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Friday, November 29, 2024
Agrahayana 08, 1946 (Saka)

LOK SABHA DEBATES

(Original Version)

Third Session
(Eighteenth Lok Sabha)



(Vol. IV contains Nos.1 to 10)

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C O N T E N T S

**Eighteenth Series, Vol. IV, Third Session, 2024/1946 (Saka)
No. 4, Friday, November 29, 2024/ Agrahayana 08, 1946 (Saka)**

<u>S U B J E C T</u>	<u>P A G E S</u>
ORAL ANSWERS TO QUESTIONS	
Starred Question Nos. 61 and 62	8-21
WRITTEN ANSWERS TO QUESTIONS	
Starred Question Nos. 63 to 80	22-97
Unstarred Question Nos. 691 to 920	98-1068

PAPERS LAID ON THE TABLE 1069-1078

STATEMENT BY MINISTER

Status of implementation of the recommendations contained in the 138th Report of the Standing Committee on Health and Family Welfare on Medical Devices: Regulation & Control pertaining to the Department of Health and Family Welfare, Ministry of Health and Family Welfare

Shrimati Anupriya Patel 1078

BUSINESS OF THE HOUSE 1079

ELECTION TO COMMITTEES 1080-1083

- (i) All India Institute of Medical Sciences (AIIMs) at Raipur, Jodhpur and Vijaypur 1080
- (ii) National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore 1081
- (iii) National Assisted Reproductive Technology and Surrogacy Board 1082
- (iv) Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar 1083

MOTION RE: 4th REPORT OF THE BUSINESS

ADVISORY COMMITTEE 1084

MATTERS UNDER RULE 377 1084-1083

- (i) Regarding augmentation of railway services connecting Bhilwara Parliamentary Constituency, Rajasthan

Shri Damodar Agrawal 1084 -1085

- (ii) Need to expedite doubling of Gondia-Balaghat Nainpur-Jabalpur railway section
Shrimati Bharti Pardhi 1085
- (iii) Need to convert Pradhan Mantri Fasal Bima Yojana and Pradhan Mantri Kisan Samman Nidhi as umbrella schemes and extend the scheme to other agricultural activities
Dr. K. Sudhakar 1086
- (iv) Regarding acquisition of ancestral land of people for construction of roads in Dadra and Nagar Haveli
Shrimati Kalaben Mohanbhai Delkar 1087
- (v) Regarding inclusion of certain villages in Rajasthan under Eastern Rajasthan Canal Project and provide compensation to the residents affected by this Project
Shri Dushyant Singh 1087-1088
- (vi) Regarding shortage of DAP in Domariyaganj Parliamentary Constituency, Uttar Pradesh
Shri Jagdambika Pal 1088-1089
- (vii) Regarding air pollution in Delhi
Shri Dilip Saikia 1089
- (viii) Need to construct a wall along coastal area of Palghar district in Maharashtra to prevent soil erosion
Dr. Hemant Vishnu Savara 1089-1090
- (ix) Need to include Valmiki or Boya community of Telangana in the list of Scheduled Tribes
Shrimati D. K. Aruna 1090

- (x) Need to construct Airport in Hazaribagh, Jharkhand
Shri Manish Jaiswal 1091
- (xi) Regarding illegal encroachments on the floodplains of Ramzan River in Kishnganj Parliamentary Constituency, Bihar
Dr. Mohammad Jawed 1091-1092
- (xii) Need to expedite reconstruction works of Sion Bridge in Mumbai
Prof. Varsha Eknath Gaikwad 1092
- (xiii) Need to provide financial assistance for rehabilitation works in landslide affected areas of Wayanad, Kerala
Shri Rajmohan Unnithan 1093
- (xiv) Need to develop Dhule Airport into a fullfledged airport and start commercial and cargo flight services
Dr. Bachhav Shobha Dinesh 1093-1094
- (xv) Need to provide adequate irrigation facilities in Banaskantha Parliamentary Constituency, Gujarat
Shrimati Geniben Nagaji Thakor 1094
- (xvi) Need to convert Saharsa RMS in Bihar into ICH
Shri Dinesh Chandra Yadav 1095
- (xvii) Regarding increasing human-leopard conflict in Dindori Parliamentary Constituency, Maharashtra
Shri Bhaskar Murlidhar Bhagare 1095-1096

- (xviii) Regarding conservation of Jogeshwari Caves and Andheri Caves in Mumbai North- West Parliamentary Constituency, Maharashtra
Shri Ravindra Dattaram Waikar 1096-1097
- (xix) Need to regularize the services of employees working on temporary basis
Shri Umeshbhai Babubhai Patel 1097
- (xx) Regarding renovation of dam on Shenbagavalli River situated in Tamil Nadu- Kerala border
Dr. Rani Srikumar 1097-1098
- (xxi) Regarding extension of proposed metro rail corridor between Secunderbad and Medchal in Telangana
Shri Eatala Rajender 1098-1099

ANNEXURE – I

- Member-wise Index to Starred Questions 1102-1103
- Member-wise Index to Unstarred Questions 1103-1111

ANNEXURE – II

- Ministry-wise Index to Starred Questions 1112
- Ministry-wise Index to Unstarred Questions 1113

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LOK SABHA DEBATES

LOK SABHA

Friday, November 29, 2024/ Agrahayana 08, 1946 (Saka)

The Lok Sabha met at Eleven of the Clock.

[HON. SPEAKER *in the Chair*]

ORAL ANSWERS TO QUESTIONS

माननीय अध्यक्ष : प्रश्न काल, प्रश्न संख्या - 61.

श्री अजय कुमार मंडल जी ।

... (व्यवधान)

BENEFICIARIES UNDER AYUSHMAN BHARAT IN BIHAR

***61. SHRI AJAY KUMAR MANDAL:**

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

(a) whether the Government has any data of the number of beneficiaries under the Ayushman Bharat scheme in Bihar including Bhagalpur district; and

(b) if so, the details thereof?

माननीय अध्यक्ष : माननीय मंत्री जी, सदन के पटल पर उत्तर रखें ।

... (व्यवधान)

आयुष मंत्रालय के राज्यमंत्री तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्यमंत्री

(श्री प्रतापराव गणपतराव जाधव): अध्यक्ष जी, विवरण सभा पटल पर रख दिया गया है । ...

(व्यवधान)

विवरण

बिहार राज्य में आयुष्मान भारत प्रधानमंत्री जन-आरोग्य योजना (एबी-पीएमजेएवाई) राज्य विशेष योजना 'मुख्यमंत्री जन-आरोग्य योजना' (एमएमजेएवाई) के साथ तालमेल में ट्रस्ट मोड में 23.09.2018 से कार्यान्वित है।

इस समावेशी योजना के अंतर्गत स्वास्थ्य परिचर्या लाभों के लिए कुल 2.03 करोड़ परिवार पात्र हैं, जिनमें से 1.21 करोड़ परिवारों को केंद्र और राज्य सरकार से सहायता दी जाती है और शेष 0.82

करोड़ परिवारों को केवल राज्य सरकार द्वारा सहायता दी जाती है। भागलपुर जिले में इन लाभों को प्राप्त करने के लिए कुल 6.17 लाख परिवार पात्र हैं।

31.10.2024 की स्थिति के अनुसार, बिहार राज्य में कुल 3.56 करोड़ आयुष्मान कार्ड बनाए गए हैं, जिनमें से 10.90 लाख कार्ड भागलपुर जिले के हैं।

11.01 hrs

At this stage Shri Mohibbullah, Shri Sudama Prasad, Dr. Dharamvira Gandhi and some other hon. Members came and stood on the floor near the Table.

... (Intreptions)

माननीय अध्यक्ष : प्रश्न संख्या - 62.

श्री यदुवीर वाडियार जी ।

... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, प्रश्न पूछिए ।

... (व्यवधान)

NEW HEALTHCARE CENTERS AND HOSPITALS IN KARNATAKA

***62. SHRI YADUVEER WADIYAR:**

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

- (a) whether the Government has any data about the total number of new healthcare centers and hospitals established in the State of Karnataka under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), if so, the details thereof and their current operational status;
- (b) the information on the specific healthcare services and specialities that have been prioritized under PM-ABHIM in the State of Karnataka;

(c) the strategies in place to involve the private sector in the expansion of healthcare infrastructure under PM-ABHIM; and

(d) the current status of implementation of PM-ABHIM in the country, State/UT-wise?

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

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

Statement

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is a Centrally Sponsored Scheme (CSS) with certain Central Sector Components which has total outlay of Rs. 64,180 Crores for the scheme period (2021-22 to 2025-26).

The scheme envisages a new generation of reforms to integrate and strengthen health service delivery and public health action. The measures under the scheme are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters.

Under the CSS components of the scheme, following are the five activities where support is provisioned to the State/UTs during the scheme period (2021-2026):

- Construction of 17,788 Buildingless Sub-Centres as Ayushman Bharat-Health & Wellness centres, now known as Ayushman Arogya Mandir (AAM).

- Establishment of 11,024 Health & 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 Integrated Public Health Labs (IPHL) in the country, wherein each district will have one such lab.
- Establishing 602 Critical Care Blocks (CCBs) in all districts with population more than 5 lakhs.

The CSS components of PM-ABHIM is implemented by following the existing framework, institutions and mechanisms of the National Health Mission. 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/Union Territories (UTs) for effective implementation of the scheme.

PM-ABHIM is an infrastructural development scheme for strengthening of Public Health Facilities to be implemented in the States/UTs by respective Governments. At present, the focus is on construction of health facilities. The work for floating the tenders, finalization of the tender, awarding of work is carried out by the States/UTs for execution of civil works approved under the scheme.

Administrative approvals have been accorded to States/UTs for FY 2021-22 to 2024-25 for an amount of Rs 20451.31 Crore. The details of support provided along with approval accorded to the States/UTs, across all the component under

CSS of PM-ABHIM for four years (i.e. FY 2021-22 to 2024-25) are given in the enclosed **Annexure**.

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 Ayushman Arogya Mandirs, 30 Integrated Public Health Labs (IPHL) and 30 Critical Care Blocks (CCBs).

Administrative approvals have been accorded to the State of Karnataka, for four years (i.e. FY 2021-22, 2022-23, 2023-24 & 2024-25) for an amount of Rs 1168.71 Cr. for establishment and strengthening of 817 Urban Ayushman Arogya Mandirs, 21 Integrated Public Health Labs (IPHL) and 21 Critical Care Blocks (CCBs), as per proposal of the State.

ANNEXURE

State wise approval for four years (i.e. FY 2021-22, 2022-23, 2023-24 & 2024-25)

- Building less-AAM (Sub-Centers - Health & 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
	Total	7367	9594	4624.01

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 & 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 & 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 & 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
Total		5112	3051	2013.55

2. Urban- AAM (U-HW)

* 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 & 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
Total		2334	1324	1300.18

4. Integrated Public Health Labs (IPHLs)

S.No.	State/UT	Approvals FY 2021-25 (4 Yrs.)		
		Target for scheme period (FY	Total Unit Approved for 4 years	Total Amount Approved (In Cr.)

		2021-26)		
1	A & 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 & 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 & 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
	Total	730	504	898.86

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 & 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 & 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 & 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
	Total	602	395	11614.71

SHRI YADUVEER WADIYAR: Sir, I thank the hon. Minister for giving us answers to the questions that have been asked regarding PM-ABHIM. My supplementary question is as follows.(Interruptions)

श्री प्रतापराव गणपतराव जाधव : अध्यक्ष महोदय, आवाज सुनाई नहीं दी । ... (व्यवधान) सवाल सुनाई नहीं दिया । ... (व्यवधान)

माननीय अध्यक्ष : आवाज ऐसे ही सुननी पड़ेगी ।

... (व्यवधान)

श्री प्रतापराव गणपतराव जाधव : महोदय, माननीय सदस्य फिर से प्रश्न पूछ लें । ... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, अपना प्रश्न दोबारा पूछिए ।

... (व्यवधान)

SHRI YADUVEER WADIYAR : Sir, I thank the hon. Minister for giving us answers to the questions that have been asked regarding PM-ABHIM. My supplementary question is as follows.(*Interruptions*)

Given Karnataka's diverse geographical landscape with both urban and rural disparities, it is crucial to evaluate how PM-ABHIM focuses on reducing regional health inequalities.(*Interruptions*) Can the Government provide detailed reports on how the public healthcare centres are addressing the challenges faced by remote and rural communities in Karnataka?(*Interruptions*)

THE MINISTER OF HEALTH AND FAMILY WELFARE; AND MINISTER OF CHEMICALS AND FERTILIZERS (SHRI JAGAT PRAKASH NADDA): Sir, the PM-ABHIM programme envisages a new generation of reforms to strengthen the health service delivery. It is aimed at strengthening the health systems and institutions to provide quality healthcare services at all levels, namely, at the primary, secondary and tertiary levels.(*Interruptions*) Accordingly, the PM-ABHIM programme would prepare our health systems where we are able to respond effectively to pandemics and disasters.(*Interruptions*)

Sir, here I would like to say that there are five activities under the PM-ABHIM programme. One is, strengthening of Aayushman Arogya Mandir (AAM) wherein it has been decided that after survey, about 17,788 buildingless sub-centres will be equipped and constructed.(*Interruptions*)

Two, it has been decided that approximately 11,024 Health and Wellness Centres, which are now known as Aayushman Arogya Mandirs will be established.(*Interruptions*) We know that these Arogya Mandirs are in the rented accommodations. But, at the same time, we have decided to equip them with full facilities so that they are strengthened.(*Interruptions*)

Sir, the third is about the CHC, that is, the Block Public Health Units. We have decided that 3,382 Block Public Health Units will be strengthened. We also call it as CHC. ... (*Interruptions*)

Sir, the fourth area where we are trying to work is IPHLs. We will be establishing 730 Integrated Public Health Labs and we will be having it, more or less, in each district. ... (*Interruptions*)

Sir, the last area which we are trying to strengthen is the CCBs. We will be creating 602 Critical Care Blocks in the districts with population more than five lakhs. ... (*Interruptions*)

Sir, in PM-ABHIM programme, there is a framework which is being implemented through the National Health Mission. Here, I would also like to state that the Ministry of Health and Family Welfare only gives the technical and financial support. ... (*Interruptions*) The rest is to be implemented by the State Government. These facilities have to be implemented by the State Government. ... (*Interruptions*)

Sir, here I would also like to share with you that the total amount sanctioned for the PM-ABHIM programme is Rs. 64,180 crore. And at this point of time, the

administrative approvals have been given for the years 2021-22 to 2024-25. That amount comes to Rs. 20,451.31 crore. ... (*Interruptions*)

Sir, here I would also like to share with you that – my friends from Karnataka should know and Wadiyar ji, it is for you – Karnataka has got an amount of Rs. 2,021.88 crore. In Karnataka, we have decided to establish 736 Urban Ayushman Arogya Mandirs. We have also decided that 30 Integrated Public Health Labs and 30 Critical Care Blocks will be constructed in the State of Karnataka. Hence, nearly 30 districts will be strengthened technically also for the betterment of health services so that they would be able to respond to the disasters and pandemics. ... (*Interruptions*)

Sir, I would like to share with you that administrative approvals have been given for Rs. 1,168 crore for the strengthening of 817 Ayushman Arogya Mandirs, 21 Integrated Public Health Labs and 21 Critical Care Blocks, as per the proposal of the State of Karnataka, by the Ministry of Health and Family Welfare. ... (*Interruptions*) There has been a survey done by the Ministry of Health and Family Welfare along with the State Government and accordingly, a target has been set, which we are implementing under the dynamic leadership of Prime Minister Modi, under the PM-ABHIM programme and I assure you that this will be completed within the time-limit. ... (*Interruptions*)

माननीय अध्यक्ष: माननीय सदस्यगण, देश की जनता चाहती है कि यह सदन चले। कई माननीय विद्वानों ने भी लिखा है कि संसद चलना चाहिए। संसद में चर्चा और संवाद होना चाहिए। सहमति-असहमति हमारे लोकतंत्र की ताकत है।

... (व्यवधान)

माननीय अध्यक्ष: माननीय सदस्यगण, मैं आपसे आग्रह करता हूँ कि जनता की भावनाओं और उनकी आशा व आकांक्षाओं के अनुसार आप सदन चलने में सहयोग करें। आज स्वास्थ्य और महिला कल्याण जैसे महत्वपूर्ण विषय पर प्रश्न काल में चर्चा हो रही है। प्रश्न काल आपका समय है।

... (व्यवधान)

माननीय अध्यक्ष: माननीय सदस्यगण, मैं आपसे आग्रह करता हूँ कि प्रश्न काल आपका समय है। देश की जनता लगातार माननीय सांसदों के बारे में, सदन के बारे में और अपने बारे में चिंता व्यक्त कर रही हैं, इसलिए मैं आपसे आग्रह करता हूँ कि आप सदन चलने दें।

... (व्यवधान)

माननीय अध्यक्ष : सदन आपका है, सदन सबका है। देश भी चाहता है कि संसद चले। मैं आग्रहपूर्वक कहता हूँ कि आप सब अपनी-अपनी सीट्स पर जाएं। मैं आपको हर विषय, हर मुद्दे पर नियम प्रक्रियाओं के तहत चर्चा करने का पर्याप्त अवसर दूंगा।

... (व्यवधान)

WRITTEN ANSWERS TO QUESTIONS

नए कैंसर अस्पताल का निर्माण

***63. श्री मनीष जायसवाल:**

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

(क) देश में कैंसर के उपचार के लिए निर्मित किए जा रहे अस्पतालों की स्थिति क्या है;

(ख) झारखण्ड में एक नए कैंसर अस्पताल के निर्माण हेतु किए गए/किए जाने हेतु प्रस्तावित उपाय क्या हैं; और

(ग) झारखण्ड में महिलाओं में स्तन कैंसर के बढ़ते मामलों को रोकने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है?

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

(क): केंद्र सरकार विशिष्ट स्वास्थ्य परिचर्या स्तर पर कैंसर स्वास्थ्य परिचर्या की सुविधाओं के संवर्द्धन के लिए 'कैंसर विशिष्ट स्वास्थ्य परिचर्या सुविधा केंद्र सुदृढीकरण' योजना का कार्यान्वयन करती है। इस स्कीम के तहत, 19 राज्य कैंसर संस्थानों (एससीआई) और 20 कैंसर विशिष्ट स्वास्थ्य परिचर्या केंद्रों (टीसीसीसी) को मंजूरी दी गई है। 14 एससीआई और 18 टीसीसीसी कार्यशील हैं और रोगी स्वास्थ्य परिचर्या सेवाएं प्रदान कर रहे हैं। एससीआई और टीसीसीसी की स्थिति का व्यौरा संलग्न **विवरण** में दिया गया है।

झज्जर (हरियाणा) में राष्ट्रीय कैंसर संस्थान और चितरंजन राष्ट्रीय कैंसर संस्थान, कोलकाता का दूसरा परिसर नैदानिक सेवाओं, उन्नत विकिरण, चिकित्सीय और सर्जिकल स्वास्थ्य परिचर्या की अत्याधुनिक सुविधाओं के साथ स्थापित किया गए हैं।

(ख): झारखण्ड में, राजेंद्र आयुर्विज्ञान संस्थान (रिम्स), रांची में राज्य कैंसर संस्थान को कैंसर विशिष्ट स्वास्थ्य परिचर्या सुविधा केंद्रों के सुदृढीकरण की स्कीम के तहत मंजूरी दी गई है। जिसके लिए 51 करोड़ रुपए की कुल राशि मंजूर की गई है जिसमें 30.6 करोड़ रुपए का केंद्रीय हिस्सा शामिल है।

झारखंड राज्य सरकार ने बताया है कि वर्तमान में, राजेंद्र आयुर्विज्ञान संस्थान, रांची में कैंसर उपचार की सुविधाएं उपलब्ध हैं। इसके अलावा, प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत देवघर में एक अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) अनुमोदित किया गया है जिसमें अंतरंग रोगी विभाग (आईपीडी) बिस्तरों के साथ कार्यशील ऑन्कोलॉजी विभाग है। पीएमएसएसवाई के तहत रिम्स, रांची में सुपर स्पेशियलिटी ब्लॉक का निर्माण करके इसका उन्नयन किया गया है जिसमें ऑन्कोलॉजी विभाग है और यह कार्यशील है।

(ग): स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में राष्ट्रीय गैर-संचारी रोग निवारण और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत झारखंड सहित अन्य राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। इस कार्यक्रम में स्तन कैंसर सहित अन्य गैर-संचारी रोगों (एनसीडी) की रोकथाम के लिए स्वास्थ्य संवर्द्धन और जागरूकता सृजन, शीघ्र निदान तथा उपचार और प्रबंधन के लिए उपक्रम स्तर के स्वास्थ्य परिचर्या सुविधा केंद्र में रेफरल के लिए अवसंरचना सुदृढीकरण, मानव संसाधन विकास पर विशेष बल दिया जाता है।

एनएचएम के तहत, देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के भाग के रूप में स्तन कैंसर सहित अन्य सामान्य गैर-संचारी रोगों की जांच (स्क्रीनिंग), प्रबंधन और रोकथाम के लिए जनसंख्या आधारित पहल शुरू की गई है। इन सामान्य गैर-संचारी रोगों की जांच (स्क्रीनिंग) सेवा प्रदायगी का एक अभिन्न भाग है।

स्तन कैंसर सहित अन्य गैर-संचारी रोगों के बारे में जन जागरूकता बढ़ाने के लिए तथा स्वस्थ जीवन शैली को बढ़ावा देने के लिए और भी पहलें शुरू की गई हैं जिनमें निरंतर सामुदायिक जागरूकता के लिए राष्ट्रीय कैंसर जागरूकता दिवस मनाना, प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग शामिल हैं।

भारत सरकार ने 30 वर्ष और इससे अधिक आयु के जनसंख्या वर्ग में स्तन कैंसर सहित पांच सामान्य एनसीडी के लिए जांच (स्क्रीनिंग), प्रबंधन और सुनिश्चित निरंतर स्वास्थ्य परिचर्या के लिए एनपी-एनसीडी के तहत वर्ष 2018 में राष्ट्रीय एनसीडी पोर्टल शुरू किया है।

झारखंड राज्य सरकार ने बताया है कि स्तन कैंसर की रोकथाम के लिए इसकी जांच (स्क्रीनिंग) तथा इससे जुड़े जोखिमों के नियंत्रण के लिए विभिन्न सेवा प्रदाताओं [सहिया {प्रत्यायित सामाजिक स्वास्थ्य कार्यकर्ता (आशा)}, ऑगजीलियरी नर्सिंग मिडवाइफ (एएनएम), सामुदायिक स्वास्थ्य अधिकारी (सीएचओ) और चिकित्सा अधिकारी] को प्रशिक्षित किया गया है। राज्य मेडिकल कॉलेजों में स्तन कैंसर की जांच की सुविधाएं भी हैं। स्तन कैंसर के बारे में जन जागरूकता लाने तथा इसकी जांच के लिए सुविधा केंद्र स्तर पर नियमित अंतरालों पर विशेष अभियान चलाए जाते हैं। बहिरंग रोगी विभाग (ओपीडी) आधार पर, शीघ्र पहचान के लिए स्तन कैंसर की जांच (स्क्रीनिंग) आयुष्मान आरोग्य मंदिर (एएएम), सभी प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सभी सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों में की जाती है। 23 नवंबर, 2024 की स्थिति के अनुसार, राष्ट्रीय एनसीडी पोर्टल के अनुसार, झारखंड में 30 वर्ष और इससे अधिक आयु की 17,29,100 महिलाओं में स्तन कैंसर की जांच की गई है।

विवरण

विशिष्ट कैंसर स्वास्थ्य परिचर्या केंद्र सुविधा योजना के अंतर्गत राज्य कैंसर संस्थानों (एससीआई) और विशिष्ट कैंसर स्वास्थ्य परिचर्या केंद्रों (टीसीसीसी) की स्थिति

क्र.सं.	राज्य का नाम	संस्थान का नाम	संस्थान का प्रकार (टीसीसीसी/एससीआई)	रोगी सेवाओं की उपलब्धता (हाँ/नहीं)
1	आंध्र प्रदेश	कुरनूल मेडिकल कॉलेज, कुरनूल	एससीआई	हाँ
2	असम	गुवाहाटी मेडिकल कॉलेज एवं अस्पताल, गुवाहाटी	एससीआई	हाँ
3	बिहार	इंदिरा गांधी आयुर्विज्ञान संस्थान, पटना	एससीआई	हाँ
4	छत्तीसगढ़	छत्तीसगढ़ आयुर्विज्ञान संस्थान, बिलासपुर	एससीआई	नहीं
5	दिल्ली	लोक नायक अस्पताल	टीसीसीसी	हाँ

6	गोवा	गोवा मेडिकल कॉलेज, पणजी	टीसीसीसी	हाँ
7	गुजरात	गुजरात कैंसर अनुसंधान संस्थान, अहमदाबाद	एससीआई	हाँ
8	हरियाणा	सिविल अस्पताल, अंबाला कैंट	टीसीसीसी	हाँ
9	हिमाचल प्रदेश	इंदिरा गांधी मेडिकल कॉलेज, शिमला	टीसीसीसी	हाँ
10	हिमाचल प्रदेश	श्री लाल बहादुर शास्त्री मेडिकल कॉलेज, मंडी	टीसीसीसी	हाँ
11	जम्मू और कश्मीर	शेर-ए-कश्मीर आयुर्विज्ञान संस्थान, श्रीनगर	एससीआई	हाँ
12	जम्मू और कश्मीर	राजकीय मेडिकल कॉलेज, जम्मू	एससीआई	हाँ
13	झारखंड	राजेंद्र आयुर्विज्ञान संस्थान, रांची	एससीआई	हाँ
14	कर्नाटक	किदवई मेमोरियल इंस्टीट्यूट ऑफ ऑन्कोलॉजी (आरसीसी), बेंगलुरु	एससीआई	नहीं
15	कर्नाटक	मांड्या इंस्टीट्यूट ऑफ मेडिकल साइंसेज, मांड्या	टीसीसीसी	हाँ
16	केरल	सरकारी मेडिकल कॉलेज, कोझिकोड	टीसीसीसी	हाँ
17	केरल	क्षेत्रीय कैंसर केंद्र, तिरुवनंतपुरम	एससीआई	नहीं
18	मध्य प्रदेश	नेताजी सुभाष चंद्र बोस मेडिकल कॉलेज, जबलपुर	एससीआई	हाँ
19	मध्य प्रदेश	जीआर मेडिकल कॉलेज, ग्वालियर	टीसीसीसी	हाँ
20	महाराष्ट्र	राष्ट्र संत तुकडोजी क्षेत्रीय कैंसर अस्पताल एवं अनुसंधान केंद्र, नागपुर	टीसीसीसी	हाँ
21	महाराष्ट्र	सरकारी मेडिकल कॉलेज, औरंगाबाद	एससीआई	हाँ
22	महाराष्ट्र	विवेकानन्द फाउंडेशन एवं अनुसंधान केन्द्र, लातूर	टीसीसीसी	हाँ
23	मिजोरम	सिविल अस्पताल, आइजोल	टीसीसीसी	हाँ
24	नगालैंड	जिला अस्पताल, कोहिमा	टीसीसीसी	हाँ
25	ओडिशा	आचार्य हरिहर क्षेत्रीय कैंसर केंद्र, कटक	एससीआई	हाँ
26	पंजाब	सरकारी मेडिकल कॉलेज, अमृतसर	एससीआई	हाँ
27	पंजाब	सिविल अस्पताल, फाजिल्का	टीसीसीसी	नहीं
28	राजस्थान	एसपी मेडिकल कॉलेज, बीकानेर	टीसीसीसी	नहीं
29	राजस्थान	एसएमएस मेडिकल कॉलेज, जयपुर	एससीआई	नहीं
30	राजस्थान	झालावाड़ मेडिकल कॉलेज एवं अस्पताल, झालावाड़	टीसीसीसी	नहीं
31	सिक्किम	मल्टीस्पेशियलिटी अस्पताल, सोचीगांग (सिचे), गंगटोक, सिक्किम के पास	टीसीसीसी	हाँ
32	तमिलनाडु	कैंसर संस्थान (आरसीसी), अड्यार, चेन्नई	एससीआई	हाँ
33	तेलंगाना	एमएनजे इंस्टीट्यूट ऑफ ऑन्कोलॉजी और आरसीसी, हैदराबाद	एससीआई	हाँ

34	त्रिपुरा	कैंसर अस्पताल (आरसीसी), अगरतला	एससीआई	नहीं
35	उत्तराखंड	राजकीय मेडिकल कॉलेज, हलद्वानी	एससीआई	हाँ
36	उत्तर प्रदेश	संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ	टीसीसीसी	हाँ
37	पश्चिम बंगाल	सरकारी मेडिकल कॉलेज, बर्दवान	टीसीसीसी	हाँ
38	पश्चिम बंगाल	मुर्शिदाबाद मेडिकल कॉलेज एवं अस्पताल, बेरहामपुर, मुर्शिदाबाद	टीसीसीसी	हाँ
39	पश्चिम बंगाल	सागोर दत्ता मेमोरियल मेडिकल कॉलेज और अस्पताल, कोलकाता	टीसीसीसी	हाँ

GAMCA MEDICAL EXAMINATION CENTER

*64. SHRI LAVU SRI KRISHNA DEVARAYALU:

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

- (a) the details of the number of Gulf Cooperation Council (GCC) Approved Medical Centers Association (GAMCA) examination centers currently operating in the country;
- (b) whether there are any new proposals to establish new GAMCA centers to cater to the growing demand;
- (c) if so, the details of such proposals, specially regarding Andhra Pradesh along with the timeline set for the establishment of these centers;
- (d) whether the Government has considered the challenges faced by residents of Andhra Pradesh who currently need to travel to neighboring States for GAMCA medical examinations and if so the details thereof; and
- (e) the details of the steps taken/proposed to be taken by the Government to ensure improved accessibility to GAMCA services for aspiring emigrants from Andhra Pradesh?

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

(a) to (e) Government of India (GoI) has no role in the selection or approval process of Gulf Cooperation Council (GCC) approved Gulf Approved Medical Centres Association (GAMCA) centers in India. This exercise is carried out entirely by Gulf Health Council (GHC) and implemented through their Embassies / Consulates in India.

Based on the representations received from the stakeholders concerned, a formal Note Verbale was issued from MEA in April 2024 to Embassies of GCC countries in New Delhi for opening GAMCA centres in Andhra Pradesh keeping in mind, that a large number of Domestic Sector Workers migrate to Gulf countries for employment purposes from the state.

AYURVEDIC PACKAGE UNDER AB-PMJAY

65. SHRI JAGDAMBIKA PAL:

SHRI DINESHBHAI MAKWANA:

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

- (a) the details of ayurvedic packages along with the number of packages to be included in Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY);
- (b) the details of the impact of offering wider range of traditional Ayurvedic treatments on the beneficiaries under the scheme; and
- (c) the steps taken/proposed to be taken by the Government to popularise the Ayurvedic treatment as an alternative to the Allopathic system of medicine for the beneficiaries?

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

(a) Ayushman Bharat Pradhan Mantri-Jan ArogyaYojana (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 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) Does not arise.

(c) Ministry of Ayush has taken following steps to create awareness and increase popularity of Ayush system of medicines among people –

1) Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for development and promotion of Ayush system of medicines in the Country and providing financial assistance to them as per the proposals received in their State Annual Action Plans (SAAPs). The Mission inter-alia makes provision for the following: -

- i. Ayush Health & Wellness Centres
- ii. Co-location of Ayush facilities at PHCs, CHCs and DHs
- iii. Upgradation of existing Standalone Government Ayush Hospitals
- iv. Upgradation of existing Government/ Panchayat/ Government aided Ayush Dispensaries/Construction of building for existing Ayush Dispensary (Rented/dilapidated accommodation)/Construction of building to establish new Ayush Dispensary
- v. Setting up of upto 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. Behaviour Change Communication (BCC)

- ix. Mobility support at State and District level
- x. Ayush Gram
- xi. Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector
- xii. Infrastructural development of Ayush Under-Graduate Institutions
- xiii. Infrastructural development of Ayush Post-Graduate Institutions/ add on PG/ Pharmacy/Para-Medical Courses

State/UT Government may avail financial assistance by submitting proposals through State Annual Action Plan (SAAP) as per NAM guidelines.

2) 12 National Institutes and 05 Research Councils under the aegis of Ministry of Ayush are engaged in Outpatient & Indoor patient services, co-ordinating, formulating, developing and promoting research on scientific lines in Ayush systems of healthcare. These Institutes/ Councils organizes Arogya Melas, Awareness Camps, Treatment Camps, Radio & TV talks, outreach programs like Swasthya Rakshan Program (SRP), Schedule Caste Sub Plan (SCSP) Research Program, Tribal Health Care Research Program (THCRP), National Program for Control of Diabetes Cancer and Stroke (NPCDCS) for creating awareness on Ayush systems of healthcare among the general public. The Councils conducts research in the diverse areas comprising of Clinical Research, Medicinal Plant Research, Drug Standardization & Quality Control; Pharmacological Research and Literary & Fundamental Research to generate tangible evidence.

3) Under the celebration of "AZADI KA AMRIT MAHOTSAVA", all National Institute and Research Councils under Ministry of Ayush has organized webinars,

Medical camps, plantation of medicinal plants, public lectures and distribution of Ayush medicines.

4)The Ministry has developed a Central Sector Scheme for Promotion of International Co-operation in Ayush (IC Scheme) under which the Ministry of Ayush provides support to Indian Ayush Manufacturers/ Ayush Service providers to give boost to the export of Ayush products & services; facilitates the International promotion, development and recognition of Ayush system of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research through the establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level.

5) Ministry of Ayush has taken various initiatives and significant steps like-issuance of Advisories/ Guidelines for general public and Ayush practitioners, Campaigns, training of Ayush manpower, communication to States/UTs, establishment of Inter-disciplinary Ayush R&D Task Force, launch of 150 interdisciplinary research studies, Gazette notification for undertaking research on COVID-19 through Ayush systems of medicine, Augmentation of Human Resource, for the mitigation and management of COVID-19.

(6) Ministry of Ayush has notified the day of Dhanvantari Trayodashi of every year as the Ayurveda day for the promotion, propagation and popularization of Ayurveda every year since 2016.

(7) As on 14.03.2024, 541 Ayurveda Colleges across country are approved/registered by the National Commission for Indian System of Medicine (NCISM) which is statutory regulatory body under Ministry of Ayush. There are 3885 Ayush hospitals in the country as on 01.04.2023 with bed strength 62670. Among which 3005 hospitals are of Ayurveda system of medicine. As on 01.04.2023, 37804 Ayush dispensaries exist in country among which 25426 dispensaries are of Ayurveda system of medicine. These hospitals are providing Ayurveda treatment to general public at concessional rates or free of cost.

QUALITY OF ANTENATAL CARE IN RAJASTHAN

***66. SHRI RAHUL KASWAN:**

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

(a) the specific measures taken/being taken by the Government to improve both the quantity and quality of Antenatal Care (ANC) services in Rajasthan, particularly in Churu district to meet the WHO-recommended guideline of eight ANC visits;

(b) whether the Government has any plan to incorporate indicators in the NITI Aayog Health Index for measuring the quality/content of ANC services being provided at healthcare facilities in Rajasthan;

(c) the mechanisms/interventions put in place to address disparities in ANC utilization and educational levels in Churu district of Rajasthan with the aim to reduce maternal and infant mortality rates; and

(d) the steps taken under schemes such as the National Health Mission (NHM), Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), and

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) to bridge service delivery gaps and reduce regional disparities in Rajasthan?

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

(a) Government of India in collaboration with States /Union Territories (UTs) has already rolled out comprehensive antenatal care (ANC) check-ups across India including Churu district in Rajasthan. This includes four regular ANC visits along with one quality checkup by specialist Doctor under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), and three additional follow-up visits for high-risk pregnancies under the Extended PMSMA.

(b) The Government of India (GoI) captures data on quality services of ANC, including NITI Aayog Health Index indicators, measuring the quality/content of ANC services across all the States/UTs including Rajasthan.

(c) As per information received from the State of Rajasthan;

In order to reduce the Maternal Mortality Ratio (MMR) and Infant Mortality Rate (IMR) and address disparities, pregnant women in the State of Rajasthan, including Churu district are systematically tracked by name through the Government of India Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) portal and the State specific Pregnancy, Child Tracking and health services (PCTS) portal/ Reproductive and Child Health Portal. Priority is given to registering pregnancies during the first trimester, with a focus on delivering high-quality ANC services in healthcare facilities. Beneficiaries are regularly sent SMS reminders to access healthcare services at the nearest public healthcare facilities as per

their due dates. Additionally, area –specific health workers are informed every 15 days via SMS to ensure the timely delivery of services.

(d) Under the National Health Mission, several initiatives have been undertaken, including Janani Shishu Suraksha Karyakram (JSSK), Janani Suraksha Yojana (JSY), and the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), to address service delivery gaps and reduce regional disparities in Rajasthan.

(a) **Janani Suraksha Yojana (JSY)** promotes institutional delivery among pregnant women especially with weak socio-economic status i.e. women from Scheduled Castes, Scheduled Tribes and BPL households. All Pregnant Women are incentivized after delivery through Direct Benefit Transfer (DBT) in case of institutional delivery.

(b) **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant women delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion, if required, and free transport from home to institution and vice versa, starting from prenatal period up to post-natal period (up to 42 days after delivery). Similar entitlements are also provided for sick infants up to 1 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. Obstetricians and Gynaecologists / Radiologists/ Doctors working in the

private sector are encouraged to provide voluntary services at designated public healthcare facilities.

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

- **Monthly Village Health, Sanitation and Nutrition Day** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal and Child health services, community mobilization as well as to track high risk pregnancies.
- **Ayushman Arogya Mandir** teams organize camps on a periodic basis, to reach the marginalized, support treatment compliance and follow-up pregnant women and newborn etc.
- **Reproductive and child health (RCH) portal** is a name-based web-enabled tracking system for pregnant women and newborn so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and post-natal care.

- **Maternal and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, importance of antenatal care and postnatal care visits, danger signs of pregnancy, benefit schemes and institutional deliveries.

SALARY OF AWWs AND AWHs

*67. **SHRI ARVIND GANPAT SAWANT:**

SHRIMATI BHARTI PARDHI:

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

be pleased to refer to the reply given to Unstarred Question No.2003 dated 02.08.2004 and state:

- (a) whether the honorarium/salary given to Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) is different in States despite being a centrally sponsored scheme;
- (b) if so, the details thereof and the reasons therefor as it is a centrally sponsored scheme; and
- (c) the steps taken/proposed to be taken by the Government to give equal honorarium/salary to Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs)?

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

(a) to (c) Anganwadi Services under Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government is responsible for policy and planning and the State Governments are responsible for day-to-day

program implementation. Government of India releases funds for providing honorarium to Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) to the States/UTs as per the defined cost sharing ratio @Rs.4,500/- per month to AWW at main Anganwadi Centres (AWCs); @Rs.3,500/- per month to AWW at mini- AWCs and @Rs.2,250/- per month to AWH. The defined cost sharing ratio between the Central and the State Governments & UTs for the Honorarium given to AWWs & AWHs is as under:

States and UTs with Legislature - 60:40

NE and Himalayan States (including J&K) - 90: 10

UTs without legislature- 100:0

Besides, performance linked incentive of Rs.500/- is provided to AWWs and Rs.250/- per month to AWHs. In addition, States/UTs are also paying additional monetary incentives/honorarium to these functionaries from their own resources which vary from State to State. Details are placed at enclosed **Statement**.

With a view to incentivize and encourage the Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs), various initiatives have been undertaken including the following:

- (i) Promotion: Under Mission Saksham Anganwadi and Poshan 2.0, promotional opportunities for Anganwadi Workers have been enhanced. 50% posts of Anganwadi Workers are to be filled by Anganwadi Helpers with 5 years of experience and 50% posts of Supervisors are to be filled by promotion of Anganwadi Workers with 5 years of experience subject to fulfilment of other criteria.

- (ii) Social Security Insurance Schemes: Insurance benefits have been provided to Anganwadi Workers and Helpers under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00 Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.
- (iii) State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sectors in the country to ensure old age protection.
- (iv) Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to Anganwadi Workers and Helpers to ensure proper human resource planning.
- (v) It has been announced in the interim budget FY 2024-25 to extend healthcare annual coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers.

STATEMENT

Details of States/UTs paying additional monetary incentives/honorarium to these functionaries from their own resources

S.No.	Name of States/UTs	As reported by the States and UTs additional incentive/honorarium from its own sources (per month) in Rs.	
		Anganwadi Worker	Anganwadi Helper
1	Andhra Pradesh	7000	4750
2	Bihar	2500	1725
3	Chhattisgarh	5500	2750
4	Goa	5500 (0-10 years experience), 6000 (10-15 years experience), 8000 (15 to 20 years experience) 10000 (20-25 years experience) and 12000 (25 years and above experience)	3000 (0-5 years experience), 3500 (5-10 years experience), 4000 (10 to 15 years experience) 4500 (15- 20 years experience) , 5250 (20 to 25 years experience) and 6000 (25 years and above experience)
5	Gujarat	5500	3250
6	Haryana	9500 (AWWs above 10 years) 9000 (AWWs less than 10 years service/experience) 9000 (Mini AWWs) Rs. 1000 per month additional is paid to 4000 AWWs who is working in 4000 play schools (upgraded AWCs)	5250
7	Himachal Pradesh	5000 for Main AWC & 2950 for Mini AWCs	3100
8	Jammu & Kashmir	600	300
9	Jharkhand	5000 (Main AWC) and 6000 in Mini AWC	2500
10	Karnataka	6500	4000

11	Kerala	Rs.8000/-for who has completed 5 years of service and Rs.8500/- for who has completed 10 years of service	Rs.6250/- for who has completed 5 years of service and Rs.6750/- for who has completed 10 years of service
12	Madhya Pradesh	8500 for Main AWC & 3750 for Mini AWC	4250
13	Maharashtra	5500 (Up to 10 Years experience) 5800 (11 to 20 years experience), 5900 (21 to 30 years experience), 6000 (31 years and above experience)	3250 (Up to 10 Years experience) 3415 (11 to 20 years experience), 3470 (21 to 30 years experience), 3525 (31 years and above experience)
14	Orissa	3000 for Main AWC & 1875 for Mini AWC	1500
15	Punjab	5000 (Rs 500 increment per year).	3100 (250 increment per month)
16	Rajasthan	4554	3036
17	Tamil Nadu	10502	6596
18	Telangana	9150	5550
19	Uttar Pradesh	1500	750
20	Uttarakhand	4800-AWW & 2750-MINI AWW	3000
21	West Bengal	3750	4050
22	A&N Island	7500	5750
23	Chandigarh	3600	1800
24	Dadra & Nagar Haveli/ Daman & Diu	1000	600
25	Lakshadweep	5500	4750
26	Delhi	8220	4560
27	Puducherry	1950	2125
28	Arunachal Pradesh	2000+ 1000 w.e.f 16.01.2024	2000+ 1000 w.e.f 16.01.2024
29	Assam	2000 for AWW & 1250 for Mini AWW	1000
30	Manipur	1000	600
31	Meghalaya	3000 for Main AWC& 1500 for Mini AWC	1000

32	Mizoram	450	250
33	Nagaland	0	0
34	Sikkim	7000	4500
35	Tripura	5946 (Maximum) & 3500 Minimum	4218 (Maximum) & 2750 (Minimum)
36	Ladakh	1300	650

ROLE OF AWWs AND AWHs

***68. SHRI SRIBHARAT MATHUKUMILLI:**

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

- (a) the average number of Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) for each Anganwadi Centre, State-wise;
- (b) the works undertaken by a typical AWW in the Centre;
- (c) whether the multi-tasked Anganwadi Workers teach children of different ages at once; and
- (d) if so, the challenges and impacts of this arrangement on the quality of children's early education?

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

(a) to (d) As per the mandate of Mission Saksham Anganwadi and Poshan 2.0, each Anganwadi Centre consists of one Anganwadi Worker (AWW) and one Anganwadi Helper (AWH) in the Main Anganwadi centre (AWC) and one Anganwadi Worker in the Mini AWC. The roles and responsibilities of Anganwadi

Worker under Mission Saksham Anganwadi and Poshan 2.0 are placed at enclosed **Statement**.

Poshan Bhi Padhai Bhi initiative of Saksham Anganwadi and Poshan 2.0 was launched on 10th May 2023 to bring focus of the Anganwadi system on early childhood care and education and transform the Anganwadi Centre into a Learning Centre having high quality infrastructure, play equipment, and well-trained Anganwadi Workers to stimulate the creative, social, emotional and cognitive development of children under 6 years of age including divyang children. A TwoTier Implementation Model, i.e. training cascade, is being followed throughout the Country for Training functionaries under the scheme i.e State Level Master Trainers and Anganwadi Workers. Poshan Bhi Padhai Bhi Training covers all Anganwadi functionaries once in Year 1 and Year 2 as a basic ECCE and Nutrition training, i.e. Round 1, and then once again in Year 3 for deeper detailed training, i.e. Round 2.

To empower the Anganwadi workers and ensure optimal learning for all children including Divyang children, this Ministry has developed two curriculum frameworks - “Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to Three Years, 2024” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from Three to Six Years 2024” under Poshan Bhi Padhai Bhi programme.

For children from birth to three years, “Navchetna” is used for holistic early stimulation, through responsive caregiving and opportunities for early learning and for optimal physical & cerebral development of children. Monthly age based

activities for 36 months are provided that can be conducted both within the household as well as at the Anganwadi Centre, through all the contact points including home visits, monthly meetings, community-based events etc. Screening, inclusion and referrals for divyang children are also provided special focus.

Generally children enrolled from age three to six years visit the Anganwadi Centres where “Adharshila” is used for all domains of development/teaching as per the National Curriculum Framework for Foundational Stage 2022 (NCF-FS), including physical/motor, cognitive, language and literacy, socioemotional, cultural/aesthetic as well as positive habits. It provides a weekly calendar comprising 36 weeks of active learning, 8 weeks of reinforcement and 4 weeks of initiation, together with 5+1 days of play-based learning in one week, and three blocks of activities in one day. It provides for a combination of activities, including in-centre and at-home, indoor and outdoor, child-led and educator-led etc. Special focus has been given for the screening, inclusion and referrals of divyang children in every activity.

As part of the important component of Early Childhood Care and Education, MWCD has placed great deal of importance on development and use of indigenous toys for learning at AWCs. All 36 States/ UT's have been paired to facilitate exchange of indigenous toys/folklores as part of the vision for Ek Bharat Sreshth Bharat. Detailed guidelines have been shared with all States on creation of Do-It-Yourself (DIY) toy kits as part of Teaching Learning Material creation workshops.

The Ministry has issued guidelines for organization of fixed monthly ECCE days and provision of PSE kit at Anganwadi Centres outlining different types of events that can be conducted by the Anganwadi Worker with the parents and community, aligned with the academic calendar, to help children with school readiness and life skills.

Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously facilitating real-time monitoring of all activities going on simultaneously. Further, ECCE modules have also been incorporated in Poshan Tracker.

STATEMENT

Roles and responsibilities of Anganwadi Worker (AWW) is as under:

- (i) To feed relevant beneficiary data in Poshan Tracker app on regular basis as instructed from time to time and generate/submit reports/ returns as specified.
- (ii) To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel.
- (iii) To carry out a quick survey of all the families, especially mothers and children in those families at least once in a year and to provide health and nutrition

education and counselling on breastfeeding and infant & young child feeding practices to mothers.

- (iv) To organize non-formal pre-school activities in the Anganwadi for children in the age group 3-6 years and to help in designing and making of toys and play equipment of indigenous origin for use in the Anganwadi Centre.
- (v) To help pregnant and lactating mothers visiting the Anganwadi centre to get the birth of their child registered and share the information with the village level functionary who notifies the Registrar of Births.
- (vi) To assist the PHC staff in the implementation of the health component of the programme, viz. immunization and health check-up, ante-natal and post-natal check etc., to assist ANM in the administration of IFA and Vitamin A and to identify the children with special needs during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
- (vii) To assist in implementation of Scheme for Adolescent Girls (SAG) in Aspirational districts of all States and all States of North Eastern India and motivate adolescent girls and their parents and community in general by organizing social awareness programmes/campaigns etc.

IMPACT OF BRICS SUMMIT ON INDO-CHINA RELATIONS

***69. SHRI DAYANIDHI MARAN:**

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

- (a) the impact of the BRICS Summit in driving the India-China disengagement agreement;
- (b) whether the deadline of the summit helped expedite any unresolved issues and if so, the details thereof;
- (c) whether the Government provides periodic updates or issues a white paper to inform the public about the progress and changes along the LAC given the sensitivity of border matters and if so, the details thereof;
- (d) whether there has been a formal statement from the Chinese Government on the border agreement and if so, the details thereof;
- (e) whether the Government has perceived any reluctance from China to publicly endorse the terms of this detente and if so, the details thereof;
- (f) whether there is a structured mechanism in place to handle future misunderstandings or minor incidents that may arise along the LAC to prevent escalation and if so, the details thereof; and
- (g) whether there are plans to ease rules for the issuance of visas between India and China and if so, the details thereof?

THE MINISTER OF EXTERNAL AFFAIRS (DR. SUBRAHMANYAM JAISHANKAR):

(a) to (g): Prime Minister Shri Narendra Modi met with Mr. Xi Jinping, President of the People's Republic of China, on the sidelines of the 16th BRICS Summit at Kazan on 23 October 2024.

During the meeting, Prime Minister Modi welcomed the agreement for complete disengagement and resolution of relevant issues that arose in 2020 in the India-

China border areas. He underscored the importance of properly handling differences and disputes and not allowing them to disturb peace and tranquility in the border areas.

China's Ministry of Foreign Affairs Spokesperson Lin Jian during the regular press conference on 22nd October 2024 said "Over a recent period of time, China and India have reached resolutions on issues concerning the border area following close communication through diplomatic and military channels. China commends the progress made and will continue working with India for the sound implementation of these resolutions."

The readout of China's Ministry of Foreign Affairs following the meeting between Prime Minister Narendra Modi and President Xi Jinping mentioned that "The two leaders commended the important progress the two sides had recently made through intensive communication on resolving the relevant issues in the border areas."

Government has regularly briefed the Parliament on the major milestones in resolution of issues and also released information through press releases and briefings. Raksha Mantri had briefed Parliament on 15 September 2020 and 11 February 2021 on significant developments in the Disengagement discussions with the Chinese side. Government also issued press statements on 15 September 2020 and 12 February 2021 in this regard.

Government regularly takes up any transgression along the LAC with the Chinese side through established mechanisms including border personnel meetings, flag meetings, meetings of Working Mechanism for Consultation & Coordination on

India-China Border Affairs, the recent India-China Corps Commander Level Meeting mechanism as well as through diplomatic channels.

During the meeting between Prime Minister Modi and Chinese President Xi Jinping in Kazan on 23 October 2024, it was agreed that relevant dialogue mechanisms at the level of Foreign Minister and other officials will be utilized to stabilize and rebuild bilateral relations. External Affairs Minister met Chinese Foreign Minister Wang Yi on the sidelines of G20 Summit on 18 November 2024. The discussions focused on the next steps in India-China relations. It was agreed that a meeting of the Special Representatives and of the Foreign Secretary-Vice Minister mechanism will take place soon. Among the steps discussed were the resumption of the Kailash Mansarovar Yatra pilgrimage, data sharing on trans-border rivers, direct flights between India and China and media exchanges.

राजस्थान में पत्तन का निर्माण

*70. श्री उम्मेदा राम बेनीवाल:

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

- (क) क्या राजस्थान के बाडमेर जिले के बाखासर में एक कृत्रिम नहर का निर्माण करके पत्तन विकसित करने के लिए कोई योजना / स्कीम बनाई गई है,
- (ख) यदि हां, तो इस संबंध में सरकार द्वारा बनाई गई नीति / कार्यनीति सहित तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का राजस्थान में विकास का नया आयाम स्थापित करने के लिए यथाशीघ्र पत्तन विकसित करने का विचार है:
- (घ) यदि हां, तो इसे कब तक पूरा किए जाने की संभावना है, और

(ड) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ड): जी हां। राजस्थान सरकार ने बाडमेर जिले के बाखासर के पास भवतारा में पत्तन के विकास पर पूर्व व्यवहार्यता रिपोर्ट तैयार की है। भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूएआई) ने राष्ट्रीय जलमार्ग- 48 (जवई-लूनी नदियों और कच्छ का रण) की व्यवहार्यता रिपोर्ट तैयार की है तथा दिनांक 01.10.2024 को पत्तनों, जलमार्गों एवं तटों के लिए राष्ट्रीय प्रौद्योगिकी केन्द्र (एनटीसीपीडब्ल्यूसी), आईआईटी मद्रास को जलमार्ग का गणितीय मॉडलिंग तैयार करने का कार्य सौंपा है। पत्तन के विकास के लिए आगे की कार्रवाई गणितीय मॉडलिंग के परिणाम पर निर्भर होगी।

ACHIEVEMENTS OF SWACHH BHARAT MISSION

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

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

- (a) whether a study has been published in the science journal 'Nature' recently on the achievements of Swachh Bharat Mission (SBM) and if so, the details thereof;
- (b) whether Swachh Bharat Mission which provides access to toilets and better sanitation services has averted 60000-70000 infant deaths every year between 2014 and 2020 and if so, the details thereof;
- (c) whether infant mortality in Andhra Pradesh has come down by more than 35% and 38% in Telangana during the said period, if so, the details thereof; and
- (d) the manner in which the Union Government with the help of States, is planning to keep this momentum to achieve new goals?

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

(a) and (b) A study published in 2024 in 'Nature' magazine has revealed that the Swachh Bharat Mission (SBM) has contributed significantly in reducing infant and under-five mortality rates across the country by saving 60,000–70,000 infant lives annually.

(c) As per the Sample Registration System (SRS) report of Registrar General of India, Infant Mortality Rate (IMR) in the State of Andhra Pradesh has reduced from 39 per 1000 live births in 2014 to 24 per 1000 live births in 2020 and the Infant Mortality Rate (IMR) in the State of Telangana has reduced from 35 per 1000 live births in 2014 to 21 per 1000 live births in 2020.

(d) The Ministry of Health and Family Welfare (MoHFW) supports all States/UTs in implementation of Reproductive, Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH+N) strategy under National Health Mission (NHM) based on the Annual Programme Implementation Plan (APIP) to improve child survival in the country. These interventions include:

(i) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY)

(ii) Entitlements under Janani Shishu Suraksha Karyakaram (JSSK)

(iii) Establishment of Neonatal Intensive Care Units (NICUs)/ Special Newborn Care Units (SNCU) and Newborn Stabilization Units (NBSUs) for care of sick and small babies

(iv) Home Based Newborn Care (HBNC) and Home Based Care of Young Child provided by ASHAs to improve child rearing practices

(v) Mothers' Absolute Affection programme (MAA) to promote early initiation and exclusive breastfeeding for first six months

(vi) Promote use of ORS and Zinc for management of diarrhoea in children

(vii) Early screening, identification and management on pneumonia under Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) and strengthening Paediatric Care for management of sick children at District Hospital level.

Also, Rashtriya Bal Swasthya Karyakram (RBSK) provides child health screening and early intervention services for defects, diseases, deficiencies and delays to improve the quality of survival.

सिकल सेल एनीमिया

***72. एडवोकेट गोवाल कागडा पाडवी:**

श्री मनीश तिवारी:

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

(क) देश में राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन के तहत सिकल सेल एनीमिया के लिए जांचे गए जनजातीय व्यक्तियों की कुल संख्या राज्य-वार कितनी है;

(ख) देश में इन जांच के माध्यम से पहचाने गए सिकल सेल एनीमिया के व्याप्त होने की दर का राज्य-वार ब्यौरा क्या है;

(ग) देश में राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन के तहत चरण-वार बजटीय आवंटन और उपयोग का ब्यौरा क्या है; और

(घ) देशभर के सुदूर जनजातीय क्षेत्रों में सिकल सेल एनीमिया रोगियों के लिए आसानी से सुलभ और प्रभावी उपचार सुविधा सुनिश्चित करने के लिए सरकार द्वारा क्या विशिष्ट उपाय किए गए हैं?

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

(क) से (घ) : राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन (एनएससीईईएम) 1.7.2023 को शुरू किया गया था। दिनांक 24.11.2024 की स्थिति के अनुसार, 17 चिह्नित राज्यों में कुल 4,75,42,776 लोगों की जांच की गई है जिसमें जनजातीय बहुल आबादी वाले क्षेत्रों में 1,98,62,568 जनजातीय लोग भी शामिल हैं और इसे एनएससीईईएम के तहत <https://sickle.nhm.gov.in> पोर्टल पर देखा जा सकता है। की गई जांचों का राज्य-वार ब्यौरा संलग्न **विवरण- I** में दिया गया है।

प्रभावित राज्यों में जांच के माध्यम से अभिज्ञात सिकल सेल एनीमिया के कारण मरने वालों और इसके संवाहकों की प्रतिशता का राज्य-वार ब्यौरा संलग्न **विवरण- I** में दिया गया है।

प्रभावित राज्यों में एनएससीईईएम सहित रक्त विकारों की जांच के लिए किए गए बजटीय आवंटन और उपयोग का ब्यौरा संलग्न **विवरण -II** पर है।

एनएससीईईएम के तहत, जिला अस्पतालों से लेकर आयुष्मान आरोग्य मंदिर (एएएम) स्तर तक के सभी स्वास्थ्य सुविधा केंद्रों में जांच की जाती है। एससीडी से ग्रस्त रोगियों को उनके जीवन की गुणवत्ता में सुधार लाने के लिए एएएम के माध्यम से निम्नलिखित सेवाएं/ सुविधाएं प्रदान की जाती हैं:

- छोटे-छोटे अंतरालों पर रोग ग्रस्त व्यक्तियों का अनुवर्ती उपचार।
- (a) जीवन शैली प्रबंधन, विवाह पूर्व और प्रसव पूर्व लिए जाने वाले निर्णयों संबंधी परामर्श।
- (b) फोलिक एसिड गोलियों के वितरण के माध्यम में पोषणात्मक अनुपूरक आहार सहायता।
- (c) योग और आरोग्यता सत्रों का आयोजन।
- (d) संकटकालीन लक्षणों का प्रबंधन और उच्चतर सुविधा केंद्रों में रेफरल।

हाइड्रोक्सीयूरिया को उप स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी)/ शहरी पीएचसी, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों में राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की अनिवार्य औषधि सूची में शामिल किया गया है ताकि दवाओं की उपलब्धता की समस्या न रहे।

एनएचएम के तहत, हाइड्रोक्सीयूरिया की खरीद के लिए वित्तीय सहायता दी जाती है ताकि सिकल सेल एनीमिया के रोगियों की जेब से होने वाले खर्च को कम किया जा सके।

जनजातीय कार्य मंत्रालय (एमओटीए) के माध्यम से, जागरूकता और परामर्श से संबंधित सामग्री तैयार की गई है। रोग, स्क्रीनिंग (जांच) और प्रबंधन के बारे में जागरूकता फैलाने के लिए आईईसी और मीडिया संबंधी गतिविधियां चलाई गई हैं। राज्य सरकारों को मिशन के क्रियाकलापों के कार्यान्वयन में महत्वपूर्ण भूमिका निभानी होती है।

इसके अलावा, सुविधाजनक पहुँच और प्रभावी उपचार सुविधा सुनिश्चित करने के लिए, विशेष रूप से कमजोर जनजातीय समूहों (पीवीटीजी) की आबादी की जांच तथा उच्चतर स्वास्थ्य सुविधा केंद्रों को रेफरल के लिए प्रधान मंत्री जनजाति आदिवासी न्याय महा अभियान (पीएम जनमन) के तहत सुदूर क्षेत्रों में मोबाइल चिकित्सा इकाइयां (एमएमयू) तैनात की गई हैं।

विवरण - I

17 प्रभावित राज्यों में सिकल सेल एनीमिया के संबंध में की गई जांचों और मृतकों और रोग वाहकों की प्रतिशतता का राज्य-वार ब्यौरा

क्रम सं.	राज्य का नाम	की गई कुल जांच	मृतकों की कुल संख्या	मृतकों का प्रतिशत	रोग संवाहकों की कुल संख्या	रोग संवाहकों का प्रतिशत
1	आंध्र प्रदेश	9,29,380	1706	0.18	19375	2.08
2	असम	8,47,274	258	0.03	1321	0.16
3	बिहार	11,976	1	0.01	4	0.03
4	छत्तीसगढ़	1,44,11,035	25378	0.18	318317	2.21
5	गुजरात	35,58,702	5740	0.16	168715	4.74
6	झारखंड	21,98,507	2149	0.10	2899	0.13
7	कर्नाटक	2,18,069	564	0.26	4592	2.11

8	केरल	1,06,753	1167	1.09	4326	4.05
9	मध्य प्रदेश	84,69,811	25307	0.30	164869	1.95
10	महाराष्ट्र	49,91,803	19296	0.39	146663	2.94
11	ओडिशा	47,62,739	89324	1.88	366289	7.69
12	राजस्थान	36,24,600	2947	0.08	7890	0.22
13	तमिलनाडु	2,58,162	495	0.19	8916	3.45
14	तेलंगाना	4,33,449	836	0.19	5368	1.24
15	उत्तर प्रदेश	6,48,371	18	0.00	95	0.01
16	उत्तराखंड	1,64,532	2	0.00	94	0.06
17	पश्चिम बंगाल	1,907,613	5422	0.28	34301	1.80
	कुल	4,75,42,776	1,80,610	0.38	12,54,034	2.64

विवरण -II

वित्त वर्ष 2023-24 के दौरान एनएचएम के तहत सिकल सेल जांच सहित रक्त विकारों की जांच के लिए राज्य/ संघ राज्य क्षेत्र वार राज्य कार्यक्रम कार्यान्वयन योजना (एसपीआईपी) अनुमोदन और व्यय का ब्यौरा

क्रम सं.	राज्य/संघ राज्य क्षेत्र	(लाख रुपए में)	
		2023-24	
		एसपीआईपी अनुमोदन	व्यय
1.	आंध्र प्रदेश	798.83	436.65
2.	असम	31.20	945.35
3.	बिहार	50.00	29.25
4.	छत्तीसगढ़	1,536.36	263.97
5.	गुजरात	505.68	294.94
6.	झारखंड	407.50	553.17
7.	कर्नाटक	225.39	0.21
8.	केरल	3,848.40	2,268.37

9.	मध्य प्रदेश	1,210.00	739.30
10.	महाराष्ट्र	2,017.10	185.71
11.	ओडिशा	2,475.38	1,116.31
12.	राजस्थान	251.47	277.31
13.	तमिलनाडु	12,279.60	4,374.15
14.	तेलंगाना	-	-
15.	उत्तर प्रदेश	15,193.24	6,563.94
16.	उत्तराखंड	482.19	366.52
17.	पश्चिम बंगाल	777.96	111.50
नोट:			
1. व्यय में केंद्रीय स्तर पर जारी निधियों, राज्य द्वारा जारी निधियों और वर्ष के प्रारंभ में अव्ययित शेष में से किए गए व्यय शामिल हैं।			
2. उपर्युक्त डेटा राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध रिपोर्टों के अनुसार हैं और ये अनंतिम हैं।			

SHE-BOX PORTAL

***73. SUSHRI S. JOTHIMANI:**

SHRI RAJESH RANJAN:

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

- (a) the number of complaints received, addressed or disposed of through the She-Box portal since its inception, state-wise;
- (b) whether the Government proposes to make the resources on sexual harassment available on the She-Box portal in regional languages, if so, the details thereof indicating the languages proposed to be included therein;

- (c) whether the Government proposes to exercise any regulatory oversight on the composition of Internal Complaints Committees (ICCs) responsible for addressing complaints of sexual harassment at the workplace; and
- (d) if so, the details of the measures taken by the Government to improve safety at the workplace?

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

(a): 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 is an initiative of the Ministry to provide 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. The complaint registration system is live with effect from 19th October, 2024 after onboarding of maximum number of Central Ministries/ Departments. Since then, a total of 9 complaints have been received on portal.

(b) to (d): The SH Act mandates the appropriate Government to monitor the implementation of the Act and maintain data on the number of cases filed and disposed of. She-Box is not a mechanism for statutory or regulatory oversight, but to provide a centralized online system to facilitate dissemination of information about the ICs and LCs constituted at various workplaces so that any aggrieved woman may file complaint in a secure and hassle free manner and track its progress. Any complaint filed on the SHe-Box portal reaches directly to the IC of the workplace concerned or LC of the district, as the case may be. Except the Chairperson of the IC, no other person is able to see the details or nature of the complaint. Making the SHe-Box available in regional languages is part of the project.

In addition to SHe-Box portal, following measures have been taken by Government to improve safety at the Workplace-

- i. Ministry of Women and Child Development being the Nodal Ministry for SH Act observes the Enactment day i.e. 9th December of the SH Act every year and issues letters/ advisories to all sectors (including Central Government/ State Government/ Private Bodies/ Trade organization/ Educational Institutions/ and other organizations) for effective implementation of the Act and also to constitute IC/ LC immediately.
- ii. The Ministry has also issued a Handbook on SH Act, 2013. The Handbook provides information about the Act in an easy-to-use practical manner. The soft copy of the Handbook has been uploaded on the Ministry's website for the purposes of mass dissemination and it has also been sent to Ministers

and officials concerned of various Ministries/ Departments, State Governments and Union Territory Administrations.

- iii. The Ministry has prepared a training module in collaboration with Institute of Secretariat Training and Management (ISTM) for training and Gender Sensitization programmes of personnel. Ministry also launched a 'Guide on Gender-Inclusive Communication' on 28th November 2023 to help removing gender stereotypes.
- iv. The Department of Personnel and Training, Government of India has also issued advisories from time to time to all the Central Ministries/ Departments to complete the inquiry in a time bound manner and to include the information related to number of cases filed/ disposed under the SH Act in their annual report.
- v. Under Nirbhaya Fund, Government has taken several measures to improve safety of women at workplace:
 - a) To ensure safety of public places where women work and live, 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 (BMTC), Telangana State Road Transport Corporation (TSRTC), etc. by Ministry of Road Transport and Highways, have been implemented.

- b) 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 resources. A fully functional dedicated Women Helpline-181 (WHL) is also functional to provide emergency and non-emergency response to women affected by violence and in distress across the country. This helpline is fully integrated with 112.

आयुष सुपर स्पेशियलिटी अस्पताल और स्वास्थ्य केंद्र

*74. श्री चन्द्र प्रकाश चौधरी:

श्री धवल लक्ष्मणभाई पटेल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में राष्ट्रीय आयुष मिशन (एनएएम) के तहत अब तक स्वीकृत आयुष सुपर स्पेशियलिटी अस्पतालों/स्वास्थ्य केंद्रों का झारखंड, गुजरात, हरियाणा और उत्तर प्रदेश सहित राज्य/संघ राज्यक्षेत्रवार और जिला-वार ब्यौरा क्या है;

- (ख) हरियाणा के सोनीपत संसदीय निर्वाचन क्षेत्र सहित उक्त राज्यों में एनएएम के तहत ऐसे अस्पतालों/केंद्रों में स्वीकृत, आवंटित और उपयोग की गई धनराशि का ब्यौरा क्या है;
- (ग) एनएएम के तहत निर्धारित लक्ष्य क्या हैं और उनकी वर्तमान स्थिति क्या है; और
- (घ) उक्त लक्ष्यों को समय पर हासिल करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

(क) और (ख): चूंकि सार्वजनिक स्वास्थ्य राज्य का विषय है, इसलिए आयुष सुपर स्पेशियलिटी अस्पतालों/स्वास्थ्य केंद्रों की स्थापना करना झारखंड, गुजरात, हरियाणा और उत्तर प्रदेश सहित संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आता है। हालांकि, केंद्रीय प्रायोजित योजना राष्ट्रीय आयुष मिशन (एनएएम) के तहत, झारखंड, गुजरात, हरियाणा और उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारों को 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए वित्तीय सहायता प्रदान करने का प्रावधान है। राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से झारखंड, गुजरात, हरियाणा और उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारों से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने वर्ष 2014-15 से 2023-24 तक 167 एकीकृत आयुष अस्पतालों को मंजूरी दी है। हालांकि, हरियाणा राज्य सरकार ने सोनीपत संसदीय निर्वाचन क्षेत्र में 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए कोई प्रस्ताव प्रस्तुत नहीं किया है। राज्य/संघ राज्य क्षेत्र-वार और जिला-वार अनुमोदित एकीकृत आयुष अस्पतालों की सूची, स्वीकृत/आवंटित और उपयोग की गई धनराशि का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ): चूंकि एनएएम योजना का कार्यान्वयन राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आता है, इसलिए राज्य/संघ राज्य क्षेत्र-वार विशिष्ट लक्ष्यों का निर्धारण और उन्हें समय पर पूरा किया जाना मंत्रालय द्वारा निश्चित नहीं किया जाता है।

विवरण

राज्य/संघ राज्य क्षेत्र-वार और जिला-वार अनुमोदित एकीकृत आयुष अस्पतालों की स्थिति तथा स्वीकृत/आबंटित और उपयोग की गई धनराशि

क्रम सं.	राज्य/संघ राज्य क्षेत्र	स्थान (जिला)	चिकित्सा पद्धति	बिस्तरो की संख्या	स्वीकृत/आबंटित धनराशि (लाख रुपए में)	राज्य सरकार द्वारा सूचित उपयोग की गई धनराशि (लाख रुपए में)	स्थिति
1	अंडमान एवं निकोबार द्वीप समूह	पोर्ट ब्लेयर (दक्षिण अंडमान)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	124.95	107.40	कार्यरत
2	आंध्र प्रदेश	काकीनाडा	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	814.25	491.18	निर्माणाधीन
		विशाखापत्तनम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	309.43	120.00	निर्माणाधीन
3	अरुणाचल प्रदेश	थिंगकिओंग (ऊपरी सियांग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	80.00	27.00	निर्माणाधीन
		सेप्पा (पूर्व कामेंग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	80.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		जीरो (लोअर सुबनसिरी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	80.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		भालुकपोंग (पश्चिम कामेंग)	आयुर्वेद, होम्योपैथी और योग	50	275.00	247.50	निर्माणाधीन
		लिकाबली (निचला सियांग)	आयुर्वेद, होम्योपैथी और योग	50	175.00	157.50	निर्माणाधीन
4	असम	गोलपाड़ा	आयुर्वेद	50	959.89	794.60	कार्यरत
		माजुली	आयुर्वेद	50	1189.72	823.61	कार्यरत
		कोकराझार	आयुर्वेद और होम्योपैथी	50	1.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		बक्सा	आयुर्वेद और होम्योपैथी	50	1.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		मोरीगांव	आयुर्वेद और होम्योपैथी	50	1.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		कालियाबोर (नागांव)	आयुर्वेद और होम्योपैथी	50	1.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		दिफू (कार्बी आगलोंग)	आयुर्वेद और होम्योपैथी	30	1.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		बाजाली	आयुर्वेद और होम्योपैथी	10	1.00	0.00	निर्माण कार्य शुरू नहीं हुआ
5	बिहार	पटना	आयुर्वेद, होम्योपैथी, यूनानी और योग	50	902.70	137.27	निर्माण पूरा हुआ
6	चंडीगढ़	चंडीगढ़	आयुर्वेद और होम्योपैथी	50	783.12	511.77	निर्माणाधीन

7	छत्तीसगढ़	जांजगीर-चंपा	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	31.11	निर्माणाधीन
		महासमुंद	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	102.45	कार्यरत
		कोरिया	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	42.56	निर्माणाधीन
		कोरबा	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	65.42	कार्यरत
		कांकेर (उत्तर बस्तर कांकेर)	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	123.45	कार्यरत
		नारायणपुर	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	21.25	निर्माणाधीन
		बीजापुर	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	0.00	निर्माणाधीन
		दंतेवाड़ा (दक्षिण बस्तर दंतेवाड़ा)	आयुर्वेद, होम्योपैथी और यूनानी	10	255.50	20.84	निर्माणाधीन
		दल्लौ राजहरा (बालोद)	आयुर्वेद	30	25.50	15.30	निर्माण पूरा हुआ
8	दादरा नगर हवेली और दमन एवं दीव	सिलवासा (दादरा और नगर हवेली)	आयुर्वेद	50	167.45	0.00	निर्माणाधीन
9	गोवा	मरगांव (दक्षिण गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	912.77	366.96	निर्माणाधीन
		वेलगुएम (उत्तर गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	125.00	0.00	निर्माणाधीन
10	गुजरात	सूरत	आयुर्वेद, होम्योपैथी और योग	50	950.00	380.00	निर्माणाधीन
11	हरियाणा	हिसार	आयुर्वेद, होम्योपैथी, यूनानी और योग	50	675.34	405.01	कार्यरत
12	हिमाचल प्रदेश	कुल्लू	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	1409.62	1268.72	निर्माणाधीन
		मंडी	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	25.00	22.50	निर्माण कार्य शुरू नहीं हुआ
13	जम्मू और कश्मीर	किश्तवाड़	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	500.00	360.00	निर्माणाधीन
		कुपवाड़ा	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	737.17	644.62	निर्माणाधीन
		बिलावर	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	711.37	633.25	निर्माणाधीन
		कुलगाम	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	725.96	464.62	निर्माण पूरा हुआ

		सांबा	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	253.65	240.35	निर्माणाधीन
		गदी गढ़ (जम्मू)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	10	75.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		बांदीपायीन (बारामूला)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	10	75.00	45.62	निर्माणाधीन
14	झारखंड	रांची	आयुर्वेद और होम्योपैथी	50	1500.00	414.51	निर्माणाधीन
		गुमला	आयुर्वेद और होम्योपैथी	10	750.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		बोकारो	आयुर्वेद और होम्योपैथी	10	750.00	31.55	निर्माणाधीन
		देवघर	आयुर्वेद और होम्योपैथी	10	750.00	49.73	निर्माणाधीन
		पलामू	आयुर्वेद और होम्योपैथी	10	750.00	32.46	निर्माणाधीन
		दुमका	आयुर्वेद और होम्योपैथी	10	750.00	91.97	निर्माणाधीन
		जमशेदपुर (पूर्वी सिंहभूम)	आयुर्वेद और होम्योपैथी	50	1500.00	130.91	निर्माणाधीन
15	कर्नाटक	गदग	आयुर्वेद और होम्योपैथी	50	900.00	420.00	कार्यरत
		मैंगलोर (दक्षिण कन्नड़)	आयुर्वेद और होम्योपैथी	50	900.00	564.60	कार्यरत
		तीर्थहल्ली (शिवमोगा)	आयुर्वेद और होम्योपैथी	10	35.03	0.00	निर्माण कार्य शुरू नहीं हुआ
16	केरल	चालाकुडी (त्रिशूर)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	900.00	342.38	निर्माण पूरा हुआ
		मट्टनूर (कन्नूर)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	900.00	332.00	निर्माण पूरा हुआ
		अडूर (पत्तनमथिट्टा)	होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	60.00	6.00	निर्माण कार्य शुरू नहीं हुआ
		अट्टापडी (पालक्कड़)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	10.00	6.00	निर्माण कार्य शुरू नहीं हुआ
		कोट्टाराकारा (कोल्लम)	आयुर्वेद, सिद्ध और योग एवं प्राकृतिक चिकित्सा	30	100.00	12.00	निर्माण कार्य शुरू नहीं हुआ
		वायनाड	आयुर्वेद और योग	30	25.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		इडुक्की	होम्योपैथी और योग	30	25.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		अरनमुला (पथनमथिट्टा)	आयुर्वेद और योग	30	25.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		वर्कला (तिरुवनंतपुरम)	योग एवं प्राकृतिक चिकित्सा	30	25.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		कप्पुकड़ (तिरुवनंतपुरम)	आयुर्वेद, सिद्ध और योग	50	25.00	0.00	निर्माण कार्य शुरू नहीं हुआ
17	लक्षद्वीप	कवारत्ती (लक्षद्वीप)	आयुर्वेद, होम्योपैथी और यूनानी	30	221.80	219.05	कार्यरत
18	महाराष्ट्र	नंदुरबार	आयुर्वेद, होम्योपैथी और यूनानी	30	633.79	304.04	कार्यरत

		सिंधुदुर्ग	आयुर्वेद, होम्योपैथी और यूनानी	30	821.92	268.88	निर्माण पूरा हुआ
		पुणे	आयुर्वेद, होम्योपैथी और यूनानी	30	696.28	373.57	कार्यरत
		अहमदनगर	आयुर्वेद, होम्योपैथी और यूनानी	30	644.43	338.22	कार्यरत
		धाराशिव (उस्मानाबाद)	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	100.00	4.51	निर्माण कार्य शुरू नहीं हुआ
		जलगांव	आयुर्वेद, होम्योपैथी, योग और यूनानी	30	300.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		जलना	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	300.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		धाने	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	300.00	5.98	निर्माण कार्य शुरू नहीं हुआ
		नागपुर	आयुर्वेद, होम्योपैथी, योग और यूनानी	50	100.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		मोरेह (टेंगनौपाल)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	654.50	586.93	कार्यरत
		छुरछंदपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	650.00	585.00	निर्माण पूरा हुआ
		क्वाकेइथेल कोनजेंग लेइकाई (इम्फाल पश्चिम)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	393.59	337.37	कार्यरत
		केइराओ एसी (इम्फाल पूर्वी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	667.30	600.57	कार्यरत
		चंदेल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
		जिरीबाम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
		कांगपोकपी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
		बिश्रुपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
		नोनी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
		शौबल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
		सेनापति	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	187.50	127.97	निर्माणाधीन
20	मध्य प्रदेश	भोपाल	आयुर्वेद और योग	50	750.00	450.00	कार्यरत

		इंदौर	आयुर्वेद, होम्योपैथी और योग	50	550.00	330.00	निर्माणाधीन
		नरसिंहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	776.92	344.63	कार्यरत
		अमरकंटक (अनूपपुर)	आयुर्वेद, यूनानी और होम्योपैथी	50	500.00	300.00	निर्माणाधीन
		मंडलेश्वर (खरगोन)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	324.75	194.85	निर्माणाधीन
		बालाघाट	आयुर्वेद, यूनानी और होम्योपैथी	50	250.00	150.00	निर्माणाधीन
		सीहोर	आयुर्वेद, यूनानी और होम्योपैथी	50	425.00	255.00	निर्माणाधीन
		गुना	आयुर्वेद, यूनानी और होम्योपैथी	50	100.00	15.00	निर्माण कार्य शुरू नहीं हुआ
		पन्ना	आयुर्वेद, यूनानी और होम्योपैथी	50	100.00	60.00	निर्माण कार्य शुरू नहीं हुआ
		भिंड	आयुर्वेद, यूनानी और होम्योपैथी	50	100.00	60.00	निर्माण कार्य शुरू नहीं हुआ
		बड़वानी	आयुर्वेद, यूनानी और होम्योपैथी	30	25.00	0.00	निर्माण कार्य शुरू नहीं हुआ
21	मेघालय	सोहरा (चेरापूंजी) (पूर्वी खासी हिल्स)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	1011.04	877.31	निर्माण पूरा हुआ
		उमटू (री भोई)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	733.91	575.30	कार्यरत
		जोवाई (पश्चिम जैंतिया हिल्स)	होम्योपैथी, योग और आयुर्वेद	30	150.00	101.25	निर्माणाधीन
22	मिजोरम	आइजोल	आयुर्वेद और होम्योपैथी	50	80.72	72.65	निर्माणाधीन
		सैचुअल	आयुर्वेद और होम्योपैथी	10	150.00	135.00	निर्माणाधीन
23	नागालैंड	नोकलाक, तुएनसांग (नोकलाक)	आयुर्वेद, होम्योपैथी और योग	30	896.04	806.44	कार्यरत
		रजा, चेडेमा (कोहिमा)	आयुर्वेद, होम्योपैथी और योग	50	900.00	810.00	कार्यरत
		सपंग्या (चुंगटिया) (मोकोकचुंग)	आयुर्वेद, होम्योपैथी और योग	50	276.68	249.01	निर्माणाधीन
		याचेम (लॉंगलेंग)	आयुर्वेद, होम्योपैथी और योग	30	175.00	157.50	निर्माणाधीन
		किफिरे (किफिरे)	होम्योपैथी	30	37.50	27.67	निर्माण कार्य शुरू नहीं हुआ
		तिजित (मोन)	आयुर्वेद और होम्योपैथी	30	15.00	11.00	निर्माण कार्य शुरू नहीं हुआ
		अकुहाईतो (जुन्हेबोटो)	आयुर्वेद और होम्योपैथी	30	15.00	11.33	निर्माण कार्य शुरू नहीं हुआ
24	ओडिशा	ढेंकनाल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	800.00	480.00	निर्माण पूरा हुआ

		बरहामपुर (गंजम)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	300.00	105.60	निर्माणाधीन
		बालासोर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	100.00	0.00	निर्माणाधीन
25	पुदुचेरी	विलियानूर (पुदुचेरी)	आयुर्वेद, होम्योपैथी और सिद्ध	50	954.06	776.27	कार्यरत
		यानम	आयुर्वेद, होम्योपैथी और सिद्ध	50	848.42	626.32	निर्माणाधीन
26	पंजाब	डन्नेके (मोगा)	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	650.00	390.00	कार्यरत
		दयालपुर सोधियान जीरकपुर (एस.ए.एस नागा (पुराना नाम मोहाली))	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	650.00	390.00	निर्माणाधीन
27	राजस्थान	भीलवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी	50	450.00	270.00	कार्यरत
		अजमेर	आयुर्वेद, होम्योपैथी और यूनानी	50	450.00	270.00	कार्यरत
		चुरू	आयुर्वेद, होम्योपैथी और यूनानी	50	450.00	270.00	कार्यरत
		बीकानेर	आयुर्वेद, होम्योपैथी और यूनानी	50	450.00	270.00	कार्यरत
		जयपुर	आयुर्वेद, होम्योपैथी और यूनानी	50	436.00	247.66	कार्यरत
		सीकर	आयुर्वेद, होम्योपैथी और यूनानी	50	450.00	266.95	निर्माण पूरा हुआ
		सवाईमाधोपुर	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	500.00	0.00	निर्माण कार्य शुरू नहीं हुआ
		भरतपुर	आयुर्वेद, होम्योपैथी, यूनानी और योग एवं प्राकृतिक चिकित्सा	50	500.00	0.00	निर्माण कार्य शुरू नहीं हुआ
28	सिक्किम	क्योंगसा, पश्चिम सिक्किम (ग्यालशिंग)	आयुर्वेद और होम्योपैथी	50	959.46	863.52	कार्यरत
		एनआईटी, देवराली (गंगटोक)	सोवा- रिग्पा	30	260.49	218.09	निर्माणाधीन
29	तमिलनाडु	थेनी	सिद्ध, योग और प्राकृतिक चिकित्सा	50	733.33	440.00	कार्यरत
		तिरुवन्नामलाई	सिद्ध, योग और प्राकृतिक चिकित्सा	50	733.33	440.00	कार्यरत
		पुदुक्कोट्टई	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	400.00	240.00	निर्माणाधीन

		नमक्कल	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	100.00	60.00	निर्माणाधीन
		चेन्नई	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	500.00	300.00	निर्माणाधीन
30	तेलंगाना	सिद्धीपेट	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	167.91	100.74	निर्माणाधीन
		विकाराबाद	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध, योग और प्राकृतिक चिकित्सा	50	167.91	100.74	निर्माणाधीन
		जयशंकर भूपालपल्ली	आयुर्वेद, होम्योपैथी, यूनानी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	167.91	100.74	निर्माणाधीन
31	त्रिपुरा	पैराडाइज चौमुहानी, अग्रतला (पश्चिम त्रिपुरा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	550.00	495.00	कार्यरत
		दक्षिण सबरूम (दक्षिण त्रिपुरा)	आयुर्वेद, होम्योपैथी और योग	50	622.26	560.03	निर्माण पूरा हुआ
32	उत्तर प्रदेश	जौनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	30	525.00	315.00	निर्माणाधीन
		बुलंदशहर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	539.99	निर्माण पूरा हुआ
		बिल्हौर (कानपुर नगर)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	539.99	कार्यरत
		पश्चिम कल्ली (लखनऊ)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	539.99	कार्यरत
		बदरसी (वाराणसी)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	539.99	कार्यरत
		नवाब गंज (बरेली)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	539.99	कार्यरत
		बरती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	निर्माण पूरा हुआ
		सिराथू कौशाम्बी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत
		सोनभद्र	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत
		उरई (जालौन)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	निर्माण पूरा हुआ
		संत कबीर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत
		सहारनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	निर्माणाधीन
		देवरिया	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत
ललितपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत		

		अमेठी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत
		कानपुर देहात	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	कार्यरत
		फिरोजपुर (बलिया)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	540.00	निर्माण पूरा हुआ
		रायबरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	435.98	निर्माण पूरा हुआ
		बागपत	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	436.41	निर्माण पूरा हुआ
		फतेहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	465.21	निर्माण पूरा हुआ
		श्रावस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	899.99	559.51	निर्माणाधीन
		उन्नाव	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	899.99	559.51	निर्माणाधीन
		हरदोई	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	1165.00	590.75	निर्माणाधीन
		गोरखपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	1165.00	498.37	निर्माणाधीन
		संभल	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	1165.00	590.75	निर्माणाधीन
		मिर्जापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	431.75	निर्माणाधीन
33	उत्तराखंड	हल्द्वानी (नैनीताल)	आयुर्वेद और होम्योपैथी	50	556.61	500.95	कार्यरत
		जाखणीधार (टिहरी गढ़वाल)	आयुर्वेद और होम्योपैथी	50	1177.408	1059.66	निर्माणाधीन
		टनकपुर (चम्पावत)	आयुर्वेद और होम्योपैथी	50	200.00	180.00	निर्माणाधीन
		पथरी (हरिद्वार)	आयुर्वेद, यूनानी, होम्योपैथी और योग	10	392.50	90.00	निर्माणाधीन
		कोटद्वार (पौड़ी गढ़वाल)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	100.00	90.00	निर्माणाधीन
		भीमताल (नैनाताल)	आयुर्वेद, यूनानी, होम्योपैथी और योग	10	207.50	0.00	निर्माणाधीन
		पिरान कलियार (हरिद्वार)	यूनानी	50	200.00	0.00	निर्माण कार्य शुरू नहीं हुआ
34	पश्चिम बंगाल	तपसीखाता (अलीपुरद्वार)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	630.00	कार्यरत
		अबास खास जंगल (पश्चिम) मेदिनीपुर)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	900.00	515.96	कार्यरत

बांग्लादेश में हिंदुओं के खिलाफ हिंसा

75. श्री अरुण कुमार सागर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या अगस्त, 2024 के दौरान बांग्लादेश में सत्ता परिवर्तन के विरोध के दौरान हिंदुओं के खिलाफ हिंसा की कई दर्दनाक घटनाएं हुई हैं, जिनमें हत्या, लूटपाट, आगजनी और महिलाओं के खिलाफ जघन्य अपराध की घटनाएं शामिल हैं;

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

(ग) क्या हिंदू मंदिरों पर हमला किया गया और उन्हें नुकसान पहुंचाया गया, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार द्वारा बांग्लादेश में रहने वाले हिंदुओं सहित विभिन्न अल्पसंख्यकों के खिलाफ ऐसी घटनाओं की पुनरावृत्ति और उनके उत्पीड़न को रोकने और उनके धार्मिक स्थलों को नुकसान से बचाने हेतु पर्याप्त सुरक्षा सुनिश्चित करने के लिए कोई कदम उठाया गया है/उठाए जाने का विचार है; और

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

विदेश मंत्री (डॉ.सुब्रह्मण्यम जयशंकर):

(क) से (ङ) सरकार ने अगस्त 2024 के माह में हुई हिंसा शामिल है। बांग्लादेश में हिंदुओं और अन्य अल्पसंख्यकों, उनके घरों और व्यावसायिक प्रतिष्ठानों के खिलाफ हिंसा की घटनाओं तथा मंदिरों/धार्मिक स्थलों पर हमलों से संबन्धित कई रेपोर्टें देखी हैं जिसमें सरकार ने इन घटनाओं को गंभीरता से लिया है तथा बांग्लादेश सरकार के साथ अपनी चिंताएं साझा की हैं।

बांग्लादेश में हाल ही में दुर्गा पूजा उत्सव के दौरान मंदिरों और पूजा मंडपों पर हमलों की खबरें भी सामने आई हैं। सरकार ने 2024 की दुर्गा पूजा के दौरान ढाका के तांतीबाजार में पूजा मंडप पर हमले और सतखीरा में जेशोरेश्वरी काली मंदिर में चोरी के संबंध में अपनी गंभीर चिंता व्यक्त की थी। इन हमलों के बाद, बांग्लादेश सरकार ने सेना और सीमा सुरक्षा बांग्लादेश की तैनाती सहित विशेष सुरक्षा प्रदान करने के निर्देश जारी किए थे, ताकि दुर्गा पूजा के शांतिपूर्ण समारोह को सुनिश्चित किया जा सके।

ढाका स्थित भारतीय उच्चायोग, बांग्लादेश में अल्पसंख्यकों से संबंधित स्थिति पर लगातार नजर रख रहा है। अल्पसंख्यकों सहित बांग्लादेश के सभी नागरिकों के जीवन और स्वतंत्रता की सुरक्षा की जिम्मेदारी मुख्य रूप से बांग्लादेश सरकार पर है।

CHALLENGES FACED BY NRIs IN MALDIVES

***76. SHRI RAJMOHAN UNNITHAN:**

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

- (a) whether the Government is aware about the challenges faced by NRIs residing in the Maldives while sending their salary and other income remittances back to India and other difficulties faced by them in this process;
- (b) if so, the details thereof;
- (c) whether the Government has taken/proposes to take any steps to regulate and improve the remittance channels for NRIs in the Maldives; and
- (d) if so, the details thereof along with the measures taken/proposed to be taken to reduce transaction fees and ensure smooth transfers?

THE MINISTER OF EXTERNAL AFFAIRS (DR. SUBRAHMANYAM JAISHANKAR):

(a) to (d): Maldives Monetary Authority, which is the Central Bank of Maldives, allocates a limited amount of US dollars per month to banks in Maldives to facilitate remittances abroad. This has impacted the ability of banks in Maldives to facilitate remittances beyond a certain limit for foreign nationals, including Indian nationals, earning their salaries in local Maldivian currency (Maldivian Rufiyaa – MVR). Indian nationals earning their salaries in US dollars do not face difficulties in remitting their money to India.

The High Commission of India in Maldives has already taken up the matter with the Government of Maldives and the Maldives Monetary Authority, requesting their support in enhancing allocation of US dollars to banks in Maldives in order to address the issues faced by Indian nationals residing in Maldives. In accordance with the importance attached to the welfare of the Indian nationals, our High Commission continues to follow up on the issue with the Maldivian authorities.

SETTING UP OF ALL INDIA INSTITUTE OF AYURVEDA

***77. DR. SHIVAJI BANDAPPA KALGE:**

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

- (a) whether the Government has any plan to set up an All India Institute of Ayurveda, at least one in each State similar to the one functioning in Delhi for the people to avail the benefits of Ayurveda medical treatment which has a long successful history of curing many diseases with no side effects;
- (b) If so, the details thereof, State/UT-wise;
- (c) whether any other plans have been formulated to popularize the Indian medicine system under Ayurveda, Yoga, Unani, Siddha and Homoeopathy; and
- (d) if so, the details thereof, stream-wise?

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

(a) to (d) To popularize the Indian Medicine System under Ayurveda, Yoga, Unani, Siddha and Homoeopathy, Ministry of Ayush is implementing Centrally Sponsored Scheme National Ayush Mission (NAM) and Central Sector Schemes providing financial assistance for promotion and popularisation of Ayush systems of medicine at National and International level namely, Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY), Promotion of International Cooperation (IC), Promotion of Information, Education and Communication (IEC), Scheme for Conservation, Development and Sustainable Management of Medicinal Plants (CDSMMP), Ayurwashthaya Yojana and Ayurgyan.

Apart from this, it has been announced for opening of new Ayurveda Institutes in the country.

Centrally Sponsored Scheme National Ayush Mission (NAM) is implemented through State/UT Governments and supporting their efforts for overall development and promotion of Ayush system of medicines by providing financial assistance to them under different activities as per the provision of NAM guidelines against their submitted State Annual Action Plans (SAAP). The Mission inter-alia makes provision for the following activities including medical infrastructure: -

- (i) Operationalization of Ayushman Arogya Mandir (AAM)- Ayush
- (ii) Co-location of Ayush facilities Ayurveda 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) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector
- (viii) Infrastructural development of Ayush Under-Graduate Institutions
- (ix) Infrastructural development of Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses
- (x) Ayush Public Health Programs.

As per the proposals received from the State/UT Governments through SAAPs under NAM, Ministry of Ayush has released an amount of Rs. 4534.28 Crores from the year 2014-15 to 2023-24. After implementation of NAM Scheme, the scale of achievement for development and popularisation of Ayush system of medicine in the States/UTs has increased significantly. Accordingly, budget allocation of NAM enhanced gradually from Rs. 75.28 Crore (in 2014-15) to Rs.1200.00 Crore (in 2024-25) for implementation of different activities of NAM Scheme through States/UTs. Under NAM, consolidated funds are being released

to the State/UT Governments for development and promotion of different Ayush systems and stream-wise funds are not being released.

Major activities supported under NAM for development, promotion and popularization of Ayush System of Medicine from 2014-15 to 2023-24 are as follows: -

- (i) 167 units supported for setting up of Integrated Ayush hospitals
- (ii) 416 Ayush Hospitals and 5036 Ayush dispensaries have been supported for Up-gradation of infrastructure and other facilities
- (iii) 2322 PHCs, 715 CHCs and 314 DHs have been supported under co-location for recurring assistance of medicines and contingency on an average in each year
- (iv) 996 Ayush Hospitals and 12405 Ayush dispensaries have been supported for supply of essential Ayush medicines on an average in each year.
- (v) 16 units supported for establishment of New Ayush Educational Institutions.
- (vi) 76 Under-Graduate and 36 Post-Graduate Ayush Educational Institutes have been supported for Upgradation of infrastructure, Library and other things.
- (vii) 1055 Ayush Gram have been supported.
- (viii) 12500 Ayuhsman Arogya Mandir (Ayush) have been approved.

A Central Sector Scheme for Promotion of International Co-operation launched to popularize the Indian Medicine System in response the growing global popularity of traditional medicine under Ayurveda, Yoga and other Indian traditional systems of medicine world over. This necessitated generating awareness about Ayush in international arena by providing authentic information

about the system through conducting international conferences on Ayush system, deputing the system experts to different countries, establishing Ayush information cells in different countries etc. Therefore, the International Co-operation Scheme was implemented during the IX, X, XI and XII Plan to support emerging needs for promotion of Ayush at International level. The components of the Scheme are as follows: -

- (i) International Exchange of Experts & Officers,
- (ii) Incentive to drug manufacturers, entrepreneurs, Ayush institutions, Hospitals etc for international propagation of Ayush by participating in international exhibitions, trade fairs, and road shows etc. and registration of Ayush products (Market Authorisation) at regulatory bodies of different countries such as USFDA/ EMEA/ UK-MHRA/ NHPD/ TGA etc. for exports,
- (iii) Support for International Market Development and Ayush promotion –related activities,
- (iv) Translation and Publication of Ayush Literature/books in foreign languages,
- (v) International Fellowship/Scholarship Programme for foreign nationals for undertaking Ayush courses in premier institutions in India.
- (vi) Setting up and strengthening of Export Promotion Council for Products and Services.

The Ministry is implementing the Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine. This aims to reach out to all sections of the population across the country. This scheme provides assistance for

organizing National/State Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, etc. The Ministry also undertakes Multi-Media, Print Media Campaigns for creating awareness about Ayush System.

The Ministry is implementing a Central Sector Scheme of Ayurwashya Yojana since FY 2021-22. The Scheme has 02 components viz. (i) Ayush and Public Health (ii) Centre of Excellence (CoE). The objectives of Ayush and Public Health Component of Ayurwashya Yojana are as follows: -

- To promote Ayush intervention for community health care.
- To demonstrate advantages of Ayush health care in public health.
- To support for implementing Sustainable Development Goal-2 (SDG2) and Sustainable Development Goal -3 (SDG 3) through integrating Ayush system.
- Documentation of the efficacy of Ayush systems through Ayush interventions in various public health issues which can be taken up in larger scale for implementation in national health programmes.

Ministry of Ayush is implementing Central Sector Scheme for Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana (AOGUSY) for the year 2021-2026 with financial outlay of Rs. 122 Crores whose one of the objectives is to encourage building up synergies, collaborations and convergent approaches for promoting standards and quality of Ayush drugs & materials.

Further, the following 12 National Institutes and 05 Research Councils under Ministry of Ayush are engaged in co-ordinating, formulating, developing, promoting and popularizing Ayush system of healthcare:

- i. All India Institute of Ayurveda, New Delhi
- ii. National Institute of Ayurveda, Jaipur
- iii. Rashtriya Ayurveda Vidyapeeth, Delhi
- iv. National Institute of Naturopathy, Pune
- v. North Eastern Institute of Ayurveda & Homoeopathy, Shillong
- vi. North Eastern Institute of Ayurveda and Folk Medicine Research, Pasighat
- vii. National Institute of Unani Medicine, Bengaluru
- viii. Institute of Teaching & Research in Ayurveda, Jamnagar
- ix. National Institute of Siddha, Chennai
- x. National Institute of Homoeopathy, Kolkata
- xi. Morarji Desai National Institute of Yoga, New Delhi
- xii. National Institute Of Sowa Rigpa (NISR), Leh
- xiii. Central Council for Research in Ayurvedic Sciences (CCRAS)
- xiv. Central Council for Research in Yoga and Naturopathy (CCRYN)
- xv. Central Council for Research in Unani Medicine (CCRUM)
- xvi. Central Council for Research in Siddha (CCRS)
- xvii. Central Council for Research in Homoeopathy (CCRH)

02 Statutory Bodies under Ministry of Ayush i.e., National Commission for Indian System of Medicine (NCISM) and National Commission for Homoeopathy

(NCH) are working as a regulatory commission for promotion of Ayush education through which the Ayush System of Colleges with attached hospitals are carrying out the activities related to Medical Education, Research, Healthcare, Public-health across the country.

Ayush institutions of different streams under Ministry of Ayush popularize Indian Medicine System under Ayush 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 on its various Social Media Platforms i.e. Facebook, Twitter, You Tube 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. 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 propagates Indian System of Medicine under Ayush through its various institutions all across the country by participating in poshan maha abhiyan & the activities related to Azadi ka Amrit Mahotsav, participation in 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 as well to enable dissemination of the outcomes of research among the public also contributes for promotion & popularization of Indian Medicine System under Ayush.

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 and hyperlinked with other important websites that provide information for wider utility.

YOGA TRAINING FOR RURAL WOMEN

***78. SHRI MADDILA GURUMOORTHY:**

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

- (a) whether the Government is taking any measures to provide yoga training to rural women in the country;
- (b) if so, the details thereof, State/UT-wise;
- (c) if not, the reasons therefor; and
- (d) the details of progress made in this regard?

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

(a) to (d) Ministry of Ayush through its Autonomous bodies imparts training of Yoga to public including Rural Women.

Further, Ministry of Ayush promotes Yoga in the country through its three autonomous bodies namely Morarji Desai National Institute of Yoga (MDNIY), New Delhi, Central Council for Research in Yoga & Naturopathy (CCRYN), New Delhi and National Institute of Naturopathy (NIN), Pune. MDNIY provides various courses for Yoga Education. CCRYN is the apex body for research and development in the Yoga and Naturopathy systems. NIN, a premier institute for Naturopathy, organizes various activities related to Naturopathy and Yoga. The activities and programs of MDNIY, CCRYN and NIN are available on the websites i.e. yogamdniy.nic.in, www.ccryn.gov.in and ninpune.ayush.gov.in respectively.

Also, the Ministry is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for development & promotion of different Ayush systems in the country including Yoga and providing financial assistance to them as per the proposals received in their State Annual Action Plans (SAAPs). State/UT Governments may avail financial assistance by submitting proposals through State Annual Action Plans (SAAPs) as per the NAM guidelines. Under National Ayush Mission (NAM), Ministry of Ayush is implementing the operationalization of 12,500 Ayushman Arogya Mandir through State/UT Governments. At these Ayushman Arogya Mandirs, Yoga is being taught to the public including Rural Women for general health promotion as community-based intervention by qualified Yoga Instructors.

