खीवसर विधान सभा क्षेत्र के तातवा गांव में मेघवाल समाज के परिवारों को कुछ दबंगों ने पीटा था, मगर वहां की पुलिस कोई कार्रवाई नहीं कर रही है, जबकि राजस्थान के अंदर आपकी पार्टी की सरकार है। मैं मांग करूंगा कि आजादी के 75 सालों के बाद भी दलितों और पिछड़ों को उनका हक और अधिकार मिले और जो कानून है, प्रत्येक व्यक्ति को न्याय कैसे मिले, आप लोग ऐसा काम करें। राष्ट्रपति महोदय ने 26 नवंबर, 2024 को कहा था कि बाबासाहेब अंबेडकर जी की प्रगतिशील और समावेशी सोच की छाप हमारे संविधान पर अंकित है। इस बात को देश की सरकार लागू करें और वह सोचे कि बाबासाहेब की सामाजिक सोच के अनुसार कार्य क्यों नहीं कर रहे हैं।

भाजपा के साथी सदस्यों ने देश में लगाए गए आपातकाल का जिक्र किया है। मैं भी यह कहता हूँ कि आपातकाल गलत था। बहुत से लोगों को तकलीफ हुई थी, बहुत से लोगों को जेलों में रहना पड़ा था। यह अच्छी घटना नहीं थी, लेकिन इंदिरा गांधी जी की दृढ़ इच्छाशक्ति ने एक झटके में बांग्लादेश को पाकिस्तान से अलग कर दिया था और पाकिस्तान को सबक सिखाया था। आपको इस बात को भी याद रखना चाहिए।

**माननीय सभापति :** आप कृपया अपनी स्पीच समाप्त कीजिए।

**श्री हनुमान बेनीवाल :** उस समय तो घोषित आपातकाल था, लेकिन आज जो अघोषित आपातकाल है, उसका क्या? कोई भी सिस्टम के खिलाफ बोलें, तो सीबीआई, ईडी जैसी संस्थाएं उसकी आवाज को दबा देती हैं। लोकतंत्र में सभी अधिकार समान रूप से लागू होने के बावजूद इस देश के अन्नदाताओं को एमएसपी पर कानून बनाने की मांग, काले कानूनों को वापस लेने तथा अन्य मांगों के लिए लंबा आंदोलन करना पड़ा है। ... (व्यवधान)

महोदय, 700 से ज्यादा किसान शहीद हुए हैं। तमाम हालातों को देखकर लगा कि एक तरफ देश की सरकार आजादी का अमृत महोत्सव मना रही है, दूसरी तरफ देश की चुनी हुई सरकार किसानों को आर्थिक न्याय नहीं दे पा रही है। ... (व्यवधान) मेरी मांग है कि किसानों की कर्जमाफी एवं एमएसपी को कानूनी मान्यता देने की बात आप स्वीकार करें। अभी शंभू बॉर्डर या दूसरे बॉर्डर



पर जो आंदोलन चल रहे हैं, आप किसानों से बात करें। संविधान में सहमति और असहमति दोनों को एक समान मूल्य के रूप में देखा गया है, लेकिन आज क्या हालात हैं? अगर कोई भी सांसद, कोई नेता, कोई भी व्यक्ति सरकार के निर्णय पर असहमति व्यक्त करता है, तो उसे दुश्मन की नजर से देखा जाता है। यह ठीक नहीं है।

सभापति जी, मैं अंत में एक और बात कहना चाहूंगा। मणिपुर देश का एक राज्य है। हमारे साथी भाइयों ने मणिपुर के हालातों पर विस्तार से बात की है। मैं पूछना चाहूंगा कि संविधान में कानून होने के बाद भी मणिपुर के हालात में कब सुधार होगा। ... (व्यवधान)

**SHRI M. MALLESH BABU (KOLAR):** Hon. Chairperson Sir, thanks for giving me an opportunity to participate in the discussion on the Glorious Journey of 75 years of the Constitution of India. ... (*Interruptions*)

As we celebrate the completion of 75 years of our Republic, let us take a moment to reflect on the monumental journey of our Indian Constitution, a document that serves as the bedrock of our democracy, the guardian of our liberties, and the blueprint for our nation's governance. ... (*Interruptions*)

**HON. CHAIRPERSON:** I have asked him to speak. He is speaking. Please listen to him.

... (*Interruptions*)