नए सुपर स्पेशियलिटी अस्पताल की स्थापना

*79. श्री दुलू महतो:

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

(क) क्या सरकार का एम्स की तर्ज पर झारखंड के धनबाद जिले सहित देश के सभी महत्वपूर्ण जिलों में नए सुपर स्पेशियलिटी अस्पताल स्थापित करने अथवा मौजूदा अस्पतालों का उन्नयन करने का विचार है;

(ख) यदि हां, तो सरकार द्वारा उक्त जिलों में राज्य/संघ राज्यक्षेत्र-वार उक्त अस्पतालों को सुपर स्पेशियलिटी के रूप में स्थापित करने या उनका उन्नयन करने के लिए अब तक क्या ठोस कदम उठाए गए हैं और इस संबंध में भविष्य की क्या योजनाएं बनाई जा रही हैं;

(ग) क्या सरकार उक्त क्षेत्रों में स्वास्थ्य देखभाल सेवाओं की स्थिति में सुधार के लिए कुछ अन्य उपाय कर रही है;

(घ) यदि हां, तो वर्तमान में कार्यान्वित किए जा रहे उपायों का ब्यौरा क्या है; और

(ङ) क्या सरकार का धनबाद सहित झारखंड के अन्य जिलों में स्वास्थ्य सेवाओं में सुधार के लिए कोई समय-सीमा तय करने और बजट आवंटित करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत सुपर स्पेशियलिटी ब्लॉक (एसएसबी)/ट्रॉमा सेंटर की स्थापना के माध्यम से मौजूदा सरकारी मेडिकल कॉलेजों/संस्थानों (जीएमसीआई) के उन्नयन का प्रावधान है। अब तक, इस योजना के तहत 75 ऐसी परियोजनाओं को मंजूरी दी गई है, जिसमें झारखंड में पाटलिपुत्र मेडिकल कॉलेज, धनबाद और राजेंद्र इंस्टीट्यूट ऑफ मेडिकल साइंसेज (आरआईएमएस), रांची का उन्नयन शामिल है। पीएमएसएसवाई के तहत उन्नयन के लिए स्वीकृत 75 जीएमसीआई की राज्य/संघ राज्य क्षेत्रवार सूची का ब्यौरा संलग्न **विवरण -I** में दिया गया है। इसके अलावा, झारखंड के देवघर में एम्स सहित 22 नए अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना को योजना के तहत मंजूरी दी गई है। सभी एम्स में सुपर स्पेशियलिटी

स्वास्थ्य सुविधा केंद्रों का प्रावधान है। पीएमएसएसवाई के तहत स्वीकृत एम्स की सूची का व्यौरा संलग्न **विवरण -II** में दिया गया है।

(ग) से (ङ): जन स्वास्थ्य राज्य का विषय है। तथापि, 'मौजूदा जिला/रेफरल अस्पतालों से जुड़े नए मेडिकल कॉलेजों की स्थापना' के लिए केंद्र प्रायोजित योजना के तहत, देश में कुल 157 मेडिकल कॉलेजों को मंजूरी दी गई है। झारखंड में 05 सहित मेडिकल कॉलेजों के स्थानों की राज्य/संघ राज्य क्षेत्रवार सूची सूची का व्यौरा संलग्न विवरण -III में दिया गया है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय सार्वजनिक स्वास्थ्य सेवा प्रणाली को मजबूत करने के लिए राज्य/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है, जिसका उद्देश्य जन स्वास्थ्य सुविधाओं का लाभ चाहने वाले सभी लोगों को सुलभ, किफायती और गुणवत्तापूर्ण स्वास्थ्य सेवा प्रदान करना है। एनएचएम के तहत राज्यों/ संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजना (पीआईपी) में उनके द्वारा बताई गई आवश्यकताओं और उनके समग्र संसाधन के आधार पर सहायता प्रदान की जाती है।

झारखंड सहित विभिन्न राज्यों में भारत सरकार द्वारा एनएचएम के अंतर्गत की गई विभिन्न पहलों में आयुष्मान आरोग्य मंदिर का संचालन, राष्ट्रीय एम्बुलेंस सेवाएं, मोबाइल मेडिकल यूनिट, आशाकर्मी, 24x7 सेवाएं और प्रथम रेफरल सुविधा केंद्र, प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम, निःशुल्क निदान सेवा पहल और निःशुल्क औषधि सेवा पहल, आरसीएच के अंतर्गत विभिन्न गतिविधियां, एनीमिया मुक्त भारत (एएमबी) कार्यनीति, प्रधानमंत्री टीबी मुक्त भारत अभियान (पीएमटीबीएमबीए) और सार्वभौमिक टीकाकरण कार्यक्रम शामिल हैं।

प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) योजना के केंद्र प्रायोजित योजना (सीएसएस) घटक के अंतर्गत वित्त वर्ष 2021-22 से 2024-25 के लिए राज्यों/ संघ राज्य क्षेत्रों को 20451.31 करोड़ रुपये की प्रशासनिक मंजूरी दी गई है।

पीएम-एबीएचआईएम के सीएसएस घटक में 5 लाख से अधिक आबादी वाले 602 जिलों में गहन परिचर्या ब्लॉक (सीसीबी) की स्थापना का प्रावधान है। वित्त वर्ष 2021-25 के दौरान स्वीकृत 395

सीसीबी का राज्य/संघ राज्य क्षेत्रवार का व्यौरा संलग्न **विवरण- IV** में दिया गया है। झारखंड में पीएम-एबीएचआईएम के तहत 427.51 करोड़ रुपए की राशि से स्वीकृत 15 सीसीबी का जिलावार व्यौरा संलग्न **विवरण -V** में दिया गया है। 15 सीसीबी की स्थापना के लिए सहायता के अलावा, झारखंड राज्य के लिए वित्त वर्ष 2021-22 से वित्त वर्ष 2024-25 के लिए 893 भवन रहित उप-केंद्रों, आयुष्मान आरोग्य मंदिरों (एएएम), 100 ब्लॉक सार्वजनिक स्वास्थ्य इकाइयों (बीपीएचयू) और 17 एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) की स्थापना और सुदृढीकरण के लिए 625.68 करोड़ रुपए की राशि मंजूर की गई है।

इसके अलावा, पीएम-एबीएचआईएम के केंद्रीय क्षेत्र घटक के तहत, 12 केंद्रीय संस्थानों में 150 बिस्तरों वाले सीसीबी की स्थापना को मंजूरी दी गई है। सूची का व्यौरा संलग्न **विवरण -VI** में दिया गया है।

पंद्रहवें वित्त आयोग (एफसी-XV) स्वास्थ्य क्षेत्र अनुदान के तहत, वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक स्वास्थ्य बुनियादी ढांचे, दवाओं और निदान को मजबूत करने के लिए झारखंड के लिए 2370.19 करोड़ रुपए सहित 70,051 करोड़ रुपए का प्रावधान किया गया है।

झारखंड राज्य के लिए पिछले तीन वित्तीय वर्षों के दौरान जारी निधियां और वर्तमान वर्ष के लिए आवंटन का विवरण निम्नानुसार है:

(करोड़ रुपए में)

योजना	वर्ष 2024-2025 हेतु आवंटन
एनएचएम	961.38
पीएम-एबीएचआईएम	109.16
पंद्रहवें-वित्त आयोग स्वास्थ्य अनुदान	492.10

विवरण -Iउन्नयन परियोजनाओं की स्थिति का ब्यौरा

क्रम सं.	राज्य	सं.	जीएमसी / संस्था का नाम	अनुमोदित अवसंरचना
1	आंध्र प्रदेश	1	श्री वेंकटेश्वर चिकित्सा संस्थान विज्ञान, तिरुपति	उपकरणों की खरीद
		2	सिद्धार्थ मेडिकल कॉलेज, विजयवाड़ा	सुपर स्पेशियलिटी ब्लॉक
		3	राजकीय मेडिकल कॉलेज, अनंतपुर	सुपर स्पेशियलिटी ब्लॉक
2	असम	4	गुवाहाटी मेडिकल कॉलेज, गुवाहाटी	सुपर स्पेशियलिटी ब्लॉक
		5	असम मेडिकल कॉलेज, डिब्रूगढ़	सुपर स्पेशियलिटी ब्लॉक
3	बिहार	6	श्रीकृष्ण मेडिकल कॉलेज, मुजफ्फरपुर	सुपर स्पेशियलिटी ब्लॉक
		7	दरभंगा मेडिकल कॉलेज और अस्पताल, दरभंगा	सुपर स्पेशियलिटी ब्लॉक
		8	पटना मेडिकल कॉलेज एवं अस्पताल, पटना	सुपर स्पेशियलिटी ब्लॉक
		9	राजकीय मेडिकल कॉलेज, भागलपुर	सुपर स्पेशियलिटी ब्लॉक
		10	राजकीय मेडिकल कॉलेज, गया	सुपर स्पेशियलिटी ब्लॉक
		11	आईजीआईएमएस, पटना	क्षेत्रीय नेत्र विज्ञान संस्थान
4	छत्तीसगढ़	12	राजकीय मेडिकल कॉलेज, बिलासपुर	सुपर स्पेशियलिटी ब्लॉक
		13	राजकीय मेडिकल कॉलेज, जगदलपुर	सुपर स्पेशियलिटी ब्लॉक
5	दिल्ली	14	यूसीएमएस-जीटीबी अस्पताल	-

क्रम सं.	राज्य	सं.	जीएमसी / संस्था का नाम	अनुमोदित अवसंरचना
6	गोवा	15	गोवा मेडिकल कॉलेज, पणजी	सुपर स्पेशियलिटी ब्लॉक
7	गुजरात	16	बी.जे. मेडिकल कॉलेज, अहमदाबाद	चिकित्सा उपकरणों की खरीद
		17	राजकीय मेडिकल कॉलेज, राजकोट	सुपर स्पेशियलिटी ब्लॉक
		18	राजकीय मेडिकल कॉलेज, सूरत	सुपर स्पेशियलिटी ब्लॉक
		19	राजकीय मेडिकल कॉलेज, भावनगर	सुपर स्पेशियलिटी ब्लॉक
8	हरियाणा	20	पंडित बी.डी. शर्मा स्नातकोत्तर आयुर्विज्ञान संस्थान, रोहतक	सर्विस ब्लॉक और कॉम्प्लेक्स ओटी
9	हिमाचल प्रदेश	21	राजकीय मेडिकल कॉलेज, टांडा	सुपर स्पेशियलिटी ब्लॉक
		22	इंदिरा गांधी राजकीय मेडिकल कॉलेज, शिमला	सुपर स्पेशियलिटी ब्लॉक
10	जम्मू एवं कश्मीर	23	राजकीय मेडिकल कॉलेज, जम्मू	सुपर स्पेशियलिटी ब्लॉक
		24	राजकीय मेडिकल कॉलेज, श्रीनगर	इंस्टीट्यूट ऑफ ट्रॉमाटोलॉजी
11	झारखंड	25	राजेंद्र आयुर्विज्ञान संस्थान (आरआईएमएस), रांची	सुपर स्पेशियलिटी और आन्कोलॉजी ब्लॉक
		26	पाटलिपुत्र मेडिकल कॉलेज, धनबाद	सुपर स्पेशियलिटी ब्लॉक
12	कर्नाटक	27	बेंगलोर मेडिकल कॉलेज, बेंगलोर	सुपर स्पेशियलिटी ब्लॉक
		28	विजयनगर इंस्टीट्यूट ऑफ मेडिकल साइंसेज, बेल्लारी	आघात परिचर्या ब्लॉक
		29	कर्नाटक इंस्टीट्यूट ऑफ मेडिकल साइंसिज, हुबली	सुपर स्पेशियलिटी ब्लॉक

क्रम सं.	राज्य	सं.	जीएमसी / संस्था का नाम	अनुमोदित अवसंरचना
13	केरल	30	मेडिकल कॉलेज, तिरुवनंतपुरम	सुपर स्पेशियलिटी ब्लॉक
		31	कोझिकोड मेडिकल कॉलेज	सुपर स्पेशियलिटी ब्लॉक के साथ आघात परिचर्या केन्द्र
		32	टीडी मेडिकल कॉलेज, अलप्पुझा	सुपर स्पेशियलिटी ब्लॉक
		33	एससीटीआईएमएसटी, त्रिवेंद्रम	सुपर स्पेशियलिटी ब्लॉक
14	मध्य प्रदेश	34	शासकीय मेडिकल कॉलेज, रीवा	सुपर स्पेशियलिटी ब्लॉक
		35	नेताजी सुभाष चंद्र बोस मेडिकल कॉलेज, जबलपुर	सुपर स्पेशियलिटी ब्लॉक
		36	जीआर मेडिकल कॉलेज, ग्वालियर	सुपर स्पेशियलिटी ब्लॉक
		37	राजकीय मेडिकल कॉलेज, इंदौर	सुपर स्पेशियलिटी ब्लॉक
15	महाराष्ट्र	38	ग्रान्ट मेडिकल कॉलेज और सर जेजे ग्रुप ऑफ हॉस्पिटल्स, मुंबई	चिकित्सा उपकरणों की खरीद
		39	राजकीय मेडिकल कॉलेज, नागपुर	चिकित्सा उपकरणों की खरीद
		40	राजकीय मेडिकल कॉलेज, औरंगाबाद	सुपर स्पेशियलिटी ब्लॉक
		41	राजकीय मेडिकल कॉलेज, लातूर	सुपर स्पेशियलिटी ब्लॉक
		42	राजकीय मेडिकल कॉलेज, अकोला	सुपर स्पेशियलिटी ब्लॉक
		43	श्री वसंतराव नाइक सरकार. मेडिकल कॉलेज, यवतमाल	सुपर स्पेशियलिटी ब्लॉक
16	ओडिशा	44	एमकेसीजी मेडिकल कॉलेज, बेरहामपुर	सुपर स्पेशियलिटी ब्लॉक
		45	वीएसएस मेडिकल कॉलेज, बुर्ला	सुपर स्पेशियलिटी ब्लॉक
		46	राजकीय मेडिकल कॉलेज, कटक	सुपर स्पेशियलिटी ब्लॉक
17	पंजाब	47	राजकीय मेडिकल कॉलेज, अमृतसर	सुपर स्पेशियलिटी ब्लॉक
		48	राजकीय मेडिकल कॉलेज, पटियाला	सुपर स्पेशियलिटी ब्लॉक
18	राजस्थान	49	एसपी मेडिकल कॉलेज, बीकानेर	सुपर स्पेशियलिटी ब्लॉक
		50	आरएनटी मेडिकल कॉलेज, उदयपुर	सुपर स्पेशियलिटी ब्लॉक
		51	राजकीय मेडिकल कॉलेज, कोटा	सुपर स्पेशियलिटी ब्लॉक

क्रम सं.	राज्य	सं.	जीएमसी / संस्था का नाम	अनुमोदित अवसंरचना
		52	राजकीय मेडिकल कॉलेज, जयपुर	सुपर स्पेशियलिटी ब्लॉक
19	तमिलनाडु	53	राजकीय मेडिकल कॉलेज, सेलम	सुपर स्पेशियलिटी ब्लॉक और ट्रॉमा सेंटर
		54	राजकीय मेडिकल कॉलेज, मदुरै	सुपर स्पेशियलिटी ब्लॉक
		55	तंजावुर मेडिकल कॉलेज, तंजावुर	सुपर स्पेशियलिटी ब्लॉक
		56	तिरुनेलवेली मेडिकल कॉलेज, तिरुनेलवेली	सुपर स्पेशियलिटी ब्लॉक
20	तेलंगाना	57	निज़ाम इंस्टीट्यूट ऑफ मेडिकल साइंसेज, हैदराबाद	सुपर स्पेशियलिटी ब्लॉक और ट्रॉमा सेंटर
		58	राजीव गांधी आयुर्विज्ञान संस्थान, आदिलाबाद	सुपर स्पेशियलिटी ब्लॉक
		59	काकतीय मेडिकल कॉलेज, वारंगल	सुपर स्पेशियलिटी ब्लॉक
21	त्रिपुरा	60	अगरतला राजकीय मेडिकल कॉलेज, अगरतला	सुपर स्पेशियलिटी ब्लॉक
22	उत्तर प्रदेश	61	एसजीपीजीआईएमएस, लखनऊ	सुपर स्पेशियलिटी ब्लॉक
		62	आईएमएस, बीएचयू, वाराणसी में ट्रॉमा सेंटर (टीसी)	ट्रॉमा सेंटर और नर्सिंग कॉलेज
		63	अलीगढ़ मुस्लिम विश्वविद्यालय (एएमयू), अलीगढ़ का जवाहरलाल नेहरू मेडिकल कॉलेज	ट्रॉमा केयर सेंटर और ओबीजी ब्लॉक
		64	राजकीय मेडिकल कॉलेज, झांसी	सुपर स्पेशियलिटी ब्लॉक
		65	बीआरडी मेडिकल कॉलेज, गोरखपुर	सुपर स्पेशियलिटी ब्लॉक
		66	एमएलएन मेडिकल कॉलेज, इलाहाबाद	सुपर स्पेशियलिटी ब्लॉक
		67	एलएलआरएम मेडिकल कॉलेज, मेरठ	सुपर स्पेशियलिटी ब्लॉक
		68	राजकीय मेडिकल कॉलेज, आगरा	सुपर स्पेशियलिटी ब्लॉक
		69	राजकीय मेडिकल कॉलेज, कानपुर	सुपर स्पेशियलिटी ब्लॉक
		70	चिकित्सा विज्ञान संस्थान (आई.एम.एस.), बी.एच.यू., वाराणसी में एस.एस.बी.	सुपर स्पेशियलिटी ब्लॉक

क्रम सं.	राज्य	सं.	जीएमसी / संस्था का नाम	अनुमोदित अवसंरचना
		71	आरआईओ, आईएमएस, बीएचयू, वाराणसी	क्षेत्रीय नेत्र विज्ञान संस्थान (आरआईओ)
23	पश्चिम बंगाल	72	कोलकाता मेडिकल कॉलेज, कोलकाता	सुपर स्पेशियलिटी ब्लॉक
		73	बीएस मेडिकल कॉलेज, बांकुरा	सुपर स्पेशियलिटी ब्लॉक
		74	राजकीय मेडिकल कॉलेज, मालदा	ट्रॉमा केयर सेंटर और आपात चिकित्सा ब्लॉक
		75	नॉर्थ बंगाल मेडिकल कॉलेज, दार्जिलिंग	सुपर स्पेशियलिटी ब्लॉक

विवरण - II

पीएमएसएसवाई के तहत अनुमोदित 22 नए एम्स

क्र.सं.	राज्य/संघ राज्य क्षेत्र	एम्स का नाम
1.	आंध्र प्रदेश	एम्स, मंगलगिरी
2.	असम	एम्स, गुवाहाटी
3.	बिहार	एम्स, पटना
4.		एम्स, दरभंगा
5.	छत्तीसगढ़	एम्स, रायपुर
6.	गुजरात	एम्स, राजकोट
7.	हरियाणा	एम्स, रेवाड़ी
8.	हिमाचल प्रदेश	एम्स, बिलासपुर
9.	जम्मू और कश्मीर	एम्स, जम्मू
10.		एम्स, कश्मीर

11.	झारखंड	एम्स, देवघर
12.	मध्य प्रदेश	एम्स, भोपाल
13.	महाराष्ट्र	एम्स, नागपुर
14.	ओडिशा	एम्स, भुवनेश्वर
15.	पंजाब	एम्स, भठिंडा
16.	राजस्थान	एम्स, जोधपुर
17.	तमिलनाडु	एम्स, मदुरै
18.	तेलंगाना	एम्स, बीबीनगर
19.	उत्तर प्रदेश	एम्स, रायबरेली
20.		एम्स, गोरखपुर
21.	उत्तराखंड	एम्स, ऋषिकेश
22.	पश्चिम बंगाल	एम्स, कल्याणी

विवरण - III

मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना के लिए केन्द्रीय

प्रायोजित योजना के तहत अनुमोदित मेडिकल कॉलेजों का ब्यौरा

क्र.सं.	राज्य का नाम	स्थानों की संख्या	मेडिकल कॉलेज का स्थान
1.	अण्डमान और निकोबार द्वीप समूह	1	पोर्ट ब्लेयर
2.	अरुणाचल प्रदेश	1	नाहरलगुन
3.	असम	5	धुबरी; नगांव; उत्तर लखीमपुर; दिफू और कोकराझार
4.	आंध्र प्रदेश	3	पिगुरल्ला; पडेरू और मछलीपट्टनम

क्र.सं.	राज्य का नाम	स्थानों की संख्या	मेडिकल कॉलेज का स्थान
5.	बिहार	8	पूर्णिया; सारन (छपरा); समस्तीपुर; सीतामढ़ी; झंझारपुर; सिवान; बक्सर और जमुई
6.	छत्तीसगढ़	5	राजनंदगांव; सरगुजा; कोरबा; महासमुंद और कांकेर
7.	गुजरात	5	नर्मदा; नवसारी; पंचमहल; पोरबंदर और मोरबी
8.	हिमाचल प्रदेश	3	चंबा; हमीरपुर और नाहन (सिरमौर)
9.	हरियाणा	1	भिवानी
10.	झारखंड	5	दुमका; हजारीबाग; पलामू (डाल्टनगंज); कोडरमा और चाईबासा (सिंहभूम)
11.	जम्मू और कश्मीर	7	अनंतनाग; बारामूला; राजौरी; डोडा; काठुआ; ऊधमपुर और हंदवाड़ा (जिला कुपवाड़ा)
12.	कर्नाटक	4	चिक्कमगलुरु; हावेरी; यादगिरी और चिक्काबल्लापुरा
13.	लद्दाख	1	लेह
14.	मध्य प्रदेश	14	दतिया; खंडवा; रतलाम; शहडोल; विदिशा; छिंदवाड़ा; शिवपुरी; सतना; राजगढ़; मंडला; नीमच; मंदसौर; श्योपुर और सिंगरौली
15.	महाराष्ट्र	2	गोंदिया और नंदुरबार
16.	मणिपुर	1	चुराचांदपुर
17.	मेघालय	1	वेस्ट गारो हिल्स (तुरा)
18.	मिजोरम	1	फल्कावन
19.	नागालैंड	2	नागा हॉस्पिटल और मोन
20.	ओडिशा	7	बालासोर; बारीपदा (मयूरभंज); बोलनगीर; कोरापुट; पूरी; जाजपुर और कालाहांडी
21.	पंजाब	3	एसएस नगर; कपूरथला और होशियारपुर

क्र.सं.	राज्य का नाम	स्थानों की संख्या	मेडिकल कॉलेज का स्थान
22.	राजस्थान	23	बाड़मेर; भरतपुर; भीलवाड़ा; चुरू; डूंगरपुर; पाली; सीकर; धौलपुर; अलवर; बारां; बांसवाड़ा; चित्तौड़गढ़; जैसलमेर; करौली; नागौर; श्रीगंगानगर; सिरौही; बूंदी; सवाई माधोपुर; टोंक; हनुमानगढ़; झुंझुनू और दौसा
23.	सिक्किम	1	गंगटोक
24.	तमिलनाडु	11	तिरुप्पुर; नीलगिरी; रामनाथपुरम; नमक्कल; डिंडीगुल; विरुधुनगर; कृष्णागिरी; तिरुवल्लूर; नागपट्टिनम; अरियालुर और कल्लाकुरिची
25.	उत्तर प्रदेश	27	बस्ती; फैजाबाद; फिरोजाबाद; शाहजहाँपुर; बहराइच; एटा; हरदोई; प्रतापगढ़; फतेहपुर; सिद्धार्थनगर (डुमरियागंज); देवरिया; गाजीपुर; मिर्जापुर; बिजनौर; कुशीनगर; सुल्तानपुर; गोंडा; ललितपुर; लखीमपुर खीरी; चंदौली; बुलंदशहर; सोनभद्र; पीलीभीत; औरैया; कानपुर देहात; कौशांबी और अमेठी
26.	उत्तराखंड	4	अल्मोड़ा; रुद्रपुर- जिला उधम सिंह नगर; पिथौरागढ़ और हरिद्वार
27.	पश्चिम बंगाल	11	बीरभूम (रामपुर हाट); कूच बिहार; डायमंड बंदरगाह; पुरुलिया; रायगंज, उत्तर दिनाजपुर; बारासात; उलुबेरिया; आरामबाग; झारग्राम; तामलुक और जलपाईगुड़ी
कुल		157	

विवरण – IV

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

क्र.सं.	राज्य/संघ राज्य क्षेत्र	वित्तीय वर्ष 2021-25 (4 वर्ष) के लिए अनुमोदन		
		(वित्तीय वर्ष 2021-26) योजना अवधि के लिए लक्ष्य	4 वर्ष के लिए कुल अनुमोदित इकाई	कुल अनुमोदित राशि (करोड़ रु में)
1	अण्डमान और निकोबार द्वीप समूह	1	1	23.75
2	आंध्र प्रदेश	13	16	380.00
3	अरुणाचल प्रदेश	1	0	0.00
4	असम	27	17	412.93
5	बिहार	38	12	401.30
6	चंडीगढ़	-	1	23.75
7	छत्तीसगढ़	23	15	425.10
8	दादरा और नागर हवेली और दमन-दीव	1	0	0.00
9	दिल्ली*	9	0	0.00
10	गोवा	2	0	0.00
11	गुजरात	32	22	704.01
12	हरियाणा	22	15	425.10
13	हिमाचल प्रदेश	8	4	95.00
14	जम्मू और कश्मीर	9	4	95.00
15	झारखंड	22	15	427.51
16	कर्नाटक	30	21	617.16
17	केरल	14	10	251.27
18	लद्दाख	-	-	-
19	लक्षद्वीप	-	-	-
20	मध्य प्रदेश	50	35	900.13

क्र.सं.	राज्य/संघ राज्य क्षेत्र	वित्तीय वर्ष 2021-25 (4 वर्ष) के लिए अनुमोदन		
		(वित्तीय वर्ष 2021-26) योजना अवधि के लिए लक्ष्य	4 वर्ष के लिए कुल अनुमोदित इकाई	कुल अनुमोदित राशि (करोड़ रु में)
21	महाराष्ट्र	36	24	635.85
22	मणिपुर	2	0	0.00
23	मेघालय	2	0	0.00
24	मिजोरम	1	1	23.75
25	नागालैंड	1	0	0.00
26	ओडिशा	28	21	581.40
27	पुडुचेरी	3	0	0.00
28	पंजाब	21	17	508.49
29	राजस्थान	33	24	680.99
30	सिक्किम	1	1	23.75
31	तमिलनाडु	37	28	856.52
32	तेलंगाना	31	21	581.40
33	त्रिपुरा	1	0	0.00
34	उत्तर प्रदेश	74	49	1915.35
35	उत्तराखंड	7	4	95.00
36	पश्चिम बंगाल	22	17	530.19
	कुल	602	395	11614.71

* दिल्ली ने समझौता ज्ञापन पर हस्ताक्षर नहीं किए हैं।

विवरण -V

झारखंड में अनुमोदित सीसीबी का जिलेवार विवरण

क्रमांक सं.	जिला	बिस्तर	जिला अस्पताल/मेडिकल कॉलेज के अंतर्गत
1	पलामू	50	पलामू जिले में मेदिनी राय मेडिकल कॉलेज एण्ड हॉस्पिटल
2	दुमका	50	दुमका जिले में फूलो झानो मेडिकल कॉलेज

3	खूंटी	100	खूंटी जिले में क्रिटिकल केयर ब्लॉक अस्पताल
4	लोहरदगा	100	लोहरदगा जिले में क्रिटिकल केयर ब्लॉक अस्पताल
5	सरायकेला	100	सरायकेला-खरसावां जिले में क्रिटिकल केयर ब्लॉक अस्पताल
6	पूर्वी सिंहभूम	100	पूर्वी सिंहभूम जिले में क्रिटिकल केयर हेल्थ ब्लॉक अस्पताल
7	पाकुड़	50	पाकुड़ जिले में क्रिटिकल केयर अस्पताल ब्लॉक
8	धनबाद	50	धनबाद जिले के शहिद निर्मल महतो मेडिकल कॉलेज एण्ड हॉस्पिटल में क्रिटिकल केयर अस्पताल ब्लॉक।
9	गुमला	50	गुमला जिले में क्रिटिकल केयर अस्पताल ब्लॉक
10	गोड्डा	50	गोड्डा जिले में क्रिटिकल केयर अस्पताल ब्लॉक
11	पश्चिमी सिंहभूम	50	पश्चिमी सिंहभूम जिले में क्रिटिकल केयर अस्पताल ब्लॉक
12	हजारीबाग	50	हजारीबाग जिले के शेख भिखारी मेडिकल कॉलेज एण्ड हॉस्पिटल में क्रिटिकल केयर अस्पताल ब्लॉक।
13	चतरा	50	चतरा जिले में क्रिटिकल केयर अस्पताल ब्लॉक
14	देवघर	50	देवघर जिले में क्रिटिकल केयर अस्पताल ब्लॉक
15	बोकारो	50	बोकारो जिले में क्रिटिकल केयर अस्पताल ब्लॉक

विवरण -VI

केंद्रीय संस्थान जहां सीसीबी को मंजूरी दी गई है

क्रमांक सं.	केंद्रीय संस्थानों के नाम
1.	एम्स, नई दिल्ली
2.	एम्स, पटना
3.	एम्स, रायपुर
4.	एम्स, ऋषिकेश
5.	एम्स, भोपाल
6.	एम्स, जोधपुर
7.	एम्स, भुवनेश्वर
8.	चंडीगढ़ में पीजीआईएमईआर

9.	पुडुचेरी में जिपमेर
10.	इम्फाल में रिम्स
11.	शिलांग में एनईआईजीआरआईएचएमएस
12.	वाराणसी में बीएचयू का आईएमएस

एमबीबीएस चिकित्सक और जनसंख्या का अनुपात

*80. श्री मुरारी लाल मीना:

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

(क) देश में एमबीबीएस चिकित्सक और जनसंख्या के अनुपात का राज्य/संघ राज्य क्षेत्र-वार तथा राजस्थान के ग्रामीण क्षेत्रों सहित जिला-वार ब्यौरा क्या है;

(ख) क्या सरकार द्वारा राजस्थान सहित देश में राज्य/संघ राज्य क्षेत्र-वार एमबीबीएस चिकित्सक और जनसंख्या के अनुपात में सुधार के लिए कोई कदम उठाए गए हैं; और

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

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

(क) से (ग): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, नवंबर, 2024 की स्थिति के अनुसार राज्य चिकित्सा परिषदों (एसएमसी) और राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) में 13,86,145 एलोपैथिक डॉक्टर पंजीकृत हैं। पंजीकृत एलोपैथिक डॉक्टरों की 80% उपलब्धता और लगभग 6.14 लाख आयुष डॉक्टरों की उपलब्धता मानते हुए, देश में डॉक्टर-जनसंख्या अनुपात लगभग 1:811 है जो डब्ल्यूएचओ के 1:1000 के मानक से बेहतर है। राजस्थान सहित एसएमसी/पूर्ववर्ती एमसीआई/एनएमसी के साथ पंजीकृत एलोपैथिक डॉक्टरों की संख्या का का ब्यौरा संलग्न **विवरण** में दिया गया है।

सरकार ने मेडिकल कॉलेजों की संख्या में वृद्धि की है और इसके बाद एमबीबीएस सीटों में भी वृद्धि की है। मेडिकल कॉलेजों में वर्ष 2014 से पहले के 387 से आज की स्थिति के अनुसार 780 अर्थात् 102% की वृद्धि हुई है। इसके अलावा, एमबीबीएस सीटों में वर्ष 2014 से पहले के 51,348 से आज

की स्थिति के अनुसार 1,18,137 अर्थात् 130% की वृद्धि हुई है और पीजी सीटों में वर्ष 2014 से पहले के 31,185 से आज की स्थिति के अनुसार 73,157 अर्थात् 135% की वृद्धि हुई है। देश में डॉक्टर/चिकित्सा पेशेवरों की संख्या बढ़ाने के लिए सरकार द्वारा उठाए गए उपायों/कदमों में शामिल हैं:-

- जिला/रेफरल अस्पतालों का उन्नयन करके नए मेडिकल कॉलेज की स्थापना के लिए केंद्र प्रायोजित योजना जिसके तहत 157 अनुमोदित मेडिकल कॉलेजों में से 131 नए मेडिकल कॉलेज पहले से ही कार्यशील हैं, जिनमें राजस्थान राज्य के 23 मेडिकल कॉलेज शामिल हैं।
- एमबीबीएस और पीजी सीटों को बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन को सुदृढ़ बनाने के लिए केंद्र प्रायोजित योजना है।
- प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत "सुपर स्पेशियलिटी ब्लॉकों के निर्माण द्वारा सरकारी मेडिकल कॉलेजों के उन्नयन" के तहत कुल 75 परियोजनाओं को मंजूरी दी गई है, जिनमें से 69 परियोजनाएं पूरी हो चुकी हैं।
- नए एम्स की स्थापना के लिए केन्द्रीय क्षेत्र योजना के तहत 22 एम्स को मंजूरी दी गई है। इनमें से 19 में स्नातक पाठ्यक्रम शुरू हो चुके हैं।
- संकाय स्टाफ की कमी को पूरा करने के लिए संकाय के रूप में नियुक्ति के लिए डीएनबी योग्यता को मान्यता दी गई है।
- मेडिकल कॉलेजों में शिक्षकों/डीन/प्रधानाचार्य/निदेशक के पदों पर नियुक्ति/विस्तार/पुनर्नियुक्ति के लिए आयु सीमा को 70 वर्ष तक बढ़ाया गया।

विवरण

नवंबर, 2024 की स्थिति के अनुसार राज्य चिकित्सा परिषदों / तत्कालीन भारतीय चिकित्सा परिषद / राष्ट्रीय आयुर्विज्ञान आयोग में पंजीकृत और मान्यता प्राप्त चिकित्सा योग्यता धारक डॉक्टरों की राज्य / संघ राज्य क्षेत्र-वार सूची

क्र.सं.	राज्य चिकित्सा परिषद का नाम	एलोपैथिक डॉक्टरों की कुल संख्या
1.	आंध्र प्रदेश मेडिकल परिषद	105805
2.	अरुणाचल प्रदेश मेडिकल परिषद	1660
3.	असम मेडिकल परिषद	25980
4.	बिहार मेडिकल परिषद	48200
5.	छत्तीसगढ़ मेडिकल परिषद	10962
6.	दिल्ली मेडिकल परिषद	31481
7.	गोवा मेडिकल परिषद	4720
8.	गुजरात मेडिकल परिषद	79169
9.	हरियाणा मेडिकल परिषद	15714
10.	हिमाचल प्रदेश मेडिकल परिषद	7296
11.	जम्मू और कश्मीर मेडिकल परिषद	18720
12.	झारखंड मेडिकल परिषद	8544
13.	कर्नाटक मेडिकल परिषद	141155
14.	मध्य प्रदेश मेडिकल परिषद	49730
15.	महाराष्ट्र मेडिकल परिषद	209540
16.	पूर्ववर्ती भारतीय मेडिकल परिषद	52672
17.	मिजोरम मेडिकल परिषद	156
18.	नागालैंड मेडिकल परिषद	166
19.	ओडिशा मेडिकल रजिस्ट्रेशन परिषद	29792
20.	पंजाब मेडिकल परिषद	53446
21.	राजस्थान मेडिकल परिषद	49049
22.	सिक्किम मेडिकल परिषद	1880
23.	तमिलनाडु मेडिकल परिषद	149399
24.	केरल मेडिकल परिषद	73070
25.	उत्तर प्रदेश मेडिकल परिषद	99737
26.	उत्तराखंड मेडिकल परिषद	10249
27.	पश्चिम बंगाल मेडिकल परिषद	78759
28.	त्रिपुरा मेडिकल परिषद	2683
29.	तेलंगाना मेडिकल परिषद	26411
	कुल योग	1386145

स्रोत: राष्ट्रीय आयुर्विज्ञान आयोग

नोट:- पूर्ववर्ती एमसीआई ने वर्ष 2015 से पंजीकरण बंद कर दिया था।

STATUTORY WARNING ON PAN MASALA PACKAGES**691. SHRI EATALA RAJENDER:****SHRIMATI D. K. ARUNA:****SHRI SURESH KUMAR SHETKAR:**

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

- (a) whether the Government is considering to increase the size of statutory warnings on pan masala packets/packages to cover 50% of the front of the label, up from the previous 3 mm font size and if so, the details and the current status thereof;
- (b) whether the pan masala manufacturers are challenging the regulations on the ground that there was no scientific basis to the increased size and if so, the details thereof;
- (c) the details of studies that have been done by the Committees formed under the Food Safety and Standards Act;
- (d) whether there is an inconsistency in warning sizes for similar harmful products, such as alcohol, that still has 3 mm size;
- (e) whether the FSSAI has increased warning size that was part of a broader public health policy aimed at enhancing consumer awareness in the country and was a reasonable restriction under Article 19(6) of the Constitution;
- (f) if so, the details and present status of implementation thereof; and
- (g) the details of violations noticed and the action 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 (g) Food Safety and Standards Authority of India (FSSAI) has notified Food Safety and Standards (Labelling and Display) Second Amendment Regulations, 2022 relating to the warning on the label of Pan Masala dated 11th October, 2022, which came into force on 1st May, 2023. The size of warning statement for Pan Masala has been increased for consumer awareness to enable them to make informed choices and risks involved upon consumption.

This provision was notified on the basis of the deliberations held in the Scientific Panel on Labelling and Claims/Advertisement and Scientific Committee of the FSSAI. The same has been upheld by the Hon'ble High Court of Delhi vide their dated 09.07.2024 in respect of WP(C) No. 4470/2023.

Food Safety and Standards (Alcoholic Beverages) Regulations, 2018 prescribes that there shall be a statutory warning in respect of consumption of alcohol, printed in English language. In case, respective states wish the same to be printed in their local or regional language, the same shall be allowed without the need for repeating the English version. Size of statutory warning shall not be less than 1.5 mm for pack size of upto 200ml and for pack size above 200 ml, size of the warning shall not be less than 3 mm.

Details of various samples (including pan masala) analysed, found non-conforming and action taken during enforcement of various Food Safety and Standards Regulations are as below:

S.No	Year	No of Samples Analysed	No of Samples found non-conforming	No of Civil Cases Launched	No of Criminal Cases Launched
1	2020-21	107829	28347	24195	3869
2	2021-22	144345	32934	28906	4946
3	2022-23	177511	44626	38096	4818
4	2023-24	170513	33808	33854	6377

HEALTHCARE FOR MARGINALISED COMMUNITIES

692. ADV. FRANCIS GEORGE:

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

(a) whether the Government has identified significant health disparities among marginalized communities including Scheduled Castes (SCs), Scheduled Tribes (STs), and religious minorities, in areas such as life expectancy, infant mortality and mental health;

(b) if so, the details thereof;

(c) whether the Government is implementing specific policies/schemes to reduce barriers to healthcare access for these communities, particularly in rural and tribal areas, if so, the details thereof and the measures taken/proposed to be taken under Ayushman Bharat and the National Health Mission in this regard; and

(d) whether the Government has any data showing higher infant mortality and life expectancy gaps among marginalised groups and if so, the steps taken/proposed to be 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 (d): National Family Health Survey (NFHS) is a periodic survey which identifies the Infant Mortality Rate (IMR) for Scheduled Caste, Scheduled Tribe population as well as religious minorities. As per NFHS-V, the Infant Mortality Rate is 41.6 per 1000 live births among Scheduled Tribes (ST), 40.7 per 1000 live births among Scheduled Caste (SC), 36 per 1000 for Hindu, 33.3 for Muslim, 27.7 for Christian, 29 for Sikh and 21.3 in Buddhist/Neo-Buddhist.

Under National Health Mission (NHM), the Government has taken many steps towards universal health coverage by supporting the State Government in providing accessible and affordable healthcare to people. 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.

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. Total number of operational AAM are 39378 in SC dominated districts and 29896 in ST dominated districts till 31.10.2024.

Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage up to Rs. 5.00 lakh per family per year for secondary and tertiary care hospitalization to 12 crore poor and vulnerable families.

Ministry of Tribal Affairs (MoTA) launched the Pradhan Mantri Janjatiya Adivasi Nyaya Maha Abhiyan (PM JANMAN) to improve the socio-economic condition of Particularly Vulnerable Tribal Groups (PVTGs) and the Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DA-JGUA) to improve socio-economic conditions of tribal majority villages and Aspirational blocks. Under these Abhiyans, there is provision of MMU from NHM to provide healthcare services to the left-out PVTG habitations/tribal villages/villages of Aspirational blocks.

HIGH COURTS

693. SHRI S. VENKATESAN:

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

- (a) the total number of High Courts that are functioning with full sanctioned strength of judges;
- (b) the number of judges in HCs against their sanctioned strength, State-wise;
- (c) the total number of cases pending with each HC till date as per the latest figures; and
- (d) the total number of cases pending for more than five years?

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

(a) and (b): The information is placed at the enclosed **Statement-I**.

(c) and (d): The information, based on the data available as on 26.11.2024 is placed at **Statement -II**.

STATEMENT-I

**Statement showing sanctioned strength and working strength of Judges in
High Courts (As on 26.11.2024)**

Sl. No.	Name of High Court	Sanctioned Strength	Working Strength
1	Allahabad	160	81
2	Andhra Pradesh	37	29
3	Bombay	94	68
4	Calcutta	72	43
5	Chhattisgarh	22	16
6	Delhi	60	36
7	Gauhati	30	24
8	Gujarat	52	32
9	Himachal Pradesh	17	11
10	J and K and Ladakh	25	15
11	Jharkhand	25	18
12	Karnataka	62	50
13	Kerala	47	45
14	Madhya Pradesh	53	35
15	Madras	75	66
16	Manipur	5	4
17	Meghalaya	4	4
18	Orissa	33	19
19	Patna	53	35

20	Punjab and Haryana	85	53
21	Rajasthan	50	32
22	Sikkim	3	3
23	Telangana	42	27
24	Tripura	5	5
25	Uttarakhand	11	6
	Total	1122	757

STATEMENT-II

Number of cases pending with High Courts

Sl. No.	Name of High Court	Number of Cases Pending as on date
1.	Allahabad	10,67,614
2.	Bombay	6,52,990
3.	Calcutta	1,87,360
4.	Gauhati	64,240
5.	Telangana	2,46,865
6.	Andhra Pradesh	2,48,203
7.	Chhattisgarh	84,687
8.	Delhi	1,27,518
9.	Gujarat	1,71,652
10.	Himachal Pradesh	94,756
11.	Jammu and Kashmir and Ladakh	46,120
12.	Jharkhand	75,999

13.	Karnataka	3,00,984
14.	Kerala	2,50,933
15.	Madhya Pradesh	4,69,462
16.	Manipur	5,285
17.	Meghalaya	1,183
18.	Orissa	1,46,998
19.	Punjab and Haryana	4,33,196
20.	Rajasthan	6,56,141
21.	Sikkim	215
22.	Tripura	1,002
23.	Uttarakhand	55,331
24.	Madras	5,22,393
25.	Patna	1,99,754

Number of cases pending for more than five years:-

Supreme Court	High Courts	District and Subordinate Courts	Total
19,569	27,31,298	1,15,96,339	1,43,47,206

COMPENSATION FOR INDIAN MIGRANT WORKERS

694. SHRI SUDAMA PRASAD:

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

- (a) the details of Indian citizens currently employed in various countries, country-wise;
- (b) the details of Indian citizens currently employed in various countries as per their State of origin, State-wise;
- (c) the top ten countries with the highest number of Indian workers and their respective employments;
- (d) the number of Indian migrant workers who have died overseas while in employment and the steps taken/proposed to be taken by the Government to return their corpses to their families for dignified funeral, and compensation and other financial support given to their families;
- (e) whether the Government has undertaken any specific study/studies about the living and working conditions of Indian migrants abroad and if so, the details thereof and if not, the reasons therefor; and
- (f) whether Government has undertaken any initiatives to ameliorate the living and working conditions of Indian migrants abroad and if so, the details thereof and if not, the reasons therefor?

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

(a) and (b) As per the available information, there are around 15 million Indian nationals abroad including unskilled workers, skilled workers and professionals. Ministry maintains the data in respect of Indian workers, holding Emigration Check Required (ECR) passports, proceeding for overseas employment through e-

Migrate portal to any of the 18 notified ECR category countries. The country-wise and the State/UT-wise data of Emigration Clearances (ECs) granted to such workers during the last 4 years are enclosed as **Statement-I** and **Statement -II** respectively.

(c) As per the EC data issued during 2021-2024, the top ten countries to which highest number of Indian workers emigrated is given below.

Sr. No.	Name of the country	Number EC issued
1.	Saudi Arabia	5,63,813
2.	United Arab Emirates	2,12,018
3.	Kuwait	1,64,017
4.	Qatar	1,32,887
5.	Oman	94,907
6.	Malaysia	33,482
7.	Bahrain	31,836
8.	Jordan	8,982
9.	Iraq	6,370
10.	Lebanon	666

Majority of these workers from India are employed in the Gulf countries in various sectors like construction, oil and gas, food and beverage industry, hospitality, retail, housekeeping, domestic work, warehousing and logistics, healthcare, engineering, IT, finance, farming, manufacturing, transport, port and shipping, tourism, mining, education, wholesale, retail, automobiles, domestic works such as plumbers, electricians, drivers, maids, cleaners, and cooks etc.

(d)The data pertaining to cases of death of Indian nationals (including Indian workers) in ECR countries during year 2024 is given below:

Sr. No.	Country	Number of death
1.	Saudi Arabia	1,025
2.	United Arab Emirates	1,681
3.	Kuwait	564
4.	Qatar	210
5.	Oman	284
6.	Malaysia	387
7.	Bahrain	205
8.	Jordan	05
9.	Lebanon	16
10.	Sudan	03
11.	South Sudan	03
12.	Indonesia	07
13.	Afghanistan	02
14.	Libya	04

Our Missions/Posts abroad on receipt of information about death of Indian national, promptly issues all death related documents, No Objection Certificate for transportation of the mortal remains to India or local cremation, as per the wish of family of the deceased. Missions/Posts liaise with the employer/sponsor to complete all the formalities and obtain clearance from local authorities for timely dispatch of the mortal remains to India or dignified local cremation. In the event of non-cooperation of the employer/sponsor, the Missions/Posts take up the matter with the local government authorities to impress upon the employer/sponsor to expedite the formalities. In deserving cases on means and tested basis, the Missions/Posts process the dispatch formalities bearing all the expenditure for transportation of the mortal remains from Indian Community Welfare Fund (ICWF). For payment of compensation, the Missions/Posts assiduously follow up

with the employer/sponsor/local authorities to get the admissible legal dues/End Service Benefits of the deceased as per the local Labour laws for disbursement to the legal heirs of the deceased in India. In some case Missions/Posts, if authorized by the family to proceed with the death compensation claim, files death claims in court through panel of lawyers and regularly updates the family on the progress of the case.

(e) and (f) Government accords utmost priority to the safety, security and well-being of Indian nationals abroad and has robust mechanism to monitor working conditions and grievance redressal of Indian workers abroad. Our Missions/Posts abroad from time to time receive various types of complaints from the Indian nationals working abroad and these include delay in payment/non-payment of salaries, retention of passports, unfair working conditions, sub-standard accommodation, extended working hours, ill-treatment/harassment, excessive work, denial of entry/exit permit/renewal of visa/final exit permit, non-payment of salary and not placing in the job promised etc.

Our Missions and Posts abroad remain vigilant all the time and actively monitor the working conditions of Indians nationals abroad. The Government has established various channels to enable Indian nationals working abroad to reach out to the Mission/Post in case they need any assistance. They can contact the Missions/Posts through walk-in interview, email, multilingual 24x7 emergency numbers, grievance redressal portal like MADAD, CPGAMS, and eMigrate, and social media etc. As and when such cases are reported, the Missions/Posts take prompt action in coordination with the employer/sponsor/agent and local

authorities and extend all possible assistance to the aggrieved Indian worker. Pravasi Bharatiya Sahayata Kendras (PBSK) have been set up in Dubai (UAE), Riyadh, Jeddah (Kingdom of Saudi Arabia) and Kuala Lumpur (Malaysia) to provide guidance and counselling to Indian workers on all matters. There are dedicated Labour Wings in all Indian Missions in Gulf Countries.

Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get feedback from Indian workers residing in such areas and to address their grievances, if any. The complaints pertaining to employment issues are also taken up with the local labour department and other relevant authorities of the host country for prompt redressal. Based on MoUs signed with the GCC countries, matters related to welfare and protection of workers are taken up during regular meetings of Joint Working Groups with concerned countries. In addition, such matters are also regularly taken up with respective host governments through diplomatic channels.

STATEMENT-I

Country-wise Emigration Clearance (EC) data from 01-01-2021 to 19-11-2024

Country	Number EC issued
SAUDI ARABIA	5,63,813
UNITED ARAB EMIRATES	2,12,018
KUWAIT	1,64,017
QATAR	1,32,887
OMAN	94,907
MALAYSIA	33,482
BAHRAIN	31,836
JORDAN	8,982
IRAQ	6,370

LEBANON	666
THAILAND	18
INDONESIA	5
SOUTH SUDAN	2
SUDAN	2
Total	12,49,005

STATEMENT - II

**State/UT-wise Emigration Clearance (EC) data from 01-01-2021 to
19-11-2024**

Sr. No.	Name of State/UTs	Number EC issued
1.	ANDAMAN and NICOBAR	38
2.	ANDHRA PRADESH	55,485
3.	ARUNACHAL PRADESH	14
4.	ASSAM	10,167
5.	BIHAR	2,17,335
6.	CHANDIGARH	824
7.	CHHATTISGARH	380
8.	DADRA and NAGAR HAVELI	12
9.	DAMAN and DIU	67
10.	DELHI	4,999
11.	GOA	1,615
12.	GUJARAT	12,660
13.	HARYANA	4,221
14.	HIMACHAL PRADESH	1,347
15.	JAMMU and KASHMIR	15,033
16.	JHARKHAND	14,267
17.	KARNATAKA	19,242
18.	KERALA	60,113
19.	LADAKH	3
20.	LAKSHADWEEP	6

21.	MADHYA PRADESH	3,933
22.	MAHARASHTRA	22,812
23.	MANIPUR	98
24.	MEGHALAYA	32
25.	MIZORAM	3
26.	NAGALAND	13
27.	ODISHA	22,948
28.	PUDUCHERRY	1,120
29.	PUNJAB	39,241
30.	RAJASTHAN	87,388
31.	SIKKIM	14
32.	TAMIL NADU	78,528
33.	TELANGANA	35,505
34.	TRIPURA	3,726
35.	UTTAR PRADESH	4,25,851
36.	UTTARAKHAND	11,143
37.	WEST BENGAL	98,822
	Grand Total	12,49,005

EMPOWERMENT OF WOMEN

695. DR. NISHIKANT DUBEY:

SHRI LUMBA RAM:

SHRI PARBHUBHAI NAGARBHAI VASAVA:

SHRI BIDYUT BARAN MAHATO:

SHRI DINESHBHAI MAKWANA:

SHRI GANESH SINGH:

SHRI VIJAY KUMAR DUBEY:

SHRI VIJAY BAGHEL:

SHRIMATI HIMADRI SINGH:

SHRIMATI KAMALJEET SEHRAWAT:

SHRI BIBHU PRASAD TARAI:

SHRI BUNTY VIVEK SAHU:

SHRI CHANDRA PRAKASH JOSHI:

SHRI VINOD LAKHAMSHI CHAVDA:

DR. RAJESH MISHRA:

Ms BANSURI SWARAJ:

SHRI SURESH KUMAR KASHYAP:

SHRI NABA CHARAN MAJHI:

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

- (a) the importance and need to empower women as a strong foundation of a nation;
- (b) whether initiatives like Mission Shakti, Mission Poshan 2.0 and Mission Vatsalya are helping in bringing about social changes in the country, if so, the details thereof;
- (c) whether the Government is taking any steps to recognize the contribution of the women at the grassroots level and if so, the details thereof, State-wise and district-wise in Himachal Pradesh;
- (d) the details of the outcome of the said schemes in empowering the women in Rajasthan and Himachal Pradesh;

- (e) whether there has been any increase in the coverage of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) by including Anganwadi Workers and helpers, if so, the details thereof; and
- (f) the role of Mission Saksham Anganwadi in creating well equipped Anganwadi Centres for providing integrated child services?

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

(a) to (d): The Government gives utmost priority to the safety, security and empowerment of women in the country. To this end, the Government has adopted multi-pronged approach to address the needs of women on a life-cycle continuum basis for their educational, social, economic and political empowerment so that they become equal partners in fast paced and sustainable national development. This 'Women led development' is essential for realising the goal of a developed India, or 'Viksit Bharat', by 2047.

The Ministry of Women and Child Development is implementing Centrally Sponsored Schemes in the country for the welfare of women and children, which are clubbed into three verticals, viz. (1) Mission Shakti, for safety, protection and empowerment of women; (2) Saksham Anganwadi and Poshan 2.0 for improving nutrition and health indicators in the country; and (3) Mission Vatsalya, for protection and welfare of children. The details of the schemes are as under:

(i) Mission Shakti: The 'Mission Shakti' aims at strengthening interventions for women safety, security and empowerment. It seeks to focus on proposing strategies for improving convergence across Ministries/ Departments and at

different levels of governance. Mission Shakti comprises of two sub-schemes 'Sambal' and 'Samarthya' for safety and security of women and empowerment of women respectively.

The "Sambal" sub-scheme is for safety and security of women. It has the components of One Stop Centres (OSCs), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat.

- a. **One Stop Centres (OSCs)**- An institution located at district level offering under one roof immediate help to women in distress such as temporary shelter, medical and police assistance, counselling and legal support.
- b. **Women Helpline (WHL)**- The Women Helpline 181 provides toll-free 24-hours telecom service to women seeking support and information. It is also integrated with Emergency Response Support System (ERSS) 112 for all emergency services and integration with all One Stop Centres is in progress.
- c. **Beti Bachao Beti Padhao (BBBP)**- BBBP is a mindset change program helping in generating awareness for valuing the girl child through multi-sectoral interventions.
- d. **Nari Adalat**- An experimental platform providing women with an alternative Grievance Redressal Mechanism at Gram Panchayat level by negotiation, mediation, and reconciliation with mutual consent for speedy, accessible, and affordable justice. It has been piloted in 50 Gram Panchayats each of Assam and UT of Jammu and Kashmir.

The “Samarthya” sub scheme is for empowerment of women. It has the components of Pradhan Mantri Matru Vandana Yojana (PMMVY), Shakti Sadan, Sakhi Niwas, Palna and SANKALP : Hub for Empowerment of Women (HEW).

- a. **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** PMMVY is a Centrally Sponsored Maternity Benefits Scheme under which cash incentives of ₹5,000/- is provided directly to the Bank/Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for first child. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child being a girl child.
- b. **Shakti Sadan-** Shakti Sadan is an Integrated Relief and Rehabilitation Home for the women in distress situations and difficult circumstances.
- c. **Sakhi Niwas-** The Sakhi Niwas Scheme (Working Women Hostel) is a demand driven centrally sponsored scheme, under which funds are released directly to the States/UTs and aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and even rural areas where employment opportunity for women exist.
- d. **Palna-** Palna scheme through day-care crèche facilities provides safe and secure place for the children. Creche services formalise the child care facilities hitherto considered as part of domestic work and uses Aanganwadi infrastructure for ensuring delivery of care facilities till the last mile
- e. **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW serves as a vehicle to bridge the information and knowledge gap

regarding schemes and facilities available for women. It also serves as a Project Monitoring Unit (PMU) for all components under Mission Shakti.

(ii) Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0): Under this programme, Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls has been reorganized into 3 primary verticals: (i) Nutrition Support for children below the age of 6 years, Pregnant Women, Lactating Mothers and Adolescent Girls (14 -18 years); (ii) Early Childhood Care and Education [3-6 years] and (iii) Anganwadi Infrastructure including modern, upgraded Saksham Anganwadi.

(iii) Mission Vatsalya: Mission Vatsalya (erstwhile Child Protection Services Scheme (ICPS)) is a Centrally Sponsored Scheme (CSS) which is implemented through States/Union Territories (UTs) to deliver services for better outreach and protection for Children in Need of Care and Protection (CNCP) and Children in Conflict with Law (CCL) which include Institutional Care and Non-Institutional 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 (iv) Cement convergent action by gap funding, if required.

The scheme also provides for emergency outreach services (24x7) for children in difficult circumstances through Child Helpline (1098).

These initiatives are transformative schemes designed to address critical social issues and bring about lasting social change in the country including the States of

Himachal Pradesh and Rajasthan, targeting key areas of women and child welfare, aiming to create a more inclusive, equitable, and supportive environment for vulnerable populations.

State/ UT-wise number of beneficiaries covered/ assisted under the various schemes since its inception are given in the enclosed **Statement**.

(e): During the interim budget FY 2024-25 it was announced to extend healthcare annual coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all Anganwadi workers and helpers. As per the information furnished by National Health Authority (NHA), Ayushman Cards have been generated for approx 8.15 Lakh Anganwadi Workers and Helpers for all States/ UTs except for States of Odisha, West Bengal and NCT of Delhi where governments are not implementing AB-PMJAY.

(f): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mother and Adolescent Girls; Early Childhood Care and Education [3-6 years] and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 for effective implementation of the scheme and for better nutritional delivery to end beneficiaries.

In order to improve the infrastructure facility of Anganwadi Centres (AWCs) various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets at Anganwadi

Centres from Rs.10,000/- to Rs.17,000/- and Rs.12,000/- to Rs.36,000/- respectively.

Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of construction of 50000 AWCs buildings over a period of five years @10000 AWCs per year. The cost norms for construction of Anganwadi Centres in convergence with MGNREGS have been revised from Rs.7 Lakh per AWC to Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15th FC (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as MPLADS, RIDF, Finance Commission Grants to Panchayati Raj Institutions, NREGA, MSDP of Ministry of Minority Affairs, etc.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available.

During the 15th Finance Commission cycle, 2 lakh Anganwadi Centres @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for imparting early childhood care and development. Saksham Anganwadis are to be provided with infrastructure better than the conventional Anganwadi Centres which includes internet/Wi-Fi connectivity, LED screens, water purifier/installation of RO Machine and smart learning equipments.

Further, the Government has also decided to upgrade all Mini AWCs with one worker to full-fledged Anganwadi Centres with one worker and one helper each.

Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them real-time monitoring of all ongoing activities.

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

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and making timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring devices like infantometer, stadiometer, weighing scale-infant, weighing scale – Mother andChild.

STATEMENT

State/ UT-wise number of beneficiaries covered/ assisted under the various schemes since its inception

Sl. No.	State /UTs	No. of beneficiaries		
		OSC (till 31.10.2024)	WHL (till 31.10.2024)	PMMVY (till 26.11.2024)
1	Andaman and Nicobar Islands	2006	254	9193
2	Andhra Pradesh	42437	12260	1748099

3	Arunachal Pradesh	2295	1890	30330
4	Assam	23917	27125	1275830
5	Bihar	40469	55649	3468749
6	Chandigarh	1682	82255	36985
7	Chhattisgarh	45965	34471	998817
8	Dadra Nagar Haveli and Daman and Div	1235	1093	22433
9	Delhi	21120	4412802	473089
10	Goa	7051	41005	30828
11	Gujarat	38468	1460844	1448683
12	Haryana	44478	21654	858541
13	Himachal Pradesh	3376	43417	306815
14	Jammu and Kashmir	12581	10684	409130
15	Jharkhand	5115	70617	871639
16	Karnataka	28073	33243	2613804
17	Kerala	20620	152353	1081633
18	Ladakh	79	111	6971
19	Lakshadweep	0	0	2281
20	Madhya Pradesh	104072	119485	4231228
21	Maharashtra	33698	116055	3590812
22	Manipur	1746	1194	77522
23	Meghalaya	4004	4059	61187
24	Mizoram	1872	19656	41176
25	Nagaland	1394	3245	39086
26	Odisha	21891	42033	6
27	Puducherry	465	355	38736
28	Punjab	19566	268674	676444
29	Rajasthan	47837	71931	2551557
30	Sikkim	1637	582	14914
31	Tamil Nadu	96173	131669	1561262
32	Telangana	68310	64500	0
33	Tripura	828	556	123910

34	Uttar Pradesh	254873	807340	5882393
35	Uttarakhand	8485	51735	381095
36	West Bengal	4541	0	1638005
	Total	1012359	8164796	36603183

DEVELOPMENT OF U-WIN PORTAL**696: SHRI P. P . CHAUDHARY:****SHRI PRADEEP KUMAR SINGH:****SHRI KANWAR SINGH TANWAR:****DR. VINOD KUMAR BIND:****SHRI SURESH KUMAR KASHYAP:****SHRI PRATAP CHANDRA SARANGI:****SHRIMATI SMITA UDAY WAGH:****SHRI JAGDAMBIKA PAL:****SHRI KHAGEN MURMU:****SHRIMATI KAMALJEET SEHRAWAT:****SHRI DILIP SAIKIA:****SHRI MUKESH RAJPUT:****SHRI JANARDAN MISHRA:****SHRI JUGAL KISHORE:****SHRI MAHESH KASHYAP:**

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

(a) The key features, functionalities, objectives, and targets of the U-Win Portal for digitization of the Universal Immunization Programme, including the timeline for its nationwide rollout;

(b) whether any pilot studies have been conducted to assess the portal's effectiveness in improving vaccination coverage, and if so, the details thereof, including the visible changes brought through the said portal;

(c) the status of the said portal including the number of beneficiaries registered in U-Win portal since its launch, State/UT-wise and district-wise, particularly in Himachal Pradesh and the percentage increase in vaccination coverage achieved;

(d) The role and details of the said app in creating public awareness and facilitating citizen access to vaccination and whether any special scheme has been introduced by the Government in this regard and the budget spent on the said scheme;

(e) Whether the portal has features for generating vaccination alerts for pregnant women and children and if so, the details thereof;

(f) Whether any measures have been taken to ensure accessibility of the portal in rural and remote areas and if so, the details thereof along with the steps taken/proposed to be taken to create public awareness especially among pregnant women 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) U-WIN is a digital platform for digitalization of all vaccination services provided under the Universal Immunization Programme (UIP) to ensure timely administration of life-saving vaccines to pregnant women and children (from birth to 16 years) against 12 vaccine-preventable diseases. The annual target of UIP is around 2.9 crore pregnant women and 2.6 crore infants (0-1 year). The nation-wide roll-out of U-WIN has been completed. It's key features include 'Anytime

Access' and 'Anywhere' vaccination services, generation of Ayushman Bharat Health Account (ABHA) and Child ABHA, citizen module, automated SMS alerts, QR-based e-Vaccination Certificate and offline mode for data entry by vaccinators.

(b) The initial pilot of U-WIN was conducted across 63 districts in 35 States/UTs followed by the nation-wide roll-out. As on 25th November 2024, 7.43 crore beneficiaries have been registered, 1.26 crore vaccination sessions have been held and 27.77 crore administered vaccine doses have been recorded on U-WIN. The increased daily usage of the platform has further created awareness and ready access of immunization services among both citizens and frontline workers.

(c) The State/UT-wise number of beneficiaries registered and total administered vaccine doses recorded on U-WIN since inception are enclosed as **Statement-I** and district-wise details of Himachal Pradesh of the same are enclosed as **Statement-II**

(d) U-WIN digital platform also has a mobile application for both citizens and vaccinators for ease of use and accessibility. This mobile application is available for download from Google Playstore at the click of a button. The following steps have been taken by the Government of India for creating public awareness and facilitating citizen access to vaccination:

(c) An extensive social media communication campaign for promoting awareness about U-WIN is done through the Ministry's social media handles on various social media platforms.

- (d) Frequently Asked Questions (FAQs) are available in 11 Indian languages on the U-WIN website for guiding both citizens and front line workers regarding key features and utilization of U-WIN such as registration, appointment booking, national immunization schedule etc.
- (e) The U-WIN platform enables automated SMS alerts for registration confirmation, acknowledgment of vaccine doses administered, and reminder SMS for upcoming doses (3 days prior to the due date of vaccination).
- (f) The offline mode of U-WIN allows health workers to record vaccination services in areas without internet connectivity. Awareness among the general public especially pregnant women is done through an extensive nationwide social media campaign.

STATEMENT-I

State-wise details of Registration and Coverage on U-WIN

(as on 25th November 2024)

S. No.	State	Total registered beneficiaries	Total doses administered
1	Andaman And Nicobar Islands	15,219	65,978
2	Andhra Pradesh	21,01,105	45,44,821
3	Arunachal Pradesh	67,307	2,92,790
4	Assam	19,19,866	72,94,330
5	Bihar	1,51,07,436	6,71,69,747
6	Chandigarh	53,840	1,87,495
7	Chhattisgarh	15,14,999	55,63,865
8	Delhi	18,05,642	62,44,294
9	Goa	1,23,776	4,69,388
10	Gujarat	4,08,723	17,27,257

11	Haryana	24,85,151	1,01,73,612
12	Himachal Pradesh	8,59,854	27,44,702
13	Jammu And Kashmir	12,61,326	46,86,498
14	Jharkhand	13,03,057	46,65,153
15	Karnataka	42,07,225	1,74,07,291
16	Kerala	18,76,682	70,09,984
17	Ladakh	26,769	1,17,434
18	Lakshadweep	6,821	33,266
19	Madhya Pradesh	88,43,042	2,22,48,513
20	Maharashtra	51,11,333	1,58,23,185
21	Manipur	51,724	2,06,709
22	Meghalaya	2,19,913	9,19,770
23	Mizoram	80,933	3,84,937
24	Nagaland	80,995	3,59,435
25	Odisha	25,88,824	1,23,47,456
26	Puducherry	76,663	2,91,471
27	Punjab	11,55,002	46,47,294
28	Rajasthan	24,38,389	77,16,890
29	Sikkim	36,608	1,72,383
30	Tamil Nadu	15,59,860	28,05,744
31	Telangana	18,32,035	77,11,119
32	The Dadra And Nagar Haveli And Daman And Diu	51,100	1,56,464
33	Tripura	2,91,778	14,34,856
34	Uttar Pradesh	1,62,02,760	5,90,78,156
35	Uttarakhand	7,38,160	31,01,943

STATEMENT-I**District-wise details of Registration and Coverage on U-WIN for****Himachal Pradesh****(as on 25th November 2024)**

S. No.	Name of District	Total registered beneficiaries	Total doses administered
1	Bilaspur	48,722	1,42,413
2	Chamba	71,389	2,26,636
3	Hamirpur	59,449	1,73,616
4	Kangra	1,89,923	5,41,073
5	Kinnaur	5,352	15,435
6	Kullu	50,929	1,69,994
7	Lahaul and Spiti	2,042	6,600
8	Mandi	1,04,924	3,07,953
9	Shimla	90,091	2,64,018
10	Sirmaur	78,603	3,31,383
11	Solan	90,290	3,82,040
12	Una	68,140	1,83,541

चिकित्सा महाविद्यालय में एमबीबीएस की सीटों में वृद्धि

697. श्री मुकेशकुमार चंद्रकांत दलाल:

डॉ. शिवाजी बंडाप्पा कालगे:

डॉ. राजेश मिश्रा:

डॉ. हेमंत विष्णु सवरा:

श्री विश्वेश्वर हेगड़े कागेरी:

श्री दिनेशभाई मकवाणा:

श्री गणेश सिंह:

श्री मनोज तिवारी:

श्री विनोद लखमशी चावड़ा:

श्री काली चरण सिंह:

श्रीमती हिमाद्री सिंह:

श्रीमती अपराजिता सारंगी:

श्री बिभु प्रसाद तराई:

श्री चन्द्र प्रकाश जोशी:

श्री विजय कुमार दूबे:

श्री प्रवीण पटेल:

श्री जुगल किशोर:

श्री बलभद्र माझी:

श्री सुरेश कुमार कश्यप:

श्री नव चरण माझी:

श्री कंवर सिंह तंवर:

डॉ. निशिकान्त दुबे:

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:

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

- (क) वर्ष 2014 की तुलना में वर्तमान में देश में विशेषकर हिमाचल प्रदेश, राजस्थान, झारखंड और उत्तर प्रदेश में जिला-वार राज्य/संघ राज्य क्षेत्र-वार कुल कितने चिकित्सा महाविद्यालय हैं;
- (ख) वर्ष 2014 की तुलना में वर्तमान में देश में एमबीबीएस सीटों की कुल संख्या में कितनी वृद्धि हुई है;
- (ग) क्या चिकित्सा महाविद्यालयों और सीटों की संख्या में वृद्धि से देश में राज्य/संघ राज्य क्षेत्र-वार, विशेषकर राजस्थान में स्वास्थ्य देखभाल प्रणाली सुदृढ़ हुई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (घ) क्या सरकार का झारखंड के चतरा जिले में चिकित्सा महाविद्यालय स्थापित करने का प्रस्ताव है;
- (ङ) क्या सरकार देश के सरकारी अस्पतालों और चिकित्सा महाविद्यालयों में कर्मचारियों की कमी के संबंध में कोई कदम उठा रही है; और
- (च) 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) से (च): सरकार ने मेडिकल कॉलेजों की संख्या में वृद्धि की है और इसके बाद एमबीबीएस सीटों में भी वृद्धि की है। वर्ष 2014 से पहले 387 मेडिकल कॉलेजों की तुलना में आज की तारीख में 780 मेडिकल कॉलेज हो गये हैं जिससे इनकी संख्या में 102% की वृद्धि हुई है। इसके अलावा, 2014 से पहले 51,348 एमबीबीएस सीटों की तुलना में आज की तारीख में 1,18,137 एमबीबीएस सीटें हो गई हैं जिससे इनमें भी 130% की वृद्धि हुई है। वर्ष 2013-14 और 2024-25 में देश में मेडिकल कॉलेजों का राज्य/संघ राज्य क्षेत्र-वार व्यौरा संलग्न **विवरण** में दिया गया है।

‘मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना’ के लिए केंद्र प्रायोजित योजना के तहत झारखंड के दुमका, हजारीबाग, पलामू, चाईबासा और कोडरमा जिलों में पांच मेडिकल कॉलेजों को मंजूरी दी गई है जो कार्यशील हैं। इसके अलावा, चतरा जिले में मेडिकल कॉलेज की स्थापना के लिए झारखंड राज्य सरकार से कोई प्रस्ताव प्राप्त नहीं हुआ है।

स्वास्थ्य मानव संसाधन से संबंधित सभी प्रशासनिक और कार्मिक मामले संबंधित राज्य/संघ राज्य सरकारों के पास हैं। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/संघ राज्य क्षेत्रों को समग्र संसाधन आवरण के भीतर उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में उनके द्वारा प्रस्तुत आवश्यकताओं के आधार पर उनकी स्वास्थ्य सेवा प्रणालियों को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान करता है। इसके अलावा, राष्ट्रीय चिकित्सा आयोग (एनएमसी) मेडिकल कॉलेज शुरू करने के लिए अनुमति पत्र जारी करते

समय कॉलेज के भौतिक मूल्यांकन के माध्यम से अपने मानदंडों के अनुसार संकाय और अन्य आवश्यक कर्मचारियों की उपलब्धता सुनिश्चित करता है।

विवरण

वित्त वर्ष 2013-14 और 2024-25 में मेडिकल कॉलेजों की संख्या का राज्य/संघ राज्य क्षेत्र-वार

व्यौरा

क्र.सं.	राज्य/संघ राज्य क्षेत्र का नाम	वित्त वर्ष 2013-14 में मेडिकल कॉलेजों की संख्या	वित्त वर्ष 2024-25 में मेडिकल कॉलेजों की संख्या
1	अंडमान और निकोबार द्वीप	0	1
2	आंध्र प्रदेश	43	38
3	अरुणाचल प्रदेश	0	1
4	असम	5	14
5	बिहार	13	22
6	चंडीगढ़	1	1
7	छत्तीसगढ़	5	16
8	दादरा और नगर हवेली	0	1
9	दिल्ली	7	10
10	गोवा	1	1
11	गुजरात	22	41
12	हरियाणा	7	15
13	हिमाचल प्रदेश	3	8
14	जम्मू और कश्मीर	4	12
15	झारखंड	3	9
16	कर्नाटक	46	73
17	केरल	25	34
18	मध्य प्रदेश	12	31
19	महाराष्ट्र	44	80
20	मणिपुर	2	4
21	मेघालय	1	2
22	मिजोरम	0	1
23	नगालैंड	0	1

24	ओडिशा	8	19
25	पुदुचेरी	8	9
26	पंजाब	10	13
27	राजस्थान	10	43
28	सिक्किम	1	1
29	तमिलनाडु	45	77
30	तेलंगाना	0	65
31	त्रिपुरा	2	3
32	उत्तर प्रदेश	30	86
33	उत्तराखंड	4	10
34	पश्चिम बंगाल	17	38
35	एम्स	7	*

*संबंधित राज्यों में एम्स को शामिल किया गया है।

EMPLOYMENT AND WELFARE INITIATIVES FOR EX-SERVICEMEN

698. SHRI RAJEEV RAI:

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

- (a) whether the Government has conducted any study regarding the employment and social welfare initiatives for ex-servicemen in the country including Uttar Pradesh;
- (b) if so, the details thereof along with the total number of ex-servicemen benefitted from each of the said schemes during the last five years;
- (c) the details of the funds allotted/utilised regarding the said schemes/initiatives during the last five years in the country, State/UT-wise and district-wise in Uttar Pradesh including Mau and Ballia districts; and
- (d) the total number of ex-servicemen hired in Public Sector Undertakings/Government Banks and other such public institutions during the last

five years, State/UT-wise and district-wise in Uttar Pradesh including Mau and Ballia districts?

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

(a) and (b): No such study has been conducted regarding the employment and social welfare initiatives for Ex-servicemen of the country including Uttar Pradesh. However, various Resettlement and Welfare schemes are run by the Government for Ex-servicemen, Widows and their dependents. The details of number of Ex-Servicemen/ Widow and their dependents benefitted from various Re-settlement and welfare schemes during last 5 years are enclosed as **Statement- I**.

(c): Resettlement Scheme: Allocation/Utilization of the funds are not maintained State/UT/District wise. However, details of total expenditure incurred on Resettlement Training/ Skill Development Courses for Ex-Servicemen during the last five years in the country are enclosed as **Statement- II**.

.Welfare Scheme: Allocation of funds are not done State/UTwise. Funds are disbursed on receipt of applications from Ex-servicemen, Widows and their dependents. A statement indicating number of cases sanctioned and amount disbursed State/UT wise for the last 5 years for welfare schemes is enclosed as **Statement- III**. District wise welfare schemes detail for Uttar Pradesh including Mau and Ballia districts is available only wef FY 2023-24 and the same is enclosed as **Statement- IV**. The details of total number of Ex-Servicemen employed in Central Govt, State Govt, Central Govt PSU, State Govt PSU, Banks, Local Bodies and Private Sector from July 2020 to Dec, 2023 State/UT-wise including

the state of Uttar Pradesh is enclosed as **Statement- V**. District wise employment data of Ex-servicemen is not maintained in DESW.

STATEMENT- I

Total number of ex-servicemen benefitted from each of the resettlement and welfare schemes during the last five year is as given below: -

(A) RESETTLEMENT SCHEMES						
Sl. No.	Scheme	Year 2019-20	Year 2020-21	Year 2021-22	Year 2022-23	Year 2023-24
i.	Security Agencies and State ESM Corporations Empanelled	1289	625	932	732	750
ii.	ESM sponsored in security agency	42289	32469	34338	32240	48525
iii.	ESM sponsored in Coal Companies	278	51	6	0	12
iv.	Widows/ disabled ESM attached in Coal Cos	20	121	14	0	16
v.	Management of CNG Station in NCR/Pune	57	45	39	47	66
vi.	Sponsored for COCO Scheme (Petrol Pumps)	14	139	20	47	138
vii.	Issue of Eligibility Certificates for allotment of Oil Product Agencies	146	7	7	1	44
viii.	Mother Dairy Milk Booths/Safal Booth	354	340	536	835	553
ix.	ESM Sponsored/ Placement by DGR	9706	4157	25528	8974	3388
x.	DGR Technical Service Scheme	-	-	211	56	313

xi.	Post completion of PRC through Trg Inst	-	-	-	33	83
xii.	Issue of Eligibility Certificates for (PMBJP)	-	-	-	-	2
	Total	54153	37954	61631	42965	53890
(B) WELFARE SCHEMES						
i.	EDUCATION GRANT	17550	16409	161043	75753	153675
ii.	PENURY	7335	12520	12486	12392	10410
iii.	MARRIAGE	2990	8880	10378	9816	7562
iv.	ORPHAN	21	16	48	74	85
v.	FUNERAL	225	232	193	108	0
vi.	HOUSE REPAIR	0	0	1	0	0
vii.	MEDICAL	36	36	17	36	57
viii.	OFFICER'S TRAINING	8	0	0	0	0
ix.	VOCATIONAL TRG	8	7	20	20	25
x.	100% disability	0	80	153	363	751
xi.	NDA Cadet	0	10	8	0	0
xii.	DISABLED CHILDREN	79	0	0	0	0
xiii.	Home Loan	0	0	0	0	10
xiv.	Serious Disease	0	0	0	0	18
xv.	Mobility Equipment	0	0	0	0	20
	TOTAL	28252	38190	184347	98562	172613

STATEMENT- II

Sl. No.	Financial Year	Expenditure incurred (Rs. In Crores)
(a)	2019-20	12.66
(b)	2020-21	5.20
(c)	2021-22	5.58
(d)	2022-23	16.23
(e)	2023-24	22.70

STATEMENT- III

**Details of total expenditure incurred on Resettlement Training/ Skill Development Courses for Ex-Servicemen
during the last five years in the country.**

RMEWF: SANCTIONED CASES FOR THE YEAR 2020-21																												
Ser No	RSB State	100% Disability		Education		Funeral		Medical Treatment		Marriage		NDA Cadet		Orphan		Penury		Vocational Trg		SERIOUS DISEASES		MOBILITY EQUIPMENT		HOME LOAN SUBSIDY		Total Cases	Total Amount	
		Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount			
1	AP	1	12000	1383	25320000	0	0	3	90000	453	22650000	0	0	0	0	312	14976000	0	0	1	125000	0	0	0	0	0	2154	63173000
2	Arunachal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
3	Assam	6	72000	523	8220000	109	545000	0	0	124	6200000	0	0	11	132000	93	4464000	5	100000	0	0	1	57500	0	0	0	875	19790500
4	Bihar	1	12000	258	4872000	0	0	0	0	26	1300000	0	0	0	0	21	1008000	0	0	0	0	0	0	0	0	0	310	7192000
5	Chhatisgarh	0	0	36	588000	0	0	0	0	5	250000	0	0	0	0	2	96000	0	0	0	0	0	0	0	0	0	48	934000
6	Chandigarh	0	0	20	276000	0	0	0	0	7	350000	1	12000	0	0	0	0	0	0	0	0	0	0	0	0	0	34	638000
7	Delhi	1	12000	9	144000	0	0	0	0	41	2050000	0	0	0	0	185	8880000	0	0	2	243694	0	0	0	0	0	245	11329694
8	Goa	0	0	0	0	0	0	0	0	6	300000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14	300000
9	Gujarat	2	24000	19	288000	0	0	0	0	181	9300000	0	0	0	0	24	1152000	0	0	0	0	0	0	0	0	0	235	10764000
10	Haryana	0	0	718	12132000	1	5000	0	0	423	21450000	3	36000	0	0	5	240000	0	0	1	118253	0	0	0	0	0	1161	33981253
11	HP	3	36000	226	3816000	0	0	0	0	549	27450000	0	0	0	0	120	5760000	0	0	0	0	0	0	0	0	0	909	37062000
12	J&K	13	156000	313	5340000	0	0	0	0	453	22850000	0	0	0	0	917	44016000	0	0	0	0	0	0	0	0	0	1708	72362000
13	Jharkhand	0	0	169	3000000	0	0	0	0	10	500000	1	12000	0	0	6	288000	0	0	0	0	0	0	0	0	0	199	3800000
14	Karnataka	3	36000	353	5520000	0	0	2	30000	561	28100000	0	0	0	0	361	17328000	0	0	1	125000	0	0	0	0	0	1295	51139000
15	Kerala	0	0	791	12072000	0	0	13	357032	1056	52800000	0	0	0	0	2146	103008000	0	0	12	1244620	0	0	0	0	0	4033	169481652
16	Ladakh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	768000	0	0	0	0	0	0	0	0	0	32	768000
17	Maharashtra	16	192000	5171	94860000	19	95000	7	159001	1437	71900000	0	0	1	12000	1818	87312000	0	0	0	0	0	0	0	0	0	8486	254530001
18	Manipur	0	0	0	0	0	0	0	0	2	100000	0	0	0	0	5	240000	0	0	0	0	0	0	0	0	0	25	340000
19	Meghalaya	0	0	2	24000	23	115000	0	0	2	100000	0	0	0	0	7	336000	0	0	0	0	0	0	0	0	0	53	575000
20	Mizoram	1	12000	0	0	0	0	0	0	1	50000	0	0	0	0	52	2496000	0	0	0	0	0	0	0	0	0	74	2558000
21	MP	3	36000	54	900000	0	0	0	0	205	10300000	0	0	0	0	102	4896000	0	0	0	0	0	0	0	0	0	385	16132000
22	Nagaland	0	0	0	0	0	0	0	0	1	50000	0	0	0	0	19	912000	0	0	0	0	0	0	0	0	0	42	962000
23	Odisha	1	12000	469	7524000	0	0	0	0	86	4300000	0	0	0	0	57	2736000	0	0	0	0	0	0	0	0	0	636	14572000
24	Punjab	7	84000	2267	39480000	1	5000	2	55500	822	41150000	0	0	0	0	2498	119904000	0	0	2	144134	0	0	0	0	0	5623	200822634
25	Puducherry	0	0	11	180000	0	0	0	0	26	1300000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62	1480000
26	Rajasthan	3	36000	614	10584000	73	365000	0	0	587	30450000	1	12000	2	24000	2021	97008000	2	40000	0	0	1	57500	0	0	0	3330	138576500
27	Sikkim	0	0	0	0	0	0	0	0	8	400000	0	0	0	0	1	48000	0	0	0	0	0	0	0	0	0	36	448000
28	Telangana	0	0	444	7560000	0	0	4	120000	115	5750000	0	0	0	0	267	12816000	0	0	0	0	0	0	0	0	0	858	26246000
29	TN	1	12000	504	7668000	1	5000	5	131678	660	33000000	0	0	1	12000	307	14736000	0	0	2	193822	0	0	0	0	0	1510	55758500
30	Tripura	0	0	13	192000	0	0	0	0	5	250000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	48	442000
31	Uttarakhand	5	60000	1001	18396000	1	5000	0	0	549	27500000	0	0	0	0	576	27648000	0	0	0	0	1	57500	0	0	0	2164	73666500
32	UP	9	108000	221	2652000	4	20000	0	0	323	16150000	4	48000	1	12000	486	23328000	0	0	0	0	0	0	0	0	0	1048	42318000
33	WB	4	48000	891	13920000	0	0	0	0	158	7900000	0	0	0	0	96	4608000	0	0	0	0	0	0	0	0	0	1182	26476000
34	Puducherry	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34	0
	Total	80	960000	16480	285528000	232	1160000	36	943211	8882	446200000	10	120000	16	192000	12520	601008000	7	140000	21	2194523	3	172500	0	0	38850	1338618234	

RMEWF: SANCTIONED CASES FOR THE YEAR 2021-22																													
Ser No	RSB	100% Disability		Education		Funeral		House Repair		Medical Treatment		Marriage		NDA Cadet		Orphan		Penury		Vocational Trg		SERIOUS DISEASES		MOBILITY EQUIPMENT		HOME LOAN SUBSIDY		Total Cases	Total Amount
		Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount		
1	Puducherry	0	0	9	168000	0	0	0	0	0	0	18	900000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27	1068000
2	Manipur	0	0	24	468000	0	0	0	0	0	0	1	50000	0	0	0	0	11	528000	0	0	0	0	0	0	0	0	36	1046000
3	Mizoram	0	0	33	588000	0	0	0	0	0	0	4	200000	0	0	0	0	31	1488000	0	0	0	0	0	0	0	0	68	2276000
4	Sikkim	0	0	80	1356000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	80	1356000
5	Nagaland	0	0	72	1236000	0	0	0	0	0	0	0	0	0	0	0	0	20	960000	0	0	0	0	0	0	0	0	92	2196000
6	Meghalaya	0	0	95	1692000	11	55000	0	0	0	0	3	150000	0	0	0	0	3	144000	0	0	0	0	0	0	0	0	112	2041000
7	Goa	0	0	177	2916000	0	0	0	0	0	0	7	350000	1	12000	0	0	0	0	0	0	0	0	0	0	0	0	185	3278000
8	Ladakh	0	0	189	3276000	0	0	0	0	0	0	5	300000	0	0	0	0	31	1488000	0	0	0	0	0	0	0	0	225	5064000
9	Tripura	0	0	295	4620000	0	0	0	0	0	0	7	350000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	302	4970000
10	Chandigarh	0	0	411	6744000	0	0	0	0	0	0	17	850000	0	0	0	0	17	816000	0	0	1	125000	0	0	0	0	446	8535000
11	Jharkhand	0	0	984	17628000	0	0	0	0	0	0	16	800000	0	0	0	0	3	144000	0	0	0	0	0	0	0	0	1003	18572000
12	Chattisgarh	0	0	1429	24804000	0	0	0	0	0	0	5	250000	0	0	0	0	5	240000	0	0	0	0	0	0	0	0	1439	25294000
13	Delhi	0	0	1327	22836000	0	0	0	0	0	0	51	2600000	1	12000	0	0	150	7200000	0	0	0	0	0	0	0	0	1529	32648000
14	Bihar	1	36000	2004	37512000	0	0	0	0	0	0	44	2200000	0	0	0	0	20	960000	0	0	0	0	0	0	0	0	2069	40780000
15	MP	5	108000	1868	33732000	0	0	0	0	0	0	184	9200000	0	0	0	0	88	4224000	0	0	0	0	0	0	0	0	2145	47264000
16	Telangana	0	0	2915	52932000	5	25000	0	0	0	0	141	7050000	0	0	0	0	245	11760000	0	0	1	75000	0	0	1	100000	3308	71942000
17	Gujarat	4	96000	3210	56604000	0	0	1	20000	0	0	152	7600000	1	12000	1	12000	28	1344000	0	0	0	0	0	0	0	0	3397	65688000
18	Odisha	4	72000	4058	65340000	0	0	0	0	0	0	135	6750000	0	0	0	0	62	2976000	0	0	0	0	0	0	0	0	4259	75138000
19	Arunachal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Assam	20	408000	4760	76512000	103	515000	0	0	0	0	172	8600000	0	0	34	408000	106	5088000	20	400000	0	0	0	0	0	0	5215	91931000
21	J&K	23	660000	3942	72168000	0	0	0	0	0	0	475	23850000	0	0	3	36000	950	45648000	0	0	0	0	0	0	0	0	5393	142362000
22	WB	4	120000	5300	79332000	0	0	0	0	0	0	235	11800000	0	0	0	0	107	5136000	0	0	0	0	0	0	0	0	5646	96388000
23	HP	0	0	5607	102588000	0	0	0	0	0	0	671	33600000	0	0	1	12000	99	4752000	0	0	0	0	0	0	0	0	6378	140952000
24	Uttarakhand	17	444000	6452	116796000	0	0	0	0	1	30000	523	26200000	0	0	5	60000	612	29376000	0	0	0	0	0	0	3	224280	7613	173130280
25	Haryana	3	36000	7627	136908000	0	0	0	0	0	0	550	28050000	0	0	0	0	3	144000	0	0	0	0	2	115000	1	61396	1886	165314396
26	UP	4	72000	8135	152628000	7	35000	0	0	0	0	442	22100000	1	12000	0	0	521	25008000	0	0	0	0	0	0	2	200000	13696	200055000
27	AP	9	228000	9299	167772000	0	0	0	0	0	0	494	24700000	0	0	0	0	318	15264000	0	0	0	0	0	0	2	200000	10122	208164000
28	Karnataka	9	228000	10747	182964000	0	0	0	0	5	81116	559	27950000	0	0	0	0	308	14784000	0	0	0	0	0	0	0	0	11628	226007116
29	TN	1	36000	12185	214860000	0	0	0	0	2	54315	833	41650000	0	0	0	0	276	13296000	0	0	1	125000	2	115000	0	0	13300	270136315
30	Rajasthan	8	192000	11591	221196000	44	220000	0	0	1	30000	647	34300000	4	48000	0	0	1988	95472000	0	0	1	57995	1	57500	1	52031	14286	351625526
31	Kerala	0	0	12121	194544000	0	0	0	0	5	122297	1505	75400000	0	0	2	24000	2364	113520000	0	0	1	125000	1	57500	0	0	15999	383792797
32	Punjab	6	168000	14629	263604000	0	0	0	0	3	81214	983	49150000	0	0	2	24000	2558	122784000	0	0	0	0	2	115000	2	192827	18185	436119041
33	Maharashtra	35	876000	29468	543288000	23	115000	0	0	0	0	1500	75050000	0	0	0	0	1562	74976000	0	0	1	125000	1	57500	2	200000	32592	694687500
34	A & N Islands(UT)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Grand Total	153	3780000	161043	2859612000	193	965000	1	20000	17	398942	10379	522000000	8	96000	48	576000	12486	599520000	20	400000	6	632995	9	517500	14	1230534	184377	3989748971

RMEWF: SANCTIONED CASES FOR THE YEAR 2022-23

Ser No	RSB State	100% Disability		Edn		Funeral		Med		Mrg		Orphan		Penury		Vocational Trg		SERIOUS DISEASES		MOBILITY EQUIPMENT		HOME LOAN SUBSIDY		Cases	Total Amount
		Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount		
1	A&N	0	0	21	384000	0	0	0	0	2	100000	0	0	0	0	0	0	0	0	0	0	0	0	23	484000
2	AP	29	1044000	3434	63984000	0	0	2	60000	509	25450000	7	228000	322	15456000	0	0	0	0	0	0	1	100000	4303	106222000
3	Arunachal	0	0	25	456000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25	456000
4	Assam	13	468000	1265	20664000	50	250000	0	0	164	8200000	35	1068000	115	5520000	19	380000	0	0	0	0	0	0	1661	36550000
5	Bihar	6	216000	1406	26988000	0	0	0	0	74	3700000	0	0	31	1488000	0	0	1	123807	1	57500	0	0	1517	32392000
6	Chattisgarh	1	36000	819	14508000	0	0	0	0	2	100000	0	0	1	48000	0	0	0	0	0	0	0	0	823	14692000
7	Chandigarh	0	0	107	1716000	0	0	0	0	13	650000	1	36000	0	0	0	0	0	0	0	0	0	0	121	2402000
8	Delhi	12	432000	633	11016000	0	0	2	53771	47	2350000	0	0	136	6576000	0	0	1	94748	0	0	0	0	830	20427771
9	Goa	0	0	59	1008000	0	0	0	0	2	100000	0	0	0	0	0	0	0	0	0	0	0	0	61	1108000
10	Gujarat	5	180000	1620	28896000	0	0	0	0	147	7600000	1	36000	24	1152000	0	0	0	0	1	57500	0	0	1797	37864000
11	Haryana	18	648000	3503	63708000	0	0	0	0	520	26450000	1	36000	9	432000	1	20000	1	125000	1	100000	0	0	4052	91294000
12	HP	19	684000	3253	59292000	0	0	0	0	544	27200000	0	0	112	5376000	0	0	0	0	0	0	0	0	3928	92552000
13	J&K	41	1452000	2413	45624000	0	0	0	0	384	19266000	0	0	870	41760000	0	0	0	0	0	0	0	0	3708	108102000
14	Jharkhand	0	0	325	5904000	0	0	0	0	11	550000	0	0	9	432000	0	0	0	0	0	0	0	0	345	6866000
15	Karnataka	23	828000	5194	91212000	0	0	6	120643	624	31300000	2	48000	343	16464000	0	0	0	0	0	0	1	35814	6192	139972643
16	Kerala	4	144000	4539	71772000	0	0	14	420000	1232	61600000	1	36000	1835	88080000	0	0	10	645445	1	100000	1	100000	7625	222052000
17	Ladakh	0	0	117	2160000	0	0	0	0	2	100000	2	48000	67	3216000	0	0	0	0	0	0	0	0	188	5524000
18	Maharashtra	57	2028000	13665	249408000	9	45000	3	82995	1440	72000000	2	48000	1591	76368000	0	0	1	37041	1	100000	0	0	16767	399979995
19	Manipur	0	0	124	2304000	0	0	0	0	1	50000	1	36000	37	1776000	0	0	0	0	0	0	0	0	163	4166000
20	Meghalya	0	0	81	1488000	5	25000	0	0	4	200000	4	144000	15	720000	0	0	0	0	0	0	0	0	109	2577000
21	Mizoram	0	0	20	336000	0	0	0	0	0	0	0	0	127	6096000	0	0	0	0	0	0	0	0	147	6432000
22	MP	1	36000	2078	37956000	0	0	0	0	245	12300000	0	0	127	6096000	0	0	0	0	0	0	0	0	2451	56388000
23	Nagaland	0	0	109	2052000	0	0	0	0	2	100000	0	0	26	1248000	0	0	0	0	0	0	0	0	137	3400000
24	Odisha	11	372000	1764	28392000	0	0	0	0	149	7450000	2	72000	87	4176000	0	0	0	0	1	57500	0	0	2013	40462000
25	Punjab	30	1080000	7033	126816000	1	5000	1	30000	855	42900000	4	120000	2751	132048000	0	0	1	125000	1	57500	0	0	10675	302999000
26	Pudducherry	1	36000	15	252000	0	0	0	0	11	550000	0	0	0	0	0	0	0	0	0	0	0	0	27	838000
27	Rajasthan	20	720000	4436	84516000	30	150000	1	30000	600	31700000	2	72000	1820	87360000	0	0	0	0	0	0	0	0	6909	204548000
28	Sikkim	0	0	21	312000	0	0	0	0	6	300000	0	0	2	96000	0	0	0	0	0	0	0	0	29	708000
29	Telangana	6	192000	1015	18960000	6	30000	1	30000	139	2800000	0	0	335	16080000	0	0	0	0	0	0	0	0	1502	38092000
30	TN	1	36000	4224	75132000	1	5000	3	89207	780	39000000	4	144000	263	12624000	0	0	1	49000	2	115000	0	0	5276	127030207
31	Tripura	0	0	120	1884000	0	0	0	0	17	850000	0	0	0	0	0	0	0	0	0	0	0	0	137	2734000
32	Uttarakhand	26	936000	4267	79188000	0	0	0	0	520	26000000	1	36000	628	30144000	0	0	0	0	1	100000	0	0	5442	136304000
33	UP	34	1224000	8045	96540000	6	30000	3	67572	472	23600000	4	96000	585	28080000	0	0	0	0	2	157500	0	0	9151	149795072
34	WB	5	180000	2933	43752000	0	0	0	0	298	14900000	0	0	124	5952000	0	0	0	0	0	0	0	0	3360	64784000
	Grand Total	363	12972000	78683	1358580000	108	540000	36	984188	9816	489416000	74	2304000	12392	594864000	20	400000	16	1200041	12	902500	3	235814	101494	2460217688

RMEWF: SANCTIONED CASES FOR THE YEAR 2023-24

Ser No	RSB State	100% Disability		Edn		Home Loan		MOBILITY EQP		Med		Mrg		Orphan		Penury		Serious Diseases		Vocational Trg		Cases	Amount
		Cases	Amount	Cases	Amount	Cases	Amount	Case	Amount	Cases	Amount	Cases	Amount	Case	Amount	Cases	Amount	Cases	Amount	Cases	Amount		
1	A&N	0	0	64	1116000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	64	1116000
2	AP	89	3204000	9349	175584000	2	200000	0	0	2	100000	382	19100000	2	72000	274	13152000	1	101599	0	0	10101	211513599
3	Arunachal	0	0	40	792000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40	792000
4	Assam	36	1296000	2217	35820000	0	0	0	0	0	0	148	7400000	41	1428000	95	4560000	0	0	25	770000	2562	51274000
5	Bihar	11	396000	3364	64044000	0	0	0	0	0	0	50	2500000	0	0	29	1392000	1	150000	0	0	3455	68482000
6	Chattisgarh	0	0	1635	28356000	0	0	0	0	0	0	1	50000	0	0	7	336000	0	0	0	0	1643	28742000
7	Chandigarh	0	0	119	2016000	0	0	0	0	0	0	9	450000	0	0	0	0	0	0	0	0	128	2466000
8	Delhi	41	1476000	935	16296000	0	0	0	0	4	50696	37	1900000	2	72000	117	5664000	1	70652	0	0	1137	25529348
9	Goa	1	36000	111	1980000	0	0	0	0	0	0	4	200000	0	0	0	0	1	8165	0	0	117	2224165
10	Gujarat	5	180000	3552	62376000	0	0	0	0	0	0	166	8550000	0	0	30	1440000	0	0	0	0	3753	72546000
11	Haryana	27	972000	7149	128268000	1	55810	1	100000	0	0	397	20100000	0	0	4	192000	0	0	0	0	7579	149687810
12	HP	27	972000	6194	109860000	1	33449	0	0	1	6489	347	17350000	2	72000	89	4272000	0	0	0	0	6661	132565938
13	J&K	83	2988000	5541	103368000	0	0	0	0	0	0	310	15650000	0	0	709	34032000	0	0	0	0	6643	156038000
14	Jharkhand	3	108000	741	13020000	0	0	0	0	0	0	8	400000	0	0	18	864000	0	0	0	0	770	14392000
15	Karnataka	30	1080000	10103	179640000	0	0	0	0	6	149222	448	22400000	1	36000	313	15024000	0	0	0	0	10901	218329222
16	Kerala	3	108000	8328	132504000	0	0	1	100000	30	1000561	860	43000000			1632	78336000	6	645305	0	0	10860	255693866
17	Leh Ladakh	0	0	215	3912000	0	0	0	0	0	0	8	400000	2	72000	54	2592000	0	0	0	0	279	6976000
18	Maharashtra	102	3672000	24151	439152000	1	100000	4	357500	2	82843	891	44550000	3	108000	1334	64080000	3	236939	0	0	26491	552339282
19	Manipur	0	0	192	3588000	0	0	0	0	0	0	8	400000	1	36000	31	1488000	0	0	0	0	232	5512000
20	Meghalya	0	0	106	1836000	0	0	0	0	0	0	4	200000	8	288000	4	240000	0	0	0	0	122	2564000
21	Mizoram	0	0	114	2160000	0	0	0	0	0	0	5	250000	0	0	123	5904000	0	0	0	0	242	8314000
22	MP	5	180000	4345	79332000	1	30695	1	100000	0	0	150	7550000	0	0	106	5088000	0	0	0	0	4608	92280695
23	Nagaland	0	0	272	5088000	0	0	0	0	0	0	0	0	0	0	28	1344000	0	0	0	0	300	6432000
24	Odisha	21	732000	3958	63072000	0	0	0	0	0	0	88	4400000	2	72000	65	3120000	0	0	0	0	4134	71396000
25	Punjab	62	2208000	12346	218148000	0	0	1	100000	4	67116	795	39750000	4	144000	2202	105708000	2	230550	0	0	15416	366355666
26	Pudducherry	1	36000	10	180000	0	0	0	0	0	0	10	500000	0	0	0	0	0	0	0	0	21	716000
27	Rajasthan	55	1980000	10009	187044000	2	200000	1	100000	0	0	436	22850000	0	0	1541	73968000	0	0	0	0	12044	286142000
28	Sikkim	0	0	95	1584000	0	0	0	0	0	0	1	50000	0	0	1	48000	0	0	0	0	97	1682000
29	Telangana	4	144000	2037	37944000	0	0	0	0	4	124404	79	3950000	0	0	242	11616000	1	75000	0	0	2367	53853404
30	TN	5	180000	10475	190800000	0	0	6	600000	4	121485	717	35850000	7	252000	230	11052000	1	32120	0	0	11445	238887605
31	Tripura	1	36000	146	2328000	0	0	0	0	0	0	9	450000	0	0	0	0	0	0	0	0	156	2814000
32	Uttarakhand	49	1764000	6884	124356000	0	0	4	400000	0	0	419	20950000	2	72000	509	24432000	0	0	0	0	7867	171974000
33	UP	65	2340000	18417	221004000	2	113800	1	57500	0	0	507	25350000	8	288000	531	25452000	1	125000	0	0	19532	274730300
34	WB	25	900000	7195	108696000					0	0	271	13650000			92	4416000			0	0	7583	127662000
	Grand Total	751	26988000	153675	2745264000	10	733754	20	1915000	57	1702816	7562	380150000	85	3012000	10410	499812000	18	1675330	25	770000	172613	3662022900

STATEMENT- IV

DISTRICT WISE DATA RSB, UP FY 2023-24																								
Ser No	RSB/S tate	ZSBs	100% Disability		Edn		Home Loan		Mob Eqpt		Medical		Marriage		Orphan		Penury		Serious Diseases		Vocational Trg		Cases	Amount
			Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount		
1	UP	Agra	1	36000	493	9540000							26	1300000			4	192000					524	11068000
2		Aligarh			385	7380000							12	600000			21	1008000					418	8988000
3		Ambedkar Nag	2	72000	78	1404000											2	96000					82	1572000
4		Amethi			51	948000							5	250000			5	240000					61	1438000
5		Amroha	1	36000	112	2076000							3	150000			2	96000					118	2358000
6		Auraiya	1	36000	78	1548000							5	250000			10	480000					94	2314000
7		Ayodhya	1	36000	98	1716000							5	250000			2	96000					106	2098000
8		Azamgarh	1	36000	177	3336000							12	600000			1	48000					191	4020000
9		Badaun			61	1260000							1	50000			2	96000					64	1406000
10		Bagpat	2	72000	486	9696000							6	300000			60	2880000					554	12948000
11		Bahraich	1	36000	13	264000							2	100000			3	144000	1	125000			20	669000
12		Balia	3	108000	490	9108000							21	1050000			1	48000					515	10314000
13		Balrampur			6	120000																	6	120000
14		Banda			64	1176000																	64	1176000
15		Barabanki	3	108000	24	444000							3	150000			1	48000					31	750000
16		Bareilly	11	396000	212	3948000							18	900000	5	180000	7	336000					253	5760000
17		Basti			133	2592000							6	300000			1	48000					140	2940000
18		Bhadohi			19	348000											1	48000					20	396000
19		Bijnore			168	2892000							3	150000			3	144000					174	3186000
20		Bulandshar	2	72000	668	13056000							28	1400000			38	1824000					736	16352000
21		Chandauli			188	3756000							8	400000									196	4156000
22		Chitrakoot			10	192000																	10	192000
23		Deoria			171	3324000							4	200000			1	48000					176	3572000
24		Etah			57	1188000							12	600000			3	144000					72	1932000
25		Etawah			99	1848000							5	250000	2	72000	4	192000					110	2362000
26		Farrukhabad	1	36000	83	1668000							5	250000			13	624000					102	2578000
27		Fatehpur			194	3372000							4	200000			6	288000					204	3860000
28		Firozabad	2	72000	93	1764000							12	600000			10	480000					117	2916000
29		Gautambudh N	1	36000	105	1980000							7	400000			14	672000					127	3088000
30		Ghaziabad	2	72000	218	3936000							11	600000			12	576000					243	5184000
31		Ghazipur	1	36000	635	12444000							27	1350000			6	288000					669	14118000
32		Gonda	1	36000	43	840000							5	250000									49	1126000
33		Gorakhpur			237	4428000							3	150000			1	48000					241	4626000
34		Hamirpur			38	684000							4	200000			1	48000					43	932000
35		Hapur	1	36000	131	2556000							4	200000			7	336000					143	3128000
36		Hardoi			189	3420000							7	350000			14	672000					210	4442000
37		Hathras			182	3672000							10	500000									192	4172000
38		Jalaun			96	1884000							2	100000			25	1200000					123	3184000
39		Jaunpur	1	36000	66	1332000							2	100000			2	96000					71	1564000
40		Jhansi	1	36000	48	864000							5	250000			6	288000					60	1438000
41		Kannauj	5	180000	78	1500000							4	200000	1	36000	28	1344000					116	3260000
42		Kanpur Dehat			96	1788000							9	450000									105	2238000
43		Kanpur Nagar	5	180000	510	8832000	1	13800					15	750000			14	636000					545	10411800
44		Kasganj			23	456000							2	100000									25	556000

Ser No	RSB/State	ZSBs	100% Disability		Edn		Home Loan		Mob Eqpt		Medical		Marriage		Orphan		Penury		Serious Diseases		Vocational Trg		Cases	Amount
			Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount	Cases	Amount		
45	UP	Kaushambi	2	72000	37	696000							1	50000									40	818000
46		Kheri	1	36000	78	1356000							2	100000				1	48000				82	1540000
47		Kushinagar			76	1428000							1	50000				1	48000				78	1526000
48		Lalitpur			8	132000							2	100000				2	48000				11	280000
49		Lucknow	4	144000	227	3972000							25	1250000				1	48000				257	5414000
50		Lukhnow							1	57500													1	57500
51		Maharaj Ganj			65	1200000												1	48000				66	1248000
52		Mahoba			7	108000												2	96000				9	204000
53		Mainpuri			58	1200000							23	1150000				39	1872000				120	4222000
54		Mathura			511	9804000							29	1500000				18	864000				558	12168000
55		Mau			103	2004000												3	144000				106	2148000
56		Meerut	2	72000	700	13296000							41	2050000				28	1344000				771	16762000
57		Mirzapur			51	924000							1	50000				1	48000				53	1022000
58		Moradabad			54	1140000							1	50000				2	96000				57	1286000
59		Muzaffari	3	108000	306	5856000							2	100000				30	1440000				341	7504000
60		Pilibhit			96	1932000							2	100000				5	240000				103	2272000
61		Pratapgarh			96	1752000							3	150000				1	48000				100	1950000
62		Prayagraj	1	36000	268	5028000							13	650000									282	5714000
63		Raibareilly			266	4860000							10	500000				12	576000				288	5936000
64		Rampur			89	1620000							1	50000				6	288000				96	1958000
65		Saharanpur			259	4908000							5	250000				17	816000				281	5974000
66		Sambhal			2	36000							1	50000									3	86000
67		Sant Kabir Nagar			48	972000	1	100000					1	50000									50	1122000
68		Shahjahanpur			96	1920000							6	300000				12	576000				114	2796000
69		Shamli	1	36000	181	3408000							5	250000				11	528000				198	4222000
70		Shravasti			4	72000																	4	72000
71		Siddharth Nagar			5	84000																	5	84000
72		Sitapur			18	312000							1	50000									19	362000
73		Sonbhadra			12	252000																	12	252000
74		Sultanpur			143	2736000							2	100000				6	288000				151	3124000
75		Unnao	1	36000	170	2940000																	171	2976000
76		Varanasi			243	4476000							3	150000				2	96000				248	4722000

STATEMENT - V

Sl. No.	RSBs / ZSBs	Placement of Ex-Servicemen 01 July 2023 to 31 Dec 2023								
		Central Govt.	Cental Govt. PSU	State Govt.	State Govt. PSU	Bank	Local Bodies	Pvt. sector	Disabled	Total Placement
1	Andhra Pradesh	175	80	16	1	45	0	633	39	989

2	Arunachal Pradesh	0	0	0	0	0	0	0	0	0
3	Assam	1161	617	1097	707	1055	747	1353	9	6746
4	Bihar	0	0	0	0	0	0	0	0	0
5	Chhattisgarh	8	10	32	8	117	38	41	0	254
6	Goa	0	4	40	0	0	8	8	0	60
7	Gujarat	27	2	29	13	264	0	32	0	367
8	Haryana	3	23	513	95	69	24	1094	3	1824
9	Himachal Pradesh	0	0	782	183	0	0	0	2	967
10	Jharkhand	13	20	253	58	187	4	229	0	764
11	Karnataka	3	1114	592	4	711	0	573	0	2997
12	Kerala	126	29	217	133	122	74	136	0	837
13	Madhya Pradesh	35	1	25	20	118	182	1191	30	1602
14	Maharashtra	27	5	582	33	183	163	120	1	1114
15	Manipur	22	146	88	76	17	194	413	66	1124
16	Meghalaya	2	28	7	0	26	0	0	0	63
17	Mizoram	2	18	812	6	140	54	150	0	1182
18	Nagaland	88	39	187	0	36	0	35	1	386
19	Odisha	192	343	76	84	520	1156	963	0	3334
20	Punjab	62	5	457	3	14	155	1409	14	2119
21	Rajasthan	51	168	1159	1782	931	2209	2407	0	8707
22	Sikkim	0	0	5	0	13	0	2	0	20
23	Tamil Nadu	282	8	559	11	290	6	0	1	1157

24	Telangana	0	107	43	12	266	0	388	0	816
25	Tripura	15	36	14	0	60	0	0	0	125
26	Uttar Pradesh	97	40	127	32	678	303	377	0	1654
27	Uttarakhand	471	17	20	99	36	7	656	1	1307
28	West Bengal	9	2	57	6	235	22	20	0	351
29	Andaman and Nicobar (UT)	0	0	0	0	0	0	0	0	0
30	Chandigarh (UT)	0	0	2	0	18	0	13	0	33
31	Daman and Div and Dadra Nagar Haveli (UT)	0	0	0	0	0	0	0	0	0
32	Delhi (UT)	235	0	161	25	17	26	10	0	474
33	Jammu and Kashmir (UT)	114	9	203	15	106	1	83	0	531
34	Lakshadweep (UT)	0	0	0	0	0	0	0	0	0
35	Leh and Ladakh (UT)	11	0	25	0	2	0	0	0	38
36	Puducherry (UT)	0	25	10	0	12	0	8	0	55
Total		3231	2896	8190	3406	6288	5373	12344	167	41997

WELFARE OF ASHA WORKERS

699: DR. BYREDDY SHABARI:

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

- whether the Government has any data on the welfare measures/schemes provided for ASHA workers across the country, if so the details thereof, State-wise;
- the total amount of funds provided for improvement of primary healthcare facilities in Nandyal Lok Sabha Constituency of Andhra Pradesh for the FY 2024-25;
- the steps taken/proposed to be taken by the Government to establish new medical colleges in Andhra Pradesh; and
- whether any new medical colleges are being planned for Nandyal Lok Sabha Constituency in Andhra Pradesh, 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 primary responsibility of strengthening public healthcare system, including support for ASHA workers lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides the technical and financial support to the States/UTs to strengthen their public healthcare system, based on the requirements posted by

States/UTs in their Programme Implementation Plans (PIPs) and within the overall resource envelope.

ASHAs receive a fixed monthly incentive of Rs. 2000 per month in the country, for routine and recurring activities. Additionally, they are provided performance-based incentives for a varied set of activities under various National Health Programmes. The Government has approved additional incentives for ASHAs in September, 2022. The details of these ASHA incentives are available on the following Uniform Resources Locator (URL):

https://nhm.gov.in/New-Update-2023-24/ASHA/Orders_and_guidelines/ASHA-INCENTIVES-APRIL-2024.pdf

Further, States/UTs provide additional incentives to ASHA workers over and above the incentives provided by the Government of India and the details are at the enclosed **Statement**.

After the launch of Ayushman Arogya Mandir, ASHAs are eligible additionally for Team Based Incentives (TBIs) along with ANMs based on monitored performance indicators (up to 1000 per month). ASHAs are also entitled to non-monetary incentives like – ASHA Uniform, Identity Card, Cycle, Mobile, CUG Sim, ASHA Diary, Drug Kit, ASHA rest room etc. The Government has also approved a cash award of ₹20,000/- and a citation to ASHAs who leave the programme after working as ASHAs for minimum of 10 years, as acknowledgement of their contribution.

In the year 2018, the ASHA benefit package was introduced acknowledging significant contribution and commitment of ASHAs. The package provides coverage for:

- Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit Rs. 2.00 Lakh in case of death of the insured (annual premium contributed by GOI).
- Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability; Rs. 1.00 lakh for partial disability (annual premium contributed by GOI).

In addition, Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of ₹3,000/- pm after age of 60 years (50% contribution of premium by GOI and 50% by beneficiaries) is also available for ASHA workers. ASHAs across the States/UTs have been enrolled in all the above-mentioned Social Security Schemes as per the defined eligibility norms.

As per the Interim Budget speech for FY 2024-25 by Hon'ble Finance Minister, health care annual coverage of ₹5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB- PMJAY) has been extended to all ASHAs workers.

(b)The details of funds approved for the State of Andhra Pradesh under NHM in RoP for the FY 2024-26 are available in public domain at: <https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=52andlid=65>

(c)and (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, 03 Medical Colleges have been approved in the Andhra Pradesh at Piduguralla, Paderu and Machilipatnam.

STATEMENT

State Specific ASHA Incentives

Sl. No	State/UT	State specific fixed/top up incentive to ASHAs from State Fund
1	A and NI	Rs. 500/- per month is being provided to every ASHA for the betterment of villagers
2	Andhra Pradesh	Provides balance amount to match the total incentive of Rs.10, 000/month/ASHA
3	Arunachal Pradesh	Rs. 2000 Per Month (100% top-up, frequency of disbursement quarterly)
4	Bihar	Additional performance-based incentives of Rs. 1000/month/ASHA and Rs. 1000/month/ASHA Facilitator from state fund
5	Chhattisgarh	75% of matching amount of incentives from state fund over the incentives earned by ASHA.
6	Delhi	Core incentives is Rs. 3000/- per month for functional ASHA plus certain state specific activity incentives.
7	Gujarat	50% TOP UP/ per month over total GOI incentive and 2500/month fix Incentive
8	Haryana	Rs.4000/PM/ASHA and 50% top-up (Excluding Routine recurring incentive) and Rs. 450/- additional linked with performance of 05 Major RCH activities

9	Himachal Pradesh	Rs. 4700/- (State incentive has been increased by Rs. 500/- , therefore, total incentive payable w.e.f. April, 2023 is Rs. 5200/-)
10	Jharkhand	Top up of 1000/- on performance-based incentive of 14 key indicator
11	Karnataka	The State Govt is providing Rs.5000 per month as Monthly fixed honorarium to ASHAs
12	Kerala	Rs. 6000 per month as ASHA Honorarium from state government fund
13	Maharashtra	Rs. 3500/month/ASHA
14	Manipur	Rs. 1000/- per ASHA/month.
15	Meghalaya	State Fixed Incentive - Rs. 2000/month and State Covid Incentive - Rs. 1000/- pm
16	Madhya Pradesh	Rs. 4000/month/ASHA and 200/month/ASHA Facilitator from state fund
17	Odisha	1000/- per month as conditional assured incentive
18	Puducherry	Fixed amount of Rs. 3000/ASHA/month
19	Punjab	Rs. 2500 Per Month Per ASHA/ASHA Facilitator
20	Rajasthan	Rs. 1650/ASHA/Month from State Govt Fund
21	Sikkim	Monthly fixed honorarium of Rs 6000/- disburse from State Fund, recently Government of Sikkim announce hike in fixed honorarium from Rs 6000/- to Rs 10000/-
22	Tamil Nadu	NCD incentive - RS.500
23	Telangana	Rs. 6750/month
24	Tripura	Top up @100 % on 8 specific work and 33.33% on NHM work from State exchequer and @ Rs.1000/ fixed for each ASHA and Afs.
25	Uttar Pradesh	Rs. 1500 per month (State Budget Incentive linked with Incentive for Routine Activity)
26	Uttarakhand	Rs. 3000/ Month state incentive
27	West Bengal	Monthly Fixed Honorarium of Rs. 4500 for all functional rural ASHAs

NATIONAL RURAL HEALTH MISSION

700. SHRI THARANIVENTHAN M.S.:

SHRI MALAIYARASAN D:

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

(a) the current status of the National Rural Health Mission (NRHM) along with the progress made so far in achieving its objectives in the country;

(b) the total funds allocated and utilized under NRHM, particularly for rural healthcare infrastructure in the country, State/UT-wise particularly in Tamil Nadu;

(c) the steps taken/proposed to be taken by the Government to improve accessibility/quality of healthcare services in the remote/underserved rural areas of the country, area-wise;

(d) the number of healthcare workers who are trained and deployed under the said mission in rural regions across the country, State/UT-wise including Arani constituency in Tamil Nadu; and

(e) whether there are any plans to expand/enhance the scope of NRHM in the coming years and if so, the details thereof?

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

(a)and (b): 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 details of target set and achieved under NHM are listed below:

Targets (as per NHM extension for 2021-26)	Status	
Reduce MMR to 87 per 1 lakh	97 per 1 lakh live births (SRS 2018-20)	113 per 1 lakh live births (SRS 2016-18)
Reduce IMR to 22 per thousand	28 per thousand (SRS 2020)	32 per thousand (SRS 2018)
Sustain TFR to 2.0 at national level	2.0 (NFHS 5)	2.2 (NFHS 4)
Achieve the operationalization of 1.5 lakh Ayushman Arogya Mandir (erstwhile AB-HWC)	1,74,966 (as on 31.10.2024)	80,348 (as on 26.11.2021)

The details of funds allocated and utilized under NRHM, State/UT-wise including Tamil Nadu are at the enclosed **Statement-I**.

(c): The various health programmes implemented by the Government of India under NHM includes operationalisation of Ayushman Arogya Mandir erstwhile Ayushman Bharat-Health and Wellness Centres (AB-HWCs) by transforming the existing Sub Centres and Primary Health Centre, support for engaging of health human resource on contractual basis, National Ambulance Services, Mobile

Medical Units, ASHAs, Infrastructure strengthening, 24 x 7 Services and First Referral facilities, Prime Minister's National Dialysis Programme, National Quality Assurance Standards implementation and related Activities, LaQshya Certification, Biomedical Equipment Maintenance and Management Programme, Free Diagnostics Service Initiative and Free Drugs Service Initiative. Further, initiatives such as Mission Parivar Vikas, Adolescent Friendly Health Clinics (AFHCs), Weekly Iron Folic Acid Supplementation (WIFS), Menstrual Hygiene Scheme, Facility Based Newborn Care (FBNC), Home Based Newborn Care Program, Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS), Home Based Care for Young Child (HBYC), Rashtriya Bal Swasthya Karyakram (RBSK), Early Childhood Development (ECD), Comprehensive Abortion Care (CAC), Anemia Mukt Bharat (AMB) strategy, Nutrition Rehabilitation Centre (NRC) program are supported to increase access to quality healthcare services. Support is also provided to strengthen Universal Immunization programme.

(d) and(e): The number of healthcare workers deployed under NHM across the country, State/UT-wise including Arani constituency in Tamil Nadu is are at the enclosed **Statement-II**.

Statement-I

State/UT-wise Central Release and Expenditure under National Health

Mission for the FY 2023-24

(Rs. In Crore)

	Name of the State/UT	2023-24
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S. No.		Central Release	Expenditure
1	Andaman and Nicobar Islands	37.84	40.71
2	Andhra Pradesh	1,096.01	2,436.62
3	Arunachal Pradesh	404.55	399.44
4	Assam	2,257.06	2,626.87
5	Bihar	2,032.95	4,010.97
6	Chandigarh	30.58	31.85
7	Chattisgarh	875.80	1,743.79
8	Dadra and Nagar Haveli	39.92	41.96
	Daman and Diu		
9	Delhi	150.54	338.41
10	Goa	48.97	82.44
11	Gujarat	1,506.96	3,672.25
12	Haryana	524.01	998.80
13	Himachal Pradesh	470.36	700.67
14	Jammu and Kashmir	805.22	956.95
15	Jharkhand	958.06	1,968.70
16	Karnataka	1,187.60	2,272.27
17	Kerala	189.15	1,069.42
18	Ladakh	120.44	119.67
19	Lakshadweep	3.79	7.10
20	Madhya Pradesh	2,545.68	5,079.18
21	Maharashtra	2,729.30	5,001.70
22	Manipur	169.12	159.32
23	Meghalaya	261.39	305.83
24	Mizoram	134.42	148.29
25	Nagaland	184.84	196.69
26	Odisha	1,901.77	2,868.83
27	Puducherry	30.80	45.74
28	Punjab	91.49	1,201.21
29	Rajasthan	2,785.46	4,350.63

30	Sikkim	68.17	55.69
31	Tamil Nadu	1,996.06	2,957.57
32	Telangana	564.93	1,001.75
33	Tripura	264.31	277.62
34	Uttar Pradesh	4,928.14	9,044.22
35	Uttarakhand	711.33	709.79
36	West Bengal	890.42	2,817.75
Note:			

1. Central Allocation is as per original outlay/B.E.
2. The above releases relate to Central Govt. Grants and do not include State share contribution. Central Release for the F.Y. 2024-25 is updated upto 13.11.2024 and is provisional.
3. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

STATEMENT-II

Human Resource under National Health Mission

Sl. No	State/UT	Specialists	GDMOs	AYUSH Doctors	Staff Nurses	ANMs	Allied and Health Care workers
1	Bihar	127	84	402	1742	9812	4418
2	Chhattisgarh	119	372	621	2416	2924	967
3	Himachal Pradesh	4	1	253	333	183	285
4	Jammu and Kashmir	120	463	862	1799	3520	3428
5	Jharkhand	194	299	405	902	5135	920
6	Madhya Pradesh	351	2065	1190	4460	6883	14616
7	Odisha	2	217	2174	615	1120	1227
8	Rajasthan	17	332	423	2574	1236	939

9	Uttar Pradesh	210	782	4018	11434	8166	5106
10	Uttarakhand	45	71	356	740	705	2685
11	Arunachal Pradesh	15	9	116	943	388	487
12	Assam	231	1054	710	4867	4571	4982
13	Manipur	0	64	167	274	570	436
14	Meghalaya	9	42	235	381	532	295
15	Mizoram	10	49	61	368	376	420
16	Nagaland	9	42	43	313	332	227
17	Sikkim	3	51	11	71	104	115
18	Tripura	5	12	211	26	23	148
19	Andhra Pradesh	264	820	99	3146	5271	3841
20	Goa	18	15	80	61	122	166
21	Gujarat	172	196	2728	1681	2049	1686
22	Haryana	112	400	635	2436	3935	1419
23	Karnataka	616	878	1464	7762	1801	3420
24	Kerala	119	1128	742	1852	1328	2434
25	Maharashtra	687	1332	2857	7175	9169	6830
26	Punjab	60	509	525	1117	1571	939
27	Tamil Nadu	936	4053	452	15037	2054	14691
28	Telangana	698	377	749	4661	4873	1395
29	West Bengal	19	1265	1770	1062	9355	6644
30	A and N Islands	0	34	33	69	90	131
31	Chandigarh	11	46	26	67	262	98
32	D and N Haveli/ Daman and Diu	13	10	20	105	136	183
33	Delhi	18	247	0	153	654	418
34	Ladakh	22	85	50	116	352	702
35	Lakshadweep	2	9	0	42	33	123
36	Puducherry	8	72	44	90	98	82

TOTAL	5246	17485	24532	80890	89733	86903
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NATIONAL POLICY FOR RARE DISEASES

701. SHRI ROBERT BRUCE C:

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

- (a) the number of patients suffering from rare diseases in the country;
- (b) whether all groups of rare disease patients were assured financial assistance of Rs. 50 lakhs for treatment in the National Policy for Rare Diseases and if so, the details thereof and if not, the reasons therefor;
- (c) the number of rare disease patients who have received assured financial assistance under the said Policy in the country; and
- (d) the steps taken/proposed to be taken by the Government to provide affordable healthcare for rare disease patients 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) As per data of National Registry for Rare Disease and Other Inherited Disorders (NRROID) portal maintained by Indian Council of Medical Research (ICMR), the total number of patients suffering from identified rare diseases in the country is 7414.
- (b) and(c) As per the National Policy for Rare Diseases (NPRD), 2021 and guidelines framed thereunder, the patients suffering from any of the 63

identified rare diseases covered in all three groups and registered with any of the 12 Centers of Excellence (CoEs) are provided financial assistance of up to Rs. 50 lakhs for treatment. The funds are released to the COEs based on the evaluation of the patients and recommendations of the Rare Disease Committee at CoE for treatment, Till date, a total of 876 patients have received treatment under the NPRD, 2021 through CoEs.

(d) Following major steps are taken by the Government to provide affordable health care for rare disease patients in the country:

- i. National Policy for Rare Diseases (NPRD), 2021 provides financial assistance of up to Rs. 50 lakhs per patient for treatment of Rare Diseases in the Centers of Excellence (CoEs).
- ii. The Government has identified twelve Centers of Excellence (CoEs) that are premier government tertiary hospitals having facilities for diagnosis, prevention and treatment of rare diseases.
- iii. Full exemption from Basic Customs Duty (BCD) and Integrated Goods and Services Tax (IGST) is provided as per Department of Revenue's notifications dated 29.03.2023 and 26.07.2023 respectively on import of Drugs, Medicines and Food for Special Medical Purposes (FSMP) for treatment of patients suffering from identified Rare Diseases.
- iv. A Central Technical Committee for Rare Diseases (CTCRD) has been constituted under the chairpersonship of Director General of Health Services with technical experts to provide technical guidance on matters of rare diseases on

case to case basis and to address matters related to NPRD, 2021 and its implementation.

V. Department of Health Research has established the National Consortium for Research and Development on Therapeutics for Rare Diseases (NCRDTRD) for streamlining the research activities for rare diseases.

NATIONAL RURAL HEALTH MISSION IN BIHAR

702. SHRI JANARDAN SINGH SIGRIWAL:

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

(a) the present status of National Rural Health Mission (NRHM) in the country, State/UT-wise particularly in Bihar;

(b) the details of the present coverage in Bihar;

(c) whether there is a need for improving access and strengthening public health systems for efficient service delivery in the country particularly in Bihar;

(d) if so, the details thereof, State/UT-wise particularly in Bihar alongwith the steps taken/proposed to be taken by the Government in this regard;

(e) whether some States are facing challenges in strengthening poor public health systems; and

(f) if so, the corrective measures taken/proposed to be taken by the Government in this regard?

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

(a) to (f): Under National Health Mission (NHM), the Government has taken many steps towards universal health coverage by supporting the State Government including the State of Bihar in providing accessible and affordable healthcare to people. 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 including Bihar 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. 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 of Bihar may be seen at the following link of HDI 2022-23:

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

The details of Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), under 5 Mortality Rate and number of operationalized Ayushman Arogya Mandir (AAM), achieved under NHM, are listed at the enclosed **Statement**.

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. Total amount of Rs.6016.95 crore has been allocated under FC-XV health grant for the State of Bihar for FY 2021-22 to FY 2025-26.

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. Total amount of Rs. 1877.11 crore has been approved under PM-ABHIM for the State of Bihar for FY 2021-22 to FY 2025-26. Ayushman Bharat, Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage up to Rs. 5.00 lakh per family per year to poor and vulnerable families.

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. Total no. of operational AAMs in Bihar is 10330 as on 24.11.2024.

STATEMENT

Details of Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), under 5 Mortality Rate and number of operationalized Ayushman Arogya Mandir (AAM), achieved under NHM

Sl. No.	States	Infant Mortality Rate (IMR) 2019-21	Maternal Mortality Rate (MMR)(2018-20)	Under-5 Mortality Rate (2019-21)	Total Fertility Rate (TFR) (2019-21)	No. of Ayushman Arogya Mandir operational as on 24.11.2024
1	Andaman and Nicobar Islands	20.6	*	24.5	1.28	129
2	Andhra Pradesh	30.2	45	35.2	1.68	11862
3	Arunachal Pradesh	12.9	*	18.8	1.80	484
4	Assam	31.9	195	39.1	1.87	4794
5	Bihar	46.8	118	56.4	2.98	10330
6	Chandigarh	15.5	*	19.7	1.40	58
7	Chhattisgarh	44.2	137	50.4	1.82	5849

8	Dadra and Nagar Haveli and Daman and Diu	31.8	*	37	1.84	95
9	Delhi	24.5	*	30.6	1.62	0
10	Goa	5.6	*	10.6	1.30	300
11	Gujarat	31.2	57	37.6	1.86	10586
12	Haryana	33.3	110	38.7	1.91	3229
13	Himachal Pradesh	25.6	*	28.9	1.66	2482
14	Jammu and Kashmir	16.3	*	18.5	1.41	3095
15	Jharkhand	37.9	56	45.4	2.26	3974
16	Karnataka	25.4	69	29.5	1.67	9949
17	Kerala	4.4	19	5.2	1.79	7004
18	Lakshadweep	-	*	-	1.42	13
19	Madhya Pradesh	41.3	173	49.2	1.99	11912
20	Maharashtra	23.2	33	28	1.71	11994
21	Manipur	25	*	30	2.17	418
22	Meghalaya	32.3	*	40	2.91	611
23	Mizoram	21.3	*	24	1.87	407
24	Nagaland	23.4	*	33	1.72	469
25	Odisha	36.3	119	41.1	1.82	7344
26	Puducherry	2.9	*	3.9	1.49	127
27	Punjab	28	105	32.7	1.63	3142
28	Rajasthan	30.2	113	37.5	2.01	11305
29	Sikkim	11.2	*	11.2	1.05	184
30	Tamil Nadu	18.6	54	22.3	1.76	8246
31	Tripura	37.6	*	43.3	1.70	1131
32	Uttar Pradesh	50.4	167	59.8	2.35	22683
33	Uttarakhand	39.1	103	45.5	1.85	2225
34	West Bengal	22	103	25.3	1.64	13391

35	Telangana	26.4	43	29.4	1.75	5039
36	Ladakh	20	*	29.5	1.31	321

* MMR for these States is reported combined as '77'.

Source: NFHS -5 for IMR, U5MR and TFR; SRS Bulletin on MMR (2018-20); AAM portal for operational Ayushman Arogya Mandir Note: Total MMR for other States marked as * is 77.

आयुष आरोग्य केंद्र

703. श्री संजय हरिभाऊ जाधव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने देश में केन्द्रीय सरकार स्वास्थ्य योजना के अंतर्गत आयुष आरोग्य केन्द्रों में प्राधिकृत स्थानीय दवा विक्रेताओं को दवाओं की स्थानीय खरीद और चिकित्सा प्रतिपूर्ति सुविधा को प्राधिकृत करने के लिए एक प्रभावी तंत्र की स्थापना की है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) ऐसी प्रत्येक पहल/व्यवस्था का लाभ प्राप्त करने वाले सीजीएचएस लाभार्थियों/रोगियों की कुल संख्या कितनी है;
- (घ) विगत तीन वर्षों के दौरान विशेषकर सिद्ध इकाइयों में किए गए व्यय का इकाई-वार, औषधालय-वार और वर्ष-वार ब्यौरा क्या है;
- (ङ) क्या सरकार का देश में विशेष रूप से सिद्ध आरोग्य केन्द्र का विस्तार करने और नए केन्द्र खोलने के लिए नए आयुष आरोग्य केन्द्रों की स्थापना करने का प्रस्ताव है; और
- (च) 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 (च): सीजीएचएस के अंतर्गत, आयुष की आयुर्वेद, यूनानी और होम्योपैथी पद्धतियों के संबंध में, प्राधिकृत स्थानीय दवा विक्रेताओं से दवाओं की स्थानीय खरीद और तदुपरांत चिकित्सा प्रतिपूर्ति सुविधा की अनुमति दी गई है। सिद्ध पद्धति के संबंध में कम मात्रा में व्यवसाय होने के कारण स्थानीय खरीद सुविधा की कोई व्यवस्था नहीं है। इस पद्धति के संबंध में केवल चिकित्सा प्रतिपूर्ति की सुविधा उपलब्ध है। सभी सीजीएचएस लाभार्थियों/रोगियों को ऐसी प्रत्येक चिकित्सा पद्धति के तहत उपर्युक्त सुविधाओं का लाभ उठाने की अनुमति है।

आयुर्वेद, यूनानी एवं होम्योपैथी के संबंध में आयुष के तहत स्थानीय खरीद के लिए इकाईवार व्यय के ब्यौरे क्रमशः संलग्न **विवरण -I**, **विवरण -II** और **विवरण -III** में दिए गए हैं।

दिनांक 16.04.2019 के आदेश सं. जेड. 15025 /36/2017 / डीआईआर /सीजीएचएस/ ईएचएस के अनुसार, सरकार ने पूरे देश में सीजीएचएस में शामिल किए गए विभिन्न शहरों में 27 होम्योपैथिक और 26 आयुर्वेदिक इकाइयों को मंजूरी दी है। तथापि, सीजीएचएस के तहत नई सिद्ध इकाई खोलने का कोई प्रस्ताव विचाराधीन नहीं है। सरकार, नई आयुष इकाइयां खोलने के लिए पर्याप्त संख्या में लाभार्थियों की मांग पर विचार करती है।

विवरण -I

आयुर्वेदिक इकाइयों के संबंध में स्थानीय खरीद पर व्यय का ब्यौरा

क्र.सं.	आयुर्वेदिक इकाई का नाम	व्यय (रूपये में)		
		2021-22	2022-23	2023-24
1.	आयुर्वेदिक अस्पताल, लोधी रोड	1232863.00	4406933.00	5439592.00
2.	आयुर्वेदिक आरोग्य केंद्र, नॉर्थ एवेन्यू	1381031.00	500285.00	1845997.00
3.	आयुर्वेदिक आरोग्य केंद्र, काली बाड़ी	7992.00	16090.00	101021.00
4.	आयुर्वेदिक आरोग्य केंद्र, सादिक नगर	117443.78	5106.00	29591.12

5.	आयुर्वेदिक आरोग्य केंद्र, आर.के.पुरम	1117971.00	568928.00	4180639.00
6.	आयुर्वेदिक आरोग्य केंद्र, जनकपुरी	657465.01	210839.00	1034944.00
7.	आयुर्वेदिक आरोग्य केंद्र, जंगपुरा	71174.00	36081.00	47910.00
8.	आयुर्वेदिक आरोग्य केंद्र, एम.बी. रोड	266025.70	17343.38	79790.50
9.	आयुर्वेदिक आरोग्य केंद्र, लक्ष्मी नगर	310164.00	64129.00	169702.00
10.	आयुर्वेदिक आरोग्य केंद्र, गुडगांव	शून्य	34426.28	433496.42
11.	आयुर्वेदिक आरोग्य केंद्र, दिल्ली कैंट	1043106.00	130641.00	453682.00
12.	आयुर्वेदिक आरोग्य केंद्र, पश्चिम विहार	176863.00	शून्य	318847.00
13.	आयुर्वेदिक आरोग्य केंद्र, देव नगर	शून्य	223369.41	1139572.47
14.	आयुर्वेदिक आरोग्य केंद्र, किंग्सवे कैंप	297721.00	57489.00	375806.00
15.	आयुर्वेदिक आरोग्य केंद्र, डोमलुर, बेंगलुरु	594906.00	1475680.00	494029.00
16.	आयुर्वेदिक आरोग्य केंद्र, बनाशंकरी, बेंगलुरु	1406051.02	1316632.68	856427.62

विवरण -II

यूनानी इकाइयों के संबंध में स्थानीय खरीद पर व्यय का ब्यौरा

क्र.सं.	यूनानी इकाई का नाम	व्यय (रूपये में)		
		2021-22	2022-23	2023-24

1.	लक्ष्मीबाई नगर (दक्षिणी क्षेत्र)	807470.00	177476.00	924245.00
2.	मानसरोवर पार्क शाहदरा (पूर्वी क्षेत्र)	427187.00	271707.00	965290.00
3.	चांदनी चौक (पूर्वी क्षेत्र)	131245.00	59681.00	116544.00
4.	साउथ एवेन्यू (केंद्रीय क्षेत्र)	45489.00	1214011.00	1196406.00
5.	संसद भवन सौध (केंद्रीय क्षेत्र)	शून्य	37896.00	124209.00
6.	नारायणा विहार (उत्तरी क्षेत्र)	881869.00	370157.00	2542221.00

विवरण -III

होम्योपैथी इकाइयों के संबंध में स्थानीय खरीद पर व्यय का ब्यौरा

क्र.सं.	होम्योपैथी इकाई का नाम	व्यय (रूपये में)		
		2021-22	2022-23	2023-24
1.	कालीबाड़ी (केंद्रीय क्षेत्र)	225812.00	686464.00	524552.00
2.	साउथ एवेन्यू (केंद्रीय क्षेत्र)	510397.00	1077154.00	888441.00
3.	संसदीय सौध (केंद्रीय क्षेत्र)	61344.00	69887.00	98559.00
4.	देव नगर (उत्तरी क्षेत्र)	142655.00	729123.00	1188911.00
5.	हरि नगर (उत्तरी क्षेत्र)	469147.00	600119.00	1379004.00

6.	तिलक नगर (उत्तरी क्षेत्र)	-	283895.00	917899.00
7.	कस्तूरबा नगर-1(दक्षिणी क्षेत्र)	-	119860.00	245764.00
8.	आरकेपी सेक्टर-3 (दक्षिणी क्षेत्र)	-	162023.00	387437.00
9.	आरकेपी सेक्टर-12 (दक्षिणी क्षेत्र)	-	79056.00	106350.00
10.	कालकाजी (दक्षिणी क्षेत्र)	-	181560.00	520450.00
11.	पुष्प विहार (दक्षिणी क्षेत्र)	-	265947.00	211377.00
12.	गुरुग्राम सेक्टर-5 (दक्षिणी क्षेत्र)	-	99720.00	486718.00
13.	लक्ष्मी नगर (पूर्वी क्षेत्र)	-	632324.00	2468290.00
14.	तिमारपुर (पूर्वी क्षेत्र)	-	699681.00	569851.00
15.	शाहदरा (पूर्वी क्षेत्र)	-	214184.00	724033.00

TRANSFER OF JUDGES OF HIGH COURTS

704 SHRI MATHESWARAN V S:

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

- the details of Supreme Court Collegium recommendations on transfer of High Court Judges pending with the Government for more than six months; and
- whether the Government received any corruption complaint against former acting Chief Justice of Madras High Court from September, 2022 to May, 2023 and if so, the details thereof?

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

(a) and (b): As on 26.11.2024, there are 05 such recommendations.

The complaints received against Judges and Chief Justices of the High Courts are handled by the judiciary through an "in-house mechanism". The Supreme Court of India, on 7th May, 1997, adopted two Resolutions namely (i) "The Restatement of Values of Judicial Life" which lays down certain judicial standards and principles to be observed and followed by the Judges of the Supreme Court and High Courts and (ii) "in-house procedure' for taking suitable remedial action against judges who do not follow universally accepted values of Judicial life including those included in the Restatement of Values of Judicial life.

As per the established "In-house procedure' for the Higher Judiciary, the Chief Justice of India is competent to receive complaints against the conduct of Judges of the Supreme Court and the Chief Justices of the High Courts. Similarly, the Chief Justices of the High Courts are competent to receive complaints against the conduct of High Court Judges. In view of the independence of the Judiciary enshrined in the Constitution of India, the complaints/representations received are forwarded to the Chief Justice of India or to the Chief Justice of the concerned High Court, as the case may be.

SETTING UP OF PANCHAKARMA CLINICS

705. SHRI ANUP SANJAY DHOTRE:

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

(a) whether the Government has any plans to set up Panchakarma clinics all over the country;

(b) if so, the details thereof, State/UT-wise;

(c) whether the Government proposes to provide any subsidy towards the setting up of these Panchakarma clinics in the country; 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)- No, the Government does not have any plan to setup Panchakarma clinics all over the country.

The Centrally Sponsored Scheme of National AYUSH Mission (NAM) has the provision to support the State Government to establish 50/30/10 bedded integrated AYUSH Hospital including Panchakarma facilities.

USE OF MONOSODIUM GLUTAMATE IN FOOD PRODUCTS

706. CAPTAIN BRIJESH CHOWTA:

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

(a) whether the Government is aware of the increased use of monosodium glutamate (commonly known as Ajinomoto) in processed and restaurant food products across the country, and the potential health risks associated with its excessive consumption and if so, the details thereof;

(b) whether any studies or research have been conducted by the Government or its agencies to assess the health impacts of monosodium glutamate consumption, particularly among children and adolescents in the country and if so, the details thereof;

(c) the current regulations in place to monitor and control the usage of monosodium glutamate in the food industry; and

(d) the steps taken/proposed to be taken by the Government to ensure safe consumption levels of such additives, including awareness campaigns or stricter labeling requirements in such products in the country?

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

(a) to (d): Monosodium glutamate is a permitted additive as per Food Safety and Standards (Food Products Standards and Food Additives) Regulations, 2011 to be used at Good Manufacturing Practices (GMP) level (limited to the lowest possible level necessary to accomplish its desired effect) in food products. Also, the permissible usage limits of monosodium glutamate in food products have been laid down in the above regulation.

As per the toxicological monograph prepared by the Joint Food and Agriculture Organization (FAO)/World Health Organization (WHO) Expert Committee on Food Additives (JECFA), the total dietary intake of glutamates (including monosodium glutamate) at permitted usage levels do not pose any health hazard.

Further, as per Food Safety and Standards (Labelling and Display) Regulations, 2020, each additive used in a food product shall be declared on the product label. Also to create awareness among the consumers for making informed choice while selecting food products, clause 4(4) of the Schedule II of the said regulation mandates that every package of food containing monosodium glutamate and advertisement relating thereto shall carry the following warning and declaration, in a rectangular box, namely: -

- (e) This package of (name of the food) contains added
MONOSODIUM GLUTAMATE
- (f) NOT RECOMMENDED FOR INFANTS BELOW-12 MONTHS AND
PREGNANT WOMEN.

भारतीय चिकित्सा पद्धति

707. श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

श्री रविन्द्र दत्ताराम वायकर:

श्रीमती कलाबेन मोहनभाई देलकर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) सरकार द्वारा मध्य प्रदेश और महाराष्ट्र सहित देश में विशेषकर मुम्बई, दादरा और नगर हवेली तथा औरंगाबाद के संभाजी नगर में परम्परागत भारतीय चिकित्सा पद्धतियों अर्थात् आयुर्वेद, प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी जैसी पारंपरिक भारतीय चिकित्सा पद्धतियों को स्वास्थ्य देखभाल प्रणाली की मुख्य धारा में शामिल करने के लिए श्रृंखला-वार क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;

- (ख) सरकार द्वारा इस संबंध में अब तक निष्पादित कार्य का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा क्या है;
- (ग) सरकार द्वारा विभिन्न स्वास्थ्य समस्याओं, विशेषकर दादरा और नगर हवेली तथा औरंगाबाद के संभाजी नगर में आयुष उपचार की प्रभावकारिता एवं सुरक्षा को प्रमाणित करने के लिए किए जा रहे अनुसंधान पहलों एवं परीक्षणों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है; और
- (घ) इस संबंध में सरकार द्वारा अब तक देश भर में, मध्य प्रदेश और महाराष्ट्र सहित मुंबई और औरंगाबाद में, राज्य/संघ राज्य क्षेत्रवार उठाए गए प्रभावी उपायों का ब्यौरा क्या है?

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

(क) और (ख): आयुष मंत्रालय मध्य प्रदेश, महाराष्ट्र और दादरा और नगर हवेली सहित राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से राष्ट्रीय आयुष मिशन की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और आयुर्वेद, प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी जैसी पारंपरिक भारतीय चिकित्सा पद्धतियों को मुख्यधारा की स्वास्थ्य सेवा पद्धति में बढ़ावा देने और एकीकृत करने के उनके प्रयासों का समर्थन कर रहा है। 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 उपलब्ध हो सके। आयुष चिकित्सकों/पैराचिकित्सकों की नियुक्ति और उनके प्रशिक्षण को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा समर्थन दिया जा रहा है, जबकि आयुष बुनियादी ढांचे, उपकरण/फर्नीचर और औषधियों के लिए राष्ट्रीय आयुष मिशन (एनएएम) के तहत आयुष मंत्रालय द्वारा साझा जिम्मेदारियों के रूप में समर्थन प्रदान किया जा रहा है। एनएएम अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान करता है:

1. आयुष स्वास्थ्य एवं वेलनेस केंद्रों (एएचडब्ल्यूसी) का संचालन जिसे अभी आयुष्मान आरोग्य मंदिर (आयुष) का नाम दिया गया है।

- II. प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं की सह-स्थापना
- III. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन
- IV. मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास पर) के लिए भवन का निर्माण/ नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण
- V. 10/30/50 बिस्तरों तक के एकीकृत आयुष अस्पतालों की स्थापना
- VI. राजकीय आयुष अस्पतालों, राजकीय औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को जरूरी दवाइयों की आपूर्ति
- VII. आयुष जन स्वास्थ्य कार्यक्रम
- VIII. उन राज्यों में नए आयुष महाविद्यालयों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- IX. आयुष स्नातक-पूर्व संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/पीजी/फार्मेसी/पैरामेडिकल पाठ्यक्रमों को शामिल करना ।

राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से राज्य/संघ राज्य क्षेत्र सरकारों से प्राप्त प्रस्तावों के अनुसार, विभिन्न गतिविधियों के कार्यान्वयन के लिए उन्हें समेकित अनुदान सहायता जारी की जा रही है। वर्ष 2014-15 से 2023-24 तक जारी अनुदान सहायता की राज्य/संघ राज्य क्षेत्र-वार स्थिति का व्यौरा संलग्न **विवरण** में दिया गया है।

(ग) और (घ): आयुष मंत्रालय के तहत, 05 अनुसंधान परिषदों और 12 राष्ट्रीय संस्थानों द्वारा विभिन्न स्वास्थ्य स्थितियों के लिए आयुष उपचारों की प्रभावकारिता और सुरक्षा को प्रमाणित करने के लिए विभिन्न अनुसंधान पहल और नैदानिक परीक्षण किए जा रहे हैं और इसका व्यौरा आयुष अनुसंधान पोर्टल (<https://ayushportal.nic.in.>) पर उपलब्ध हैं।

विवरण

विभिन्न गतिविधियों के लिए एनएएम के तहत वर्ष 2014-15 से 2023-24 तक जारी अनुदान
सहायता की राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र.सं.	राज्यों/संघ राज्य क्षेत्रों का नाम	जारी की गई राशि (लाख रुपए में)
1	अंडमान और निकोबार द्वीप	2629.77
2	आंध्र प्रदेश	7578.05
3	अरुणाचल प्रदेश	5018.04
4	असम	13911.37
5	बिहार	8091.86
6	चंडीगढ़	1759.12
7	छत्तीसगढ़	10741.83
8	दादरा और नागर हवेली और दमण और दीव	892.70
9	दिल्ली	726.31
10	गोवा	2324.91
11	गुजरात	13504.05
12	हरियाणा	14105.67
13	हिमाचल प्रदेश	14997.06
14	जम्मू-कश्मीर	21829.78
15	झारखंड	13647.80
16	कर्नाटक	20452.17
17	केरल	24534.46
18	लक्षद्वीप	1721.78
19	मध्य प्रदेश	33012.60
20	महाराष्ट्र	10675.05
21	मणिपुर	8227.99
22	मिजोरम	4833.38
23	मेघालय	5776.16
24	नागालैंड	7898.27
25	ओडिशा	8710.18
26	पुडुचेरी	2367.08
27	पंजाब	5201.82
28	राजस्थान	26782.82

29	सिक्किम	3897.82
30	तमिलनाडु	21206.83
31	तेलंगाना	9789.23
32	त्रिपुरा	4915.42
33	उत्तर प्रदेश	90103.74
34	उत्तराखंड	14964.02
35	पश्चिमी बंगाल	16292.30
36	लद्दाख	307.04
	कुल	453428.45

NAMASTE PORTAL

708. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- (a) the total number of AYUSH hospitals, dispensaries and practitioners that have registered and uploaded their data on the NAMASTE portal since its launch and if so, the details thereof;
- (b) the details of the morbidity statistics and standardized terminologies generated by the NAMASTE portal for Ayurveda, Siddha and Unani system of medicine in each State and Union Territory; and
- (c) the details of funds allocated, released and utilized for development, maintenance and promotion of the NAMASTE portal in each year?

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

- (a) 218 Ayush hospitals, dispensaries and practitioners have been registered on the NAMASTE Portal (<https://namstp.ayush.gov.in>) since it is launched on 17th

October 2017, of which 175 units are uploading their data monthly basis. The details are enclosed as **Statement-I** and the list of Registered Hospitals/Dispensaries is available at enclosed **Statement-II**

(b) The details of the morbidity statistics and standardized terminologies generated by the NAMASTE Portal for Ayurveda, Siddha and Unani systems of Medicine in each state and Union Territory is enclosed as **Statement- III**.

(c) The allocated budget for Phase-1 of the Implementation and Maintenance of the NAMASTE Portal was ₹81.71 lakh, of this, ₹69.68 lakh was released, with an expenditure of ₹53.56 lakh. For Phase-II of NAMASTE Portal, the allocated budget is ₹50.62 lakh, with ₹37.19 lakh released and ₹45.45 lakh spent. Regarding the publicity of the NAMASTE Portal and its capacity-building programs for the years 2019-2022, an allocated budget of ₹75 lakh was fully released, with an expenditure of ₹94,223. Additionally, ₹42 lakh was transferred to peripheral institutes for conducting meetings. Further, the details are appended at **Statement -IV**.

STATEMENT-I

Total number of Ayush Hospitals/Dispensaries/practitioners on the NAMASTE Portal

Medical System	<i>Total no. of Hospitals Registered in NAMASTE-portal</i>	<i>Total Number of Hospitals, Dispensaries Reporting in NAMASTE-portal</i>	<i>Number of Practitioners uploading data on behalf of the hospitals.</i>
Ayurveda	124	105	105
Unani	56	49	49

Siddha	11	03	03
Homoeopathy	27	18	18
Total	218*	175	175

STATEMENT -II

List of Institutes uploading data to NAMASTE-Portal:

AYURVEDA:

S.No.	INSTITUTE	OPD	IPD	OPD_others
1.	Central Ayurveda Research Institute, New Delhi.	✓	✓	✓
2.	National Ayurveda Research Institute for Panchakarma, Cheruthuruthy, Kerala.	✓	✓	✓
3.	Central Ayurveda Research Institute, Bhubaneswar, Odisha.	✓	✓	✓
4.	Central Ayurveda Research Institute, Bidhannagar, Kolkata.	✓	✓	✓
5.	Central Ayurveda Research, Patiala, Punjab.	✓	x	✓
6.	Raja Ramdeo Anandilal Podar (RRAP) Central Ayurveda Research Institute, Mumbai.	✓	✓	✓
7.	Regional Ayurveda Research Institute, Lucknow.	✓	✓	✓
8.	MS Regional Ayurveda Research Institute, Jaipur.	✓	✓	✓
9.	Regional Ayurveda Research Institute, Vijayawada.	✓	✓	✓
10.	Regional Ayurveda Research Institute, Nagpur.	✓	✓	✓

11.	Central Ayurveda Research Institute, Bangalore.	✓	x	✓
12.	Regional Ayurveda Research Institute, Thiruvananthapuram, Kerala.	✓	✓	✓
13.	Regional Ayurveda Research Institute, Patna.	✓	x	✓
14.	Central Ayurveda Research Institute, Guwahati, Assam.	✓	✓	✓
15.	Regional Ayurveda Research Institute, Gangtok, Sikkim.	✓	x	✓
16.	Regional Ayurveda Research Institute, Itanagar, Arunachal Pradesh.	✓	x	✓
17.	Regional Ayurveda Research Institute, Jammu, Jammu and Kashmir.	✓	✓	✓
18.	Regional Ayurveda Research Institute, Mandi, Himachal Pradesh.	✓	x	✓
19.	Regional Ayurveda Research Institute, Ahmedabad.	✓	x	✓
20.	Regional Ayurveda Research Institute, Ranikhet, Uttarkhand.	✓	x	✓
21.	Dr Achanta Lakshmipati Regional Ayurveda Research Institute, Chennai.	✓	x	✓
22.	Regional Ayurveda Research Institute, Port Blair, Andaman-Nicobar.	✓	x	✓
23.	Regional Ayurveda Research Institute, Gwalior, Madhya Pradesh.	✓	✓	✓
24.	Vaidyaratnam Ayurveda Foundation Centre of Excellence in Ayurvedic	✓	✓	x

	Management of Chronic Joint Disorders, Thrissur, Kerala.			
25.	Mahe Rajiv Gandhi Ayurveda Medical College Hospital, Mahe, Puducherry.	✓	✓	x
26.	GAD Sidhwa Dona, Kapurthala, Punjab.	✓	x	x
27.	ISM Wing Civil Hospital, Fatehgarh Sahib, Punjab.	✓	x	x
28.	GAD Kharar Punjab.	✓	x	x
29.	PHC Nogawana, Dist. Fathegarh Sahib, Punjab.	✓	x	x
30.	Govt Ayurvedic Hospital Verka, Amritsar, Punjab.	✓	x	x
31.	ISM Wing Civil Hospital, Bathinda, Punjab.	✓	x	x
32.	Government Ayurvedic Hospital, Bathinda, Punjab.	✓	x	x
33.	Govt Ayurvedic hospital, Ludhiana, Punjab.	✓	x	x
34.	GAD, Nijran, Punjab.	✓	x	x
35.	PHC Boothgarh, SAS Nagar, Punjab.	✓	x	x
36.	Ayurveda Clinic Supreme Court, New Delhi, Delhi (NCT).	✓	x	x
37.	Extn Centre of CARICD Ayurveda OPD Lady Hardinge Medical College and Associated Hospitals, New Delhi, Delhi (NCT).	✓	x	x
38.	Extension Ayurveda OPD Centre of CARICD Safdurjung Hospital, New Delhi, Delhi (NCT).	✓	x	x

39.	Extn Centre of CARICD Ayurveda OPD Dr. Ram Manohar Lohia Hospital, New Delhi, Delhi (NCT).	✓	x	x
40.	AYUSH Wellness Clinic Ayurveda OPD President Estate, New Delhi, Delhi (NCT).	✓	x	x
41.	Regional Ayurveda Research Centre, Agartala, Tripura.	✓	x	x
42.	Regional Ayurveda Research Centre, Dimapur, Nagaland.	✓	x	✓
43.	AYURVEDA Clinic Supreme Court, New Delhi, Delhi (NCT)	✓	x	x
44.	Extn Centre of CARICD AYURVEDA OPD LADY HARDINGE MEDICAL COLLEGE and Associated Hospitals, NEW DELHI, Delhi (NCT)	✓	x	x
45.	AYUSH Wellness Clinic AYURVED OPD President Estate, New Delhi, Delhi (NCT)	✓	x	x
46.	Ayurveda Dispensary Khajuri Khas, New Delhi, Delhi (NCT)	✓	x	x
47.	Ayurvedic Dispensary Delhi High Court, New Delhi, Delhi (NCT)	✓	x	x
48.	Ayurveda Dispensary H Block Jahangirpuri, New Delhi, Delhi (NCT)	✓	x	x
49.	Ayurveda Dispensary Ambrahi Village Dwarka, New Delhi, Delhi (NCT)	✓	x	x
50.	Ayurvedic Dispensary Meethapur, New Delhi, Delhi (NCT)	✓	x	x
51.	Ayurvedic Dispensary OPD Block LNJP Hospital, New Delhi, Delhi (NCT)	✓	x	x

52.	Ayurvedic Dispensary DDU Hospital Hari Nagar, New Delhi, Delhi (NCT)	✓	x	x
53.	Ayurvedic Dispensary Acharya Shree Bhikshu Hospital, New Delhi, Delhi (NCT)	✓	x	x
54.	Ayurvedic Dispensary Motasingh Marg Janakpuri, New Delhi, Delhi (NCT)	✓	x	x
55.	Ayurveda Unit GTB Hospital Shahadara, New Delhi, Delhi (NCT)	✓	x	x
56.	Ayurveda Dispensary Dr Hedgewar Arogya Sansthan Karkardooma, New Delhi, Delhi (NCT)	✓	x	x
57.	Ayurvedic OPD Central Jail Tihar, New Delhi, Delhi (NCT)	✓	x	x
58.	Ayurveda Dispensary LBS Hospital Khichripur, New Delhi, Delhi (NCT)	✓	x	x
59.	Ayurveda OPD Dwarka, New Delhi, Delhi (NCT)	✓	x	x
60.	Ayurveda Dispensary DGD Dwarka, New Delhi, Delhi (NCT)	✓	x	x
61.	Ayurvedic Dispensary Jag Pravesh Chandra Hospital, New Delhi, Delhi (NCT)	✓	x	x
62.	Ayurveda Dispensary Rao Tula Ram Memorial Hospital Jaffarpur, New Delhi, Delhi (NCT)	✓	x	x
63.	Ayurveda Unit Delhi Government Dispensaries Sonia Vihar, New Delhi, Delhi (NCT)	✓	x	x
64.	Ayurveda Unit DGD Timarpur New Delhi, Delhi (NCT)	✓	x	x

65.	Ayurveda Dispensary SHRC Hospital Narela, New Delhi, Delhi (NCT)	✓	x	x
66.	Ayurvedic Dispensary Sector Four Rohini, New Delhi, Delhi (NCT)	✓	x	x
67.	Ayurveda Dispensary Rouse Avenue District Court, New Delhi, Delhi (NCT)	✓	x	x
68.	Ayurveda Dispensary Dr BR Ambedkar Hospital Rohini, New Delhi, Delhi (NCT)	✓	x	x
69.	Ayurvedic dispensary Mandoli Jail Complex, New Delhi, Delhi (NCT)	✓	x	x
70.	Ayurveda Dispensary Babu Jagjivan Ram Memorial Hospital Jahangirpuri, New Delhi, Delhi (NCT)	✓	x	x
71.	Ayurvedic Dispensary Maharishi Valmiki Hospital Puth Khurd Village, New Delhi, Delhi (NCT)	✓	x	x
72.	Ayurveda OPD Delhi Government Dispensaries Dwaraka, New Delhi, Delhi (NCT)	✓	x	x
73.	Ayurveda Dispensary Deep Chandu Bandhu Hospital Ashok Vihar, New Delhi, Delhi (NCT)	✓	x	x
74.	Ayurvedic Dispensary Bhagwan Mahavir Hospital Pitam Pura, New Delhi, Delhi (NCT)	✓	x	x
75.	Ayurveda Dispensary Guru Gobind Singh Govt Hospital Raghbir Nagar, New Delhi, Delhi (NCT)	✓	x	x

76.	Ayurveda Unit Delhi Govt Dispensary Yamuna Vihar, New Delhi, Delhi (NCT)	✓	x	x
77.	Ayurveda OPD Delhi Government Dispensary Gautampuri, New Delhi, Delhi (NCT)	✓	x	x
78.	Ayurveda Dispensary H Block Ashok Vihar New Delhi, Delhi (NCT)	✓	x	x
79.	Ayurveda Dispensary Delhi Govt Dispensary Keshavpuram, New Delhi, Delhi (NCT)	✓	x	x
80.	Ayurvedic Dispensary Delhi Govt Disp Sector Twenty-One ROHINI, New Delhi, Delhi (NCT)	✓	x	x
81.	Ayurveda OPD Sector Eighteen Rohini, New Delhi, Delhi (NCT)	✓	x	x
82.	Ayurveda Dispensary DGD Chhattarpur Village, New Delhi, Delhi (NCT)	✓	x	x
83.	Ayurvedic Dispensary Mayur Vihar III Kondli, New Delhi, Delhi (NCT)	✓	x	x
84.	Ayurvedic OPD Delhi Sachivalay New Delhi, Delhi (NCT)	✓	x	x
85.	Ayurveda Unit IHBAS Jhilmil Dilshad Garden, New Delhi, Delhi (NCT)	✓	x	x
86.	Ayurveda OPD DGD Sunder Nagri, New Delhi, Delhi (NCT)	✓	x	x
87.	Ayurveda OPD DGD Vasundhara Enclave New Delhi, Delhi (NCT)	✓	x	x
88.	Ayurvedic Dispensary Gulabi Bagh, New Delhi, Delhi (NCT)	✓	x	x
89.	Ayurveda Dispensary Department of Trades and Taxes, New Delhi, Delhi (NCT)	✓	x	x

90.	Ayurveda Dispensary SUIWALAN, New Delhi, Delhi (NCT)	✓	x	x
91.	Ayurvedic Dispensary Bank Enclave Laxmi Nagar, New Delhi, Delhi (NCT)	✓	x	x
92.	Ayurvedic Dispensary Ranjeet Nagar New Delhi, Delhi (NCT)	✓	x	x
93.	Ayurvedic Dispensary IP Extention New Delhi, Delhi (NCT)	✓	x	x
94.	AYURVEDA OPD Tajpur Kalan, New Delhi, Delhi (NCT)	✓	x	x
95.	AYURVEDA OPD DGD Prashant Vihar New Delhi, Delhi (NCT)	✓	x	x
96.	Ayurveda OPD Indira Gandhi Hospital Dwarka, New Delhi, Delhi (NCT)	✓	x	x
97.	Regional Ayurveda Research Centre for Mineral and Marine Medicinal Resources Goa, Ribandar, Goa.	✓	x	x
98.	Ayurveda OPD Mangolpuri New Delhi, Delhi (NCT)	✓	x	x
99.	Ayurveda Dispensary Babarpur, New Delhi, Delhi (NCT)	✓	x	x
100	Ayurveda OPD Patiala House Court complex, New Delhi, Delhi (NCT)	✓	x	x
101	Ayurveda OPD Jwalanagar New Delhi, Delhi (NCT)	✓	x	x
102	Ayurveda OPD Kanti Nagar New Delhi, Delhi (NCT)	✓	x	x
103	Fifty Bedded Ayurvedic Hospital Majuli, Assam	✓	x	x

104	Pt Khushilal Sharma Government Ayurveda College Hospital Bhopal, Madhya Pradesh	✓	x	x
105	Ayurveda dispensary IGDTUW Kashmere gate, New Delhi, Delhi (NCT)	✓	x	x

UNANI: -

S.No.	INSTITUTE	OPD	IPD	OPD_others
1.	Clinical Research Unit, Kurnool, Andhra Pradesh,	✓	x	✓
2.	Regional Research Centre (RRC), Cachar, Assam.	✓	x	✓
3.	Regional Research Institute of Unani Medicine, Patna, Bihar	✓	x	✓
4.	Regional Research Institute of Unani Medicine, Okhla, New Delhi, Delhi (NCT)	✓	✓	✓
5.	Extension Centre of RRIUM Unani Medical Centre, Dr. Ram Manohar Lohia Hospital, New Delhi, New Delhi, Delhi (NCT)	✓	x	x
6.	Extension Centre of RRIUM, Unani Speciality Centre, Dr. Deen Dayal Upadhaya Hospital, New Delhi, Delhi (NCT)	✓	x	x
7.	Hakim Ajmal Khan Institute of Literary and Historical Research for Unani Medicine, Okhla, Delhi (NCT)	✓	x	x
8.	AYUSH Wellness Centre (Unani Wing), President Estate, New Delhi, Delhi (NCT)	✓	x	x
9.	Regional Research Institute of Unani Medicine, Srinagar, Jammu and Kashmir	✓	x	✓

10.	Clinical Research Unit (Unani), Ernakulam (Dist.), Kerala	✓	x	x
11.	Clinical Research Unit (Unani) Department of Pharmacology Gandhi Medical College, Bhopal, Madhya Pradesh.	✓	x	x
12.	Clinical Research Unit (Unani), Sayeeda Hospital Campus, Burhanpur, Madhya Pradesh.	✓	x	✓
13.	Regional Research Institute of Unani Medicine, Mumbai, Maharashtra	✓	x	✓
14.	Regional Research Institute of Unani Medicine, Bhadrak, Odisha.	✓	x	✓
15.	Regional Research Institute of Unani Medicine, Chennai, Tamil Nadu	✓	✓	✓
16.	Central Research Institute of Unani Medicine, Hyderabad, Telangana	✓	x	x
17.	Central Research Institute of Unani Medicine, Lucknow, Uttar Pradesh	✓	✓	✓
18.	Regional Research Institute of Unani Medicine, Aligarh Muslim University, Aligarh, Uttar Pradesh	✓	x	x
19.	Regional Research Centre (RRC), Allahabad, Uttar Pradesh.	✓	x	x
20.	Clinical Research Unit (Unani), Meerut, Uttar Pradesh.	✓	x	x
21.	Regional Research Institute of Unani Medicine, Liluah Howrah, West Bengal.	✓	x	x
22.	Unani OPD Unit-All India Institute of Ayurveda, New Delhi, Delhi (NCT)	✓	x	x
23.	SUIWALAN UNANI DISPENSARY, New Delhi, Delhi (NCT)	✓	x	x
24.	Unani Dispensary Mayur vihar phase III Delhi, Delhi (NCT)	✓	x	x

25.	Unani Dispensary DHS Kalyanpuri Delhi, Delhi (NCT)	✓	x	x
26.	Unani Dispensary Babu Jagjivan Ram Memorial Hospital Delhi, Delhi (NCT)	✓	x	x
27.	Unani Dispensary Jag Pravesh Chandra Hospital Delhi, Delhi (NCT)	✓	x	x
28.	Unani Dispensary Basti Vikas Kendra Delhi, Delhi (NCT)	✓	x	x
29.	Unani Dispensary PUHC Old Mustafabad Delhi, Delhi (NCT)	✓	x	x
30.	Unani Dispensary Bhagwan Mahavir Hospital Delhi, Delhi (NCT)	✓	x	x
31.	Unani Dispensary Deep Chand Bandhu Hospital Delhi, Delhi (NCT)	✓	x	x
32.	Unani Dispensary DGD Rohini Delhi, Delhi (NCT)	✓	x	x
33.	Unani Dispensary IHBAS Delhi, Delhi (NCT)	✓	x	x
34.	Unani Dispensary GTB Hospital Delhi, Delhi (NCT)	✓	x	x
35.	Unani Dispensary Govt of Delhi Health Centre Batla House, Delhi, Delhi (NCT)	✓	x	x
36.	Unani Dispensary Multi-Purpose Community Centre Delhi, Delhi (NCT)	✓	x	x
37.	Unani Dispensary Rao Tula Ram Memorial Hospital Delhi, Delhi (NCT)	✓	x	x
38.	Unani Dispensary CJ Central Jail Tihar Delhi, Delhi (NCT)	✓	x	x
39.	Unani Dispensary Acharya Shree Bhikshu Hospital Delhi, Delhi (NCT)	✓	x	x
40.	Unai Dispensary Guru Gobind Singh Hospital Delhi, Delhi (NCT)	✓	x	x

41.	Unani Dispensary XYZ Block New Ranjeet Nagar Delhi, Delhi (NCT)	✓	x	x
42.	Unani Dispensary Delhi High Court Delhi, Delhi (NCT)	✓	x	x
43.	Unani Dispensary LNJP Hospital Delhi, Delhi (NCT)	✓	x	x
44.	UNANI Medical Centre Safdarjung Hospital New Delhi, Delhi (NCT)	✓	x	x
45.	UNANI Dispensary Chamelian Road Delhi NCT, Delhi NCT, Delhi (NCT)	✓	x	x
46.	UNANI OPD Tajpur Kalan Delhi, Delhi (NCT)	✓	x	x
47.	Unani Dispensary Babarpur, Delhi (NCT)	✓	x	x
48.	Unani OPD Mangolpuri New Delhi, Delhi (NCT)	✓	x	x
49.	Unani OPD Gautampuri New Delhi, Delhi (NCT)	✓	x	x

SIDDHA:

S.No.	INSTITUTE	OPD	IPD	OPD_others
1.	Siddha Regional Research Institute, Puducherry.	✓	x	x
2.	Siddha Regional Research Institute, Thiruvananthapuram.	✓	x	x
3.	Directorate of AYUSH, Puducherry (UT)	✓	x	✓

HOMOEOPATHY:

S.No.	INSTITUTE	OPD	IPD	OPD_others
1.	Dr. DP Rastogi Central Research Institute (Homoeopathy), Noida.	✓	✓	✓

2.	National Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam.	✓	✓	x
3.	Regional Research Institute (Homoeopathy), Gudivada.	✓	✓	✓
4.	Regional Research Institute (Homoeopathy), Guwahati.	✓	x	x
5.	Dr Anjali Chatterjee Regional Research Institute (Homoeopathy), Kolkata.	✓	x	x
6.	Regional Research Institute (H), Shimla.	✓	x	x
7.	Regional Research Institute (H), Mumbai.	✓	x	x
8.	Clinical Research Unit (Homoeopathy), Chennai.	✓	x	x
9.	Clinical Research Unit (Homoeopathy), Tirupathi.	✓	x	x
10.	Clinical Research Unit (Homoeopathy), Port Blair.	✓	x	x
11.	Clinical Research Unit (Homoeopathy), Gangtok.	✓	x	x
12.	Clinical Research Unit (Homoeopathy), Agartala.	✓	x	x
13.	Clinical Research Unit (Homoeopathy), Puducherry.	✓	x	x
14.	Clinical Verification Unit (Homoeopathy), Patna.	✓	x	x
15.	Drug Standardization Unit (H), Hyderabad.	✓	x	x
16.	Clinical Research Unit (Homoeopathy), Siliguri.	✓	x	x
17.	Drug Proving Unit, Bhubaneswar, Ext. Unit of RRI (H), Puri.	✓	x	x

18.	Homoeopathy Treatment Center, Supreme Court, Delhi.	✓	x	x
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STATEMENT -III

State-Wise details of Morbidity statistics and standardized terminologies

Ayu-Ayurveda; Sid-Siddha; Una-Unani; Hom.-Homoeopathy

Sl. No.	State	Number of Reason For Encounter (RFE) Uploaded from Out Patient Department (OPD) and Outreach Programmes				Data Collected from Inpatient Department (IPD)			
		Ayu.	Sid.	Una.	Hom.	Ayu.	Sid.	Una.	Hom.
1.	Andhra Pradesh	331677		71358	801710	2016			2757
2.	Arunachal Pradesh	45304							
3.	Assam	444390		58019	73459	3098			
4.	Bihar	361565		396068	51476			1619	
5.	Chhattisgarh								
6.	Goa	5542							
7.	Gujarat	134215							
8.	Haryana								
9.	Himachal Pradesh	88883			33207				
10.	Jharkhand								
11.	Karnataka	270901		3689	207	1835			
12.	Kerala	714127	191211	100083	875261	20618	40	2936	49142
13.	Madhya Pradesh	282262		145479		3962			
14.	Maharashtra	489739		175474	121976	9848			
15.	Manipur			2861					
16.	Meghalaya								
17.	Mizoram								
18.	Nagaland	30298				438			
19.	Odisha	268831		213691	64396	4794		94	63
20.	Punjab	681152				140			
21.	Rajasthan	260033			108	1949			2
22.	Sikkim	80870			20222				183

23.	Tamil Nadu	300472	37187	418421	63654	15157		2848	
24.	Telangana	3854		422354	224072			29263	
25.	Tripura	39901			38387				
26.	Uttarakhand	88580							
27.	Uttar Pradesh	291362		1113727	554383	1811		3772	3990
28.	West Bengal	218951		64746	303081	1828			
Total		5432909	228398	3185970	2265540	67494	40	40532	56137

UT-Wise details of Morbidity statistics and standardized terminologies

Sr. No.	Union Territory	Number of Reason For Encounter (RFE) Uploaded from Out Patient Department (OPD) and Outreach Programmes				Data Collected from Inpatient Department (IPD)			
		Ayu.	Sid.	Una.	Hom.	Ayu.	Sid.	Una.	Hom.
1.	Andaman and Nicobar Islands	20,872	--	--	31984	--			
2.	The Government of NCT of Delhi	21,90,850	--	8,06,775		5377	--	989	
3.	JandK	Jammu	1,25,658	--	--	2293	--	--	--
		Srinagar	--	--	1,12,769	--	--	365	--
4.	Puducherry	263273	5,73,817	--	31984	--	--	--	--
Total		27,46,657	6,55,740	6,55,740	1,16,969	6092		997	

STATEMENT -IV

A. Implementation and Maintenance of National AYUSH Morbidity and Standardised Terminologies Portal (NAMSTP) Phase-I			
NAMASTE -I (Budget total : 8171120/-) INR			
	Budget Allocated	Released budget	Expenditure
2018-19	6402200	3841320	1643051
2019-20		2818009	1684011
2020-21	1012440	309653	1754213
2021-22	756480		275186

	8171120	6968982	5356461
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B. Implementation and Maintenance of National AYUSH Morbidity and Standardized Terminologies Electronic (NAMASTE) Portal Phase-II			
NAMASTE -II (Budget total : 5062200/-) INR			
	Budget Allocated	Released budget	Expenditure
2021-22			779891
2022-23	5062200	1309740	1417027
2023-24	1012440	1406317	1398452
2024-25	756480	1003027	949680
	5062200	3719084	4545050

C. Publicity of National AYUSH Morbidity Codes and Standardized Terminologies Electronic-portal (NAMASTE) and Capacity Building Programmes.				
	Budget Allocated (INR)	Released budget	Expenditure *at this institute	Transfer to Peripheral Institutes for conducting Meetings
2019-20		7500000		
2020-21	7500000		90023	4200000
2021-22			4200	
	7500000	7500000	94223	4200000

एम्स के लिए संस्वीकृत कर्मचारी

709. श्रीमती मंजू शर्मा:

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

(क) अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर सहित देश में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) में कार्यरत संस्वीकृत कर्मचारियों की तुलना में चिकित्सक, नर्स, पराचिकित्सीय कर्मचारी और अन्य कर्मचारियों की वास्तविक रूप से कितनी संख्या है;

(ख) क्या देश के सभी एम्स मानव संसाधनों की कमी के बावजूद अपनी पूरी क्षमता से कार्य कर रहे हैं; और

(ग) यदि हां, तो तत्संबंधी राज्य-वार ब्योरा क्या है?

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

(क): अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) नई दिल्ली और प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत स्थापित एम्स, जिसमें एम्स जोधपुर भी शामिल है, में कार्यरत संकाय और गैर-संकाय (वरिष्ठ रेजीडेंट/जूनियर रेजीडेंट, नर्स, पैरामेडिकल और अन्य स्टाफ सहित) का ब्योरा संलग्न **विवरण** में दिया गया है

(ख) और (ग): विभिन्न एम्स में संकाय और गैर-संकाय की भर्ती एक सतत प्रक्रिया है। एम्स नई दिल्ली के अलावा, प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के अंतर्गत स्थापित 6 एम्स, अर्थात् भोपाल, भुवनेश्वर, जोधपुर, रायपुर, पटना और ऋषिकेश में एम्स पूरी तरह कार्यशील हैं और शेष एम्स प्रचालनरत होने के विभिन्न चरणों में हैं।

विवरण

एम्स में संकाय, गैर-संकाय (एसआर/जेआर, नर्स, पैरामेडिकल और अन्य स्टाफ सहित) पदों की संस्वीकृत संख्या और तैनाती का ब्योरा

क्र.सं.	एम्स का नाम और राज्य	संकाय पद		गैर-संकाय पद	
		संस्वीकृत	पदस्थ	संस्वीकृत	पदस्थ
1.	नई दिल्ली (दिल्ली)	1235	810	14343	12101
2.	भोपाल (मध्य प्रदेश)	305	231	3884	2861
3.	भुवनेश्वर (ओडिशा)	315	241	3904	2808

4.	जोधपुर (राजस्थान)	305	221	3884	3147
5.	रायपुर (छत्तीसगढ़)	305	178	3884	2713
6.	पटना (बिहार)	305	225	3884	2550
7.	ऋषिकेश (उत्तराखंड)	305	217	3884	2701
8.	मंगलागिरि (आंध्र प्रदेश)	259	152	1469	1060
9.	नागपुर (महाराष्ट्र)	298	224	1459	1059
10.	कल्याणी (पश्चिम बंगाल)	259	157	1527	910
11.	गोरखपुर (उत्तर प्रदेश)	183	122	1346	921
12.	भठिंडा (पंजाब)	209	140	1624	1128
13.	बिलासपुर (हिमाचल प्रदेश)	217	106	1511	918
14.	गुवाहाटी (असम)	183	105	1410	642
15.	देवघर (झारखंड)	183	120	1364	822
16.	बीबीनगर (तेलंगाना)	183	114	1374	876
17.	रायबरेली (उत्तर प्रदेश)	201	106	1425	905
18.	राजकोट (गुजरात)	183	67	1247	550
19.	मदुरै (तमिलनाडु)	183	51	911	42
20.	जम्मू (जम्मू और कश्मीर)	183	106	1267	737

CROSS BORDER TRAFFICKING

710. SHRI KRISHNA PRASAD TENNETI:

SHRI PUTTA MAHESH KUMAR:

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

(a) the total number of victims of cross-border human trafficking over the last five years from the country including Andhra Pradesh particularly in Bapatla Parliamentary Constituency;

(b) the total number of individuals who have been arrested and convicted for engaging in cross border human trafficking over the last five years across the

country, including Andhra Pradesh particularly in Bapatla Parliamentary Constituency, year-wise;

(c) the details regarding the list of foreign and Indian persons who have been extradited from other countries to India and vice-versa over the last five years for being engaged in cross-border human trafficking and the present status thereof;

(d) the details regarding the list of fugitives against whom red corner notices are pending for their involvement in cross-border trafficking; and

(e) whether the Government has carried out any activities to raise awareness regarding the issue of cross-border human trafficking and if so details thereof?

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

(a) to (e) Data relating to registration of cases of trafficking to other countries is not maintained by the Ministry of External Affairs. As and when complaints of illegal migration/human trafficking are received, they are referred to the State Government for investigation and prosecution under the relevant legal provisions of the Bharatiya Nyaya Sanhita (BNS).

All foreign countries do not share details of all Indian deportees; therefore, the exact number of Indians deported from foreign countries is not available with the Ministry of External Affairs. Also, the data regarding the foreigners deported from India for being engaged in cross-border human trafficking as well as data regarding red corner notices pending against the fugitives for their involvement in cross-border trafficking is not maintained by the Ministry.

Government accords utmost priority to the safety, security and well-being of Indian nationals abroad and encourages only legal form of migration from India. The Ministry routinely organizes outreach programs to sensitize various stakeholders about benefits of safe and legal migration and on possible ways of preventing illegal migration through fake or unregistered recruitment agencies. Information about illegal agents is also uploaded and updated on regular basis on the eMigrate Portal.

Ministry also issues advisories, media briefings and tweets about fake job rackets from time to time. Such communications are also issued by concerned Indian Missions/Posts abroad through their websites and social media handles and through the print media.

Prompt action is taken by concerned Indian Missions/Posts as well as by Protector of Emigrant offices in India whenever instances of illegal migration/human trafficking are noticed. Government of India has raised this issue at political level with the host Government from time to time. A list of 3,094 unregistered agents (till October 2024) has been notified on e-Migrate portal. This information is regularly updated based on complaints filed by aggrieved individuals. These complaints are also forwarded to concerned state police authorities for taking suitable action against illegal/fake agents as per existing legal provisions.

The Ministry through Indian Missions/Posts abroad, takes pro- active measures to rescue Indian nationals trapped in foreign countries whenever such cases come to the notice of the Ministry.

IMPLEMENTATION OF AYUSH SCHEMES/PROGRAMME

711. SHRI KHALILUR RAHAMAN:

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

- (a) the details of AYUSH schemes/programmes currently being implemented by the Government across the country, stream-wise and State/UT-wise including West Bengal;
- (b) the funds allocated/financial assistance extended for the implementation of the said schemes during the last five years, State/UT-wise and year-wise; and
- (c) the targets set for these Centrally Sponsored Schemes along with the success achieved in the implementation of these schemes?

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

(a) Ministry of Ayush is implementing the Centrally Sponsored Scheme of National AYUSH Mission (NAM) through State/UT Governments in the country including West Bengal and supporting their efforts for development and promotion of AYUSH systems of medicine 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) 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.

Ministry of Ayush is also running Central Sector Schemes namely AYURGYAN Scheme and AYURSWATHYA Yojana from financial year 2021-22. Under the said Schemes, there is no provision to allocate/sanction/release the funds to State/UT wise and the financial assistance is provided directly to the eligible individual organizations/institutes situated in various States/UTs including the State of West Bengal based on the merit of the proposals submitted by them.

(b) Under NAM, as per the proposals submitted by State/UT Governments through SAAPs, the detailed status of funds allocated/ sanctioned during the last

five years, State/UT-wise and year-wise is furnished in the enclosed **Statement-I**.

(c) Since implementation of the NAM scheme comes under the purview of State/UT Governments, State/UT wise specific targets are not being fixed by the Ministry. Further the major activities supported/achievements made under NAM is enclosed as **Statement -II**.

STATEMENT -I

**The status of funds allocated/ sanctioned during the last five years,
State/UT-wise and year-wise under NAM**

(Rs. in Lakh)

Sr. No.	Name of States/UTs	2019-20	2020-21	2021-22	2022-23	2023-24	Total
1	Andaman and Nicobar Islands	365.42	251.81	296.06	142.39	407.29	1462.96
2	Andhra Pradesh	1900.59	385.40	0.00	0.00	0.00	2286.00
3	Arunachal Pradesh	383.33	678.09	180.85	402.04	1186.04	2830.35
4	Assam	1601.32	347.15	639.52	1011.77	3471.45	7071.21
5	Bihar	2661.30	516.54	1686.08	0.00	1161.06	6024.97
6	Chandigarh	0.00	195.81	94.86	189.73	226.32	706.73
7	Chhattisgarh	0.00	2691.07	841.31	0.00	2151.43	5683.80
8	Dadra and Nagar Haveli and Daman and Diu	63.85	0.00	0.00	0.00	408.45	0.00
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00
10	Goa	118.65	65.99	218.99	142.29	628.30	1174.22
11	Gujarat	2229.69	244.01	466.93	1908.62	2961.42	7810.67

Sr. No.	Name of States/UTs	2019-20	2020-21	2021-22	2022-23	2023-24	Total
12	Haryana	2299.48	3034.42	647.70	1219.91	3026.59	10228.09
13	Himachal Pradesh	2045.89	494.94	1261.80	3873.58	3659.22	11335.43
14	Jammu and Kashmir	1848.54	2285.75	1313.11	4895.09	7510.36	17852.84
15	Jharkhand	1522.31	0.00	1309.77	7752.57	2390.42	12975.07
16	Karnataka	1791.71	2184.37	1821.46	1714.09	5031.54	12543.17
17	Kerala	1540.54	2337.59	1153.39	4399.83	7989.40	17420.74
18	Ladakh	0.00	0.00	187.45	72.27	47.32	307.04
19	Lakshadweep	426.88	19.61	64.26	116.32	332.01	959.08
20	Madhya Pradesh	4012.35	5608.63	3123.20	1716.00	6120.00	20580.18
21	Maharashtra	4308.64	0.00	0.00	0.00	2235.54	6544.18
22	Manipur	907.08	571.72	170.04	1723.00	0.00	3371.84
23	Mizoram	199.51	657.73	259.08	117.27	1057.86	2291.45
24	Meghalaya	348.21	247.97	609.78	796.84	1722.60	3725.40
25	Nagaland	950.58	1254.89	232.27	495.78	1016.97	3950.49
26	Odisha	726.10	716.64	1075.38	0.00	0.00	2518.12
27	Puducherry	238.42	47.67	200.27	623.95	197.08	1307.39
28	Punjab	1155.49	89.77	527.28	0.00	109.85	1882.39
29	Rajasthan	1987.60	2276.40	3189.00	0.00	3731.51	11184.51
30	Sikkim	330.59	350.44	99.30	626.06	492.37	1898.76
31	Tamil Nadu	1993.91	616.58	2348.27	2428.69	6635.76	14023.21
32	Telangana	934.18	0.00	3132.25	0.00	1225.17	5291.60
33	Tripura	0.00	270.08	138.71	1030.90	566.99	2006.68
34	Uttar Pradesh	7923.69	10373.86	13809.72	14437.60	12418.60	58963.46
35	Uttarakhand	825.34	656.46	2622.50	1855.80	3234.38	9194.47
36	West Bengal	1849.74	247.35	2118.05	1056.58	3379.39	8651.10
	Total	49490.92	39718.72	45838.63	54748.94	86732.67	276529.87

STATEMENT -II

**Major activities supported/Achievements under NAM from 2014-15 to
2023-24**

- I. **167** units supported for setting up of Integrated AYUSH hospitals.
- II. **416** Ayush Hospitals and 5036 Ayush dispensaries have been supported for Up-gradation of infrastructure and other facilities.
- III. **2322** PHCs, **715** CHCs and **314** DHs have been supported under co-location for recurring assistance of medicines and contingency on an average in each year.
- IV. **996** Ayush Hospitals and **12405** Ayush dispensaries have been supported for supply of essential Ayush medicines on an average in each year.
- V. **16** units supported for establishment of New Ayush Educational Institutions.
- VI. **76** Under-Graduate and 36 Post-Graduate AYUSH Educational Institutes have been supported for Upgradation of infrastructure, Library and other things
- VII. **3883** Yoga Wellness Centres have been supported
- VIII. **1055** Ayush Grams have been supported
- IX. **12500** Ayush Health and Wellness Centres have been supported.

पीओपीएसके की स्थापना

712. श्री राजकुमार रोतः

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) क्या यह सच है कि राजस्थान के डूंगरपुर जिले के अधिकांश लोग कुवैत और खाड़ी देशों में मजदूर के रूप में काम करते हैं और उन्हें पासपोर्ट आवेदन के लिए उदयपुर जाना पड़ता है;

(ख) यदि हां, तो उक्त जिले से प्रतिवर्ष पासपोर्ट के लिए आवेदन करने वाले साथ ही इसके नवीनीकरण के लिए आवेदन करने वाले तथा विदेश जाने वाले लोगों की संख्या संबंधी ब्यौरा क्या है;

(ग) क्या सरकार उक्त जिले में डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) खोलने का विचार रखती है और यदि हां, तो इसके लिए निर्धारित की गई समय-सीमा क्या है; और

(घ) यदि नहीं तो इसके कारण क्या हैं ?

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

(क) से (घ) विदेश मंत्रालय ने डाक विभाग के साथ मिलकर जनवरी 2017 में देश के प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी), जहां कोई पीएसके या पीओपीएसके नहीं है, में प्रधान डाकघरों (एचपीओ)/डाकघरों (पीओ) में डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) नामक सेवा केंद्र खोलने का निर्णय लिया था। आज की तारीख में देश में 93 पीएसके और 442 पीओपीएसके स्थापित किए जा चुके हैं और पासपोर्ट चाहने वालों की जरूरतों को पूरा करने के लिए चालू हैं।

वर्ष 2018 में मंत्रालय ने भारत में कहीं से भी आवेदन करने की नीति शुरू की, जिसके तहत आवेदक यह विचार किए बिना, कि उसके आवेदन पत्र में विनिर्दिष्ट वर्तमान आवासीय पता चयनित पासपोर्ट कार्यालय के अधिकार क्षेत्र में आता है या नहीं, अपना आवेदन जमा कर सकता है।

राजस्थान का डूंगरपुर जिला बांसवाड़ा लोकसभा निर्वाचन क्षेत्र (एलएससी) के अंतर्गत आता है। बांसवाड़ा में पहले से ही एक पीओपीएसके है जहाँ प्रतिदिन चालीस (40) सामान्य अपॉइंटमेंट और पाँच (05) पीसीसी अपॉइंटमेंट जारी की जाती हैं। अगले कार्य दिवस और छठे कार्य दिवस के लिए क्रमशः अपॉइंटमेंट उपलब्ध है।

पिछले तीन वर्षों के दौरान राजस्थान के डूंगरपुर जिले से प्राप्त आवेदनों और जारी किए गए पासपोर्टों की कुल संख्या निम्नानुसार है:-

क्र. सं.	वर्ष	प्राप्त पासपोर्ट आवेदन (नए और नवीनीकरण)	जारी पासपोर्ट
i.	2021	3488	3400
ii.	2022	6171	6006
iii.	2023	6208	6019
iv.	2024 (31 अक्टूबर 2024 तक)	4794	4519

PROMOTION OF GIRL'S EDUCATION

713. SHRI KIRTI AZAD:

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

- (a) whether any State-level initiatives/schemes has been taken to promote girls' education with a view to disincentivize child marriage, if so, the details thereof;
- (b) the number of children working in the age group of 5-14 years during the last three decades, State-wise;
- (c) whether any State-level initiatives/schemes have been taken to bring down the incidence of child labour; and
- (d) if so, the details thereof?

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

(a) to (d): Department of School Education and Literacy (DoSEL), Ministry of Education implements 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.

Bridging gender and social category gaps at all levels of school education is one of the major objectives of Samagra Shiksha. The scheme reaches out to girls, and children belonging to SC, ST, minority communities and transgender.

In order to ensure greater participation of girls in school education, under Samagra Shiksha, various interventions have been targeted, which include opening of schools in the neighbourhood to make access easier for girls, free uniform and text-books to girls up to Class VIII, additional teachers and residential quarters for teachers in remote/ hilly areas, appointment of additional teachers including women teachers, stipend to CWSN girls from class I to class XII, separate toilet for girls, teachers sensitization programmes to promote girls participation, gender-sensitive teaching-learning materials including text books.

In addition, to reduce gender gaps at all levels of school education and ensure access and quality education to girls, under Samagra Shiksha, there is a provision of Kasturba Gandhi Balika Vidyalayas (KGBVs) which are residential schools for girls from class VI to XII from age 10-18 years belonging to disadvantaged groups such as SC, ST, OBC, Minority and Below Poverty Line (BPL), sanctioned in Educationally Backward Blocks of the country.

Further NEP 2020 focuses on 'Equitable and Inclusive Education' which reverberates the idea that no child should be left behind in terms of educational opportunity because of their background and socio-cultural identities.

Ministry of Labour and Employment (MoLE) has been using the data of "Crime in India", published by National Crime Records Bureau (NCRB) with regard to report of cases registered under the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986. The report "Crime in India" is available in public domain on website i.e. ncrb.gov.in.

MoLE has taken a number of steps to prevent the children being employed as child labourers, and these include:-

- i. The Child and Adolescent Labour (Prohibition and Regulation) Act, 1986 provides for complete prohibition of work or employment of children below 14 years of age in any occupation and processes and prohibition of employment of adolescent in the age group of 14 to 18 years in hazardous occupations and processes. It also provides for stricter punishment for employers for violation of the Act and made the offence as cognizable and rules framed thereunder, namely the Child and Adolescent Labour (Prohibition and Regulation) Rules, 1988.
- ii. To supplement the provision under the Act and rules thereunder, framing model State Action Plan enumerating action points to be taken by respective State Governments.
- iii. Further, MoLE was implementing National Child Labour Project (NCLP) Scheme for rescue and rehabilitation of child labourers under which the children in the age group of 9-14 years were rescued from work, enrolled in the NCLP Special Training Centers (STCs) and provided with bridge education etc. before being mainstreamed into formal education system. The NCLP scheme has now, been subsumed with Samagara Shiksha Abhiyan (SSA), a scheme of Department of School Education and Literacy under Ministry of Education with effect from 01.04.2021
- iv. Also, to ensure effective enforcement of the provisions of the Child and Adolescent Labour (Prohibition and Regulation) Act, 1986, an online portal,

namely 'Platform for Effective Enforcement for No Child Labour (PENCiL)' has been developed by the Government. The portal has five components namely, Central Government, State Government, District Project Societies, Child Tracking System and complaint corner.

RESTRICTIONS ON INDIAN PATROLLING IN LADAKH

714 ADV. ADOOR PRAKASH:

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

- (a) the details of terms of disengagement, especially any restrictions imposed on Indian patrolling in key areas of Eastern Ladakh
- (b) the manner in which these terms of disengagement compared to the status quo before the clashes between Indian and Chinese troops;
- (c) the manner in which the Government plans to address the growing concerns that recent disengagement agreements may inadvertently strengthen China's claims over Indian territories;
- (d) the steps taken/ proposed to be taken by the Government to enhance transparency regarding the status of key territories and ensure that national security and territorial integrity are not compromised?

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

- (a) to (d) India and China reached agreement on patrolling arrangements along the Line of Actual Control in India-China border areas in Depsang and Demchok

on 21 October 2024, leading to disengagement. It has been agreed therein that patrolling activities and, wherever applicable, grazing will resume as per longstanding practice before friction started in these areas. The agreement has since been effected and implemented as per modalities and timelines agreed.

The terms of the disengagement agreements reached prior to 21 October 2024 continue to hold in relevant areas in Eastern Ladakh.

The terms of the agreements apply mutually to both sides and are without prejudice to India's positions on LAC or boundary lines.

Government has regularly briefed Parliament on the major milestones in the resolution of these issues since the time of the friction in 2020. Raksha Mantri had briefed the Parliament on 15 Sep 2020 and 11 Feb 2021. Government has also released information about relevant meetings and outcomes thereof through press releases and briefings.

Government continues to keep a constant watch on all developments having a bearing on India's security and takes all the necessary measures to safeguard its sovereignty and territorial integrity.

MORTALITY RATE OF UNDERNOURISHED CHILDREN

715. SUSHRI SAYANI GHOSH:

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

(a) whether the Government has collected any data on the number of undernourished children who died before completing the age of 5 which is called

Under 5 Mortality Rate (U5MR) during the last five years and if so, the details thereof, year-wise;

(b) whether the Government is aware that according to an estimate, 70% of deaths under the age of 5 were due to malnutrition in 2021, if so, the details thereof; and

(c) whether the Government aims to take steps to tackle U5MR in the country;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

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

(a) and (b) As per Sample Registration System (SRS) report of Registrar General of India (RGI), Under 5 Mortality Rate at National Level for the year 2016 to 2020 is placed as below:

Status of Under 5 Mortality Rate at National Level (per thousand live births)					
	2016	2017	2018	2019	2020
India	39	37	36	35	32
Source: Sample Registration System (SRS) of Registrar General of India					

Further, malnutrition is not a direct cause of death in children; however, it can increase morbidity and mortality by reducing resistance to infections. Data on the number of undernourished children who died before completing the age of 5 is not maintained as it is not a direct cause of mortality.

(c) to (e) The Ministry of Health and Family Welfare is implementing Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM), which includes interventions to improve child survival all across the country as placed below:

- **Facility Based New-born Care:** Special New-born Care Units (SNCUs) are established at District Hospital and Medical College level, New-born Stabilization Units (NBSUs) are established at First Referral Units (FRUs)/ Community Health Centres (CHCs) for care of sick and small babies.
- **Community Based care of New-born and Young Children:** Under Home Based New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) program, home visits are performed by ASHAs to improve child rearing practices and to identify sick new-born and young children in the community.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative implemented since 2019 for reduction of childhood morbidity and mortality due to Pneumonia.
- **STOP Diarrhoea** initiative is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.
- **Rashtriya Bal Swasthya Karyakram (RBSK):** Children from 0 to 18 years of age are screened for 32 health conditions (i.e. Diseases, Deficiencies, Defects and Developmental delay) under Rashtriya Bal Swasthya Karyakram (RBSK) to improve child survival. District Early Intervention Centres (DEICs) at district

health facility level are established for confirmation and management of children screened under RBSK.

- **Nutrition Rehabilitation Centers (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to children under 5 years suffering from Severe Acute Malnourishment (SAM) with medical complications. In addition to curative care, special focus is given on timely, adequate and appropriate feeding for children; on improving the skills of mothers and caregivers on complete age-appropriate caring and feeding practices.
- **Mothers' Absolute Affection (MAA) Programme** is implemented to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by counselling on age-appropriate complementary feeding practices.
- **Lactation Management Centres:** Comprehensive Lactation Management Centres. (CLMC) are facilities established to ensure availability of safe, pasteurized Donor Human Milk for feeding of sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units. Lactation Management Unit (LMU) are established for providing lactation support to mothers within the health facility for collection, storage and dispensing of mother's own breastmilk for consumption by her baby.
- **Anemia Mukh Bharat (AMB)** strategy is implemented to reduce anemia among six beneficiaries age group - children (6-59 months), children (5-9

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

- Under **National Deworming Day (NDD)** albendazole tablets are administered in a single fixed day approach via schools and Anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years).
- **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.

PM-PRANAM

716: SHRIMATI POONAMBEN MAADAM:

SHRI KRIPANATH MALLAH:

SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether the Government has introduced PM-PRANAM so as to promote alternative fertilizers, if so, the details and salient features thereof;
- (b) whether the scheme is likely to help in reduction of consumption of chemical fertilizers, if so, the details thereof;
- (c) whether the Scheme is aimed at promoting sustainable and balanced use of fertilisers and promoting organic farming in the country, if so, the details thereof;

- (d) the amount of fertiliser subsidy saved by way of reduction in consumption of chemical fertiliser in the country, State/UT-wise; and
- (e) other measures being taken by the Government for reduction in consumption of chemical fertilisers in the country?

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

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

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

(e): 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, viz., FOM/LFOM/PROM produced at plants under GOBARdhan initiative covering

different Biogas/CBG support schemes/programmes of stakeholder Ministries/Departments such as Sustainable Alternative Towards Affordable Transportation (SATAT) scheme of MoPNG, 'Waste to Energy' programme of MNRE, Swachh Bharat Mission (Rural) of DDWS, etc. with total outlay of Rs. 1451.84 Crore (FY 2023-24 to 2025-26), which includes a corpus of Rs. 360 Crore for research gap funding, etc.

ONE STOP CENTRES FOR WELFARE OF WOMEN ABROAD

717. SUSHRI IQRA CHOUDHARY:

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

- (a) the number of One Stop Centres that have been set up so far under the Scheme for Welfare of Women Abroad, country-wise;
- (b) whether the Government has data on the number of complaints that have been received and disposed off by One Stop Centres till date, if so, the details thereof;
- (c) whether the Government plans to continue One Stop Centre Schemes beyond 2024-25, if so, the details and the reasons therefor;
- (d) whether there are any alternative policies for Indian women abroad to receive financial, legal and medical assistance; and
- (e) if so, the details thereof?

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

(a) and (b): The proposals of Ministry of External Affairs for 9 One Stop Centres (OSCs) for Indian women facing distress abroad have been approved by the Empowered Committee of Ministry of Women and Child Development. They include 7 OSCs with provision of shelter homes in Bahrain, Kuwait, Oman, Qatar, UAE, Saudi Arabia (Jeddah and Riyadh) and 2 OSCs without shelter homes in Toronto and Singapore. Ministry of External Affairs has now opened a Budget line for the aforesaid 9 Missions.

(c) Yes.

(d) and (e) :Indian Community Welfare Fund (ICWF) has been set up in all Indian Missions and Posts abroad to meet the contingency expenditure incurred by them for carrying out various on site welfare activities for Overseas Indian citizens on a means-tested basis. The ICWF guidelines have been comprehensively revised w.e.f. September 1, 2017. The revised guidelines have considerably expanded the scope of on-site welfare activities for the benefit of distressed Indian nationals particularly women that could be extended through the Fund. The guidelines cover three key areas namely Assisting Overseas Indian nationals in distress situations (Boarding and Lodging, Air passage, Legal Assistance, Emergency Medical Care. Transportation of Mortal Remains), Community Welfare activities and improvement in Consular services. They now also include provisions for setting up of legal panels in countries with sizeable Indian diaspora, payment of fines/penalty for petty crimes for release of prisoners and assistance to distressed Indian women abroad. Assistance under ICWF is also provided to needy Indian

women in distress who have been deserted by their overseas Indian/ foreigner husbands to secure counselling and legal services.

मसालों में कीटनाशक के उपयोग पर प्रतिबंध

718. श्री इमरान मसूद:

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

(क) क्या सरकार के संज्ञान में है कि सिंगापुर और हांगकांग जैसे देशों ने कैंसरकारी तत्वों की संदिग्ध उपस्थिति के कारण कई भारतीय मसाला ब्रांडों की बिक्री पर प्रतिबंध लगा दिया है;

(ख) यदि हां, तो कैंसरकारी कीटनाशकों का संदिग्ध उपयोग करने वाले मसालों पर प्रतिबंध लगाने के बारे में सरकार की क्या प्रतिक्रिया है; और

(ग) इन चुनौतियों से निपटने और घरेलू बाजार में बिक्री तथा निर्यात हेतु भारतीय डिब्बाबंद खाद्य पदार्थों के सुरक्षित होने और गुणवत्तापूर्ण होने को सुनिश्चित करने के लिए सरकार द्वारा क्या उपाय किए गए हैं?