**SHRI M. MALLESH BABU :** The Indian Constitution drafted under the leadership of Dr. B. R. Ambedkar and with the contributions of visionaries like Pandit Jawaharlal Nehru, Sardar Patel, and many others is the longest written Constitution in the world. ... (*Interruptions*)

**माननीय सभापति :** बेनीवाल जी, प्लीज आप बैठ जाइए। I had given you three extensions. Please be seated.

... (*Interruptions*)

**SHRI M. MALLESH BABU** : It represents the aspirations of a diverse and vibrant population, and its enduring relevance is a testament to its robustness and adaptability. ... (*Interruptions*)

Over the past 75 years, our Constitution has been amended 106 times to address emerging challenges and changing socio-political realities. These amendments reflect the dynamic nature of our democracy while staying true to its core principles.

One of the foremost achievements of our Constitution is its role in establishing and nurturing democracy.

**माननीय सभापति** : बेनीवाल जी, प्लीज आप बैठ जाइए ।

... (व्यवधान)

**SHRI M. MALLESH BABU** : For 75 years, India has remained a vibrant democracy, holding free and fair elections, ensuring peaceful transitions of power, and empowering citizens to choose their leaders. The Election Commission, established under the Constitution, has been pivotal in maintaining the sanctity of the electoral process. The Constitution has been instrumental in addressing historical injustices and promoting social equity. The principles of equality before the law and the abolition of untouchability have been transformative. The reservation system for Scheduled Castes, Scheduled Tribes, and Other Backward Classes has been a significant step towards achieving social justice. Through affirmative action, laws for women's rights, focus on marginalized communities, and vast powers given to the village

administration through Panchayati Raj, the Constitution has consistently championed equality.

The integration of States and the efficient management of linguistic and cultural diversity reflect the success of federalism. The Indian judiciary, led by the Supreme Court, has played a crucial role as the guardian of the Constitution, ensuring checks and balances, thereby upholding Constitutional values. Landmark initiatives such as the Green Revolution, economic liberalization, and the recent push towards Digital India have their roots in the Constitutional vision of a welfare state.

The Constitution's federal structure has allowed India to manage its vast diversity. By granting autonomy to States while maintaining the unity of the nation, it has ensured that the needs and aspirations of the different regions are addressed. Initiatives like 'NITI Aayog', have further strengthened the relationship between the Centre and the States. The 'One Nation, One Ration Card' scheme is a shining example of ensuring uniformity and inclusivity across States.

**माननीय सभापति :** बेनीवाल जी, आपको चार बार बोल चुके हैं ।

... (व्यवधान)

**माननीय सभापति :** बेनीवाल जी, आप उनका अपमान कर रहे हैं । वह अपनी स्पीच बोल रहे हैं । आप बैठ जाइए ।

... (व्यवधान)

**SHRI M. MALLESH BABU :** Under the current NDA Government, several

transformative initiatives have further advanced this vision. The 'Make in India' campaign has revitalized manufacturing, 'Startup India' has encouraged entrepreneurship, and the implementation of the Goods and Services Tax (GST) has streamlined the country's economy by creating a unified market. The Pradhan Mantri Jan Dhan Yojana has empowered millions by providing access to financial services and the Digital India initiative has made technology accessible to even the remotest corners of the country.

During the regime of NDA Government, several landmark decisions and amendments have been made to reflect changing priorities. The abrogation of Article 370 has brought Jammu and Kashmir into the mainstream, while the Citizenship (Amendment) Act reflects a commitment to protecting persecuted minorities. Bold reforms in labour laws, recently, and the introduction of the new National Education Policy aim to align governance with contemporary needs. It is pertinent to mention that with an auspicious leadership of our hon. Prime Minister, Shri Narendra Modi ji, and his decisive actions, welfare initiatives, such as the Direct Benefit Transfer mechanism and the fruitful measures to double farmers' incomes, India's international standing has been elevated through proactive diplomacy, economic reforms, and global initiatives, since past 10 years.

As we commemorate 75 years of our Constitution, let us pledge to protect and uphold its ideals. Let us remember the sacrifices of our freedom fighters and the vision of our Constitution makers. While we have much to celebrate, challenges remain. Issues like corruption, poverty, inequality, and regional

disparities need continued attention. It is our collective responsibility to uphold the values enshrined in the Constitution and work towards a more just, equitable, and prosperous society. Most importantly, let all of us contribute in our unbeatable constitutional ways to building a nation that truly reflects the principles of justice, liberty, equality, and fraternity by the year 2047.

Thank you!