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

(क) से (ग): वाणिज्य मंत्रालय ने सूचित किया है कि सिंगापुर और हांगकांग जैसे देशों द्वारा भारतीय मसालों पर प्रतिबंध नहीं लगाया गया है। तथापि, इससे पहले, भारत से निर्यात किए गए कुछ मसाला मिश्रणों के विशिष्ट बैचों को हांगकांग और सिंगापुर में खाद्य सुरक्षा प्राधिकरणों द्वारा अनुमेय सीमा से अधिक एथिलीन ऑक्साइड (ईटीओ) होने के कारण वापस लिया गया था।

मसाला बोर्ड, वाणिज्य मंत्रालय ने इन गंतव्यों को निर्यात किए जा रहे मसालों की अनिवार्य प्री-शिपमेंट जांच, सभी चरणों नामतः कच्चे माल की खरीद, प्रसंस्करण, पैकिंग, भंडारण, परिवहन आदि, आयात करने वाले देश की अलग-अलग ईटीओ सीमाओं को पूरा करने के लिए संभावित ईटीओ संदूषण को

रोकने के लिए निर्यातकों द्वारा अनुपालन किए जाने वाले व्यापक दिशानिर्देश जारी करने सहित विभिन्न कदम उठाए हैं।

इसके अतिरिक्त, देश भर में भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) उपभोक्ताओं को सुरक्षित खाद्य उत्पादों की उपलब्धता सुनिश्चित करने के लिए पूरी तरह प्रतिबद्ध है। इस दिशा में, एफएसएसएआई राज्य/संघ राज्य क्षेत्रों और अपने क्षेत्रीय कार्यालयों के माध्यम से मसालों सहित विभिन्न खाद्य उत्पादों की नियमित निगरानी, निरीक्षण और यादृच्छिक नमूनाचयन करता है, ताकि खाद्य सुरक्षा और मानक (एफएसएस) अधिनियम, 2006 और उसके अधीन बनाए गए विनियमों के तहत निर्धारित गुणवत्ता और सुरक्षा मापदंडों और अन्य आवश्यकताओं के अनुपालन की जांच की जा सके।

उपर्युक्त वैधानिक आवश्यकताओं का अनुपालन न करने के मामलों में खाद्य सुरक्षा और मानक अधिनियम, 2006 के तहत निर्धारित प्रावधानों के अनुसार दोषी खाद्य व्यवसाय संचालकों (एफबीओ) के विरुद्ध दंडात्मक कार्रवाई की जाती है।

SUBSTANDARD DRUGS

719. SHRI ANTO ANTONY:

SHRIMATI D. K. ARUNA:

SHRI SURESH KUMAR SHETKAR:

SHRI EATALA RAJENDER:

SHRI KULDEEP INDORA:

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

(a) whether the Central Drugs Standard Control Organisation has found more than 50 drugs, including some batches of widely used antacids and paracetamol, to be substandard or fake, if so, the details thereof and the corrective steps taken in this regard, State-wise;

(b) whether the Government has taken any actions against the concerned companies, if so, the details thereof;

(c) the details of the steps taken by the Government to ensure the quality of medicines including medicines available in Jan Aushadhi centres;

(d) whether the Government noted that the circulation of counterfeit drugs is increasing in the country;

(e) if so, the details of measures taken by the Government for prevention of counterfeit drugs;

(f) whether the Government is planning to mandate QR code authentication for more drugs, if so, the details thereof; and

(g) the measures taken by the Government to ensure that it does not tarnish the reputation of the country as a reliable supplier of medicines on a global stage?

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

(a) and (b): List of drugs of various companies, which are declared Not of Standard Quality/ Spurious Misbranded/ Adulterated by the Central Drugs Testing Laboratories is regularly uploaded and available on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsc.gov.in). In the cases concerning quality or safety of drugs as and when reported, actions are taken by the concerned licensing authorities under the provisions of Drugs and Cosmetics Act 1940 and its Rules including prosecution in appropriate Court of law.

(c) to (g): Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken various measures to ensure quality, efficacy and safety of medicines manufactured in the country. The key measures are as stated below;

i. In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) have conducted risk-based inspections of more than 400 premises. The firms have been identified based on risk criteria like number of drugs declared as Not of Standard Quality, complaints, criticality of the products etc. Based on findings of inspections, more than 300 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses/product licenses etc., have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules 1945.

ii. Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. As per the amendment, the revised Good Manufacturing Practices and Requirements shall come into force for manufacturers for implementation as under:

Category of manufacturers [Based on turnover (INR)]	Time line for implementation
Large manufacturers (Turnover > 250 crores)	Six months from the date of publication of these rules.

Small and Medium manufacturers (Turnover 250 crores)	Twelve months from the date of publication of these rules.
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iii. On 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st 8 of August, 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.

iv. On 18.01.2022, the Drugs Rules, 1945 were amended vide G.S.R. 20 (E) providing that every Active Pharmaceutical Ingredient (bulk drug) manufactured or imported in India shall bear Quick Response Code on its label at each level of packaging that store data or information readable with software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars including unique product identification code, Batch Number, Manufacturing date, Expiry Date etc.

v. On 11.02.2020, the Drugs Rules, 1945 were amended vide G.S.R. 101 (E), providing that with effect from 01.03.2021 any marketer who sells or distributes any drug shall be responsible for quality of that drug as well as other regulatory compliances along with the manufacturer under these Rules.

vi. The Drugs and Cosmetics Act, 1940 was amended under Drugs and Cosmetics (Amendment) Act 2008 to provide stringent penalties for manufacture of spurious

and adulterated drugs. Certain offences have also been made cognizable and nonbailable.

vii. States/ UTs have set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal.

viii. To ensure efficacy of drugs, the Drugs and Cosmetics Rules, 1945 have been amended providing that applicant shall submit the result of bioequivalence study along with the application for grant of manufacturing license of oral dosage form of some drugs.

ix. The Drugs and Cosmetics Rules, 1945 have been amended making it mandatory that before the grant of manufacturing license, the manufacturing establishment is to be inspected jointly by the Drugs Inspectors of Central Government and State Government.

x. The Drugs and Cosmetics Rules, 1945 have been amended, making it mandatory that the applicants shall submit evidence of stability, safety of excipients etc. to the State Licensing Authority before grant of manufacturing license by the Authority.

xi. Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.

xii. Central Government is providing regular Residential, regional training and workshops to CDSCO, State Drug Regulatory Authorities on Good Manufacturing Practices. In the training Financial Year 2023-24 CDSCO has trained 22854 persons while in F.Y 2024-25 so far 13007 persons have been trained.

xiii. Further, for strengthening the drug regulatory system in the country both at the Central and State level, the Government had approved Rs.1750 Crore. Out of this, Rs. 900 Crore was for strengthening the central drug regulatory structures and Rs. 850 Crore is for the Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS) which envisages to strengthen the laboratory infrastructure and upgradation of existing State Drug Controller offices in States. So far under the SSDRS scheme, 17 New Drug Testing Labs have been constructed and 24 existing labs have been up-graded.

Apart from the above, Pharmaceutical and Medical Devices Bureau of India (PMBI) is the Implementing Agency of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP). To ensure drug quality, PMBI procures medicines only from World Health Organization–Good Manufacturing Practices (WHO-GMP) certified suppliers. Each batch of drug is tested at laboratories accredited by National Accreditation Board for Testing and Calibration Laboratories (NABL). Only after passing the quality tests the medicines are dispatched to Janaushadhi Kendras. PMBI also routinely audits vendors' facilities.

To ensure the supply and adequate availability of medicines at Janaushadhi Kendras, PMBI has set up a strong network of five warehouses located at Gurugram, Bengaluru, Chennai, Guwahati, and Surat and 36 distributors across the country. PMBI has implemented an Information Technology (IT) enabled end-to-end supply chain system and SAP-based inventory management system.

Further, Minimum Stocking mandate has been implemented for Pradhan Mantri Bhartiya Janaushadhi Kendras. Stocking mandate requires availability of 200 medicines at these Kendras, which covers top 100 selling medicines of PMBJP product basket and 100 fast selling medicines in the market.

HEALTH INSURANCE FOR SENIOR CITIZENS

720. SHRI SUDHEER GUPTA:

SHRI DHAIRYASHEEL SAMBAJIRAO MANE:

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

- (a) whether the Government is planning/assessing to add more health packages for senior citizens under Aayushman Bharat PM Jan Aarogya Yojana (ABPMJAY) and if so, the details thereof along with the time line by which it is likely to be done;
- (b) the total number of beneficiaries under the said scheme in the country particularly Maharashtra;
- (c) the total amount of expenditure likely to be incurred under the said process along with the total number of Government/private hospitals empanelled under the said scheme;
- (d) whether it is true that the said scheme is not operative in some States and if so, the details thereof and the reasons therefor; and
- (e) the time period by which the said scheme is likely to be made operational in those States?

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

(a): The Government of India expanded Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide free treatment benefits of up to 5 lakh per year on a family basis to all senior citizens aged 70 years and above, irrespective of their socio-economic status on 29.10.2024.

In the latest national master of the Health Benefit Package (HBP) the scheme provides cashless healthcare services related to 1961 procedures across 27 medical specialties including General Medicine, General Surgery, Orthopedics, Cardiology, Oncology etc. which can be availed by different age groups. Among these, treatment services like Hemodialysis / Peritoneal Dialysis, Acute Ischemic Stroke, Accelerated hypertension, Total Hip Replacement, Total Knee Replacement, PTCA, inclusive of diagnostic angiogram, Single Chamber Permanent Pacemaker Implantation, Double Chamber Permanent Pacemaker Implantation etc. are available to eligible senior citizens as well. Further, States have been provided flexibility to further customize the Health Benefit Packages to local context.

(b): The estimated number of beneficiary families aged 70 years and above across the country is 4.5 crore which corresponds to the 6 crore individuals under the scheme, including 49.64 lakh families corresponding to 66.26 Lakh individuals beneficiaries from the State of Maharashtra.

As on 25.11.2024, approximately 14 lakh Ayushman Vay Vandana cards have been created, including 2,302 cards in the State of Maharashtra, for senior citizens aged 70 years and above beneficiaries under the scheme.

(c): The total amount of Rs 3,437 crore expenditure is estimated, out of which Rs 2,165 crore is the central share expenditure is likely to be incurred during Financial Year 2024-25 and 2025-26, for the said scheme. As on 31.10.2024, a total of 29,870 hospitals are empanelled out of which 13,173 are private hospitals.

(d) and (e): States of Odisha, West Bengal and NCT of Delhi are not implementing the scheme. Government of India is pursuing with these States/UT to join the scheme so that eligible beneficiaries are not deprived of healthcare benefits.

In addition to this, the Model Code of Conduct was in effect in the state of Maharashtra, Jharkhand, and certain districts in other states where by-elections were held, due to which no new enrollment of eligible senior citizens under the scheme was done during this period.

However, as the Model code of conduct has now been lifted, the enrollment of eligible senior citizens has started.

REDUCTION IN OUT-OF-POCKET HEALTH EXPENDITURE

721: SHRI VISHNU DAYAL RAM:

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

(a) whether it is true that the country'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 steps taken/proposed to be taken by the Government to 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 (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 placed as enclosed **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 15th 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 Aarogya Mandir (erstwhile AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PMJAY).

PM-ABHIM was launched as a mission to develop the capacities of primary, secondary, and tertiary health care systems; strengthen existing national institutions and create new institutions to cater to detection and cure of new and emerging diseases. PM-ABHIM is a Centrally Sponsored Scheme with some Central Sector components with an outlay of Rs 64,180 crore.

A total of 1,75,180 Ayushman Arogya Mandirs (AAMs) have been established and operationalized, till 22nd November 2024, by transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas. The purpose of AAMs are to deliver the expanded range of comprehensive primary healthcare services that includes preventive, promotive, curative,

palliative and rehabilitative services encompassing Reproductive and Child care services, Communicable diseases, Non-communicable diseases and all health issues, which are universal, free, and closer to the community

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

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

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 (Rs. in crore)		
		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

WATERWAYS PROJECTS ON BRAHMAPUTRA RIVER

722. SHRI GAURAV GOGOI:

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

- a) the current status of the 10 waterways projects on the Brahmaputra River announced in March 2024, project-wise;

- b) the current status of the plans of the Government to develop river tourism and water sports along Brahmaputra, project-wise;
- c) the details of the progress made for the development of the Eastern Grid at Brahmaputra and Barak rivers;
- d) the progress of the development work of slipways in Majuli and the construction of six tourist jetties including the one proposed at Neamati; and
- e) whether the Government proposes to revisit the Indo Bangladesh Protocol (IBP) in light of the current geopolitical scenario and if so, the details thereof?

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

(a) Ministry of Ports, Shipping and Waterways has approved Government of Assam's proposal for development of 10 waterways projects along with riverine infrastructure at various locations along NW-2 on River Brahmaputra with total outlay of Rs.645.56 Cr. for assistance under Sagarmala Scheme. Department of Expenditure, Ministry of Finance has conveyed in-principle approval for 10 projects of Government of Assam. The details of projects are given in the enclosed **Statement**.

(b) The following inland waterway infrastructure has been developed on Brahmaputra River (NW-2), for cargo/passenger movement and river tourism.

- 12 floating terminals, 2 Multimodal Terminals at Pandu and Jogighopa and 2 permanent terminals at Bogibeel and Dhubri which are also used for berthing of river cruise vessels.

- Fairway with required depth and width is also maintained for smooth plying of cruise vessels.
- A Memorandum of Understanding (MoU) has been signed on 19.05.2024 to take up the project of “**Riverine based Religious Tourism Circuit in SPV framework**” among Sagarmala Development Company Limited (SDCL), Assam Tourism Development Corporation Limited (ATDC), Directorate of IWT Assam (DIWT) and Inland Waterways Authority of India (IWAI).
- The project aims to connect seven temples through waterways by deploying appropriate capacity of vessels on Hop on and Hop off basis as given below:-
 - (i) Kamakhya Temple, (ii) Pandunath Temple, (iii) Ashwaktanta Temple, (iv) Doulgovinda Temple, (v) Umanada Temple, (vi) Chakreshwar Temple and (vii) Auniati Satra.
- IWAI’s mandate is to develop National Waterways for the purpose of Shipping and navigation. Hence, there is no plan to develop water sports on or along River Brahmaputra. However, if a request is received from the State Government for development of fairway related to water sports, it can be considered under the central sector scheme for development of IWT infrastructure in NER State.
 - (c) For comprehensive development of the Brahmaputra and Barak rivers, three projects with an estimated investment of Rs 1010 crore have been approved by the Government. The details of three projects are mentioned below:-

I. Comprehensive Development of NW-2

- Sanctioned Cost – **Rs. 474.00 Cr**
- Total expenditure -**Rs.378.60**
- Overall physical progress -**79.87%** till October 2024

II. Development of Approach Road from Pandu Port Terminal to NH-27 and Development of Ship Repair Facility at Pandu, Guwahati (Assam)

- Sanctioned Cost – **Rs.388.00 Cr.**
- Total expenditure –**Rs.235.44 Cr.**
- Overall physical progress -**60.68%** till October 2024

III. Comprehensive Development of NW-16 and Indo Bangladesh Protocol Route (IBP)

- Sanctioned Cost – Rs.148.00 Cr.
- Total expenditure -**Rs. 24.26 Cr.**
- Overall physical progress -**16.39%** till October 2024

(d) Ministry of Ports, Shipping and Waterways has approved Government of Assam's proposal for construction of slipway at Majuli district in Assam on River Brahmaputra with outlay of Rs.96.60 Cr. for assistance under Sagarmala Scheme. Department of Expenditure, Ministry of Finance has conveyed in-principle approval for the aforesaid project.

Progress on construction of six tourist jetties is as given hereunder-

- The overall progress of development of floating RCC tourist jetties at Bogibeel and Pandu is 85%.

- For development of tourist steel jetties at 04 locations, namely: Silghat, Bishwanath Ghat, Neamati and Guijan, the project has been assigned to Indian Port Rail and Ropeway Corporation Limited (IPRCL).

(e) No

STATEMENT

The details of the 10 waterways projects on the Brahmaputra River

S. No	Proposal Name	District	Cost (In Cr.)
1.	Proposal for construction of slipway at Maya Ghat, Dhubri, Dhubri district in Assam	Dhubri district	Rs.96.60 Cr.
2	Proposal for construction of passenger terminal at Ghagor, North Lakhimpur district in Assam	North Lakhimpur district	Rs. 26 Cr.
3	Proposal for construction of slipway at Majuli district in Assam	Majuli district	Rs.96.60 Cr.
4	Proposal for construction of passenger terminal at Bahari , Barpeta district in Assam	Barpeta district	Rs. 91.20 Cr
5	Proposal for construction of passenger terminal at Goalpara, Goalpara district in Assam	Goalpara district	Rs. 92.06 Cr
6	Proposal for construction of passenger terminal at Guijan, Tinsukia district in Assam	Tinsukia district	Rs. 36.00 Cr
7	Proposal for construction of passenger terminal at Kurua , Darrang district in Assam	Darrang district	Rs. 49.00 Cr

8	Proposal for construction of passenger terminal at Dhubri , Dhubri district in Assam	Dhubri district	Rs. 72.10 Cr
9	Proposal for construction of passenger terminal at Disangmukh , Sibsagar district in Assam	Disangmukh, Sibsagar district	Rs. 40.00 Cr
10	Proposal for construction of passenger terminal at Matmora , North Lakhimpur district in Assam	North Lakhimpur district	Rs. 46.00 Cr

POCSO ACT

723. SHRIMATI PRATIMA MONDAL:

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

- (a) whether there is any discrepancy between guidelines for women's and children's safety of the Union Government and delay in implementing critical support measures at the national level, given that the majority of States, including West Bengal, are yet to operationalize a significant number of Fast Track Special Courts (FTSCs), despite a nationwide backlog of cases under the Protection of Children from Sexual Offences (POCSO) Act and for rape victims and if so, the details thereof;

- (b) whether there is any proposal by the Government to assist and monitor States in activating these services, which are critical for prompt assistance and justice, particularly considering recent reports that highlights alarming statistics regarding violence against women and children nationwide; and
- (c) if so, the details thereof?

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

(a) to (c): Government accords the highest priority for ensuring safety and security of children and has undertaken various initiatives in this regard. To safeguard children against sexual abuse and sexual harassment, Government has enacted The Protection of Children from Sexual Offences (POCSO) Act, 2012. It defines a child as any person below the age of 18 years.

The Act was amended in 2019 to introduce more stringent punishment including death penalty for committing sexual crimes on children, with a view to deter the perpetrators and prevent such crimes.

Section 4 of the Act prescribes rigorous imprisonment for a minimum of 20 years, which can extend to life imprisonment, for "Penetrative Sexual Assault". If the assault results in the death or causes the victim to be in a persistent vegetative state, Section 6 provides for the death penalty or life imprisonment. Section 8 outlines imprisonment for a minimum of three to five years for those found guilty of sexual assault, while Section 10 increases this to a minimum of five years for Aggravated Sexual Assault (A person can be charged with this offense in certain aggravating circumstances, such as if the rape occurs within a relationship of trust

or authority, or if it leads to pregnancy, among others). The Act also includes Section 14, which imposes up to seven years of imprisonment for using children for pornographic purposes, with even harsher penalties if penetrative assault is involved.

Additionally, the Act mandates special courts for speedy trials under Section 28; ensuring cases are handled with the utmost urgency and sensitivity, reflecting the law's zero-tolerance approach to crimes against children.

Further the POCSO Rules, 2020 were also notified to protect the children from exploitation and violence and sexual exploitation. POCSO Rules under Rule-3 provide that any institution housing children or coming in regular contact with children including schools, creches, sports academies or any other facility for Children must ensure police verification and background check on periodic basis, of every staff, teaching or non-teaching, regular or contractual, or any other person being an employee of such Institution coming in contact with the child. Such Institution shall also ensure that periodic training is organized for sensitizing them on child safety and protection.

Ministry of Women and Child Development (MWCD) from the financial year 2023-2024, has also introduced a scheme namely "Scheme for Care and Support to Victims under Sections 4 and 6 of the Protection of Children from Sexual Offences (POCSO) Act, 2012" from NIRBHAYA Fund to address the challenges faced by the minor pregnant girl child victims for implementation by the State/UT Governments. The main objectives of this Scheme are:

- i. To provide integrated support and assistance to minor pregnant girl child victims under one roof;
- ii. To facilitate their immediate, emergency and non-emergency access to a range of services for long term rehabilitation in terms of:
 - access to education,
 - police assistance,
 - medical (also comprising maternity, neo-natal and infant care),
 - psychological, mental health counselling,
 - legal support,
 - non-institutional care support, place of stay in Child Care Institutions/Aftercare facilities, and
 - health insurance cover for the girl child victim and her new-born baby under one roof to enable access to justice to such victimized girls.

National Commission for Women (NCW) also takes necessary action in such matters concerning women, through State Police Departments.

Further, as per the information received from Department of Justice (DoJ), DoJ is implementing a Centrally Sponsored Scheme since October 2019 for setting up 1023 Fast Track Special Courts (FTSC) including 389 exclusive POCSO Courts (e-POCSO) for disposal of pending cases of rape and POCSO Act. 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 2,81,000 cases. The number of exclusive POCSO

courts has increased from 272 Courts in 2019-20 to 408 courts as of 30.09.2024. Since the inception of the Scheme, the exclusive POCSO courts have disposed of more than 1,80,000 cases. The State/UT wise details of functional exclusive POCSO courts along with the cumulative disposal of POCSO cases since the inception of the Scheme are placed at the enclosed **Statement**.

STATEMENT

**STATE/UT-WISE DETAILS OF FUNCTIONAL EXCLUSIVE POCSO COURTS
ALONG WITH CUMULATIVE DISPOSAL SINCE THE INCEPTION OF THE
SCHEME. (AS ON 30.09.2024)**

S.no	State/UT	Functional courts	
		Functional exclusive POCSO Courts	Cumulative disposal since the inception of the Scheme by exclusive POCSO courts
1.	Arunachal Pradesh	16	5655
2.			
3.	Assam	17	6837
4.	Bihar	46	13400
5.	Chandigarh	0	0
6.	Chhattisgarh	11	4386
7.	Delhi	11	1484
8.	Goa	0	34*
9.	Gujrat	24	10871
10.	Haryana	12	5065
11.	Himachal Pradesh	3	1222
12.	Jammu and Kashmir	2	126

13.	Jharkhand	16	5209
14.	Karnataka	17	7217
15.	Kerala	14	6761
16.	Madhya Pradesh	57	24022
17.	Maharashtra	4	11913
18.	Manipur	0	0
19.	Meghalaya	5	609
20.	Mizoram	1	66
21.	Nagaland	0	3*
22.	Odisha	23	10638
23.	Puducherry	1	101
24.	Punjab	3	2157
25.	Rajasthan	0	11180*
26.	Tamil Nadu	14	8142
27.	Telangana	0	2731*
28.	Tripura	1	195
29.	Uttarakhand	0	0
30.	Uttar Pradesh	74	40146
31.	West Bengal	6	184
	Total	408	1,80,354

*The POCSO cases are being disposed of by the FTSCs.

PREVALENCE OF EPISIOTOMY PROCEDURE

724. SHRI ASADUDDIN OWASI:

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

- (a) whether the Government has any data on the prevalence of episiotomy procedures in the country;
- (b) If so, the details thereof;

(c) whether the Government has taken note of reports indicating excessive use of episiotomy in hospitals, particularly in private hospitals and if so, the details thereof; and

(d) the measures taken/proposed to be taken by the Government to regulate and reform the use of episiotomy in the country?

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

(a) to (d) National Health Mission (NHM) provides guidelines to health care workers for labour room practices and management of obstetric interventions including episiotomy. Under NHM, several measures have been implemented for the same. These include the following:

- LaQshya program, which aims to enhance the quality of care provided in labour rooms and maternity operation theatres.
- Nurse Practitioners Midwives trained to provide respectful and pregnant women-centred maternity care for promoting clinically appropriate practices.
- The Basic Emergency Obstetric and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) training programs equip MBBS doctors with skills to provide quality delivery services.

WOMEN EMPOWERMENT SCHEMES IN TELANGANA

725. DR. KADIYAM KAVYA:

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

- (a) the details of allocation of funds for Anganwadi Services, Poshan Abhiyan, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG), Integrated Child Protection Scheme, Mahila Shakti Kendra, Swadhar Greh, Ujjawala, Working Women Hostel, Beti Bachao Beti Padhao, One Stop Centre, and Women Helpline during the last three years in Telangana scheme-wise; and
- (b) whether any proposal by the State in this regard is pending with the Centre, if so, the reasons therefor?

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

- (a) Pradhan Mantri Matru Vandana Yojana (PMMVY) is not implemented by the State Government of Telangana. Mahila Shakti Kendra scheme has been discontinued w.e.f 01.04.2022. The scheme-wise details of release of funds during the last three years in Telangana are given in the enclosed **Statement**.
- (b) NIL

STATEMENT

Details of release of funds under schemes of the Ministry during the last three years in Telangana

(Rs. in crores)

S. No	Mission	Scheme	Funds released		
			FY 2021-22	FY 2022-23	FY 2023-24
1.	Mission Saksham Anganwadi and POSHAN 2.0	Anganwadi Services Scheme, POSHAN Abhiyaan and Scheme for Adolescent Girls	482.33	550.69	507.87
2.	Mission Vatsalya (erstwhile Integrated Child Protection Scheme)		38.51	28.25	39.98
3.	Mission Shakti – Sambal	Beti Bachao Beti Padhao	10.40	10.40	10.40
		One Stop Centre	9.46	13.93	12.17
		Women Help Line	0.83	0.74	0.00
4.	Mission Shakti – Samarthya	Shakti Sadan (erstwhile Swadhar Greh and Ujjawala)	0.00	0.00	6.35
		Sakhi Niwas (erstwhile Working Women Hostel)	0.00	0.00	0.00

ESTABLISHMENT OF UNANI RESEARCH AND DEVELOPMENT

726. SHRI D. M. KATHIR ANAND:

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

(a) whether the Government has any plan to establish Unani Research and Development at Vaniyambadi in Vellore Parliamentary constituency in the State of Tamil Nadu and if so, the details thereof;

(b) the effective measures taken by the Government to initiate medicinal plants and herbal farms to cultivate important medicinal plants and herbs in the Vellore region; and

(c) the financial assistance provided by the Government during the last five years in this regard, year-wise?

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

(a) At present, the Ministry of Ayush has no proposal to establish Unani Research and Development at Vaniyambadi in Vellore Parliamentary Constituency in the State of Tamil Nadu.

(b) and (c) At present, National Medicinal Plant Board (NMPB), Ministry of Ayush is not supporting financial assistance for cultivation/plantation of medicinal plants on farmers' land including Vellore region.

However, 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 Tamil Nadu. As per the scheme guidelines, the support was provided for:

- (i) Cultivation of prioritized medicinal plants on farmer's land.

- (ii) Establishment of nurseries with backward linkages for raising and supply of quality planting material.
- (iii) Post-harvest management with forwarding linkages.
- (iv) Primary processing, marketing infrastructure etc.

The scheme was implemented throughout the country including Tamil Nadu during the financial year 2015-16 to 2020-21. Till date, Ministry of Ayush had released as a central share an amount of Rs. 662.576 Lakh and supported 3,931 hectare area under cultivation of medicinal plants, 04 post-harvest management units (storage /godown and drying shed) and 02 Demonstration plots in Tamil Nadu under medicinal plants component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21. The details of activities approved in Tamil Nadu under Medicinal Plants Component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21 are furnished at the enclosed **Statement**.

STATEMENT

The detail of activities approved in Tamil Nadu 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	TOTAL
1	Area covered under cultivation of medicinal plants (Area in hectare)	633	960	673	765	900	0	3931
2	No. of Post-Harvest Management units (in numbers)	0	0	0	0	04	0	04
3	Demonstration plots	0	0	0	0	02	0	02
4.	Fund released (Central Share) (Rs. in lakh)	86.534	151.627	136.965	103.853	183.597	0.00	662.576

SAKSHAM ANGANWADI AND POSHAN**727. SHRI DAGGUMALLA PRASADA RAO:****SHRI B. K. PARTHASARATHI:**

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

- (a) the progress achieved under the Supplementary Nutrition Programme (SNP) to childrens in the age group of 6 months to 6 years in the country, State-wise especially in the State of Andhra Pradesh;
- (b) the details regarding the current physical and financial progress of Anganwadi Centres (AWCs) approved for upgradation to Saksham Anganwadi in State of Andhra Pradesh;
- (c) the timeline formulated for completing the upgradation of AWCs and funds released for the same; and
- (d) the total number of Anganwadi Workers and Helpers covered under the Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) in the State of Andhra Pradesh since its inception and till date?

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

(a) The Supplementary Nutrition Programme (SNP) of the Mission Saksham Anganwadi and Poshan 2.0 aims to address the challenge of child malnutrition and maternal under-nutrition by delivering proper and diversified nutrition content. It further aims to create a convergent eco-system to develop practices that nurture

health, wellness and immunity. 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 wasting, underweight prevalence, stunting and anaemia by providing Hot Cooked Meals and Take Home Ration to the beneficiaries registered at the Anganwadis. State wise details of beneficiaries (as per Poshan Tracker data, October 2024) including Andhra Pradesh under Supplementary Nutrition Programme (SNP) in the age group 6 months to 6 years are placed at **Statement.**

(b) and (c) Under Saksham Anganwadi and Poshan 2.0, for the 15th Finance Commission cycle, two lakh Anganwadi Centres located in Government buildings @ 40,000 AWCs per year are to be strengthened and upgraded as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education. Saksham Anganwadis are to be provided with better infrastructure than the conventional Anganwadi Centres including internet/Wi-Fi connectivity, LED screens, water filtration system/installation of RO Machine, Poshan Vatika, ECCE material etc. As on 25.11.2024, a total of 170337 AWCs has been approved for upgradation across the country including 9958 AWCs for the State of Andhra Pradesh. An amount of Rs. 100448.53 lakhs has been allocated to all States/UTs across the country including Rs 5837.38 lakhs allocated to the State of Andhra Pradesh.

(d) Insurance benefits have also been provided to all eligible Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death

due to any reason) in the age group of 18 to 50 years. In FY 2024-25, 40683 AWWs and 37160 AWHs stand covered under PMJJBY in the State of Andhra Pradesh.

STATEMENT

State wise details of beneficiaries (as per Poshan Tracker data, October 2024) under Supplementary Nutrition Programme (SNP) in the age group 6 months to 6 years including Andhra Pradesh are as under:

S.No	State/UT	No of beneficiaries under Supplementary Nutrition Programme (SNP) in the age group 6 months to 6 years (as per Poshan Tracker data, October 2024)
1	Andaman and Nicobar Islands	9910
2	Andhra Pradesh	2480081
3	Arunachal Pradesh	80706
4	Assam	2729332
5	Bihar	9210632
6	Chhattisgarh	2140043
7	Dadra and Nagar Haveli - Daman and Diu	30836
8	Delhi	495591
9	Goa	46347
10	Gujarat	2912829
11	Haryana	1644529
12	Himachal Pradesh	455262
13	JandK	706368
14	Jharkhand	2765130
15	Karnataka	3572279
16	Kerala	1783828
17	Ladakh	16040
18	Lakshadweep	3374

19	Madhya Pradesh	6269811
20	Maharashtra	5776896
21	Manipur	262678
22	Meghalaya	348553
23	Mizoram	102849
24	Nagaland	103416
25	Odisha	3267373
26	Puducherry	27243
27	Punjab	1351386
28	Rajasthan	3501757
29	Sikkim	28788
30	Tamil Nadu	3361204
31	Telangana	1686621
32	Tripura	286648
33	Chandigarh	34056
34	Uttar Pradesh	18654105
35	Uttarakhand	607040
36	West Bengal	7345735
Total		8,40,99,276

INLAND WATERWAYS PROJECTS IN NORTH EASTERN STATES

728. SHRI PRADYUT BORDOLOI:

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

(a) the funds sanctioned and utilised under the Central Sector Scheme (CSS) for Development of Inland Waterways in North Eastern States including Sikkim since it was established;

(b) the details regarding the physical progress made under all projects sanctioned under the above mentioned CSS and the deadlines that have been set for the same;

(c) the status of various floating and permanent jetties on the Brahmaputra and Barak rivers in Assam and dredging of the Brahmaputra at 88 locations by the Inland Waterways Authority of India; and

(d) the projected increase in trade volume and economic activities as a result of the newly developed inland waterways projects in the North-Eastern Region?

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

(a) Funds sanctioned and utilised under the Central Sector Scheme (CSS) for Development of Inland Waterways in North Eastern States including Sikkim are detailed at **Statement –I.**

(b) Physical progress made under all projects sanctioned under the above mentioned schemes under CSS in NER and the deadlines are given in the enclosed **Statement-II.**

(c) Status of various floating and permanent jetties of the Brahmaputra and Barak rivers in Assam and dredging of the Brahmaputra is given in the enclosed **Statement-III.**

(d) The newly developed inland waterways projects in NER helped in increasing the trade and economic activities at grass root level. Details of cargo movement is given in the enclosed **Statement-IV.**

STATEMENT –I**Funds sanctioned and utilised under the Central Sector Scheme (CSS) for
Development of Inland Waterways in North Eastern States**

Sl. No.	Name of State	Name of Project	Funds Sanctioned	Funds released
1.	Assam	Construction of 15 Nos. of 17.0 M long floating terminals at 15 Ferry Ghat Bank on River Brahmaputra in Assam under CSS.	Rs. 6.0749 Cr.	Rs. 4.9147 Cr.
		Construction of 25 Nos. of 17.0 M long floating terminals at 25 Ferry Ghat Bank on River Brahmaputra in Assam under CSS.	Rs. 10.9787 Cr.	Rs. 6.5914 Cr.
		Construction of 15 Nos. of 17.0 M long floating terminals at 15 Ferry Ghat Bank on River Barak in Assam under CSS.	Rs. 6.3691 Cr.	Rs. 1.2338 Cr.
		Construction of 16 Nos. of 25.0 M long floating terminals at Ferry Ghat on River Brahmaputra in Assam under CSS	Rs. 13.7016 Cr.	Rs. 2.7403 Cr.
		Construction of Passenger Vessels of different size and capacities, construction of terminal facilities and capacity building of crews of IWT, Assam	Rs. 25 Cr.	Rs.3.2879 Cr.
2.	Manipur	Loktak Inland Waterways Improvement Project for Assistance under Central Sector Scheme.	Rs. 25.58 Cr.	Rs. 5.117 Cr.
		Loktak Inland Water Transport Project-II for Loktak lake in Manipur	Rs. 7.8842 Cr.	Rs. 7.8842 Cr.
3.	Tripura	Revised Project Proposal for Development of Inland Water Transport in River Gomati in Tripura with a view to setting up linkage with Meghna River System in Bangladesh.	Rs. 24.5257 Cr.	Rs. 4.905 Cr.
4.	Mizoram	Conducting Hydrographic Survey and Economic Feasibility Study at River Chhimtuipui, Mizoram	Rs. 0.82305 Cr.	Rs. 0.7818 Cr.
		Development of IWT on River Khawthlangtuipui – Tuichawng in Lunglei District in Mizoram.	Rs. 6.178 Cr.	Rs. 1.2357 Cr.

		Proposal for preparation of Detailed Project Report (DPR) for development of IWT on River Chhimtuipui, Mizoram-reg.	Rs. 1.41 Cr.	-
		Preparation of DPR for Development of IWT in River Tiwang (NW-102), Mizoram	Rs. 0.89 Cr.	-
5.	Nagaland	Preparation of DPR for promotion of Water Sports and Tourism at Nouné and Shilloi Lake in Nagaland under Central Sector Scheme	Rs. 0.90 Cr.	-
		Preparation of DPR for development of IWT at Doyang Reservoir, Wokha Nagaland	Rs. 0.85 Cr.	-

STATEMENT –II

**Physical progress made under projects sanctioned under the CSS in NER
and the deadlines:**

Sl. No.	Name of State	Name of Project	Status
1.	Assam	Construction of 15 Nos. of 17.0 M long floating terminals at 15 Ferry Ghat Bank on River Brahmaputra in Assam under CSS.	Project was sanctioned on 23.06.2014. Project Completed.
		Construction of 25 Nos. of 17.0 M long floating terminals at 25 Ferry Ghat Bank on River Brahmaputra in Assam under CSS.	Project was sanctioned on 19.01.2018 12 out of 25 floating terminals are partially completed. Govt. of Assam has informed that due to cost escalation, the contractor has denied for taking up the work of the remaining 13 floating terminal. Therefore, the project has been foreclosed by Govt. of Assam. Ministry has requested Govt. of Assam to return the unspent amount together with the interest accrued thus far to Consolidated

			Fund of India (CFI) and to reassess the need for remaining floating terminals and formulate a new proposal/project (if required) for consideration of this Ministry.
		Construction of 15 Nos. of 17.0 M long floating terminals at 15 Ferry Ghat Bank on River Barak in Assam under CSS.	Project was sanctioned on 24.01.2018 The earlier work order has been cancelled due to non-execution of work. After fresh NIT work order has been issued on 05.10.2023. Till date no Physical and Financial progress has been achieved.
		Construction of 16 Nos. of 25.0 M long floating terminals at Ferry Ghat on River Brahmaputra in Assam under CSS.	Project sanctioned on 25.01.2018 03 terminal completed out of 16 terminals Due to non execution of the work by the contractor, Govt. of Assam has foreclosed the project.
		Construction of Passenger Vessels of different size and capacities, construction of terminal facilities and capacity building of crews of IWT, Assam.	Project sanctioned on 18.03.2024, Tender issued.
2.	Manipur	Loktak Inland Water Transport Project-II for Loktak lake in Manipur	Project sanctioned on 29.03.2016 Project completed.
		Loktak Inland Waterways Improvement Project for Assistance under Central Sector Scheme.	Project sanctioned on 31.10.2019 The project could not be started as a PIL was filed in Hon'ble High Court of Manipur and Stay was imposed on 17.07.2019 for not to commence any developmental work in Loktak lake. Thereafter, Govt. of Manipur cancelled the project. Till date a sum of Rs.4,84,26,484/- returned by Govt. of Manipur has

			been deposited by IWAI in the CFI and the balance along with interest thereon is yet to be received from Govt. of Manipur.
3.	Tripura	Revised Project Proposal for Development of Inland Water Transport in River Gomati in Tripura with a view to setting up linkage with Meghna River System in Bangladesh.	Project sanctioned on 10.02.2022 The overall physical progress is 55%.
4.	Mizoram	Conducting Hydrographic Survey and Economic Feasibility Study at River Chhimituipui, Mizoram	Project sanctioned on 14.09.2022 Project Completed.
		Development of IWT on River Khawthlangtuipui – Tuichawng in Lunglei District in Mizoram.	Project sanctioned on 30.12.2021. A total of Rs. 50,67,873 has been utilized by the Government of Mizoram, while the remaining balance of Rs. 77,89,171 has been returned to IWAI and surrendered to the CFI. Due to delay in execution of project by Govt. of Mizoram. The Ministry has appointed IWAI as an implementing agency for taking over the project.
		Proposal for preparation of Detailed Project Report (DPR) for development of IWT on River Chhimituipui, Mizoram-reg.	Administrative sanction conveyed to IWAI (Project Implementing Agency) on 21.10.2024.
		Preparation of DPR for Development of IWT in River Tlwang (NW-102), Mizoram	Administrative sanction conveyed to IWAI (Project Implementing Agency) on 14.11.2024.
5.	Nagaland	Preparation of DPR for promotion of Water Sports and Tourism at Nouné and Shilloi Lake in Nagaland under Central Sector Scheme	Administrative sanction conveyed to IWAI (Project Implementing Agency) on 22.10.2024.
		Preparation of DPR for development of IWT at Doyang Reservoir, Wokha Nagaland	Administrative sanction conveyed to IWAI (Project Implementing Agency) on 24.09.2024.

STATEMENT-III

Status of various floating and permanent jetties on the Brahmaputra and Barak rivers in Assam and dredging of the Brahmaputra:

River Brahmaputra:

- Permanent terminal at Pandu port and Dhubri are operational.
- Construction of Jogighopa Multi-Modal Terminal (MMT) completed.
- Floating terminals along the river Brahmaputra are provided for embarkation/disembarkation of passenger and loading/unloading of cargo at 12 (twelve) locations viz: i) Dhubri, ii) Jogighopa, iii) Pandu, iv) Uzanbazar, v) Tezpur vi) Silghat, vii) BishwanathGhat, viii) Neamati, ix) Afalamukh, x) Bogibeel, xi) Bindyakata and xii) Guijan,
- Construction of Cargo-cum-Tourist jetty at Bogibeel is (Phase – I) completed.

River Barak:

- Permanent IWT terminal at Karimganj and Badarpur operational.
- Floating terminal along the river Barak is provided for embarkation/disembarkation of passenger and loading/unloading of cargo at Badarpur.

Dredging in Brahmaputra: For safe movement of vessels, fairway of required depth of 2 to 2.5 m and width of 35 to 45 m of navigation channel is maintained. For maintenance of fairway, besides the other means (bandalling, channel stabilization works etc), maintenance dredging is carried out as per site conditions wherever recorded depth during fortnightly hydrographic surveys is less than the targeted LAD.

STATEMENT-IV

The cargo movement on NWS of NER from 2019-20 till 2024-25 October in Million Metric Tonne (MMT) is as given below:

National Waterway	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25 till Oct
NW-2 (Brahmaputra River (Dhubri-Sadiya))	0.39	0.31	0.43	0.63	0.59	0.51
NW-16 (Barak River)	0.004	0.001	0.01	0.01	0.003	0.10
NW-31 (Dhansiri/Chathe)	-	-	-	-	0.01	0.002
Total	0.40	0.31	0.43	0.64	0.60	0.61

The Traffic movement for 2024-25 till October, 2024 has already surpassed the total cargo moved in 2023-24.

आयुष महाविद्यालय और अस्पताल

729. डॉ. राजकुमार सांगवान:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में आयुर्वेद, योग, प्राकृतिक चिकित्सा, सिद्ध और होम्योपैथी (आयुष) महाविद्यालयों और अस्पतालों की राज्य/संघ राज्यक्षेत्र-वार, श्रेणीवार कुल संख्या तथा उनमें उपलब्ध सीटों की संख्या कितनी है;
- (ख) इन महाविद्यालयों में अनुसूचित जाति/अनुसूचित जनजाति तथा समाज के अन्य आर्थिक रूप से कमजोर वर्गों के प्रवेश के लिए किए गए प्रावधान मानदंडों का ब्यौरा क्या है;
- (ग) क्या सरकार को उत्तर प्रदेश सहित विभिन्न राज्यों/संघ राज्यक्षेत्रों की सरकारों तथा निजी कंपनियों से ऐसे और महाविद्यालयों और अस्पतालों की स्थापना के प्रस्ताव प्राप्त हुए हैं;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा सरकार द्वारा ऐसे प्रस्तावों पर क्या कार्रवाई की गई है;

(ङ) क्या इन महाविद्यालयों द्वारा प्रदान की जाने वाली स्नातक स्तर की डिग्रियां राज्यों के चिकित्सा महाविद्यालयों द्वारा प्रदान की जाने वाली डिग्रियों के समतुल्य हैं; और

(च) 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): देश में आयुर्वेद, योग, प्राकृतिक चिकित्सा, सिद्ध और होम्योपैथी (आयुष) महाविद्यालयों और अस्पतालों के विवरण के साथ उनमें उपलब्ध सीटों का राज्य/संघ राज्य क्षेत्र-वार तथा स्ट्रीम-वार व्यौरा संलग्न **विवरण -I** में दिया गया है।

(ख) इन महाविद्यालयों में अनुसूचित जाति/अनुसूचित जनजाति और समाज के अन्य आर्थिक रूप से कमजोर वर्गों के प्रवेश हेतु किए गए प्रावधान मानदंडों का व्यौरा संलग्न **विवरण -II** में दिया गया है।

(ग) और (घ) उत्तर प्रदेश सहित विभिन्न राज्य/संघ राज्य क्षेत्र सरकारों और निजी कंपनियों से और अधिक महाविद्यालयों और अस्पतालों की स्थापना के लिए प्राप्त प्रस्तावों का विवरण तथा ऐसे प्रस्तावों पर सरकार द्वारा की गई कार्रवाई का व्यौरा संलग्न **विवरण - -III** में दिया गया है।

(ङ) और (च) आयुर्वेद, सिद्ध और होम्योपैथी महाविद्यालयों द्वारा प्रदान की जाने वाली स्नातक स्तर की डिग्री राज्य के चिकित्सा महाविद्यालयों द्वारा प्रदान की जाने वाली डिग्री के समकक्ष है।

एनसीआईएसएम अधिनियम, 2020 और एनसीएच अधिनियम, 2020 के प्रावधानों के तहत, स्नातक स्तर पर भारतीय चिकित्सा पद्धति और होम्योपैथी के संबंध में प्रदान की जाने वाली डिग्रियां क्रमशः इस प्रकार हैं:

(i) आयुर्वेद: बैचलर ऑफ आयुर्वेदिक मेडिसीन एंड सर्जरी (बी.ए.एम.एस.)

(ii) सिद्ध: बैचलर ऑफ सिद्ध मेडिसीन एंड सर्जरी (बी.एस.एम.एस.)

(iii) होम्योपैथी: बैचलर ऑफ होम्योपैथिक मेडिसीन एंड सर्जरी (बी.एच.एम.एस.)

विवरण -I

शैक्षणिक वर्ष 2024-25 के दौरान देश में आयुर्वेद, योग, प्राकृतिक चिकित्सा, सिद्ध और होम्योपैथी (आयुष) कॉलेजों और अस्पतालों की कुल संख्या के साथ उनमें उपलब्ध सीटों का राज्य/संघ राज्य क्षेत्र-वार और स्ट्रीम-वार ब्योरा :

क्र. सं.	राज्य/संघ राज्य क्षेत्र	स्ट्रीम								
		आयुर्वेद			सिद्ध			होम्योपैथी		
		कॉलेजों और अस्पतालों की कुल संख्या	उपलब्ध सीट		कॉलेजों और अस्पतालों की कुल संख्या	उपलब्ध सीट		कॉलेजों और अस्पतालों की कुल संख्या	उपलब्ध सीट	
			यूजी	पीजी		यूजी	पीजी		यूजी	पीजी
1.	आंध्र प्रदेश	3	215	61	-	-	-	7	551	54
2.	अरुणाचल प्रदेश	1	30	-	-	-	-	1	50	-
3.	असम	1	63	30	-	-	-	3	189	-
4.	बिहार	11	653	92	-	-	-	15	825	73
5.	चंडीगढ़	8	670	108	-	-	-	4	250	-
6.	छत्तीसगढ़	-	-	-	-	-	-	-	-	-
7.	दिल्ली	3	200	163	-	-	-	3	188	32
8.	गोवा	2	160	32	-	-	-	1	50	-
9.	गुजरात	48	3644	304	-	-	-	50	4780	306
10.	हरियाणा	15	1138	90	-	-	-	1	50	0
11.	हिमाचल प्रदेश	4	255	79	-	-	-	1	75	0
12.	जम्मू और कश्मीर	2	123	15	-	-	-	1	63	-
13.	झारखंड	-	-	-	-	-	-	7	433	37
14.	कर्नाटक	103	7410	1113	-	-	-	19	1585	163
15.	केरल	18	1124	311	1	50	0	6	315	83
16.	मध्य प्रदेश	36	2983	198	-	-	-	27	2390	173
17.	महाराष्ट्र	134	10467	1593	-	-	-	69	5613	441
18.	मेघालय	2	163	0	-	-	-	1	63	8
19.	ओडिशा	6	385	33	-	-	-	7	276	4
20.	पंजाब	19	1070	49	-	-	-	4	220	18
21.	राजस्थान	18	1135	302	-	-	-	12	960	100

22.	तमिलनाडु	8	390	30	16	1040	152	14	1073	123
23.	तेलंगाना	2	126	48	-	-	-	6	575	200
24.	उत्तर प्रदेश	104	7823	378	-	-	-	16	1456	161
25.	उत्तराखण्ड	21	1405	221	-	-	-	2	100	-
26.	पश्चिम बंगाल	4	185	24	-	-	-	12	758	116
27.	पांडिचेरी	1	63	0	-	-	-	-	-	-
28.	सिक्किम	-	-	-	-	-	-	-	-	-
29.	लद्दाख	-	-	-	-	-	-	-	-	-
	कुल	574	41880	5274	17	1090	152	289	22888	2092

नोट: जन स्वास्थ्य राज्य का विषय है, इसलिए योग कॉलेज और अस्पताल स्थापित करना संबंधित राज्य/संघ राज्य क्षेत्र सरकार के अधिकार क्षेत्र में आता है। आयुष मंत्रालय देश में योग और प्राकृतिक चिकित्सा कॉलेजों और अस्पतालों की संख्या के बारे में आंकड़े नहीं रखता है।

विवरण -II

आयुर्वेद, सिद्ध और होम्योपैथी महाविद्यालयों में अनुसूचित जाति/अनुसूचित जनजाति और समाज के अन्य आर्थिक रूप से कमजोर वर्गों के प्रवेश हेतु किए गए प्रावधान मानदंडों का ब्योरा निम्नानुसार है:

अनुसूचित जाति/अनुसूचित जनजाति और अन्य आर्थिक रूप से कमजोर वर्गों (जनरल-ईडब्ल्यूएस) से संबंधित अभ्यर्थियों का आयुर्वेद, सिद्ध और होम्योपैथी स्ट्रीमों के तहत स्नातक (यूजी) और स्नातकोत्तर (पीजी) पाठ्यक्रमों में प्रवेश एनसीआईएसएम/एनसीएच अधिनियम 2020 के तहत निर्धारित नियमों के प्रावधानों के अनुसार किया जाएगा।

(1). प्रवेश के लिए **केंद्रीय आरक्षण नीति** अखिल भारतीय कोटा (एआईक्यू)-यूजी एवं पीजी सीटें अनुसूचित जाति/अनुसूचित जनजाति और अन्य आर्थिक रूप से कमजोर वर्गों (जनरल-ईडब्ल्यूएस) के संबंध में आयुर्वेद, सिद्ध और होम्योपैथी स्ट्रीमों के सरकारी/सरकारी सहायता प्राप्त/राष्ट्रीय संस्थानों/केंद्रीय विश्वविद्यालयों में निम्नानुसार प्रवेश:

- अनुसूचित जाति (एससी)- 15%
- अनुसूचित जनजाति (एसटी)- 7.5%

- आर्थिक रूप से कमजोर वर्ग (जनरल-ईडब्ल्यूएस) - 10%

(2) आयुर्वेद, सिद्ध और होम्योपैथी के स्नातक पाठ्यक्रमों में प्रवेश के लिए एनईईटी (यूजी) परीक्षा देने हेतु पात्रता मानदंड।

(क) स्नातक आयुर्वेद, सिद्ध और होम्योपैथी पाठ्यक्रमों में प्रवेश के स्नातक पाठ्यक्रमों में प्रवेश हेतु एक समान राष्ट्रीय पात्रता-सह-प्रवेश परीक्षा होगी। एनसीआईएसएम/एनसीएच अधिनियम 2020 के तहत एनईईटी (यूजी) में शामिल होने के लिए पात्रता मानदंड और स्नातक आयुर्वेद, सिद्ध और होम्योपैथी पाठ्यक्रमों में प्रवेश के लिए एनईईटी (यूजी) पात्रता मानदंड के संबंध में प्रासंगिक नियम निम्नानुसार हैं:

- i. भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (स्नातक आयुर्वेद शिक्षा के न्यूनतम मानक) विनियम, 2022
- ii. भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (स्नातक सिद्ध शिक्षा के न्यूनतम मानक) विनियम, 2022
- iii. राष्ट्रीय होम्योपैथी आयोग (होम्योपैथी स्नातक डिग्री पाठ्यक्रम- बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.), विनियम-2022

(ख) विभिन्न श्रेणियों के तहत आयुर्वेद, सिद्ध और होम्योपैथी- यूजी पाठ्यक्रमों में प्रवेश हेतु एनईईटी (यूजी) में शामिल होने के लिए आवश्यक योग्यता का विवरण निम्नानुसार है:

(क) **आयुर्वेद और सिद्ध - यूजी पाठ्यक्रम हेतु-** अभ्यर्थी को सामान्य श्रेणी के मामले में 10+2 या समकक्ष परीक्षा में भौतिकी, रसायन विज्ञान और जीव विज्ञान में समग्रतः न्यूनतम 50% अंक प्राप्त करने होंगे और **अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग** के मामले में **40% अंक** प्राप्त करने होंगे।

(ख) **होम्योपैथी- यूजी पाठ्यक्रम हेतु-** अभ्यर्थी को सामान्य श्रेणी के मामले में 10+2 या समकक्ष परीक्षा में भौतिकी, रसायन विज्ञान और जीवविज्ञान/जैव प्रौद्योगिकी में समग्रतः न्यूनतम 50% अंक

प्राप्त करने होंगे और अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के मामले में **40% अंक** प्राप्त करने होंगे।

(ग) दिव्यांगजन अधिकार अधिनियम, 2016 (2016 का 49) के अंतर्गत निर्दिष्ट दिव्यांगजनों के संबंध में, उक्त अर्हक परीक्षा में न्यूनतम अर्हक अंक निम्नानुसार हैं: क) सामान्य श्रेणी के मामले में 45% होंगे। ख) अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के मामले में **40% होंगे।**

(ग) आयुर्वेद, सिद्ध और होम्योपैथी स्ट्रीम के तहत स्नातक पाठ्यक्रमों में प्रवेश के लिए एनईईटी (यूजी) पात्रता मानदंड।

किसी शैक्षणिक वर्ष के लिए स्नातक कार्यक्रम में प्रवेश हेतु विचार किए जाने के लिए, अभ्यर्थी को उक्त शैक्षणिक वर्ष के लिए आयोजित स्नातक कार्यक्रम हेतु राष्ट्रीय पात्रता-सह-प्रवेश परीक्षा में न्यूनतम 50 परसेंटाईल अंक प्राप्त करना आवश्यक होंगे:

बशर्ते कि,-

- (i) अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के अभ्यर्थी लिए न्यूनतम अंक **40 प्रतिशत** होंगे ;
- (ii) दिव्यांगजन अधिकार अधिनियम, 2016 (2016 का 49) के अंतर्गत निर्दिष्ट दिव्यांगता वाले अभ्यर्थियों के लिए सामान्य वर्ग के मामले में न्यूनतम अंक 45 प्रतिशत तथा **अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के मामले में 40 प्रतिशत होंगे।**

(3) आयुर्वेद, सिद्ध और होम्योपैथी स्ट्रीम के तहत स्नातकोत्तर पाठ्यक्रमों में प्रवेश के लिए पात्रता मानदंड:

(क) आयुर्वेद, सिद्ध और होम्योपैथी स्ट्रीम के तहत स्नातकोत्तर पाठ्यक्रमों में प्रवेश के लिए एक समान स्नातकोत्तर राष्ट्रीय प्रवेश परीक्षा (एआईएपीजीईटी) होगी। स्नातकोत्तर आयुर्वेद, सिद्ध और होम्योपैथी पाठ्यक्रमों में प्रवेश के लिए एआईएपीजीईटी पात्रता मानदंड के संबंध में एनसीआईएसएम/एनसीएच अधिनियम, 2020 के तहत प्रासंगिक नियम इस प्रकार हैं:

- i. भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (स्नातकोत्तर संस्थानों के लिए न्यूनतम आवश्यक मानक, मूल्यांकन और रेटिंग तथा आयुर्वेद में स्नातकोत्तर शिक्षा के लिए न्यूनतम मानक) विनियम, 2024।
- ii. भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (स्नातकोत्तर संस्थानों के लिए न्यूनतम आवश्यक मानक, मूल्यांकन और रेटिंग तथा स्नातकोत्तर सिद्ध शिक्षा के न्यूनतम मानक) विनियम, 2024।
- iii. राष्ट्रीय होम्योपैथी आयोग (होम्योपैथी स्नातकोत्तर डिग्री पाठ्यक्रम- डॉक्टर ऑफ मेडिसिन इन होम्योपैथी) विनियम, 2024।

(ख) विभिन्न श्रेणियों के तहत आयुर्वेद, सिद्ध और होम्योपैथी- पीजी पाठ्यक्रमों में प्रवेश हेतु एआईएपीजीईटी पात्रता मानदंडों का विवरण निम्नानुसार है:

किसी शैक्षणिक वर्ष के लिए स्नातकोत्तर डिग्री कार्यक्रम में प्रवेश हेतु पात्र होने के लिए, अभ्यर्थी को उक्त शैक्षणिक वर्ष के लिए आयोजित 'स्नातकोत्तर राष्ट्रीय प्रवेश परीक्षा' में न्यूनतम 50 परसेंटाईल अंक प्राप्त करने आवश्यक होंगे।

बशर्ते कि:

- i. अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के अभ्यर्थियों के मामले में न्यूनतम अंक **40 परसेंटाईल** होंगे।
- ii. (दिव्यांगजन अधिकार अधिनियम, 2016 (2016 का 49) के अंतर्गत निर्दिष्ट दिव्यांगता वाले अभ्यर्थियों के लिए सामान्य श्रेणी के मामले में न्यूनतम अंक 45 परसेंटाईल और **अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों के मामले में 40 परसेंटाईल** होंगे।

विवरण - III

शैक्षणिक वर्ष 2024-25 के दौरान आयुर्वेद, योग और प्राकृतिक चिकित्सा, सिद्ध और होम्योपैथी कॉलेजों और अस्पतालों की स्थापना के लिए विभिन्न राज्यों/संघ राज्य क्षेत्रों की सरकारों और निजी कंपनियों से प्राप्त प्रस्तावों और उन पर राजकीय द्वारा की गई कार्रवाई का विवरण इस प्रकार है:

क) आयुष कॉलेजों की स्थापना उत्तर प्रदेश सहित संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आता है। हालाँकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, उन राज्यों में नए आयुष कॉलेजों की स्थापना के लिए राज्य/संघ राज्य क्षेत्र सरकारों को वित्तीय सहायता का प्रावधान है, जहाँ राजकीय क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है। तदनुसार, उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारें एनएएम दिशानिर्देशों के प्रावधान के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके पात्र वित्तीय सहायता प्राप्त कर सकती हैं। एनएएम के तहत नए आयुष शिक्षण संस्थानों की स्थापना के लिए उत्तर प्रदेश सहित राज्य/संघ राज्य क्षेत्र सरकारों को प्रदान की गई वित्तीय सहायता की स्थिति निम्नानुसार है:

एनएएम के तहत नए आयुष शिक्षासंस्थानों की स्थापना हेतु प्रदान की गई वित्तीय सहायता की स्थिति

(लाख रुपये में)

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	संस्था का नाम	स्वीकृत राशि	स्वीकृति का वर्ष
1	आंध्र प्रदेश	सरकारी प्राकृतिक चिकित्सा एवं योग चिकित्सा महाविद्यालय, विशाखापत्तनम	320.00	2016-17
2	असम	राजकीय आयुर्वेद महाविद्यालय, दुधनोई	2.00	2022-23
3	चंडीगढ़	सरकारी आयुर्वेद कॉलेज, मणि माजरा, चंडीगढ़	1.00	2023-24

4	गुजरात	सरकारी आयुर्वेद महाविद्यालय सुरेंद्रनगर	1000.00	2022-23
5	कर्नाटक	सरकारी नेचरक्योर एवं योग कॉलेज, मैसूर	855.38	2014-15
6	मणिपुर	होम्योपैथिक मेडिकल कॉलेज, केइराओ, मणिपुर	460.43	2015-16
8	हरियाणा	होम्योपैथिक कॉलेज एवं अस्पताल, गांव चंदपुरा, अंबाला कैट, अंबाला जिला	600.00	2018-19
9	पश्चिम बंगाल	योग एवं नेचरोपैथी डिग्री कॉलेज एंड हॉस्पिटल बेल्लोर, स्टेट जनरल हॉस्पिटल हावड़ा	1050.00	2018-19
10	उत्तर प्रदेश	राजकीय होम्योपैथिक मेडिकल कॉलेज एवं अस्पताल, वाराणसी	477.27	2022-23
		राजकीय आयुर्वेदिक चिकित्सा महाविद्यालय एवं अस्पताल, अयोध्या	2000.00	2022-23
11	तमिलनाडु	राजकीय सिद्ध महाविद्यालय एवं अस्पताल, पिलानी	800.00	2022-23
12	जम्मू-कश्मीर	राजकीय होम्योपैथिक मेडिकल कॉलेज, राख होशियारी, कठुआ जिला	100.00	2023-24
13	उत्तराखंड	होम्योपैथिक मेडिकल कॉलेज, अस्पताल और अनुसंधान केंद्र, डोईवाला, जिला देहरादून	99.00	2023-24

(ख) भारतीय चिकित्सा पद्धति हेतु चिकित्सा मूल्यांकन एवं रेटिंग बोर्ड, एनसीआईएसएम और होम्योपैथी हेतु चिकित्सा मूल्यांकन एवं रेटिंग बोर्ड, एनसीएच को कॉलेजों और अस्पतालों की स्थापना के लिए निजी कंपनियों से प्राप्त प्रस्तावों का विवरण इस प्रकार है:

क्र.सं.	कॉलेज का नाम	राज्य	धारा	टिप्पणी
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1	डॉ. अविजीत गौतम आयुर्वेदिक अनुसंधान संस्थान (दगरी), नालंदा , बिहार	बिहार	आयुर्वेद	अस्वीकृत
2	चौकसे आयुर्वेद कॉलेज अनुसंधान केंद्र और अस्पताल बिलासपुर-495004, छत्तीसगढ़	छत्तीसगढ़	आयुर्वेद	अस्वीकृत
3	तेतरी चंद्रवंशी आयुर्वेदिक मेडिकल कॉलेज, अस्पताल और अनुसंधान केंद्र, पलामू, झारखंड	झारखंड	आयुर्वेद	अस्वीकृत
4	कनाचुर आयुर्वेद मेडिकल कॉलेज और अस्पताल, मंगलौर, कर्नाटक	कर्नाटक	आयुर्वेद	अस्वीकृत
5	एसएनजीओ प्रयावी आयुर्वेदिक मेडिकल कॉलेज, अस्पताल और अनुसंधान केंद्र, बीदर-585402, कर्नाटक	कर्नाटक	आयुर्वेद	अस्वीकृत
6	एलएनसीटी आयुर्वेद कॉलेज और अस्पताल, इंदौर, इंदौर 452016, मध्य प्रदेश	मध्यप्रदेश	आयुर्वेद	अस्वीकृत
7	इंडेक्स आयुर्वेदिक कॉलेज, अस्पताल और अनुसंधान केंद्र, इंदौर, मध्य प्रदेश-452016	मध्यप्रदेश	आयुर्वेद	अस्वीकृत
8	शिवशंभु आयुर्वेदिक मेडिकल कॉलेज, सोलापुर-413304, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	अस्वीकृत
9	आनंदराव देशमुख आयुर्वेदिक मेडिकल कॉलेज सांगली-415409, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	अस्वीकृत
10	श्री समर्था आयुर्वेद मेडिकल कॉलेज रिधोरा, अकोला, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	अस्वीकृत
11	श्री सुखमणि आयुर्वेदिक चिकित्सा और अनुसंधान संस्थान, डेरा बरसी, पंजाब-140507	पंजाब	आयुर्वेद	अस्वीकृत
12	कमल गांधी शहीद मेमोरियल आयुर्वेदिक कॉलेज और अस्पताल, नवांशहर-144514, पंजाब	पंजाब	आयुर्वेद	अस्वीकृत
13	श्रीवेदा आयुर्वेद आयुर्विज्ञान और अस्पताल, हैदराबाद-501510, तेलंगाना	तेलंगाना	आयुर्वेद	अस्वीकृत
14	आईआईई आयुर्वेदिक मेडिकल कॉलेज और ज्ञान संजीवनी अस्पताल हापुड़ - 245205,	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत

15	हिंद आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, गुलरिहा, सीतापु,	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
16	वीएमवाई आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, मऊ-221603, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
17	महात्मा गांधी आयुर्वेदिक मेडिकल कॉलेज और अनुसंधानकेन्द्र. लखनऊ, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
18	एलबीएस आयुर्वेदिक मेडिकल कॉलेज और अस्पताल और अनुसंधानकेन्द्र, बरेली-262406, ऊपर	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
19	केरियर आयुर्वेदिक मेडिकल कॉलेज और अनुसंधान केंद्र, लखनऊ-226013, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
20	देव भूमि आयुर्विज्ञान कॉलेज और अस्पताल, सहारनपुर-247001, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
21	विठ्ठल पाटिल आयुर्वेदिक कॉलेज और अनुसंधान केंद्र केल कोल्हापुर-416205, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	अस्वीकृत
22	अन्ना गौरी आयुर्वेद मेडिकल कॉलेज अस्पताल और अनुसंधान केंद्र, तिरुपति, आंध्र प्रदेश	आंध्रप्रदेश	आयुर्वेद	अस्वीकृत
23	डॉ. तेरदल आयुर्वेदिक मेडिकल कॉलेज अस्पताल और अनुसंधान केंद्र, बेलगावी कर्नाटक -591304	कर्नाटक	आयुर्वेद	अस्वीकृत
24	केएलई आयुर्वेद संस्थान विद्या नगर, जिला, धारवाड़, कर्नाटक	कर्नाटक	आयुर्वेद	अस्वीकृत
25	मीरा देवी आयुर्वेद मेडिकल कॉलेज और अस्पताल शिवपुरी, एमपी-473995	मध्यप्रदेश	आयुर्वेद	अस्वीकृत
26	यूआरके आयुर्वेदिक कॉलेज और अस्पताल, भोपाल, मध्यप्रदेश	मध्यप्रदेश	आयुर्वेद	अस्वीकृत
27	इंदिरा आयुर्वेद कॉलेज और अनुसंधान केंद्र, अहमदनगर-413201, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	अस्वीकृत

28	सूर्योदय आयुर्वेदिक मेडिकल कॉलेज और स्वास्थ्य विज्ञान, अलवर-301028, राजस्थान	राजस्थान	आयुर्वेद	अस्वीकृत
29	चेट्टीनाड आयुर्वेद मेडिकल स्कूल और अस्पताल, चेंगलपट्टू-603103, तमिल तमिलनाडु	तमिलनाडु	आयुर्वेद	अस्वीकृत
30	चेत्तीनाद सिद्ध चिकित्सा विद्यालय और अस्पताल, चेंगलपट्टू, तमिलनाडु	तमिलनाडु	सिद्ध	अस्वीकृत
31	मोनाड आयुर्वेदिक मेडिकल कॉलेज और अस्पताल/एसवीएस आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, हापुड़, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
32	एसवीएस आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, मेरठ (यूपी)-250401	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
33	चौ. केहर सिंह आयुर्वेदिक मेडिकल कॉलेज, बागपत, 250611	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
34	बीएमबीएल जैन आयुर्वेद कॉलेज, वी.सम्भल- 244410, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
35	एसडीजीआई मेडिकल कॉलेज आयुर्वेद, गाजियाबाद-201015, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
36	राधा गोविंद आयुर्वेद मेडिकल कॉलेज, जिला- संभल, (उत्तर प्रदेश)	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
37	आर.एम. आयुर्वेदिक मेडिकल कॉलेज अस्पताल और अनुसंधानकेंद्र, सीतापुर, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	अस्वीकृत
38	सरदार आयुर्वेद मेडिकल कॉलेज और अस्पताल, विसनगर, गुजरात-384315	गुजरात	आयुर्वेद	आवेदन वापस
39	स्पृथी आयुर्वेदिक मेडिकल कॉलेज और डॉ. एस वी सावदी आयुर्वेदिक अस्पताल, गंगावती- 583227, कर्नाटक	कर्नाटक	आयुर्वेद	आवेदन वापस
40	पं. महावीर प्रसाद मेमोरियल आयुर्वेदिक कॉलेज, शिवपुरी, मध्य प्रदेश	मध्य प्रदेश	आयुर्वेद	आवेदन वापस
41	दत्तकला आयुर्वेदिक मेडिकल कॉलेज और अनुसंधान केंद्र, जिला-पुणे, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	आवेदन वापस

42	एम ए.एन ए. आमदार नरहरि जिरवाल आयुर्वेद मेडिकल कॉलेज और अस्पताल, नासिक-431122, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	अस्वीकृत
43	विद्यादीप आयुर्वेदिक मेडिकल कॉलेज और अनुसंधान केंद्र, सूरत-394110	गुजरात	आयुर्वेद	अस्वीकृत
44	डलिया आयुर्वेद कॉलेज और अस्पताल, अखेड़ा, गुजरात-387540	गुजरात	आयुर्वेद	एलओपी जारी
45	उत्तरांचल मेडिकल कॉलेज ऑफ आयुर्वेद और अनुसंधान, देहरादून- 248007 उत्तराखंड	उत्तराखंड	आयुर्वेद	एलओपी जारी
46	शामराव पाटिल आयुर्वेद अनुसंधान संस्थान केंद्र और अस्पताल, सोलापुर-413113, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
47	मौली आयुर्वेदिक कॉलेज और अस्पताल, मौजे मार्खेल, नांदेड़ - 431718, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
48	गुरु मिश्री आयुर्वेद मेडिकल कॉलेज और मातोश्री बादाम बाई मोतीलालजी देसरदा आयुर्वेद अस्पताल, जालना - 431202, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
49	डॉ. गुणवंतराव सरोदें आयुर्वेद मेडिकल कॉलेज, अस्पताल एवं अनुसंधान केंद्र, जलगांव - 425003, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
50	राजश्री आयुर्वेदिक मेडिकल कॉलेज और अस्पताल - बरेली-243122, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	एलओपी जारी
51	प्रकृति आयुर्वेद मेडिकल कॉलेज और अस्पताल, चित्रदुर्ग , कर्नाटक-577501	कर्नाटक	आयुर्वेद	एलओपी जारी
52	सा. सुरेखाताई प्रकाश कोल्पे आयुर्वेद कॉलेज एवं अनुसंधान केंद्र, अहमदनगर-423602, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
53	डॉ. प्रकाश चंद्र आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, पटना-801109, बिहार	बिहार	आयुर्वेद	एलओपी जारी
54	एमएस आयुर्वेद मेडिकल कॉलेज और अस्पताल, नासिक, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी

55	डॉ. भानुदस ढेरे आयुर्वेद कॉलेज, अहमदनगर, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
56	अत्यराज आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, बरेली- 243504, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	एलओपी जारी
57	राष्ट्रीय आयुर्वेद संस्थान, पंचकूला, हरियाणा-134114	हरियाणा	आयुर्वेद	एलओपी जारी
58	ओडीएम आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, मथुरा- 281204, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	एलओपी जारी
59	महाराणा प्रताप आयुर्वेद कॉलेज और आयुर्विज्ञान, कोठी, मंधना कानपुर नगर-208024, उत्तर प्रदेश	उत्तर प्रदेश	आयुर्वेद	एलओपी जारी
60	श्रीयश आयुर्वेदिक कॉलेज और अस्पताल अनुसंधान केंद्र, औरंगाबाद-431010, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
61	राजश्री आयुर्वेदिक मेडिकल कॉलेज और अस्पताल, बुलढाणा, महाराष्ट्र-443301	महाराष्ट्र	आयुर्वेद	एलओपी जारी
62	डी. पी. गावित आयुर्वेद कॉलेज और अस्पताल, नंदुरबार महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
63	शिवगंगा आयुर्वेद मेडिकल कॉलेज और अनुसंधान केंद्र, सांगली-416410 महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
64	सोमय्या आयुर्वेद मेडिकल कॉलेज और अस्पताल, भद्रावती, 442902 महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
65	रायगढ़ मेडिकल कॉलेज और अस्पताल ऑफ आयुर्वेद, कोतरलिया, रायगढ़, छत्तीसगढ़	छत्तीसगढ़	आयुर्वेद	एलओपी जारी
66	डॉ. सुभाष आयुर्वेद अनुसंधान संस्थान, जूनागढ़-362001, गुजरात	गुजरात	आयुर्वेद	एलओपी जारी
67	अगस्त्य आयुर्वेद मेडिकल कॉलेज और अस्पताल, कोप्पल- 583231, कर्नाटक	कर्नाटक	आयुर्वेद	एलओपी जारी
68	साउ. वंदना एन. तसगांवकर आयुर्वेद महाविद्यालय और अनुसंधान केंद्र, रायगढ़ 410201 महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी

69	अमलतास आयुर्वेद संस्थान, देवास - 455001, मध्य प्रदेश	मध्यप्रदेश	आयुर्वेद	एलओपी जारी
70	स्कूल ऑफ आयुर्वेद विज्ञान, रायसेन, मध्य प्रदेश	मध्यप्रदेश	आयुर्वेद	एलओपी जारी
71	एएईएमएफ न्यू लाइफ आयुर्वेदिक कॉलेज जिला पुणे 412216 महाराष्ट्र	महाराष्ट्र	आयुर्वेद	एलओपी जारी
72	महाराजा आयुर्वेद चिकित्सा विज्ञान एवं प्रौद्योगिकी संस्थान एवं अस्पताल, बेलवाडी, श्रीरंगापटना -571477, कर्नाटक	कर्नाटक	आयुर्वेद	एलओपी जारी
73	पूर्वोत्तर आयुर्वेद संस्थान एवं लोक चिकित्सा अनुसंधान, पासीघाट-791102, अरुणाचल प्रदेश	अरुणाचलप्रदेश	आयुर्वेद	एलओपी जारी
74	पी पी सवानी आयुर्वेदिक कॉलेज और अस्पताल, सूरत, गुजरात	गुजरात	आयुर्वेद	एलओपी जारी
75	रश्मि आयुर्वेद चिकित्सा विज्ञान संस्थान अनुसंधान केंद्र, विजयनगर (डी), कर्नाटक	कर्नाटक	आयुर्वेद	एलओपी जारी
76	गुरु हरगोबिन्द आयुर्वेदिक मेडिकल कॉलेज, बंसल अस्पताल, लुधियाना- 141109, पंजाब	पंजाब	आयुर्वेद	एलओपी जारी
77	एनआरआई आयुर्वेदिक आयुर्विज्ञान, भोपाल, मध्य प्रदेश	मध्यप्रदेश	आयुर्वेद	एलओपी जारी
78	ग्रामोदय आयुर्वेदिक मेडिकल कॉलेज, चित्रकूट सतना, एमपी	मध्यप्रदेश	आयुर्वेद	अगले शैक्षणिक वर्ष 2025-26 के लिए विचारार्थ
79	राजर्षि शाहू महाराज आयुर्वेद कॉलेज, बुलढाणा-443001, महाराष्ट्र	महाराष्ट्र	आयुर्वेद	प्रक्रियाधीन
80	सीवीएम होम्योपैथिक मेडिकल कॉलेज और अस्पताल, आनंद, गुजरात-388121, गुजरात	गुजरात	होम्योपैथी	अनुमति
81	नोबल स्टार होम्योपैथिक मेडिकल कॉलेज और रिसर्च इंस्टीट्यूट, जूनागढ़-362037, गुजरात	गुजरात	होम्योपैथी	अनुमति
82	अर्पित होम्योपैथिक मेडिकल कॉलेज एवं अस्पताल, राजकोट, गुजरात	गुजरात	होम्योपैथी	अनुमति

83	लक्ष्मी चंद्रवंसी होम्योपैथिक मेडिकल कॉलेज अस्पताल एवं अनुसंधान केंद्र, पलामू-822132, झारखंड	झारखंड	होम्योपैथी	सशर्त अनुमति
84	सरकारी होम्योपैथिक मेडिकल कॉलेज और अस्पताल, कठुआ 184152	जम्मू-कश्मीर	होम्योपैथी	सशर्त अनुमति
85	इंडेक्स होम्योपैथिक मेडिकल कॉलेज, अस्पताल और अनुसंधान केंद्र, इंदौर-452016, मध्य प्रदेश	मध्य प्रदेश	होम्योपैथी	अनुमति
86	अमलतास होम्योपैथी संस्थान, देवास 455001, मध्य प्रदेश	मध्य प्रदेश	होम्योपैथी	अनुमति
87	मातोश्री होम्योपैथिक मेडिकल कॉलेज, नासिक - 422105, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	सशर्त अनुमति
88	साई होम्योपैथिक मेडिकल कॉलेज, जिला सोलापुर-413402, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	सशर्त अनुमति
89	आनंद होम्योपैथी कॉलेज, जिला छत्रपति, संभाजीनगर, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अनुमति
90	सिंह साहब होम्योपैथिक मेडिकल कॉलेज एवं अस्पताल, अमरोहा- 244221	उत्तर प्रदेश	होम्योपैथी	अनुमति
91	दयालबाग शैक्षणिक संस्थान, होम्योपैथिक मेडिकल कॉलेज (मानद विश्वविद्यालय), आगरा -282005,	उत्तर प्रदेश	होम्योपैथी	सशर्त अनुमति
92	वाणी पाटिल होम्योपैथिक मेडिकल कॉलेज एवं अस्पताल, अहमदनगर-413706, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत
93	मातोश्री सुलोचना होम्योपैथिक मेडिकल कॉलेज एवं अस्पताल, अहमदनगर-422601, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत
94	मुहम्मद वाहिद होम्योपैथिक मेडिकल कॉलेज और अनुसंधान केंद्र, जालना, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत
95	प्रेरणा होम्योपैथी संस्थान और अस्पताल, परभणी - 431401, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत
96	जिजाऊ होम्योपैथिक मेडिकल कॉलेज, खांडगांव, नांदेड़ 431709, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत

97	प्रभा होम्योपैथी मेडिकल कॉलेज संस्थान, गोरखपुर-273209	उत्तर प्रदेश	होम्योपैथी	अस्वीकृत
98	शालिनताई मेघे होम्योपैथी अस्पताल कॉलेज एवं अनुसंधान केंद्र, नागपुर- 441110, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत
99	दत्ता मेघे कॉलेज ऑफ होम्योपैथी, अस्पताल एवं अनुसंधान केंद्र, वर्धा-442107, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत
100	राँयल होम्योपैथी मेडिकल कॉलेज एवं अस्पताल, नासिक, महाराष्ट्र	महाराष्ट्र	होम्योपैथी	अस्वीकृत

[स्रोत: भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) और राष्ट्रीय होम्योपैथी आयोग (एनसीएच)]

UJJAWALA SCHEME

730. SHRI BASTIPATI NAGARAJU:

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

- the number of persons rescued under the UJJAWALA scheme during the last five years in Andhra Pradesh, district-wise;
- the list of agencies implementing the program in Andhra Pradesh, district-wise;
- the number of seminars/workshops that have been held under the prevention component of the scheme, district-wise and agency-wise; and
- the number of Protective and Rehabilitation Homes that have been set up under the scheme during the last five years, district-wise?

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

- to (d): Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' for Women in difficult circumstances and 'Ujjawala Home' for Prevention of

Trafficking, have been merged and named 'Shakti Sadan Scheme', which is an Integrated Relief and Rehabilitation Home for women in distress situations including trafficked women. It aims at creating a safe and enabling environment for the women in distress situations, to enable them to overcome the difficult circumstances.

The Scheme is a demand driven Centrally Sponsored Scheme, under which funds are directly released to the States/UTs for implementation of the scheme. The States/UTs assess their requirement as per local needs and proposals are approved by the Programme Approval Board (PAB) after discussion with States/UTs. Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises.

The number of women rescued, list of agencies implementing the program, number of seminars/workshops held and number of Protective and Rehabilitative Homes set up under Shakti Sadan Scheme (erstwhile Ujjawala Home Scheme) during the last five years in Andhra Pradesh, district wise as received from the State Government of Andhra Pradesh are given in the enclosed as **Statement**.

STATEMENT

The details of the number of women rescued, list of agencies implementing the program, number of seminars/workshops held and number of Protective and Rehabilitative Homes set up under Shakti Sadan Scheme (erstwhile Ujjawala Home Scheme) during the last five years in Andhra Pradesh, district wise.

			Number of women rescued	
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S. No.	Name of the Agency	Name of the District	2019-20	2020-21	2021-22	2022-23*	2023-24	Total	Number of Workshops conducted
1	Jesus Mary Joseph Social Service Society	Guntur	96	110	115	150	183	654	6
2	Vasavya Mahila Mandli	NTR	Not Started	Not Started	87	102	145	334	5
3	Centre for Rural Action	Ananthapuram	78	75	97	100	104	454	5
4	Sai Likhita Educational Development Society	Ananthapuram	94	120	120	145	186	665	5
5	Bharat Ratna Mahila Mandali	DR. YSR Kadapa	102	130	128	150	174	684	6
Total								2791	27

*Erstwhile Swadhar Greh and Ujjawala Home Schemes have been merged w.e.f.

01.04.2022 and named as Shakti Sadan.

DIRECTIVES OF BCI TO LAW UNIVERSITIES**731. SHRI B. MANICKAM TAGORE :**

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

- (a) the legal grounds on which the Bar Council of India (BCI) issue the directives restricting private law universities from using terms like “India”, “Indian”, “National”, “Bharat”, “Bhartiya”, and “Rashtriya”;
- (b) the reasons for issuance of such directives by the BCI indicating the specific instances of misuse that led to this decision;
- (c) the manner in which such directives affect the autonomy and branding of private law universities in India;
- (d) the details of criteria and justification to exempt the National Law Universities (NLUs) from such directives;
- (e) the process for private law universities to obtain approval from the Union Government to use above said terms;
- (f) the manner in which the BCI ensure compliance with such directives along with penalties proposed to be imposed on non-compliant institutions; and
- (g) the manner in which such directives align with the Emblems and Names (Prevention of Improper Use) Act, 1950, and the measures being taken to prevent misuse of national emblems and names?

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

(a): The Bar Council of India derives its authority to issue these directives from two primary statutes, the Emblems and Names (Prevention of Improper Use) Act, 1950, and the Advocates Act, 1961. Section 3 of the Emblems and Names Act prohibits the use of terms such as “India,” “National,” or “Bharat” for professional or commercial purposes without prior approval from the Central Government. Section 4 further restricts the registration of organizations using these terms unless specifically authorized. The Advocates Act, 1961, empowers the BCI to regulate legal education and establish uniform standards under Section 7 and to frame rules for governance under Section 49. These directives ensure adherence to constitutional principles by preventing misleading impressions of governmental or national endorsement, thereby fostering transparency and fairness.

(b): The BCI issued this directive vide its letter numbers BCI:5386/2024 dated 15.10.2024 in view of several instances of misuse of terms such as “National” and “India,” which created misleading impressions. Misleading titles, such as “National Moot Court Competition,” falsely suggested Government/official endorsement/recognition or national stature. Additionally, terms were used to imply governmental endorsement, attracting sponsorships under false pretenses. Such practices diluted the credibility of genuine national events organized by recognized institutions.

Some specific instances of misuse in the year 2024 itself, before the issuance of the above referred circular and which formed one of the grounds for the issuance of the circular are as :-

1. Viswanath Pasayat Memorial National Moot Court Competition 2024 by Birla Global University, Bhubaneswar [Oct 2-4;]
2. 3rd Lakshmi Chand National Moot Court Competition by LCIT College of Commerce and Science, Bilaspur [September 27-28;]
3. 5th National Moot Court Competition by Career Point University, Hamirpur [May 24-25]

One specific instance involved J.C. College of Law, Guntur, Andhra Pradesh, which announced the “4th National Moot Court Competition” without obtaining the necessary authorization after issuance of the above referred circular. The BCI issued a Show Cause Notice (No. BCI: 2316:2024) on November 11, 2024. The college responded promptly, offering an unconditional apology and rectifying the error within 24 hours by removing the term “National” from promotional materials. Based on their corrective measures, the BCI emphasized compliance and refrained from punitive actions, highlighting its approach of corrective enforcement over penalties.

(c): The directive does not impede the autonomy of private law universities. Institutions retain the freedom to organize events and promote their initiatives, provided they avoid using restricted terms without appropriate approvals. By promoting fair practices, the directive ensures that no institution gains undue advantages through deceptive branding. This encourages transparency, ensuring that events are accurately represented, and enhances credibility when institutions adhere to these guidelines. The directive ultimately creates a level playing field, supporting fairness and trust in the legal education system.

(d): National Law Universities (NLUs) has been established under State Legislations, with terms like "National" integral to their identity. Their events often involve significant participation and given their reputation carry importance. These institutions qualify for exemptions as their statutory basis provides justification for using restricted terms. However, as per the above referred circular of BCI, even NLUs must notify the Central Government for approval when organizing events having restricted terms. This ensures that the use of terms "National" remains transparent and complies with the guidelines, while acknowledging the stature and mandate of NLUs. Similarly, Departments of Law within Central Universities or State Universities, which are Government funded institutions, may also use these terms, when the event displays such character, provided they comply with the process of formal intimation to the Central Government. This condition ensures that entities whether statutory or government are facilitated in organizing genuine national-level events. The Ministry of Law and Justice, Department of Legal Affairs reserves the right to review and request further details or deny usage as it may deem fit and necessary.

(e): Private law universities seeking to use terms such as "India," "National," or "Bharat" must submit an application to the Department of Legal Affairs, Ministry of Law and Justice. The application should include the proposed event title, purpose, justification for using the restricted term, and details of participation and scope. The Ministry will evaluate whether the event aligns with national importance and communicate its decision, providing reasons for approval or rejection.

(f): The BCI ensures compliance through regular monitoring of event materials, websites, and online platforms. It acts on grievances reported by stakeholders. For instance, J.C. College of Law's misuse of the term "National" prompted the issuance of a Show Cause Notice. The college's immediate corrective action emphasized compliance over penalties.

Proposed penalties for violations include issuing Show Cause Notices requiring explanations, revocation of recognition/ approval for persistent violations, legal prosecution under the Emblems and Names Act, and restrictions on organizing future events. This approach prioritizes corrective measures while maintaining accountability.

(g): The directive aligns with the Emblems and Names Act by preventing unauthorized use of restricted terms, thereby promoting fairness, transparency, and integrity in the given area of the legal education. It ensures that events are accurately represented and not misleadingly associated with national or government endorsement. The example of J.C. College of Law illustrates the BCI's balanced approach to enforcement, focusing on compliance and corrective measures over punitive actions. This promotes a trustworthy and equitable legal education ecosystem in India.

TECHNOLOGY DEVELOPMENT FUND SCHEME

732. SHRI RAJESH VERMA:

DR. SHRIKANT EKNATH SHINDE:

SHRIMATI SHAMBHAVI:

SHRI NARESH GANPAT MHASKE:

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

- (a) the total funds allocated, disbursed and utilized under the Technology Development Fund Scheme (TDFS) since January 2023;
- (b) the total number of the Micro, Small and Medium Enterprises (MSMEs) and Start-ups supported by the Government to design and develop various defence technologies indigenously under the said scheme since January 2022;
- (c) the details of financial assistance provided by the Government to the said MSMEs and Start-ups during the last 5 years, MSMEs/Start-ups-wise;
- (d) whether the Government has details of the technologies developed under the TDFS as on date; and
- (e) if so, the details thereof?

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

(a) and (b): Yes, Sir. Since January, 2023 a total sum of Rs. 120 Cr. has been allocated and Rs. 43.89 Cr. has been disbursed as grant-in-aid to the industries under the TDF Scheme and 16 MSMEs and 20 Startups have been supported under the TDF Scheme since January, 2022.

(c): During the last Five years, 42 projects of cost Rs. 182.41 Cr. to MSMEs and 25 projects of cost Rs. 59.47 Cr. to Startups have been sanctioned under the TDF scheme.

(d) and (e): Yes, Sir. As of now, 26 technologies have been successfully developed. The details of the technologies successfully developed are attached as enclosed **Statement**.

STATEMENT

The details of the technologies successfully developed

Sl. No.	Successfully developed Technologies
1.	AVPSM, ARINC 818 for an Advance Military Aircraft
2.	SMFD (Smart Multi-Functional Display) for an advance Military Aircraft
3.	40TPH Pump (Submersible for watering and dewatering) for Indian Naval Ship
4.	125 TPH Pump (Recirculation Pump) for Indian Naval Ship
5.	Pru Decorp 340mg capsule for decontamination CS/TL from body during Nuclear Emergency
6.	Pru Decorp Mg 500mg capsule for decontamination CS/TL from body during Nuclear Emergency
7.	Development of Health Usage and Monitoring System (HUMS) for MIG 29K
8.	Development of WT/GT (Water Tight/Gas Tight) EMI/EMC compliant doors for Naval pltfoms
9.	Development of WT/GT (Water Tight/Gas Tight) EMI/EMC compliant Hatches for Naval platforms
10.	V/UHF Blade Antenna for Aircraft Application
11.	Development of Temperature Transducer for Aircraft Application
12.	Propellant and Thruster for Low Orbit Satellite using Ethanol and Hydrogen peroxide propellant system
13.	Propellant and Thruster for Low Orbit Satellite using non toxic Hydrazine Nano propellant system
14.	VLF Loop Aerial system for U/W platform
15.	VLF-HF Matrix for U/W Platform
16.	AI based detection of a person based on physiological parameters
17.	Software to predict sensor reading within Noncontact strain measurement
18.	Software for virtual sensor implementation in AGTE for strain measurement

19.	Virtual sensor for compressor and turbine tip measurement in AGTE
20.	Development JT cryocooler for missile application
21.	Multi therapeutic technologies seeking for faster healing
22.	Development of Simulator for Unmanned Ground, Marine (Sea-surface and Underwater) and Aerial Vehicles
23.	Development of Tools for Data Assessment Active learning and Believability for Visual Data
24.	Autonomous Drone as first responder for search and report mission in enclosed/indoor environment
25.	Surge relief valve for F1F2, F1A tank, wing tank
26.	AC double ended fuel booster pump for aircraft application

पंजाब में बीआरओ द्वारा सड़कों का निर्माण

733. श्री सुखजिंदर सिंह रंधावा:

श्री शेर सिंह घुबाया:

क्या **रक्षा मंत्री** यह बताने की कृपा करेंगे कि:

- (क) सीमा सुरक्षा बल के अधीन पंजाब में पाकिस्तान सीमा से सटे पंजाब क्षेत्र में सीमा सड़क संगठन (बीआरओ) द्वारा कितनी सड़कें बनाई गई हैं तथा कितनी दूरी के बाद पंजाब सरकार का नियंत्रण शुरू हो जाता है;
- (ख) गत दो वर्षों के दौरान पंजाब में विशेषकर गुरदासपुर, पठानकोट में बीआरओ द्वारा निर्मित सड़कों/निर्माण किए जाने हेतु प्रस्तावित सड़कों का ब्यौरा क्या है; और
- (ग) गुरदासपुर, पठानकोट और फिरोजपुर सहित पंजाब का कितना क्षेत्र सीमासड़क संगठन के नियंत्रण में है?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

- (क): पंजाब में सीमा सड़क संगठन (बीआरओ) के अधिकार क्षेत्र (एओआर) में सीमावर्ती जिलों की सड़कें आती हैं और इनकी कुल लंबाई 338.5 किलोमीटर है। सीमा सुरक्षा बल (बीएसएफ) तथा पंजाब

राज्य सरकार के बीच क्षेत्राधिकार संबंधी नियंत्रण का रखरखाव, यदि कोई हो, इस मंत्रालय द्वारा नहीं किया जाता है।

(ख): पंजाब में पिछले दो वर्षों में बीआरओ द्वारा निर्मित/निर्माण हेतु प्रस्तावित सड़कों की कुल लंबाई 123.4 किलोमीटर है जिसमें से 29 किलोमीटर सड़क पठानकोट जिले में स्थित है, जिसका ब्यौरा इस प्रकार है:-

क्र. सं.	जिला	सड़क का नाम	सड़क की लंबाई (किमी.)	वर्तमान स्थिति
वित्तीय वर्ष 2022-23 एवं 2023-24				
(क)	पठानकोट	परमानन्द-तारागढ़-कथलौर-एनजेएस-पैरोल	23.3	कार्य सम्पन्न हो गया है
(ख)	पठानकोट	पहाड़पुर-सिम्बल	5.7	कार्य प्रगति पर है
(ग)	गुरदासपुर	शून्य		

(ग): पंजाब राज्य में गुरदासपुर, पठानकोट और फिरोजपुर सहित सीमा सड़क संगठन (बीआरओ) की अधिकार क्षेत्र (एओआर) में सड़क की कुल लंबाई 338.5 किलोमीटर है।

मेडिकल कॉलेज में रिक्तियां

734. श्री राधेश्याम राठिया:

श्री देवेश शाक्य:

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

(क) क्या सरकार ने देश भर के जिला अस्पतालों और मेडिकल कॉलेजों में बड़ी संख्या में डॉक्टरों के रिक्त पदों को भरने के लिए कोई कदम उठाया है/उठाने का विचार है;

(ख) यदि हां, तो सैफई, एटा, कासगंज, इटावा, औरैया, कन्नौज सहित उत्तर प्रदेश और छत्तीसगढ़ के अन्य जिलों का ब्यौरा क्या है;

(ग) इन रिक्त पदों को कब तक भरे जाने की संभावना है;

(घ) छत्तीसगढ़ और उत्तर प्रदेश सहित देश भर के मेडिकल कॉलेजों में उपकरणों, बुनियादी ढांचे और बुनियादी सुविधाओं की कमी के मुद्दे को दूर करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं या उठाए जाने का प्रस्ताव है;

(ङ) क्या इन जिलों में मरीजों को दी जा रही दवाइयां पर्याप्त मात्रा में उपलब्ध हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(च) क्या संचारी रोगों की रोकथाम के लिए क्रियान्वित की जा रही योजनाएं पर्याप्त हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(छ) क्या इन योजनाओं का लाभ लोगों तक पहुंच रहा है, 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): स्वास्थ्य मानव संसाधन से संबंधित सभी प्रशासनिक और कार्मिक मामले संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधीन हैं। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय राज्यों/ संघ राज्य क्षेत्रों प्रदेशों को समग्र संसाधन सीमा के भीतर उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्रस्तुत की गई आवश्यकताओं के आधार पर उनकी स्वास्थ्य परिचर्या प्रणालियों को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान करता है।

एनएचएम के तहत, देश के ग्रामीण और दूर-दराज के क्षेत्रों में विशेषज्ञ डॉक्टरों को प्रैक्टिस करने के लिए प्रोत्साहित करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानदेय दिए गए हैं:

- ग्रामीण और दूर-दराज के क्षेत्रों में सेवा करने के लिए और उनके आवासीय क्वार्टरों के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ते दिए जाएं ताकि वे ऐसे क्षेत्रों में सार्वजनिक स्वास्थ्य सुविधा केंद्रों में सेवा करने के लिए आकृष्ट हों।

- ग्रामीण और दूरस्थ क्षेत्रों में सिजेरियन सेक्शन के लिए विशेषज्ञों की उपलब्धता बढ़ाने के लिए स्त्री रोग विशेषज्ञ/आपातकालीन प्रसूति परिचर्या (ईएमओसी) प्रशिक्षित, बाल रोग विशेषज्ञ एवं एनेस्थेटिस्ट/लाइफ सेविंग एनेस्थीसिया स्किल्स (एलएसएस) प्रशिक्षित चिकित्सकों को मानदेय भी प्रदान किया जाता है।
- डॉक्टरों के लिए विशेष प्रोत्साहन, समय पर प्रसवपूर्व जांच (एएनसी) जांच और रिकॉर्डिंग सुनिश्चित करने के लिए एएनएम के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य कार्यकलापों के संचालन के लिए प्रोत्साहन दिया जाता है।
- राज्यों को विशेषज्ञ को आकर्षित करने के लिए नेगोशिएबल वेतन की पेशकश करने की भी अनुमति है, जिसमें "यू कोट वी पे" जैसी कार्यनीतियों में लचीलापन शामिल है।
- एनएचएम के अंतर्गत गैर-मौद्रिक प्रोत्साहन जैसे दुर्गम क्षेत्रों में सेवारत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में अधिमान्य प्रवेश और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार करना भी शुरू किया गया है।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत डॉक्टरों के बहु-कौशल के लिए सहायता प्रदान की जाती है। स्वास्थ्य परिणामों में सुधार करने के लिए राष्ट्रीय ग्रामीण स्वास्थ्य मिशन के अंतर्गत मौजूदा मानव संसाधन का कौशल उन्नयन एक अन्य प्रमुख कार्यनीति है।

मेडिकल कॉलेज मुख्य रूप से राज्य सरकारों के प्रशासनिक नियंत्रण में आते हैं और इन कॉलेजों में रिक्त पदों को राज्य सरकारों द्वारा भरा जाता है।

(ख) और (ग): उत्तर प्रदेश और छत्तीसगढ़ राज्यों सहित जिला अस्पतालों में डॉक्टरों का राज्य/संघ राज्य क्षेत्रवार विवरण स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट यूनिफॉर्म रिसोर्स लोकेटर (यूआरएल) पर निम्नानुसार उपलब्ध है:

[https://mohfw.gov.in/sites/default/files/Health%20Dynamics%20of%20India%20%28Infrastructure%20%26%20Human%20Resources%29%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)

(घ): देश में स्वास्थ्य और परिवार कल्याण मंत्रालय एमबीबीएस सीटें और पीजी सीटें बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन के लिए केंद्र प्रायोजित योजनाओं (सीएसएस) का संचालन करता है। इन योजनाओं के तहत, सरकारी मेडिकल कॉलेजों में यूजी/पीजी सीटें बढ़ाने के लिए सिविल कार्यों, उपकरणों और फर्नीचर के लिए सहायता प्रदान की जाती है, जिसकी लागत सीमा 1.20 करोड़ रुपये प्रति सीट है, जिसे केंद्र और राज्य सरकारों के बीच पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 और अन्य के लिए 60:40 के अनुपात में साझा किया जाएगा।

देश में एमबीबीएस सीटें बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों के उन्नयन के लिए सीएसएस के तहत, 17 राज्यों में 83 सरकारी मेडिकल कॉलेजों (यूपी में 7 और छत्तीसगढ़ में 3 सहित) को 4977 एमबीबीएस सीटें बढ़ाने के लिए अनुमोदित किया गया है, जिसमें यूपी में 432 एमबीबीएस सीटें और छत्तीसगढ़ में 150 एमबीबीएस सीटें शामिल हैं।

साथ ही, 'नए पीजी विषयों को शुरू करने और पीजी सीटों को बढ़ाने के लिए राज्य सरकार के मेडिकल कॉलेजों को सुदृढ़ करने और उन्नत बनाने' के लिए सीएसएस के तहत, उत्तर प्रदेश में 556 पीजी सीटों और छत्तीसगढ़ में 79 पीजी सीटों सहित 8058 सीटों को 2 चरणों में अनुमोदित किया गया है।

(ङ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत आवश्यक दवाओं की उपलब्धता सुनिश्चित करने के लिए सरकार ने निःशुल्क औषधि सेवा पहल (एफडीएसआई) शुरू की है। इसके तहत, राज्यों/संघ राज्य क्षेत्रों को उनके समग्र संसाधन सीमा के भीतर उनके कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में उनके द्वारा बताई गई आवश्यकताओं के आधार पर सार्वजनिक स्वास्थ्य सुविधाओं में निःशुल्क आवश्यक दवाओं के प्रावधान के लिए वित्तीय सहायता प्रदान की जाती है।

इस योजना के तहत औषधियों की खरीद और खरीद की मजबूत प्रणाली को सुदृढ़ करने/स्थापित करने, गुणवत्ता आश्वासन, आपूर्ति श्रृंखला प्रबंधन और भंडारण, नुस्खे लेखा परीक्षण,

शिकायत निवारण, मानक उपचार दिशानिर्देशों के प्रसार और आवश्यक दवाओं की खरीद और उपलब्धता की वास्तविक स्थिति की निगरानी के लिए आईटी सक्षम प्लेटफॉर्म डीवीडीएमएस (ड्रग्स एंड वैक्सीन डिस्ट्रीब्यूशन मैनेजमेंट सिस्टम) की स्थापना के लिए सहायता उपलब्ध है।

(च) और (छ): स्वास्थ्य राज्य का विषय है। स्वास्थ्य और परिवार कल्याण मंत्रालय विभिन्न संचारी रोगों की रोकथाम और नियंत्रण के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तत्वावधान में राष्ट्रीय वेक्टर जनित रोग नियंत्रण कार्यक्रम (एनवीबीडीसीपी), राष्ट्रीय टीबी उन्मूलन कार्यक्रम (एनटीईपी), राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम (एनएलईपी) और राष्ट्रीय वायरल हेपेटाइटिस नियंत्रण कार्यक्रम (एनवीएचसीपी) सहित विभिन्न योजनाओं के माध्यम से राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

कार्यक्रमों के कुछ प्रमुख परिणाम निम्नानुसार हैं:

- वर्ष 2014 की तुलना में वर्ष 2023 में मलेरिया के मामलों और मौतों में क्रमशः 79.35% और 85.07% की कमी आई है।
- प्रति 10,000 जनसंख्या पर <1 कालाजार मामले के उन्मूलन लक्ष्य को प्राप्त करने वाले कालाजार स्थानिक ब्लॉकों का प्रतिशत वर्ष 2023 के अंत तक 100% है।
- डेंगू के लिए केस मृत्यु दर (सीएफआर) को 1 प्रतिशत से कम रखने का राष्ट्रीय लक्ष्य प्राप्त कर लिया गया था।
- वैश्विक टीबी रिपोर्ट के अनुसार, प्रति 1,00,000 जनसंख्या पर तपेदिक के मामले वर्ष 2015 में 237 से घटकर वर्ष 2023 में 195 हो गई है और मृत्यु दर वर्ष 2015 में 28 से घटकर वर्ष 2023 में 23 हो गई है।
- प्रति 10,000 जनसंख्या पर 1 से कम कुष्ठ रोग वाले जिलों की संख्या वर्ष 2014-15 में 542 से बढ़कर वर्ष 2023-24 में 634 हो गई है।

AIIMS SATELLITE CENTRE**735. DR. VINOD KUMAR BIND:****SHRI PRATAP CHANDRA SARANGI:**

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

- (a) whether it is true that AIIMS Satellite Centre has not been fully operational even after having completed more than ten years, if so, the details therefor;
- (b) whether the Government is aware of the fact that the entire infrastructure is susceptible going to be damaged being not in use and if so, the details thereof; and
- (c) the time by which it is likely to be made fully operational along with the steps taken/proposed to be 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 (PRATAPRAO GANPATRAO JADHAV):

(a) to (c) In new AIIMS set up under PMSSY, the construction of Out Patient Block of Satellite Centre of AIIMS Bhubaneswar at Balasore was completed in 2022 and currently Outpatient Services are provided for two days a week by the doctors and staff from AIIMS Bhubaneswar. More than 20,000 patients have availed of the service. Approval has also been accorded for setting up of a 280 bedded Satellite Centre of AIIMS Rishikesh at Udham Singh Nagar, Uttarakhand at a project cost of Rs.494.00 crore. The project work has started in August, 2023.

ATTACK ON INDIAN FISHERMEN BY SRI LANKAN NAVY**736. SHRI A. RAJA:**

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

(a) whether any representations/letter have been received recently from MPs and CM from Tamil Nadu regarding continuous attack on Indian fishermen by Sri Lankan Navy, especially in the months of September to November;

(b) if so, the details thereof;

(c) whether any fishermen arrested by Sri Lankan Navy are still detained as on date or facing court proceedings there;

(d) if so, the details thereof along with action taken/proposed to be taken by India to provide relief to the arrested fishermen and recovery of the seized trawlers/boats;

(e) whether this issue was discussed with the newly elected President of Sri Lanka with a view to finding a solution; and

(f) if so, the details thereof?

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

(a) and (b) The Ministry has received communications from the Tamil Nadu Chief Minister, some Members of Parliament and various political personalities regarding apprehension of Indian fishermen by Sri Lankan authorities.

(c) to(f) Indian fishermen are arrested from time to time by Sri Lankan authorities for allegedly crossing the International Maritime Boundary Line (IMBL) and fishing in Sri Lankan waters. As per available information, as of 22 November 2024, 141 Indian fishermen are in Sri Lankan custody, of whom 45 fishermen are under trial

while 96 are currently serving sentences. With respect to boats, a total of 198 Indian fishing vessels are presently in Sri Lankan custody. The apprehended Indian fishermen have been provided with all necessary consular and legal assistance by our High Commission in Colombo and Consulate in Jaffna. With sustained diplomatic efforts, the Government has secured the release of and repatriation of 363 fishermen, with an additional 12 fishermen released and currently in the process of being repatriated.

Government of India attaches the highest priority to the safety, security and welfare of Indian fishermen. Government has been taking up fishermen-related issues, including the early release and repatriation of Indian fishermen and fishing boats, at the highest level. The matter was also raised recently by the External Affairs Minister during his meeting with the new political leadership of Sri Lanka during his visit to Colombo on 04 October 2024.

The Sri Lankan Government has been repeatedly requested to treat the fishermen issue as a humanitarian and livelihood concern. It has been stressed that force should not be used under any circumstances.

Regular meetings of the bilateral Joint Working Group on fisheries, which includes representatives from the Government of Tamil Nadu, are held to discuss the entire gamut of issues related to fishermen. The last JWG on fisheries was held on 29 October 2024 during which both sides discussed issues related to fishermen.

FOOD SAFETY VIOLATIONS

737. SHRI M. K. RAGHAVAN:

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

(a) whether the Government has noticed an increase in food safety violations in India due to a lack of strict laws and if so, the details thereof;

(b) the measures taken/proposed to be taken by the Government to check the food safety violations;

(c) whether the use of certain substances in food preparations in the country is still permitted in the country that are restricted in other parts of the world including the European Union and USA; and

(d) if so, the details thereof along with the steps being taken to address this issue?

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

(a) and (b): Food Safety and Standards Authority of India (FSSAI) was established in 2008 under Food Safety and Standards Act, 2006 primarily for laying down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption.

The FSS Act includes specific provisions for penal action concerning substandard food, misbranded food, and unsafe food. FSSAI through its regional offices and State/ Union Territories conducts regular surveillance, monitoring, inspection, and random sampling of food products. 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. Further, to extend reach of basic testing facilities even in remote areas, FSSAI has provided mobile food testing labs called Food Safety on Wheels (FSWs).

Details of various samples analysed and found non-conforming during enforcement of various Food Safety and Standards Regulations are as below:-

S.No	Year	No of Samples Analysed	No of Samples found non-conforming	Percentage of Samples found non-conforming(%)
1	2020-21	107829	28347	26.28
2	2021-22	144345	32934	22.81
3	2022-23	177511	44626	25.13
4	2023-24	170513	33808	19.82

(c) and (d) FSSAI formulates the standards of food articles on the basis of risk assessment. The substances permitted for use in food products may vary according to the risk assessment and country specific requirements of regulatory bodies.

In India, the substances permitted as well as prohibited for use in food preparations as per the Food Safety and Standards Regulations are based on the scientific advice provided by the independent risk assessment bodies i.e. Scientific Panels and Scientific Committee considering the country specific requirements.

SANKALP INITIATIVE

738. SHRI K. RADHAKRISHNAN:

ADV. GOWAAL KAGADA PADAVI:

DR. M. P. ABDUSSAMAD SAMADANI:

SHRI K. C. VENUGOPAL:

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

- (a) the details of works taken under the SANKALP initiative so far since its inception, State/UT-wise;
- (b) the number and nature of issues resolved/addressed, State/UT-wise;
- (c) the details of steps taken/proposed to be taken by the Government to assess the effectiveness of SANKALP initiative in empowering women at ground level;
- (d) whether the Government has identified any challenges in operation of such initiative; and
- (e) if so, the details of the steps taken/proposed to be taken by the Government to ensure smooth and optimal operation of such initiative and if not, the reasons therefor?

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

(a) to (e): The SANKALP: Hub for Empowerment of Women (HEW), launched under the Samarthya component of Mission Shakti on 01.04.2022, operates as a Project Management Unit (PMU) to oversee and implement various components of Mission Shakti. Its primary role is to function as a single-window inter-sectoral convergence mechanism for supporting women across the country. The initiative

is structured at three levels- National, State/UT and District, which work in coordination to provide effective outreach and support to women.

Through SANKALP: HEW, information on various components of Mission Shakti and other women-centric schemes/ initiatives of Government of India and States/UTs, is provided to women seeking support. To enable dissemination of information to the women at grassroots level, regular capacity-building training is provided to the staff to ensure that they are well-conversed to discharge their duties, which includes providing them with a 'Standard Operating Procedure (SOP)' and a comprehensive Compendium detailing Central Government women-centric schemes, policies, laws, and legislations. Also, the SANKALP: HEW have been equipped with additional funds for hiring of vehicles for mobility support to outreach activities, to enhance their effectiveness and reach of these awareness efforts.

Additionally, cases such as those related to domestic violence, mental health challenges, and legal assistance are referred to other institutions like OSC (One-Stop Centres), Sakhi Niwas, and Shakti Sadan for further support and intervention. Issues related to data management, technical difficulties with dashboards, and recruitment concerns have been addressed to ensure smooth implementation of welfare schemes.

From 21st June 2024 to 4th October 2024, a '100-day special awareness campaign' was conducted through SANKALP: HEW focusing on women empowerment across all States and Union Territories (UTs), demonstrating the national reach and impact of the initiative. The campaign involved large-scale

efforts to raise awareness about women's rights, health, legal protections, and the government's welfare schemes related to women, where women could openly discuss their daily challenges/needs and seek redressal/assistance.

The details of activities conducted by States/ UTs under SANKALP: HEW are given in the enclosed **Statement** .

STATEMENT

The details of activities conducted by States/ UTs under SANKALP: HEW Initiative so far since its inception

Sl. No.	Details of activities under SANKALP: HEW	Undertaken by State/UT
1.	Awareness on Beti Bachao Beti Padhao	Andaman and N Islands, Arunachal Pradesh, Assam, Bihar, Chandigarh, Goa, Gujarat, Haryana, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Telangana, Uttar Pradesh
2.	Awareness on Women-Centric Legislations	Arunachal Pradesh, Assam, Chhattisgarh, Goa, Haryana, Jammu and Kashmir, Gujarat
3.	Capacity Building/Training on Mission Shakti	Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir
4.	PCPNDT Enforcement Drives	Arunachal Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Jammu and Kashmir
5.	Gender Sensitization Programs	Arunachal Pradesh, Assam, Chhattisgarh, Haryana, Jammu and Kashmir
6.	Legal Awareness/Capacity Building on Legal Aid	Assam, Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir

7.	Training of HEW functionaries on Sexual and Reproductive Health	Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Haryana, Jammu and Kashmir
8.	Celebration of International Women's Day	Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jammu and Kashmir
9.	Awareness on Sexual Harassment at Workplace (POSH Act)	Jammu and Kashmir
10.	Community Mobilization/Participation Week for BBBP	Arunachal Pradesh, Assam, Chhattisgarh, Jammu and Kashmir
11.	Plantation Drives	Arunachal Pradesh, Chhattisgarh, Gujarat
12.	Capacity Building for DHEW and OSC Staff	Arunachal Pradesh, Assam, Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir
13.	Enrolment Drives for Skill Development and Career Counselling	Gujarat, Haryana, Jammu and Kashmir, Ladakh, Madhya Pradesh, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Telangana, Uttar Pradesh
14.	Awareness Camps on Mission Shakti Schemes	Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir
15.	State and District Level IEC Activities	Gujarat
16.	Awareness on Domestic Violence Act	Jammu and Kashmir
17.	Workshops on Basic Computer Skills for Girls	Haryana
18.	Awareness on Laws for Safety and Security of Women and Children	Haryana
19.	Training for School Dropouts	Gujarat, Jammu and Kashmir

20.	Monitoring of Mission Shakti Schemes	Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir
21.	Workshops on Sustainable Farming Techniques	Haryana
22.	Awareness Camps for Women on Menstrual Health and Hygiene	Bihar, Haryana
23.	Awareness Program on Nasha Mukta Bharat Abhiyaan	Jammu and Kashmir
24.	Legal Awareness and Legal Aid Programs	Ladakh, Madhya Pradesh, Meghalaya, Mizoram, Punjab, Sikkim, Rajasthan, Uttar Pradesh
25.	Health and Reproductive Rights Awareness	Ladakh, Madhya Pradesh, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Tamil Nadu, Uttar Pradesh

PROGRESS OF THE NATIONAL FAMILY HEALTH SURVEY

739. SHRI ANURAG SINGH THAKUR:

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

- (a) the current status along with the timeline fixed for the completion of the National Family Health Survey-6 (NFHS-6);
- (b) the steps taken to ensure data accuracy and comprehensive coverage across urban and rural regions;
- (c) whether any preliminary findings from the NFHS-6 have highlighted areas for targeted health interventions and if so, details thereof along with response of the Government in this regard; and

(d) the manner in which the insights from NFHS-6 contribute to shaping future health policies/ addressing emerging health challenges in the country?

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

(a) to (d): Ministry of Health and Family Welfare conducts an integrated survey namely National Family Health Survey (NFHS) with a periodicity of around three years. The NFHS provides national and state level data for several indicators and district level data for important indicators. The results help to assess the progress made over time for most of the indicators.

The field work for NFHS-6 was commenced in May, 2023. The NFHS-6 data collection is divided into two phases. Data collection work has already been completed for the States/UTs under phase-1 and 95% fieldwork completed in States/UTs included in phase-2.

A uniform sample design, which is representative at National, State/UT, and district level is adopted in each round of the survey. Overall sample size is decided based on several considerations, with the primary consideration being the requirement to provide estimates for indicators at the district, State/UT, and National levels. Several standard protocols and strategies are adopted in NFHS to minimize non-sampling errors and maintain data quality such as, multi level monitoring and supervision of fieldwork; use of Computer Assisted Personal Interviewing (CAPI) for collecting data; centralized training for uniformity in survey implementation; standardized tools and procedures; Clinical, Anthropometric, and

Biochemical (CAB) protocols followed as per international standards; secondary editing of data in the field; feedback to field teams based on real-time data, etc.

The NFHS also provides evidence on the effectiveness of ongoing health related programmes, which are implemented by the Government of India. It also helps in identifying new areas where policies and programmes is required. NFHS results contribute in effectively shaping the future health policies to address the emerging health challenges faced by the policy-makers and programme implementing agencies for setting the benchmarks.

पासपोर्ट सेवा केंद्र (पीएसके)

740. डॉ. मन्ना लाल रावत:

श्री बृजमोहन अग्रवाल:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

(क) वर्ष 2014-24 के दौरान देश में खोले गए/कार्यरत पासपोर्ट सेवा केन्द्रों (पीएसके) की संख्या कितनी है तथा इसके लिए आवंटित धनराशि का वर्ष-वार और छत्तीसगढ़ एवं राजस्थान सहित राज्य-वार ब्यौरा क्या है ;

(ख) उक्त अवधि के दौरान देश भर में राजस्थान सहित राज्य-वार लंबित पासपोर्ट आवेदनों की संख्या कितनी है;

(ग) सरकार द्वारा आवेदनों को समयबद्ध तरीके से निपटाने के लिए क्या सुधारात्मक उपाय किए गए हैं/प्रस्तावित हैं;

(घ) क्या सरकार के पास विशेष रूप से छत्तीसगढ़ के रायपुर लोक सभा संसदीय निर्वाचन क्षेत्र में और अधिक पासपोर्ट सेवा केन्द्र खोलने का कोई प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इसके लिए कितनी धनराशि आवंटित की गई है;

(ड.) क्या सरकार के पास उदयपुर के पीएसके संचालन को क्षेत्रीय पासपोर्ट कार्यालय में उन्नत करने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(च) क्या सरकार के पास छात्रों की सुविधा के लिए तत्काल पासपोर्ट जारी करने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) भारत में कुल 93 पासपोर्ट सेवा केंद्र (पीएसके) और 442 डाकघर पासपोर्ट सेवा केंद्र (पीओपीएसके) खुले/कार्यरत हैं। पीएसके/पीओपीएसके की राज्य-वार और वर्ष-वार स्थापना का व्यौरा संलग्न **विवरण-I** में दिया गया है। पासपोर्ट संबंधी गतिविधियों के लिए वर्ष 2024-25 के लिए आवंटित बजट अनुमान 924.13 करोड़ है। इसमें टीसीएस, डाक विभाग, राज्य/संघ राज्य क्षेत्र सरकारों, एसटीसी, आईएसपी नासिक को दिए जाने वाले सेवा शुल्क और 37 आरपीओ से संबंधित व्यय शामिल हैं।

(ख) पासपोर्ट जारी करने में लंबित मामले क्षेत्रीय पासपोर्ट कार्यालयों के अनुसार अनुरक्षित किए जाते हैं। लंबित मामलों की सूची का व्यौरा संलग्न **विवरण-II** में दिया गया है।

(ग) मांग में वृद्धि के कारण, मंत्रालय पासपोर्ट जारी करने में तेजी लाने और पासपोर्ट की उच्च तथा व्यस्ततम-समय अनुसार मांग को पूरा करने के लिए लगातार काम करता रहा है, जिसमें दैनिक अपॉइंटमेंट की संख्या में वृद्धि और सप्ताहांत पर विशेष अभियान आयोजित करना शामिल है। विशेष अभियान के तहत लंबित मामलों को निपटाने के लिए मंत्रालय और अन्य क्षेत्रीय पासपोर्ट कार्यालयों के कर्मचारियों को भी तैनात किया जा रहा है।

सरकार ने पासपोर्ट जारी करने की प्रक्रिया को कई तरीकों से सरल बनाया है। पासपोर्ट जारी करने की प्रक्रिया को सरल, उदार और आसान बनाने के लिए, मंत्रालय ने पासपोर्ट नीति को सरल बनाने की दिशा में कई कदम उठाए हैं, जिससे भारत के नागरिकों को पासपोर्ट के लिए आवेदन करने और पासपोर्ट प्राप्त करने में लाभ हुआ है। पासपोर्ट पोर्टल (www.passportindia.gov.in) उपयोगकर्ता-

अनुकूल है, जो भारत में कहीं से भी और कभी भी किसी के लिए भी सुलभ है। कोई भी आवेदक भारत में कहीं से भी पासपोर्ट के लिए आवेदन कर सकता है। इस नागरिक-अनुकूल पहल ने आवेदकों को यह विचार किए बिना कि आवेदन पत्र में विनिर्दिष्ट वर्तमान आवासीय पता चयनित आरपीओ के अधिकार क्षेत्र में आता है या नहीं, ऐसे पासपोर्ट कार्यालय (पीओ) और इस प्रकार क्षेत्रीय पासपोर्ट कार्यालय (आरपीओ) के तहत वांछित पीएसके/पीओपीएसके चुनने में सक्षम बनाया है, जहां वे अपना आवेदन जमा करना चाहते हैं। नागरिक एमपासपोर्ट सेवा मोबाइल ऐप पर पासपोर्ट सेवाओं के लिए आवेदन कर सकते हैं, भुगतान कर सकते हैं और अपॉइंटमेंट निर्धारित कर सकते हैं, और पासपोर्ट सेवाओं हेतु आवेदन करने के लिए उन्हें कंप्यूटर और प्रिंटर की आवश्यकता नहीं है। एमपासपोर्ट सेवा मोबाइल ऐप उपयोगकर्ताओं को पासपोर्ट सेवाओं के लिए आवेदन करने, भुगतान करने और अपॉइंटमेंट निर्धारित करने में सक्षम बनाता है। यह पासपोर्ट संबंधी जानकारी भी प्रदान करता है, जिसमें पीएसके/पीओपीएसके का स्थान, लागू शुल्क, जमा करने के तरीके और स्मार्ट फोन पर पासपोर्ट आवेदन की स्थिति को ट्रैक करना शामिल है। मंत्रालय के एमपासपोर्ट पुलिस ऐप का उपयोग पुलिस अधिकारियों द्वारा कागज रहित डिजिटल माध्यम से आवेदकों के पिछले रिकॉर्ड के सत्यापन के लिए किया जा रहा है।

इसके अलावा, डिजिलॉकर को पासपोर्ट सेवा कार्यक्रम (पीएसपी) प्रणाली के साथ सफलतापूर्वक एकीकृत किया गया है, जिससे नागरिक पासपोर्ट सेवाओं के लिए आवश्यक विभिन्न दस्तावेजों को डिजिलॉकर के माध्यम से कागज रहित तरीके से जमा कर सकते हैं। पासपोर्ट के शीघ्र जारी करने के लिए एक 'तत्काल योजना' है। ट्रांसजेंडर समुदाय के लिए पासपोर्ट जारी करने की प्रक्रिया को और अधिक समावेशी बनाने के लिए, सरकार ने पुरुष से महिला या महिला से पुरुष लिंग परिवर्तन के बाद पासपोर्ट में नाम और लिंग परिवर्तन के उद्देश्य से ट्रांसजेंडर व्यक्ति (अधिकारों का संरक्षण) अधिनियम, 2019 के तहत जारी किए गए पहचान प्रमाण पत्र/पहचान पत्र को स्वीकार करने के लिए दिशा-निर्देश जारी किए हैं।

(घ) छत्तीसगढ़ के महासमुंद लोकसभा निर्वाचन क्षेत्र के अलावा प्रत्येक लोकसभा निर्वाचन क्षेत्र (एलएससी) में एक पीएसके/पीओपीएसके है, क्योंकि वहाँ डाक विभाग (डीओपी) द्वारा आज तक कोई स्थान उपलब्ध नहीं कराया गया है। मंत्रालय द्वारा अपने स्वीकृत बजट अनुदान से डाक विभाग को प्रत्येक पीओपीएसके की स्थापना के लिए 3 लाख रुपये की राशि का भुगतान किया जाता है।

(ङ) मंत्रालय पासपोर्ट सेवा केंद्र (पीएसके), उदयपुर को पूर्ण पासपोर्ट सेवा केंद्र (पीएसके) में उन्नत करने तथा इसे उन्नत एवं वर्धित सुविधाओं के साथ नए स्थान पर स्थानांतरित करने के संबंध में संबंधित हितधारकों के साथ गहन परामर्श कर रहा है।

(च) जहां तक छात्रों को शीघ्र पासपोर्ट सेवाएं प्रदान करने का संबंध है, वे अपेक्षित शुल्क का भुगतान करके तत्काल श्रेणी के अंतर्गत पासपोर्ट के लिए आवेदन कर सकते हैं और अपेक्षित दस्तावेज पूरे करने के बाद, उनकी सुविधा के लिए पासपोर्ट शीघ्र जारी किया जाता है।

राज्य एवं संघ शासित प्रदेश	वर्ष																					
	2014		2015		2016		2017		2018		2019		2020		2021		2022		2023		2024	
	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके	पीएसके	पीओपीएसके
ओडीशा	1						3		4		13											
पुडुचेरी									1													
पंजाब	7						2		3		4											
राजस्थान	3					1	5		11		8											
तमिलनाडु	8			1			2		8		19											
तेलंगाना	5		1				2		5		7											
त्रिपुरा											1											
उत्तर प्रदेश	6						6		24		18								1			2
उत्तराखंड	1								6													
पश्चिम बंगाल	2		2			1	4		11		25											
कुल योग	77	0	7	0	3	0	5	59	0	195	0	170	0	2	0	2	1	2	0	4	0	8

विवरण-II

आरपीओ अनुसार लंबित मामले (2014 – 31 अक्तूबर 2024)

आरपीओ	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
सीपीवी दिल्ली	167	275	436	107	49	141	112	49	7	91	6
अहमदाबाद	6339	4586	1349	2440	9020	6162	3890	6966	4278	16818	3831
अमृतसर	1363	740	18	19	1199	1861	55	1302	643	4796	1223
बरेली	24474	17477	1756	3698	8508	19869	1851	12804	4882	12452	10666
बेंगलुरु	5289	1807	10913	12468	13215	5645	2609	4246	17597	10170	17851
भोपाल	2141	638	274	2402	1599	2343	1141	1888	460	871	1512
भुवनेश्वर	636	59	16	170	7755	7135	2238	1746	3464	5067	5174
चंडीगढ़	6870	2974	4446	6278	13915	9854	3101	13912	3077	18710	7346
चेन्नई	11553	4279	2483	2265	3542	4452	1675	1054	1855	1749	2032
कोचीन	370	598	285	127	143	233	97	155	844	627	462
कोयम्बटूर	383	106	106	1082	457	178	282	436	455	2724	4822

आरपीओ	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
देहारादून	584	480	2284	322	11403	3200	2161	1386	782	3183	1166
दिल्ली	17946	24199	15519	10388	17136	40805	17485	16902	7573	8745	3534
गाज़ियाबाद	14339	7752	4834	8500	45912	9729	12118	17447	8095	21744	4576
गोवा	289	553	41	51	172	72	26	40	39	28	126
गुवाहाटी	2067	1304	576	393	3381	4381	566	1121	274	426	889
हैदराबाद	12785	3702	1702	770	638	2593	3145	11302	15044	5243	4674
जयपुर	4165	3873	2974	6313	5501	20630	4900	3812	2145	19200	7227
जालंधर	913	181	69	80	2	2	2	97	234	3363	2631
जम्मू	741	498	533	166	934	525	360	129	1022	1181	1619
कोलकाता	18632	5151	1829	1863	3991	42053	1247	5529	7995	2180	3131
कोटा*										1005	880

आरपीओ	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
कोझिकोड	385	205	116	518	148	107	77	115	372	156	128
लखनऊ	4304	2590	2824	6574	21599	13638	4676	15999	3108	9513	14492
मद्रुरै	7111	2255	292	397	1451	1307	952	1817	1963	1567	2184
मलप्पुरम**	688	833	468	4	0						
मुंबई	7903	2444	1656	3879	16236	13555	3476	30091	2098	8230	7122
नागपुर	204	183	427	187	633	4270	3901	2618	1154	249	1793
पटना	16162	6339	11751	2447	44118	19741	3087	4847	269	2928	1461
पुणे	1810	1040	893	9267	22638	6135	861	2482	544	1023	805
रायपुर	166	54	155	388	2705	2317	680	571	215	1981	1929
रांची	37	314	212	449	2235	844	3630	375	287	2012	641
शिमला	60	29	20	779	615	274	16	49	4	348	1470

आरपीओ	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
श्रीनगर	4001	831	687	560	768	843	1968	1041	4804	3286	1909
सूरत	1013	2407	2673	342	8725	2751	306	690	801	3192	7214
ठाणे***	2808	332	573	408	6						
तिरुचिरापल्ली	1649	790	1515	1744	1231	831	321	314	876	1323	553
तिरुवनंतपुरम	398	101	165	340	463	109	62	1946	1481	6589	737
विजयवाड़ा				2653	649	3824	1203	10735	7517	831	3700
विशाखापत्तनम	655	473	412	1132	1090	1045	117	7512	3147	1315	5404
कुल	181400	102452	77282	91970	273782	253454	84394	183525	109405	184916	136920

* आरपीओ कोटा का उद्घाटन 29 सितंबर 2023 को किया गया था।

** 20 नवंबर 2017 को आरपीओ मलप्पुरम का आरपीओ कोडिकोड में विलय कर दिया गया

*** 21 अगस्त 2017 को आरपीओ ठाणे का आरपीओ मुंबई में विलय कर दिया गया

'हमारा संविधान हमारा सम्मान' पोर्टल

741. श्री प्रभुभाई नागरभाई वसावा :

श्रीमती स्मिता उदय वाघ :

श्री मनोज तिवारी :

श्री विजय कुमार दूबे :

श्री जगदम्बिका पाल :

श्री दिनेशभाई मकवाणा :

श्रीमती कमलजीत सहरावत :

श्री बिभु प्रसाद तराई :

श्री नव चरण माझी :

श्री काली चरण सिंह :

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया :

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

(क) 'हमारा संविधान हमारा सम्मान' पोर्टल का ब्यौरा क्या है ;

(ख) क्या संविधान और उनके कानूनी अधिकारों के बारे में जानकारी आम लोगों को हो, इस संबंध में सुधार लाने की परिकल्पना की गई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(ग) देश में कानून एवं न्याय प्रणाली को मजबूत बनाने में जन भागीदारी की क्या भूमिका है ;

(घ) क्या 23वां विधि आयोग न्यायिक प्रशासन प्रणाली की समीक्षा करेगा ताकि उसे वर्तमान आवश्यकताओं के प्रति अधिक उत्तरदायी बनाया जा सके ; और

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

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

(क) से (ग) : न्याय विभाग भारत के गणतंत्र के रूप में 75वें वर्ष और भारत के संविधान को अंगीकृत करने का उत्सव मनाने के लिए 'हमारा संविधान हमारा सम्मान' नामक एक अखिल भारतीय, वर्ष भर चलने वाला राष्ट्रव्यापी अभियान लागू कर रहा है। इस अभियान का शुभारंभ 24 जनवरी, 2024 को भारत के माननीय उपराष्ट्रपति द्वारा किया गया था। इसके बाद, अभियान की विकेन्द्रित पहुंच सुनिश्चित करने के लिए क्रमशः 9 मार्च, 2024 को बीकानेर, राजस्थान में, 16 जुलाई, 2024 को प्रयागराज, उत्तर प्रदेश में और 19 नवंबर, 2024 को गुवाहाटी, असम में तीन क्षेत्रीय कार्यक्रम भी आयोजित किए गए हैं। अभियान का लक्ष्य भारत के संविधान में निहित सिद्धांतों के प्रति हमारी सामूहिक प्रतिबद्धता की पुष्टि करना और हमारे राष्ट्र को बांधने वाले साझा मूल्यों का उत्सव मनाना है।

16 जुलाई, 2024 को प्रयागराज में दूसरे क्षेत्रीय कार्यक्रम के दौरान लॉन्च किया गया 'हमारा संविधान हमारा सम्मान पोर्टल' संविधान और लोगों के कानूनी अधिकारों के बारे में उनमें जागरूकता बढ़ाने के लिए ज्ञान भंडार के रूप में कार्य करता है। यह वेब पोर्टल <https://www.hamarasamvidhan.gov.in/> पर उपलब्ध है। इसके अतिरिक्त, अभियान ने MyGov के सहयोग से आयोजित ऑनलाइन प्रतियोगिताओं के माध्यम से महत्वपूर्ण सार्वजनिक जुड़ाव उत्पन्न किया है, जिससे नागरिकों को संवैधानिक अधिकारों और कर्तव्यों के बारे में अपनी समझ को गहरा करने के लिए प्रेरित किया गया है।

"हमारा संविधान हमारा सम्मान पोर्टल" का प्राथमिक उद्देश्य नागरिकों को संविधान के अधीन उनके मौलिक अधिकारों और कर्तव्यों और कानूनी सुरक्षा के बारे में जागरूकता बढ़ाना है। महत्वपूर्ण कानूनी ज्ञान तक आसान पहुँच प्रदान करके, पोर्टल का लक्ष्य व्यक्तियों को उनके अधिकारों का प्रभावी ढंग से उपयोग करने के लिए आवश्यक जानकारी प्रदान करना है। इसके अलावा, संविधान के महत्व

और न्याय, समानता और लोकतंत्र को बनाए रखने में इसकी भूमिका की गहरी समझ को बढ़ावा देकर, पोर्टल से नागरिकों के बीच संविधान के प्रति अधिक सम्मान और श्रद्धा उत्पन्न करने की आशा है। संवैधानिक साक्षरता को बढ़ावा देना लोकतांत्रिक मूल्यों को मजबूत करने तथा यह सुनिश्चित करने की कुंजी है कि नागरिक अपने लिए लागू कानूनों का सम्मान करें।

यह पोर्टल एक सुलभ, उपयोगकर्ता-अनुकूल मंच के रूप में कार्य करता है जो संविधान के विभिन्न प्रावधानों, प्रमुख कानूनी अधिकारों और मौलिक कर्तव्यों पर व्यापक जानकारी प्रदान करता है। इंटरैक्टिव टूल, वीडियो सामग्री और पाठ संसाधनों के माध्यम से, नागरिक संविधान के ऐतिहासिक महत्व, इसके निर्माताओं और संविधान के प्रावधानों द्वारा उनके दैनिक जीवन में उनके अधिकारों और कर्तव्यों की रक्षा कैसे की जाती है, के बारे में जान सकते हैं।

पोर्टल को क्विज़, क्रॉसवर्ड और प्रस्तावना और पंच प्राण के वाचन में भाग लेने के अवसर जैसी इंटरैक्टिव सुविधाएँ प्रदान करके नागरिकों को सक्रिय रूप से संलग्न करने के लिए डिज़ाइन किया गया है। आज तारीख तक 1.29 लाख नागरिकों ने देश भर में 'हमारा संविधान हमारा सम्मान' अभियान के अधीन पंच प्राण गतिविधि में भाग लिया है।

अपने मूल में, यह अभियान नागरिकों को उनके कानूनी अधिकारों और उत्तरदायित्वों के बारे में आवश्यक ज्ञान के साथ सशक्त बनाने के लक्ष्य से एक गतिशील मंच के रूप में कार्य करता है। इस अभियान में भाग लेना व्यक्तिगत हितों से परे जाने और प्रगति, समावेशिता और सतत विकास के सिद्धांतों पर आधारित राष्ट्र के निर्माण के सामूहिक प्रयास में एकजुट होने की प्रतिबद्धता को दर्शाता है।

यह राष्ट्रव्यापी पहल प्रत्येक नागरिक को विभिन्न तरीकों से भाग लेने के अवसर प्रदान करती है, और उन्हें अपने तीन उप-अभियानों के माध्यम से सार्थक योगदान करने के लिए सशक्त बनाती है, अर्थात:- सबको न्याय हर घर न्याय, नव भारत नव संकल्प और विधि जागृति अभियान। पहले उप-अभियान, सबको न्याय हर घर न्याय का लक्ष्य 2.5 लाख ग्राम पंचायतों में कॉमन सर्विस सेंटर

(सीएससी) के ग्राम स्तरीय उद्यमियों (वीएलई) के नेटवर्क के माध्यम से सामाजिक-आर्थिक पृष्ठभूमि के बावजूद सभी के लिए न्याय सुनिश्चित करना है, इसके लिए नागरिकों को क्षेत्रीय भाषाओं में पंच प्राण प्रतिज्ञा पढ़ने के लिए प्रेरित करना है। नागरिकों के लिए "न्याय सेवा मेला" नामक नागरिक-केंद्रित सेवा मेले भी आयोजित किए गए हैं। इसके अलावा, देश के 500 आकांक्षी ब्लॉकों में लगे न्याय सहायकों द्वारा घर-घर जाकर जागरूकता प्रदान की जा रही है।

अभियान का दूसरा उप-विषय नव भारत नव संकल्प है। इस गतिविधि के अंतर्गत, संविधान क्विज़ प्रतियोगिता (भारत के संविधान के प्रावधानों पर आधारित जिसमें 53222 नागरिकों ने भाग लिया, जिसमें से 1000 प्रविष्टियाँ चुनी गईं), पंच प्राण रंगोत्सव (पोस्टर बनाने की प्रतियोगिता जिसमें 876 नागरिकों ने भाग लिया) और पंच प्राण अनुभव (रील बनाने की प्रतियोगिता जिसमें 830 नागरिकों ने भाग लिया) जैसी ऑनलाइन प्रतियोगिताएं MyGov प्लेटफॉर्म पर आयोजित की गईं और विजेताओं को 16.07.2024 को प्रयागराज, उत्तर प्रदेश में आयोजित दूसरे क्षेत्रीय कार्यक्रम में सम्मानित किया गया।

तीसरा उप-विषय अर्थात् विधि जागृति अभियान में जमीनी स्तर की पहल और शैक्षिक प्रयासों के माध्यम से कानूनी साक्षरता और जागरूकता को बढ़ावा देना शामिल है। इस उप-अभियान के अधीन, गतिविधि का नाम ग्राम विधि चेतना है जो छात्रों को उनके संबंधित प्रो बोनो क्लब के अधीन गोद लिए गए गांवों में कानूनी जागरूकता गतिविधियों को चलाने में संलग्न करती है। आज तक, लॉ स्कूलों के माध्यम से 10,000 पहुँच कार्यक्रम आयोजित किए गए हैं। गतिविधि अर्थात् वंचित वर्ग सम्मम में संवैधानिक शिक्षा को बढ़ाने की परिकल्पना की गई है जहां इग्नू और दूरदर्शन विभिन्न हाशिए के समूहों के अधिकारों को सम्मिलित करते हुए ऑनलाइन कार्यशालाएं/वेबिनार आयोजित कर रहे हैं। उप अभियान के अधीन गतिविधि नारी भागीदारी है जिसका लक्ष्य लिंग आधारित मुद्दों पर ध्यान देते हुए

ऑनलाइन कार्यशालाएं/वेबिनार आयोजित करना है। अभियान के तीसरे उप विषय में आज तक कुल 65.80 लाख नागरिकों की पहुंच है।

(घ) और (ङ) : जी हाँ। भारत के 23वें विधि आयोग के विचारार्थ विषयों के भाग (ग) में, अन्य बातों के साथ-साथ, न्यायिक प्रशासन की प्रणाली की समीक्षा करने का अधिदेश है, ताकि यह सुनिश्चित किया जा सके कि यह समय की युक्तियुक्त मांगों के प्रति संवेदी है और विशेष रूप से यह सुनिश्चित किया जा सके कि:

- (i) विलम्ब को समाप्त करना, बकाया का शीघ्र निपटारा और लागत में कमी करना, ताकि निर्णय न्यायसंगत और निष्पक्ष होने के मूल सिद्धांत को प्रभावित किए बिना मामलों का त्वरित और किफायती निपटारा सुनिश्चित किया जा सके;
- (ii) आदेशिकाओं और न्यायालय प्रक्रियाओं का सरलीकरण और एकरूपता तथा समझने और कार्यान्वयन में आसानी के लिए विभिन्न उच्च न्यायालयों के नियमों में सामंजस्य स्थापित करने का सुझाव देना।
- (iii) विलम्ब के लिए तकनीकियों और युक्तियों को कम करने और समाप्त करने के लिए प्रक्रिया का सरलीकरण, ताकि यह अपने आप में एक लक्ष्य के रूप में नहीं बल्कि न्याय प्राप्त करने के साधन के रूप में कार्य करे; और
- (iv) मामला प्रबंधन सुनवाई और मामला प्रवाह प्रबंधन के लिए ढांचे का कार्यान्वयन।

ANGANWADI-CUM-CRECHE CENTRES

742. SHRI RAJU BISTA:

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

- (a) the manner in which establishment of Anganwadi-cum-Crèche Centres across the country by 2029 aims to enhance early childhood care and education and the benefits expected to accrue the children;
- (b) the objectives behind integrating crèches with Anganwadi services to support both childcare and educational development for young children;
- (c) the manner in which this initiative contribute to increase women's workforce participation;
- (d) the measures taken by the Government to ensure that these centres are established in a way that they cater to the needs of families, especially in rural and underserved areas of West Bengal, particularly in the districts of Darjeeling, Kalimpong and North Dinajpur; and
- (e) the manner in which the Government will monitor and evaluate the success of these centres in terms of both child development outcomes and their impact on women's employment?

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

(a) to (e): Government's sustained initiatives on education, skilling and employment of women has resulted in increased opportunities for their employment, and more and more women are now in gainful employment, working within or outside their homes. Growing industrialization and urbanisation have also led to increased migration into the cities. Past few decades have shown a rapid

increase in nuclear families. Thus, the children of such working women, who were earlier getting support from joint families while they were at work, are now in need of day care services which have to provide quality care and protection for the children. Lack of proper day-care services is, often, a deterrent for women to go out and work. Hence, there is an urgent need for improved quality and reach of day care services/crèches for working women amongst all socioeconomic groups both in the organized and unorganized sectors.

To address these difficulties faced by the working mothers in giving due child care and protection to their children, day-care crèche facilities are being provided through the component of Palna. Crèche services formalise the child care responsibilities hitherto considered as part of domestic work. Formalization of care work supports the “decent work campaign” to achieve the Sustainable Development Goal 8 – Decent work and economic growth. This will also enable more mothers, who will be free from unpaid child-care responsibilities, to take up gainful employment.

Anganwadi centres are the world's largest childcare institutions dedicated to providing essential care and support to children ensuring delivery of care facilities till the last mile. In a first of its kind approach, Ministry has extended the services of childcare through Anganwadi cum Crèche (AWCC). This will ensure whole day

childcare support ensuring their well-being in a safe and secure environment. Anganwadi cum Crèche initiative aims to increase 'women work force participation' in the economy. The objective of *Palna* component 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 to be provided to all mothers, irrespective of their employment status.

Proposals for establishment and operation of AWCCs are received from the respective State Governments/UT Administrations, who are also responsible for contributing their corresponding share for the implementation of the Scheme. As on date, a total of 10,609 AWCCs have been approved as per proposals received from various States/UTs. The State Government of West Bengal have sent proposals for establishment of 10 AWCCs, all of which have been approved by the Ministry. The Government of West Bengal is yet to operationalize these approved AWCCs.

VACANCY IN PASSPORT OFFICES

743. DR. MOHAMMAD JAWED:

DR. M. P. ABDUSSAMAD SAMADANI:

SHRI TANUJ PUNIA:

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

(a) the total number of posts lying vacant in the Passport Offices of the country, along with their vacancy period, category-wise;

(b) whether the Government is aware of the fact that issuance and renewal of passports to people is taking a long time due to the vacant posts in the Passport Offices across the country;

(c) if so, the details thereof along with the reasons for the delay in filling the vacant posts;

(d) whether the Government has taken/proposes to take any steps to ensure that the services in passport offices do not take a long time and cause inconvenience to the people; and

(e) if so, the details thereof along with the manner in which the Government is planning to solve the issue?

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

(a) Details of posts, category-wise, lying vacant in the Passport Offices are as follows:

Name of post	Vacancy
Passport Officer	04

Deputy Passport Officer	13
Assistant Passport Officer	07
Senior Superintendent	74
Superintendent	172
Assistant Superintendent	273
Senior Passport Assistant	110
Junior Passport Assistant	251
Assistant Director	03
Junior Translation Officer	15
Stenographer (Grade-I)	02
Stenographer (Grade-II)	06
Office Assistant	65
Total	995

(b) to (e) Government is making all efforts for timely issuance of passports to the citizens. Government is also taking all remedial measures for filling up the vacancies as per procedures. 447 vacancies have been reported to Staff Selection Commission (SSC) for filling up the vacant posts in Direct Recruitment category of the grades of Office Assistant, Junior Passport Assistant, Assistant Superintendent,

Stenographer and Junior Translation Officer. Promotions through Departmental Promotion Committees (DPCs) and Limited Departmental Competitive Examination (LDCE) are being carried out in a timely manner.

AYUSHMAN BHARAT HEALTH INSURANCE

744. SHRI BHASKAR MURLIDHAR BHAGARE:

PROF. VARSHA EKNATH GAIKWAD:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE- PATIL:

SHRI NILESH DNYANDEV LANKE:

SHRI SANJAY DINA PATIL:

DR. AMOL RAMSING KOLHE:

SHRI AMAR SHARADRAO KALE:

SHRI BAJRANG MANOHAR SONWANE:

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

(a) whether there are dedicated centers/support personnel to assist senior citizens with Ayushman Bharat registrations and claims and if so, the details thereof;

(b) the total number of senior citizens currently enrolled in Ayushman Bharat that faced issues in accessing benefits in the State of Maharashtra alongwith the steps being taken to address the challenges in this regard;

(c) whether Ayushman Bharat covers common age related treatments/ailments that typically affect senior citizens such as chronic illness, joint replacement and cardiac care and if so, the details thereof;

(d) whether there is any plan to expand coverage for age-specific medical conditions that disproportionately affecting the senior citizens and if so, the details thereof; and

(e) steps taken by the Government to raise awareness about Ayushman Bharat among senior citizens and to ensure that senior citizens receive quality care under this scheme?

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

(a): The enrollment 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 empanelled hospital to avail the benefits under this scheme. Additionally, Pradhan Mantri Arogya Mitras (PMAM) have been deployed at empanelled 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.

(b): As on 25.11.2024, approximately 14 lakh Ayushman Vay Vandana cards have been created, including 2,302 cards in the State of Maharashtra, for senior citizen beneficiaries aged 70 years and above under the scheme.

(c) and (d): In the latest national master of the Health Benefit Package (HBP), the scheme provides cashless healthcare services related to 1961 procedures across 27 medical specialties including General Medicine, General Surgery, Orthopaedics, Cardiology, Oncology etc. which can be availed by different age groups. Among these, treatment services like Hemodialysis / Peritoneal Dialysis, Acute Ischemic Stroke, Accelerated hypertension, Total Hip Replacement, Total Knee Replacement, PTCA, inclusive of diagnostic angiogram, Single Chamber Permanent Pacemaker Implantation, Double Chamber Permanent Pacemaker Implantation, etc. are available to eligible senior citizens as well. Further, States have been provided flexibility to further customize the Health Benefit Packages to local context.

(e): Senior citizens are issued a separate Ayushman card as Ayushman Vay Vandana card. Various activities to raise awareness about Ayushman Vay Vandana among senior citizens and their families were conducted including several radio and television campaigns, social media campaign, print media advertisement, radio and television interviews, advertisement, etc. Further, Government of India has issued directions to the States to undertake extensive IEC activities to raise the awareness about the expansion of AB-PMJAY for all senior citizens of the age 70 years and above.

The scheme ensures quality treatment for their beneficiaries. For this, various incentives are provided to improve the quality of healthcare services. To encourage the participation of public, private and corporate healthcare providers, empaneled hospitals are additionally incentivized for accreditation. 10% incentive is provided to the hospitals with entry level NABH accreditation and 15% for NABH full accreditation. Hospitals which are imparting Post-Graduate education are also incentivized at the rate of 10% over and above the base rate of HBP packaged master rates.

RBSK SCHEME

745: SHRI. ANURAG SHARMA:

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

(a) the details of the Rashtriya Bal Swasthya Karyakram (RBSK) scheme;

(b) the manner in which the RBSK scheme which focuses on child health screening and early intervention operates to detect and address health issues in children along with the efforts being made to reach rural and underserved communities in this regard; and

(c) the manner in which the scheme is structured to provide timely treatment and ensure quality healthcare for 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) 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) Screening for new born is done at public health facilities by existing health manpower and community based newborn screening at home through ASHAs for newborn till 6 weeks of age during home visitation.

The screening services for children are provided through dedicated Mobile Health Teams placed in every block. These teams screen children in the age group 0 – 6 years twice a year at Anganwadi Centers while children of age 6

to 18 years are screened once in a year in Government and Government aided schools.

Children are examined using age appropriate structured RBSK screening tool and customized toolkit containing basic equipment consisting of Vision charts, BP apparatus, Weighing scale, Height measuring – Stadiometers /Infantometers, torch, Stethoscope etc. To strengthen the RBSK programs, children are also screened in the camp mode in the rural and underserved areas.

- (c) District Early Intervention Centres offer multitude of services by offering developmentally supportive care at the district level for follow-up management of children identified with Development Delays. Services of Physiotherapist, Audiologist/ Speech Therapist, Optometrist and Psychologist are available at the DEIC.

The establishment of District Early Intervention Centre (DEIC) is an important component of the RBSK for management of children. They provide linkages with health facilities for free secondary and tertiary care including surgical management of selected health conditions at Medical colleges and empanelled private health facilities.

ICDS SCHEME

746. **PROF.VARSHA EKNATH GAIKWAD:**

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE- PATIL:

SHRI SANJAY DINA PATIL:

DR.ANMOL RAMSING KOLHE:

SHRI AMAR SHARADRAO KALE:

SHRI BAJRAING MANOHAR SONWANE:

SHRI BHASKAR MURLIDHAR BHAGARE:

SHRI NILESH DNYANDEV LANKE:

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

- (a) whether the Government has received any proposal for opening new Anganwadi centres under ICDS Scheme in the State of Maharashtra;
- (b) if so, the details thereof;
- (c) the number of the new Anganwadi centres established in the State of Maharashtra during the last three years and the current year;
- (d) the average number of Anganwadi centres per population in Maharashtra;
- (e) whether there are any disparities in center density between rural and urban areas, or between different districts, if so, the details thereof;
- (f) whether the Government has taken a note of the demand from Anganwadi workers for an increase in their remuneration since a long time and if so, the details and the current status thereof; and

- (g) the steps taken/proposed to be taken by the Government to increase said remuneration in this regard?

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

(a) to (e): Mission Saksham Anganwadi and Poshan 2.0 [earlier known as Integrated Child Development Services (ICDS) Scheme] was launched in 1975. It has now been revamped as Mission Saksham Anganwadi and Poshan 2.0 (hereinafter referred to as Mission Poshan 2.0). This is a Centrally Sponsored Scheme. The implementation of the scheme falls under the ambit of State Government/ UT Administration. Total 110556 Anganwadi Centres (AWCs) have been sanctioned to the State of Maharashtra out of which, 19793 AWCs are located in urban areas and 90736 AWCs in rural areas.

A request for opening of 183 new AWCs has been received from the State of Maharashtra. As per the Mission Poshan 2.0 guidelines, the population norms for sanction of AWCs is as under:

Anganwadi Centres	Population	Number of AWCs
For Rural/Urban Projects	400-800	1 AWC
	800-1600	2 AWCs
	1600-2400	3 AWCs
	Thereafter in multiples of 800	1 AWC
For Tribal/Riverine/Desert, Hilly other difficult areas/Projects	300-800	1 AWC
For PM-JANMAN	Approx 100	1 AWC

Directions have been issued to State Governments/Union Territory Administrations to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, wherever space is available.

Hon'ble PM has launched PM- JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan) on 15th November, 2023. The Mission is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 critical interventions related to 9 key Ministries including Ministry of Women and Child Development. This Ministry has sanctioned 70 AWCs during the FY 2023-24 and 75 AWCs during the FY 2024-25 under PM-JANMAN to the State of Maharashtra.

(f) and (g): Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are "honorary workers" from the local community who voluntarily come forward to render their services in the area of child care and development to help the community for which they are paid honorarium. Currently, honorarium of Rs.4,500/- per month is provided to AWWs and Rs.2,250/- per month to AWHs at main Anganwadi Centres (AWCs); honorarium of Rs.3,500/- per month is provided to AWWs at mini AWCs. Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month is provided to AWHs.

In addition, many States/UTs are also paying additional monetary incentives/honorarium to these functionaries from their own resources which vary from State to State. Besides, various steps/initiatives are undertaken for promotion, social security benefits, uniforms etc for these workers. A statement indicating the State-wise additional monetary incentives/honoraria provided to these functionaries is given at the enclosed **Statement**.

STATEMENT

State-wise additional monetary incentives/honoraria provided to functionaries

S.No.	Name of States/UTs	Additional monthly honorarium paid by the State/UT from its own sources in Rs.	
		Anganwadi Worker	Anganwadi Helper
1	Andhra Pradesh	7000	4750
2	Bihar	2500	1725
3	Chhattisgarh	5500	2750
4	Goa	5500 (0-10 years experience), 6000 (10-15 years experience), 8000 (15 to 20 years experience) 10000 (20-25 years experience) and 12000 (25 years and above experience)	3000 (0-5 years experience), 3500 (5-10 years experience), 4000 (10 to 15 years experience) 4500 (15-20 years experience) , 5250 (20 to 25 years experience) and 6000 (25 years and above experience)
5	Gujarat	5500	3250

6	Haryana	9500 (AWWs above 10 years) 9000 (AWWs less than 10 years service/experience) 9000 (Mini AWWs) Rs. 1000 per month additional is paid to 4000 AWWs who is working in 4000 play schools (upgraded AWCs)	5250
7	Himachal Pradesh	5000 for Main AWC and 2950 for Mini AWCs	3100
8	Jammu and Kashmir	600	300
9	Jharkhand	5000 (Main AWC) and 6000 in Mini AWC	2500
10	Karnataka	6500	4000
11	Kerala	Rs.8000/-for who has completed 5 years of service and Rs.8500/- for who has completed 10 years of service	Rs.6250/- for who has completed 5 years of service and Rs.6750/- for who has completed 10 years of service
12	Madhya Pradesh	8500 for Main AWC and 3750 for Mini AWC	4250
13	Maharashtra	5500 (Up to 10 Years experience) 5800 (11 to 20 years experience), 5900 (21 to 30 years experience), 6000 (31 years and above experience)	3250 (Up to 10 Years experience) 3415 (11 to 20 years experience), 3470 (21 to 30 years experience), 3525 (31 years and above experience)
14	Orissa	3000 for Main AWC and 1875 for Mini AWC	1500
15	Punjab	5000 (Rs 500 increment per year).	3100 (Rs.250 increment per year)
16	Rajasthan	4554	3036

17	Tamil Nadu	10502	6596
18	Telangana	9150	5550
19	Uttar Pradesh	1500	750
20	Uttrakhand	4800-AWW and 2750-MINI AWW	3000
21	West Bengal	3750	4050
22	AandN Island	7500	5750
23	Chandigarh	3600	1800
24	Dadra and Nagar Haveli/ Daman and Diu	1000	600
25	Lakshadweep	5500	4750
26	Delhi	8220	4560
27	Puducherry	1950	2125
28	Arunachal Pradesh	2000+ 1000 w.e.f 16.01.2024	2000+ 1000 w.e.f 16.01.2024
29	Assam	2000 for AWW and 1250 for Mini AWW	1000
30	Manipur	1000	600
31	Meghalaya	3000 for Main AWCand 1500 for Mini AWC	1000
32	Mizoram	450	250
33	Nagaland	0	0
34	Sikkim	7000	4500
35	Tripura	5946 (Maximum) and 3500 Minimum	4218 (Maximum) and 2750 (Minimum)
36	Ladakh	1300	650

DEPENDENCE ON IMPORT OF MERCHANT SHIPS

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

747. SHRI VISHNU DATT SHARMA:

- (a) whether the Government has taken cognisance of the fact that India is heavily dependent on import for commercial or merchant ships and containers;
- (b) if so, the details thereof;
- (c) the efforts being made by the Government to address this issue and make the country Atmanirbhar in ship building and container sector;
- (d) whether the Government has any proposal to launch PLI for shipping and container sector;
- (e) if so, the details thereof; and
- (f) if not, the reasons therefor?

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

(a) and (b) Yes. Factors for this include competitive pricing offered by foreign shipyards, particularly in East Asia, high production capacity and efficiency of these yards.

(c) to (f) The Government has initiated several measures in shipbuilding:

- (i) Shipbuilding Financial Assistance Policy.
- (ii) Implementation of the 'Make in India' initiative to boost local manufacturing of shipbuilding.

(iii) Government of India vide Gazette Notification No. 112 dated April 13, 2016 has provided infrastructure status to Shipyards. It would enable Indian shipyards to avail cheaper long-term source of capital and to reduce their cost disadvantage and invest in capacity expansion thereby giving a boost to the Indian shipbuilding industry.

(iv) The Government, in November, 2021, has released Approved Standards Tug Designs Specification of five variants for use by Major Ports for procurement of tugs to be built in Indian Shipyards.

Further for the domestic shipping sector, following policies are there:

(v) Right of First Refusal (RoFR): It grants Indian-flagged vessels the priority to match the lowest bid offered by foreign-flagged vessels thereby raising the demand for Indian-flagged vessels.

(vi) No Objection Certificate is to be obtained from Ministry of Ports, Shipping and Waterways: When any Government Department/ Public Sector Undertaking (PSU) imports its cargo other than Free on Board/ Free alongside Ship (FOB/FAS) term, so that the Indian shipping has the opportunity to participate in this trade.

(vii) Subsidy Scheme for the Promotion of Flagging of Merchants Ships in India: By providing subsidy support to Indian shipping companies in global tenders floated by Ministries and Central Public Sector Enterprises (CPSEs). The rate of subsidy support is based on age of the vessel. The scheme encourages entrepreneur to register ships under Indian flag.

NATIONAL AYUSH MISSION (NAM)**748. DR. HEMANT VISHNU SAVARA:**

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

(a) whether the Government is implementing National AYUSH Mission (NAM) for promotion and development of AYUSH system of medicines in the country;

(b) if so, the details thereof along with the funds allocated/released/utilized for promotion of Ayurveda and Unani during the last three years, year-wise, State/UT-wise including district-wise for Maharashtra;

(c) whether the Government is working on a plan for one Ayurveda hospital/AYUSH dispensaries in every district of the country for building a sustainable, effective and affordable healthcare;

(d) if so, the details thereof, State/UT-wise; and

(e) the details of such dispensaries opened by the Government in Maharashtra, district-wise?

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

(a) and (b) Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts for development and promotion of Ayush system in the country including Ayurveda and Unani by providing financial assistance under different activities as

per the provisions of NAM guidelines against their proposals received through State Annual Action Plans (SAAPs). The Mission *inter-alia* makes provision for the following activities:-

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

As per the proposals received from the State/UT Governments through SAAPs, the details of funds allocated/released/utilized for promotion of Ayush system including Ayurveda and Unani during the last three years, State/UT-wise and year-wise is furnished at enclosed **Statement-I**.

(c) and (d) Public health being a State subject, establishment of Ayurveda hospital/AYUSH dispensaries in every district for building a sustainable, effective and affordable healthcare lies with respective State Government. However, under NAM there is provision of financial assistance for establishment of 10/30/50 bedded integrated Ayush hospital including Ayurveda and establishment of Ayush dispensary in the area where there are no AYUSH facilities available. Accordingly, State/UT Governments including Maharashtra may avail financial assistance by submitting suitable proposals through SAAPs as per provisions of NAM guidelines. The State/UT- wise status of approved 50/30/10 bedded Integrated Ayush Hospitals is furnished at enclosed **Statement-II**.

(e) As per the proposals received by the State Government of Maharashtra during the year 2023-24 and 2024-25 through SAAPs, four Ayush dispensaries (2 in district Satara and 2 in district Akola) were approved to State of Maharashtra.

STATEMENT-I

Details of State/UT wise allocated/released/utilized (as reported by State/UT Governments)

(Rs. in Lakhs)

Sl. No.	Name of States/UTs	2021-22		2022-23		2023-24		Total	
		Release	Utilised	Release	Utilised	Release	Utilised	Approved	Utilised
1	Andaman and Nicobar Islands	296.06	295.44	142.39	142.39	407.29	387.65	1097.54	1077.29
2	Andhra Pradesh	0.00	0.00	0.00	0.00	0.00	0.00	385.40	358.79
3	Arunachal Pradesh	180.85	180.85	402.04	402.04	1186.04	1016.60	2447.02	2277.58
4	Assam	639.52	507.91	1011.77	908.67	3471.45	2883.72	5469.89	4647.45
5	Bihar	1686.08	1686.08	0.00		1161.06	194.66	3363.67	1913.09
6	Chandigarh	94.86	94.05	189.73	155.02	226.32	210.86	706.73	655.74
7	Chhattisgarh	841.31	735.01	0.00	0.00	2151.43	1171.44	5683.80	3874.80
8	Dadra and Nagar Haveli and Daman and Diu	0.00	0.00	0.00	0.00	408.45	275.92	408.45	275.92
9	Delhi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10	Goa	218.99	218.99	142.29	105.37	628.30	491.63	1055.57	881.97
11	Gujarat	466.93	450.55	1908.62	794.41	2961.42	920.27	5580.98	2354.31
12	Haryana	647.70	610.23	1219.91	1157.65	3026.59	1782.27	7928.62	6351.59
13	Himachal Pradesh	1261.80	1178.08	3873.58	3719.97	3659.22	1927.83	9289.54	7320.82

Sl. No.	Name of States/UTs	2021-22		2022-23		2023-24		Total	
		Release	Utilised	Release	Utilised	Release	Utilised	Approved	Utilised
14	Jammu and Kashmir	1313.11	1245.61	4895.09	4699.57	7510.36	7079.61	16004.31	15259.56
15	Jharkhand	1309.77	1309.77	7752.57	7752.57	2390.42	1976.57	11452.76	11038.90
16	Karnataka	1821.46	1776.49	1714.09	1336.24	5031.54	2602.21	10751.46	7808.33
17	Kerala	1153.39	1153.39	4399.83	4122.00	7989.40	6872.35	15880.20	14470.33
18	Ladakh	187.45	180.89	72.27	72.27	47.32	41.77	307.04	294.93
19	Lakshadweep	64.26	64.26	116.32	116.32	332.01	270.51	532.20	470.28
20	Madhya Pradesh	3123.20	3116.93	1716.00	1649.90	6120.00	5132.34	16567.83	15399.39
21	Maharashtra	0.00	0.00	0.00	0.00	2235.54	1237.81	2235.54	1237.81
22	Manipur	170.04	126.41	1723.00	1538.20	0.00	0.00	2464.76	2215.09
23	Mizoram	259.08	259.08	117.27	117.27	1057.86	980.51	2091.94	2014.59
24	Meghalaya	609.78	609.78	796.84	796.84	1722.60	1293.22	3377.19	2947.81
25	Nagaland	232.27	232.27	495.78	495.78	1016.97	926.33	2999.91	2909.26
26	Odisha	1075.38	1065.32	0.00	0.00	0.00	0.00	1792.02	1760.14
27	Puducherry	200.27	199.03	623.95	615.88	197.08	146.16	1068.97	1008.73
28	Punjab	527.28	527.28	0.00	0.00	109.85	58.85	726.90	660.54
29	Rajasthan	3189.00	2940.43	0.00	0.00	3731.51	1795.87	9196.91	6927.25
30	Sikkim	99.30	99.30	626.06	626.06	492.37	492.37	1568.17	1568.17

Sl. No.	Name of States/UTs	2021-22		2022-23		2023-24		Total	
		Release	Utilised	Release	Utilised	Release	Utilised	Approved	Utilised
31	Tamil Nadu	2348.27	2147.03	2428.69	1879.99	6635.76	4669.45	12029.30	9313.06
32	Telangana	3132.25	3044.95	0.00	0.00	1225.17	852.40	4357.42	3897.35
33	Tripura	138.71	127.32	1030.90	1004.45	566.99	375.47	2006.68	1777.32
34	Uttar Pradesh	13809.72	13601.37	14437.60	13723.78	12418.60	10779.83	51039.77	48478.85
35	Uttarakhand	2622.50	2622.50	1855.80	1855.80	3234.38	2713.15	8369.13	7847.91
36	West Bengal	2118.05	2115.78	1056.58	895.59	3379.39	2104.63	6801.36	5363.34
	Total	45838.63	44522.37	54748.94	50684.02	86732.67	63664.23	227038.95	196658.26

STATEMENT-II

Details of State/UT wise 50/30/10 bedded Integrated Ayush Hospital

Sl. No.	State/UT	Location (District)	System of medicine	No. of beds
1	Andaman and Nicobar Islands	Port Blair (South Andaman)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
2	Andhra Pradesh	Kakinada	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Visakhapatnam	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50

3	Arunachal Pradesh	Yingkiong (Upper Siang)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Seppa (East Kameng)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Ziro (Lower Subansiri)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Bhalukpong (West Kameng)	Ayurveda, Homoeopathy and Yoga	50
		Likabali (Lower Siang)	Ayurveda, Homoeopathy and Yoga	50
4	Assam	Goalpara	Ayurveda	50
		Majuli	Ayurveda	50
		Kokrajhar	Ayurveda and Homoeopathy	50
		Baksa	Ayurveda and Homoeopathy	50
		Morigaon	Ayurveda and Homoeopathy	50
		Kaliabor (Nagaon)	Ayurveda and Homoeopathy	50
		Diphu (Karbi Anglong)	Ayurveda and Homoeopathy	30
		Bajali	Ayurveda and Homoeopathy	10
5	Bihar	Patna	Ayurveda, Homoeopathy, Unani and Yoga	50
6	Chandigarh	Chandigarh	Ayurveda and Homoeopathy	50

7	Chhattisgarh	Janjgir-Champa	Ayurveda, , Homoeopathy and Unani	10
		Mahasamund	Ayurveda, , Homoeopathy and Unani	10
		Korea	Ayurveda, , Homoeopathy and Unani	10
		Korba	Ayurveda, , Homoeopathy and Unani	10
		Kanker (Uttar Bastar Kanker)	Ayurveda, , Homoeopathy and Unani	10
		Narayanpur	Ayurveda, , Homoeopathy and Unani	10
		Bijapur	Ayurveda, , Homoeopathy and Unani	10
		Dantewada (Dakshin Bastar Dantewada)	Ayurveda, , Homoeopathy and Unani	10
		Dalli Rajhara (Balod)	Ayurveda	30
8	Dadra Nagar Haveli and Daman and Diu	Silvassa (Dadra and Nagar Havel)	Ayurveda	50
9	Goa	Margao (South Goa)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Velguem (North Goa)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
10	Gujarat	Surat	Ayurveda, Homoeopathy and Yoga	50

11	Haryana	Hisar	Ayurveda, , Homoeopathy ,Unani and Yoga	50
12	Himachal Pradesh	Kullu	Ayurveda, Sowa Rigpa , Homoeopathy and Yoga and Naturopathy	50
		Mandi	Ayurveda, Sowa Rigpa , Homoeopathy and Yoga and Naturopathy	50
13	Jammu and Kashmir	Kishtwar	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Kupwara	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Billawar	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Kulgam	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Samba	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Gadi Garh (Jammu)	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	10
		Bandipayeen (Baramulla)	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	10

14	Jharkhand	Ranchi	Ayurveda and Homoeopathy	50
		Gumla	Ayurveda and Homoeopathy	10
		Bokaro	Ayurveda and Homoeopathy	10
		Deoghar	Ayurveda and Homoeopathy	10
		Palamu	Ayurveda and Homoeopathy	10
		Dumka	Ayurveda and Homoeopathy	10
		Jamshedpur (East Singhbun)	Ayurveda and Homoeopathy	50
15	Karnataka	Gadag	Ayurveda and Homoeopathy	50
		Mangalore (Dakshina Kannada)	Ayurveda and Homoeopathy	50
		Thirthahalli (Shivamogga)	Ayurveda and Homoeopathy	10
16	Kerala	Chalakyudy (Thrissur)	Ayurveda, , Homoeopathy, Siddha and Yoga and Naturopathy	50
		Mattannur (Kannur)	Ayurveda, , Homoeopathy, Siddha and Yoga and Naturopathy	50
		Adoor (Pathanamthitta)	Homoeopathy and Yoga and Naturopathy	10

		Attapadi (Palakkad)	Ayurveda, , Homoeopathy, Siddha and Yoga and Naturopathy	50
		Kottarakara (Kollam)	Ayurveda, , Siddha and Yoga and Naturopathy	30
		Wayanad	Ayurveda and Yoga	30
		Idukki	Homeopathy and Yoga	30
		Aranmula (Pathanamthitta)	Ayurveda and Yoga	30
		Varkala (Thiruvanthapuram)	Yoga and Naturopathy	30
		Kappukad (Thiruvanthapuram)	Ayurveda, Siddha and Yoga	50
17	Lakshadweep	Kavaratti (Lakshadweep)	Ayurveda, , Homoeopathy and Unani	30
18	Maharashtra	Nandurbar	Ayurveda, , Homoeopathy and Unani	30
		Sindhudurg	Ayurveda, , Homoeopathy and Unani	30
		Pune	Ayurveda, , Homoeopathy and Unani	30
		Ahmednagar	Ayurveda, , Homoeopathy and Unani	30
		Dharashiv (Osmanabad)	Ayurveda, , Homoeopathy, Yoga and Unani	50
		Jalgaon	Ayurveda, , Homoeopathy, Yoga and Unani	30

		Jalna	Ayurveda, , Homoeopathy, Yoga and Unani	50
		Thane	Ayurveda, , Homoeopathy, Yoga and Unani	50
		Nagpur	Ayurveda, , Homoeopathy, Yoga and Unani	50
19	Manipur	Moreh (Tengnoupal)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Churachandpur	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Kwakeithel Konjeng Leikai (Imphal West)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Keirao AC (Imphal East)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Chandel	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Jiribam	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Kangpokpi	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10

		Bishnupur	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Noney	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Thoubal	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
		Senapati	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10
20	Madhya Pradesh	Bhopal	Ayurveda and Yoga	50
		Indore	Ayurveda, , Homoeopathy and Yoga	50
		Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50
		Amarkantak (Anuppur)	Ayurveda, Unani, Homoeopathy	50
		Mandleshwar (Khargone)	Ayurveda, Unani, Homoeopathy and Yoga	50
		Balaghat	Ayurveda, Unani, and Homoeopathy	50
		Sehore	Ayurveda, Unani, and Homoeopathy	50
		Guna	Ayurveda, Unani, and Homoeopathy	50
		Panna	Ayurveda, Unani, and Homoeopathy	50
		Bhind	Ayurveda, Unani, and Homoeopathy	50

		Barwani	Ayurveda, Unani, and Homoeopathy	30
21	Meghalaya	Sohra (Cherrapunji) (East Khasi Hills)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Umtrew (Ri Bhoi)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Jowai (West Jaintia Hills)	Homoeopathy, Yoga, Ayurveda	30
22	Mizoram	Aizwal	Ayurveda, and Homoeopathy	50
		Saitual	Ayurveda, and Homoeopathy	10
23	Nagaland	Noklak, Tuensang (Noklak)	Ayurveda, , Homoeopathy and Yoga	30
		Razha, Chedema (Kohima)	Ayurveda, , Homoeopathy and Yoga	50
		Sapangya (Chungtia) (Mokokchung)	Ayurveda, , Homoeopathy and Yoga	50
		Yachem(Longleng)	Ayurveda, , Homoeopathy and Yoga	30
		Kiphire (Kiphire)	Homeopathy	30
		Tizit (Mon)	Ayurveda, , Homoeopathy	30
		Akuhaito (Zunheboto)	Ayurveda, , Homoeopathy	30
24	Odisha	Dhenkanal	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50

		Berhampur (Ganjam)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		Balasore	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
25	Puducherry	Villianur (Puducherry)	Ayurveda, Homoeopathy and Siddha	50
		Yanam	Ayurveda, Homoeopathy and Siddha	50
26	Punjab	Dunneke (Moga)	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Dayalpur Sodhian Zirakpur (S.A.S Naga (old Name Mohali))	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
27	Rajasthan	Bhilwara	Ayurveda, , Homoeopathy and Unani,	50
		Ajmer	Ayurveda, , Homoeopathy and Unani,	50
		Churu	Ayurveda, , Homoeopathy and Unani,	50
		Bikaner	Ayurveda, , Homoeopathy and Unani,	50

		Jaipur	Ayurveda, , Homoeopathy and Unani,	50
		Sikar	Ayurveda, , Homoeopathy and Unani,	50
		Sawai Madhopur	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
		Bharatpur	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50
28	Sikkim	Kyongsa, West Sikkim (Gyalshing)	Ayurveda and Homoeopathy	50
		NIT, Deorali (Gangtok)	Sowa-Rigpa	30
29	Tamil Nadu	Theni	Siddha, Yoga and Naturopathy	50
		Tiruvannamalai	Siddha, Yoga and Naturopathy	50
		Pudukkottai	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Namakkal	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50

		Chennai	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
30	Telangana	Siddipet	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Vikarabad	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
		Jayashankar Bhupalapally	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50
31	Tripura	Paradise Chowmuhani, Agartala(West Tripura)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	50
		South Sabroom (South Tripura)	Ayurveda, , Homoeopathy and Yoga	50
32	Uttar Pradesh	Jaunpur	Ayurveda, Unani, Homoeopathy and Yoga	30
		Bulandshahar	Ayurveda, Unani, Homoeopathy and Yoga	50
		Bilhour (Kanpur Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50
		West Kalli (Lucknow)	Ayurveda, Unani, Homoeopathy and Yoga	50

	Badrasi (Varanasi)	Ayurveda, Unani, Homoeopathy and Yoga	50
	Nawab Ganj (Bareilly)	Ayurveda, Unani, Homoeopathy and Yoga	50
	Basti	Ayurveda, Unani, Homoeopathy and Yoga	50
	Sirathu Kaushambi	Ayurveda, Unani, Homoeopathy and Yoga	50
	Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50
	Orai (Jalaun)	Ayurveda, Unani, Homoeopathy and Yoga	50
	Sant Kabir Nagar	Ayurveda, Unani, Homoeopathy and Yoga	50
	Saharanpur	Ayurveda, Unani, Homoeopathy and Yoga	50
	Deoria	Ayurveda, Unani, Homoeopathy and Yoga	50
	Lalitpur	Ayurveda, Unani, Homoeopathy and Yoga	50
	Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50
	Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50
	Firozpur (Ballia)	Ayurveda, Unani, Homoeopathy and Yoga	50
	Raebareli	Ayurveda, Unani, Homoeopathy and Yoga	50
	Baghpat	Ayurveda, Unani, Homoeopathy and Yoga	50

		Fatehpur	Ayurveda, Unani, Homoeopathy and Yoga	50
		Shrawasti	Ayurveda, Unani, Homoeopathy and Yoga	50
		Unnao	Ayurveda, Unani, Homoeopathy and Yoga	50
		Hardoi	Ayurveda, Unani, Homoeopathy and Yoga	50
		Gorakhpur	Ayurveda, Unani, Homoeopathy and Yoga	50
		Sambhal	Ayurveda, Unani, Homoeopathy and Yoga	50
		Mirzapur	Ayurveda, Unani, Homoeopathy and Yoga	50
33	Uttarakhand	Haldwani (Nainital)	Ayurveda and Homoeopathy	50
		Jakhnidhar (Tehri Garhwal)	Ayurveda and Homoeopathy	50
		Tanakpur (Champawat)	Ayurveda and Homoeopathy	50
		Pathri (Haridwar)	Ayurveda, Unani, Homoeopathy and Yoga	10
		Kotdwar (Pauri Garhwal)	Ayurveda, Unani, Homoeopathy and Yoga	50
		Bhimtal (Nainatal)	Ayurveda, Unani, Homoeopathy and Yoga	10
		Piran Kaliyar (Haridwar)	Unani	50
34	West Bengal	Tapsikhata (Alipurduar)	Ayurveda, Unani, Homoeopathy and Yoga	50

		Abas Khas Jungle (Paschim Medinipur)	Ayurveda, Unani, Homoeopathy and Yoga	50
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ISSUANCE OF PASSPORTS IN BIHAR

749. DR. ALOK KUMAR SUMAN:

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

- (a) the number of passports issued in the districts of Gopalganj, Siwan, Purbi Champaran, Paschmi Champaran and Chhapra in the State of Bihar;
- (b) the number of persons who have gone for job/working in foreign countries after issuance of passport from the above mentioned districts; and
- (c) the details of foreign exchange/currency received from persons of the above mentioned areas working in foreign 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) Passports issued in the districts of Gopalganj, Siwan, Purbi Champaran, Paschmi Champaran and Chhapra in the State of Bihar are:

District	Passports Issued	Year			
		2021	2022	2023	2024 (till 31.10.2024)
Gopalganj		28518	37047	32383	29181
Siwan		33178	44506	41904	36044

Purbi Champaran		14170	21586	21319	17335
Paschmi Champaran		9655	14734	14670	12707
Chhapra		13269	19959	18163	15689

(b) and(c) Data as requested is not available with this Ministry.

BARAN MEDICAL COLLEGE IN RAJASTHAN

750. SHRI DUSHYANT SINGH:

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

(a) the details of the medical college being established in Baran of Rajasthan including its location, infrastructure and key features;

(b) the details of the funding pattern of the construction and establishment of the Baran Medical College in Rajasthan and the share of funding provided by the State Government and the Central Government respectively;

(c) whether there is any delay in the commencement of the operations at the Baran Medical college and if so, the reasons for the delay and the time by which the college is likely to begin its operations;

(d) the details of the departments and medical courses likely to be offered at the Baran Medical College and the plan for development of staff, including the availability of qualified doctors and faculty members; and

(e) whether the medical college is likely to include emergency trauma care facilities and cater to road accident victims and other emergency medical cases given its proximity to National Highway 76 and if so, the details thereof?

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

(a) to (e): The 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, a Medical College at Melkheri Road, Baran, Rajasthan was approved on 13.01.2020 with approved cost of Rs. 325 Crore Out of central share amounting to Rs. 195 Crore, an amount of Rs. 100 Crore has been released to the state government till date. The college has become functional with an intake capacity of 100 seats from academic session 2024-25.

As per guidelines of the Scheme, the planning, execution and commissioning of the medical colleges approved under the scheme is to be done by the State Government. As informed by Govt. of Rajasthan, the key infrastructure features are Academic block, Student Hostel, Dining Block, Principal residence,

Teaching residence, Non-Teaching residence, Resident Hostel, Intern Hostel, Nurse Hostel, 4th Class Residence and Development Works. Hospital part includes Hospital block (G+6), Mortuary etc. The faculty position of Baran Medical College is as under:

Sanctioned Strength	Working	Vacant
85	19	66

SPARK PROGRAMME

751. SHRI KRIPANATH MALLAH:

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

- (a) the details of Studentship Programme for Ayurveda Research Ken (SPARK) and the manner it is likely to foster research and innovation within the field of Ayurveda; and
- (b) the details of the opportunities it provides for students to actively contribute towards advancement in Ayurvedic sciences?

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

- (a) The Studentship Program for Ayurveda Research Ken (SPARK) was launched in September, 2022 by Central Council for Research in Ayurvedic Sciences (CCRAS) to promote interest and aptitude for research among Ayurveda undergraduate students. The main objective of this programme is to provide an

opportunity to undergraduate Ayurveda students to familiarize themselves with Research Methodology and techniques by being associated for a short duration by undertaking independent research projects. The application process for SPARK Programme is completely online and it is for the students of undergraduate Bachelor of Ayurvedic Medicine and Surgery (BAMS) from 1st year to 4th year (before appearing in 4th year final exams). The value of the studentship is Rs. 25,000/- per month for two months duration (Total Rs. 50,000/-) only. In 2022-23 batch, a total number of 778 research proposals were received from which 100 proposals were selected through a three tier review system and 95 candidates were awarded studentship on receipt and acceptance of their final reports. In the year 2023-2024, Ministry of Ayush has increased the annual intake from 100 to 200 in the Studentship Program for Ayurveda Research Ken (SPARK). This year a total of 2186 students were registered for the SPARK with 615 successful submissions of proposals on the online web portal. On 18/01/2024, the result for the SPARK Batch 2023-2024 has been declared on the SPARK Web Portal and CCRAS Website. Whereby a total of 198 candidates were awarded Studentship on receipt and acceptance of their final reports. For the year 2024-25, the Council has got the approval of the Competent Authority of Ministry of Ayush to increase the annual intake capacity of SPARK from **200 to 300** from the session 2024-25, as a result of the participants' excellent feedback by the Council under the aegis of Ministry of Ayush. Currently, SPARK-03 (2024-25) has

witnessed a successful 2161 registrations along 1154 projects submitted on the SPARK web Portal.

(b) The SPARK Programme has served as a motivation for undergraduate Ayurveda students to pursue research as a career in the future. This programme helps to inculcate research aptitude and to establish the groundwork for a high-quality research in Ayurveda by encouraging more undergraduate students to pursue doctoral and post-doctoral research studies. This programme aims to expand the team of brilliant Ayurveda doctors/researchers in the country, who are well trained in good quality research to fulfil the G-20 motives and World Health Organization (WHO) initiatives taken for Traditional and Complementary Medicine and its integration. The students get experience in conducting a scientific study and preparing research proposals on their own, which will help them in their future career development as they pursue PG, Ph.D., and other research-related goals. The Central Council for Research in Ayurvedic Sciences (CCRAS) also gains from students' innovative research ideas, which would be utilized for larger-scale research projects with their consent.

EXPANSION OF NCC TO COASTAL TALUKAS

752. SHRI BALASHOWRY VALLABHANENI:

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

(a) whether it is a fact that the Government has expanded NCC to coastal Talukas with a strength of one lakh cadets;

(b) if so, the details of coastal Talukas where NCC has been expanded in Andhra Pradesh;

(c) the details of incentives and/or job opportunities provided to NCC cadets in educational institutions and in jobs;

(d) whether NCC cadets are given any preference in Agnipath scheme; and

(e) if so, the details thereof?

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

(a) and (b): The government has launched expansion of NCC in Border Tehsils, Coastal Talukas and Talukas housing Air Force Stations by providing one lakh vacancies. This includes 16 Talukas in Andhra Pradesh.

(c): NCC Certificate holders are given incentives in officer entry in the Armed Forces like exemption from written examination, bonus marks for recruitment in Central Armed Police Forces (CAPF) and Assam Rifles. Some states are also providing incentives to NCC Certificate holders for admission to Educational Institutions and professional courses.

(d) and (e): NCC cadets are given bonus marks ranging from 5 to 25 depending on the level of certification, for recruitment under Agnipath Scheme.

PROMOTION SCHEME FOR MEDICAL COLLEGE

753. SHRI DHARAMBIR SINGH:

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

(a) whether the Government has specified a standard pay scale for Assistant Professors in medical colleges and if so, the details thereof;

(b) whether there exists an approved promotion scheme for medical college faculty, including timelines, criteria and procedures for career progression from Assistant Professor onwards, if so, the details thereof;

(c) whether dynamic career progression schemes, such as the Dynamic Assured Career Progression (DACP) are being applied to medical faculty to ensure timely and structured career progression, if so, the details thereof; and

(d) whether the Government provides a list of universities and medical colleges that currently implement DACP schemes or similar career progression frameworks for their faculty members, if so, the details thereof?

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

(a) The details of pay scale for Assistant Professors in Medical colleges under control of Union Government are as under:

(i) Institutes such as AIIMS Delhi, JIPMER Puducherry, PGIMER Chandigarh, all other AIIMS and NEIGRIHMS Shillong :- Pay level-12 of pay matrix specified for the Institutes.

(ii) RIMS Imphal and Central Government Medical Colleges such as VMMC, ABVIMS and LHMC :- Pay level-11 of pay matrix of 7th Central Pay Commission.

(b) to (d) The details of promotion schemes for faculty in medical colleges under control of Union Government are as under:

(i) Institutes such as AIIMS Delhi, JIPMER Puducherry, PGIMER Chandigarh, all other AIIMS and NEIGRIHMS Shillong follow the Assessment Promotion Scheme (APS) under which time bound promotions are made from Assistant Professor onwards. The promotions under APS are subject to assessment by Assessment Board/Internal Screening Committee and Standing Selection Committee.

(ii) RIMS Imphal follows Time Scale Promotion (TSP) Scheme under which time bound promotions are made from Assistant Professor onwards. The promotions under TSP are subject to assessment by Departmental Promotion Committee.

(iii) Central Government Medical Colleges follow the Dynamic Assured Career Progression (DACP) scheme under which time bound promotions are made from Assistant Professor onwards. The promotions under DACP are subject to assessment by Departmental Promotion Committee.

NAMO DRONE DIDI SCHEME

754: DR. M. P. ABDUSSAMAD SAMADANI:

SHRI RAJESH RANJAN:

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

(a) the total number of drones distributed to women Self Help Groups (SHGs) under the Namu Drone Didi scheme, State-wise;

- (b) the measures taken/proposed to be taken by the Government to create awareness and train women SHGs to handle drones;
- (c) the details of total expenditure incurred by the Government in training and conducting these awareness campaigns;
- (d) whether the Government is considering to prioritise distributing drones to women in the coastal belt of Kerala, which can enhance their livelihood opportunities; 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): The Cabinet approved Central Sector Scheme 'NAMO DRONE DIDI' for providing 15,000 Drones to the Women Self Help Groups (SHGs), during the period of 3 years (2023-24 to 2025-26) with a view to provide sustainable business and livelihood support to them. 1094 drone have been distributed to drone didis of SHGs by lead Fertilizer Companies in 2023-24 using their internal resources. The State-wise allocation of 1094 drones is attached at enclosed **Statement-I**. Out of these 1094 drone distributed to drone didis, 500 drones have been distributed under the Namu Drone Didi Scheme. The State-wise detail of 500 drones is placed at enclosed **Statement-II**.

(b): Under the Namu Drone Didi scheme, the training is included in the package of drone supply:

- i. Fifteen days training at Remote Pilot Training Organization (RPTO) recognized by Director General of Civil Aviation (DGCA) has been imparted to the Namu Drone Didis under the first phase of the scheme by Fertilizer Companies through their internal resources. For the second phase of the scheme, provisions have been made for training to the Namu Drone Didis in the operational guidelines issued by D/o. Agriculture and Farmers Welfare under the Namu Drone Didi Scheme.
- ii. The training covers drone flying, understanding provisions of Drone Rules, SOPs for nutrient and pesticide application, drone flying practice and minor repair and maintenance of Drones.
- iii. The training for agriculture purpose is conducted by a team consisting of drone manufacturers, experts from Central/State Institutes like SAUS, KVKS, ICAR institutes etc.
- iv. The other member/ family member of the SHG with inclination to take up repairs of electrical goods, fitting and mechanical works are selected by the State Level committee who are trained as drone assistant for 5 days.
- v. Awareness generation regarding the benefits of usage of drones by NDDs is being done by the Pradhan Mantri Kisan Samridhhi Kendras (PMKSKs) developed as hubs for handholding of NDDs. Further, in addition to the drone pilot training imparted to the NDDs, entrepreneurship trainings have been

provided by the Fertilizer Companies to NDDs for enhancing their proficiency/knowledge about usage of drones.

(c): Under the Namu Drone Didi Scheme, no expenditure has been incurred, by the Government of India, in respect of training and raising awareness campaigns towards the drones provided to SHGs.

(d) and (e): Out of the total 17 drones distributed by the Fertilizer Companies in the State of Kerala, 2 have been allocated under the Namu Drone Didi Scheme.

State Level Committees is responsible for selection of appropriate clusters for drone uses, selection of progressive Cluster Level Federations and Women SHGs under DAY-NRLM in the states in the identified clusters for providing drones, selection of members of women SHGs for drone pilot and drone assistant training, assessment of district-wise drone uses, identification of existing gap, availability and future requirements of drones uses providing/ensuring business to selected women SHGs in coordination with Lead Fertilizer Company and pesticides companies etc.

STATEMENT-I

The details of the State-wise allocation of 1094 drones.

S. No	State Name	No. of Drones Provided
1.	Andhra Pradesh	108
2.	Assam	28
3.	Bihar	32
4.	Chhattisgarh	15
5.	Goa	1
6.	Gujarat	58

7.	Haryana	102
8.	Himachal Pradesh	4
9.	JandK	2
10.	Jharkhand	15
11.	Karnataka	145
12.	Kerala	51
13.	Madhya Pradesh	89
14.	Maharashtra	60
15.	Odisha	16
16.	Punjab	57
17.	Rajasthan	40
18.	Tamil Nadu	44
19.	Telangana	81
20.	Uttar Pradesh	128
21.	Uttarakhand	3
22.	West Bengal	15
Total		1094

STATEMENT-II

The details of State-wise detail of 500 drones.

S. No	State Name	No. of Drones Provided
1	Andhra Pradesh	96
2	Assam	9
3	Bihar	5
4	Chhattisgarh	12
5	Gujarat	18
6	Haryana	22
7	Himachal Pradesh	4
8	Jharkhand	1

9	Karnataka	82
10	Kerala	2
11	Madhya Pradesh	34
12	Maharashtra	30
13	Odisha	12
14	Punjab	23
15	Rajasthan	19
16	Tamil Nadu	17
17	Telangana	72
18	Uttar Pradesh	32
19	Uttarakhand	3
20	West Bengal	7
Total		500

ASSETS OF CLOSED FERTILIZER UNITS

755. SHRI ESWARASAMY K:

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

- (a) the present status of plant machineries, utilities services, land buildings and other assets of the closed fertilizer units;
- (b) whether any valuation of the above assets was carried out by a competent agency before the closure;
- (c) if so, the details thereof along with their asset value, unit-wise; and
- (d) 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): Fertilizer Corporation of India Limited (FCIL) and Hindustan Fertilizer Corporation Limited (HFCL) were closed in September, 2002. Government of India 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. These four plants have added 50.8 LMT per annum of domestic urea production capacity in the country.

(b) and (c): The Projects and Development India Limited (PDIL), a Public Sector Undertaking under the administrative control of the Department of Fertilizers carried out the valuation of the assets of the closed units of HFCL and FCIL, the details of which are as under :

	Hindustan Fertilizer Corporation Limited (HFCL)	Fertilizer Corporation of India Limited (FCIL)

Particulars / Units	Durgapur	Barauni	Haldia	Sindri	Gorakhpur	Ramagun- dam	Talcher	Korba
1. Land & Buildings	21.86	3104.26	36.01	7742.89	3023.38	278.23	143.20	457.27
2. Trees Plantations	3.91	8.03	2.12	18.61	24.69	5.64	3.16	25.62
3. Usable items	0.03	0.11	0.11	54.41	16.18	32.86	42.24	11.42
4. Unusable items	28.24	40.48	43.15	179.73	58.88	94.63	90.23	12.16
Total	54.04	3152.88	81.39	7995.64	3123.13	411.36	278.83	506.47

(d): In view of (b) and (c) above, question does not arise.

SHORTAGE OF AYUSH DOCTORS

756. SHRI MALAIYARASAN D:

SHRI THARANIVENTHAN M.S.:

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

- (a) whether there is shortage of AYUSH doctors in the country and if so, the details thereof
along with the current estimated shortfall in the number of doctors in the country;
- (b) the steps taken/proposed to be taken by the Government to address this shortage and increase the number of AYUSH practitioners in the country;

- (c) the number of AYUSH doctors currently practicing in rural and underserved areas within Tamil Nadu including Kallakurichi constituency;
- (d) whether the Government plan to introduce any measures to improve training, recruitment and retention of AYUSH doctors in future; and
- (e) if so, the details thereof?

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

(a) No, Sir.

(b) The primary responsibility to increase the number of AYUSH doctors in the country comes under the purview of respective State/UT Governments as Public Health is a State subject. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM), the components for setting up of up to 50/30/10 bedded integrated Ayush Hospitals, upgradation of exclusive standalone Ayush Hospitals inter-alia are having provision for contractual deployment of AYUSH Doctors. In this regard, State/UT Governments are required to submit their proposals through State Annual Action Plans (SAAPs) as per the guidelines of the scheme.

(c) Public Health being a State subject, number of AYUSH doctors currently practicing in rural and underserved areas within Tamil Nadu including Kallakurichi constituency is maintained by the State Government.

(d) and (e) The Ministry of Ayush is implementing a Central Sector Scheme namely AYURGYAN since 2021-22 with the aim to support Research and Innovation in Ayush by providing Extra Mural Research activities and Education by providing academic activities, training, Capacity Building etc. The Scheme has 03 components viz. (i) Capacity Building and Continuing Medical Education (CME) in Ayush (ii) Research and Innovation in AYUSH from FY 2021-22 and 3rd component namely Ayurveda Biology Integrated Health Research has also been added under the scheme from FY 2023-24. Under Capacity Building and Continuing Medical Education (CME) in Ayush, financial assistance is provided to the eligible organizations, as per the provisions contained in the Scheme guideline, for conducting training program for Ayush personnel.

INTEGRATED CHILD DEVELOPMENT SERVICES

757. SHRI C. N. ANNADURAI:

SHRI NAVASKANI K:

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

- (a) the manner in which Integrated Child Development Services (ICDS) integrate with other health and nutrition schemes, such as the Mid-day Meal Scheme and the National Health Mission, to ensure holistic development of Children;

- (b) the details of the measures being taken to raise community awareness and encourage participation in ICDS, especially among marginalized and low-income communities;
- (c) the number of children who have been benefited from ICDS scheme during the last three years in the State of Tamil Nadu;
- (d) the number of Non-Governmental Organizations involved in the implementation of the said programme, State-wise including Tamil Nadu; and
- (e) the quantum of funds released by the Union Government for the scheme during the last three years and the current year?

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

(a) In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers and Adolescent Girls; Early Childhood Care and Education [3-6 years] and Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under an umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) for effective implementation of the scheme and for better nutritional delivery to end beneficiaries.

Under the Scheme the following six services are provided through the platform of Anganwadi Centres to the eligible beneficiaries:

- i. Supplementary Nutrition (SNP)
- ii. Pre-school Non-formal Education,
- iii. Nutrition and Health Education,
- iv. Immunization,
- v. Health Check-up, and
- vi. Referral Services

Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through NHM and Public Health Infrastructure.

Under National Education Policy (NEP) 2020, there is full convergence of ECCE with Department of School Education to make the child school ready.

(b) Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

(c) The number of children who have benefited from Mission Saksham Anganwadi and Poshan 2.0 during the last three years in the State of Tamil Nadu is as under:

S.No	Financial Year	Number of children (6 months-6 years) under the scheme
1.	2021-22	29,44,855
2.	2022-23	31,20,329
3.	2023-24	32,77,415

(d) The information regarding Non-Governmental Organizations working across the country under Mission Saksham Anganwadi and Poshan 2.0 is not maintained centrally

(e) Details of funds released by the Union Government for the scheme during the last three years and the current year are as under:

S.No	Financial Year	Funds released under Mission Saksham Anganwadi and Poshan 2.0 (Rs in crores)
1.	2021-22	18368.01
2.	2022-23	19849.82
3.	2023-24	21741.17
4.	2024-25*	12027.62

* (as on 20.11.2024)

SHORTAGE OF FERTILIZERS

758: SHRI DEEPAK ADHIKARI (DEV):

SHRI DHARAMBIR SINGH:

SHRI ANAND BHADAURIA:

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

- (a) whether the Government is aware of the current shortage of Urea, DAP (Diammonium Phosphate) and 10.26.26 fertilizer affecting farmers across the country, particularly in the agrarian State of North including Haryana, Uttar Pradesh, Punjab, Rajasthan and Madhya Pradesh, if so, the details thereof and the reasons therefor;
- (b) if not, the stock status of the above said fertilizers as on 31.10.2024, State-wise;
- (c) the details regarding allotment of fertilizers during the last 6 months, State-wise;
- (d) whether any immediate measures have been implemented to address and alleviate this shortage to ensure timely access for farmers in Haryana and other affected regions; and
- (e) the specific steps taken/proposed to be taken by the Government to improve the supply chain and availability of Urea and DAP fertilizer to prevent such shortage from impacting agricultural productivity in future along with the time by which the supply is likely to stabilize in the said 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), (b) and (d) : The details regarding requirement, availability, sales and closing stock of Urea, DAP and NPKS across the country, including the States of Haryana, Uttar Pradesh, Punjab, Rajasthan and Madhya Pradesh during the ongoing Rabi 2024-25 season is enclosed at **Statement-I**. However, Department of Agriculture and Farmers' Welfare provides the overall requirement of NPKS fertilizers in the country including all the grades.

(c): The details regarding requirement, availability, sales and closing stock of fertilizers during the Kharif 2024 season, State-wise is enclosed at **Statement-II**.