**श्री राजकुमार रोट (बांसवाड़ा) :** सभापति महोदय, मैं आपका आभारी हूँ कि आपने मुझे संविधान की डिबेट पर बोलने का अवसर दिया।

महोदय, आज हमारे देश के लिए सबसे सर्वोच्च और शुद्ध ग्रंथ संविधान है। आज मैं इस सदन में अगर पहुंचा हूँ तो वह संविधान की मेहरबानी है और मेरे निर्वाचन क्षेत्र की जनता की मेहरबानी है। मैं संविधान को नमन करते हुए और मेरे क्षेत्र की जनता को प्रणाम करते हुए अपनी बात को रखना चाहूंगा।

महोदय, संविधान में प्रावधान किया गया है कि इस देश के अंदर रहने वाला प्रत्येक वर्ग विशेषकर देश का गरीब तबका, आदिवासी समुदाय और एससी समुदाय के उत्थान के लिए इस संविधान में प्रावधान किए गए हैं, लेकिन आज बड़े दुख के साथ कहना पड़ रहा है कि 75 वर्ष होने के बाद भी संविधान में आदिवासी समुदाय के हित के लिए जो प्रावधान बने हुए हैं, उसमें अनुच्छेद 244(1) के अंतर्गत पांचवी अनुसूची, अनुच्छेद 244 (2) के अंतर्गत छठी अनुसूचित क्षेत्र, जनजातीय क्षेत्र के प्रावधानों को आज तक धरातल पर लागू नहीं किया गया है। इससे यह स्पष्ट होता है कि वर्तमान या पूर्व की सरकारें जो भी रही हों, उन सरकारों की आदिवासी समुदाय के हित में और संविधान के अंदर आदिवासियों के जो प्रावधान हैं, उनके लिए क्या मानसिकता रही है।

माननीय सभापति महोदय, हम लोग जब पांचवी और छठी अनुसूची के तहत हमारे विशेषाधिकार की बात करते हैं तो राष्ट्रीय पार्टियों के कई नेता पांचवी पांच के नाम से आम जनता को गुमराह करते हैं। बड़े दुख की बात है कि पांचवी और छठी अनुसूची में रहने वाली आम जनता

को आज तक उनके अधिकारों के बारे में नहीं बताया गया या उनको पता नहीं चला है।

महोदय, आज रिजर्वेशन का निजीकरण किया जा रहा है। यह भी एक तरह से संविधान पर कुठाराघात है। जातिगत जनगणना की लंबे समय से मांग चल रही है। लेकिन जातिगत जनगणना नहीं हो रही है, यह भी संविधान पर कहीं न कहीं कुठाराघात है। मणिपुर में जो घटनाएं हुई हैं, उससे भी यह सिद्ध होता है कि संविधान पर कहीं न कहीं कुठाराघात है।

महोदय, मैं इस अवसर पर भीमराव अम्बेडकर जी, जयपाल मुंडा, नेहरू जी जैसे कई महापुरुषों को याद करना चाहूंगा जिन्होंने इस देश को शानदार संविधान दिया है। साथ ही साथ आज के दिन जो सैनिक शहीद हुए थे, उनको भी नमन करना चाहूंगा। संविधान के प्रावधान के तहत पेसा एक्ट इस देश के अंदर आया। वर्ष 1996 में पेसा एक्ट आया और आज 28 साल हो गए हैं, लेकिन आज भी कई राज्यों में पेसा एक्ट का कानून लागू नहीं हुआ है।

महोदय, पेसा एक्ट में प्रावधान है कि शेड्यूल्ड एरिया में जो भी जमीन कोई भी उद्योगपति लेता है तो उसको पेसा एक्ट के तहत ग्राम सभा से अनुमति लेना अनिवार्य है। लेकिन आदिवासी क्षेत्र में देखा गया है कि राष्ट्र हित के नाम पर भूमि का अधिग्रहण किया जाता है। पेसा एक्ट को नजरअंदाज किया जाता है। हमने कई जगह देखा है कि खनन के नाम पर पेसा एक्ट के तहत ग्राम सभा की बिना परमिशन के जमीन ली गयी और उसे राष्ट्र हित में बताया गया। आदिवासियों का घर उजाड़कर उद्योगपति को जमीन देना कौन सा राष्ट्र हित है। आप देख सकते हैं कि सबसे बड़ा उदाहरण हंसदेव का है, जहां फर्जी ग्राम सभा गठित की गयी। यह क्लीयर है कि कहीं न कहीं संविधान की धज्जियां उड़ाने का काम किया गया है।