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

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW), in consultation with all the State Governments, assesses the state-wise and month-wise requirement of fertilizers.
- ii. On the basis of requirement projected, Department of Fertilizers allocates sufficient/ adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Monitoring System (iFMS);
- iv. Regular Weekly Video Conference is conducted jointly by DAandFW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.
- v. The gap between demand (requirement) and production of fertilizers is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

STATEMENT-I											
FERTILIZERS POSITION DURING RABI 2024-25 (TILL 25.11.24)											
Fig. in LMT											
Sl. No.	States	UREA					DAP				
		Seasonal Requirement for RABI 2024-25	Pro rata Requirement from 01/10/2024 to 25/11/2024	Availability from 01/10/2024 to 25/11/2024	Cumulative DBT Sales from 01/10/2024 to 25/11/2024	Closing Stock as on 25/11/2024	Seasonal Requirement for RABI 2024-25	Pro rata Requirement from 01/10/2024 to 25/11/2024	Availability from 01/10/2024 to 25/11/2024	Cumulative DBT Sales from 01/10/2024 to 25/11/2024	Closing Stock as on 25/11/2024
1	Andaman and Nicobar	0.00	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	9.40	2.31	5.06	2.13	2.92	2.00	0.75	1.45	0.87	0.60
3	Arunachal Pradesh	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	1.65	0.69	1.23	0.50	0.74	0.25	0.11	0.23	0.14	0.00

5	Bihar	13.00	4.13	7.32	2.33	5.01	3.00	1.59	2.00	1.31	0.72
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	2.40	1.22	1.89	0.37	1.51	0.70	0.42	0.43	0.14	0.29
8	Dadra and Nagar	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00
10	Delhi	0.15	0.00	0.10	0.06	0.04	0.00	0.00	0.03	0.02	0.01
11	Goa	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12	Gujarat	13.75	5.30	5.43	3.19	2.24	2.75	1.67	1.90	1.57	0.34
13	Haryana	11.20	4.53	7.65	4.08	3.56	2.60	2.07	2.36	2.16	0.21
14	Himachal Pradesh	0.37	0.08	0.16	0.06	0.10	0.01	0.00	0.02	0.01	0.01
15	Jammu and Kashmir	0.70	0.07	0.40	0.07	0.33	0.25	0.06	0.19	0.07	0.12
16	Jharkhand	1.00	0.32	1.02	0.28	0.74	0.25	0.13	0.27	0.11	0.15
17	Karnataka	6.50	2.11	5.62	2.13	3.53	1.74	0.62	1.05	0.54	0.53
18	Kerala	0.57	0.23	0.44	0.27	0.17	0.07	0.02	0.06	0.05	0.01
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	20.00	11.83	12.96	8.64	4.30	8.00	5.42	4.43	3.32	1.10
21	Maharashtra	10.00	2.00	8.74	2.57	6.15	2.50	0.70	1.68	0.75	0.93

22	Manipur	0.10	0.03	0.02	0.00	0.02	0.01	0.00	0.00	0.00	0.00
23	Meghalaya	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.01	0.00	0.05	0.03	0.02	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	1.85	0.38	1.81	0.46	1.33	0.70	0.11	0.36	0.12	0.24
27	Puducherry	0.09	0.03	0.04	0.03	0.01	0.01	0.00	0.01	0.00	0.00
28	Punjab	15.00	7.54	8.83	4.09	4.70	4.50	3.96	3.46	2.82	0.62
29	Rajasthan	15.00	8.52	9.60	6.57	3.03	3.00	2.63	2.77	2.30	0.48
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	6.00	2.77	4.22	2.45	1.79	1.30	0.60	1.02	0.63	0.40
32	Telangana	9.80	3.12	5.00	1.24	3.78	1.50	0.55	0.69	0.34	0.35
33	Tripura	0.10	0.02	0.11	0.02	0.09	0.01	0.00	0.00	0.00	0.00
34	Uttarakhand	1.03	0.30	0.47	0.19	0.28	0.15	0.10	0.25	0.13	0.12
35	Uttar Pradesh	39.00	10.83	23.33	7.54	15.79	15.00	10.00	8.82	6.97	1.87
36	West Bengal	8.20	2.27	5.47	1.61	3.79	1.75	0.62	1.02	0.50	0.56
ALL INDIA		186.89	70.63	116.98	50.91	66.01	52.05	32.13	34.50	24.89	9.75
* Primary Indicator of comfortable availability: Availability > Requirement											
** Secondary Indicator of comfortable availability: Availability > Sales											

FERTILIZERS POSITION DURING RABI 2024-25 (TILL 25.11.24)											
Fig. in LMT											
S. No	State	MOP					NPKS				
		Seasonal Requirement for RABI 2024-25	Pro rata Requirement from 01/10/2024 to 25/11/2024	Availability from 01/10/2024 to 25/11/2024	Cumulative DBT Sales from 01/10/2024 to 25/11/2024	Closing Stock as on 25/11/2024	Seasonal Requirement for RABI 2024-25	Pro rata Requirement from 01/10/2024 to 25/11/2024	Availability from 01/10/2024 to 25/11/2024	Cumulative DBT Sales from 01/10/2024 to 25/11/2024	Closing Stock as on 25/11/2024
1	Andaman and Nicobar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	0.80	0.37	0.82	0.30	0.51	9.00	3.54	6.42	3.23	3.35
3	Arunachal Pradesh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Assam	0.28	0.13	0.14	0.04	0.09	0.35	0.16	0.20	0.08	0.12
5	Bihar	1.15	0.68	1.27	0.51	0.77	4.00	2.57	2.90	1.34	1.60
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	0.15	0.08	0.31	0.03	0.28	0.60	0.31	0.39	0.08	0.31
8	Dadra and Nagar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Daman and Diu	#N/A	0.00	0.00	0.00	0.00	#N/A	0.00	0.00	0.00	0.00
10	Delhi	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11	Goa	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
12	Gujarat	0.64	0.33	0.60	0.31	0.30	4.00	1.83	3.30	2.19	1.12
13	Haryana	0.30	0.09	0.39	0.10	0.28	1.20	0.50	0.72	0.56	0.16
14	Himachal Pradesh	0.03	0.01	0.02	0.00	0.01	0.21	0.08	0.16	0.06	0.09
15	Jammu and Kashmir	0.13	0.02	0.04	0.01	0.03	0.02	0.00	0.00	0.00	0.00
16	Jharkhand	0.03	0.02	0.03	0.00	0.02	0.30	0.18	0.28	0.09	0.19
17	Karnataka	0.65	0.24	0.99	0.32	0.69	6.30	1.73	6.33	2.82	3.56

18	Kerala	0.40	0.17	0.36	0.21	0.14	0.60	0.24	0.47	0.32	0.16
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	0.60	0.28	0.83	0.34	0.50	6.00	3.25	4.66	3.69	0.98
21	Maharashtra	1.00	0.24	1.21	0.27	0.95	12.00	3.36	8.18	3.17	5.03
22	Manipur	0.02	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00
23	Meghalaya	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Mizoram	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	0.25	0.06	0.26	0.05	0.21	0.75	0.13	0.72	0.17	0.56
27	Puducherry	0.01	0.00	0.01	0.00	0.00	0.04	0.01	0.04	0.02	0.02
28	Punjab	0.50	0.28	0.52	0.18	0.34	1.50	1.13	0.99	0.66	0.32
29	Rajasthan	0.10	0.05	0.16	0.08	0.08	1.50	1.20	1.61	1.27	0.34
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	1.20	0.49	0.81	0.37	0.44	6.00	2.59	3.08	1.90	1.21
32	Telangana	0.70	0.23	0.46	0.15	0.32	7.00	2.42	3.63	1.35	2.44
33	Tripura	0.02	0.00	0.05	0.01	0.04	0.01	0.00	0.02	0.00	0.01
34	Uttarakhand	0.05	0.03	0.06	0.01	0.05	0.20	0.09	0.08	0.07	0.01
35	Uttar Pradesh	1.25	0.85	1.55	0.82	0.73	8.50	5.75	6.26	4.79	1.52
36	West Bengal	1.70	0.62	1.26	0.39	0.88	7.00	3.19	4.23	1.80	2.45
ALL INDIA		11.95	5.26	12.15	4.50	7.69	77.10	34.27	54.66	29.65	25.58

* Primary Indicator of comfortable availability: Availability > Requirement

STATEMENT-II

FERTILIZERS ALLOTMENT DURING LAST 6 MONTHS (KHARIF 2024)																		
Fig. in LMT																		
S l. N o	State	UREA				DAP				MOP				NPKS				
		RE- MEN T	AVAIL ABI- LITY	SAL ES	CLOSI NG STOC K	RE- MEN T	AVAIL ABI- LITY	SAL ES	CLOS ING STOC K	RE- MEN T	AVAIL ABI- LITY	SAL ES	CLOSI NG STOC K	REQUIRE MENT	AVAIL ABI- LITY	SAL ES	CLOS ING STOC K	
1	Andaman and Nicobar	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	6.50	8.72	6.32	2.40	2.30	2.54	2.01	0.52	0.70	1.11	0.69	0.43	7.00	9.84	5.88	3.99	
3	Arunachal Pradesh	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4	Assam	1.63	2.60	1.93	0.67	0.36	0.40	0.26	0.14	0.19	0.36	0.28	0.09	0.20	0.34	0.19	0.15	
5	Bihar	9.87	14.01	10.41	3.60	2.50	2.58	1.78	0.80	0.35	0.78	0.33	0.45	2.00	4.06	2.12	1.94	
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
7	Chhattisgarh	6.50	8.63	7.20	1.44	3.40	3.13	2.89	0.29	0.58	0.84	0.59	0.25	1.20	2.20	1.80	0.35	
8	Dadra and Nagar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9	Daman and Diu	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10	Delhi	0.08	0.22	0.18	0.04	0.01	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	Goa	0.01	0.01	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.02	0.02	0.00	
12	Gujarat	11.85	13.13	10.73	2.40	3.50	3.22	2.61	0.61	0.35	0.64	0.26	0.38	3.00	5.68	3.86	1.83	
13	Haryana	10.30	14.04	10.05	3.98	3.20	3.14	2.60	0.54	0.30	0.56	0.26	0.30	0.50	0.77	0.34	0.43	
14	Himachal Pradesh	0.34	0.46	0.35	0.12	0.01	0.02	0.01	0.01	0.01	0.02	0.01	0.01	0.16	0.19	0.13	0.06	
15	Jammu and Kashmir	0.78	1.13	0.75	0.39	0.24	0.28	0.17	0.11	0.09	0.10	0.07	0.04	0.02	0.01	0.00	0.00	

16	Jharkhand	1.65	2.63	2.02	0.60	0.65	0.55	0.42	0.12	0.03	0.04	0.02	0.02	0.35	0.66	0.50	0.17
17	Karnataka	10.75	15.13	11.55	3.58	3.90	4.38	3.87	0.58	1.30	1.89	1.24	0.67	9.90	17.06	12.17	4.81
18	Kerala	0.54	0.73	0.52	0.21	0.10	0.13	0.10	0.03	0.42	0.50	0.38	0.12	0.77	0.96	0.61	0.35
19	Lakshadweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Madhya Pradesh	15.38	23.06	17.57	5.49	8.57	6.78	5.75	1.05	0.45	1.05	0.44	0.60	2.50	7.09	4.73	2.33
21	Maharashtra	13.73	21.67	15.54	6.14	5.00	4.63	3.96	0.82	1.30	2.23	1.13	1.10	18.00	24.98	18.34	6.48
22	Manipur	0.16	0.13	0.10	0.02	0.02	0.01	0.01	0.00	0.02	0.01	0.01	0.00	0.00	0.01	0.01	0.00
23	Meghalaya	0.02	0.03	0.03	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00
24	Mizoram	0.07	0.11	0.10	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25	Nagaland	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	4.20	6.01	4.75	1.26	2.16	2.02	1.79	0.24	0.60	0.71	0.55	0.16	2.00	3.05	2.42	0.64
27	Puducherry	0.08	0.08	0.07	0.01	0.01	0.01	0.01	0.00	0.01	0.01	0.00	0.00	0.04	0.06	0.03	0.03
28	Punjab	11.50	21.02	17.27	3.75	3.60	3.74	2.75	0.98	0.50	0.69	0.34	0.35	1.00	1.03	0.44	0.59
29	Rajasthan	11.20	14.94	10.58	4.36	5.50	4.11	3.57	0.54	0.11	0.15	0.08	0.07	0.75	1.66	0.99	0.68
30	Sikkim	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Tamil Nadu	4.91	6.35	4.43	1.93	1.40	1.46	1.01	0.44	1.04	1.11	0.74	0.37	4.54	5.57	3.54	2.03
32	Telangana	10.40	12.89	9.66	3.23	2.40	2.53	2.17	0.35	0.60	0.74	0.48	0.25	10.00	11.22	8.55	2.69
33	Tripura	0.08	0.19	0.07	0.11	0.03	0.01	0.01	0.00	0.01	0.06	0.01	0.05	0.03	0.03	0.02	0.01
34	Uttarakhand	1.00	1.54	1.29	0.25	0.15	0.29	0.16	0.14	0.03	0.07	0.01	0.05	0.20	0.14	0.09	0.05
35	Uttar Pradesh	38.00	52.50	39.00	13.51	9.05	10.43	7.02	3.41	0.47	1.53	0.48	1.05	6.00	6.80	3.42	3.40
36	West Bengal	5.60	10.13	6.64	3.51	1.80	1.62	1.13	0.49	0.80	1.41	0.89	0.52	4.00	8.20	5.28	2.93
	ALL INDIA	177.12	252.10	189.12	63.02	59.87	58.08	46.12	12.23	10.26	16.60	9.27	7.33	74.19	111.66	75.46	35.94

TRAINING PROGRAMME FOR AWWS**759. SHRI A. MANI:**

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

- (a) the number of Anganwadi centers that are currently operational across the country, indicating the estimated reach of these centers among rural and urban populations;
- (b) the percentage of Anganwadi centers with basic facilities such as clean drinking water, sanitation and adequate space for activities;
- (c) whether any recommendations are pending with Government to improve the infrastructure and resources at Anganwadi centers, if so, the details thereof and the manner in which the Ministry is addressing gaps in essential facilities;
- (d) the list of training programmes available for Anganwadi workers and helpers to ensure effective delivery of services under ICDS; and
- (e) the details of training initiatives aimed at enhancing the skills of Anganwadi workers, particularly in child nutrition, health and early childhood education?

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

(a) to (c) Government of India has accorded high priority to the issue of malnutrition, it is implementing several schemes/programmes through different

Ministries/Departments through States/UTs to address various aspects related to nutrition. The efforts under the Supplementary Nutrition Programme under Anganwadi Services and Poshan Abhiyaan have been realigned and converged as 'Mission Saksham Anganwadi and Poshan 2.0' (Mission Poshan 2.0). The State wise list of Anganwadi Centres that are currently operational across the country is placed at enclosed **Statement**.

In order to improve the infrastructure facilities at the Anganwadi Centres (AWCs) various steps have been undertaken by the Ministry that, inter alia, include increasing the funding for drinking water facilities and toilets from Rs.10,000/- to Rs.17,000/- per AWC and Rs.12,000/- to Rs.36,000/- per AWC respectively. As per the data from Poshan Tracker, drinking water facility is available in 11,47,213 AWCs and toilet facility is available in 9,16,105 AWCs as of October 2024.

Under Mission Saksham Anganwadi and Poshan 2.0, there is a provision of construction of 50000 AWCs buildings over a period of five years @10000 AWCs per year. The cost norms for construction of Anganwadi Centres in convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) have been revised from Rs.7 Lakh per AWC to Rs.12 Lakh per AWC wherein Rs.8.00 Lakh would be provided under MGNREGS, Rs.2.00 Lakh under 15th Finance Commission (FC) (or any other untied funds) and Rs.2.00 Lakh by MWCD per AWC to be shared between Centre and States/UTs in the prescribed cost sharing ratio. Further, States/UTs have also been advised to continue to tap funds for construction of AWC buildings from various schemes such as Member of Parliament Local Area Development Scheme (MPLADS), Rural Infrastructure

Development Fund (RIDF), Finance Commission Grants to Panchayati Raj Institutions, National Rural Employment Guarantee Act (NREGA), Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

During the 15th Finance Commission cycle, 2 lakh Anganwadi Centres @ 40,000 AWCs per year are to be upgraded as Saksham Anganwadis for improved nutrition delivery and for early childhood care and development under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are equipped with infrastructure better than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE and BALA Paintings. As on date, the total AWCs approved for upgradation as Saksham AWCs is 1,70,337.

Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available.

Further, Government has also decided to upgrade all Mini AWCs with one worker to full-fledged Anganwadi Centres with one worker and one helper each.

Under Mission Poshan 2.0, Anganwadi workers (AWWs) have been technologically empowered with the provision of smartphones for efficient monitoring and service delivery. The mobile application Poshan Tracker digitizes physical registers used by Anganwadi workers. This improves the quality of their work while simultaneously allowing them real-time monitoring of the all activities in the Anganwadi.

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

Regular monitoring of growth parameters is essential for identifying children who may be malnourished and to make timely interventions. Therefore, Anganwadi centres have been equipped with Growth Monitoring Devices like infantometer, stadiometer, weighing scale-infant, weighing scale – Mother and Child.

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

To empower the Anganwadi workers and ensure optimal learning for all children including Divyang children, this Ministry has developed two curriculum frameworks - “Navchetana- National Framework for Early Childhood Stimulation for Children from Birth to 3 Years” and “Aadharshila- National Curriculum for Early Childhood Care and Education for Children from 3 to 6 Years” under Poshan Bhi Padhai Bhi programme.

As on 27.11.2024 a total of 23,411 State Level Master Trainers (CDPOs, Supervisors and Additional Resource Persons) and 37,732 Anganwadi Workers have been trained across the country to deliver the Poshan Bhi Padhai Bhi programme.

STATEMENT

Statement indicating State wise operational Anganwadi Centres

S. No	State/UTs	Operational AWCs as per State
1	Andhra Pradesh	55607
2	Arunachal Pradesh	6225
3	Assam	62093
4	Bihar	114968
5	Chhattisgarh	52382
6	Goa	1261
7	Gujarat	53065
8	Haryana	25962
9	Himachal Pradesh	18925
10	Jharkhand	38515
11	Karnataka	65931
12	Kerala	33120
13	Madhya Pradesh	97329
14	Maharashtra	110516
15	Manipur	11523
16	Meghalaya	6162

17	Mizoram	2244
18	Nagaland	3980
19	Odisha	74192
20	Punjab	27314
21	Rajasthan	61885
22	Sikkim	1308
23	Tamil Nadu	54449
24	Telangana	35700
25	Tripura	10222
26	Uttar Pradesh	189021
27	Uttarakhand	20060
28	West Bengal	119481
29	A and N Islands	720
30	Chandigarh	450
31	Dadra and N Haveli and Daman and Diu	405
32	Delhi	10897
33	Jammu and Kashmir	28426
34	Ladakh	1173
35	Lakshadweep	59

36	Puducherry	855
Total		1396425

**NATIONAL INSTITUTE OF PHARMACEUTICAL EDUCATION AND
RESEARCH**

760. DR. SHRIKANT EKNATH SHINDE:

SHRI NARESH GANPAT MHASKE:

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

- (a) the primary objectives and role of the National Institute of Pharmaceutical Education and Research (NIPER) in advancing pharmaceutical education and research in the country;
- (b) the details of the key achievements of NIPER in driving innovation and self-reliance in pharmaceutical education and industry;
- (c) the initiatives taken by the Government to expand NIPER's role in supporting healthcare advancements through research collaborations;
- (d) the details of the NIPER's initiatives to support India's self-reliance in critical pharmaceutical sectors, including bulk drugs and medical devices and strengthen pharmaceutical exports and global market presence; and
- (e) the steps being taken to enhance the infrastructure and resources of NIPER institutes to foster world-class research?

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

(a) to (e): The Department of Pharmaceuticals has set up seven National Institutes of Pharmaceutical Education and Research (NIPERs) as institutes of National Importance to nurture and promote quality and excellence in pharmaceutical education and research. These institutes impart postgraduate and doctoral education; conduct high-end research in various pharma and meditech specializations; and, promote industry-academia interactions and collaborations. As on October, 2024, a total of about 10960 students have passed out from these NIPERs since their inception, facilitating availability of professional manpower to the industry as well as RandD and academic institutions. NIPERs have published more than 8,048 research papers in various reputed journals and filed more than 425 patents, so far. As part of academia-industry collaboration and exchange, NIPERs have signed more than 303 MOUs with Industries and other academic institutions.

Under Component A of the Scheme for Promotion of Research and Innovation in Pharma MedTech Sector (PRIP), seven Centres of Excellence (CoEs), one each at all the existing NIPERs, is approved with a total financial outlay of Rs. 700 crore over a period of 5 years (2023-24 to 2027-28). This will strengthen the research infrastructure and resources of NIPERs and foster world class research in pre-identified areas.

आंगनवाड़ी केंद्रों का डिजीटलीकरण

761. श्री हनुमान बेनीवाल:

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

- (क) क्या सरकार ने विशेष रूप से ग्रामीण और दूरदराज के क्षेत्रों में आंगनवाड़ियों में शौचालय, पेयजल, स्वच्छता, बिजल की बुनियादी सुविधाओं में सुधार किया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) क्या पोषण 2.0 में उल्लिखित सक्षम आंगनवाड़ी के रूप में आंगनवाड़ी केंद्रों को डिजिटल उपकरण उपलब्ध कराए गए हैं और आंगनवाड़ी सेवाओं के डिजिटलीकरण के बारे में उल्लेख किया गया है; और
- (घ) 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 (घ): आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की बुनियादी ढांचा सुविधा में सुधार के लिए, मंत्रालय ने आंगनवाड़ी केंद्र में पेयजल सुविधा के निर्माण के लिए प्रावधान को पूर्ववर्ती 10,000 रुपये से बढ़ाकर 17,000 रुपये और शौचालय निर्माण के लिए पूर्ववर्ती 12,000 रुपये से बढ़ाकर 36,000 रुपये कर दिया है। वित्त वर्ष 2023-24 के दौरान, पेयजल सुविधाओं के निर्माण के लिए 61189 आंगनवाड़ी केंद्रों और शौचालय सुविधाओं के निर्माण के लिए 65790 आंगनवाड़ी केंद्रों को मंजूरी दी गई है। वित्त वर्ष 2024-25 के दौरान 20.11.2024 तक, पेयजल सुविधाओं के निर्माण के लिए 4768 आंगनवाड़ी केंद्रों और शौचालय सुविधाओं के निर्माण के लिए 1437 आंगनवाड़ी केंद्रों को मंजूरी दी गई है। पोषण ट्रेकर के आंकड़ों के अनुसार अक्टूबर, 2024 तक 11,47,213 आंगनवाड़ी केंद्रों में पेयजल सुविधा और 9,16,105 आंगनवाड़ी केंद्रों में शौचालय की सुविधा है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत, प्रति वर्ष 10000 आंगनवाड़ी केंद्रों की दर से पांच वर्षों की अवधि में 50000 आंगनवाड़ी केंद्रों के भवनों के निर्माण का प्रावधान है। मनरेगा के साथ अभिसरण में आंगनवाड़ी केंद्रों के निर्माण के लिए लागत मानदंड 7 लाख रुपये प्रति आंगनवाड़ी केंद्र से संशोधित कर 12 लाख रुपये प्रति आंगनवाड़ी केंद्र कर दिया गया है जिसमें 8.00 लाख रुपये मनरेगा के तहत, 2.00 लाख रुपये 15वें वित्त आयोग (या किसी अन्य असंबद्ध निधि) के तहत और

2.00 लाख रुपये प्रति आंगनवाड़ी केंद्र महिला एवं बाल विकास मंत्रालय द्वारा निर्धारित लागत साझाकरण अनुपात में केंद्र और राज्यों/संघ राज्य क्षेत्रों के बीच साझा किए जाएंगे। इसके अलावा, राज्यों/संघ राज्य क्षेत्रों को एमपीएलएडी, आरआईडीएफ, पंचायती राज संस्थाओं को वित्त आयोग अनुदान, राष्ट्रीय ग्रामीण रोजगार गारंटी अधिनियम (नरेगा), अल्पसंख्यक कार्य मंत्रालय के बहु-क्षेत्रीय विकास कार्यक्रम (एमएसडीपी) आदि जैसी विभिन्न योजनाओं से आंगनवाड़ी केंद्रों के भवनों के निर्माण के लिए धन प्राप्त करना जारी रखने की सलाह दी गई है।

राज्यों/संघ राज्य क्षेत्रों को निर्देश जारी किए गए हैं कि वे पर्याप्त बुनियादी ढांचे के बिना किराए पर चल रहे आंगनवाड़ी केंद्रों को पास के प्राथमिक विद्यालयों में स्थापित करें, जहां स्थान उपलब्ध हो।

इसके अलावा, सरकार ने एक कार्यकर्त्री वाले सभी लघु आंगनवाड़ी केंद्रों को एक कार्यकर्त्री और एक सहायिका के साथ पूर्ण आंगनवाड़ी केंद्रों में उन्नत करने का भी निर्णय लिया है।

15वें वित्त आयोग के चक्र के दौरान, प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर से 2 लाख आंगनवाड़ी केंद्रों को बेहतर पोषण वितरण और प्रारंभिक बाल्यावस्था देखभाल और विकास प्रदान करने के लिए सक्षम आंगनवाड़ी के रूप में उन्नत 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, वाटर प्यूरीफायर/आरओ मशीन की स्थापना और स्मार्ट लर्निंग उपकरण शामिल हैं। मिशन पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) को कुशल निगरानी और सेवा प्रदायगी के लिए स्मार्टफोन प्रदान करते हुए तकनीकी रूप से सशक्त बनाया गया है। मोबाइल एप्लिकेशन पोषण ट्रेकर ने आंगनवाड़ी कार्यकर्त्रियों द्वारा प्रयोग किए जाने वाले भौतिक रजिस्टर्स को डिजिटल बना दिया है। इससे उनके काम की गुणवत्ता में सुधार हुआ है और साथ ही उन्हें एक साथ चल रही सभी गतिविधियों की रीयल टाइम निगरानी करने की सुविधा मिली है।

आंगनवाड़ी कार्यकर्त्रियों के अलावा, पर्यवेक्षकों और ब्लॉक समन्वयकों को भी स्मार्टफोन प्रदान किए जाते हैं। इसी प्रकार, आंगनवाड़ी कार्यकर्त्रियों, पर्यवेक्षकों और ब्लॉक समन्वयकों को डेटा रिचार्ज सहायता प्रदान की जाती है।

कुपोषित बच्चों की पहचान करने और समय पर कार्रवाई करने के लिए विकास मापदंडों की नियमित निगरानी आवश्यक है। इसलिए, आंगनवाड़ी केंद्रों को इन्फैंटोमीटर, स्टेडियोमीटर, शिशु वजन मापने वाला पैमाना, माता और बच्चे का वजन मापने वाला पैमाना जैसे विकास निगरानी उपकरण उपलब्ध कराए गए हैं।

GUIDELINES FOR ESTABLISHMENT OF POPSKS

762. DR. KALANIDHI VEERASWAMY:

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

- (a) the current guidelines or criteria followed for the establishment of Post Office Passport Seva Kendra (POPSKs), including factors considered for their allocation to constituencies across the country;
- (b) whether the Government is aware that there are no PSK/POPSK in North Chennai as General Post Office (GPO) comes under Harbour assembly and Central Chennai Parliamentary constituency and if so, the details thereof;
- (c) whether the Government is also aware that Post Master General (PMG) Chennai has stated that Periyar Nagar Post office has adequate infrastructure to function as a POPSK;
- (d) whether the Government is considering the possibility of allowing two POPSKs to be established within a single Parliamentary Constituency to address increasing demand for passport services and if so, the details thereof;
- (e) the expected timeline for reviewing and potentially revising the current policy or guidelines to allow for two POPSKs in a single constituency, if deemed necessary; and

(f) the steps taken/proposed to be taken by the Government to ensure efficient and accessible passport services to citizens across the country especially in the regions facing challenges?

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) Ministry of External Affairs in association with Department of Posts (DoP) had decided in January 2017 to open Seva Kendras at the Head Post Offices (HPO)/ Post Offices (PO) in the country called Post Office Passport Seva Kendra (POPSK) in each Lok Sabha Constituency (LSC) where there is no PSK or a POPSK. As on date, 93 PSKs and 442 POPSKs have been set up in the country and are operational to cater to the needs of passport seekers.

(b) and (c) Department of Posts has proposed space at Post Office, Periyar Nagar in North Chennai Lok Sabha Constituency of Tamil Nadu. The suitability of the proposed space from technical side is being examined.

(d) and (e) Once all Lok Sabha Constituencies are covered, a detailed analysis of the requirements for PSK/ POPSK could be done to determine the necessity of more than one POPSK in any Lok Sabha Constituency.

(f) 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) 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 mPassportSeva 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. Ministry's mPassport Police App is being used by the Police authorities for verification of antecedents of the applicants in a paperless digital flow.

Further, DigiLocker has been successfully integrated with the Passport Seva Programme (PSP) system enabling citizens to submit various documents required for passport services through DigiLocker in a paperless mode. For speedy issue of Passport there is a 'Tatkal Scheme'. In order to make passport issuance process more inclusive, for the transgender community, the Government has issued guidelines to accept Certificate of Identity/Identity Card, issued under the Transgender Persons (Protection of Rights) Act, 2019 for the purpose of change of name and gender in passport following change of gender from male to female or vice versa.

REPATRIATION OF INDIANS BY UNITED STATES**763. SHRI V. K. SREEKANDAN:**

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

(a) whether it is a fact that the United States has repatriated several hundreds of Indians over the past year for trying to enter the US illegally;

(b) if so, the details thereof;

(c) whether it is true that the US has alleged that human trafficking organizations are behind sending Indians to the US illegally;

(d) if so, the details thereof;

(e) whether it is also true that the US has taken stringent steps to repatriate Indians who have overstayed in the United States; and

(f) 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 (f): The US Department of Homeland Security, as part of its mandate, conducts regular deportation of foreign nationals who fail to establish a legal basis to remain in the United States.

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

As part of India-US cooperation on migration and mobility, both sides are engaged in a process to deter illegal migration, including human smuggling and create more avenues for legal mobility from India to the US.

DISTRICT COURTS

764. SHRI SAPTAGIRI SANKAR ULAKA:

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

- (a) the steps taken/proposed to be taken to address the issues of inadequate infrastructure, representation, and resources in district courts across the country;
- (b) whether the Government has assessed the representation of various communities within the district courts' judiciary and support staff, and initiatives to improve diversity in hiring practices, if so, the details thereof;
- (c) the status of filling vacant positions for judicial and non-judicial staff in district courts, State-wise,
- (d) whether Government is planning for recruitment drives to address these gaps, if so, the details thereof;
- (e) the breakdown of infrastructure gaps in district courts, including issues such as limited courtroom space, IT facilities, and fire safety equipment, along with the planned measures to address these deficiencies, State-wise; and
- (f) the plan of Government to improve access to essential amenities for support staff, such as common rooms, attached toilets, and computer facilities, to ensure a conducive working environment?

**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 demonstrated its commitment towards modernizing the judiciary by supporting development of physical infrastructure along with digital infrastructure and resources through its Schemes/initiatives.

The Government has been implementing the Centrally Sponsored Scheme (CSS) for development of infrastructure facilities for the judiciary since 1993-94 to augment the resources of the State Governments for the construction of court buildings and residential accommodations of judicial officers in the district and the subordinate courts. There are three other components covered under the scheme, viz., lawyers' halls, toilet complexes and digital computer rooms for the convenience of lawyers and litigants. While the development of infrastructure in district courts is primarily the responsibility of the State Governments, the Central Government supplements the resources of the State Government through the said Scheme. As of now, a central share of Rs. 11583.07 crores has been released since the inception of the scheme in 1993-94. As against the sanctioned strength of 25,725 Judicial Officers, 22,515 Court Halls and 21,096 Residential Units are available in the district and subordinate courts and 3,154 Court Halls and 2,619 Residential Units are under construction as on date.

Under the eCourts Project, Information and Communication Technology (ICT) enablement of courts is being undertaken to enhance judicial productivity, thereby making the justice delivery system accessible, cost effective, reliable, and

transparent. The Government has demonstrated its commitment in modernizing the judiciary with advanced digital infrastructure by significantly increasing budget allocations since 2015. For Phase II, an amount of ₹1670 crore, a notable rise from the ₹639 crore disbursed during Phase I was allotted. Furthermore, 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.

During Phase I (2011 - 2015) of the eCourts project, 14,249 Courts were computerized and Local Area Network (LAN) was installed at 13,683 courts. Phase II (2015 - 2023) focused on ICT facilitation of judicial services to citizens and 18,735 District and Subordinate courts were computerized. The components included computer hardware, computerization of DSLAs, Wide Area Network (WAN) connectivity, trainings of stakeholders, establishment of eSewa Kendra, etc. Development of an advanced Customer Information System (CIS) software, portals that enable people to access information about pendency of cases (National Judicial Data Grid) and systems for digital filing and payments, have revolutionized the way public accesses the services provided by the judiciary.

The ongoing Phase III (2023-2027) of the project envisages various new digital initiatives, such as establishment of Digital and Paperless Courts, digitization of court records, expansion of video conferencing facilities to courts, jails and hospitals, expansion of scope of online courts beyond adjudication of traffic violations, saturation of all court complexes with eSewa Kendras, Cloud-based data repository for easy retrieval and supporting the digitised court records, live streaming of court proceedings and use of emerging technologies like Artificial Intelligence and its

subsets like Optical Character Recognition (OCR) etc. for analysis of case pendency, forecasting future litigation, etc.

(b) to (d): The selection and appointment of judicial officers and filling up of vacancies related to support staff falls within the domain of the respective High Courts and the State Governments. 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 concerned High Court, frames the rules and regulations regarding the appointment and recruitment of Judicial Officers in the respective State Judicial Service.

Vide its order passed in January 2007 in the Malik Mazhar Sultan case, the Hon'ble Supreme Court, has inter-alia, stipulated specific timelines, which are to be followed by the States and the respective High Courts for the recruitment process of judges in subordinate courts.

(e) and (f): Specific information in respect of breakdown of infrastructure gaps in district courts, including issues such as limited courtroom space, IT facilities, and fire safety equipment, is not maintained centrally.

Under the Centrally Sponsored Scheme for development of Judicial Infrastructure, the Government of India supplements the resources of the States/UTs. The central assistance to the States/UTs is restricted to the budgetary provision available under the scheme during the financial year. However, the States/UTs are at liberty to spend additional amount, as per their requirement from their own resources.

CASES OF LEPROSY

765: SHRI BAIJAYANT PANDA:

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

- (a) the details of leprosy cases reported in India during the past ten years, year-wise;
- (b) the steps taken/proposed to be taken by the Government to curb the spread of leprosy, particularly in States with high prevalence rates;
- (c) the details of the allocation of funds for leprosy control programs in the country;
- (d) whether any additional resources are likely to be provided to States with highest number of such cases in the country and if so, the details thereof; and
- (e) whether the Government has undertaken any measures to combat the prejudice against leprosy patients and if so, the details thereof?

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

- a) The Details of Leprosy Cases reported in India during the past 10 years
(F.Y. 2014-15 to F.Y. 2023-24)

Year	Cases reported in India
2014-15	125785
2015-16	127334
2016-17	135479
2017-18	126164

2018-19	120334
2019-20	114451
2020-21	65147
2021-22	75394
2022-23	103819
2023-24	107851

Source: Central Leprosy Division, MoHFW

(b) The National Leprosy Eradication Programme (NLEP) has implemented several targeted interventions to curb the spread of leprosy, especially in States with high prevalence rates. These include:

- Active Case Detection: Conducting nationwide Leprosy Case Detection Campaigns (LCDC) to actively identify undiagnosed cases in high-prevalence areas.
- Ensuring the availability of free Multi-Drug Therapy (MDT) at all levels of healthcare.
- Surveillance and Screening: Strengthening surveillance, particularly in high-prevalence States, and screening contacts and children for early detection.
- Awareness and Stigma Reduction: Organizing IEC campaigns, such as Special Leprosy Awareness Campaigns (SLAC), to promote awareness, early diagnosis, and reduce stigma..

- Capacity Building: Training healthcare workers and officials for improved detection and management.
- Focused Interventions: Implementing area-specific plans, ASHA-based surveillance, and post-exposure prophylaxis (PEP) with Single Dose Rifampicin (SDR).
- Strategic Plan: Aligning actions with the National Strategic Plan (2023-2027) to achieve zero transmission by 2027.

(c) and d) The funds allocated for Leprosy Control Programme in the country for the past 3 years are given below:

Rs. in Lakhs

2022-23	2023-24	2024-25
20028.17	25682.68	30430.38

The funds allocated to 15 States with highest number of cases for implementing NLEP activities is placed at enclosed (**Statement**).

e) NLEP has undertaken several measures to combat the stigma and prejudice against leprosy patients which include:-

- Awareness Campaigns: The Information, Education, and Communication (IEC) campaigns, such as the State Leprosy Awareness Campaigns (SLAC), 25 second jingle broadcast at radio stations of various states/ UTs to raise awareness about leprosy, its treatment, and prevention. These campaigns aim to reduce misconceptions and stigma associated with the

disease.

- Legislative Measures: Discriminatory laws against leprosy-affected individuals have been repealed, and States/UTs have been urged to expedite the process of repealing any remaining such laws within their jurisdictions.

STATEMENT

The funds allocated to 15 States with highest number of cases

Rs.in Lakhs

S.No.	State/ UTs name	2022-23	2023-24	2024-25
1	Maharashtra	2359.05	2330.63	3173.83
2	Chhattisgarh	1614.65	1761.57	1783.88
3	Delhi	239.73	263.5	213.39
4	Gujarat	254.31	746.59	622.07
5	Odisha	954.91	870.5	761.22
6	West Bengal	1320.47	1295.94	1393.34
7	Andhra Pradesh	1316.89	1331.49	2338.11
8	Bihar	2132.00	2503.27	2755.03
9	Jharkhand	855.88	784.67	1435.42

10	Madhya Pradesh	644.29	727.35	911.31
11	Telangana	1033.97	1049.07	885.46
12	Tamil Nadu	768.15	768.55	594.03
13	Uttar Pradesh	2527.65	6069.08	8527.37
14	Karnataka	968.69	1349.49	1179.23
15	Rajasthan	250.19	511.59	410.21
Source: Central Leprosy Division, MoHFW				

DOMESTIC PRODUCTION OF MEDICAL DEVICES

766. SHRI PUTTA MAHESH KUMAR:

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

- (a) the details regarding the schemes/programmes/initiatives undertaken by the Government to increase domestic production of medical devices in the country;
- (b) the details regarding the total funds allocated and utilised by the Government over the last five years to increase domestic production of medical devices in the country, State-wise especially in Andhra Pradesh;
- (c) the status of proposed, under construction and presently functional medical device parks across India;
- (d) whether the Government has identified places to set up medical parks, if so, the details thereof and status of the same;

(e) whether the Government has initiated any steps to incentivise the domestic production of medical devices in the country, if so, the details thereof; and

(f) whether the Government has undertaken any activities/campaigns for promoting use and manufacture of domestically produced medical devices, 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), (c), (d) and (e): India is one of the fastest growing markets in the global medical devices industry, expected to grow at a CAGR of about 15 per cent. India is the fourth largest Asian medical devices market after Japan, China, and South Korea and among the top twenty global medical devices markets in the world. The Government of India has taken several measures to encourage domestic manufacturing and steady supply of medical devices in the country. The schematic interventions to support domestic manufacturing of medical devices are as follows:

(i) Production Linked Incentive Scheme for Promoting Domestic Manufacturing of Medical Devices (PLI MD): The Union Cabinet approved proposal on 20.03.2020 with the objective of the Scheme to boost domestic manufacturing and attract large investments in the Medical Devices Sector. The production tenure of the scheme is from FY 2020-2021 to FY 2027-28 with total financial outlay of Rs. 3,420 crores. The scheme provides for financial incentive to selected companies at the rate of 5% on incremental sales of medical devices

manufactured in India and covered under the four target segments of the scheme, for a period of five (5) years. 32 applicants have been selected under the scheme. Against committed investment of Rs. 1,356.94 crore, out of which investment worth Rs 1057.47 crores has been realized. The cumulative sales made by the applicants under the scheme is Rs 8039.63 crores (which includes exports worth Rs 3,844.01 crores) upto September, 2024.

(ii) 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. Civil works in all the other three parks (except Himachal Pradesh) has progressed well with most of the structures for housing equipment for Common Infrastructure Facility (CIF) constructed, while procurement of equipment is in progress.

Medical Device park at Himachal Pradesh was facing funding issues from the state government side. It appears that due to cost overrun it did not remain feasible for the state government to implement the park within the framework of the scheme guidelines of the department, despite all support available from the department and Rs. 30 crores already released to the state. Hence, the proposal

for setting up of the Medical Device Park at Nalagarh has been withdrawn by the State Government.

(iii) New scheme for Strengthening Medical Device Industry launched on 8.11.2024

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-scheme of the scheme is as given below:-

- (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

(b) Funds have not been allocated under the schemes on a state-wise basis.

Under "**Production Linked Incentive Scheme for Promoting Domestic Manufacturing of Medical Devices**", the funds allocated in five years upto 2024-25 are Rs. 160 crore and funds utilized in five years are Rs. 57.11 crore upto 2023-2024. The funds allocated is Rs. 22.50 crore and Rs. 22.50 crore are utilized under the scheme "**Assistance to Medical Device Industry for Common Facility Centre**" to AMTZ, Government of Andhra Pradesh upto 2021-2022. The

funds allocated is Rs. 367 crore upto 2024-2025 and Rs. 120 crore are utilized under the scheme “**Promotion of Medical Device Parks**” upto 2023-2024.

(f): Initiatives have been taken to promote the sector through events, workshops, and mega events like India Medical Device 2023 and India MedTech Expo2023. The India MedTech Expo 2023 was organized by the Department of Pharmaceuticals, from 17th-19th August 2023 at the Helipad Exhibition Centre in Gandhinagar, Gujarat. With the theme “India: The Next MedTech Global Hub - Future of Devices, Diagnostics, and Digital”. The Expo brought together key stakeholders of the medical devices ecosystem, including start-ups, MSMEs, large industries, hospitals, government agencies, RandD institutions, and academia. The event successfully showcased India's medical device prowess and promoted the domestic medical device industry. A total of 225 companies participated in the Expo, representing sectors like Medical Equipment, Diagnostics, Imaging, Home Medical Electronics, Physiotherapy, Orthopedic Devices, Laboratory Equipment, and so on. International Buyer Seller meets were organized. A total of 217 international delegates from 50 countries visited the Expo. A total of 4909 business meetings were conducted over a span of 3-day event by the 225 exhibitors.

The new sub-scheme of the department - Medical Device Promotion Scheme aims to facilitate the growth and development of the medical devices sector in India by supporting activities such as study and survey reports, awareness programs etc.

छत्तीसगढ़ में आयुर्वेद को बढ़ावा देना

767. श्री बृजमोहन अग्रवाल:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) छत्तीसगढ़ में आयुर्वेद और अन्य प्रणाली, जहां आबादी का एक बड़ा वर्ग पारंपरिक उपचार पर निर्भर है, को बढ़ावा देने के लिए सरकार द्वारा किए गए प्रस्तावित प्रयासों/प्रथाओं का ब्यौरा क्या है;
- (ख) छत्तीसगढ़ में सरकार द्वारा संचालित योग, प्राकृतिक चिकित्सा, यूनानी आदि से संबंधित संस्थाओं एवं प्रशिक्षण केंद्रों की जिले-वार कुल संख्या कितनी है;
- (ग) क्या सरकार का देश भर में नए और मौजूदा प्रशिक्षण केंद्र स्थापित/उन्नयन करने का कोई प्रस्ताव 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 छत्तीसगढ़ सहित राज्यों/संघ राज्य क्षेत्रों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को क्रियान्वित कर रहा है तथा आयुर्वेद सहित आयुष प्रणाली के प्रचार-प्रसार और समग्र विकास के लिए उनके प्रयासों का समर्थन कर रहा है। एनएएम के तहत, एनएएम दिशा-निर्देशों के प्रावधानों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के आधार पर 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 कल्याण केन्द्रों (एएचडब्ल्यूसी) का परिचालन जिसका नाम अब आयुष्मान आरोग्य मंदिर (आयुष) रखा गया है।

(ii) प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं की सह-स्थापना

- (iii) मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन
- (iv) मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय के लिए भवन का निर्माण (किराए पर/जीर्ण-शीर्ण आवास)/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 दवाओं 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 अवसंरचनात्मक विकास/पीजी/फार्मसी/पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।
- (ख) से (घ) चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए देश भर में नए प्रशिक्षण केंद्रों की स्थापना और मौजूदा प्रशिक्षण केंद्रों को उन्नत करना संबंधित राज्य/ संघ राज्य क्षेत्र की सरकारों के कार्य क्षेत्र में आता है। हालांकि, वर्ष 2021-22 से आयुष में अनुसंधान और नवाचार का समर्थन करने के उद्देश्य से आयुष मंत्रालय द्वारा एक केंद्रीय क्षेत्र योजना 'आयुर्ज्ञान' को लागू किया जा रहा है, जिसका उद्देश्य शैक्षणिक गतिविधियों, प्रशिक्षण, क्षमता निर्माण आदि के माध्यम से अतिरिक्त शोध गतिविधियों और शिक्षा प्रदान करके आयुष में अनुसंधान और नवाचार का समर्थन करना है।

इस योजना के तीन घटक हैं - (i) आयुष में क्षमता निर्माण और सतत चिकित्सा शिक्षा (सीएमई) (ii) वित्तीय वर्ष 2021-22 से आयुष में अनुसंधान और नवाचार तथा वित्तीय वर्ष 2023-24 से आयुर्वेद जीवविज्ञान एकीकृत स्वास्थ्य अनुसंधान नामक तीसरे घटक को भी योजना के तहत जोड़ा गया है।

आयुष में क्षमता निर्माण एवं सतत चिकित्सा शिक्षा (सीएमई) के अंतर्गत, आयुष कर्मियों के लिए प्रशिक्षण कार्यक्रम आयोजित करने हेतु, योजना दिशानिर्देश में निहित प्रावधानों के अनुसार, पात्र संगठनों को वित्तीय सहायता प्रदान की जाती है।

VISITS BY FOREIGN DIGNITARIES TO INDIA

768. SHRI PARVATAGOUDA CHANDANAGOUDA GADDIGOUDAR:

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

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

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

- (a) the details of visits by foreign dignitaries to India during the last four months till date are given in the enclosed **Statement-I**.
- (b), (c), (e) and (f) High level visits are established means to foster closer relations with foreign countries and promote India's engagements at bilateral, regional and

global level. Through such visits India serves its national interest and implements foreign policy objectives. These visits have enhanced understanding of India's perspectives on regional and global issues among foreign partners at the highest level. Understandings reached during these visits have enabled India to strengthen relations with partner countries and put forward India's viewpoint and shape the agenda on global issues such as reformed multilateralism, peace and security, climate change, transnational crime, terrorism, cyber-security, resilient supply chain, energy and food security, etc. while also offering the world India's own unique solutions to partners for addressing global issues. These visits and the understandings/agreements reached therein enable India to strengthen relations with partner countries across a wide range of sectors including science and technology, trade and investment and defence collaboration. Such outcomes also contribute to India's national development agenda to promote economic growth and well being of our people and put forward the interests of developing countries.

(d) The details of visits undertaken by the Prime Minister as well as External Affairs Minister during the said period are given in the enclosed **Statement-II** and **Statement-III**. External Affairs Minister was also a member of the Prime Minister's delegation in all the visits indicated in the enclosed **Statement-II**.

STATEMENT-I

Visits by foreign dignitaries India during the last four months till date

Sl.	Name of HOS/HOG	Period of Visit

No.		
1	H. E. Pham Minh Chinh Prime Minister of Socialist Republic of Vietnam	30 July – 1 August 2024
2	H.E. Dato' Seri Anwar bin Ibrahim, Prime Minister of Malaysia	19-21 August 2024
3	H. E. Dr. Andrew Holness Prime Minister of Jamaica	30 September – 3 October 2024
4	H. E. Dr. Mohamed Muizzu, President of Maldives	06-10 October 2024
5	H. E. Olaf Scholz Chancellor of Germany	24-26 October 2024
6	H. E. Pedro Sánchez President of the Government of Spain	27-29 October 2024

STATEMENT-II

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

<u>Sl. No.</u>	Country	Period of Visit
1	Austria and Russia	9-10 July 2024
2	Poland and Ukraine	21-23 August 2024

3	Brunei and Singapore	3-5 September 2024
4	USA (New York)	21-24 September 2024
5	Lao PDR	10-11 October 2024
6	Russia	22-24 October 2024
7	Nigeria, Brazil and Guyana	16-22 November 2024

STATEMENT-III

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

Months

Sl. No.	Country	Period of Visit
1	Kazakhstan	3-4 July 2024
2	Mauritius	16-17 July 2024
3	Lao PDR	26-27 July 2024
4	Japan	28-30 July 2024
5	Maldives	9-11 August 2024
6	Kuwait	18 August, 2024
7	Saudi Arabia, Germany and Switzerland	8-13 September 2024
8	Sri Lanka	4 October, 2024
9	Pakistan	15-16 October 2024
10	Australia	3-7 November 2024

11	Singapore	8 November, 2024
12	UAE	13-14 November 2024
13	Italy	24-26 November 2024

GENDER PREDICTION ON SOCIAL MEDIA PLATFORM

769: DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:

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

- Whether the Government has taken/proposes to take any action to regulate the posting of videos promoting gender prediction on social media platforms;
- If so, the details thereof; and
- If not, the reasons therefor?

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

(a) to (c) The Government is taking following steps to regulate the posting of videos promoting gender prediction on social media platforms under the Pre-conception and Pre-natal Diagnostic Techniques (PCandPNDT) Act, 1994: -

(d) Section 22 of the PCandPNDT Act, 1994 prohibits any advertisement promoting sex determination/ selection including on digital platforms and any contravention of the same is punishable with imprisonment up to 3 years and

with fine up to 10,000 Rupees.

- (e) A Nodal Agency has been constituted in the Ministry which serves as a single point contact to receive the complaints and for taking appropriate action against the violations of Section 22 of PCandPNDT Act 1994.
- (f) In house experts have been appointed by various search engines to take necessary action against the violation of Section 22 of PCandPNDT Act 1994 regularly.
- (g) Public Notices for creating awareness on Nodal Agency have been issued in various newspapers, TV Channels and Radio calling upon the public to report on any violation under Section 22 of the PCand PNDT Act 1994 to the Nodal Agency so that appropriate action is taken.s

आयुष की पद्धतियां

770. श्री श्यामकुमार दौलत बर्वे:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को ज्ञात है कि देश में विभिन्न सिद्ध औषधियों सहित प्राथमिक और द्वितीयक स्वास्थ्य देखभाल में आयुष की बहुत सी लोकप्रिय पद्धतियां शामिल हैं जो बीमारियों को ठीक करने में सहायक हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या संभावित गंभीर बीमारियों के लिए आयुष दवाएं विकसित करने की संभावना तलाशने के लिए सरकार द्वारा अनुसंधान के लिए कोई कदम उठाए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार का देश के जनजातीय क्षेत्रों, विशेषकर महाराष्ट्र के रामटेक संसदीय निर्वाचन क्षेत्र में आयुष अस्पताल और पंचकर्म क्लीनिक स्थापित करने का कोई प्रस्ताव है;और
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

मंत्री (श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): सिद्ध चिकित्सा पद्धति सहित विभिन्न आयुष प्रद्धतियों के प्राथमिक स्वास्थ्य देखभाल के स्तर पर, रोगियों की रोगग्रस्त स्थिति के लिए दवा, आहार, योग, व्यायाम, पोषण अनुपूरण आदि जैसे विभिन्न आयुष उपचारों के विवेकपूर्ण उपयोग द्वारा रोगियों का प्रबंधन किया जा रहा है। आयुष्मान आरोग्य मंदिर(आयुष), आयुष औषधालयों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी)/सामुदायिक स्वास्थ्य केंद्रों (सीएचसी)/जिला अस्पतालों (डीएच) में सह-स्थापित आयुष सुविधाएं सामान्य रूप से देश में प्राथमिक स्वास्थ्य देखभाल की जरूरतों को पूरा कर रही हैं। हालांकि, आबादी से निकटता के आधार पर, स्वास्थ्य सेवा की जरूरतों को पूरा करने वाली राष्ट्रीय संस्थान, शिक्षण अस्पताल और अन्य आयुष सुविधाओं की इकाइयों को भी प्रथम स्तर की स्वास्थ्य देखभाल सुविधाओं के रूप में माना जा सकता है। इसके अलावा, किसी विशिष्ट निदान और विशेष उपचार जैसे पंचकर्म / मर्म (वर्म) / इलाज बिल - तदबीर /फिजियोथेरेपी या सर्जरी के तहत विशेष प्रक्रियाओं की आवश्यकता वाले रोगियों को भी माध्यमिक स्तर की स्वास्थ्य देखभाल के लिए आयुष अस्पतालों, शिक्षण अस्पतालों, राष्ट्रीय स्तर के संस्थानों आदि में भेजा जा रहा है।

(ग): आयुष मंत्रालय के अंतर्गत अनुसंधान के लिए स्वायत्त निकाय, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) विभिन्न रोग स्थितियों के लिए अनुसंधान और औषधियों का विकास कर रहा है। अनुसंधान कार्य औषधि विकास की व्यवस्थित प्रक्रिया, जैसे औषधि मानकीकरण और गुणवत्ता नियंत्रण, पूर्वनैदानिक सुरक्षा/विषाक्तता अध्ययन और जैविक गतिविधि अध्ययन (जैसा उचित हो) और आवश्यकता अनुसार आयुष मंत्रालय के आयुर्वेद सिद्ध और यूनानी औषधियों के लिए अच्छे नैदानिक अभ्यास दिशानिर्देश (जीसीपी-एसयू) और जैव-चिकित्सा अनुसंधान के लिए नैतिक दिशानिर्देश (आईसीएमआर), पारंपरिक औषधियों के लिए विश्व स्वास्थ्य संगठन के दिशानिर्देश आदि जैसे प्रचलित दिशानिर्देशों को अपनाते हुए नैदानिक परीक्षण के माध्यम से किया जा रहा है।

सीसीआरएस द्वारा विकसित कुछ महत्वपूर्ण औषधियों की सूची का व्यौरा संलग्न **विवरण-I** में दिया गया है।

(घ) और (ङ): जन स्वास्थ्य राज्य का विषय है, इसलिए रामटेक संसदीय क्षेत्र सहित देश के जनजातीय क्षेत्रों में आयुष अस्पताल और पंचकर्म क्लीनिक स्थापित करना, संबंधित राज्य / संघ राज्य क्षेत्र की सरकार के कार्य क्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, 50 / 30 /10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए राज्य / संघ राज्य क्षेत्र की सरकारों को वित्तीय सहायता का प्रावधान है, जिसमें पंचकर्म सुविधाओं का भी प्रावधान है। तदनुसार, राज्य/संघ राज्य क्षेत्र की सरकारें एनएएम दिशा-निर्देशों के प्रावधानों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती हैं। इसके अलावा, महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र की सरकारों से एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार देश में एकीकृत आयुष अस्पतालों की 167 इकाइयों को मंजूरी दी गई है। राज्य/संघ राज्य क्षेत्र-वार व्यौरा संलग्न **विवरण -II** पर दिया गया है।

विवरण-I

सीसीआरएस द्वारा विकसित कुछ महत्वपूर्ण दवाओं की सूची

क्र. सं.	औषधि/उत्पाद का नाम	संकेत
1.	आयुष-64	(i) मलेरिया (ii) हल्के से मध्यम कोविड-19
2.	आयुष-56	मिरगी

3.	आयुष-82	मधुमेह
4.	निम्बतित्तम	सोरायसिस और डुओडेनल अल्सर
5.	आयुष पोशक योग और पेया	इम्यूनोमॉडुलेटरी, एंटीस्ट्रेस और सामान्य स्वास्थ्य संवर्धन
6.	शुंठी गुग्गुल	रुमेटाड अर्थराइटिस (आमवात)
7.	क्षारसूत्र	गुदा -मलाशय विकार
8.	आयुष बालरसायण	बच्चों में स्वास्थ्य को बढ़ावा देना
9.	आयुष घुट्टी	बच्चों में दस्त और बुखार की रोकथाम
10.	आयुर्वेदिक फॉर्मूलेशन	प्रसवपूर्व देखभाल

विवरण-II

एन ए एम के तहत 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की राज्य/संघ राज्य क्षेत्र-वार संख्या

क्र. सं.	राज्य/संघ राज्य क्षेत्र	स्थान (जिला)	चिकित्सा पद्धति	बिस्तरों की संख्या
1	अंडमान एवं निकोबार द्वीप	पोर्ट ब्लेयर (दक्षिण अंडमान)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
2	आंध्र प्रदेश	काकीनाडा	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50

		विशाखापत्तनम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
3	अरुणाचल प्रदेश	थिंगकिओंग (अपर सियांग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		सेप्पा (ईस्ट किमांग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		जीरो (लोवर सुबांसिरी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		भालुकपोंग (वेस्ट किमांग)	आयुर्वेद, होम्योपैथी और योग	50
		लीकाबाली (लोवर सियांग)	आयुर्वेद, होम्योपैथी और योग	50
4	असम	गोलपाड़ा	आयुर्वेद	50
		माजुली	आयुर्वेद	50
		कोकराझार	आयुर्वेद और होम्योपैथी	50
		बक्सा	आयुर्वेद और होम्योपैथी	50
		मोरीगांव	आयुर्वेद और होम्योपैथी	50
		कालियाबोर (नगांव)	आयुर्वेद और होम्योपैथी	50
		दिफू (कार्बी एंगलोंग)	आयुर्वेद और होम्योपैथी	30
बाजाली	आयुर्वेद और होम्योपैथी	10		

5	बिहार	पटना	आयुर्वेद, होम्योपैथी, यूनानी और योग	50
6	चंडीगढ़	चंडीगढ़	आयुर्वेद और होम्योपैथी	50
7	छत्तीसगढ़	जंजगीर चंपा	आयुर्वेद, होम्योपैथी और यूनानी	10
		महासमुंद	आयुर्वेद, होम्योपैथी और यूनानी	10
		कोरिया	आयुर्वेद, होम्योपैथी और यूनानी	10
		कोरबा	आयुर्वेद, होम्योपैथी और यूनानी	10
		कांकेर (उत्तर बस्तर कांकेर)	आयुर्वेद, होम्योपैथी और यूनानी	10
		नारायणपुर	आयुर्वेद, होम्योपैथी और यूनानी	10
		बीजापुर	आयुर्वेद, होम्योपैथी और यूनानी	10
		दंतेवाड़ा (दक्षिण बस्तर दंतेवाड़ा)	आयुर्वेद, होम्योपैथी और यूनानी	10
दल्ली राजहरा (बलोड)	आयुर्वेद	30		
8	दादरा व नागर हवेली और दमण व दीव	सिल्वासा (दादरा और नागर हवेली)	आयुर्वेद	50
9	गोवा	मारगावो (दक्षिण गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		वेलजुएम (उत्तर गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50

10	गुजरात	सूरत	आयुर्वेद, होम्योपैथी और योग	50
11	हरियाणा	हिसार	आयुर्वेद, होम्योपैथी, यूनानी और योग	50
12	हिमाचल प्रदेश	कुल्लू	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		मंडी	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
13	जम्मू और कश्मीर	किश्तवाड़	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
		कुपवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
		बिलावर	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
		कुलगाम	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
		सांबा	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
		गढ़ी गढ़ (जम्मू)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	10
		बंदीपारीं (बारामुला)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	10
14	झारखंड	रांची	आयुर्वेद और होम्योपैथी	50
		गुमला	आयुर्वेद और होम्योपैथी	10

		बोकारो	आयुर्वेद और होम्योपैथी	10
		देवघर	आयुर्वेद और होम्योपैथी	10
		पलामू	आयुर्वेद और होम्योपैथी	10
		दुमका	आयुर्वेद और होम्योपैथी	10
		जमशेदपुर (पूर्वी सिंहभूम)	आयुर्वेद और होम्योपैथी	50
15	कर्नाटक	गदग	आयुर्वेद और होम्योपैथी	50
		मंगलौर (दक्षिण कन्नड़)	आयुर्वेद और होम्योपैथी	50
		त्रिथाहल्ली (शिवमोगा)	आयुर्वेद और होम्योपैथी	10
16	केरल	चालाकुडी (त्रिशूर)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		मट्टनूर (कन्नूर)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		अडूर (पथनमथिट्टा)	होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		अट्टापडी (पलक्कड़)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50
		कोट्टारकरा (कोल्लम)	आयुर्वेद, सिद्ध और योग एवं प्राकृतिक चिकित्सा	30
		वायनाड	आयुर्वेद और योग	30

		इडुक्की	होम्योपैथी और योग	30
		अरनमुला (पथनमथिट्टा)	आयुर्वेद और योग	30
		वर्कला (तिरुवनंतपुरम)	योग एवं प्राकृतिक चिकित्सा	30
		कप्पुकड़ (तिरुवनंतपुरम)	आयुर्वेद, सिद्ध और योग	50
17	लक्षद्वीप	कावारत्ती (लक्षद्वीप)	आयुर्वेद, होम्योपैथी और यूनानी	30
18	महाराष्ट्र	नंदुरबार	आयुर्वेद, होम्योपैथी और यूनानी	30
		सिंधुदुर्ग	आयुर्वेद, होम्योपैथी और यूनानी	30
		पुणे	आयुर्वेद, होम्योपैथी और यूनानी	30
		अहमदनगर	आयुर्वेद, होम्योपैथी और यूनानी	30
		धाराशिव (उस्मानाबाद)	आयुर्वेद, होम्योपैथी और यूनानी	50
		जलगांव	आयुर्वेद, होम्योपैथी और यूनानी	30
		जालना	आयुर्वेद, होम्योपैथी और यूनानी	50
		थाणे	आयुर्वेद, होम्योपैथी और यूनानी	50
		नागपुर	आयुर्वेद, होम्योपैथी और यूनानी	50
19	मणिपुर	मोरेह (टेंग्नौपाल)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50

		चुराचाँदपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		क्वाकेथेल कोनजेंग लेइकाई (इम्फाल पश्चिमी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		केइराओ एसी (इम्फाल पूर्वी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		चंदेल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		जिरीबाम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		कांगपोकपी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		बिश्रुपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		नोनी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		थौबल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
		सेनापति	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10
20	मध्य प्रदेश	भोपाल	आयुर्वेद और योग	50

		इंदौर	आयुर्वेद, होम्योपैथी और योग	50
		नरसिंहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		अमरकंटक (अनुपपुर)	आयुर्वेद, यूनानी, होम्योपैथी	50
		मंडलेश्वर (खरगोन)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बालाघाट	आयुर्वेद, यूनानी और होम्योपैथी	50
		सीहोर	आयुर्वेद, यूनानी और होम्योपैथी	50
		गुना	आयुर्वेद, यूनानी और होम्योपैथी	50
		पन्ना	आयुर्वेद, यूनानी और होम्योपैथी	50
		भिंड	आयुर्वेद, यूनानी और होम्योपैथी	50
		बड़वानी	आयुर्वेद, यूनानी और होम्योपैथी	30
21	मेघालय	सोहरा (चेरापुंजी) (पूर्वी खासी हिल्स)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		उमट्रे (री भोई)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		जोवाई (पश्चिमी जयंतिया हिल्स)	होम्योपैथी, योग और आयुर्वेद	30
22	मिजोरम	आइजोल	आयुर्वेद और होम्योपैथी	50
		सैतुल	आयुर्वेद और होम्योपैथी	10
23	नागालैंड	नोकलाक, तुएनसांग (नोकलाक)	आयुर्वेद, होम्योपैथी और योग	30

		रज़ा, चेडेमा (कोहिमा)	आयुर्वेद, होम्योपैथी और योग	50
		सपांग्या (चुंगटिया) (मोकोक्चुंग)	आयुर्वेद, होम्योपैथी और योग	50
		याचेम (लॉगलेंग)	आयुर्वेद, होम्योपैथी और योग	30
		किफायर (किफायर)	होम्योपैथी	30
		तिजित (मोन)	आयुर्वेद, होम्योपैथी	30
		अकुहार्इतो (ज़ुन्हेबोटो)	आयुर्वेद, होम्योपैथी	30
24	ओडिशा	ढेंकनाल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		बहरामपुर (गंजम)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		बालासोर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
25	पुडुचेरी	विलियानूर (पुडुचेरी)	आयुर्वेद, होम्योपैथी और सिद्ध	50
		यनम	आयुर्वेद, होम्योपैथी और सिद्ध	50
26	पंजाब	डुनकी (मोगा)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50

		दयालपुर सोढिया जीरकपुर (एसएस नगर) (पुराना नाम मोहाली)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
27	राजस्थान	भीलवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी,	50
		अजमेर	आयुर्वेद, होम्योपैथी और यूनानी	50
		चुरू	आयुर्वेद, होम्योपैथी और यूनानी	50
		बीकानेर	आयुर्वेद, होम्योपैथी और यूनानी	50
		जयपुर	आयुर्वेद, होम्योपैथी और यूनानी	50
		सीकर	आयुर्वेद, होम्योपैथी और यूनानी	50
		सवाई माधोपुर	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
		भरतपुर	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50
28	सिक्किम	क्योंगसा, पश्चिम सिक्किम (ग्यालसिंह)	आयुर्वेद और होम्योपैथी	50
		एनआईटी, देवराली (गंगटोक)	सोवा- रिग्पा	30
29	तमिलनाडु	थेनी	सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
		तिरुवन्नामलाई	सिद्ध, योग एवं प्राकृतिक चिकित्सा	50

		पुदुक्कोट्टई	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
		नमक्कल	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
		चेन्नई	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
30	तेलंगाना	सिद्धीपेट	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
		विकाराबाद	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
		जयशंकर भूपालपल्ली	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50
31	त्रिपुरा	पैराडाइज़ चौमुहानी, अगरतला (पश्चिमी त्रिपुरा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50
		दक्षिण सबरूम (दक्षिण त्रिपुरा)	आयुर्वेद, होम्योपैथी और योग	50
32	उत्तर प्रदेश	जौनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	30
		बुलंदशहर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		बिल्हौर (कानपुर नगर)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50

	पश्चिम कल्ली (लखनऊ)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	बदरासी (वाराणसी)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	नवाब गंज (बरेली)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	बस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	सिराथू कौशाम्बी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	सोनभद्र	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	उरई (जालौन)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	संत कबीर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	सहारनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	देवरिया	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	ललितपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	अमेठी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	कानपुर देहात	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	फिरोजपुर (बलिया)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	रायबरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	बागपत	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	फतेहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	श्रावस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
	उन्नाव	आयुर्वेद, यूनानी, होम्योपैथी और योग	50

		हरदोई	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		गोरखपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		संभल	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		मिर्जापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
33	उत्तराखंड	हल्द्वानी (नैनीताल)	आयुर्वेद और होम्योपैथी	50
		जखणीधार (टिहरी गढ़वाल)	आयुर्वेद और होम्योपैथी	50
		टनकपुर (चंपावत)	आयुर्वेद और होम्योपैथी	50
		पथरी (हरिद्वार)	आयुर्वेद, यूनानी, होम्योपैथी और योग	10
		कोटद्वार (पौड़ी गढ़वाल)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		भीमताल (नैनीताल)	आयुर्वेद, यूनानी, होम्योपैथी और योग	10
		पिरन कलियार (हरिद्वार)	यूनानी चिकित्सा	50
34	पश्चिमी बंगाल	तपसीखाता (अलीपुरद्वार)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50
		अबास खास जंगल (पश्चिम मेदिनीपुर)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50

COVERAGE OF PERSONS WITH DISABILITIES UNDER AB-PMJAY

771. SHRIMATI D. K. ARUNA:

SHRI EATALA RAJENDER:

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

- (a) whether the National Disability Network (NDN), a cohort of organisations and federations of persons with disabilities, has approached the Union Government seeking inclusion of persons with disabilities without any income or age criteria in the (AB-PMJAY) health insurance scheme, which aims to provide health benefits to the poor who lack public and private insurance coverage due to high premium and receive minimal financial support from the Government; and
- (b) if so, the details thereof alongwith the corrective steps taken/proposed to be taken by the Government and present status thereof?

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

(a) and (b): No such communication has been received by either National Health Authority (NHA) or Department of Empowerment of Persons with Disabilities (DEPwD), from the National Disability Network (NDN), in this regard.

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) beneficiary base includes poor and vulnerable families identified in the Socio-Economic Caste Census (SECC-2011). The SECC-2011 incorporates deprivation criteria for rural areas, one of which is “Disabled member and no able-bodied adult member”. Consequently, persons with disabilities in rural areas were included under the scheme. Further, based on the flexibility provided to States, the beneficiary base

has been expanded to include data of similar socio-economic profile for identification of beneficiaries under Ayushman Bharat-PMJAY.

The scheme has certain medical and surgical packages in the package master such as packages for neural disabilities, mental disabilities, spinal injury, brain injury, muscular dystrophies, cochlear implant surgery, surgery for spine deformation/foot deformation etc. which may be utilized by the beneficiaries who are Persons with Disability (PwD).

Further, there are States/UTs like Ladakh, Jammu and Kashmir, Dadra and Nagar Haveli and Daman and Diu, Uttarakhand, Maharashtra etc. which offer Universal Health Coverage and thus Persons with Disabilities are covered under converged AB-PMJAY.

CHILD MARRIAGE

772. SHRI B. K.PARTHASARATHI:

DR. SHIVAJI BANDAPPA KALGE:

SHRIMATI KANIMOZHI KARUNANIDHI:

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

- (a) Whether the Government has taken note of recent report by UN pointing out that nearly one third of all child marriages globally are held in India;
- (b) if so, the response of the Government thereto indicating the number of females in the country affected by child marriage during the last three years, State –wise including Andhra Pradesh, district –wise;

- (c) whether any initiatives have been taken by the Government to prevent child marriages in the country, if so, the details of such initiatives and their current implementation status especially in rural areas, State/UT-wise;
- (d) the number of child marriages, prevented in the country, State-wise and district -wise in Andhra Pradesh; and
- (e) Whether the Government proposes to amend the prevention of child Marriage Act to include child betrothals as illegal in line with international laws such as Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) which stipulate against betrothals of minors, if so, the details thereof?

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

(a) to (d): The National Crime Records Bureau (NCRB) compiles and publishes the data on the number of cases of child marriage registered under 'the Prohibition of Child Marriage Act (PCMA), 2006' in its publication 'Crime in India'. The said report is available upto the year 2022 – Crime Head-Wise and State/ UT-wise. As per information available with NCRB, the number of cases registered under 'the Prohibition of Child Marriage Act, (PCMA), 2006' during the years 2020, 2021 and 2022 are 785, 1050 and 1002 respectively. However, higher reporting of cases does not necessarily reflect increase in the number of cases of child marriages, but it may be because of increased awareness among citizens to report such incidents due to initiatives by the Government and better enforcement of law by

States/ UTs. The State-wise details of child marriage registered under PCMA, 2006 during the years 2020, 2021 and 2022 is given in the enclosed **Statement**.

'Police' and 'Public Order' are State subjects under the Seventh Schedule to the Constitution of India. The responsibility to maintain law and order, protection of life and property of the citizens, investigation and prosecution of crime against women and children including prohibition of child marriages, rest with the respective State Governments/ UT Administrations. They are competent to deal with such offenses under the extant provisions of law.

Government has enacted 'The Prohibition of Child Marriage Act, 2006' (PCMA) in order to curb child marriages and to take punitive action against those associated with child marriages. Section 16 of Prohibition of Child Marriage Act (PCMA) authorises the State Government to appoint for the whole State, or such part thereof as may be specified, an officer or officers to be known as the 'Child Marriage Prohibition Officers (CMPO)' having jurisdiction over the area or areas specified in the notification. This section also specifies the functions to be discharged by CMPOs, which include preventing solemnisation of child marriages by taking such action as they may deem fit; to collect evidence for the effective prosecution of persons contravening the provisions of the Act; to advise the individuals or counsel the residents of the locality not to indulge in promoting, helping, aiding or allowing the solemnisation of child marriages; to create awareness about the ill effects of child marriages; and to sensitize the community on the issue of child marriages. These authorities function under the respective State Governments/

UT Administrations. As such, implementation of the provisions of the Act lies with them.

Nevertheless, the Central Government undertakes awareness drives, media campaigns and outreach programs and issues advisories to the States/ UTs from time to time to highlight evil effects of this practice. The Ministry has also written to all States/ UTs to increase the number of CMPOs, as presence of Statutory Officer at local levels results in even more effective public engagement on the subject and prevention of solemnisation of child marriage. Further, the Ministry of Women and Child Development implements the Beti Bachao Beti Padhao (BBBP) component under the umbrella scheme 'Mission Shakti', wherein creation of awareness on matters pertaining to gender equality and discouraging child marriage is an important focus area. The National Commission for Protection of Child Rights (NCPCR) also undertakes awareness programs and consultations with stakeholders from time to time in this regard. In addition, Government of India has introduced 'Child Helpline' with short code 1098, a toll-free 24X7X365 telephone emergency outreach service for children in crisis which responds with suitable interventions to call for any form of assistance which a child requires, including for prevention of child marriages in coordination with police, Child Marriage Prohibition Officers (CMPOs), District Child Protection Units etc. The ChildLine has also been integrated with Emergency Response Support System(ERSS-112) to provide for 24x7 emergency and non-emergency response and services. Further, the Ministry of Women and Child Development launched 'Bal Vivah Mukh Bharat' campaign on 27.11. 2024 at New Delhi. Under

the campaign, a portal '<https://stopchildmarriage.wcd.gov.in>' has also gone live. This online platform has been created to support the States/UTs in raising awareness against child marriage and for effective reporting and prevention of incidences of child marriage. The portal to also provide information to citizens about Child Marriage Prohibition Officers(CMPOs) of all States/ UTs.

(e): There is no such proposal under consideration at present.

STATEMENT

The State-wise details of child marriage registered under PCMA, 2006 during the years 2020, 2021 and 2022.

SL	State/UT	2020	2021	2022
		No. of Incidences/Cases	No. of Incidences/Cases	No. of Incidences/Cases
1	Andhra Pradesh	32	19	26
2	Arunachal Pradesh	0	0	0
3	Assam	138	155	163
4	Bihar	5	11	13
5	Chhattisgarh	1	0	0
6	Goa	0	0	0

7	Gujarat	15	12	9
8	Haryana	33	33	37
9	Himachal Pradesh	5	5	4
10	Jharkhand	3	4	5
11	Karnataka	184	273	215
12	Kerala	8	12	6
13	Madhya Pradesh	5	4	7
14	Maharashtra	50	82	99
15	Manipur	0	2	1
16	Meghalaya	0	0	0
17	Mizoram	0	0	0
18	Nagaland	0	0	0
19	Odisha	24	64	46
20	Punjab	13	8	4
21	Rajasthan	3	11	10
22	Sikkim	0	0	0
23	Tamil Nadu	77	169	155
24	Telangana	60	57	53
25	Tripura	4	1	2
26	Uttar Pradesh	12	6	17

27	Uttarakhand	9	12	6
28	West Bengal	98	105	121
	TOTAL STATE(S)	779	1045	999
29	AandN Islands	0	0	0
30	Chandigarh	1	0	0
31	DandN Haveli and Daman and Diu+	0	0	0
32	Delhi	4	2	1
33	Jammu and Kashmir*	1	2	2
34	Ladakh	0	0	0
35	Lakshadweep	0	0	0
36	Puducherry	0	1	0
	TOTAL UT(S)	6	5	3
	TOTAL (ALL INDIA)	785	1050	1002

Source: Crime in India

HEALTHCARE FOR TRANSGENDER COMMUNITY

773. SHRI VIJAY KUMAR HANSDAK:

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

- (a) whether the Government has taken any steps to address the barriers in accessing to healthcare services for members of the transgender community;
- (b) if so, the details thereof;
- (c) whether the Government has any policy/schemes to address the mental health requirements of the members of transgender community; 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): The various health programmes implemented by the Government of India for all including transgender community under NHM includes operationalisation of Ayushman Arogya Mandir (AAM) erstwhile Ayushman Bharat-Health and Wellness Centres (AB-HWCs) by transforming the existing Sub Centres and Primary Health Centre, support for engaging of health human resource on contractual basis, National Ambulance Services, Mobile Medical Units, ASHAs, Infrastructure strengthening, 24 x 7 Services and First Referral facilities, Prime Minister's National Dialysis Programme, National Quality Assurance Standards implementation and related Activities, LaQshya Certification, Biomedical Equipment Maintenance and Management Programme, Free Diagnostics Service Initiative and Free Drugs Service Initiative. Further, initiatives such as Mission Parivar Vikas, Adolescent Friendly Health Clinics (AFHCs), Weekly Iron Folic Acid Supplementation (WIFS), Menstrual Hygiene Scheme, Facility Based Newborn Care (FBNC), Home Based Newborn Care

Program, Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS), Home Based Care for Young Child (HBYC), Rashtriya Bal Swasthya Karyakram (RBSK), Early Childhood Development (ECD), Comprehensive Abortion Care (CAC), Anemia Mukht Bharat (AMB) strategy, Nutrition Rehabilitation Centre (NRC) program are supported to increase access to quality healthcare services. Support is also provided to strengthen Universal Immunization programme.

Ayushman Bharat Pradhan Mantri- Jan Arogya Yojana (AB PM-JAY) is the largest publicly funded health assurance scheme in the world which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to 12 Crore poor families.

Any individual including transgenders eligible as per the criteria defined under SECC 2011 or those prescribed by State / UTs for non-SECC beneficiaries is entitled to free healthcare services under the scheme.

(c) and (d): The Government is implementing the National Mental Health Programme (NMHP) across the country supported through the National Health Mission at primary, secondary and tertiary levels. "National Tele Mental Health Programme" (NTMHP) has been launched to improve access to quality mental health counselling and care services by all including transgenders in the country.

POSHAN ABHIYAN IN ASSAM

774. SHRI JOYANTA BASUMATARY:

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

- (a) the details of targets set and achievements made under “POSHAN Abhiyan 2.0” during the current year in Assam;
- (b) the number of the women and /or children whose data has been updated on the POSHAN Tracker App in Bodoland Territorial Region;
- (c) whether it is mandatory for women beneficiaries to link Aadhaar with the POSHAN App, if so, the details thereof and the reasons therefor;
- (d) whether the benefits of the scheme are denied to those who do not possess or did not link the Aadhaar card, if so, the reasons thereof;
- (e) whether the Aadhar seeding of the children has been made mandatory on POSHAN Tracker App for availing of the benefits from the Anganwadi Centres; and
- (f) if so, the details thereof including legal basis for the same?

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

- (a) Under 15th Finance Commission, 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). The objectives of Mission Poshan 2.0 are as follows:
 - To contribute to human capital development of the country;
 - Address challenges of malnutrition;
 - Promote nutrition awareness and good eating habits for sustainable health and wellbeing;

- Address nutrition related deficiencies through key strategies.

It is a Centrally Sponsored Scheme, where the responsibility of implementation lies with the States. It is being implemented in all districts of all States/UTs including the State of Assam.

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	Underweight %	Wasting %	Stunting %
NFHS-1 (1992-93)*	53.4	17.5	52
NFHS-2 (1998-99)**	47	15.5	45.5
NFHS-3 (2005-6)***	42.5	19.8	48.0
NFHS-4 (2015-16)***	35.8	21.0	38.4
NFHS-5 (2019-21)***	32.1	19.3	35.5

* Under 4 years

** Under 3 years

*** Under 5 years

The above table gives a representative picture of malnutrition indicators among all children of 0-3 years, 0-4 years and 0-5 years age over time.

The projected population of all children up to 5 years in India for the year 2021 is 13.75 crores (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. 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 16.1 crores. 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 children were measured on growth parameters. 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 malnutrition indicators for children under 5 years as per NFHS-5 (2019-21) report in the State of Assam are: Stunting as 35.3%, Wasting as 21.7% and Underweight as 32.8%.

Whereas, the malnutrition indicators for children under 5 years as per the data of Poshan Tracker for the month of October 2024 in the State of Assam are: Stunting as 42.44%, Wasting as 3.77% and Underweight as 16.35%.

(b) The number of the women and children available on the Poshan tracker App in the districts under Bodoland Territorial Region is provided in the enclosed **Statement.**

(c) to (f) The use of Aadhaar as an identity document for delivery of services has simplified the Government delivery processes. It brings in transparency and efficiency and enables beneficiaries to get their entitlements directly in a convenient and seamless manner by obviating the need to produce multiple documents to prove one's identity.

Mission Poshan 2.0 is a universal self-selecting (no entry barriers) scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) across the country.

The benefits of the Mission are not denied to those who do not possess or do not link the Aadhaar card. As per the Gazette notification of Government of India (CG-DL-E-1104420323-245085 dated 29 March 2023) of the Ministry of Women and Child Development, any individual desirous of availing the benefit under the scheme, who does not possess the Aadhaar number, needs to enroll for Aadhaar or make an application of Aadhaar enrollment. Further, as per provision 1.(3) of the said notification, till the time Aadhaar is assigned to the individual, the benefit under the scheme is given to such individual, subject to production of relevant document as mentioned in the notification concerned. Paras 4 and 5 of this notification make the position very clear.

Further, in case of child, the benefits can also be accessed using the mother's Aadhaar card. If mother does not have Aadhaar card, then Aadhaar card of child's father or any legal guardian may also be used.

STATEMENT-I

The number of the women and children available on the Poshan tracker App in the districts under Bodoland Territorial Region is as follows*:

Beneficiaries	Baksa	Chirang	Kokrajhar	Udalguri
Pregnant Women	2235	2014	3909	3076
Lactating Mothers	1259	1050	2124	1823
Children (0-6 Months)	1414	1308	2556	2006
Children (6 Months - 3 Years)	16809	15644	30334	23742
Children (3 - 6 Years)	25130	22572	45160	35413
Adolescent girls	10492	6303	8782	15219

* Data is for the month of October 2024 from Poshan Tracker

PRIMARY HEALTH CENTRES IN ANDHRA PRADESH

775. SHRI KESINENI SIVANATH:

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

- (a) the total number of PHCs, HWC-PHCs and UPHCs established in Andhra Pradesh, district-wise;
- (b) the total number of nurses, specialists and doctors available in PHCs, HWC-PHCs and UPHCs in the NTR district;
- (c) whether more number of PHCs, HWC-PHCs and UPHCs are likely to be established in Andhra Pradesh;
- (d) if so, the details thereof and if not, the reasons therefor; and
- (e) the number of new PHCs being established in the said State, district-wise?

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

(a): Health Dynamics is an annual publication, based on Health care administrative data reported by States/UTs. Details of total Number of Primary Health Centers (PHC), Ayushman Arogya Mandir-PHCs (erstwhile HWC-PHCs) and Urban Primary Health Centers (UPHC) established in Andhra Pradesh, district-wise; may be seen at the following link of Health Dynamics 22-23:

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

(b): Details of total number of nurses, specialists and doctors available in PHCs, HWC-PHCs and UPHCs in the NTR district is as follows:

Sl. No.	District	AAM-PHCs		UPHCs	
		Sanctioned	In-position	Sanctioned	In-position
1	Staff Nurse	72	68	97	86
2	Specialists	0	0	0	0
3	Doctors	45	42	49	48

(c) to (e): Details of number of new PHCs sanctioned in Andhra Pradesh, district-wise is as follows:

Sl. No.	District	New PHCs
1	Srikakulam	5
2	Vizianagaram	2
3	Parvathipuram Manyam	0
4	Alluri Sitharama Raju	1
5	Visakhapatnam	1
6	Anakapalli	1
7	Kakinada	4
8	Dr. B.R. Ambedkar Konaseema	1
9	East Godavari	6
10	West Godavari	4
11	Eluru	4
12	Krishna	1
13	NTR	2
14	Guntur	4
15	Bapatla	3
16	Palnadu	7
17	Prakasam	5
18	Sri Potti Sriramulu Nellore	6
19	Kurnool	9
20	Nandyal	4

Sl. No.	District	New PHCs
21	Ananthapuramu	5
22	Sri Sathya Sai	4
23	YSR Kadapa	2
24	Annamayya	1
25	Chittoor	4
26	Tirupati	2
	Total	88

AYUSH COLLEGES IN MAHARASHTRA

776. DR. BACHHAV SHOBHA DINESH:

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

- a) the details of AYUSH colleges, hospitals and health centres established by the Government in the State of Maharashtra during the last five years, year/scheme/district-wise;
- b) the details of physical targets set and achieved while implementing the above schemes during the said period, year/scheme/district-wise ;
- c) whether the Government has any plan to set up AYUSH hospital in Dhule Parliamentary Constituency considering the plight of the people there and if so, the details thereof;

- d) whether the Government has received any proposal from the State Government of Maharashtra or any Member of Parliament regarding such schemes during the last five years; and
- e) if so, the details thereof along with the action taken by the Government 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 (e) : Public health is a State subject, establishment of AYUSH colleges, hospitals and health centres in the country including Maharashtra comes under the purview of respective State/UT Government. However, under Centrally Sponsored Scheme of National AYUSH Mission (NAM), there is a provision of financial assistance for setting up of Ayush Educational Institutions and upto 50-bedded integrated AYUSH Hospital. Under National Ayush Mission, State Government of Maharashtra has not proposed any Ayush educational Institutions. The status of up to 50 bedded integrated AYUSH Hospital approved by Central Government as per proposal received from State Maharashtra is given in the enclosed Statement.

STATEMENT

Grants approved for setting up of integrated Ayush Hospital in the State of Maharashtra from 2014-15 to 2023-24:

Sl. No.	State/UT	Location	System of medicine	No. of beds	Amount approved (Rs. in lakhs)	Status
1	Maharashtra	Dharashiv, (Osmanabad)	Ayurveda, Homoeopathy and Unani	50	100.00	Construction not started
		Jalgaon	Ayurveda, Homoeopathy and Unani	30	300.00	Construction not started
		Jalna	Ayurveda, Homoeopathy and Unani	50	300.00	Construction not started
		Thane	Ayurveda, Homoeopathy and Unani	50	300.00	Construction not started
		Nagpur	Ayurveda, Homoeopathy and Unani	50	100.00	Construction not started

COVID-19 DEATHS IN KARNATAKA**777. SHRI RADHAKRISHNA:**

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

- a) the details of total Covid-19 deaths in the state of Karnataka, district and year-wise;
- b) the details of total applications received and ex gratia assistance given to families of COVID-19 deceased in the state of Karnataka, district and year-wise; and
- c) the details of total applications received and assistance given to orphaned children covered under PM CARES for Children Scheme in the State of Karnataka, district and year-wise?

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

(a) The Integrated Disease Surveillance Programme (IDSP) collects State level data on Covid-19 cases and deaths from the States/UTs on Integrated Health Information Platform. The district level data is maintained by the States at their level. District and year-wise details of COVID-19 death, as received from the State Surveillance Unit, Karnataka is given in the enclosed **Statement-I**.

(b) In pursuance of the Hon'ble Supreme Court Judgement dated 30th June 2021, Government of India through National Disaster Management Authority (NDMA) has issued 'Guidelines to provide for ex-gratia assistance to kin of the deceased by COVID-19'. NDMA has recommended an ex-gratia amount of Rs. 50,000/- per

deceased person subject to cause of death certified as COVID-19. Ex-gratia assistance is provided by States from State Disaster Response Funds and distribution of relief is the responsibility of the States/UTs Government concerned.

(c) Under the PM CARES for Children scheme, a pro-rata amount is credited in the post office account of each identified child in such a manner that the corpus for each child becomes Rs.10 lakhs at the time of attaining 18 years of age. Children are entitled to receive monthly stipend between the age of 18 and 23 years, by investing the corpus of Rs.10 lakhs into Monthly Income Scheme of Post Office. They are entitled to receive the amount of Rs.10 lakh on attaining the age of 23 years. The children staying in childcare institutions are provided boarding and lodging facilities on govt. cost.

Under the scheme, Department of School Education and Literacy, Ministry of Education is entrusted with the task to ensure that all beneficiaries in the schooling age group are enrolled in schools. In order to facilitate admission of these children, additional seats @ 10 children per Kendriya Vidyalaya subject to maximum of 2 children per class were sanctioned in the Kendriya Vidyalayas across the country and beneficiaries are exempted from payment of fee from Class I to XII. Provisions are made for admission in the nearest Kasturba Gandhi Balika Vidyalaya or Private Schools and benefits given of the Right of Children to Free and Compulsory Education (RTE) Act, 2009.`

Further, scholarship of Rs.20,000/- are provided to all school going children of class I to XII. Children are also assisted in obtaining education loan for Professional courses / Higher Education in India. All children have been enrolled

under Ayushman Bharat Pradhan Mantri - Jan ArogyaYojna (AB PM-JAY) with a health insurance cover of Rs.5 lakh. The coverage of health insurance is provided till they attain the age of 23 years. As conveyed by Ministry of Women and Child Development, district and year-wise number of children in the State of Karnataka to whom assistance has been given under the PM CARES for Children Scheme is detailed in the enclosed **Statement-II**.

STATEMENT-I

District and year wise number of COVID-19 deaths in Karnataka

S. No.	District	2020	2021	2022	2023	2024*
1	Bagalkote	137	196	36	0	0
2	Ballari	597	1091	101	6	5
3	Belagavi	341	607	60	0	0
4	Bengaluru	4344	12074	575	17	4
5	Bengaluru Rural	153	739	20	2	0
6	Bidar	176	233	16	0	0
7	Chamarajanagar	131	384	24	0	0
8	Chikballapur	117	316	30	0	2
9	Chikkamagaluru	139	259	9	0	0
10	Chitradurga	68	144	30	0	0
11	Dakshina Kannada	736	965	161	7	2
12	Davanagere	264	344	20	1	1
13	Dharwad	611	716	89	5	1

14	Gadag	141	178	20	0	1
15	Hassan	393	871	47	1	0
16	Haveri	189	454	31	2	0
17	Kalaburagi	324	499	68	5	2
18	Kodagu	71	268	16	0	0
19	Kolar	178	465	24	0	0
20	Koppal	279	249	16	1	1
21	Mandya	149	510	53	0	1
22	Mysuru	1012	1416	145	6	10
23	Raichur	158	175	36	1	1
24	Ramanagara	77	246	26	1	0
25	Shivamogga	348	742	56	5	2
26	Tumakuru	378	766	79	2	3
27	Udupi	189	302	59	0	1
28	Uttara Kannada	179	599	41	1	1
30	Vijayanagara	0	0	0	0	1
29	Vijayapura	204	291	27	1	0
31	Yadgir	60	146	5	0	0

*Data updated till 21.11.2024

STATEMENT-II

District and year-wise number of children in the State of Karnataka to whom assistance has been given under the PM CARES for Children Scheme

S. No.	District	2021	2022	2023	2024
1	Bagalkote	7	0	0	0
2	Ballari	6	1	0	0
3	Belagavi	14	8	0	0
4	Bengaluru Rural	1	3	0	0
5	Bengaluru Urban	28	2	2	0
6	Bidar	8	0	0	0
7	Chamarajanagar	3	0	2	0
8	Chikballapur	14	2	0	0
9	Chikkamagaluru	5	1	0	0
10	Chitradurga	4	1	0	0
11	Dakshina Kannada	8	3	0	0
12	Davanagere	2	2	0	0
13	Dharwad	4	1	0	0
14	Gadag	5	0	0	0
15	Hassan	8	0	0	0
16	Haveri	1	3	0	0
17	Kalaburagi	2	1	2	0
18	Kodagu	4	2	0	0
19	Kolar	5	0	3	0
20	Koppal	3	0	0	0

21	Mandya	3	3	0	0
22	Mysuru	10	1	0	0
23	Raichur	1	3	0	0
24	Ramanagara	5	3	0	0
25	Shivamogga	5	0	0	0
26	Tumakuru	7	1	1	1
27	Udupi	3	0	0	0
28	Uttara Kannada	0	0	0	0
30	Vijayanagara	0	0	0	0
29	Vijayapura	2	6	0	0
31	Yadgir	6	0	0	0

PRODUCTION OF QUALITY MEDICINES

778. SHRI K. C. VENUGOPAL:

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

- (a) the measures being taken by the Government to produce quality medicines for all the people across the country;
- (b) whether pharmaceutical industry in the country is working to address the challenges posed by climate change, biodiversity and environmental impact;
- (c) if so, the details thereof; and

(d) the measures being taken by Government to ensure new and innovative means of drugs/treatment are made available in rural and tribal areas of Kerala?

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

(a): Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken various measures to ensure quality, efficacy and safety of medicines manufactured in the country. The key measures are as stated below:

- i. In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) have conducted risk-based inspections of more than 400 premises. The firms have been identified based on risk criteria like number of drugs declared as Not of Standard Quality, complaints, criticality of the products etc. Based on findings of inspections, more than 300 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses etc., have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules 1945.
- ii. Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and

equipment for pharmaceutical products. As per the amendment, the revised Good Manufacturing Practices and Requirements shall come into force for manufacturers for implementation as under:

Category of manufacturers [Based on turnover (INR)]	Time line for implementation
Large Six months manufacturers from the date (Turnover > 250 crores) of publication	Six months from the date of publication of these rules.
Small and Medium manufacturers (Turnover of these rules. 250 crores)	Twelve months from the date of publication of these rules.

- iii. On 17.11.2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st of August. 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print Or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.
- iv. On 18.01.2022. the Drugs Rules, 1945 were amended vide G.S.R. 20 (E) providing that every Active Pharmaceutical Ingredient (bulk drug) manufactured or imported in India shall bear Quick Response Code on its label at each level of packaging that store data or information readable with

software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars including unique product identification code, Batch Number, Manufacturing date, Expiry Date etc.

- v. On 11.02.2020, the Drugs Rules, 1945 were amended vide G.S.R, 101 (E), providing that with effect from 01.03.2021 any marketer who sells or distributes any drug shall be responsible for quality of that drug as well as other regulatory compliances along with the manufacturer under these Rules.
- vi. The Drugs and Cosmetics Act, 1940 was amended under Drugs and Cosmetics (Amendment) Act 2008 to provide stringent penalties for manufacture of spurious and adulterated drugs. Certain offences have also been made cognizable and non-bailable.
- vii. States/ UTs have set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal.
- viii. To ensure efficacy of drugs, the Drugs and Cosmetics Rules, 1945 have been amended providing that applicant shall submit the result of bioequivalence study along with the application for grant of manufacturing license of oral dosage form of some drugs.
- ix. The Drugs and Cosmetics Rules, 1945 have been amended making it mandatory that before the grant of manufacturing license, the manufacturing establishment is to be inspected jointly by the Drugs Inspectors of Central Government and State Government.

- x. The Drugs and Cosmetics Rules, 1945 have been amended, making it mandatory that the applicants shall submit evidence of stability, safety of excipients etc. to the State Licensing Authority before grant of manufacturing license by the Authority.
- xi. Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.
- xii. Central government is providing regular Residential, regional training and workshops to CDSCO, State Drug Regulatory Authorities on Good Manufacturing Practices. In the training Financial Year 2023-24 CDSCO has trained 22854 persons while in F.Y 2024-25 so far 13007 persons have been trained.
- xiii. Further, for strengthening the drug regulatory system in the country both at the Central and State level, the Government had approved Rs.1750 Crore. Out of this, Rs. 900 Crore was for strengthening the central drug regulatory structures and Rs. 850 Crore is for the Centrally Sponsored Scheme Strengthening of States' Drug Regulatory System (SSDRS) which envisages to strengthen the laboratory infrastructure and upgradation of existing State Drug Controller offices in States. So far under the SSDRS scheme, 17 New Drug Testing Labs have been constructed and 24 existing labs have been up-graded.

(b) and (c): 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. Manufacturers are required to comply with Good Manufacturing Practices as prescribed under Schedule M to the Drugs Rules, 1945. As per the GMP requirement, the disposal of sewage and effluents (solid, liquid and gas) from the manufacturing area shall be in conformity with the requirements of the guidelines issued by the Environmental Pollution Control Board and all bio-medical waste shall be destroyed as per the provisions of the Bio-Medical Waste (Management and Handling) Rules, 2016

(d): As per the information provided by the State Government of Kerala, state has implemented several initiatives to ensure that tribal and rural population have access to new and innovative treatments as follows:

(1) Healthcare Infrastructure:

(i) Primary Health Centers (PHCs) and Community Health Centers (CHCs):

The state has established a network of PHCs and CHCs in rural and tribal areas to provide basic healthcare services.

(ii) Sub-Centers: These smaller health facilities are located in remote areas to improve accessibility.

(iii) Mobile Medical Units: These units travel to remote areas to provide healthcare services, including vaccinations, check-ups, and treatment for common ailments.

(2) Specialized Healthcare:

- (i) Telemedicine: The government has implemented telemedicine services to connect remote areas with specialists in urban centers. This allows for remote consultations and diagnosis.
- (ii) Referral Systems: Patients in rural areas can be referred to specialized hospitals in cities for advanced treatment.
- (iii) Ayurveda and Traditional Medicine: Kerala has a strong tradition of Ayurveda and other traditional medicine systems. The government supports the integration of these systems with modern medicine to provide holistic healthcare.

(3) Financial Assistance

- (i) Health Insurance Schemes: The government provides health insurance schemes to cover the cost of medical treatment for low-income and vulnerable populations, including tribal communities.
- (ii) Subsidized Medications: The government subsidizes essential medications to make them affordable for the poor.

(4) Awareness and Education:

- (i) Health Education Campaigns: The government conducts health education campaigns to raise awareness about preventive healthcare, hygiene, and the importance of seeking timely medical attention.
- (ii) Community Health Workers: Community health workers are trained to provide health education and promote preventive healthcare practices in rural areas.

(v) Specific Initiatives for Tribal Populations:

- (i) Tribal Health Clinics: These clinics provide specialized care for tribal communities, addressing their unique health needs.
- (ii) Nutrition Programs: The government implements nutrition programs to address malnutrition and other nutritional deficiencies among tribal populations.
- (iii) Mental Health Services: Mental health services are provided in tribal areas to address issues like depression, anxiety, and substance abuse. By implementing these measures, the Kerala government aims to bridge the healthcare gap between urban and rural areas and ensure that all citizens, including tribal and rural populations, have access to quality healthcare services.

The role of Non-Governmental Organizations (NGOs) and the private sector in improving healthcare in tribal areas is also significant. They focus on providing free or subsidized healthcare, including mental health, disability support, and maternal health. These organizations work to improve healthcare access in rural and tribal areas, often complementing government efforts. Providing primary healthcare camps, nutrition kits, medical aid, and safe drinking water in rural areas.

Apart from the above, Government of India launched 'Jan Aushadhi' Scheme in 2008 with an objective of making quality generic medicines available at affordable prices to all citizens, especially the poor and the deprived ones. The Scheme was revamped and named as 'Pradhan Mantri Jan Aushadhi Yojana'

(PMJAY) in Sept.2015 and further renamed as 'Pradhan Mantri Bhartiya Janaushadhi Pariyojana' (PMBJP) in December 2016. Under the Scheme, dedicated outlets known as Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) are opened to provide quality generic medicines at affordable prices.

Objectives of the Scheme are as follows:

- (a) To make available quality medicines consumables and surgical items at affordable prices for all and thereby reduce out of pocket expenditure of consumers/patients.
- (b) To popularize generic medicines among the masses and dispel the prevalent notion that low priced generic medicines are of inferior quality or are less effective.
- (c) Generate employment by engaging individual entrepreneurs in the opening of PMBJP Kendras.

Under the scheme, district-wise list of Jan Aushadhi Kendras opened in the State of Kerala is enclosed as statement.

STATEMENT

आयुष स्वास्थ्य केंद्र

District wise list of Jan Aushadhi Kendras opened in Kerala		
Sl. No.	Name of the District	No. of Jan Aushadhi Kendras
1	Alappuzha	118
2	Ernakulam	171
3	Idukki	40
4	Kannur	79
5	Kasaragod	37
6	Kollam	87
7	Kottayam	96
8	Kozhikode	127
9	Malappuram	156
10	Palakkad	140
11	Pathanamthitta	50
12	Thiruvananthapuram	130
13	Thrissur	185
14	Wayanad	27
Total		1443

779. श्री दामोदर अग्रवाल:

श्री बृजमोहन अग्रवाल:

क्या **आयुष** मंत्री यह बताने की कृपा करेंगे कि:

- (क) विगत तीन वर्षों और चालू वर्ष के दौरान देश विशेषकर राजस्थान और छत्तीसगढ़ में राज्य/संघ राज्यक्षेत्र-वार स्थापित/प्रस्तावित/कार्यशील आयुष स्वास्थ्य केंद्रों और उनकी प्रमुख विशेषताओं का ब्यौरा क्या है;
- (ख) राजस्थान और छत्तीसगढ़ में प्रस्तावित आयुष केंद्रों के लिए सरकार द्वारा कुल कितनी राशि स्वीकृत की गई है;
- (ग) क्या सरकार ने छत्तीसगढ़ में सभी प्रस्तावित आयुष केंद्रों की स्थापना हेतु कोई समय-सीमा निर्धारित की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) सरकार द्वारा राजस्थान राज्य में जिला स्तर पर आयुष केंद्रों के विकास के लिए जिला-वार क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;
- (ङ) क्या सरकार ने राजस्थान के भीलवाड़ा जिले में आयुष स्वास्थ्य केंद्र की स्थापना की है;और
- (च) 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): केंद्रीय मंत्रिमंडल ने राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के विस्तृत कार्य क्षेत्र के अंतर्गत राज्य/संघ राज्य सरकारों के माध्यम से आयुष्मान भारत के तहत 12,500 आयुष स्वास्थ्य और आरोग्य केंद्रों (एएचडब्ल्यूसी) [जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) नाम दिया गया है] को वर्ष 2019-20 से 2023-24 तक चरणबद्ध तरीके से संचालित करने संबंधी प्रस्ताव को मंजूरी दी है, जिसे अब वर्ष 2024-25 तक बढ़ा दिया गया है। आयुष स्वास्थ्य और आरोग्य केंद्रों की मुख्य विशेषताएं संलग्न **विवरण -I** में दी गई हैं। एनएएम के तहत, राज्य/ संघ राज्य सरकारों से उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, मौजूदा आयुष

औषधालयों और उप स्वास्थ्य केंद्रों की कुल 12,500 इकाइयों को मंजूरी दी गई है जिन्हें राजस्थान और छत्तीसगढ़ को शामिल करते हुए राज्यों/ संघ राज्य क्षेत्रों में आयुष्मान आरोग्य मंदिर (आयुष) के रूप में अपग्रेड किया जाना है। राज्यों/ संघ राज्य क्षेत्रों की सरकारों से प्राप्त रिपोर्टों के अनुसार, अब तक 12250 आयुष्मान आरोग्य मंदिर (आयुष) क्रियाशील बनाए जा चुके हैं। राजस्थान और छत्तीसगढ़ सहित अनुमोदित और क्रियाशील आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/ संघ राज्य क्षेत्रवार वर्षवार स्थिति का व्यौरा संलग्न **विवरण-II** में दिया गया है।

(ख): राजस्थान और छत्तीसगढ़ राज्य सरकारों से उनकी राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार, राजस्थान और छत्तीसगढ़ राज्य सरकारों के लिए आयुष्मान आरोग्य मंदिर (आयुष) के संचालन हेतु क्रमशः 46473.69 लाख रुपये और 7803.25 लाख रुपये की राशि अनुमोदित की गई है।

(ग): छत्तीसगढ़ राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, आयुष मंत्रालय ने 400 आयुष औषधालयों का आयुष्मान आरोग्य मंदिर (आयुष) के रूप में उन्नयन किए जाने की मंजूरी दी है। छत्तीसगढ़ राज्य सरकार द्वारा दी गई सूचना के अनुसार, सभी 400 एएएम (आयुष) क्रियाशील हैं।

(घ): जन स्वास्थ्य राज्य का विषय होने के कारण, राजस्थान राज्य में जिला स्तर पर आयुष केंद्रों का विकास संबंधित राज्य/संघ राज्य सरकार के अधिकार क्षेत्र में आता है। हालांकि, एनएएम के तहत राज्यों/संघ राज्य क्षेत्रों में नए 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए वित्तीय सहायता प्रदान करने का प्रावधान है। तदनुसार, राज्य/संघ राज्य क्षेत्र सरकारें एनएएम दिशानिर्देशों के प्रावधान के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके नए 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए पात्र वित्तीय सहायता प्राप्त कर सकती हैं। राजस्थान राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, भीलवाड़ा, अजमेर, चूरू, बीकानेर, जयपुर, सीकर, सवाईमाधोपुर और भरतपुर जिलों में 50 बिस्तरों वाले एकीकृत आयुष अस्पतालों को मंजूरी दी गई है।

(ड) से (च): राजस्थान राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, भीलवाड़ा जिले में आयुष्मान आरोग्य मंदिर (आयुष) की 98 इकाइयां अनुमोदित की गई हैं और राजस्थान राज्य सरकार द्वारा दी गई सूचना के अनुसार, सभी 98 आयुष्मान आरोग्य मंदिर (आयुष) क्रियाशील हैं।

विवरण-I

आयुष स्वास्थ्य एवं आरोग्य केन्द्रों (एएचडब्ल्यूसी) की मुख्य विशेषताएं

पृष्ठभूमि:

केंद्रीय मंत्रिमंडल ने वर्ष 2019-20 से 2023-24 तक चरणबद्ध तरीके से राष्ट्रीय आयुष मिशन (एनएएम) के विस्तृत कार्य क्षेत्र के तहत और केंद्र प्रायोजित योजना मोड में राज्यों/संघ राज्य क्षेत्रों के माध्यम से 12,500 आयुष स्वास्थ्य एवं आरोग्य केन्द्रों को संचालित करने के प्रस्ताव को मंजूरी दी।

विजन

- आयुष सिद्धांतों और पद्धतियों पर आधारित एक समग्र आरोग्य मॉडल स्थापित करना।

उद्देश्य

- समूह आधारित दृष्टिकोण का उपयोग करके आयुष के माध्यम से व्यापक प्राथमिक स्वास्थ्य सेवा प्रदान करना
- मौजूदा सार्वजनिक स्वास्थ्य देखभाल पद्धतियों के साथ एकीकरण स्थापित करके निवारक, प्रोत्साहक, उपचारात्मक और पुनर्वास स्वास्थ्य सेवा पर ध्यान केंद्रित करते हुए आयुष सिद्धांतों और पद्धतियों पर आधारित एक समग्र आरोग्य मॉडल स्थापित करना
- आयुष सेवाएं उपलब्ध कराकर जरूरतमंद लोगों को सूचित विकल्प प्रदान करना।

कार्यान्वयन की रणनीति

आयुष मंत्रालय को आयुष्मान भारत के तहत 12,500 स्वास्थ्य एवं आरोग्य केंद्र विकसित करने का कार्य दिया गया है। इसे राज्य सरकारों और संघ राज्य क्षेत्र की सरकारों के माध्यम से चरणबद्ध तरीके

से प्राप्त किया जाएगा। इसका वित्तपोषण राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के माध्यम से किया जाएगा।

आयुष मंत्रालय ने, राज्यों/संघ राज्य क्षेत्रों और स्वास्थ्य एवं परिवार कल्याण मंत्रालय के परामर्श से आयुष स्वास्थ्य एवं आरोग्य केंद्रों के रूप में उन्नयन के लिए निम्नलिखित दो मॉडल प्रस्तावित किए हैं:

- i. आयुष औषधालयों का उन्नयन
- ii. मौजूदा उप स्वास्थ्य केंद्रों (एससी) का उन्नयन

उपर्युक्त दोनों मॉडलों के लिए राष्ट्रीय आयुष मिशन के माध्यम से वित्तपोषण किया जाएगा। आयुष औषधालयों के उन्नयन और संचालन करने का उत्तरदायित्व आयुष विभाग पर होगा। उन्नत किए गए उप स्वास्थ्य केंद्रों का संचालन राज्य स्वास्थ्य विभागों द्वारा किया जाएगा और इस मामले में निधि का प्रवाह राज्य आयुष सोसायटी से राज्य स्वास्थ्य सोसायटी को किया जाएगा।

विवरण-I

अनुमोदित और क्रियाशील आयुष्मान आरोग्य मंदिर (आयुष) की राज्य/संघ राज्य क्षेत्रवार और वर्षवार स्थिति

क्र. सं.	राज्य/संघ राज्य क्षेत्र	अनुमोदित आयुष्मान आरोग्य मंदिर (आयुष) की संख्या			क्रियाशील आयुष्मान आरोग्य मंदिर (आयुष)			
		2021	2022	2023	2021	2022	2023	2024
		-22	-23	-24	-22	-23	-24	-25
1	आंध्र प्रदेश	0	16	0	0	126	0	0
2	अरुणाचल प्रदेश	13	40	0	0	36	53	0

3	असम	40	200	211	0	210	290	0
4	बिहार	66	120	0	18	65	30	0
5	छत्तीसगढ़	40	160	0	94	190	116	0
6	गोवा	31	34	26	9	25	66	0
7	गुजरात	0	100	0	214	17	134	0
8	हरियाणा	20	0	0	81	22	10	127
9	हिमाचल प्रदेश	100	500	0	240	0	500	0
10	झारखंड	167	478	0	0	249	311	185
11	कर्नाटक	70	200	0	6	194	76	0
12	केरल	150	280	180	59	136	492	0
13	मध्य प्रदेश	200	200	38	362	54	384	0
14	महाराष्ट्र	0	96	0	188	93	64	32
15	मणिपुर	12	0	0	0	14	1	0
16	मेघालय	10	0	0	0	0	22	0
17	मिजोरम	14	0	3	24	0	17	0
18	नगालैंड	0	0	0	2	28	17	0
19	ओडिशा	150	172	0	75	170	177	0
20	पंजाब	41	0	0	0	0	158	0
21	राजस्थान	500	1019	0	466	18	1535	0
22	सिक्किम	0	0	0	18	0	0	0
23	तमिलनाडु	110	400	0	0	202	400	0
24	तेलंगाना	421	0	0	0	421	0	0

25	त्रिपुरा	7	27	0	0	0	72	0
26	उत्तर प्रदेश	279	163	0	500	86	448	0
27	उत्तराखण्ड	230	0	0	70	124	106	0
28	पश्चिम बंगाल	171	269	0	76	188	269	0
29	अंडमान और निकोबार द्वीप समूह	0	0	0	6	0	0	0
30	चंडीगढ़	1	6	0	0	0	6	0
31	दिल्ली	0	0	0	0	0	0	0
32	दादरा और नागर हवेली तथा दमन एवं दीव	0	1	0	0	0	1	0
33	जम्मू एवं कश्मीर	123	125	81	139	103	206	0
34	लद्दाख	0	0	0	0	0	0	0
35	लक्षद्वीप	2	2	0	5	2	0	0
36	पुदुचेरी	1	0	0	3	1	0	0

JAN AUSHADHI KENDRAS

780. ADV. DEAN KURIAKOSE:

SHRI CHARANJIT SINGH CHANNI:

SHRI BENNY BEHANAN:

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

(a) the number of Jan Aushadhi Kendras established across the country since 2019, year and State-wise;

(b) the list of suppliers currently providing medicines to Jan Aushadhi Kendras across the country;

(c) the criteria and selection process adopted by the Government to approve and empanel suppliers for Jan Aushadhi Kendras, including quality and compliance standards; and

(d) whether any suppliers have been removed or blacklisted due to non-compliance with quality standards 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): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), a total of 10,404 Jan Aushadhi Kendra (JAKs) have been opened since the financial year 2019-20 to 2024-25 (till 31.10.2024) across the country. State/UT-wise number of JAKs is enclosed as **Statement-I**.

(b) and (c): As on date, 206 pharmaceutical manufacturers are associated with the Pharmaceuticals and Medical Devices Bureau of India (PMBI), the implementation agency of PMBJP for supplies of medicines, surgical equipment, nutraceuticals, and ayurvedic products. List of these pharmaceutical manufacturers is enclosed as Statement-II.

To ensure the quality of products, Pharmaceuticals and Medical Devices Bureau of India (PMBI) procures medicines only from World Health Organization – Good Manufacturing Practices (WHO-GMP) certified suppliers. Each batch of

drugs is tested at laboratories accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL). The medicines are dispatched to Jan Aushadhi Kendras after passing the quality tests.

Procurement of products under PMBJP is done at the centralized level through an open tendering process, using the Central Public Procurement Portal (CPPP) of NIC for rate contracts.

(d): Yes, under PMBJP, a total of 6 suppliers have been backlisted in the last 5 years due to non-compliance with quality standards. The details of the blacklisted suppliers are as under:-

Sl. No.	Name of the Blacklisted Supplier	Category
1.	ANG Lifescience India Ltd.	Private
2.	Combitic Global Caplet Pvt Ltd	Private
3.	Ridley Life Science Pvt Ltd	Private
4.	Kamal Healthcare Products (P) Ltd.	Private
5.	Cosmos Research Lab Ltd.	Private
6.	Athens Life Sciences	Private

STATEMENT-I

**State/UT-wise list of JAKs opened across the country from Financial Year 2019-20
to 2024-25 (till 31.10.2024)**

Sl. No.	State	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Total JAKs opened between 2019 and 2024 as of 31.10.2024
1	Andaman and Nicobar	0	0	7	0	0	0	7
2	Andhra Pradesh	9	9	5	16	143	19	201
3	Arunachal Pradesh	6	0	0	1	2	4	13
4	Assam	16	11	15	23	22	32	119
5	Bihar	29	62	63	85	197	176	612
6	Chandigarh	1	1	0	2	3	0	7
7	Chhattisgarh	6	17	12	6	34	37	112
8	Delhi	63	149	81	14	60	49	416
9	Goa	0	1	1	1	3	1	7
10	Gujarat	68	73	44	17	154	112	468
11	Haryana	28	37	37	37	94	58	291
12	Himachal Pradesh	10	6	6	3	11	7	43

13	Jammu and Kashmir	38	5	38	95	72	30	278
14	Jharkhand	13	5	9	10	28	28	93
15	Karnataka	144	239	97	115	165	199	959
16	Kerala	94	225	246	19	50	442	1076
17	Ladakh	1	0	0	0	0	0	1
18	Lakshadweep	0	0	0	0	1	0	1
19	Madhya Pradesh	52	42	23	37	110	135	399
20	Maharashtra	104	97	49	36	93	60	439
21	Manipur	0	1	3	3	11	2	20
22	Meghalaya	8	5	1	3	1	3	21
23	Mizoram	6	0	0	0	0	3	9
24	Nagaland	1	0	4	1	0	1	7
25	Odisha	66	74	88	55	114	123	520
26	Puducherry	2	0	3	1	6	4	16
27	Punjab	60	84	29	15	64	103	355
28	Rajasthan	16	16	29	16	139	164	380
29	Sikkim	0	1	0	1	3	3	8
30	Tamil Nadu	93	155	93	54	187	294	876
31	Telangana	14	26	22	19	21	22	124

32	The DNH and DD	6	12	5	0	2	1	26
33	Tripura	1	0	0	1	0	3	5
34	Uttar Pradesh	119	185	135	199	694	556	1888
35	Uttarakhand	31	24	15	7	35	50	162
36	West Bengal	33	36	37	47	140	152	445
Grand Total		1138	1598	1197	939	2659	2873	10404

STATEMENT-II

List of these pharmaceutical manufacturers

Sl. No.	Name of the Manufacturer	Category
1	Aculife Healthcare Pvt. Ltd.	Private
2	Admac Lifesciences	Private
3	Aegis Lifesciences Private Limited	Private
4	Affy Parenterals	Private
5	Agio Pharmaceuticals Ltd.	Private
6	Aishwarya Healthcare	Private
7	Ak Health Tech Private Limited	Private
8	Akums Drugs and Pharmaceuticals Limited (Plant-1)	Private

9	All Heavens Exim	Private
10	Amkay Products Pvt. Ltd.	Private
11	Andhra Pradesh Medtech Zone Limited	SPSU
12	Asoj Soft Caps Pvt. Ltd	Private
13	Bajaj Healthcare Limited	Private
14	Bal Pharma Ltd.	Private
15	Bdr Pharmaceuticals International Pvt. Ltd.	Private
16	Bharat Parental Ltd	Private
17	Bharti Milk Foods Pvt Ltd	Private
18	Biocon Biologics Limited	Private
19	Biodeal Pharmaceuticals Limited	Private
20	Biogenix Inc Pvt. Ltd.	Private
21	Biological E Limited	Private
22	Brisk Surgicals Cotton Limited	Private
23	Briyosis Soft Caps Private Limited	Private
24	Cadila Pharmaceuticals Ltd.	Private
25	Care Medical Devices Limited	Private
26	Centaur Pharmaceuticals Pvt. Ltd.	Private
27	Centurion Remedies Pvt. Ltd.	Private
28	Cian Healthcare Pvt. Ltd.	Private
29	Cipco Pharmaceuticals	Private
30	Cipla Limited	Private

31	Cmg Biotech Pvt. Ltd.	Private
32	Concept Pharmaceuticals Ltd	Private
33	Consern Pharma Ltd.	Private
34	Continental Milkose (India) Limited	Private
35	Coral Laboratories Ltd	Private
36	Crescenza Wellness Private Limited	Private
37	Cupid Limited	Private
38	Daffodills Pharmaceuticals Ltd.	Private
39	Divine Laboratories Pvt Ltd	Private
40	Dynamic Techno Medicals Private Limited	Private
41	East African (India) Overseas	Private
42	Elnova Pharma	Private
43	Eris Lifesciences Limited	Private
44	Eskag Pharma Pvt.Ltd	Private
45	Essenzaa Nutrition Pvt. Ltd.	Private
46	Eucare Pharmaceuticals Pvt Ltd	Private
47	Fdc Limited	Private
48	Fertin India Private Limited	Private
49	Geno Pharmaceuticals Pvt Ltd	Private
50	Gentech Healthcare Pvt. Ltd.	Private
51	Globela Pharma Pvt. Ltd.	Private
52	Gls Pharma Ltd	Private

53	Gnosis Pharmaceuticals Pvt Ltd	Private
54	Hab Pharmaceuticals and Research Ltd.	Private
55	Halewood Laboratories Pvt. Ltd.	Private
56	Haseeb Pharmaceuticals Pvt. Ltd.	Private
57	Health Biotech Limited	Private
58	Healthium Medtech Limited	Private
59	Healthy Life Pharma Pvt. Ltd.	Private
60	Hetero Healthcare Limited	Private
61	Hi Care Gloves Pvt Ltd	Private
62	Hindustan Antibiotics Ltd	CPSU
63	Hindustan Laboratories Limited	Private
64	Imperial Medcare Private Limited	Private
65	Indian Medicines Pharmaceutical Corporation Limited	CPSU
66	Innova Captab Limited	Private
67	Innovative Linen Co. Pvt. Ltd.	Private
68	Integrated Laboratories Pvt. Ltd.	Private
69	Inventia Healthcare Limited	Private
70	Iscon Surgicals Ltd.	Private
71	J Duncan Healthcare Pvt Ltd	Private
72	Jajoo Surgicals Pvt. Ltd.	Private
73	K.A.Enterprises	Private
74	K.S. Surgical Pvt. Ltd.	Private

75	Kag Industries	Private
76	Karnataka Antibiotics And Pharmaceuticals Limited	CPSU
77	Kms Manufacturing Company	Private
78	Laborate Pharmaceuticals India Limited	Private
79	Lark Laboratories (India) Ltd.	Private
80	Legacy Remedies Pvt Ltd	Private
81	Logos Pharma	Private
82	Lokbeta Pharmaceuticals (I) Pvt Ltd	Private
83	Lupin Ltd.	Private
84	M D Hygiene Pvt. Ltd	Private
85	Maan Pharmaceuticals Ltd	Private
86	Macleods Pharmaceuticals Limited	Private
87	Macsur Pharmaa (India) Private Ltd	Private
88	Mahalaxmi Malt Products Pvt. Ltd.	Private
89	Malik Lifesciences Private Limited	Private
90	Mancare Laboratories Pvt. Ltd.	Private
91	Mankind Pharma Limited	Private
92	Marc Laboratories Limited	Private
93	Martin And Brown Biosciences Pvt. Ltd.	Private
94	Maruti Meditech Pvt Ltd	Private
95	Mascot Health Series Pvt. Ltd	Private
96	Matins Healthcare Pvt Ltd	Private

97	Maxtar Bio-Genics	Private
98	Med Manor Organics Pvt. Ltd.	Private
99	Medevis Rubplast India Private Ltd	Private
100	Medipol Pharmaceuticals India Pvt Ltd	Private
101	Mepromax Lifesciences Pvt Ltd	Private
102	Merril Pharma Pvt. Ltd.	Private
103	Mformillet Foods Private Limited	Private
104	Mgrm Medicare Pvt. Ltd.	Private
105	Micron Pharmaceuticals	Private
106	Micropure Parenterals Pvt Ltd	Private
107	Midas Care Pharmaceuticals Pvt. Ltd.	Private
108	Mj Biopharm Pvt Ltd	Private
109	Modern Laboratories	Private
110	Morepen Laboratories Limited	Private
111	Msn Laboratories Private Limited	Private
112	Multani Pharmaceuticals Ltd	Private
113	Nandani Medical Laboratories Pvt. Ltd.	Private
114	Nanz Medscience Pharma Pvt. Ltd.	Private
115	Naprod Life Sciences Pvt. Ltd	Private
116	Naulakha Industries	Private
117	Navkar Lifesciences	Private
118	Nem Laboratories Private Limited	Private

119	Nutrizo Advancis Healthcare Pvt Ltd	Private
120	Om Sai Pharma Pack	Private
121	Omega Pharma	Private
122	Optimus Pharma Pvt. Ltd.	Private
123	Overseas Health Care Pvt. Ltd.	Private
124	P. Bhogilal Pvt. Ltd.	Private
125	Paramount Surgimed Limited	Private
126	Penta Kraft	Private
127	Penta Latex Llp	Private
128	Perfect Surgicare Industries Private Limited	Private
129	Pharma Impex Laboratories Pvt. Ltd.	Private
130	Pharose Remedies Ltd.	Private
131	Polestar Power Industries	Private
132	Pontika Aerotech Ltd.	Private
133	Precise Chemipharma Pvt Ltd	Private
134	Preet Remedies Ltd.	Private
135	Proactive Health Inc	Private
136	Prochem Pharmaceuticals Pvt. Ltd.	Private
137	Pulse Pharma Pvt. Ltd.	Private
138	Pure and Cure Healthcare Pvt. Ltd.	Private
139	Ravenbhel Healthcare Pvt. Ltd.	Private
140	Ravian Life Science Pvt. Ltd.	Private

141	Regent Ajanta Biotech	Private
142	Reliance Formulation Pvt. Ltd.	Private
143	Relief Biotech Pvt. Ltd.	Private
144	Renown Pharmaceuticals Pvt. Ltd.	Private
145	Revat Laboratories Pvt. Ltd.	Private
146	Rhydburg Pharmaceuticals Limited	Private
147	Rivpra Formulation Pvt Ltd	Private
148	Rv Lifesciences Limited	Private
149	Saar Biotech Pvt. Ltd.	Private
150	Sai Parenterals Limited	Private
151	Saimirra Innopharm Pvt. Ltd.	Private
152	Saksham Life	Private
153	Salud Care (India) Limited	Private
154	Samarth Life Sciences Pvt. Ltd.	Private
155	Sance Laboratories Pvt. Ltd.	Private
156	Savi Health Science	Private
157	Sekhani Industries Private Limited	Private
158	Shamshree Lifesciences Limited	Private
159	Sharda Health Care Private Limited	Private
160	Shine Pharmaceuticals Ltd.	Private
161	Shivalik Remedies Private Limited	Private
162	Shourya Hygienes	Private

163	Shree Radhe Hygiene Products Pvt. Ltd.	Private
164	Signature Phytochemical Industries	Private
165	Smart Hygeia	Private
166	Smilax Healthcare Drug Company	Private
167	Spm Medicare Pvt Ltd	Private
168	Sterimed Medical Devices Pvt. Ltd.	Private
169	Sterimed Surgicals (India) Pvt. Ltd.	Private
170	Suncare Formulations Pvt Ltd	Private
171	Sunlife Sciences	Private
172	Suparshva Swabs (I) Limited	Private
173	Supermax Drugs and Pharmaceuticals Pvt. Ltd.	Private
174	Susheel Yarns Pvt. Ltd.	Private
175	Swear Healthcare Private Limited	Private
176	Swiss Garnier Life Sciences	Private
177	Swiss Garniers Biotech Private Limited	Private
178	Synmedic Laboratories	Private
179	Synokem Pharmaceuticals Limited	Private
180	Systochem Laboratories Ltd	Private
181	Tablets (India) Limited	Private
182	Themis Medicare Limited	Private
183	Theon Pharmaceuticals Limited	Private
184	Tirupati Medicare Ltd.	Private

185	Tmt Med Source	Private
186	Ultra Drugs Pvt. Ltd. (Unit-li)	Private
187	Unicure India Ltd.	Private
188	Unimarck Healthcare Ltd	Private
189	Universal Prophylactic Pvt. Ltd.	Private
190	Vaishali Hygiene Products	Private
191	Venus Remedies Limited	Private
192	Vidhyasha Pharmaceutical	Private
193	Vidit Healthcare	Private
194	Vivimed Labs Ltd.	Private
195	Wallace Pharmaceuticals Pvt Ltd	Private
196	Windlas Biotech Limited	Private
197	Wings Biotech Llp	Private
198	Wockhardt Limited	Private
199	Yacca Lifesciences Pvt. Ltd.	Private
200	Yacca Pharmaceuticals Pvt Ltd	Private
201	Zee Laboratories Ltd.	Private
202	Zenith Drugs Pvt. Ltd.	Private
203	Zeon Lifesciences Limited,	Private
204	Zest Pharma	Private
205	Zim Laboratories Limited	Private
206	Zydus Lifesciences Limited	Private

QUALITY OF FOOD IN ANGANWADI CENTRES

781. SHRI P. V. MIDHUN REDDY:

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

- (a) whether the Government has conducted any assessment regarding the quality of food provided in Anganwadi Centres across the country;
- (b) if so, the details thereof and if not, the reasons therefor;
- (c) the steps taken/proposed to be taken by the Government to ensure that nutritious and safe food is consistently provided at Anganwadi Centres, especially in rural and remote areas;
- (d) whether any case of substandard food have been reported in Anganwadi Centres during the last three years; and
- (e) if so, the action taken against those responsible

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

(a) to (e) Mission Saksham Anganwadi and Poshan 2.0 [earlier known as Integrated Child Development Services (ICDS) Scheme] was launched in 1975. It has now been revamped as Mission Saksham Anganwadi and Poshan 2.0 (hereinafter referred to as Mission Poshan 2.0). It is an Integrated Nutrition Support Programme and it is a Centrally Sponsored Scheme. The implementation of the scheme falls under the ambit of State Governments/ UT Administrations. The Scheme aims to address the challenge of child malnutrition

and maternal under-nutrition through proper nutrition content and its effective delivery. It further aims to create a convergent eco-system to develop practices that nurture health, wellness and immunity.

This Ministry continuously monitors the implementation of Mission 2.0 by sustained engagement with the States/UTs through Video Conferences, meetings and online Poshan Tracker System.

Ministry has issued guidelines to all States/UTs on 13.01.2021 to streamline several aspects such as quality assurance, roles and responsibilities of duty holders, procedure for procurement, integrating AYUSH concepts and data management and monitoring through “Poshan Tracker” for transparency, efficiency and accountability in the delivery of Supplementary Nutrition.

Under the guidelines, the District Magistrate (DM) has been designated as the Nodal Point in the district for monitoring nutritional status of beneficiaries and quality standards. A District Nutrition Committee under the chairpersonship of DM/Collector with certified nutrition experts as members has been constituted to review the progress every month.

Further, States/UTs ensure the quality of Supplementary Nutrition, Take Home Ration (THR) and Hot Cooked Meal (HCM) with reference to the norms as per the Food Safety Act. States/UTs carry out periodic random sample checks through Food Safety and Standards Authority of India FSSAI owned/registered/empanelled/NABL accredited laboratory. In case of Hot Cooked Meal, it is ensured that it is prepared in proper kitchen sheds having adequate

sanitation and safe drinking water so as to maintain hygienic conditions. LPG cylinder and gas stove are used for cooking.

ASSISTANCE DURING MEDICAL EMERGENCIES FOR INDIANS ABROAD

782. SHRI AMRINDER SINGH RAJA WARRING:

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

- (a) Whether there is any policy regarding providing assistance to Indians, who have not yet received citizenship of their host countries, during medical emergencies including assistance in bringing mortal remains of such deceased Indian nationals back to India;
- (b) If so, the details thereof including the mechanism put in place to access such assistance;
- (c) If not, the manner in which the Government deals with such humanitarian issues;
- (d) Whether the Government is planning to formulate any such policy in the near future with budgetary allocations; and
- (e) If so, the details thereof along with draft policy and the timeline for implementing the policy?

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) Assistance to Indian citizens, is provided under Indian Community Welfare Fund (ICWF) residing in the host country or those in distress while visiting a foreign country. ICWF has already been set up in all Indian Missions and Posts

abroad to meet the contingency expenditure incurred by them for carrying out various on-site welfare activities for Overseas Indian citizens on a means-tested basis. The ICWF guidelines have been comprehensively revised w.e.f. September 1, 2017. The revised guidelines have considerably expanded the scope of on-site welfare activities for the benefit of distressed Indian nationals that could be extended through the Fund. The guidelines cover three key areas namely Assisting Overseas Indian nationals in distress situations (Boarding and Lodging, Air passage, Legal Assistance, Emergency Medical Care, Transportation of Mortal Remains), Community Welfare activities and Improvement in Consular services. They now also include provisions for setting of legal panels in countries with sizeable Indian diaspora, payment of fines/penalty for petty crimes for release of prisoners and assistance to distressed Indian women abroad. When brought to the notice of the Indian Mission/Post abroad, it initiates, oversees and arranges assistance under ICWF.

उच्च न्यायालय की खंडपीठ

783. श्री अमरा राम :

श्री शफी परम्बिल :

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

(क) क्या सरकार का राजस्थान के उदयपुर जिले और केरल के तिरुवनंतपुरम जिले में उच्च न्यायालय की खंडपीठ स्थापित करने का विचार है ;

(ख) यदि हां, तो तत्संबंधी व्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं ;

(ग) उच्चतम न्यायालय और उच्च न्यायालयों में कितने पद रिक्त हैं और उक्त पद किस तिथि से रिक्त पड़े हैं तथा उक्त पदों को कब तक भरे जाने की संभावना है ; और

(घ) पिछले दो वर्षों के दौरान न्यायालय को किन न्यायाधीशों के विरुद्ध शिकायतें प्राप्त हुई हैं और तत्संबंधी क्या परिणाम निकला है ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री

(श्री अर्जुन राम मेघवाल):

(क) और (ख) : उच्च न्यायालय की पीठें जसवंत सिंह आयोग द्वारा की गई सिफारिशों और डब्ल्यू.पी. (सी) संख्या 379/2000 में उच्चतम न्यायालय द्वारा सुनाए गए निर्णय के अनुसार और संबंधित उच्च न्यायालय जिनसे उच्च न्यायालय के दिन-प्रतिदिन के प्रशासन की देखभाल अपेक्षित है के मुख्य न्यायमूर्ति की सहमति के साथ आवश्यक व्यय और बुनियादी ढांचा सुविधाएं प्रदान करने की सहमति के साथ राज्य सरकार से पूर्ण प्रस्ताव पर उचित विचार-विमर्श के पश्चात् स्थापित की जाती हैं। प्रस्ताव में संबंधित राज्य के राज्यपाल की सहमति भी होनी चाहिए।

वर्तमान में, उदयपुर में राजस्थान उच्च न्यायालय और तिरुवनंतपुरम में केरल उच्च न्यायालय की पीठें स्थापित करने के लिए सरकार के पास कोई प्रस्ताव लंबित नहीं है।

(ग) : 25.11.2024 तक, उच्चतम न्यायालय में 34 न्यायाधीशों के स्वीकृत पद के मुकाबले 32 न्यायाधीश कार्यरत हैं, जिससे 02 पद रिक्त हैं। उच्च न्यायालयों में 1122 न्यायाधीशों के स्वीकृत पद के मुकाबले 757 कार्यरत हैं और 365 पद रिक्त हैं।

उच्चतम न्यायालय और उच्च न्यायालयों के न्यायाधीशों की नियुक्ति भारत के संविधान के अनुच्छेद 124, 217 और 224 के अधीन और उच्चतम न्यायालय की 28 अक्टूबर, 1998 सलाहकार राय (तृतीय न्यायाधीशों का मामला) के साथ पठित 6 अक्टूबर, 1993 के उसके निर्णय (दूसरा न्यायाधीशों का मामला) के अनुसरण में, 1998 में तैयार प्रक्रिया ज्ञापन (एमओपी) में निर्धारित प्रक्रिया के अनुसार की जाती है,

उच्च न्यायालय के न्यायाधीशों की नियुक्ति के लिए विद्यमान प्रक्रिया ज्ञापन के अनुसार, प्रस्ताव उच्च न्यायालय के मुख्य न्यायमूर्ति द्वारा उच्च न्यायालय के दो वरिष्ठतम अवर न्यायाधीशों के परामर्श से प्रारंभ किया जाता है। प्रस्तावों पर राज्य संवैधानिक प्राधिकारियों के विचार भी प्राप्त किए

जाते हैं। सिफारिशों पर आगे ऐसी अन्य रिपोर्टों के प्रकाश में विचार किया जाता है जो विचाराधीन नामों के संबंध में सरकार को उपलब्ध हो सकती हैं। इसके पश्चात् पूरी सामग्री भारत के मुख्य न्यायमूर्ति को उनकी सलाह के लिए भेज दी जाती है। केवल उन्हीं व्यक्तियों को उच्चतम न्यायालय और उच्च न्यायालयों के न्यायाधीश के रूप में नियुक्त किया जाता है जिनके नाम एससीसी द्वारा अनुशंसित किए गए हों।

उच्च न्यायालयों में रिक्तियों को भरना कार्यपालिका और न्यायपालिका के बीच एक सतत, एकीकृत और सहयोगात्मक प्रक्रिया है। इसके लिए राज्य और केंद्र दोनों स्तरों पर विभिन्न संवैधानिक प्राधिकरणों से परामर्श और अनुमोदन की आवश्यकता होती है। इसलिए, उच्चतर न्यायपालिका में न्यायाधीशों के रिक्त पदों को भरने के लिए आवश्यक समय का उपदर्शित नहीं किया जा सकता है। जबकि विद्यमान रिक्तियों को शीघ्रता से भरने के लिए प्रयास किया जाता है, उच्च न्यायालयों में न्यायाधीशों की न्यायाधीशों की सेवानिवृत्ति, त्यागपत्र या पदोन्नति के कारण और न्यायाधीशों की संख्या में वृद्धि के कारण भी रिक्तियां उत्पन्न होती रहती हैं।

(घ) : भारत के उच्चतम न्यायालय ने 7 मई, 1997 को अपने पूर्ण न्यायालय की बैठक में दो संकल्पों को अपनाया, अर्थात् (i) "न्यायिक जीवन के मूल्यों का पुनर्कथन" जो उच्चतम न्यायालय और उच्च न्यायालयों के न्यायाधीशों द्वारा पालन किए जाने वाले कुछ न्यायिक मानकों और सिद्धांतों को अधिकथित करता है, और (ii) उन न्यायाधीशों के खिलाफ उपयुक्त उपचारात्मक कार्रवाई करने के लिए "इन-हाउस प्रक्रिया" जो न्यायिक जीवन के मूल्यों के पुनर्कथन में सम्मिलित किए गए मूल्यों सहित न्यायिक जीवन के सार्वभौमिक रूप से स्वीकृत मूल्यों का पालन नहीं करते हैं।

उच्चतर न्यायपालिका के लिए स्थापित "इन-हाउस प्रक्रिया" के अनुसार, भारत के मुख्य न्यायमूर्ति उच्चतम न्यायालय के न्यायाधीशों और उच्च न्यायालयों के मुख्य न्यायाधीशों के आचरण के विरुद्ध शिकायतें प्राप्त करने के लिए सक्षम हैं। इसी प्रकार, उच्च न्यायालयों के मुख्य न्यायमूर्ति उच्च न्यायालय के न्यायाधीशों के आचरण के विरुद्ध शिकायतें प्राप्त करने के लिए सक्षम हैं। सरकार द्वारा प्राप्त शिकायतों/अभ्यावेदनों को भी उचित कार्रवाई के लिए यथास्थिति, भारत के मुख्य न्यायमूर्ति या

संबंधित उच्च न्यायालय के मुख्य न्यायमूर्ति को भेजा जाता है। भारत के संविधान में न्यायपालिका की स्वतंत्रता को देखते हुए, सरकार न्यायालयों से प्राप्त शिकायतों का अभिलेख नहीं रखती।

रक्ताल्पता से पीड़ित महिलाएं

784. श्री सतपाल ब्रह्मचारी:

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

- (क) देश में रक्ताल्पता से पीड़ित महिलाओं और कुपोषण से पीड़ित बच्चों की हरियाणा, विशेषकर सोनीपत संसदीय निर्वाचन क्षेत्र सहित राज्यवार और जिलावार संख्या कितनी है;
- (ख) सरकार द्वारा उक्त समस्याओं के समाधान के लिए उठाए गए कदमों का ब्यौरा क्या है; और
- (ग) उक्त समस्याओं के समाधान के लिए राज्य को उपलब्ध कराए गए संसाधनों का ब्यौरा क्या है?

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

(क) और (ख): एनीमिया मुक्त भारत (एएमबी) स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत भारत सरकार का एक प्रमुख कार्यक्रम है, इसे 2018 में शुरू किया गया था, इसका उद्देश्य छह लक्षित लाभार्थियों- 6-59 महीने तथा 5-9 वर्ष के बच्चों, 10-19 साल के किशोरों, प्रजनन आयु वर्ग की महिलाएं, गर्भवती महिलाएं और स्तनपान कराने वाली माताओं के बीच 6X6X6 कार्यनीति द्वारा कार्यान्वित कर सभी हितधारकों के लिए छह संस्थागत तंत्रों के माध्यम से कार्यान्वित छह कार्यकलापों के माध्यम से एनीमिया के प्रसार को कम करना है। एएमबी कार्यनीति के लिए छह कार्यकलापों में शामिल हैं:

1. सभी छह लाभार्थियों को रोगनिरोधी आयरन और फोलिक एसिड (आईएफए) अनुपूरण
2. कृमि मुक्ति
3. गहन व्यवहार परिवर्तन संचार अभियान चार प्रमुख व्यवहारों पर ध्यान केंद्रित करेगा - आईएफए अनुपूरण और कृमि मुक्ति के अनुपालन में सुधार, शिशु और छोटे बच्चों को आहार देने की उचित

पद्धति, आहार विविधता/मात्रा/आवृत्ति और/या फोर्टिफाइड खाद्य पदार्थों के माध्यम से आयरन युक्त खुराक में वृद्धि और स्वास्थ्य सुविधाओं में देरी से गर्भनाल को बंद करना सुनिश्चित करना

4. डिजिटल तरीकों और देखरेख उपचार बिंदु का उपयोग करके एनीमिया का परीक्षण और उपचार,

5. सरकार द्वारा वित्त पोषित सार्वजनिक स्वास्थ्य कार्यक्रमों में आयरन और फोलिक एसिड फोर्टिफाइड खाद्य पदार्थों का अनिवार्य प्रावधान

6. एनीमिया के गैर-पोषण कारणों के बारे में जागरूकता, जांच और उपचार को तेज करना

इसके अलावा, महिला एवं बाल विकास मंत्रालय के तहत मिशन सक्षम आंगनवाड़ी और पोषण 2.0 (मिशन पोषण 2.0) भारत सरकार का एक प्रमुख कार्यक्रम है। इसका उद्देश्य बेहतर पोषण सामग्री तथा वितरण के माध्यम से कुपोषण की समस्या का समाधान करना है। 15वें वित्त आयोग के तहत आंगनवाड़ी सेवाओं, पोषण अभियान और किशोरियों (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष) के लिए योजना को अम्ब्रेला मिशन में शामिल किया गया है।

इस मिशन में, सामुदायिक सहभागिता, आउटरीच, व्यवहार परिवर्तन और पक्ष समर्थन के माध्यम से कुपोषण में कमी और बेहतर स्वास्थ्य, तंदुरुस्ती तथा प्रतिरक्षा के लिए एक कार्यनीतिक बदलाव किया गया है। मिशन पोषण 2.0 में मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषित (एसएमएम)/मध्यम तीव्र कुपोषित (एमएमएम) के उपचार और आयुष पद्धतियों के माध्यम से कल्याण पर ध्यान केंद्रित किया जाता है ताकि ठिगनेपन और एनीमिया के अलावा कुपोषण और अल्प वजन की व्यापकता को कम किया जा सके।

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

संशोधित मानदंड आहार विविधता के सिद्धांतों के आधार पर पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं। इसमें मानदंड में गुणवत्ता वाले प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्व का प्रावधान किया गया है।

महिलाओं और बच्चों में रक्ताल्पता (एनीमिया) को नियंत्रित करने और सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा 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 - कच्चा राशन नहीं) तैयार करने के लिए मिलेट (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

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

मिशन पोषण 2.0 के अंतर्गत सामुदायिक जुटाव और जागरूकता पक्ष समर्थन प्रमुख कार्यकलाप हैं। 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। रक्ताल्पता(एनीमिया) से जुड़े मुद्दों को प्राथमिकता देने के लिए पोषण अभियान के तहत महिला एवं बाल विकास मंत्रालय द्वारा एनीमिया से संबंधित विशेष थीम को शुरू किया गया है। समुदाय आधारित कार्यक्रम (सीबीई) ने पोषण पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में काम किया है। सभी आंगनवाड़ी कार्यकर्त्रियों को प्रत्येक महीने समुदाय आधारित दो कार्यक्रम आयोजित करने होते हैं।

वर्ष 1992-93 से संचालित राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के विभिन्न चक्रों में 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	अल्पवजनी बच्चों का %	कमजोर बच्चों का %	ठिगने बच्चों का %
एनएफएचएस - 1 (1992-93)*	53.4	17.5	52
एनएफएचएस -2 (1998-99)**	47	15.5	45.5
एनएफएचएस -3 (2005-6)***	42.5	19.8	48.0
एनएफएचएस -4 (2015-16)***	35.8	21.0	38.4
एनएफएचएस -5 (2019-21)***	32.1	19.3	35.5

* 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 की आयु के सभी बच्चों में कुपोषण संकेतकों की एक 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)। हालांकि, 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 मापी

गई। इनमें से 38.9% बच्चे ठिगने पाए गए, 17% बच्चे अल्पवजनी और 5.2% बच्चे 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, आंगनवाड़ियों में 8.82 करोड़ बच्चे (0-6 वर्ष) नामांकित हैं जिनमें से 8.55 करोड़ बच्चों का विकास मापदंडों पर माप किया गया। इनमें से 37% बच्चे (0-6 वर्ष) ठिगने पाए गए हैं और 17% बच्चे (0-6 वर्ष) अल्प वजन के पाए गए हैं।

देश में कुपोषित बच्चों का राज्यवार ब्यौरा संलग्न **विवरण-I** में दिया गया है। सोनीपत संसदीय क्षेत्र (सोनीपत और जींद जिले) सहित हरियाणा राज्य में कुपोषित बच्चों का जिलावार ब्यौरा संलग्न **विवरण-II** में दिया गया है।

एनीमिया से पीड़ित महिलाओं का विवरण राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के तहत जारी किया जाता है। इसे स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा संचालित किया जाता है। राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण 5 (2019-21) के अनुसार, देश में 15-49 वर्ष की आयु की सभी महिलाओं में एनीमिया की व्याप्तता 57 प्रतिशत है। 15-49 वर्ष की आयु की सभी महिलाओं में एनीमिया का राज्यवार व्याप्तता का ब्यौरा संलग्न **विवरण -III** में दिया गया है।

सोनीपत संसदीय क्षेत्र (सोनीपत और जींद जिले) सहित हरियाणा में 15-49 वर्ष की आयु की सभी महिलाओं में एनीमिया की जिलावार व्यापकता का ब्यौरा संलग्न **विवरण -IV** में दिया गया है।

(ग) मिशन पोषण 2.0 के तहत हरियाणा राज्य को उपलब्ध कराए गए संसाधनों का ब्यौरा संलग्न **विवरण -V** में दिया गया है।

इसके अलावा, स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा वित्त वर्ष 2024-25 के लिए हरियाणा राज्य के लिए कार्यवाही के रिकॉर्ड (आरओपी) के अनुसार, हरियाणा राज्य को एनीमिया मुक्त भारत (एएमबी) कार्यक्रम के कार्यान्वयन के लिए दी गई राशि 1588.58 लाख रुपये है।

विवरण-I

आंगनवाड़ी और देश भर में पंजीकृत कुपोषित बच्चों (0-5 वर्ष) का राज्यवार विवरण इस प्रकार है*:

राज्य	बौना %	दुबला %	अल्पवजन %
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
मिजोरम	26.7	2.3	5.9
नागालैंड	28	5.3	6.6

राज्य	बौना %	दुबला %	अल्पवजन %
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
उत्तरप्रदेश	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 एवं 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
चंडीगढ़ संघ राज्य क्षेत्र	26.3	1.8	11.9

* पोषण ट्रैकर से अक्टूबर 2024 के आंकड़े लिए गए हैं

विवरण-II

सोनीपत (सोनीपत और जींद जिला) संसदीय निर्वाचन क्षेत्र सहित हरियाणा राज्य में आंगनवाड़ियों में पंजीकृत कुपोषित बच्चों (0-5 वर्ष) का जिलेवार विवरण इस प्रकार है*:

जिला	बौना %	दुबला %	अल्पवजन %
अम्बाला	31.52	5.70	9.25
भिवानी	21.04	2.62	5.58
चरखी दादरी	7.41	0.81	2.06
फरीदाबाद	24.34	2.58	7.07
फतेहाबाद	32.97	6.26	10.47
गुरुग्राम	23.20	2.63	5.76
हिसार	33.01	4.01	9.31
झज्जर	26.10	1.05	4.44
जींद	34.37	6.43	11.16
कैथल	27.35	7.82	11.01
करनाल	28.26	5.55	10.32
कुरुक्षेत्र	28.94	4.54	10.64
महेन्द्रगढ़	32.81	3.07	10.42
नूह	23.08	2.67	7.91
पलवल	46.06	7.30	17.43
पंचकुला	25.77	2.18	7.30
पानीपत	33.39	5.53	8.99
रेवाड़ी	27.00	3.34	8.23
रोहतक	29.17	3.22	5.82

सिरसा	34.46	4.44	11.79
सोनीपत	11.75	1.52	2.50
यमुनानगर	32.02	6.06	11.29
कुल	28.21	4.13	8.70

* पोषण ट्रैकर से अक्टूबर 2024 के आंकड़े लिए गए हैं

विवरण-III

देश में 15-49 वर्ष की महिलाओं में एनीमिया की राज्यवार व्यापकता (स्रोत: एनएफएचएस 2019-21)

राज्य/संघ राज्य क्षेत्र	एनीमिया से पीड़ित 15-49 वर्ष की महिलाएं (%)
अंडमान और निकोबार द्वीप समूह	57.5
आंध्र प्रदेश	58.8
अरुणाचल प्रदेश	40.3
असम	65.9
बिहार	63.5
चंडीगढ़	60.3
छत्तीसगढ़	60.8
डीएनएच एवं डीडी	62.5
गोवा	39.0
गुजरात	65.0
हरियाणा	60.4

राज्य/संघ राज्य क्षेत्र	एनीमिया से पीड़ित 15-49 वर्ष की महिलाएं (%)
हिमाचल प्रदेश	53.0
जम्मू और कश्मीर	65.9
झारखंड	65.3
कर्नाटक	47.8
केरल	36.3
लद्दाख	92.8
लक्षद्वीप	25.8
मध्य प्रदेश	54.7
महाराष्ट्र	54.2
मणिपुर	29.4
मेघालय	53.8
मिजोरम	34.8
नागालैंड	28.9
राष्ट्रीय राजधानी क्षेत्र दिल्ली	49.9
ओडिशा	64.3
पुदुचेरी	55.1
पंजाब	58.7
राजस्थान	54.4
सिक्किम	42.1
तमिलनाडु	53.4
तेलंगाना	57.6

राज्य/संघ राज्य क्षेत्र	एनीमिया से पीड़ित 15-49 वर्ष की महिलाएं (%)
त्रिपुरा	67.2
उत्तरप्रदेश	50.4
उत्तराखंड	42.6
पश्चिम बंगाल	71.4

विवरण-IV

सोनीपत संसदीय निर्वाचन क्षेत्र (सोनीपत और जींद जिला) सहित हरियाणा राज्य में 15-49 वर्ष की महिलाओं में एनीमिया की जिलावार व्यापकता (स्रोत: हरियाणा राज्य रिपोर्ट, एनएफएचएस 2019-21)

जिले का नाम	एनीमिया से पीड़ित 15-49 वर्ष की महिलाएं (%)
अम्बाला	46.1
भिवानी	66.4
चरखी दादरी	72.6
फरीदाबाद	54.2
फतेहाबाद	62.3
गुड़गाँव	67.5
हिसार	63.8
झज्जर	60.1
जींद	59.6
कैथल	61.5

करनाल	61.9
कुरुक्षेत्र	57.1
महेन्द्रगढ़	61.2
मेवात	60.6
पलवल	57.2
पंचकुला	57.1
पानीपत	66.9
रेवाड़ी	61.8
रोहतक	65.3
सिरसा	61.9
सोनीपत	53.3
यमुनानगर	56.6

विवरण-V

मिशन पोषण 2.0 के तहत हरियाणा राज्य को जारी कुल निधि इस प्रकार है:

निधि	जारी की गई (करोड़)
2021-22	173.03
2022-23	195.25
2023-24	225.78
2024-25	177.77*

* 20 नवंबर 2024 तक जारी की गई निधि

INCREASE IN AYUSH COLLEGES

785. SHRI Y.S. AVINASH REDDY:

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

- (a) whether there is any increase in the number of Ayurveda, Siddha, and Unani Colleges during the last five years;
- (b) if so, the details thereof, year-wise;
- (c) whether the Government has any plan of establishing new AYUSH colleges in the country, State/UT-wise, particularly in the State of Andhra Pradesh; 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) The details of the total number of Ayurveda, Siddha and Unani colleges established from Academic Year 2020-2021 to 2024-2025 is given in the enclosed **Statement**.
- (c) and (d) Public health being a State subject, the establishment of new AYUSH colleges in the country comes under the purview of respective State/UT Governments including Andhra Pradesh. However, under the Centrally Sponsored Scheme of National AYUSH Mission (NAM), there is a provision of financial assistance to the State/UT governments for the establishment of

new AYUSH Colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector. Accordingly, State/UT Governments including Andhra Pradesh may avail eligible financial assistance by submitting the suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines. Ministry of Ayush has not received any proposal for establishment of new AYUSH Colleges in Andhra Pradesh.

STATEMENT

Total no. of Ayurveda, Siddha and Unani Colleges established from Academic year 2020-21 to 2024-25

Academic Year	Discipline		
	Ayurveda	Unani	Siddha
2020-21	01	01	Nil
2021-22	47	Nil	Nil
2022-23	42	Nil	03
2023-24	46	01	02
2024-25	34	Nil	Nil
Total	170	02	05

Source: National Commission for Indian System of Medicine (NCISM)

786. SHRI SHASHANK MANI:

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

- (a) the number of functioning court facilities and Lok Adalats organised in the rural areas of the country as well as the average time taken to dispose of cases in rural versus urban courts; and
- (b) whether there are sufficient free legal aid resources and lawyers available under the National Legal Services Authority (NALSA) to improve access to justice in rural areas and if so, the details thereof?

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

- (a) The data relating to number of district / subordinates courts across the country is not maintained by the Government. However, as per website of e-Committee, Supreme Court of India (<https://ecommitteesci.gov.in/service/district-courts-portal/>), there are 688 District Courts across the country. Further, the Gram Nyayalayas Act, 2008 which was enacted to establish Gram Nyayalayas at the grass-root level aims to provide access to justice in rural areas ensuring opportunities to secure justice to citizens. As on October, 2024, 313 Gram Nyayalayas are functioning across the country which have disposed of more than 2.99 lakh cases during December, 2020 to October, 2024.

Further, Lok Adalats are organized by Legal Services Institutions at such intervals as deemed fit in order to reduce the pendency of cases in the courts and to settle the disputes at pre-litigation stage. Lok Adalats 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. During the year 2024-25 (upto September, 2024), 5944 benches of State Lok Adalats were constituted which disposed of 10,11,912 cases. In addition, 98,776 cases were settled through 17,309 sittings of Permanent Lok Adalats (Public Utility Services) during the same period. Separate data is however, not maintained for rural and urban areas of the country.

- (b) The Government has released Rs. 200 crore to National Legal Services Authority (NALSA) during 2024-25 (upto October, 2024) for implementing legal aid programmes through State Legal Services Authorities. The legal services institutions have been setup from the Taluk level to the Supreme Court level for providing free legal aid to poor and weaker sections of the society. As on September, 2024, 41,775 panel lawyers and 43,050 para legal volunteers are available with legal services institutions to improve access to justice across the country including rural areas.

AIDS PATIENTS

787. SHRIMATI MALA ROY:

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

the details of AIDS patients in the country during the last five years, State/UT-wise, year-wise and gender-wise?

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

The State/UT-wise, year-wise and gender-wise details of HIV positive patients on treatment under National AIDS and STD Control Programme (NACP) during the last five years in the country is given in the enclosed Statement.

STATEMENT																				
State/UT and gender wise cumulative number of HIV positive patients on treatment under National AIDS and STD Control Programme (NACP) in the last five years																				
State /UT	2019-2020				2020-2021				2021-2022				2022-2023				2023-2024			
	Male	Female	Total		Male	Female	Total		Male	Female	Total		Male	Female	Total		Male	Female	Total	
Andaman and Nicobar Islands	69	56	0	125	69	58	0	127	77	66	0	143	91	74	0	165	124	83	0	207
Andhra Pradesh	86,495	105,671	527	192,693	84,805	104,912	526	190,243	88,250	109,866	582	198,698	95,487	117,619	690	213,796	99,455	122,124	759	222,338
Arunachal Pradesh	100	68	1	169	101	82	0	183	125	87	0	212	428	114	1	543	987	179	5	1,171

Assam	4,574	3,234	11	7,819	4,627	3,244	9	7,880	5,540	3,501	14	9,055	7,767	4,178	25	11,970	10,580	4,747	40	15,367
Bihar	32,508	27,985	51	60,544	34,017	29,358	73	63,448	36,457	31,058	86	67,601	41,192	34,861	107	76,160	46,571	38,963	141	85,675
Chhattisgarh	7,981	6,742	75	14,798	8,235	6,889	92	15,216	9,126	7,463	111	16,700	10,262	8,371	128	18,761	11,029	8,985	147	20,161
Chandigarh	4,107	2,345	28	6,480	4,139	2,312	27	6,478	3,293	1,781	22	5,096	3,319	1,809	23	5,151	3,341	1,753	26	5,120
Delhi	21,069	11,938	369	33,376	20,680	11,625	358	32,663	21,870	12,070	390	34,330	24,127	12,838	403	37,368	25,243	13,449	402	39,094
Dadra and Nagar Haveli	0	0	0	0	0	0	0	0	145	90	0	235	219	121	0	340	277	147	0	424
Goa	1,529	1,527	2	3,058	1,513	1,511	3	3,027	1,580	1,536	2	3,118	1,661	1,581	4	3,246	1,753	1,651	5	3,409
Gujarat	42,233	28,965	301	71,499	42,228	29,191	292	71,711	43,848	30,300	309	74,457	46,850	32,216	358	79,424	50,000	34,156	381	84,537
Haryana	8,813	6,525	33	15,371	9,174	6,875	36	16,085	12,767	8,960	69	21,796	17,427	11,161	89	28,677	21,526	12,899	110	34,535
Himachal Pradesh	2,278	2,263	3	4,544	2,312	2,291	3	4,606	2,458	2,386	3	4,847	2,724	2,525	4	5,253	2,997	2,638	5	5,640
Jharkhand	6,178	5,699	20	11,897	6,185	5,926	19	12,130	6,838	6,312	24	13,174	7,546	6,927	42	14,515	8,240	7,460	70	15,770
Karnataka	76,872	94,023	393	171,288	75,575	93,826	429	169,830	76,018	95,143	486	171,647	80,279	99,678	552	180,509	84,856	23,23	589	189,680
Kerala	7,744	6,686	15	14,445	7,876	6,822	15	14,713	8,087	6,884	14	14,985	8,661	7,240	22	15,923	9,167	7,434	30	16,631
Maharashtra	105,478	111,895	509	217,882	104,854	111,566	522	216,942	105,727	114,112	597	220,436	111,209	119,142	646	230,997	115,784	123,294	719	239,797
Manipur	6,444	6,690	82	13,216	6,495	6,786	85	13,366	6,624	6,907	96	13,627	7,079	7,295	118	14,492	7,010	7,208	117	14,335
Meghalaya	1,193	1,552	0	2,745	1,324	1,722	1	3,047	1,592	2,020	1	3,613	2,196	2,666	1	4,863	2,759	3,203	1	5,963
Mizoram	5,783	4,087	0	9,870	6,703	4,662	0	11,365	7,395	5,167	0	12,562	8,501	5,856	0	14,357	9,674	6,543	0	16,217

Madhya Pradesh	16,307	12,795	81	29,183	16,559	13,095	79	29,733	18,402	14,350	90	32,842	20,561	15,742	99	36,402	23,790	17,746	13	41,668
Jharkhand	1,615	1,218	8	2,841	1,662	1,253	10	2,925	1,759	1,283	12	3,054	1,981	1,406	12	3,399	2,141	1,492	13	3,646
Mumbay	22,303	16,995	21	39,509	20,578	15,886	23	36,694	20,990	16,165	25	37,410	22,035	16,789	26	39,091	22,937	17,259	28	40,481
Nagaland	4,882	4,883	7	9,772	5,066	5,010	6	10,082	5,207	5,403	7	10,617	5,951	6,133	7	12,091	6,798	6,912	12	13,722
Odisha	11,282	9,411	25	20,944	11,732	9,668	29	21,692	12,287	9,991	34	22,621	13,571	10,665	41	24,688	14,895	11,331	48	26,713
Pondicherry	632	627	3	1,262	633	615	4	1,252	629	632	4	1,265	651	662	5	1,318	711	697	5	1,413
Punjab	24,390	13,917	11	38,424	25,956	14,280	10	40,344	31,388	15,548	13	47,075	38,913	17,475	15	56,542	44,285	19,083	18	63,554
Rajasthan	23,893	21,262	54	45,209	24,541	21,917	56	46,514	26,602	23,373	69	50,044	29,693	25,665	87	55,445	32,762	27,672	10	60,535
Sikkim	115	92	0	207	121	97	0	218	142	108	0	250	175	123	0	298	202	130	1	333
Telangana	39,517	43,823	17	83,517	38,779	44,460	25	83,490	40,055	46,734	42	87,217	43,374	50,352	48	94,210	48,208	55,128	59	103,933
Tamil Nadu	58,794	62,525	33	121,650	58,111	62,444	35	120,911	58,416	63,157	38	121,955	60,884	65,207	43	126,524	64,030	67,772	49	132,301
Tripura	1,101	658	0	1,759	1,360	1,370	0	2,061	2,019	781	0	2,800	3,421	929	1	4,351	4,313	1,073	2	5,388
Uttar Pradesh	46,361	39,728	21	86,303	48,947	41,675	23	90,857	52,091	43,848	26	96,205	58,188	48,187	30	106,677	63,732	52,251	37	116,357
Uttarakhand	2,405	2,049	14	4,468	2,420	2,022	17	4,459	2,506	2,015	20	4,541	3,345	2,370	23	5,738	4,038	2,594	22	6,654
West Bengal	24,634	18,468	15	43,261	25,271	18,638	17	44,084	26,242	19,577	21	46,031	29,424	21,339	30	51,066	32,821	22,957	37	56,156
INDIA	699,679	676,402	4,047	1,380,128	702,648	681,419	4,309	1,388,376	736,552	708,674	5,003	1,450,259	809,192	759,316	5,808	1,574,316	877,036	805,252	6,637	1,688,925

PM BHARATIYA JANAUSHADHI KENDRAS

788. SHRI NILESH DNYANDEV LANKE:

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

- (a) the total number of Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJK) opened in the rural and tribal areas of Maharashtra under Pradhan Mantri Bharatiya Janaushadhi Pariyojana during each of the last three years;
- (b) the number of new PMBJKs proposed to be opened in 2024-25, State-wise specifically in the State of Maharashtra including regions dominated by SCs and Tribals; and
- (c) the details of the budget allocation for the opening of new PMBJKs and the funds utilised for the said purpose till date during the year 2023-24, State-wise specifically Maharashtra and regions dominated by SCs and tribals?

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

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), a total of 178 Jan Aushadhi Kendras (JAKs) have been opened in Maharashtra during the last three Financial Years. Details of the same are as under: -

S. No.	Financial Year	JAKs opened
1	2021-22	49
2	2022-23	36
3	2023-24	93
Total		178

In Maharashtra State, since inception of the scheme till 31.10.2024, a total of 702 Jan Aushadhi Kendras (JAKs) have been opened, covering all 36 districts and 180 blocks of the State. Under Primary Agriculture Cooperative Society (PACS) category, 52 JAKs have also been opened in Maharashtra.

(b): The Government has decided to open 15,000 Jan Aushadhi Kendras (JAKs) across the country by March 2025. There is no State/UT-wise and region-specific target for opening of new JAKs.

However, online applications have been invited from all districts of the country, including Maharashtra.

(c): The details of the funds allocated and utilized under Pradhan Mantri Bhartiya Janaushadhi Pariyojana in the financial year 2023-24 is as under: -

S. No.	Financial Year	Funds Sanctioned (Rs. in Cr.)	Funds Utilized (Rs. in Cr.)
1.	2023-24	110.00	110.00

There is no State/UT-wise and region-specific budget allocation made under Pradhan Mantri Bhartiya Janaushadhi Pariyojana.

TREATMENT OF SICKLE CELL DISEASE

789. DR. SHASHI THAROOR:

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

(a) the number of people who are suffering from sickle cell disease in the country, State-wise;

(b) the percentage of affected people receiving consistent treatment and also the percentage of people who have dropped out of the treatment along with the stage of their dropout;

(c) whether the Government has organised awareness campaigns to address the myths around sickle cell disease and encourage people to get a timely diagnosis of the disease and if so, the details thereof; and

(d) whether the Government plans to increase the screening of newborns for sickle cell disease since this action plan would be low cost and high payoff 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): To eliminate sickle cell disease, Sickle Cell Anaemia Elimination Mission has been launched by Hon'ble Prime Minister from Madhya Pradesh on 1st July, 2023. The objectives of the Mission are provision of affordable, accessible and quality care to all Sickle Cell Diseased patients, reduction in the prevalence of Sickle Cell Disease through awareness creation, targeted screening of 7 crore people till year 2025-26 in the age group of 0-40 years in affected districts of tribal areas and counselling through collaborative efforts of central ministries and State governments. As on 24.11.2024, a total of 4,75,42,776 population (including new borns) in the 17 identified States have been screened and uploaded on the portal by States.

The total number of people suffering from Sickle cell disease, State-wise, is given in the enclosed **Statement-I**.

Medical officers prescribe hydroxyurea drugs to the patients who need it regularly. No. of diseased patients receiving treatment of hydroxyurea is attached at enclosed **Statement-II**. (Source- NSCAEM portal).

Through Ministry of Tribal Affairs, awareness and counseling material have been developed. IEC and media activities are adopted for propagation of awareness of disease, screening and management. Awareness activities are also provided in each sickle cell screening camp. State Governments play an important role in implementation of mission activities including awareness drive.

Annexures referred in replies to part (a) to (d) of Lok Sabha Unstarred Question no. 789 for answer on 29.11.2024

STATEMENT-I

State-wise details of people suffering from Sickle cell disease, as on

24.11.2024

S.No.	State Name	Number of Sickle Cell Carrier cases	Number of Sickle Cell Diseased cases
1	Andhra Pradesh	19,375	1,706
2	Assam	1,321	258
3	Bihar	4	1

4	Chhattisgarh	3,18,317	25,378
5	Gujarat	1,68,715	5,740
6	Jharkhand	2,899	2,149
7	Karnataka	4,592	564
8	Kerala	4,326	1,167
9	Madhya Pradesh	1,64,869	25,307
10	Maharashtra	1,46,663	19,296
11	Odisha	3,66,289	88,324
12	Rajasthan	7,890	2,947
13	Tamil Nadu	8,916	495
14	Telangana	5,368	836
15	Uttar Pradesh	95	18
16	Uttarakhand	94	2
17	West Bengal	34,301	5,422
	Total	12,54,034	1,80,610

STATEMENT-II

State wise details of patients receiving consistent treatment of hydroxyurea (As reported by States)

S.No.	State Name	Number of patients on Hydroxyurea
1	Andhra Pradesh	835
2	Assam	8
3	Bihar	0
4	Chhattisgarh	18,243
5	Gujarat	6,058
6	Jharkhand	62
7	Karnataka	66
8	Kerala	1,244
9	Madhya Pradesh	9,300
10	Maharashtra	4,610
11	Odisha	20,626
12	Rajasthan	203
13	Tamil Nadu	301
14	Telangana	33
15	Uttar Pradesh	0
16	Uttarakhand	0
17	West Bengal	599
	Total	62,188

SECURITY MEASURES FOR HEALTH PROFESSIONALS IN HOSPITAL

790. SHRI JAI PRAKASH:

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

- (a) Whether the Government has taken more stringent security measures for health professionals at work places across the country in the aftermath of recent alleged rape and murder case at RG Kar Hospital, Kolkata; and
- (b) 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): As per Constitutional provisions, 'Health' and 'Law and Order' are State subjects. Therefore, it is the primary responsibility of the concerned State/UT to take note of events and eventualities for taking appropriate action to prevent violence against healthcare professionals.

However, after recent incident of alleged rape and murder of a trainee doctor at R. G. Kar Medical College and Hospital, Kolkata, the Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/ Institutes, All India Institutes of Medical Sciences and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals.

All the States/UTs had also been advised by MoHFW to take immediate measures (**given in the enclosed Statement.**) for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of the alleged rape and murder incident of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme

Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

STATEMENT

Extracts from recent advisories issued by the Ministry of Health and Family Welfare to States/UTs to take immediate measures for enhancing security and providing safer working environment for medical professionals

- I. Display of State laws for healthcare workers' protection and relevant Sections of Bharatiya Nyaya Sanhita (BNS), 2023 along with punitive/penalty details in conspicuous places inside the hospital premises in local language and English.
- II. Constitution of 'Hospital Security Committee' and 'Violence Prevention Committee' involving senior doctors and administrative officers to strategize and implement appropriate security measures.
- III. Regulation of access for general public and patient relatives to key areas of the hospital. Strict visitor pass policy for patient attenders/ relatives.
- IV. Provision for safe movement of resident doctors/ nurse within different blocks and hostel buildings and other areas of the hospital during night duties.
- V. Ensuring proper lighting inside all areas of residential block, hostel blocks and other hospital premises.

- VI. 'Routine Security patrolling' in all the hospital premises during night time.
- VII. Setting up of a 24x7 manned security control room in the hospitals.
- VIII. Establishing close liasioning with nearest police station.
- IX. Constitution of 'Internal Committee on Sexual Harassment' in the hospital.
- X. Taking stock situation of all CCTV cameras (number and functionality) inside the hospital premises and for necessary implementation/upgradation of the same.
- XI. Identification of high-risk establishments to identify hospitals with high footfall and consider them as high-priority establishments for security improvements.
- XII. Conducting security audits in consultation with local health, police authorities to assess and improve security measures.
- XIII. Focus on high-risk areas by giving special attention to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and Intensive Care Units (ICUs) and Labour Rooms.
- XIV. Ensuring installation and proper functioning of CCTV Cameras, particularly in high-risk areas with regular monitoring of the cameras from a manned central control room.
- XV. Establishment of a protocol for quick sharing of video footage of any untoward incident against healthcare workers with local police to facilitate swift response and investigation.
- XVI. Security personnel to be technically oriented and trained in soft skills. Employing ex-servicemen (from Directorate General of Resettlement) as

- security personnel in the identified high-risk areas of the hospitals. Also, exploring of such manpower from the State's own security forces.
- XVII. Constitution of Internal Security Committee in hospitals with active involvement of residents and students; also laying down of clear SOPs for incidence response.
- XVIII. Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- XIX. Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
- XX. Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patients from diagnostics to therapeutics.
- XXI. Trained persons to man help-desks, guide patients to navigate the hospital systems and processes.

CENTRAL INSTITUTE FOR AYUSH

791. DR. BYREDDY SHABARI:

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

(a) whether the Government has any plan to set up any central institute for AYUSH in the Nandyal district of Andhra Pradesh and if so, the details thereof;

(b) whether any steps have been taken/proposed to be taken by the Government to tap the traditional ayurvedic knowledge of tribal communities of Andhra Pradesh and if so, the details thereof;

(c) whether any programmes/schemes are being implemented across Andhra Pradesh for promoting the benefits of the AYUSH system of medicines and if so, the details thereof;

(d) whether any steps have been taken/proposed to be taken by the Government under the National Ayush mission to improve medical infrastructure at Nandyal Parliamentary Constituency and if so, the details thereof; and

(e) the steps taken/proposed to be taken by the Government for conservation and sustainable management of medicinal plants of Nandyal region?

THE MINISTER 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.

(b): Local Health tradition and medical practices by traditional knowledge holders in the tribal community are being documented by Regional Ayurveda Research Institute, Vijayawada, a peripheral institute of Central Council for Research in Ayurvedic Sciences (CCRAS), under Tribal Health Care Programme of Tribal Sub-Plan (THCRP – TSP).

(c) and(d): The Ministry implements the Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush to create awareness regarding Ayush Systems of Medicine. This aims to reach out to all sections of the population across the country including in the state of Andhra Pradesh. This scheme provides assistance for organizing National/State Arogya Fairs, Yoga

Fests/Utsavs, Ayurveda Parvs, etc. The Ministry also undertakes Multi-Media, Print Media Campaigns for creating awareness about Ayush System.

Under the Ministry of Ayush, the Central Council for Research in Homoeopathy (CCRH), Central Council for Research in Siddha (CCRS), Central Council for Research in Unani Medicine (CCRUM) and Central Council for Research in Ayurvedic Sciences (CCRAS) are autonomous organisations having their centres functioning in Andhra Pradesh. These research organisations, besides their research activities, also conduct various public Health Programme providing health care through Ayush at their door steps and creating awareness about Health, hygiene and Ayush based advocacy through awareness lecture and distribution of Information, Education and Communication (IEC) material in the selected area during field visits.

Public Health being a State subject, improvement of Ayush infrastructure comes under the purview of respective State Government. Ministry of Ayush is implementing the Centrally Sponsored Scheme of the National Ayush Mission (NAM) through State/UT Governments including Andhra Pradesh and supporting their efforts for overall development and promotion of Ayush system of medicines by providing financial assistance to them under different activities as per the provision of NAM guidelines against their submitted State Annual Action Plans (SAAPs). However, under NAM as per the proposals received SAAPs, 06 Ayush dispensaries have been supported to be upgraded as Ayushman Aarogya Mandir (Ayush) in the Nandyal Parliamentary Constituency.

The Mission inter-alia makes provision for the following activities including medical infrastructure: -

- (i) Operationalization of Ayushman Arogya Mandir (AAM)- Ayush
 - (ii) Co-location of Ayush facilities Ayurveda 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) Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector
 - (viii) Infrastructural development of Ayush Under-Graduate Institutions
 - (ix) Infrastructural development of Ayush Post Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Courses
 - (x) Ayush Public Health Programs
- (e): The National Medicinal Plants Board (NMPB) of Ministry of Ayush, under the Central Sector Scheme for Conservation, Development and Sustainable

Management of Medicinal Plants, supported a project "Resource augmentation of medicinal plants, tree, herb and shrub species in 1900 Ha. through 19 Forest Development Agencies (FDAs) of Andhra Pradesh during 2014-15 to State Forest Department, Andhra Pradesh including 100 Ha. area for Resource Augmentation of medicinal plants in Nandyal Forest Division.

SHAKTI SADAN

792. SHRI G. M. HARISH BALAYOGI:

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

- (a) the number of Shakti Sadans approved and operational in the country, State-wise and district-wise, especially Dr. B.R. Ambedkar Konaseema district of Andhra Pradesh;
- (b) the number of women supported/rehabilitated through Shakti Sadan, State-wise and district-wise especially in the said district;
- (c) whether a monthly deposit of Rs. 500 is being provided in the bank account of women residing in Shakti Sadans on moving out;
- (d) if so, the details thereof indicating the funds allocated and utilized in this regard;

- (e) if not, the reasons therefor; and
- (f) the details of the types of vocational training/skill development programmes provided to the women residing in the Shakti Sadan?

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

(a) and (b) The States/UT-wise and district-wise number of presently functional Shakti Sadan and number of women supported/rehabilitated including Dr. B.R. Ambedkar Konaseema district of Andhra Pradesh are given in the enclosed **Statement.**

(c) to (e) The residents of Shakti Sadan are facilitated for opening of Jan Dhan Bank Accounts in their names, and an amount of Rs.500/- per month per resident is deposited in these accounts as per scheme guidelines. The funds to the States/UTs are released as per schematic norms of the scheme guidelines based upon submission of consolidated Statement of Expenditure and Utilization Certificate.

(f) The States/UTs have informed that residents of Shakti Sadan are provided vocational training/skill development such as Tailoring, Art and Craft, Pickle making, Beauty and Culture, Textile Block Printing, Computer

Course, Embroidery Designing, Paper Bag Preparation, Horticulture, Agriculture, Nursing Training, Adult Education and formal Education, etc.

STATEMENT

S. No.	Name of the State/UT	Name of the District	Number of presently functional Shakti Sadan	Number of women supported/ rehabilitated
1	Andaman and Nicobar	No Shakti Sadan is functional	0	NA
2	Andhra Pradesh	Krishna	2	53
		Srikakulam	1	12
		Tirupati	2	100
		Guntur	5	283
		NTR	2	141
		Vizinagaram	2	65
		Dr. B.R. Ambedkar Konaseema	1	16
		Vishakhapatnam	3	77
		Kurnool	2	128
		Prakasham	1	47
Ananthapuram	2	229		

		Annamayya	1	46
		YSR Kadapa	4	272
		Total	28	1469
3	Arunachal Pradesh	Papumpare	1	496
4	Assam	Barpeta	1	0
		Bongaigaon	1	11
		Cachar	1	13
		Dhemaji	1	25
		Dhubri	2	0
		Dibrugarh	1	0
		Goalpara	1	0
		Golaghat	1	4
		Hailakandi	1	41
		Hojai	1	0
		Jorhat	1	5
		Kamrup	1	0
		Kamrup Metro	3	47
		Karimganj	1	17
		Kokrajhar	1	4
Lakhimpur	2	5		
Marigaon	2	53		

		Nagaon	2	72
		Sonitpur	2	46
		Tinsukia	1	1
		Udalgiri	1	0
		Total	28	344
5	Bihar	No Shakti Sadan is functional	0	NA
6	Chandigarh	NA	1	9
7	Chhattisgarh	Surguja	1	60
		Korea	1	48
		Korba	1	13
		Total	3	121
8	Delhi	New Delhi	1	94
		East Delhi	1	21
		Total	2	115
9	Goa	North Goa	1	3
10	Gujarat	No Shakti Sadan is functional	0	0
11	Haryana	No Shakti Sadan is functional	0	0
12	Himachal Pradesh	Mandi	1	48

13	Jammu and Kashmir	Kupwara	1	24
		Jammu	1	14
		Total	2	38
14	Jharkhand	No Shakti Sadan is functional	0	NA
15	Karnataka	Bangalore (Urban)	12	352
		Bangalore (Rural)	3	91
		Belagavi	4	138
		Bidar	3	119
		Bagalkote	4	119
		Chamaranjanagar	2	72
		Chikkballapur	1	30
		Chitradurga	2	47
		Davangere	2	80
		Dharwad	4	127
		Gadag	3	101
		Kalburgi	2	64
		Haveri	3	71
		Hassan	2	23
		Mandya	4	158
Dakshina Kannada	1	22		
Ramanagar	1	40		

		Shimogga	3	110
		Tumkur	1	30
		Kolar	1	40
		Chikkamagalore	1	21
		UttaraKannada (Karwar)	1	9
		Yadagiri	1	32
		Raichur	1	40
		Vijayapura	1	38
		Total	63	1974
16	Kerala	Thiruvananthapuram	3	61
		Idukki	1	37
		Ernakulam	3	79
		Kozhikode	1	30
		Total	8	207
17	Madhya Pradesh	Bhopal	2	47
		Betul	1	9
		Chindwada	1	10
		Mandala	1	5
		Murena	1	9
		Chhaterpur	1	0
		Ujjain	1	90

	Jabalpur	1	75
	Balaghat	1	18
	Gwalior	1	23
	Rajgarh	1	81
	Narmadpuram	1	13
	Khandwa	1	9
	Total	14	389
18 Maharashtra	Mumbai Upnagar	2	91
	Palghar	1	30
	Pune	1	87
	Sangli	1	59
	Aurangabad	1	41
	Beed	1	116
	Dharashiv	2	183
	Latur	1	0
	Akola	1	53
	Bhandara	1	10
	Nagpur	1	20
	Chandrapur	1	73
	Gadchiroli	1	40
	Ahmednagar	1	82
Solapur	1	0	

		Nanded	2	0
		Total	19	885
19	Manipur	Imphal West	7	362
		Imphal East	5	233
		Thoubal	5	237
		Bishnupur	3	178
		Churachandpur	2	40
		Pherzawl	1	45
		Chandel	1	40
		Tengnoupal	3	125
		Ukhrul	3	120
		Kangpokpi	2	95
		Tamenglong	3	48
		Noney	1	46
		Kakching	3	141
		Jiribam	1	93
		total	40	1803
20	Meghalaya	East Khasi Hills	1	151
		West Khasi Hills	1	79
		Total	2	230
21	Mizoram	Aizawl	4	3968
		Lunglei	1	43

		Siaha	1	42
		Champai	1	74
		Kolasib	2	401
		Serchhip	1	33
		Lawngtlai	1	270
		Mamit	1	390
		Total	12	5221
22	Nagaland	Kohima	1	18
		Dimapur	1	52
		Chumoukedima	1	9
		Total	3	79
23	Odisha	Angul	5	477
		Balasore	2	201
		Bargarh	1	104
		Bhadrak	3	243
		Balangir	1	9
		Boudh	1	250
		Cuttack	2	97
		Deogarh	2	116
		Dhenkanal	3	160
		Gajapati	3	340
		Ganjam	3	355

		Jharsuguda	1	109
		Jajpur	3	139
		Jagatsinghpur	1	73
		Kalahandi	1	50
		Kandhamal	2	142
		Kendrapada	4	137
		Keonjhar	3	132
		Khordha	4	594
		Koraput	2	76
		Malkangiri	1	105
		Myarbhanj	3	387
		Nayagarh	1	64
		Nuapada	1	699
		Nabarangpur	2	126
		Puri	5	438
		Rayagada	1	56
		Sambalpur	2	1408
		Sonepur	3	331
		Sundargarh	2	87
		Total	68	7505
24	Punjab	Jalandhar	1	322
		Amritsar	1	160

		Total	2	482
25	Puducherry	Puducherry	1	39
26	Rajasthan	Jaipur	1	112
		Udaipur	1	56
		Kota	1	27
		Dungarpur	1	60
		Baran	1	39
		Jhunjhunu	1	121
		Bhilwara	1	37
		Bundi	1	45
		Total	8	497
27	Sikkim	Gangtok	1	15
28	Tamil Nadu	Chennai	3	103
		Coimbatore	1	47
		Cuddalore	2	68
		Dindigul	1	50
		Kanyakumari	1	49
		Karur	1	41
		Nagappattinam	1	41
		Namakkal	1	42
		Perambalur	1	40

		Salem	1	43
		Sivagangai	1	40
		Thanjavur	2	54
		The Nilgiris	2	69
		Theni	1	49
		Thirunelveli	2	93
		Thiruvallur	1	43
		Thiruannamalai	2	95
		Thiruvarur	3	95
		Tiruchirapalli	1	41
		Tirupattur	2	62
		Tiruppur	1	34
		Vellore	1	37
		Villupuram	2	92
		Virudunagar	1	50
		Pudukottai	1	44
		Total	36	1422
29	Telangana	Hyderabad	2	384
		Rangareddy	5	850
		Nizamabad	2	304
		Sangareddy	1	151
		Medchal	3	788

		Nalgonda	1	240
		Hanuma Konda	3	787
		Khammam	1	366
		Kothagudem	1	352
		Karimnagar	1	234
		Total	20	4456
30	Tripura	West Tripura	2	395
		North Tripura	1	142
		Total	3	537
31	Uttrakhand	No Shakti Sadan is functional	0	NA
32	Uttar Pradesh	No Shakti Sadan is functional	0	NA
33	West Bengal	South 24 Parganas	5	171
		North 24 Parganas	5	119
		Bankura	1	40
		Kolkata	5	142
		Hooghly	3	121
		Nadia	1	28
		Paschim Medinipur	1	43
		Birbhum	4	118
		Coochbehar	1	46

	Purba Bardhaman	2	45
	Paschim Bardhaman	1	36
	Purba Medinipur	3	145
	Murshidabad	3	94
	Jalpaiguri	1	40
	Malda	1	22
	Total	37	1210
	Grand Total	404	29594

INDIAN SAILORS MISSING IN KUWAIT

793. SHRI K. SUDHAKARAN:

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

- (a) whether the Government has received representations from Hon'ble MP of Kannur seeking intervention of Hon'ble Minister in finding the whereabouts of the missing sailors, particularly a marine engineer from Kannur, Kerala, aboard the vessel Ara Bakthar 1, that sank off the coast of the Persian Gulf in Kuwait;
- (b) if so, the details thereof;
- (c) whether the Government has made any progress in locating the whereabouts of the missing sailors including the said engineer and if so, the details thereof;
- (d) whether the Minister of External Affairs has personally made any appeal to the Kuwait authorities to expedite the process of investigation;
- (e) if so, the details thereof and if not, the reasons therefor; and

(f) whether the Government is unable to provide clarity to the family of the missing sailors including the said engineer 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) Ministry has received representations from Hon'ble MP of Kannur for finding the whereabouts of the missing sailors, particularly a marine engineer from Kannur, Kerala, aboard the vessel Ara Bakthar 1 which sank off the coast of the Persian Gulf in Kuwait.

(c) The Kuwaiti authorities recovered four bodies out of six crew members of the ship (three crew members were Indian nationals), of which two were eventually identified to be Indian nationals. The mortal remains of these two Indian nationals were brought back to India. The whereabouts of the marine engineer from Kannur, Kerala, is not yet known.

(d) and(e) Under the supervision of the office of the External Affairs Minister, the Embassy of India in Kuwait has constantly pursued with the Ministry of Foreign Affairs of the State of Kuwait and other concerned authorities in Kuwait regarding the whereabouts of the missing Indian sailors and for expediting the identification of the recovered bodies, including that of the marine engineer from Kannur, Kerala.

(f) The whereabouts of the marine engineer from Kannur, Kerala, have not been located thus far by the Kuwaiti authorities. The Ministry of Foreign Affairs of the State of Kuwait has conveyed that the DNA samples sent by the family of the

marine engineer from Kannur, Kerala, did not match with any of the recovered bodies. The Kuwaiti authorities have also informed Embassy of India, Kuwait, on 5 November 2024 that they have stopped the search and rescue operations.

WOMEN EMPOWERMENT SCHEMES IN TAMIL NADU

794. SHRI MURASOLI S.:

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

- (a) the number and details of the beneficiaries under the POSHAN Abhiyan in Thanjavur district of Tamil Nadu;
- (b) the number and details of the beneficiaries under Mission Saksham Anganwadi in Thanjavur district;
- (c) the number and details of the beneficiaries under Mission Shakti in Thanjavur district; and
- (d) the number and details of the beneficiaries under Mission Vatsalya in Thanjavur district?

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

(a) and (b) Under 15th Finance Commission, various components like 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) to address the challenge of malnutrition.

The details of beneficiaries under Mission Saksham Anganwadi and Poshan 2.0 in Thanjavur district of Tamil Nadu are provided in the enclosed **Statement-I**.

(c) The details of beneficiaries under Mission Shakti in Thanjavur district of Tamil Nadu are provided in the enclosed **Statement – II**.

(d) The details of beneficiaries under Mission Vatsalya are available State wise only. The information in respect of Tamil Nadu is provided in the enclosed **Statement– III**.

STATEMENT-I

The details of beneficiaries under Mission Saksham Anganwadi and Poshan 2.0 in Thanjavur district of Tamil Nadu are as follows*:

Categories	Number of Beneficiaries
Pregnant Women	8,550
Lactating Mothers	7,087
Children (0-6 months)	6,954
Children (6 months – 3 years)	56,064
Children (3 – 6 years)	59,891

* Data is for the month of October 2024 from Poshan Tracker

STATEMENT-II

Details of beneficiaries under Mission Shakti in Thanjavur district of Tamil Nadu are as follows:

Schemes	Number of beneficiaries	Remarks
PMMVY	59,224	Since inception till 26 November 2024
One Stop Center	2,513	Since 2019 till 31 October 2024
Shakti Sadan	54	As on 30 September 2024
Palna	2,569*	* Data for State of Tamil Nadu as on 30 September 2024 District wise data is not available

STATEMENT-III

Details of beneficiaries under Mission Vatsalya are available State wise only. The information in respect of Tamil Nadu for FY 2023-24 is as follows:

Number of beneficiaries supported under Institutional care	10,118
Number of beneficiaries supported under non-Institutional care	5,411

ग्रामीण क्षेत्रों में परिवार नियोजन कार्यक्रम

795. श्री भाऊसाहेब राजाराम वाकचौरे:

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

(क) विगत तीन वर्षों के दौरान आज की तिथि तक देश के ग्रामीण लोगों में जागरूकता पैदा करने के लिए देश में विशेषकर ग्रामीण क्षेत्रों में क्रियान्वित किए जा रहे परिवार नियोजन कार्यक्रमों और किए गए व्यय का राज्य/संघ राज्यक्षेत्र-वार /वर्ष-वार ब्यौरा क्या है;

(ख) उक्त अवधि के दौरान जन्म दर को कम करने में हुई प्रगति/उपलब्धि का राज्य-वार ब्यौरा क्या है; और

(ग) उक्त अवधि के दौरान सरकार द्वारा परिवार नियोजन कार्यक्रमों के विज्ञापन के लिए वर्ष-वार कितनी धनराशि खर्च की गई?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में

राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) और (ग) सरकार ग्रामीण क्षेत्रों सहित पूरे देश में परिवार नियोजन कार्यक्रम के अंतर्गत विभिन्न योजनाएं कार्यान्वित कर रही है। विवरण निम्नानुसार है-

i. विस्तारित गर्भनिरोधक विकल्प, जिसमें कंडोम, कम्बाइंड ओरल गर्भनिरोधक गोलियाँ, आकस्मिक स्थिति में गर्भनिरोधक गोलियाँ, अंतर्गर्भाशयी गर्भनिरोधक उपकरण (आईयूसीडी) और नसबंदी शामिल हैं, लाभार्थियों को प्रदान किए जाते हैं। गर्भनिरोधक समूह को नए गर्भनिरोधकों, नामतः इंजेक्टेबल गर्भनिरोधक एमपीए (अंतरा कार्यक्रम) और सेंट्रोमैन (छाया) के साथ विस्तारित किया गया है।

ii. मिशन परिवार विकास को गर्भनिरोधक और परिवार नियोजन सेवाओं की पहुँच बढ़ाने के लिए तेरह राज्यों में लागू किया गया है।

iii. नसबंदी स्वीकार्यताओं के लिए मुआवजा योजना, लाभार्थियों को उनके वेतन के नुकसान को पूरा करने के लिए प्रदान किया जाता है।

iv. प्रसवोत्तर अंतर्गर्भाशयी गर्भनिरोधक उपकरण (पीपीआईयूसीडी), गर्भपातोत्तर अंतर्गर्भाशयी गर्भनिरोधक उपकरण (पीएआईयूसीडी) और प्रसवोत्तर नसबंदी (पीपीएस) के रूप में गर्भवस्था के बाद गर्भनिरोधक लाभार्थियों को प्रदान किया जाता है।

v. सभी राज्यों/संघ राज्य क्षेत्रों में परिवार नियोजन और सेवा वितरण के बारे में जागरूकता बढ़ाने के लिए प्रत्येक वर्ष 'विश्व जनसंख्या दिवस अभियान' और 'पुरुष नसबंदी पखवाड़ा' मनाया जाता है।

vi. गर्भनिरोधकों की होम डिलीवरी योजना, आशाकर्मियों द्वारा लाभार्थियों के घर तक गर्भनिरोधक वितरित किए जाते हैं।

vii. स्वास्थ्य सुविधाओं के सभी स्तरों पर परिवार नियोजन वस्तुओं की उपलब्धता सुनिश्चित करने के लिए परिवार नियोजन रसद प्रबंधन सूचना प्रणाली (एफपी-एलएमआईएस) लागू है।

पिछले तीन वर्षों के दौरान विज्ञापन सहित परिवार नियोजन कार्यक्रम के लिए कार्यक्रम कार्यान्वयन योजना (पीआईपी) के तहत अनुमोदित बजट, राज्य/संघ राज्य क्षेत्र-वार, वर्ष-वार व्यौरा संलग्न विवरण -I में दिया गया है।

(ख): भारत और बड़े राज्यों/संघ राज्य क्षेत्रों के लिए वर्ष 2018 से 2020 के लिए नमूना पंजीकरण प्रणाली (एसआरएस) के अनुसार अशोधित जन्म दर का व्यौरा संलग्न विवरण -II में दिया गया है।

विवरण -I

वित्तीय वर्ष 2021-22 से 2023-24 तक एनएचएम के अंतर्गत परिवार नियोजन के लिए

राज्य/संघ राज्य क्षेत्रवार एसपीआईपी व्यय का व्यौरा

		लाख रुपये में		
		2021-22	2022-23	2023-24
क्रम सं.	राज्य	व्यय	व्यय	व्यय
1	अंडमान व निकोबार द्वीप समूह	3.35	4.47	7.04
2	आंध्र प्रदेश	1,408.43	1,037.57	1,688.67

3	अरुणाचल प्रदेश	92.12	362.08	135.08
4	असम	2,549.95	3,095.79	4,127.93
5	बिहार	12,465.25	15,644.36	15,701.27
6	चंडीगढ़	10.14	7.27	20.63
7	छत्तीसगढ़	2,600.64	4,463.63	2,856.12
8	डीएनएच और डीडी	7.98	9.27	3.71
9	दिल्ली	137.24	229.48	165.62
10	गोवा	4.38	12.71	48.35
11	गुजरात	6,079.83	6,320.94	9,373.80
12	हरियाणा	2,376.84	1,794.38	1,462.48
१३	हिमाचल प्रदेश	94.53	155.17	118.68
14	जम्मू और कश्मीर	124.45	70.99	32.28
15	झारखंड	3,057.30	7,629.22	7,442.73
16	कर्नाटक	1,760.84	1,648.90	1,122.62
17	केरल	282.41	316.32	130.73
18	लद्दाख	4.90	71.11	21.38
19	लक्षद्वीप	0.48	0.49	1.31
20	मध्य प्रदेश	11,318.73	13,623.72	14,302.78
21	महाराष्ट्र	2,451.53	2,779.72	3,159.78
22	मणिपुर	39.74	74.32	45.91
23	मेघालय	39.81	174.34	142.43
24	मिजोरम	40.95	59.02	55.98

25	नागालैंड	56.03	132.64	237.92
26	उड़ीसा	3,471.16	4,145.21	4,305.70
27	पुदुचेरी	29.71	29.34	11.65
28	पंजाब	193.81	296.83	998.67
29	राजस्थान	8,893.56	10,144.50	9,902.60
30	सिक्किम	5.09	23.02	11.09
३१	तमिलनाडु	810.74	4,097.34	2,363.45
32	तेलंगाना	990.46	357.17	202.07
33	त्रिपुरा	146.89	193.33	269.41
34	उत्तर प्रदेश	8,563.74	15,628.16	18,267.04
35	उत्तराखंड	310.45	331.38	415.11
36	पश्चिम बंगाल	2,296.91	2,789.36	2,622.80

नोट: 1. उपरोक्त आंकड़े राज्य/संघ राज्य क्षेत्रों द्वारा प्रस्तुत वित्तीय प्रबंधन रिपोर्ट (एफएमआर) के अनुसार हैं और अनंतिम हैं।

2. व्यय में केंद्रीय निर्गत, राज्य निर्गत और वर्ष की शुरुआत में अव्ययित शेष राशि के लिए व्यय शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत एफएमआर के अनुसार है। व्यय दिनांक 31.03.2024 तक अद्यतन है और अनंतिम है।

विवरण -II

तीन वर्ष 2018-2020 के दौरान जन्म दर में राज्य/संघ राज्य क्षेत्रवार गिरावट (एसआरएस)			
	कुल	ग्रामीण	शहरी

भारत एवं बड़े राज्य/संघ राज्य क्षेत्र	2018	2019	2020	2018	2019	2020	2018	2019	2020
भारत	20.0	19.7	19.5	21.6	21.4	21.1	16.7	16.4	16.1
आंध्र प्रदेश	16.0	15.9	15.7	16.4	16.2	16.0	15.3	15.2	15.0
असम	21.1	21.0	20.8	22.2	22.1	21.9	14.6	14.5	14.3
बिहार	26.2	25.8	25.5	26.8	26.5	26.2	21.9	21.2	21.0
छत्तीसगढ़	22.5	22.2	22.0	24.0	23.6	23.4	17.8	17.6	17.3
दिल्ली	14.7	14.4	14.2	16.2	15.8	15.5	14.7	14.4	14.1
गुजरात	19.7	19.5	19.3	21.6	21.3	21.1	17.4	17.3	17.1
हरियाणा	20.3	20.1	19.9	21.7	21.4	21.2	18.0	17.9	17.7
हिमाचल प्रदेश	15.7	15.4	15.3	16.2	15.9	15.7	10.3	10.1	10.0
जम्मू और कश्मीर	15.4	14.9	14.6	17.0	16.5	16.1	11.7	11.3	11.1
झारखंड	22.6	22.3	22.0	24.0	23.7	23.4	18.1	17.8	17.6
कर्नाटक	17.2	16.9	16.5	18.1	17.8	17.5	15.9	15.5	15.0
केरल	13.9	13.5	13.2	13.8	13.4	13.1	14.0	13.7	13.3
मध्य प्रदेश	24.6	24.5	24.1	26.6	26.4	26.0	19.1	19.0	18.8
महाराष्ट्र	15.6	15.3	15.0	15.9	15.6	15.3	15.2	15.0	14.6
ओडिशा	18.2	18.0	17.7	19.2	19.0	18.7	13.4	13.2	13.1
पंजाब	14.8	14.5	14.3	15.3	15	14.9	14	13.8	13.6
राजस्थान	24.0	23.7	23.5	24.9	24.7	24.4	21.3	21.1	20.8

तमिलनाडु	14.7	14.2	13.8	14.8	14.3	14.0	14.6	14.0	13.6
तेलंगाना	16.9	16.7	16.4	17.2	17.0	16.8	16.5	16.1	15.9
उत्तर प्रदेश	25.6	25.4	25.1	26.6	26.4	26.1	22.5	22.3	22.1
उत्तराखंड	16.7	17.1	16.6	16.8	17.5	17.0	16.4	16.1	15.6
पश्चिम बंगाल	15.0	14.9	14.6	16.5	16.4	16.1	11.5	11.5	11.2

एकीकृत न्यायिक परिसर के लिए प्रस्ताव

796. श्री अनिल फिरोजिया :

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

(क) सरकार द्वारा न्यायालयों की संख्या में वृद्धि करने और उनकी कार्यकुशलता में सुधार करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है ;

(ख) क्या सरकार का विचार सुविधाजनक और त्वरित न्याय के लिए एकीकृत न्यायिक परिसर का निर्माण करने का है ;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(घ) यदि नहीं, तो इसके क्या कारण हैं ?

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

(क) से (घ) : देश में नए न्यायालयों की स्थापना, न्यायालयों की संख्या में वृद्धि और एकीकृत न्यायिक परिसरों की स्थापना राज्य सरकारों के अधिकार क्षेत्र में आती है, जो अपनी अपेक्षा और संसाधनों के अनुसार, क्षेत्रीय अधिकार क्षेत्र वाले संबंधित उच्च न्यायालयों के परामर्श से ऐसी न्यायालय स्थापित करती हैं। तथापि, केंद्रीय सरकार न्यायालयों की दक्षता में सुधार करने के लिए पूरी तरह प्रतिबद्ध है और इसके लिए उसने कई पहल की हैं। न्याय विभाग द्वारा न्याय प्रदान करने में सहायता के लिए की गई कुछ पहलें इस प्रकार हैं:-

- i. न्यायिक अवसंरचना के विकास के लिए केंद्रीय रूप से प्रायोजित स्कीम के अंतर्गत, भारत सरकार न्यायालय कक्षों, न्यायिक अधिकारियों के लिए आवासीय क्वार्टरों, वकीलों के हॉल, शौचालय परिसरों और डिजिटल कंप्यूटर कक्षों के निर्माण के लिए धनराशि जारी करके राज्यों/संघ राज्य क्षेत्रों के संसाधनों की पूर्ति करती है। यह वादियों सहित विभिन्न हितधारकों की सुविधा के लिए है, जिससे न्याय प्रदान करने में सहायता मिलती है। 1993-94 में न्यायपालिका के लिए अवसंरचना सुविधाओं के विकास के लिए केंद्रीय रूप से प्रायोजित स्कीम (सीएसएस) की शुरुआत के बाद से अब तक 11,583 करोड़ रुपये जारी किए जा चुके हैं। परिणामस्वरूप, न्यायालय कक्षों की संख्या 30.06.2014 को 15,818 से बढ़कर आज की तारीख में 23,590 हो गई है।
- ii. राष्ट्रीय ई-गवर्नेंस योजना के भाग के रूप में, ई-न्यायालय परियोजना भारतीय न्यायपालिका की सूचना और संचार प्रौद्योगिकी (आईसीटी) सक्षमता के लिए एक एकीकृत मिशन मोड परियोजना है, जो "भारतीय न्यायपालिका में सूचना और संचार प्रौद्योगिकी के कार्यान्वयन के लिए राष्ट्रीय नीति और कार्य योजना" पर आधारित है। इसे प्रौद्योगिकी का उपयोग करके न्याय तक पहुंच में सुधार लाने के उद्देश्य से शुभारंभ किया गया था। इस स्कीम के अधीन 2023 तक 18735 जिला और अधीनस्थ न्यायालयों को कम्प्यूटरीकृत किया गया है। वाइड एरिया नेटवर्क (वैन) परियोजना के भाग के रूप में, पूरे भारत में 99.5% कुल न्यायालय परिसरों को संयोजकता प्रदान की गई है। ई-न्यायालय परियोजना की विभिन्न पहलों में वीडियो कॉन्फ्रेंसिंग सुविधा, भारत के 9 उच्च न्यायालयों और उच्चतम न्यायालय में न्यायालय कार्यवाही की लाइव स्ट्रीमिंग, ट्रैफिक चालान के निपटारे के लिए वर्चुअल न्यायालय, 7 प्लेटफार्म के माध्यम से नागरिक सेवा, निर्णय के लिए जस्ट आईएस एप, ई-फाइलिंग, ई-पेमेंट, ई-सेवा केंद्र, निर्णय और आदेश खोज पोर्टल, राष्ट्रीय सेवा और इलेक्ट्रॉनिक प्रक्रियाओं की ट्रैकिंग (एनएसटीईपी) और न्याय घड़ी भी है।

सरकार ने 2015 से बजट आवंटन में उल्लेखनीय वृद्धि करके उन्नत डिजिटल अवसंरचना के साथ न्यायपालिका के आधुनिकीकरण में अपनी प्रतिबद्धता का प्रदर्शन किया है। दूसरे चरण के लिए 1670 करोड़ रुपये की राशि आवंटित की गई, जो पहले चरण के दौरान वितरित 639 करोड़ रुपये से उल्लेखनीय वृद्धि है। इसके अतिरिक्त, तीसरे चरण (2023-2027) को सितंबर 2023 में केंद्रीय मंत्रिमंडल द्वारा 7,210 करोड़ रुपये के परिव्यय पर मंजूरी दी गई है, जो दूसरे चरण के लिए आवंटित राशि से चार गुना अधिक है।

सरकार द्वारा प्रौद्योगिकी को शासन के साथ एकीकृत करने के प्रयासों को ई-न्यायालय चरण-3 में एक गेम चेंजर माना जा रहा है, क्योंकि इसमें विभिन्न नई डिजिटल पहलों की परिकल्पना की गई है, जैसे कि डिजिटल और पेपरलेस न्यायालय की स्थापना जिसका उद्देश्य न्यायालय कार्यवाही को डिजिटल प्रारूप में लाना और न्यायालय अभिलेख (विरासत अभिलेख और लंबित मामले दोनों) का डिजिटलीकरण करना है। परिणामस्वरूप, सितंबर 2024 तक उच्च न्यायालयों और जिला न्यायालयों में न्यायालय अभिलेख के 391.15 करोड़ से अधिक पृष्ठों का डिजिटलीकरण किया जा चुका है। इसके अतिरिक्त, न्यायालयों, जेलों और अस्पतालों में वीडियो कॉन्फ्रेंसिंग सुविधाओं का विस्तार, यातायात उल्लंघनों के निपटारे से परे ऑनलाइन न्यायालयों का दायरा बढ़ाना, सभी न्यायालय परिसरों को ई-सेवा से संतृप्त करना केंद्र, डिजिटल न्यायालय अभिलेख, सॉफ्टवेयर एप्लिकेशन, लाइव स्ट्रीमिंग और इलेक्ट्रॉनिक साक्ष्य आदि को आसानी से प्राप्त करने और उनका समर्थन करने के लिए अत्याधुनिक और नवीनतम क्लाउड आधारित डेटा रिपोजिटरी, लंबित मामलों के विश्लेषण, भविष्य के मुकदमों का पूर्वानुमान लगाने आदि के लिए कृत्रिम आसूचना जैसी उभरती प्रौद्योगिकियों और ऑप्टिकल कैरेक्टर रिकॉग्निशन (ओसीआर) आदि जैसे इसके उप-समूहों का उपयोग कुशल न्यायालय प्रबंधन की दिशा में अन्य पहलें हैं।

सरकार उच्च न्यायपालिका में रिक्त पदों को भी नियमित रूप से भर रही है। 01.05.2014 से 21.11.2024 तक उच्चतम न्यायालय में 64 न्यायाधीशों की नियुक्ति की गई। उच्च

न्यायालयों में 999 नए न्यायाधीशों की नियुक्ति की गई तथा 767 अतिरिक्त न्यायाधीशों को स्थायी किया गया। उच्च न्यायालयों में न्यायाधीशों की स्वीकृत संख्या मई, 2014 में 906 से बढ़ाकर आज तक 1122 कर दी गई है।

जिला एवं अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत एवं कार्यरत संख्या में भी निम्नानुसार वृद्धि हुई है:

निम्नानुसार*	स्वीकृत पदसंख्या	कार्यरत पदसंख्या
31.12.2013	19,518	15,115
31.10.2024	25,725	20,487

* अधीनस्थ न्यायपालिका में रिक्तियों को भरना संबंधित राज्य सरकारों और उच्च न्यायालयों के अधिकार क्षेत्र में आता है।

- iv. चौदहवें वित्त आयोग के तत्वावधान में वरिष्ठ नागरिकों, महिलाओं, बालकों आदि से जुड़े मामलों को देखने के लिए जघन्य अपराधों के मामलों से निपटने के लिए त्वरित निपटान न्यायालय की स्थापना की गई है। केंद्रीय सरकार ने बलात्संग और पाक्सो अधिनियम के लंबित मामलों के शीघ्र निपटारे के लिए देश भर में त्वरित निपटान विशेष न्यायालय (एफटीएस) स्थापित करने की स्कीम को मंजूरी दी है। 31.10.2024 तक, देश भर के 30 राज्यों/ संघ राज्यक्षेत्रों में 408 विशेष पाक्सो (ईपाक्सो) न्यायालयों सहित 750 एफटीएस कार्यरत हैं, जिन्होंने 2,87,000 से अधिक मामलों का निपटारा किया है। निर्वाचित सांसदों/विधायकों से जुड़े आपराधिक मामलों को फास्ट-ट्रैक करने के लिए, नौ (9) राज्यों/ संघ राज्यक्षेत्रों में दस (10) विशेष न्यायालय कार्यरत हैं।
- v. वैकल्पिक विवाद समाधान (एडीआर) की रीति को भी पूरे दिल से बढ़ावा दिया गया है। तदनुसार, वाणिज्यिक न्यायालय अधिनियम, 2015 में 20 अगस्त, 2018 को संशोधन किया

- गया, जिससे वाणिज्यिक विवादों के मामले में पूर्व-संस्था मध्यकता और निपटान (पीआईएमएस) अनिवार्य हो गया। मध्यकता और सुलह अधिनियम, 1996 में संशोधन करके मध्यकता और सुलह (संशोधन) अधिनियम, 2015 द्वारा समयसीमा निर्धारित करके विवादों के त्वरित समाधान में तेजी लाई गई है। मध्यकता अधिनियम, 2023 ने एडीआर को बढ़ावा देने के लिए वाणिज्यिक न्यायालय अधिनियम, 2015 में भी उपयुक्त बदलाव किए हैं। उक्त मध्यकता अधिनियम के अनुसार, कोई भी ऐसा मुकदमा जिसमें तत्काल राहत की संभावना न हो, उसे वादी द्वारा मुकदमे-पूर्व मध्यकता के उपाय को समाप्त करने से पहले न्यायालय में नहीं लाया जाएगा, जिसे विधिक सेवा प्राधिकरण अधिनियम, 1987 के अधीन गठित या किसी भी मध्यकता अधिनियम, 2023 के अधीन 'मध्यकता सेवा प्रदाता' द्वारा किया जा सकता है। इसके अतिरिक्त, धारा 12-क के अधीन प्राप्त किसी भी मध्यकता से किए गए समझौते को उसी तरह लागू किया जाएगा, जैसे कि वह न्यायालय द्वारा पारित कोई निर्णय या डिक्री हो। यदि पूर्व-संस्था मध्यकता और समझौता विफल हो जाता है, तो वाणिज्यिक न्यायालय के समक्ष मुकदमा चलाया जाता है।
- vi. लोक अदालत नागरिकों के लिए उपलब्ध एक महत्वपूर्ण वैकल्पिक विवाद समाधान तंत्र है। यह एक ऐसा मंच है जहाँ विधि न्यायालय में या मुकदमेबाजी से पहले के चरण में लंबित विवादों/मामलों का सौहार्दपूर्ण ढंग से निपटारा/समझौता किया जाता है। विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के अधीन, लोक अदालत द्वारा दिया गया पंचाट सिविल न्यायालय का आदेश माना जाता है और यह अंतिम होता है तथा सभी पक्षों पर बाध्यकारी होता है तथा इसके विरुद्ध किसी भी न्यायालय में अपील नहीं की जा सकती। न्यायालय कोई स्थायी संस्था नहीं है। राष्ट्रीय लोक न्यायालय कोई स्थायी संस्था नहीं है। सभी तालुकों, जिलों और उच्च न्यायालयों में एक साथ पूर्व निर्धारित तारीख पर न्यायालय आयोजित की जाती हैं। राष्ट्रीय लोक न्यायालय में निपटाए गए मामलों का विवरण पिछले तीन वर्षों के दौरान न्यायालय निम्नानुसार है:-

वर्ष	पूर्व मुकदमेबाजी	लंबित मामले	कुल मामले
2021	72,06,294	55,81,743	1,27,88,037
2022	3,10,15,215	1,09,10,795	4,19,26,010
2023	7,10,32,980	1,43,09,237	8,53,42,217
2024 (09.11.24 तक)	6,46,35,285	1,26,34,580	7,72,69,865
कुल	17,38,89,774	4,34,36,35 5	21,73,26,129

(vii) विधि और न्याय मंत्रालय एक एकीकृत अखिल भारतीय केंद्रीय क्षेत्र स्कीम लागू कर रहा है जिसका नाम है 'भारत में न्याय तक समग्र पहुंच के लिए अभिनव समाधान तैयार करना' (दिशा) जिसका उद्देश्य न्याय तक पहुंच के लिए व्यापक, एकीकृत, प्रौद्योगिकी आधारित नागरिक केंद्रित समाधान प्रदान करना है। इस स्कीम के अधीन टेली-लॉ, न्याय जैसे विभिन्न कार्यक्रम चलाए जा रहे हैं। देश में बंधु, और विधिक साक्षरता और विधिक जागरूकता को मुख्यधारा में लाया जा रहा है। इस स्कीम का उद्देश्य समान न्याय और मुफ्त विधिक सहायता प्रदान करने के लिए अनुच्छेद 14, 21 और 39क के अधीन भारत के संविधान द्वारा दिए गए अधिदेश को पूरक और संपूरित करना है। दिशा का उद्देश्य संयुक्त राष्ट्र सतत विकास लक्ष्य 16 के कार्यान्वयन को गति देकर विधिक सेवा अधिनियम, 1987 की कानूनी आवश्यकताओं का पालन करना भी है, विशेष रूप से सभी के लिए न्याय तक पहुंच प्रदान करने का पहलू। इस पहल के एक भाग के रूप में, सरकार ने 2017 में टेली-लॉ कार्यक्रम शुरू किया, जिसने ग्राम पंचायत में स्थित सामान्य सेवा केंद्र (सीएससी) और टेली-लॉ मोबाइल ऐप के माध्यम से वीडियो कॉन्फ्रेंसिंग, टेलीफोन और चैट सुविधाओं के माध्यम से पैनल वकीलों के साथ विधि सलाह और परामर्श चाहने वाले जरूरतमंद और वंचित वर्गों को जोड़ने वाला एक प्रभावी और विश्वसनीय ई-इंटरफेस प्लेटफॉर्म प्रदान किया।

*टेली-लॉ डेटा का प्रतिशतवार ब्यौरा

अक्तूबर,20 24 तक	रजिस्ट्रीकृत त मामले	% वार ब्रेक अप	सलाह सक्षम	% वार ब्रेक अप
लिंग के अनुसार				
महिला	4014611	39.1 2	396349 9	39.0 6
पुरुष	6247980	60.8 8	618328 6	60.9 4
जाति श्रेणीवार				
सामान्य	2387060	23.2 6	235264 9	23.1 9
अन्य पिछड़ा वर्ग	3252495	31.6 9	321306 7	31.6 7
अनुसूचित जाति	3246025	31.6 3	321565 7	31.6 8
अनुसूचित जनजाति	1377011	13.4 2	136631 2	13.4 7
कुल	1026259 1		101467 85	

viii. देश में प्रो बोनो संस्कृति और प्रो बोनो वकालत को संस्थागत बनाने के प्रयास किए गए हैं। एक तकनीकी ढांचा तैयार किया गया है, जहां प्रो बोनो कार्य के लिए स्वेच्छा से अपना समय और सेवाएं देने वाले अधिवक्ता न्याय पर प्रो बोनो अधिवक्ता के रूप में पंजीकरण कर सकते हैं। बंधु (एंड्रॉइड और आईओएस और ऐप्स)। न्याय बंधु सेवाएँ उमंग प्लेटफॉर्म पर भी उपलब्ध हैं। राज्य स्तर पर 23 उच्च न्यायालयों में अधिवक्ताओं का प्रो बोनो पैनल शुरू किया गया है। उभरते वकीलों में प्रो बोनो संस्कृति को बढ़ावा देने के लिए 109 विधि स्कूलों में प्रो बोनो क्लब शुरू किए गए हैं।

शहीद सैनिकों के लिए स्मारक

797. श्री धर्मेन्द्र यादव:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार ने उन गांवों में स्मारक का निर्माण कराया है जहां शहीद सैनिकों का अंतिम संस्कार किया गया है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का विचार शहीद सैनिकों की याद में उनके गांवों, जहां उनका अंतिम संस्कार किया गया था, में स्मारक बनाने की इस नीति में परिवर्तन करने का है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इस संबंध में अंतिम निर्णय कब तक लिए जाने की संभावना है; और
- (ङ) यदि नहीं, तो शहीद सैनिकों को उचित सम्मान नहीं दिए जाने के क्या कारण हैं?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क) से (ङ.): जी नहीं।

इसके अलावा, भारत सरकार द्वारा दिल्ली में राष्ट्रीय समर स्मारक का निर्माण कराया गया है, जो राष्ट्र की सेवा में अपने प्राणों को न्यौछावर करने वाले सशस्त्र बलों के सभी सैनिकों के बलिदान की उपयुक्त स्मृति है। स्मारक के त्याग चक्र की दीवारों पर सभी युद्ध बलिदानियों के नाम भावी पीढ़ियों के लिए अंकित किए गए हैं।

इस नीति में बदलाव करने संबंधी कोई प्रस्ताव विचाराधीन नहीं है।

डाईमोनियम फास्फेट उर्वरक का आयात

798. श्री अरुण गोविल:

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

क. पन्द्रह लाख टन डाईमोनियम फास्फेट उर्वरक का अपर्याप्त आयात किए जाने के लिए कौन-कौन से अधिकारी जिम्मेदार हैं; और

ख. रबी के मौसम के दौरान महत्वपूर्ण उर्वरक की कमी को दूर 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): सरकार ने फास्फेटयुक्त और पोटेशियुक्त (पीएण्डके) उर्वरकों के लिए 1.4.2010 से पोषक-तत्व आधारित सब्सिडी नीति लागू की है। एनबीएस नीति के अंतर्गत, पीएण्डके उर्वरक मुक्त सामान्य लाइसेंस (ओजीएल) के अंतर्गत आते हैं और कंपनियां अपने कारोबार के उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात करने के लिए स्वतंत्र हैं।

(ख): किसानों को वहनीय मूल्यों पर डीएपी की सहज उपलब्धता सुनिश्चित करने के लिए सरकार ने आवश्यकता के आधार पर एनबीएस सब्सिडी दरों के अतिरिक्त डीएपी पर विशेष पैकेज प्रदान किए हैं। 2024-25 में, सरकार ने किसानों को सस्ती कीमतों पर डीएपी की सतत उपलब्धता सुनिश्चित करने और कृषि क्षेत्र एवं संबंधित गतिविधियों का समर्थन करने और देश में खाद्य सुरक्षा परिदृश्य को सुदृढ़ करने के लिए ₹2625 करोड़ के अनुमानित वित्तीय निहितार्थ के साथ पीएण्डके उर्वरक

कंपनियों को ₹3500 प्रति मीट्रिक टन की दर पर 01.04.2024 से 31.12.2024 तक की अवधि के लिए डीएपी की वास्तविक पीओएस (प्वाइंट ऑफ सेल) बिक्री पर एनबीएस दरों के अतिरिक्त डीएपी पर एक-बारगी विशेष पैकेज को मंजूरी दी है।

PRAVASI BHARATIYA BIMA YOJANA

799. SHRI ARVIND DHARMAPURI:

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

- (a) the total number of Non-Resident Indians (NRIs) residing in different countries across the world, State/UT-wise;
- (b) the data on the number of NRIs from the State of Telangana, district-wise, with specific details on Nizamabad;
- (c) the measures implemented to facilitate the engagement and support of NRIs in their home districts;
- (d) the total number of beneficiaries of the Pravasi Bharatiya Bima Yojana, State/UT-wise including district-wise details for Telangana;
- (e) the data on the types of support or benefits provided under the said scheme to NRIs; and
- (f) the amount of fund allocated and utilized for this scheme *since 2019?*

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

- (a) and b) The total number of NRIs residing in different countries is *is given in the enclosed **Statement-I***. The Ministry does not maintain state-wise and district-wise data of NRIs.