महोदय, हम अगर देखना चाहें कि कितनी जगह पेसा एक्ट के तहत ग्राम सभा से जमीन के लिए अनुमति ली गयी, पिछले दस सालों में कितने प्रोजेक्ट ट्राइबल इलाकों में लगाए गए? इसका पिछले दस सालों का डेटा निकालकर देखेंगे तो दूध का दूध और पानी का पानी हो जाएगा। यह स्पष्ट हो जाएगा कि वर्तमान सरकार हो या पूर्व की सरकारें हों, आदिवासी समुदाय के संवैधानिक अधिकारों के प्रति कितनी संवेदनशील हैं।

महोदय, जब संविधान सभा में चर्चा हो रही थी तो जयपाल सिंह मुंडा ने कहा था कि आदिवासियों को लोकतंत्र सिखाने की जरूरत नहीं है। आदिवासियों से लोकतंत्र सीखने की जरूरत है, उसको वह हजारों सालों से जीता आ रहा है। यह मानना पड़ेगा कि संविधान निर्माताओं ने भी देखा कि आदिवासियों समुदायों की गण व्यवस्था, गमेती, पटेल, मुखिया की व्यवस्था को ही कहीं न कहीं अडॉप्ट किया गया है। लेकिन आज लोकतंत्र में जिस तरह से तानाशाही हो रही है, इससे कहीं न कहीं आम जनता और गरीब के लिए दिक्कत हो रही है। जल, जंगल और जमीन आदिवासी जीवन का आधार है। यह बिरसा मुंडा जी और जयपाल सिंह मुंडा जी का कहना था, लेकिन आज उसी जल, जंगल और जमीन को उजाड़ा जा रहा है।

महोदय, आदिवासियों समूहों की अपनी एक अलग पहचान है। पूर्वजों के त्याग, बलिदान के आधार पर आरक्षण मिला है। देश की आजादी में सबसे अधिक त्याग और बलिदान आदिवासियों द्वारा दिया गया है, लेकिन आज उसको नजरअंदाज किया जाता है। हाल ही में राजस्थान की सरकार एससी-एसटी की जमीन को गैर आदिवासियों को खरीदने की अनुमति देकर एससी-एसटी के संवैधानिक अधिकारों पर कहीं न कहीं कुठाराघात किया है।

महोदय, अनुच्छेद 243 ZC के प्रावधानों की धज्जियां उड़ायी जा रही हैं। आदिवासियों के संवैधानिक अधिकारों को लेकर सुप्रीम कोर्ट के कई जजमेंट आए। समता जजमेंट, 1997; वेदांता जजमेंट, 2013 और रामारेड्डी बनाम आंध्र प्रदेश, 1998; कैलाश बनाम महाराष्ट्र सरकार, 11 जनवरी, 2005 लेकिन आज तक सुप्रीम कोर्ट और हाई कोर्ट के इन जजमेंट को लागू नहीं किया गया है।

अगर आप निकाल कर देखेंगे तो पता लगेगा कि ट्राइबल इलाके के हित में जितने भी जजमेंट आए, उनको आज तक लागू नहीं किया गया है।

माननीय सभापति महोदय, हजारों वीरों के बलिदान के बाद छोटानागपुर टेनेंसी एक्ट 1908, संताल परगना टेनेंसी एक्ट 1949, विल्किंसन रूल, 1837 जैसे जितने भी एक्ट आए थे, उनके लिए हजारों लोगों ने बलिदान दिया था, उसके बाद ये एक्ट आए थे, लेकिन आज देखा गया है कि आजादी

के बाद इन किसी भी एक्ट में कोई प्रावधान नहीं किया गया है।

**माननीय सभापति :** माननीय सदस्य, कंकलूड कीजिए।

**श्री राजकुमार रोट :** सभापति महोदय, मैं हमारे देश की न्याय व्यवस्था की बात करना चाहता हूँ। देश में आज बहुत ज्यादा एट्रोसिटी हो रही है।

**माननीय सभापति :** सभा की कार्यवाही शनिवार, दिनांक 14 दिसम्बर, 2024 को प्रातः ग्यारह बजे तक के लिए स्थगित की जाती है।

**20.01 hrs**

*The Lok Sabha then adjourned till Eleven of the Clock  
on Saturday, December 14, 2024/ Agrahayana 23, 1946 (Saka)*

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