(c) The measures implemented to facilitate the engagement and support of NRIs in their home districts comes under the purview of respective State Governments.

(d) The total number of beneficiaries of Pravasi Bharatiya Bima Yojana (PBBY) is given in the enclosed **Statement-II**. The Ministry does not maintain State/UT-wise data of beneficiaries of PBBY.

(e) The Pravasi Bharatiya Bima Yojana (PBBY) is a mandatory insurance scheme for all Emigration Check Required (ECR) category workers going to ECR countries. Revised PBBY effective from 1 August 2017 is available to both ECR and ECNR passport holders going for employment abroad. The scheme provides an insurance cover of INR 10 Lakhs in case of accidental death or permanent disability and other benefits at a nominal insurance premium of INR 275/- for two years or INR 375/- for three years validity. PBBY has many other provisions such as:

- i) Reimbursement of medical expenses up to Rs.1 lakh (Rupees fifty thousand per hospitalization) in case of hospitalization of the insured in an emergency on grounds of accidental injuries and/or sickness/ailments/disease occurring during the insurance whether in India/third country or in the country of his employment,
- ii) In case of accidental death, besides the cost of transporting the dead body, the cost incurred on economy class return airfare of one attendant up to the International airport in India nearest to the address of the insured shall also be reimbursed by the Insurance Company. In case of permanent disability of the insured, the economy class return airfare of one attendant up to the International

airport nearest to the address of the insured shall also be reimbursed by the Insurance Company.

iii) If the insured person falls sick or is declared medically unfit to commence or continue or resume work and the service contract is terminated by the foreign employer within the first twelve months of taking the insurance cover, the actual one-way Economy Class airfare up to the International airport nearest to the address of the insured shall be reimbursed by the Insurance company provided the grounds for repatriation are certified by the concerned Indian Mission/Post and Air-tickets are submitted in original.

iv) On arrival at his workplace or destination abroad, if the emigrant worker is not received by the employer or if there is any substantive change in the job/Employment Contract/Agreement to the disadvantage of the insured person, or if the employment is prematurely terminated within the period of employment for no fault of the emigrant, one-way Economy Class airfare shall also be reimbursed by the Insurance company up to the international airport nearest to the address of the insured provided the grounds for repatriation are certified by the concerned Indian Mission/Post and the Air-tickets are submitted in original.

v) In cases where the repatriation is arranged by the Indian Mission/ Post, the Insurance Company shall reimburse the actual expenses to the concerned Indian Mission/Post.

vi) The Insurance under this policy shall also provide maternity benefits to women emigrants, subject to a minimum cover of Thirty-five thousand rupees in case of normal delivery and up to Rupees fifty thousand in case of caesarean operation

per policy period. In the case of medical treatment in the country of employment, the maternity benefits would be provided only if the requisite documents are certified by the concerned Indian Mission/Post. The reimbursement shall be restricted to actuals.

vii) The family of the emigrant worker in India consisting of spouse and first two dependent children up to twenty-one years of age shall be entitled to hospitalization cover in the event of death or permanent disability of the insured person for a maximum of fifty thousand rupees per annum during the policy period.

(f) More than 79 lakh policies have been issued under PBBY from 2006-07 to 30th September, 2024. During this period, 3190 claims were received and 2194 were settled. Since PBBY is an insurance scheme, no funds are allocated for this scheme.

STATEMENT-I**NRIs residing in respective countries (in descending order) as on****01.01.2024**

S. No.	Countries	NRIs
1.	United Arab Emirates	3554274
2.	Saudi Arabia	2460603
3.	United States of America	2077158
4.	Canada	1016274
5.	Kuwait	993284
6.	Qatar	835175
7.	Nepal	700000
8.	Oman	684771
9.	United Kingdom	369000
10.	Australia	350000
11.	Singapore	350000
12.	Bahrain	323908
13.	Germany	208000
14.	Italy	167333
15.	Malaysia	163127

16.	New Zealand	150000
17.	Philippines	147518
18.	Portugal	90000
19.	Russia	60172
20.	Bhutan	60000
21.	South Africa	60000
22.	Spain	51606
23.	Netherlands	50787
24.	Japan	46262
25.	Sweden	40000
26.	Uganda	35000
27.	Greece	33486
28.	China (Hong Kong)	32790
29.	Ireland	30000
30.	France	29000
31.	Maldives	27065
32.	Thailand	25000
33.	Mauritius	23708
34.	Poland	23000

35.	Israel	20000
36.	Kenya	20000
37.	Malta	18000
38.	Denmark	17460
39.	Belgium	17438
40.	Iraq	17100
41.	Switzerland	17059
42.	Jordan	16897
43.	Norway	16890
44.	Korea (Republic of)	16714
45.	Kyrgyzstan	16550
46.	Brunei Darussalam	15000
47.	Congo (Democratic Republic of)	15000
48.	Ghana	15000
49.	Tanzania	15000
50.	Indonesia	14817
51.	Cyprus	14612
52.	Austria and Montenegro and Holy See	14300
53.	Croatia	11982

54.	Iran	10320
55.	Kazakhstan	9815
56.	Czech Republic	9090
57.	Botswana	9000
58.	Hungary	8457
59.	Finland	8245
60.	Seychelles	8180
61.	Malawi	8143
62.	Mexico	8000
63.	Vietnam	7550
64.	Sri Lanka	7500
65.	China	7400
66.	Bangladesh	7000
67.	Uzbekistan	5939
68.	Ethiopia	5900
69.	Georgia	5750
70.	Romania	5700
71.	China (Taiwan)	5303
72.	Jamaica	5000

73.	Zambia	5000
74.	Luxembourg	4508
75.	Armenia	4500
76.	Lithuania	4470
77.	Panama	4000
78.	Papua New Guinea	4000
79.	Algeria	3800
80.	Egypt	3141
81.	Türkiye (Turkey)	3083
82.	Brazil	3046
83.	Lebanon	3000
84.	Liberia	3000
85.	Mozambique	3000
86.	Sierra Leone	3000
87.	Slovak Republic	2949
88.	Rwanda	2940
89.	Latvia	2900
90.	Madagascar	2826
91.	Serbia	2800

92.	Côte d'Ivoire (Ivory Coast)	2738
93.	Myanmar	2660
94.	Ukraine	2610
95.	Angola	2514
96.	Fiji	2283
97.	Sint Maarten	2170
98.	Gambia	2100
99.	Senegal	2100
100.	Estonia	1900
101.	Eswatini (formerly Swaziland)	1900
102.	Chile	1800
103.	Tajikistan	1800
104.	Cambodia	1753
105.	Guyana	1500
106.	Lesotho (Kingdom of)	1500
107.	Guinea (Republic of)	1390
108.	Trinidad and Tobago	1266
109.	Gabon	1200
110.	Costa Rica	1011

111.	Azerbaijan	1007
112.	Cameroon	1000
113.	Djibouti	1000
114.	Zimbabwe	1000
115.	Benin	996
116.	Togo	973
117.	Moldova	950
118.	Belarus	927
119.	Cayman Islands	900
120.	South Sudan	900
121.	Cuba	868
122.	Congo (Republic of)	850
123.	Argentina	825
124.	Slovenia	822
125.	Uruguay	773
126.	Bulgaria	700
127.	Burundi	700
128.	Curacao	700
129.	Yemen	700

130.	Aruba	600
131.	Barbados	600
132.	Laos	587
133.	Mali	558
134.	Saint Lucia	550
135.	Iceland	528
136.	Saint Kitts and Nevis	500
137.	Colombia	483
138.	Albania	450
139.	Namibia	450
140.	Morocco	434
141.	Mauritania	310
142.	Antigua and Barbuda	300
143.	Guinea-Bissau	300
144.	Bahamas	280
145.	Ecuador	269
146.	Equatorial Guinea	250
147.	Belize	200
148.	Grenada	200

149.	Paraguay	200
150.	Turks and Caicos Islands	200
151.	Peru	192
152.	France (Guadeloupe)	180
153.	Eritrea	172
154.	Suriname	160
155.	France (Reunion Island)	159
156.	Burkina Faso	150
157.	France (St. Martin)	150
158.	Niger	150
159.	Chad	120
160.	Turkmenistan	105
161.	East Timor	100
162.	Mongolia	100
163.	Nigeria	100
164.	Somalia	100
165.	Syria	97
166.	France (Martinique)	90
167.	British Virgin Islands	80

168.	Central African Republic	70
169.	Guatemala	65
170.	Dominican Republic	57
171.	Bonaire and Smaller Islands	54
172.	Andorra	50
173.	Saint Vincent and The Grenadines	50
174.	Sudan	50
175.	Bolivia	48
176.	Comoros	42
177.	Dominica (Commonwealth of)	40
178.	Nicaragua	39
179.	Haiti	36
180.	Liechtenstein	35
181.	Micronesia (Federated States of)	35
182.	Venezuela	33
183.	Honduras	30
184.	Macedonia	29
185.	Palau	29
186.	Cabo Verde	25

187.	Bosnia and Herzegovina	20
188.	El Salvador	20
189.	Nauru	20
190.	Sao Tome and Principe	20
191.	Solomon Islands	20
192.	Holy See	15
193.	Korea (DPR)	15
194.	Montserrat	15
195.	Palestine	11
196.	Monaco	10
197.	Marshall Islands	7
198.	Tonga	5
199.	Kiribati	2
Total		15850612

STATEMENT-II

Pravasi Bharatiya Bima Yojana

Years	No. of Policies issued	No. of Claims received	No. of Claims Settled	Percentage of Claims settlement
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2006-07	49707	181	58	32%
2007-08	44414	149	33	22%
2008-09	121661	270	148	55%
2009-10	366788	134	155	116%
2010-11	511485	153	169	110%
2011-12	542842	189	183	97%
2012-13	853102	225	196	87%
2013-14	836416	267	225	84%
2014-15	943205	368	336	91%
2015-16	794891	247	221	89%
2016-17	518961	194	109	56%
2017-18	397157	204	89	44%
2018-19	374874	118	81	69%
2019-20	389393	91	37	41%
2020-21	40628	72	38	53%
2021-22	240178	89	54	61%
2022-23	422650	107	26	24.29%
2023-24	300233	73	22	25.35%

2024-25 upto 30 th September 2024	239717	59	14	
Total	7986302	3190	2194	

NATIONAL FAMILY HEALTH SURVEY**800. SHRI SUBBARAYAN K:****SHRI SELVARAJ V.:**

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

- (a) whether it is a fact that as per the National Family Health Survey Report, 70 % of health care in India is in private sector;
- (b) if so, the details thereof along with the reaction of the Government thereto;
- (c) whether there are adequate funds to expand public sector health services in the country; and
- (d) if so, the details thereof alongwith the timeline fixed for the same?

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

(a) to (d): As per the National Family Health Survey-5 (2019-2021), 48.2% of household members generally use private sector health facilities when they get sick, whereas, 50.1% of the household members use public sector health facilities (is given in the enclosed **Statement--I**). NFHS-5 India Report can be accessed at <https://www.nfhsiips.in/nfhsuser/index.php>.

The National Health Mission (NHM) is a Centrally Sponsored Scheme which envisages achievement of universal access to equitable, affordable and quality health care services that are accountable and responsive to people's needs across the country. NHM encompasses its two Sub-Missions, the National Rural

Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.

The primary responsibility for ensuring healthcare services lies with respective State/UT Governments. Under National Health Mission (NHM), Ministry of Health and Family Welfare, Government of India provides financial and technical support to States/UTs to strengthen their healthcare systems.

The Government of India has taken several steps to provide healthcare facility which inter-alia includes Free Drugs and Free Diagnostics initiative to provide essential drugs and diagnostics free of cost in public health facilities. Under NHM, States are supported for augmenting the referral network in the country by Advanced Life Support (ALS), Basic Life Support (BLS) and Patient Transport Vehicle (PTV) ambulance system in both rural and urban areas. Support is also provided for Mobile Medical Units (MMUs) and Telemedicine under NHM to improve healthcare affordability. MMUs conduct outreach activities to offer range of services in remote, difficult and hard to reach areas. State/ UT-wise details of Central Release under NHM for the FY 2021-22 to FY 2023-24 is given in the enclosed **Statement--II**.

The Government has launched four mission mode projects, namely PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Ayushman Arogya Mandir erstwhile Ayushman Bharat Health and Wellness Centres (AB-HWCs),

Pradhan Mantri Jan Arogya Yojana (PMJAY) and Ayushman Bharat Digital Mission (ABDM).

PM-ABHIM was launched to develop the capacities of primary, secondary, and tertiary healthcare 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. State/ UT-wise details of Central Release under PM-ABHIM for the FY 2021-22 to FY 2023-is given in the enclosed **Statement--III**.

Through 1.74 lakh 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. Ayushman Bharat Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY) 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 the bottom 40% of India's population. Hospitals are empanelled under the scheme for providing cashless healthcare services under the scheme. Public hospitals are deemed empanelled under AB-PMJAY. Therefore, all public hospitals with inpatient care are providing cashless healthcare services to eligible beneficiaries. Public hospitals are reimbursed for medical healthcare services provided under the scheme. The funds received by

the Public hospitals are expected to be used for the augmentation of public infrastructure and providing better amenities to the beneficiaries.

The budget estimate for AB-PMJAY for the year 2018-19 was Rs. 2400 Crores and for the year 2024-25 was Rs. 7300 Crores.

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It will bridge the existing gap amongst different stakeholders of Healthcare ecosystem through digital highways. As on November, 2024, 69 Crore Ayushman Bharat Health Accounts (ABHA) have been created.

The budget allocation for DoHFW has increased by 85% from Rs. 47,353 Crore in 2017-18 (BE) to Rs. 87,657 crore in 2024-25 (BE).

STATEMENT-I

Percentage distribution of households by the source of health care which household members generally use when they get sick - NFHS-5 (2019-21)

Source	Total
Public Health Sector	50.1
Government/ Municipal Hospital	20.2
Government Dispensary	1.9
UHC/UHP/UFWC	1.5
CHC/rural hospital/Block PHC	14.6
PHC/additional PHC	10.3
Sub-centre	1.2

Vaidya/hakim/homeopath (AYUSH)	0.2
Other public health sector	0.2
NGO or trust hospital/clinic	0.5
Private health sector	48.2
Private hospital	17.6
Private doctor/clinic	28.2
Private paramedic	0.4
Vaidya/hakim/ homeopath (AYUSH)	0.1
Traditional healer	0.1
Pharmacy/drug store	0.7
Other private health sector	1.0
Other Source	1.2
Shop	0.1
Home treatment	0.1
Other	1.0
Total	100

Source: NFHS-5 National report;

<https://www.nfhsiips.in/nfhsuser/publication.php>

STATEMENT-II

State-wise Central Release under National Health Mission for the FY 2021-22 to FY 2023-24

Rs. In Crore

S. No.	Name of the State/UT	2021-22	2022-23	2023-24
1	Andaman and Nicobar			
2	Andhra Pradesh			
3	Arunachal Pradesh			
4	Assam			
5	Bihar			
6	Chandigarh			
7	Chhattisgarh			
8	Dadra and Nagar Haveli and			
9	Delhi			
10	Goa			
11	Gujarat			
12	Haryana			
13	Himachal Pradesh			
14	Jammu and Kashmir			
15	Jharkhand			
16	Karnataka			
17	Kerala			
18	Ladakh			
19	Lakshadweep			
20	Madhya Pradesh			
21	Maharashtra			
22	Manipur			
23	Meghalaya			
24	Mizoram			
25	Nagaland			
26	Odisha			
27	Puducherry			
28	Punjab			
29	Rajasthan			
30	Sikkim			
31	Tamil Nadu			
32	Telangana			
33	Tripura			
34	Uttar Pradesh			
35	Uttarakhand			

36	West Bengal			
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Note: The above releases relate to Central Govt. Grants and do not include State share contribution.

STATEMENT-III

State-wise Central Release under Pradhan Mantri Ayushman Bharat

Health Infrastructure Mission since inception to FY 2023-24

Rs. In Crore

S.No.	Name of the State/UT	2021-22	2022-23	2023-24
1	Andaman and Nicobar Islands			
2	Andhra Pradesh			
3	Arunachal Pradesh			
4	Assam			
5	Bihar			
6	Chandigarh			
7	Chhattisgarh			
8	Dadra and Nagar Haveli and			
9	Delhi			
10	Goa			
11	Gujarat			
12	Haryana			
13	Himachal Pradesh			
14	Jammu and Kashmir			
15	Jharkhand			
16	Karnataka			
17	Kerala			
18	Ladakh			
19	Lakshadweep			
20	Madhya Pradesh			
21	Maharashtra			
22	Manipur			
23	Meghalaya			

24	Mizoram			
25	Nagaland			
26	Odisha			
27	Puducherry			
28	Punjab			
29	Rajasthan			
30	Sikkim			
31	Tamil Nadu			
32	Telangana			
33	Tripura			
34	Uttar Pradesh			
35	Uttarakhand			
36	West Bengal	9.95	-	30.91

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

POST RETIREMENT POSITION TO JUDGES

801 SHRI ABHISHEK BANERJEE:

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

- (a) the total number of post-retirement positions offered to judges across the country during the last ten years;
- (b) the details of these post-retirement positions, including the institutions or bodies to which they were appointed, year-wise;
- (c) the criteria and the process followed for the selection and appointment of judges to these post-retirement positions; and

(d) the measures taken/put in place to ensure transparency and accountability in the appointment process of judges to post-retirement positions?

**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 retired Judges at various levels could be appointed / engaged by the Government of India or Government of States / UTs or any other entity, contingent upon extant framework governing such appointments / engagements. Thus, such appointments take place in a decentralized manner and therefore, the information as sought is not

UPGRADATION OF AYUSH HOSPITALS

802. SHRI ROBERT BRUCE C:

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

- (a) the details of AYUSH Hospitals and Colleges in the State of Tamil Nadu, district-wise;
- (b) the amount of funds allocated, disbursed and utilised for the renovation/upgradation of facilities for the AYUSH hospitals and colleges in the State of Tamil Nadu, district-wise; and
- (c) the list of AYUSH Hospitals and Colleges proposed to be set up in the State of Tamil Nadu, district-wise?

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

- (a) As reported by State Government of Tamil Nadu, 35 Ayush Hospitals and 7 Government Colleges are present in the State of Tamil Nadu. District-wise details of AYUSH Hospitals and Colleges in the State of Tamil Nadu is given in the enclosed **Statement**.
- (b) Under the Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from the State Government of Tamil Nadu through State Annual Action Plans (SAAPs), 17 units of Ayush hospitals and 06 units of Ayush Colleges have been supported for renovation/upgradation and with regard to it grant-in-aid of Rs. 699.40 Lakhs and Rs. 590.64 Lakhs have respectively been sanctioned. Further, as reported by the State Government, they have utilised Rs. 699.40 Lakhs and Rs. 294.382 Lakhs respectively against the sanctioned amount. However, under NAM, consolidated grant-in-aid is being released to State Government and there is no provision of district-wise release of grant.
- (c) Public Health being a State subject, setting up of Ayush Hospitals and Colleges comes under the purview of the respective State Government. However, under NAM, as per the proposal received from State Government of Tamil Nadu through SAAPs, 05 units of Integrated Ayush hospitals in the districts of Theni, Tiruvannamalai, Pudukkottai, Namakkal, Chennai and one Ayush educational institution Siddha Medical College at Palani, Dindugul District have been approved for establishment.

STATEMENT-I

Indian Systems of Medicine and Homeopathy Hospital Details - Tamil Nadu		
S.No.	District	Total
1.	Chengalpattu	1
2.	Chennai	5
3.	Cuddalore	2
4.	Dharmapuri	1
5.	Dindigul	1
6.	Erode	1
7.	Kancheepuram	1
8.	Kanniyakumari	2
9.	Karur	1
10.	Madurai	1
11.	Nagapattinam	1
12.	Namakkal	1
13.	Ramanathapuram	1
14.	Salem	1
15.	Sivagangai	1
16.	Thanjavur	1

17.	Theni	2
18.	Thiruvannamalai	2
19.	Thoothukudi	1
20.	Tiruchirapalli	1
21.	Tirunelveli	2
22.	Tiruppur	1
23.	Tiruvarur	1
24.	Vellore	1
25.	Villupuram	1
26.	Virudhunagar	1
	Total	35

Government Medical Colleges-Tamil Nadu

S.No.	District	Name of the Medical college
1.	Chennai	Govt.Siddha Medical College,Chennai-106.
2.	Tirunelvel	Govt.Siddha Medical College, Palayamkottai.
3.	Kanyakumari	Govt. Ayurveda Medical College, Kottar,Nagarcoil, Kanyakumari
4.	Chennai	Govt. Unani Medical College,Chennai-106

5.	Madurai	Govt. Homeopathy Medical College, Thirumangalam, Madurai
6.	Chennai	Govt. Yoga and Naturopathy Medical College, Chennai
7.	Chengalpet	International Institute of Yoga and Naturopathy Medical Sciences, Chengalpattu

USE OF FORMALIN IN FISHERY PRODUCTS

803. SHRI DILESHWAR KAMAIT:

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

- (a) whether the Government has taken note of the reports from various parts of the country that toxic preservatives such as formalin are being used in fish and fishery products in the country;
- (b) if so, the details thereof along with the action taken/proposed to be taken by the Government to prevent the use of formalin and other toxic preservatives in fish and fishery products in this regard;
- (c) whether the use of formalin in food products can cause cancer and if so, the details thereof; and
- (d) whether the Government proposes to make available low cost detectors for use of public to determine traces of such harmful toxins in fish and other consumables 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) 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 including fish and fishery 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.

As per the Food Safety and Standards (Food Products Standards and Food Additives) Regulation, 2011, Formaldehyde is not permitted for use as an additive or preservative in food products. However, formaldehyde is naturally present in some of the fish species and therefore, FSSAI has specified maximum limit of formaldehyde in such marine products. Fish and fishery products having formaldehyde limit beyond the specified limits, are non-compliant and penal action is taken against the defaulting Food Business Operators (FBOs) as per the provisions of Food Safety and Standards Act, 2006 and its rules/regulations.

Further, in the Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011, the limits have also been specified for various

contaminants, naturally occurring toxic substances, antibiotic residues, biotoxins in fish and fish products.

FSSAI has also issued a Guidance Note on “Issue of Formalin in Fish” for Consumers, FBOs and regulatory machinery. The guidance note specifies advice for consumers, food business operators and food testing laboratories on the best practices to avoid, restrict and detect formalin adulteration in fish.

(c): The International Agency for Research on Cancer (IARC) of World Health Organization (WHO) classifies formaldehyde as "carcinogenic to humans".

(d): Under the Guidance Note “Issue of Formalin in Fish”, a rapid kit, developed by Indian Council of Agricultural Research (ICAR)- Central Institute of Fisheries Technology (ICAR-CIFT), Kochi has been suggested for screening of free formaldehyde in fish. The method for such screening is simple, rapid and consumer friendly and detects only the added formaldehyde present in fish.

PORT MODERNIZATION PROJECTS

804. SHRI KOTA SRINIVASA POOJARY:

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

- (a) whether the Government has explored possibilities to increase floating jetty projects in the State of Karnataka;
- (b) if so, the details thereof; and
- (c) the details of the current ports expansion/upgradation projects in the State of Karnataka, especially Karwar and Old Mangalore Port?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a) and (b) Yes. The Government has formulated 'Guidelines for Floating Jetties/ Platforms for Marinas, Minor Harbors, Fishing Harbours, Fish landing centers, Waterdromes and such other similar facilities in coastal areas, estuaries, waterways, rivers and reservoirs' under which 13 (thirteen) floating jetty projects have been taken up in the State of Karnataka. The details of the projects is given in the enclosed **Statement-I**.

(c) The details of the current ports expansion/upgradation projects in the State of Karnataka is given in the enclosed **Statement--II**.

STATEMENT-I

The details of the 13 (thirteen) floating jetty projects taken up in the State of Karnataka.

Sl. No.	Project	Project Cost (Rs. Cr.)
1	Floating Jetties at Ullal Kotepura, Karnataka	10.95
2	Floating Jetties at Mangalore Old Port, Karnataka	7.88
3	Construction of floating jetty at Kasaba Bengre for Tourism Purposes	4.89
4	Construction of floating jetty at Northern Sandbar	2.22

5	Construction of floating jetty at Old Port	5.23
6	Construction of floating jetty at Sandpit Bengre	1.70
7	Construction of floating jetty at Bandaru Ferry	1.78
8	Construction of floating jetty at Jappina Mogaru NH bridge	5.28
9	Construction of floating jetty at Bangra Kuluru,	3.41
10	Creation of berthing facilities at Kukur Bridge,	4.58
11	Construction of floating jetty at Jappinamogoru Old Ferry for Tourism Purposes	5.23
12	Construction of floating jetty at Sulthan Bathery	5.06
13	Creation of berthing facilities at Thannir Bhavi Church	5.23

STATEMENT-II

The details of the current ports expansion/upgradation projects in the State of Karnataka.

Sl. No.	Port	Project Name
1	Karwar	Construction of Coastal Berth of 250 mtrs length at Karwar Port
2		Extension of existing Southern breakwater by 145m and construction

		of new North breakwater of 1160 mtrs. at Karwar Port
3		Installation of Firefighting Equipment at Karwar Port
4	Old Mangalore	Construction of coastal berth at Old Mangalore Port
5		Construction of dedicated jetty from Old Mangalore Port to Lakshadweep
6	New Mangalore Port Authority	Construction of additional deep draft berth (Berth No.17) adjacent to existing Berth No.8
7		Refurbishment of Berth No.9
8		Mechanization of Berth No.14 for handling Containers and other cargo on DBFOT basis - Phase II

IMPROVEMENT OF HEALTH STATUS

805. SHRI S. JAGATHRATCHAKAN:

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

(a) whether the Government has taken necessary steps to provide grant-in-aid to Government/Non-Government Organizations for the roll out of only proven AYUSH interventions for improving health status of the population through

AYUSH interventions, like distribution of medicines, organizing health awareness camps etc.;

(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). Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments since 2014-15 and supporting their efforts for providing proven AYUSH interventions to improve the health status of the community in the country by providing grant-in-aid to them under different activities like distribution of medicines, infrastructural development of Ayush health facilities, organizing health awareness camps etc. as per the proposals received in their State Annual Action Plans (SAAPs). As per the proposals received from State/UT Governments through SAAPs total grant-in-aid of **Rs. 453428.45 lakhs** has been released from 2014-15 to 2023-24 to the States/UTs for implementation different activities as approved in the SAAPs. The State/UT-wise status of released grant-in-aid is furnished at the enclosed **Statement**.

STATEMENT

State/UT wise status of releases from 2014-15 to 2023-24 under Centrally Sponsored Scheme of National AYUSH Mission (NAM)

(Rs. In Lakh)

S.No.	Name of States/UTs	Total Releases
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

S.No.	Name of States/UTs	Total Releases
21	Manipur	8227.99
22	Mizoram	4833.38
23	Meghalaya	5776.16
24	Nagaland	7898.27
25	Odisha	8710.18
26	Puducherry	2367.08
27	Punjab	5201.82
28	Rajasthan	26782.82
29	Sikkim	3897.82
30	Tamil Nadu	21206.83
31	Telangana	9789.23
32	Tripura	4915.42
33	Uttar Pradesh	90103.74
34	Uttarakhand	14964.02
35	West Bengal	16292.30
36	Ladakh	307.04
	TOTAL	453428.45

VALORISATION OF DREDGED SEDIMENTS

806. SHRIMATI SMITA UDAY WAGH:

SHRI MANOJ TIWARI:

SHRI KHAGEN MURMU:

SHRI JANARDAN MISHRA:

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

- (a) the primary objective of “Valorisation of Dredged Sediments” research proposal and the manner it is likely to transform dredged sediments, typically seen as waste into a valuable resource;
- (b) the estimated cost of the sanctioned project and the role of academic institutions in fostering innovation and research in the maritime sector; and
- (c) the manner in which academic involvement in the maritime sector contribute to sustainable practices in dredging and sediment management?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

- (a) The main objective of the proposal is to create value of the dredged sediment by making it useful for different fields of construction by converting the sediment into aggregates. This will be helpful in transforming dredged sediments into a construction material that can be utilized.
- (b) and (c) The estimated cost of the sanctioned project is Rs. 46,47,380/-. The role of academic institution viz. IIT Bombay is to develop a pilot scale setup for creating aggregates/man-made soils and show its efficacy by their physical, chemical and geomechanical characterization. The involvement of academic institutions in creating advanced technologies that can transform the waste

material to useful construction material would largely improve the viability of dredging operation at Major Ports.

INVESTIGATION BY NPPA

807. SHRI DURAI VAIKO:

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

(a) whether the National Pharmaceutical Pricing Authority (NPPA) had investigated the claims of the drug manufacturers that the production of certain essential drugs has become “unviable”, before allowing the price rise of essential drugs in October 2024; and

(b) 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): Yes Sir. The claims of drug manufacturers were scrutinized by an Inter-Ministerial Committee (IMC) comprising of representatives from Central Drugs Standard Control Organisation (CDSCO), Director General of Health Services (DGHS) and National Pharmaceutical Pricing Authority (NPPA) , keeping in view parameters like essentiality of these medicines; period since when they have been under price control; trend of API prices over the last three years; concerns regarding possible shortages, if any; and request(s) received for discontinuation of essential medicines from the manufacturing companies. Based on the detailed scrutiny, increase in the price of only 11 formulations of 8 drugs

was approved as against the request received for 77 formulations for such increase.

INCREASE IN UG MEDICAL SEATS**808. SHRI SELVARAJ V. :**

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

- (a)** whether it is a fact that the Government has plan to increase the number of under graduate medical seats by 3000 for the academic year 2024-25;
- (b)** if so, the details thereof; and
- (c)** the details of break-up of the seats proposed to be increased medical college-wise?

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

(a) to (c): The Government has increased the number of MBBS seats from 1,08,940 in 2023-24 to 1,18,137 as of now. The State UT - wise break-up of the UG seats for the year 2023-24 and 2024-25 is given in the enclosed **Statement**.

STATEMENT

State UT - wise break-up of the UG seats for the year 2023-24 and 2024-25

S. No.	Name of the State/UT	Number of UG seats in Medical college in the AY 2023-24	Number of UG seats in Medical college in the AY 2024-25
1	Andaman and Nicobar Island	114	114
2	Andhra Pradesh	6485	6785
3	Arunachal Pradesh	50	100
4	Assam	1550	1650
5	Bihar	2765	2995
6	Chandigarh	150	150
7	Chhattisgarh	2005	2455
8	Dadra and Nagar Haveli	177	177
9	Delhi	1497	1497
10	Goa	180	200
11	Gujarat	7150	7250
12	Haryana	2185	2185
13	Himachal Pradesh	920	920
14	Jammu and Kashmir	1339	1339

15	Jharkhand	980	1055
16	Karnataka	11745	ba15
17	Kerala	4655	4905
18	Madhya Pradesh	4800	5200
19	Maharashtra	10845	11845
20	Manipur	525	525
21	Meghalaya	50	200
22	Mizoram	100	100
23	Nagaland	100	100
24	Odisha	2525	2725
25	Puducherry	1830	1830
26	Punjab	1800	1850
27	Rajasthan	5575	6475
28	Sikkim	150	150
29	Tamil Nadu	11650	12050
30	Telangana	8490	9040
31	Tripura	225	425
32	Uttar Pradesh	9903	12425
33	Uttarakhand	1150	1400
34	West Bengal	5275	5475

PM JAN AUSHADHI KENDRAS**809. SHRI B. Y. RAGHAVENDRA:**

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

- (a) the number of PM Jan Aushadhi Kendras currently operational across the country including Karnataka particularly Shimoga Lok Sabha constituency;
- (b) the current status of applications pending for establishing additional Jan Aushadhi Kendras across the country including the said region;
- (c) whether there are any immediate plans for expanding the network of PM Jan Aushadhi Kendras across the country;
- (d) the measures taken/proposed to be taken by the Government to ensure adequate supply and availability of essential medicines at existing Jan Aushadhi Kendras in Karnataka particularly in the Shimoga Lok Sabha constituency; and
- (e) the strategy being implemented to expand the network of Jan Aushadhi Kendras in the country?

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

- (a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), a total of 14131 Jan Aushadhi Kendras (JAKs) have been opened till 31.10.2024 across the country, of which 1339 JAKs opened in the State of Karnataka including 40 JAKs opened in Shimoga Lok Sabha Constituency.

(b): Presently, 990 applications are under process at different levels for opening JAKs across the country, of which one application is under process pertaining to Shimoga Lok Sabha Constituency in the state of Karnataka.

(c): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), the Government has fixed a target to open 25,000 JAKs across the country by 31st March 2027.

(d): To ensure the supply and adequate availability of medicines at *Janaushadhi Kendras*, the Pharmaceutical and Medical Devices Bureau of India (PMBI), the Implementing Agency of the Scheme has set up a network of five warehouses at Gurugram, Chennai, Guwahati, Bengaluru and Surat. Out of which, Bengaluru warehouse supplies medicines to JAKs in Karnataka including Shimoga. These are backed by SAP-based inventory management system for demand forecasting. Marketing and procurement team of PMBI also monitors the inventory levels and availability of medicines at JAKs. A Point of Sales (PoS) application for all Kendra owners provides them easy access to procure medicines.

Further, PMBI has a strong distributor network of 36 distributors spread across the country. PMBI is doing direct supply of medicines to JAKs in Karnataka through 3 distributors situated at Bengaluru, Mysuru, and Hubli.

(e): Applications have been invited from all the districts of the country for opening of JAKs by applying online through PMBI's website i.e. www.janaushadhi.gov.in.

TRAFFICKING OF SOFTWARE ENGINEERS TO OVERSEAS COUNTRIES

810. SHRI SHAFI PARAMBIL:

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

(a) whether the Government is aware of the trafficking of software engineers to overseas countries where they are forced to engage in cyber crime and other fraudulent activities;

(b) if so, the details thereof;

(c) the initiatives taken/proposed to be taken by the Government to save these professionals from bonded labour and trafficking; and

(d) the details of the role of embassies in the process of supporting these professionals?

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) It has come to the notice of the Government instances of dubious firms involved in fake recruitment job offers have lured Indian nationals including software engineers mostly through social media channels to foreign countries particularly to South-East Asian countries and made them to carry out cyber crime and other fraudulent activities from scam centres operating in these countries. The exact number of Indian nationals stuck in these countries is not known as Indian nationals reach these scam centres on their own volition through fraudulent/unscrupulous recruitment agents/agencies and through illegal channels. The Ministry of Home Affairs has set up the 'Indian Cybercrime Coordination Centre' (I4C) as an attached office to deal with all types of cyber crime in a coordinated and comprehensive manner.

(c) and (d) Government accords utmost priority to the safety, security and well-being of Indian nationals abroad. Government of India has raised this issue at political level with the host Government from time to time. Missions/Posts take up the issue of rescue and repatriation of Indian nationals actively with the local Ministry of Foreign Affairs and other concerned Government agencies of the host country like Immigration, Labour Department, Home Affairs, Defence and Border Affairs and law enforcement agencies. With the concerted efforts of our Embassies in Cambodia, Lao PDR and Myanmar, the number of Indian nationals including software engineers rescued till date is mentioned in the table below:

Country	No. of Indian National rescued
Cambodia	1091
Lao PDR	770
Myanmar	497

The Government has established various channels to enable Indian nationals abroad to reach out to the Mission/Post in case they need any assistance. They can contact the Missions/Posts through walk-in interview, email, multilingual 24x7 emergency numbers, grievance redressal portal like MADAD, CPGAMS, and eMigrate, and social media etc.

Ministry issues advisories and social media posts about the fake job rackets from time to time. Similar communications are also issued by the respective Indian Missions/Posts abroad through their official websites, social media handles and print media. Our Missions in South-East Asian countries issued detailed

advisories to alert prospective job seekers, and advise them to verify all antecedents of recruiting agents and companies before accepting any kind of employment offer and not be enticed and entrapped in the fraudulent job offers in these countries.

Ministry, in coordination with the Indian Missions/Posts abroad and offices of Protectors of Emigrants in India, take prompt action whenever instances of exploitation of job seekers by illegal agents come to notice. A list of 3,094 unregistered agents (till October 2024) has been notified on e-Migrate portal. This information is regularly updated based on the complaints filed by the aggrieved individuals and based on the inputs received from our Missions/Posts abroad. The complaint against the illegal agents and the dubious firms luring Indian youth in false recruitment offers through various channels are regularly shared with the respective State Governments and other agencies such as I4C, MHA for suitable action. To spread awareness on cyber crime, the Government has taken steps which inter-alia include, dissemination of relevant information through SMS, I4C social media account, radio campaigns, engaged MyGov for publicity in multiple channels, organizing cyber safety and security awareness weeks in association with States/UTs, newspaper advertisement on digital arrest scams, announcements in Delhi Metros on digital arrest and other modus operandi of cyber crimes.

CANCELLATION OF THE SDS VISA SCHEME BY CANADA

811. SHRI HIBI EDEN :

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

(a) the details of the impact, including issues and difficulties likely to be faced by Indian students, in view of the cancellation of the SDS Visa Scheme by Canada for Indian students;

(b) whether the Government has made any plans to remedy the issues that will be faced by the Indian students seeking to study in Canada due to the withdrawal and cancellation of the said visa scheme by Canada; and

(c) if so, the details thereof?

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

(a) to (c) As per the Student Direct Stream (SDS) program, which was launched in 2018, the Canadian Government allowed eligible international students to “fast-track” their study permit application process. However, the fast-tracking process involved meeting specific requirements like paying one year’s tuition fee in advance, providing a mandatory Guaranteed Investment Certificate (GIC) worth \$20,635 as proof of funds and meeting language proficiency levels.

On 8th November 2024, the Canadian Government ended the SDS program. The Canadian Government conveyed that its objective in doing away with the SDS program is in line with its efforts to strengthen the program’s integrity, address student vulnerability, and give all students equal and fair access to the application process, as well as a positive academic experience. Following the cancellation of the SDS Scheme, all international students would now have to apply for “regular study permits” for studying in Canada. Under the regular route, students are no

longer required to pay full one-year tuition fee upfront, but only for six months and demonstrate that they have sufficient funds to cover their living expenses. This makes the admission process more affordable for students, particularly those who were previously unable to meet the more costly SDS requirements.

Currently, there are approximately 427,000 Indian students in Canadian colleges and universities. All issues facing Indian students in Canada are regularly discussed and raised with Canadian authorities. Government of India places high emphasis on the well-being of Indian students pursuing education in Canada.

SEATS FOR NEET UG/PG

812. SHRI PRADEEP PUROHIT:

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

- (a) the total number of seats for NEET UG/PG in Government and Private medical colleges;
- (b) whether any fixed fee structure applies in these colleges and if so, the details thereof;
- (c) whether the Government plans to introduce a uniform fee cap for NEET seats in private colleges and if so, the details thereof;
- (d) whether any relaxation in Foreign Medical Graduate Examination (FMGE) has been granted for foreign medical students affected by COVID-19 and if so, the details thereof;
- (e) whether any alternative options have been provided for foreign medical students who are unable to complete internships or exams due to COVID-19 disruptions and if so, the details thereof;

(f) whether other institutions in India offer PG fellowship programmes for foreign and Indian medical graduates and if so, the details thereof along with the criteria for admission thereto, State/UT-wise; and

(g) whether a six-month PG fellowship from a foreign institution is valid in India and if so, the details thereof along with the guidelines for its recognition?

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 informed by the National Medical Commission (NMC), there are total number of 1,18,137 undergraduate medical seats, which include 60,422 seats in government medical colleges and 57,715 seats in private medical colleges.

Further, there are 73,157 postgraduate seats available across various specialties.

(b) and (c) Fee structures differ from State to State vis-a-vis Government / Private Medical Colleges as per the guidelines issued by concerned State Fee Regulatory Authorities.

(d) and (e) The Foreign Medical Graduate Examination (FMGE) is a licensure exam that Indian citizens and Overseas Citizens of India (OCI) must pass to practice medicine in India after earning a medical degree from a foreign institution. Further, the NMC vide public notices dated 09.05.2023, 07.12.2023, 07.06.2024 and 19.6.2024 has granted relaxations (including period of internship) and issued clarifications resolving the issues of FMGs reported to NMC due to Covid-19 pandemic/Ukraine-Russia war.

(f) and (g) National Board of Examination in Medical Sciences (NBEMS) offers various post graduate medical fellowship programmes for foreign and Indian medical graduates. Details of courses and criteria for admission thereto are published by NBEMS in information bulletin.

पोषण मिशन

813. श्री नारायण तातू राणे:

श्री राम शिरोमणि वर्मा:

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

(क) क्या सरकार ने पोषण मिशन के कार्य/प्रभाव का राज्य/संघ राज्य क्षेत्रवार विस्तृत मूल्यांकन किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और वर्तमान स्थिति क्या है:

(ख) महाराष्ट्र सहित देश के विभिन्न राज्यों में पोषण मिशन के अंतर्गत निर्धारित पांच उद्देश्यों के संबंध में उपलब्धियों का ब्यौरा क्या है।

(ग) महाराष्ट्र में पोषण मिशन की अवधि के दौरान शिशुओं, बच्चों, किशोरों और महिलाओं में बौनापन, कुपोषण, एनीमिया और जन्म के समय कम वजन के बच्चों का जिलावार ब्यौरा क्या है;

(घ) गत तीन वर्षों के दौरान उक्त प्रयोजन के लिए केंद्र और राज्य सरकारों द्वारा जारी और उपयोग की गई धनराशि का ब्यौरा क्या है।

(ङ) महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्रवार उक्त योजना के लाभार्थियों की संख्या कितनी है; और

(च) उत्तर प्रदेश में कुपोषण की समस्या से निपटने के लिए क्या उपाय किए गए/प्रस्तावित हैं?

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

(क) से (ग): वर्ष 2021 में विश्व बैंक ने उच्च रक्ताल्पता और ठिगनेपन की दर वाले 11 प्राथमिकता वाले राज्यों (आंध्र प्रदेश, बिहार, छत्तीसगढ़, गुजरात, झारखंड, कर्नाटक, मध्य प्रदेश, महाराष्ट्र, राजस्थान, तमिलनाडु और उत्तर प्रदेश) में एक सर्वेक्षण किया है जहाँ एनीमिया और बौनेपन की दर

सबसे अधिक है। इस सर्वेक्षण का उद्देश्य पोषण सेवा प्रदायगी के कार्यक्रम का आकलन करना था कि क्या लाभार्थियों की पोषण संबंधी जानकारी में सुधार हुआ है और क्या उन्होंने अधिक उपयुक्त पोषण एवं भोजन पद्धतियों को अपनाया है।

निष्कर्षों से पता चला है कि पोषण अभियान के माध्यम से प्रदान की गई सेवाएं - प्रासंगिक संदेशों की प्राप्ति, आंगनवाड़ी कार्यकर्त्री द्वारा घर-घर जाकर काम करना और समुदाय आधारित कार्यक्रमों में भाग लेना - बेहतर पोषण व्यवहार से जुड़ी हुई थीं। सर्वेक्षण में यह भी पाया गया कि कार्यक्रम के पोषण संदेश 80% से अधिक महिलाओं तक पहुंचे और 81% महिलाओं ने पहले छह महीनों तक केवल स्तनपान कराया।

पोषण अभियान की शुरुआत मार्च, 2018 में की गई थी। 15वें वित्त आयोग के तहत बेहतर पोषण सामग्री और वितरण के माध्यम से कुपोषण की चुनौती का समाधान करने के लिए आंगनवाड़ी सेवाओं, पोषण अभियान और किशोरियों (आकांक्षी जिलों एवं पूर्वोत्तर क्षेत्र में 14-18 वर्ष) के लिए योजना को मिशन सक्षम आंगनवाड़ी तथा पोषण 2.0 (मिशन पोषण 2.0) के अंतर्गत शामिल किया गया है। मिशन पोषण 2.0 के उद्देश्य इस प्रकार हैं:

- देश के मानव पूंजी विकास में योगदान करना;
- कुपोषण की चुनौतियों का समाधान करना;
- स्थायी स्वास्थ्य और खुशहाली के लिए पोषण जागरूकता और अच्छी खान-पान की आदतों को बढ़ावा देना;
- प्रमुख कार्यनीतियों के माध्यम से पोषण संबंधी कमियों को दूर करना।

आंगनवाड़ी केंद्रों पर पोषण वितरण सहायता प्रणालियों को सुदृढ़ बनाने और उसमें पारदर्शिता लाने के लिए आईटी प्रणालियों का लाभ उठाया गया है। 1 मार्च, 2021 को एक महत्वपूर्ण शासन उपकरण के रूप में 'पोषण ट्रैकर' एप्लिकेशन शुरू किया गया था। पोषण ट्रैकर परिभाषित संकेतकों पर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निगरानी और ट्रैकिंग की सुविधा प्रदान

करता है। पोषण ट्रैकर के तहत प्रौद्योगिकी का लाभ बच्चों में ठिगनेपन, कमजोरी, अल्प वजन की व्यापकता की सक्रिय पहचान के लिए उठाया जा रहा है।

स्वास्थ्य एवं 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	अल्पवजनी बच्चे %	कमजोर बच्चे%	ठिगने बच्चे %
एनएफएचएस -1 (1992-93)*	53.4	17.5	52
एनएफएचएस -2 (1998-99)**	47	15.5	45.5
एनएफएचएस -3 (2005-6)***	42.5	19.8	48.0
एनएफएचएस -4 (2015-16)***	35.8	21.0	38.4
एनएफएचएस -5 (2019-21)***	32.1	19.3	35.5

* 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।

मिशन पोषण 2.0 के तहत महाराष्ट्र सहित देश में कुपोषित बच्चों का राज्य-वार व्यौरा संलग्न **विवरण-I** में दिया गया है। महाराष्ट्र में कुपोषित बच्चों का जिला-वार व्यौरा संलग्न **विवरण -II** में दिया गया है।

बच्चों, किशोरियों और महिलाओं (15-49 वर्ष) में रक्ताल्पता (एनीमिया) और शिशुओं के अल्प वजन का विवरण राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के तहत जारी किया जाता है जो स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा आयोजित किया जाता है। राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण 5 (2019-21) के अनुसार, महाराष्ट्र राज्य में 6-59 महीने के बच्चों में रक्ताल्पता (एनीमिया) की व्याप्तता 68.9 प्रतिशत है, 15-19 वर्ष की आयु की सभी महिलाओं में 57.2 प्रतिशत है और 15-49 वर्ष की आयु की सभी महिलाओं में 54.2 प्रतिशत है। महाराष्ट्र में रक्ताल्पता (एनीमिया) का जिला-वार प्रसार का व्यौरा संलग्न **विवरण-III** में दिया गया है जबकि, महाराष्ट्र में अल्प वजन (2.5 किलोग्राम से कम प्रतिशत) का प्रसार 20.0% है।

(घ): मिशन पोषण 2.0 के तहत पिछले तीन वर्षों (वित्त वर्ष 2021-22, 2022-23 और 2023-24) के दौरान जारी और उपयोग की गई निधि का राज्य/संघ राज्य क्षेत्र-वार व्यौरा संलग्न **विवरण -IV** में दिया गया है।

(ड.): मिशन पोषण 2.0 के तहत महाराष्ट्र राज्य सहित राज्य/संघ राज्य क्षेत्र-वार लाभार्थियों की संख्या का व्यौरा संलग्न **विवरण-V** में दिया गया है।

(च): मिशन पोषण 2.0 एक स्व-चयनित (प्रवेश बाधा रहित) योजना है जो आंगनवाड़ी केंद्रों (एडब्ल्यूसी) में नामांकन करने वाले सभी पात्र लाभार्थियों के लिए उपलब्ध है और इसे उत्तर प्रदेश सहित सभी राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित किया जा रहा है। यह एक केंद्र प्रायोजित योजना है। इसकी कार्यान्वयन की जिम्मेदारी राज्यों/संघ राज्य क्षेत्रों की है।

मिशन पोषण 2.0 के तहत सामुदायिक जुटाव, आउटरीच, व्यवहार परिवर्तन और पक्ष समर्थन जैसे कार्यकलापों के माध्यम से कुपोषण में कमी और बेहतर स्वास्थ्य, कल्याण और प्रतिरक्षा के लिए एक नई कार्यनीति बनाई गई है। इस योजना में कुपोषण, ठिगनापन, एनीमिया और अल्प वजन की व्यापकता को कम करने के लिए मातृ पोषण, शिशु और छोटे बच्चों के आहार मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएम) के उपचार और आयुष पद्धतियों के माध्यम से स्वास्थ्य पर ध्यान केंद्रित किया जाता है।

इस योजना के तहत बच्चों (6 महीने से 6 साल), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को जीवन चक्र दृष्टिकोण अपनाकर कुपोषण के पीढ़ियों से आ रहे चक्र को खत्म करने के लिए पूरक पोषण प्रदान किया जाता है। पूरक पोषण राष्ट्रीय खाद्य सुरक्षा अधिनियम की अनुसूची-II में निहित पोषण मानदंडों के अनुसार प्रदान किया जाता है। इन मानदंडों को पिछले साल संशोधित और उन्नत किया गया है। पुराने मानदंड काफी हद तक कैलोरी-विशिष्ट थे; तथापि, संशोधित मानदंड आहार विविधता के सिद्धांतों के आधार पर पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं जिसमें गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्व का प्रावधान है।

सूक्ष्म पोषक तत्वों की आवश्यकता को पूरा करने तथा महिलाओं और बच्चों में रक्ताल्पता (एनीमिया) को नियंत्रित 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 तथा टेक होम राशन तैयार करने के लिए मिलेट (श्री अन्न) के उपयोग पर अधिक जोर दिया जा रहा है।

महिला एवं बाल विकास तथा स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने बच्चों में गंभीर कुपोषण की रोकथाम तथा उपचार करने तथा इससे संबंधित रुग्णता और मृत्यु दर को कम करने के लिए सामुदायिक कुपोषण प्रबंधन (सीएमएएम) के लिए संयुक्त रूप से प्रोटोकॉल जारी किया है।

मिशन पोषण 2.0 के तहत किए जाने वाले प्रमुख कार्यकलापों में सामुदायिक जुटाव और जागरूकता पक्ष समर्थन शामिल है जो लोगों को पोषण संबंधी पहलुओं पर शिक्षित करने के लिए जन आंदोलन की ओर ले जाती है। राज्य और संघ राज्य क्षेत्र क्रमशः सितंबर और मार्च-अप्रैल के महीनों में मनाए जाने वाले पोषण माह और पोषण पखवाड़ा के दौरान सामुदायिक जुटाव कार्यक्रमों के तहत नियमित रूप से जागरूकता कार्यकलापों का आयोजन और रिपोर्टिंग कर रहे हैं। समुदाय आधारित कार्यक्रम (सीबीई) ने पोषण संबंधी पद्धतियों को बदलने में एक महत्वपूर्ण कार्यनीति के रूप में काम किया है और सभी आंगनवाड़ी कार्यकर्त्रियों को हर महीने सामुदायिक आधारित दो कार्यक्रम आयोजित करने की आवश्यकता है।

कुपोषण की समस्या से निपटने के लिए स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा उठाए गए उपाय का व्यौरा संलग्न विवरण-VI में दिया गया है।

विवरण-I

महाराष्ट्र सहित देश में कुपोषित बच्चों (0-5 वर्ष) का राज्य-वार व्यौरा इस प्रकार है:*

राज्य	ठिगने बच्चे %	कमजोर बच्चे %	अल्पवजनी बच्चे%
आंध्र प्रदेश	22.6	5.3	10.8
अरुणाचल प्रदेश	32.8	4.2	9.6
असम	42.4	3.8	16.4

राज्य	ठिगने बच्चे %	कमजोर बच्चे %	अल्पवजनी बच्चे%
बिहार	43.8	9.2	22.9
छत्तीसगढ	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
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

राज्य	ठिगने बच्चे %	कमजोर बच्चे %	अल्पवजनी बच्चे%
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
पुद्दुचेरी	40.2	6.8	13
यूटी-चंडीगढ़	26.3	1.8	11.9

* आंकड़ा पोषण ट्रैकर से अक्टूबर 2024 माह के लिए है

विवरण-II

महाराष्ट्र में कुपोषित बच्चों (0-5 वर्ष) का जिला-वार ब्यौरा इस प्रकार है*:

क्र.सं.	जिला	ठिगने बच्चे %	कमजोर बच्चे %	अल्प वजनी बच्चे %
1	अहमदनगर	49.45	3.07	13.73

2	अकोला	49.96	5.11	13.03
3	अमरावती	50.30	4.26	20.38
4	बीड	53.57	4.64	15.85
5	भंडारा	37.88	4.89	13.19
6	बुलढाणा	42.59	2.50	14.49
7	चंद्रपुर	51.08	4.07	18.30
8	छत्रपति संभाजीनगर	51.31	3.78	17.68
9	धाराशिव	39.19	3.70	12.51
10	धुले	56.06	6.18	26.00
11	गडचिरोली	54.17	5.44	27.64
12	गोंदिया	49.65	5.21	16.98
13	हिंगोली	53.08	6.26	19.12
14	जलगांव	48.89	3.21	17.20
15	जलना	56.07	3.07	18.70
16	कोल्हापुर	22.20	1.79	6.12
17	लातूर	40.22	2.85	11.37
18	मुंबई शहर	39.73	9.05	15.31
19	मुंबई उपनगर	40.29	8.24	16.36
20	नागपुर	42.54	5.11	13.09
21	नांदेड	49.49	4.18	14.37
22	नंदुरबार	74.49	7.72	45.68
23	नासिक	55.19	3.80	22.05

24	पालघर	67.63	3.06	29.49
25	परभनी	57.80	4.87	16.77
26	पुणे	39.74	2.98	10.81
27	रायगढ़	41.83	2.04	11.81
28	रत्नागिरि	45.96	2.20	13.41
29	सांगली	30.39	3.61	7.82
30	सतारा	42.17	2.32	9.00
31	सिंधुदुर्ग	44.94	3.03	16.16
32	सोलापुर	45.03	3.27	11.35
33	थाइन	47.91	5.50	18.71
34	वर्धा	53.62	2.34	15.29
35	वाशिम	32.26	0.32	2.47
36	यवतमाल	54.76	3.85	16.32

*डेटा पोषण ट्रैकर से अक्टूबर 2024 महीने के लिए है

विवरण-III

महाराष्ट्र में एनीमिया की जिला-वार व्यापकता (स्रोत: एनएफएचएस-5, 2019-21) इस प्रकार है:

जिले का नाम	बच्चे (6-59 महीने) जो एनीमिया से पीड़ित हैं	सभी महिलाएं (15-19 वर्ष) जो एनीमिया से पीड़ित हैं	सभी महिलाएं (15-49 वर्ष) जो एनीमिया से पीड़ित हैं
अहमदनगर	64.5	45	50.3
अकोला	77.5	60.3	52.6
अमरावती	74.4	64.8	53.4
औरंगाबाद	64.5	47.4	52.4
भंडारा	72.8	66.1	65.3
बोली	61	48	50.8
बुलढाना	79.4	66.8	57.8
चंद्रपुर	76.6	61.7	55.5

धुले	72.2	59.8	61.2
गडचिरोली	76.6	67.3	66.2
गोंदिया	78	65.2	60.4
हिंगोली	72.5	60.5	51.3
जलगांव	85.2	69.4	65.2
जालना	68.3	54.6	58.2
कोल्हापुर	66.4	42.8	50.1
लातूर	59.5	56.5	50.7
मुंबई	72.8	54.7	45.9
मुंबई उपनगर	65.6	67.2	50
नागपुर	70.5	57.9	53.6
नांदेड	76.1	63.1	57.3
नंदुरबार	79.3	69.2	64.2
नासिक	67.3	56.2	56.2
उस्मानाबाद	67.4	50.9	49.1
पालघर	70.3	52.1	56.9
परभनी	75.4	60.2	58.8
पुणे	58.7	58.6	51.9
रायगढ़	67	61.1	54.2
रत्नागिरि	69.4	33.7	43.4
सांगली	62.7	42.5	47.5
सतारा	68.9	48.7	49.6
सिंधुदुर्ग	55.6	36	41.2
सोलापुर	70.9	60.2	54.5
थाने	67.9	58.5	58.8
वर्धा	71.4	63.5	60
वाशिम	70.4	53.9	56.4
यवतमाल	75.2	64.1	58.4

विवरण-IV

मिशन पोषण 2.0 के अंतर्गत पिछले तीन वर्षों (वित्त वर्ष 2021-22, 2022-23 और 2023-24) के दौरान जारी और उपयोग की गई धनराशि का राज्य/संघ राज्य क्षेत्रवार विवरण निम्नानुसार है:

क्र.सं.	राज्य का नाम	राशि करोड़ रुपये में					
		2021-22		2022-23		2023-24	
		जारी निधि	उपयोग की गई निधि	जारी निधि	उपयोग की गई निधि	जारी निधि	उपयोग की गई निधि
1	अंडमान व नोकोबार 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 और 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	हरयाणा	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
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	नगालैंड	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

विवरण-V

मिशन पोषण 2.0 के अंतर्गत महाराष्ट्र सहित राज्य/संघ राज्य क्षेत्र-वार लाभार्थियों की संख्या

इस प्रकार है*:

क्र. सं.	राज्य का नाम	बच्चे (0 - 6 वर्ष)	गर्भवती महिलाएं	स्तनपान कराने वाली माताएं	किशोरियां **	कुल लाभार्थी
1	अंडमान और निकोबार द्वीप समूह	10,541	681	613		11,835
2	आंध्र प्रदेश	26,78,801	2,23,877	2,07,140	54,320	31,64,138
3	अरुणाचल प्रदेश	82,638	2,293	1,719	15,932	1,02,582
4	असम	28,19,237	1,55,137	81,154	3,81,190	34,36,718

क्र. सं.	राज्य का नाम	बच्चे (0 - 6 वर्ष)	गर्भवती महिलाएं	स्तनपान कराने वाली माताएं	किशोरियां **	कुल लाभार्थी
5	बिहार	94,67,35 8	5,87,0 49	3,36,600	1,91,919	1,05,82,9 26
6	छत्तीसगढ़	22,49,22 1	1,72,0 92	1,10,436	1,10,948	26,42,69 7
7	दादरा और नगर हवेली - दमन और दीव	32,883	3,286	2,042		38,211
8	दिल्ली	5,53,581	62,358	57,447		6,73,386
9	गोवा	49,937	3,491	3,766		57,194
10	गुजरात	30,85,21 4	2,09,9 39	1,75,508	66,550	35,37,21 1
11	हरियाणा	17,25,65 9	1,10,8 68	90,655	14,579	19,41,76 1

क्र. सं.	राज्य का नाम	बच्चे (0 - 6 वर्ष)	गर्भवती महिलाएं	स्तनपान कराने वाली माताएं	किशोरियां **	कुल लाभार्थी
12	हिमाचल प्रदेश	4,88,519	34,267	32,700	16,740	5,72,226
13	जम्मू एवं कश्मीर	7,40,837	38,036	39,348	22,333	8,40,554
14	झारखंड	28,48,26 3	1,55,9 22	90,619	2,64,371	33,59,17 5
15	कर्नाटक	37,66,61 4	3,10,8 77	2,21,252	65,041	43,63,78 4
16	केरल	18,79,31 3	1,09,0 88	96,811	18,380	21,03,59 2
17	लद्दाख	16,779	690	821		18,290
18	लक्षद्वीप	3,798	376	424		4,598

क्र. सं.	राज्य का नाम	बच्चे (0 - 6 वर्ष)	गर्भवती महिलाएं	स्तनपान कराने वाली माताएं	किशोरियां **	कुल लाभार्थी
19	मध्य प्रदेश	65,70,86 3	4,32,3 53	3,16,315	1,52,296	74,71,82 7
20	महाराष्ट्र	60,25,96 9	2,86,2 49	2,53,865	1,09,307	66,75,39 0
21	मणिपुर	2,71,523	10,763	7,886	45,477	3,35,649
22	मेघालय	3,56,108	7,803	6,544	43,241	4,13,696
23	मिजोरम	1,06,568	5,544	3,490	19,250	1,34,852
24	नागालैंड	1,04,899	1,134	1,224	25,529	1,32,786
25	ओडिशा	34,53,56 8	2,79,7 60	1,94,658	2,64,220	41,92,20 6
26	पुद्दुचेरी	29,960	2,955	2,928		35,843

क्र. सं.	राज्य का नाम	बच्चे (0 - 6 वर्ष)	गर्भवती महिलाएं	स्तनपान कराने वाली माताएं	किशोरियां **	कुल लाभार्थी
27	पंजाब	14,39,33 4	90,773	86,037	34,048	16,50,19 2
28	राजस्थान	37,08,07 9	3,09,1 96	2,34,130	41,786	42,93,19 1
29	सिक्किम	30,076	1,298	1,197	8,098	40,669
30	तमिलनाडु	35,86,06 9	2,62,3 79	2,28,994	43,943	41,21,38 5
31	तेलंगाना	17,47,32 9	98,402	61,646	26,335	19,33,71 2
32	त्रिपुरा	2,95,265	15,335	8,489	34,786	3,53,875
33	यूटी-चंडीगढ़	36,917	3,182	2,810		42,909

क्र. सं.	राज्य का नाम	बच्चे (0 - 6 वर्ष)	गर्भवती महिलाएं	स्तनपान कराने वाली माताएं	किशोरियां **	कुल लाभार्थी
34	उत्तर प्रदेश	1,96,45,358	15,52,687	10,35,505	2,04,097	2,24,37,647
35	उत्तराखंड	6,53,941	61,387	49,761	72,836	8,37,925
36	पश्चिम बंगाल	77,25,991	5,26,502	3,74,306		86,26,799
	कुल	8,82,87,010	61,28,029	44,18,840	23,47,552	10,11,81,431

* पोषण ट्रैकर से अक्टूबर 2024 तक के आंकड़े उपलब्ध हैं

** किशोरियां केवल आकांक्षी जिलों और पूर्वोत्तर क्षेत्र की हैं

विवरण-VI

स्वास्थ्य एवं परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच+एन) कार्यनीति क्रियान्वित कर रहा है। इसमें उत्तर प्रदेश सहित पूरे देश में कुपोषण को दूर करने के कार्यकलाप शामिल हैं। शामिल कार्यकलाप नीचे दिए गए हैं:

- **एनीमिया मुक्त भारत (एएमबी)** यह कार्यनीति को छह लाभार्थी आयु समूहों - बच्चों (6-59 महीने), बच्चों (5-9 वर्ष), किशोरों (10-19 वर्ष), गर्भवती और स्तनपान कराने वाली महिलाओं और जीवन

चक्र दृष्टिकोण में प्रजनन आयु समूह (15-49 वर्ष) की महिलाओं में एनीमिया को कम करने के लिए सुदृढ़ संस्थागत तंत्र के माध्यम से छह कार्यकलापों के कार्यान्वयन के माध्यम से कार्यान्वित किया गया है।

- **सार्वजनिक स्वास्थ्य सुविधाओं में पोषण पुनर्वास केंद्र (एनआरसी)** स्थापित किए जाते हैं ताकि चिकित्सा जटिलताओं वाले गंभीर तीव्र कुपोषण (एसएम) पीड़ित 5 वर्ष से कम उम्र के बच्चों को इन-पेशेंट चिकित्सा और पोषण संबंधी देखरेख प्रदान की जा सके। उपचारात्मक देखरेख के अलावा, बच्चों के लिए समय पर, पर्याप्त और उचित आहार पर विशेष ध्यान दिया जाता है; माताओं और देखरेख करने वालों के कौशल में सुधार करके पूरी तरह से आयु-अनुकूल देखरेख और आहार संबंधी पद्धति में सुधार किया जाता है।
- **स्तनपान कवरेज में सुधार के लिए माताओं का पूर्ण स्नेह (एमएए)** कार्यक्रम कार्यान्वित किया गया है। इसमें स्तनपान की प्रारंभिक शुरुआत और पहले छह महीनों के लिए केवल स्तनपान कराना शामिल है जिसके बाद आयु-अनुकूल पूरक आहार पद्धति पर परामर्श दिया जाता है।
- **स्तनपान प्रबंधन केंद्र:** व्यापक स्तनपान प्रबंधन केंद्र (सीएलएमसी) में नवजात गहन देखरेख इकाइयों और विशेष नवजात शिशु देखरेख इकाइयों में भर्ती बीमार, समय से पहले जन्मे और अल्प वजन वाले शिशुओं को खिलाने के लिए सुरक्षित, पाश्चुरीकृत डोनर ब्युमन मिलक की उपलब्धता सुनिश्चित करने के लिए स्थापित किए गए हैं। स्तनपान प्रबंधन इकाई (एलएमयू) माताओं को स्तनपान सहायता प्रदान करने के लिए स्वास्थ्य सुविधा के भीतर स्थापित की जाती है ताकि मां के अपने स्तन के दूध को उसके बच्चे के उपभोग के लिए संग्रहित और वितरित किया जा सके।
- **राष्ट्रीय कृमि मुक्ति दिवस (एनडीडी)** के तहत सभी बच्चों और किशोरों (1-19 वर्ष) में मृदा संचारित कृमि (एसटीएच) संक्रमण को कम करने के लिए स्कूलों और आंगनवाड़ी केंद्रों के माध्यम से एक ही दिन में दो बार (फरवरी और अगस्त) एल्बेंडाजोल की गोलियां दी जाती हैं।

- महिला एवं बाल विकास मंत्रालय के सहयोग से मातृ एवं बाल स्वास्थ्य सेवाओं के प्रावधान और पोषण सहित मातृ एवं बाल देखरेख के बारे में जागरूकता सृजन के लिए **ग्राम स्वास्थ्य स्वच्छता और पोषण दिवस (वीएचएसएनडी)** मनाए जाते हैं।

RACKET OF FAKE DOCTORS

814. PROF. SOUGATA RAY:

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

- (a) whether the Government is aware that a fake doctor's racket was running a hospital in the name of Agarwal Medical Centre at Greater Kailash in Delhi during the last several years, if so, the details thereof;
- (b) whether it is true that the above clinic conducted over 3000 surgeries per year, if so, the details thereof;
- (c) whether the Government agencies/machineries have failed to check such types of involvements of fake doctors in the capital of the country, if so, the details thereof; and
- (d) the details of disciplinary actions taken/proposed to be taken against the authorities of Delhi Medical Council/Municipal Corporation of Delhi and other Union/State Government agencies in this regard?

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

- (a) to (d): Health is a State Subject. Therefore, complaints and grievances regarding fake doctors etc., as and when received, are forwarded to the State/

Union Territory concerned for taking appropriate action. The data and details of such complaints and actions taken thereon are not maintained centrally as each State/ Union Territory or concerned authority handles the matter within their jurisdictions.

**HEALTHCARE DEVELOPMENT PROJECTS IN PRIMARY HEALTH
CENTRES**

815. SUSHRI PRANITI SUSHILKUMAR SHINDE :

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

- (a)** the details of the healthcare development projects with regard to Primary Health Centres (PHCs) across the country.
- (b)** whether the Government has any plan to upgrade the services available at PHCs and equipped them with ECG machines; and
- (c)** if so, the details thereof alongwith the steps taken/proposed to be taken by the Government to improve access to quality healthcare services in rural regions across the country?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER
OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE**

(SHRI PRATAPRO GANPATRAO JADHAV):

(a) to (c) 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.

As per established norms, a Primary Health Centres (PHC) in rural areas is to be established for a population of 20,000 (in hilly and tribal areas) and 30,000 (in plains).

In 2018, the Government of India announced 1,50,000 Ayushman Bharat Health and Wellness Centres (AB-HWCs) to be established by December 2022. The existing Sub Centres and Primary Health Centres in both rural and urban areas are transformed into Ayushman Arogya Mandir (AAM) to deliver Comprehensive Primary Health Care that includes preventive, promotive, curative, palliative and rehabilitative services which are universal, free and closer to the community.

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 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

Further, to improve access to quality healthcare services in remote and rural areas support for Mobile Medical Unit(MMU) is provided to States/UTs, based on the requirements posed by them in their Programme Implementation Plans (PIPs), subject to availability of resources. Deployment of MMUs is based on a

normal population norm with 1 MMU per 10 lakhs population. However, further relaxation of norms is available on a case to case basis and where patients served though existing MMUs exceed 60 patients per day per MMU in plain area and 30 patients per day per MMU in hilly areas.

Also, Ministry of Health and Family Welfare has developed eSanjeevani, a telemedicine application, which provides doctor to doctor (HWC module) and patient to doctor consultation services (OPD module). This application works on a hub and spoke model. At hub level, a specialist doctor provides services to Health and Wellness Centers (HWCs) in rural areas.

INCREASING TAXES ON TOBACCO

816. SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether the 139th and 147th report of the Parliamentary Standing Committee on Health observed that India has one of the lowest prices of tobacco in the world and recommended increasing taxes on tobacco to generate revenue for cancer awareness and prevention in the country and if so, the details thereof;
- (b) whether the Government has undertaken an estimation on the additional revenue that is likely to be generated from the 16% increase in Natural Calamity and Contingent Duty (NCCD) on certain cigarettes announced in the Budget 2023;
- (c) if so, the details thereof and if not, the reasons therefor,

- (d) whether the Government proposes to utilize the additional revenue for cancer research and awareness as recommended by the Standing Committee; 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 PRATAPRO GANPATRAO JADHAV):

(a)to (e) Yes. The Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08 with the aim of raising awareness about the harmful effects of tobacco use, to help people quit the habit and to reduce the prevalence and burden of cancer and tobacco-related diseases. Under the Cigarettes and Other Tobacco Products Act (COTPA), 2003, real-life images of cancer patients and textual warning labels are displayed on tobacco product packaging to further enhance public awareness.

The Department of Revenue informed that the Natural Calamity and Contingent Duty (NCCD) was estimated to about Rs.1100 Crore based on annualized figures for FY 2022-23 (Up to Oct 2022).

TOTAL FERTILITY RATE

817. SHRI NAVEEN JINDAL:

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

- (a) the details of the States/UTs where Total Fertility Rate (TFR) is above replacement level and below replacement level in the country;

- (b) whether the Government has formulated any plan to increase the TFR to the replacement level in the regions where it is at below replacement level;
- (c) if so, the details thereof and if not, the reasons therefor; and
- (d) the steps taken/proposed to be taken by the Government for proper implementation of Mission Parivar Vikas (MPV) across the country?

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

- (a) The details of the Total Fertility Rate (TFR) in the country, State/UT-wise is given in the enclosed **Statement**.
- (b) and (c) 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.
- (d) The government has been strengthening the implementation of Mission Parivar Vikas (MPV) in 7 high-focus states and six North-Eastern states (Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland, and Mizoram). Efforts include ensuring the availability of family planning services and raising awareness through various Information, Education,

and Communication (IEC) initiatives, such as the Mission Parivar Vikas campaigns, awareness through Saarthi Vahan, promoting healthy timing and spacing by distributing Nayi Pehel Kits to newlyweds, and community awareness through Saas Bahu Sammelans.

STATEMENT

State/UT wise Total Fertility Rate (TFR)

(Source: National Family Health Survey (NFHS 5, 2019-21))

S. No.	States/UTs	TFR
India		2.0
States/UTs below replacement level fertility		
1.	Andaman and Nicobar Islands	1.3
2.	Andhra Pradesh	1.7
3.	Arunachal Pradesh	1.8
4.	Assam	1.9
5.	Chandigarh	1.4
6.	Chhattisgarh	1.8
7.	Dadra and Nagar Haveli and Daman and Diu	1.8
8.	Delhi	1.6
9.	Goa	1.3
10.	Gujarat	1.9
11.	Haryana	1.9

S. No.	States/UTs	TFR
12.	Himachal Pradesh	1.7
13.	Jammu and Kashmir	1.4
14.	Karnataka	1.7
15.	Kerala	1.8
16.	Ladakh	1.3
17.	Lakshadweep	1.4
18.	Madhya Pradesh	2.0
19.	Maharashtra	1.7
20.	Mizoram	1.9
21.	Nagaland	1.7
22.	Odisha	1.8
23.	Puducherry	1.5
24.	Punjab	1.6
25.	Rajasthan	2.0
26.	Sikkim	1.1
27.	Tamil Nadu	1.8
28.	Telangana	1.8
29.	Tripura	1.7
30.	Uttarakhand	1.9
31.	West Bengal	1.6
States/UTs above replacement level fertility		

S. No.	States/UTs	TFR
1	Bihar	3.0
2	Jharkhand	2.3
3	Manipur	2.2
4	Meghalaya	2.9
5	Uttar Pradesh	2.4

STATUS OF THE SAGARMALA PROJECT

818. DR. BHOLA SINGH:

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

- (a) the status of the Sagarmala project in promoting port-led development and improving coastal infrastructure;
- (b) the details of major port modernization projects completed under the Sagarmala initiative in the country;
- (c) the specific steps taken/proposed to be taken by the Government to improve safety measures and environmental standards at operational ports;
- (d) whether the Government has any future plans to enhance India's maritime infrastructure and promote economic growth through port development; and
- (e) if so, the details thereof?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a) and (b) 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, more than 800 projects at an estimated cost of around 5.5 lakh crore have been identified for implementation. These projects are implemented by Central Ministries, IWAI, Indian Railways, NHAI, State Government and Major Ports etc. The projects under Sagarmala Programme are categorized into five pillars – port modernization, port connectivity, port-led industrialization, coastal community development and coastal shipping and inland water transport.

The detailed progress under five pillars of Sagarmala including Port Modernisation pillar are provided in the enclosed **Statement**.

(c) Major Ports are under the administrative control of the Ministry of Ports, Shipping and Waterways. Major Ports in the country are being provided with security by the Central Industrial Security Force. Container Terminals at Major Ports have been equipped with drive through x-ray container scanner and mobile scanner for scanning containerised cargoes. The Ports other than Major Ports (Non- Major Ports) in the country are managed by State Government / State Maritime Boards. Ministry of Home Affairs have circulated the security guidelines at all Ports other than Major Ports (Non-Major Ports) on 11.03.2016 for compliance.

			Completed (Rs Cr.)		(Rs Cr.)		ment (Rs Cr.)	
1	Coastal Community Development	21	1,559	32	6,166	28	3,847	11,573
2	Coastal Shipping and IWT	43	2,956	63	4,665	125	6,980	14,601
3	Port Connectivity	91	57,997	57	68,010	131	80,366	206,37 3
4	Port led Industrializatio n	9	45,865	3	9,247	2	625	55,737
5	Port Modernization	98	32,066	62	76,561	74	182,652	291,27 9

INCREASE IN PRIMARY HEALTH CENTRES

819. SHRI CHARANJIT SINGH CHANNI:

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

(a) the details of specific measures being implemented by the Government to increase the number of Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural areas, considering the established population norms for health facilities;

(b) whether the Government has any data on the progress of Ayushman Bharat Health Infrastructure Mission in enhancing district hospitals and rural health infrastructure, especially in underserved areas; and

(c) if so, the details thereof, district-wise?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SHRI PRATAPRO GANPATRAO JADHAV):

(a): 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, for urban area one Urban Ayushman Arogya Mandir is recommended for a urban population of 15,000 to 20,000, one Urban-Primary Health Centre (U-PHC) for a urban population of 30,000 to 50,000, One Urban-Community Health Centre (U-CHC) for every 2.5 lakh population in non-metro cities (above 5 lakh population) and one U-CHC for every 5 lakh population in the metro cities. Further, District Hospital (DH), Sub-District Hospital (SDH) and First Referral Unit provide secondary care services for rural and urban area.

National Health Mission 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 National Health Mission. Government of India provides approval for the proposals in the form of Record of Proceedings (RoPs) as per norms and available resources.

(b) and (c): 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.

Administrative approvals accorded to States/UTs, across all the component under CSS of PM-ABHIM for four years (i.e. FY 2021-22, 2022-23, 2023 24 and 2024-25) is given in the enclosed **Statement**.

STATEMENT

State-wise approval given across all the component under CSS of PM-ABHIM for four years

(no. of units)

S. No.	State/UT	Total approved Units for FY 2021-25				
		Building less-AAM (Sub-Centers - Ayushman Arogya Mandir)	Urban-AAM (Urban Ayushman Arogya Mandir)	Block Public Health Units (BPHUs)	Integrated Public Health Labs (IPHLs)	Critical Care Hospital Block (CCBs)
1	A and N Islands	-	4	-	3	1
2	Andhra Pradesh	1786	45	-	23	16
3	Arunachal Pradesh	-	-	-	14	0
4	Assam	768	0	142	24	17
5	Bihar	2546	-	59	12	12
6	Chandigarh	-	19	-	0	1
7	Chhattisgarh	-	-	54	21	15
8	DNH and DD	-	3	-	0	0

9	Delhi	-	0	-	0	0
10	Goa	-	-	-	0	0
11	Gujarat	-	82	-	24	22
12	Haryana	-	-	-	14	15
13	Himachal Pradesh	-	26	50	7	4
14	Jammu and Kashmir	-	69	200	14	4
15	Jharkhand	893	-	100	17	15
16	Karnataka	-	817	-	21	21
17	Kerala	-	-	-	10	10
18	Ladakh	-	-	-	2	-
19	Lakshadweep	-	-	-	1	-
20	Madhya Pradesh	-	-	119	39	35
21	Maharashtra	-	-	-	25	24
22	Manipur	64	0	-	11	0
23	Meghalaya	151	-	-	7	0

24	Mizoram	-	0	-	7	1
25	Nagaland	-	-	-	7	0
26	Odisha	604	140	119	21	21
27	Puducherry	-	21	-	3	0
28	Punjab	-	-	-	14	17
29	Rajasthan	1112	371	111	24	24
30	Sikkim	-	-	-	3	1
31	Tamil Nadu	-	500	-	28	28
32	Telangana	-	500	-	24	21
33	Tripura	-	-	-	4	0
34	Uttar Pradesh	1670	250	311	53	49
35	Uttarakhand	-	-	59	10	4
36	West Bengal	-	204	-	17	17
	Total	9594	3051	1324	504	395

मिनी आंगनवाड़ी केंद्र

820. डॉ. राजीव भारद्वाज:

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

(क) क्या सरकार हिमाचल प्रदेश में मिनी आंगनवाड़ी केन्द्रों के उन्नयन पर विचार कर रही है;

- (ख) यदि हां, तो ऐसे कितने मिनी आंगनवाड़ी केन्द्रों के उन्नयन का प्रस्ताव है; और
 (ग) हिमाचल प्रदेश में मिनी आंगनवाड़ी केन्द्रों के उन्नयन के संबंध में ब्यौरा क्या है?

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

(क) से (ग): भारत सरकार ने सभी लघु आंगनवाड़ी केंद्रों को एक कार्यकर्त्री और एक सहायक के साथ पूर्ण आंगनवाड़ी केंद्र में उन्नयन (अपग्रेड) करने का नीतिगत निर्णय लिया है ताकि सक्षम आंगनवाड़ी और पोषण 2.0 के तहत पोषण और प्रारंभिक बाल्यावस्था देखभाल तथा शिक्षा के महत्व को ध्यान में रखते हुए विभिन्न जिम्मेदारियों को प्रभावी ढंग से पूरा किया जा सके।

23 राज्यों/संघ राज्य क्षेत्रों में 1,16,852 लघु आंगनवाड़ी केंद्रों में से 20 राज्यों/संघ राज्य क्षेत्रों को उनके द्वारा प्रस्तुत प्रस्तावों के अनुसार 86,351 लघु आंगनवाड़ी केंद्रों के उन्नयन हेतु अनुमोदन संप्रेषित किया गया है। हिमाचल प्रदेश राज्य में 539 लघु आंगनवाड़ी केन्द्र हैं जिनमें से राज्य ने हाल ही में 153 लघु आंगनवाड़ी केन्द्रों के उन्नयन हेतु एक प्रस्ताव भेजा है तथा इसे मुख्य आंगनवाड़ी केंद्रों में उन्नयन हेतु अनुमोदित कर दिया गया है।

उत्तर प्रदेश में पासपोर्ट जारी करना

821. श्री अशोक कुमार रावत:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) विगत तीन वर्षों में प्रत्येक वर्ष उत्तर प्रदेश में युवा लड़के-लड़कियों को जारी किए गए पासपोर्टों की कुल संख्या वर्ष-वार कितनी है;
 (ख) क्या ऐसे युवा वीजा का उपयोग करके रोजगार के लिए विदेश गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
 (ग) क्या सरकार के पास इस संबंध में आंकड़े उपलब्ध हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
 (घ) क्या उत्तर प्रदेश के मिसरिख जिले के पासपोर्ट कार्यालय द्वारा जारी किए गए पासपोर्टों के संबंध में कोई आकलन किया गया है; और

(ड) यदि हां, तो तत्संबंधी ब्यौरा क्या है और विगत तीन वर्षों के दौरान आज तक विदेश गए युवाओं की कुल संख्या वर्ष-वार कितनी है?

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

(क) पिछले तीन वर्षों के दौरान उत्तर प्रदेश में युवा लड़कों और लड़कियों को जारी किए गए पासपोर्टों की कुल संख्या का ब्यौरा संलग्न विवरण में दिया गया है।

(ख) और (ग) रोजगार के लिए विदेश गए भारतीय नागरिकों से संबंधित आंकड़े इस मंत्रालय के पास उपलब्ध नहीं हैं।

(घ) उत्तर प्रदेश के मिसरिख लोकसभा क्षेत्र के अंतर्गत पीओपीएसके मिसरिख पहले से ही कार्यरत है, जहाँ प्रतिदिन चालीस (40) अपॉइंटमेंट जारी की जाती हैं और अगले कार्य दिवस के लिए अपॉइंटमेंट उपलब्ध है। पीओपीएसके मिसरिख में जमा किए गए आवेदनों की तुलना में जारी किए गए कुल पासपोर्ट निम्नानुसार हैं:

वर्ष	कुल सं.
2021	19
2022	526
2023	630
2024 (31 अक्तूबर 2024 तक)	82
कुल	1257

(ड) उत्तर प्रदेश के मिश्रिख जिले से रोजगार के लिए विदेश गए भारतीय नागरिकों से संबंधित आंकड़े इस मंत्रालय के पास उपलब्ध नहीं हैं।

विवरण

उत्तर प्रदेश में जेंडर के अनुसार जारी पासपोर्ट

वर्ष	राज्य	पुरुष		महिला		ट्रांसजेंडर	
		18 वर्ष से कम और समान	18 वर्ष से अधिक	18 वर्ष से कम और समान	18 वर्ष से अधिक	18 वर्ष से कम और समान	18 वर्ष से अधिक
2021	उत्तर प्रदेश	49897	474444	20861	96949	1	14
2022		78603	824959	38924	173318	2	44
2023		102283	939809	57580	269038	2	47
2024 (31 अक्टूबर 2024 तक)		76741	708615	44429	217993	0	43

AYUSH MEDICAL INSTITUTE IN NCT OF DELHI**822. SHRI YOGENDER CHANDOLIA:**

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

- (a) the number of AYUSH medical institutes in the NCT of Delhi, category wise;
- (b) whether any measures have been taken by the Government to increase the number of AYUSH medical colleges in the NCT of Delhi and if so, the details thereof; and

(c) the details of the financial support provided by the Government for upgrading infrastructure in AYUSH medical colleges of Delhi?

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

(a): The number of Ayush Colleges as on 01.04.2023 in the NCT of Delhi, category wise is given in the enclosed **Statement**.

(b) Since Public Health is a State subject, to increase the number of AYUSH medical colleges including Delhi, comes under the purview of respective State/UT Governments.

(c) Under National Ayush Mission (NAM), there are following provisions of financial assistance to the State/UT Governments including Delhi for upgrading infrastructure in Ayush Educational Institutions in the country: -

i) Pattern of assistance for Infrastructural development of AYUSH Under-Graduate Institutions:

1. Rs. 350.00 lakhs for Construction of OPD/IPD/Teaching Departments/ Library /Laboratories/ Girls' Hostel/Boys' Hostel, etc.
2. Rs. 150.00 lakhs for Equipment, Furniture, and Library books etc.

ii) Pattern of assistance for Infrastructural development of AYUSH Post-Graduate Institutions/add on PG/ Pharmacy/Para- Medical Courses:

1. Rs. 420.00 lakhs for Construction of OPD/IPD/Teaching Departments/ Library /Laboratories/ Girls' Hostel/Boys' Hostel, etc.

2. Rs. 180.00 lakhs for Equipment, Furniture, and Library books and Payment of stipend to students for new PGs etc.

STATEMENT

Number of Ayush Colleges as on 01.04.2023 in Delhi

Ayurveda	Unani	Siddha	Yoga and Naturopathy	Homoeopathy	Sowa Rigpa	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
3	2	0	1	2	0	8

PROJECT NAMAN

823. SHRI ARUN BHARTI:

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

- (a) the bifurcated details of the funds allocated, disbursed and utilized for the Project NAMAN since its inception;
- (b) the details of the number of beneficiaries and the amount which has been transferred via System for Pension Administration Raksha (SPARSH), Digital Pension System, under Project NAMAN;
- (c) the details and the outlay/blueprint of the Common Service Centres (CSCs) to be established during the next five years, State/UT-wise; and
- (d) the steps taken/proposed to be taken by the Government to popularise the Digital Pension Scheme and CSCs among defence personnels since the inception of the project?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE

(SHRI SANJAY SETH):

(a) to (d): Information is being collected and will be laid on the Table of the House.

REGULATION OF PORT POLLUTION

824. SHRI PRABHAKAR REDDY VEMIREDDY:

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

- (a) whether the Government has conducted any recent survey/study into the issue of pollution at ports across the country;
- (b) if so, the details regarding the total amount of pollutants released into seas at ports over the last five years across the country, Port-wise and State-wise particularly in Andhra Pradesh;
- (c) the steps taken/proposed to be taken by the Government to reduce pollution at ports and the total fund(s) allocated and utilised therefor over the last five years in the country, State-wise particularly Andhra Pradesh;
- (d) whether the Government has introduced any incentives for ports to reduce the pollution caused by them, if so, the details thereof and the steps undertaken by the ports thereon at present; and
- (e) whether the Government has undertaken any campaigns to raise awareness regarding port pollution and the steps taken to tackle it, if so, the details thereof especially in Andhra Pradesh?

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

(a)and(b) Central Pollution Control Board / State Pollution Control Board periodically monitors the air and water quality at the Ports and also conducts regular environmental audit of Ports. All the ports adhere to the MARPOL convention and hence, strictly comply to all the environmental related guidelines.

(c)and(d) Ministry of Ports, Shipping and Waterways has issued “Harit Sagar”, the Green Port Guidelines to reduce carbon intensity and to develop an environment friendly ecosystem at Major Ports for which no specific budget allocation has been made. The following incentives are proposed under these guidelines:-

- Ships using cleaner fuels or equipped with shore power reception facilities will be prioritized in berthing or receive rebates in berth dues to promote sustainability at ports.
- Private Craft Operators at ports using alternative fuels (green fuels) such as Methanol, Ethanol, Hydrogen Fuel Cell technology, etc., will be suitably incentivized.
- Private port operators, stevedores, agents, exporters, and importers who use green fuel or electric vehicles for their entire fleet may receive green certification and be incentivized.
- All truck operators who use the green fuel i.e. CNG/LNG/Hydrogen and its derivative or electric fleet may be identified and incentivized.

- Existing Public-Private Partnership (PPP) concessionaires at ports will be incentivized to adopt eco-friendly and carbon-neutral designs and practices.

Further, Major Ports, including Visakhapatnam Port in Andhra Pradesh have taken a number of steps to reduce pollution at ports, such as:-

- Compliance with the Directorate General of Shipping Guidelines in the Swachh Sagar Portal for all vessels visiting at the ports.
- Carbon Reduction through solar power generated by ports.
- Setting up of Sewage Treatment Plant (STP).
- Covered cargo stacks for bulk cargo like Iron ore, coal etc. for controlling dust particles.
- Mist cannons and hydrated sprinklers to prevent the dispersal of mineral dust.
- Mechanization of existing berths resulting in cargo transport through conveyers
- Green Belts developed in ports
- Mechanized sweeping machines to collect the spillage of cargo on roads in operational areas.

(e) Regular awareness campaigns on environmental protection, climate change, water conservation, energy conservation, ecosystem conservation, ban

on single-use plastic, World Environment Day celebration, etc. are conducted from time to time at the ports.

INCREASE IN PRICES OF ESSENTIAL MEDICINES

825. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) the rationale behind the National Pharmaceutical Pricing Authority's decision to increase the ceiling prices of eight essential medicines by 50%;
- (b) the mechanism of the Government to ensure that this price hike does not disproportionately affect vulnerable populations, particularly those living below the poverty line;
- (c) the measures taken/proposed to be taken by the Government to prevent pharmaceutical companies from exploiting this price hike and charging excessive prices for these essential medicines;
- (d) the details of the data on the impact of this price hike on the accessibility of healthcare for citizens, particularly in rural areas;
- (e) whether the Government has any plan to offset the increased financial burden on citizens resulting from this price hike;
- (f) whether the Government is considering to revise or roll back this price hike in light of concerns about its impact on public health;
- (g) whether the Government has any plan to increase transparency and accountability in the pricing of essential medicines; and
- (h) 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): National Pharmaceutical Pricing Authority (NPPA) under the Department of Pharmaceuticals (DoP), received applications in respect of 77 formulations from various pharmaceutical manufacturing/marketing companies and industry associations requesting for upward revision of price for their formulation(s). This request was made on the grounds that ensuring continued availability of these drugs at existing rates was not viable due to reasons like increase in cost of production, increase in cost of active pharmaceutical ingredients, changes in exchange rate, request for discontinuation of some of the formulations etc. After detailed scrutiny, NPPA approved increase in the price of 11 formulations of 8 drugs to ensure their continued availability so that the public including vulnerable population is not forced to switch to expensive alternatives due to non-availability of these drugs in the market. Further, no manufacturers of scheduled formulations can sell their products at prices higher than the ceiling price (plus applicable Goods and Services Tax) fixed by NPPA. Also, NPPA monitors the prices of drugs and takes action against overcharging under the relevant provisions of the Drugs (Prices Control) Order (DPCO), 2013.

(d) to (f): The one time increase in the prices of 11 scheduled formulations was undertaken in public interest so as to ensure that drugs are available to the general public. Moreover, most of these drugs are low-cost, generally used as first line of treatment and are crucial to the public health programmes of the country.

These drugs are used for treatment of Asthma, Glaucoma, Thalassemia, Tuberculosis, mental health disorders, etc.

(g) and (h): In order to have transparency, a draft version of the Price Calculation Sheets for the proposed revised price notifications, including wherever applicable, the Price to Retailer (PTR) and Moving Annual Turnover (MAT) values adopted for calculations, is uploaded on the website of NPPA for 10 clear working days to invite comments from the stakeholders. Only after taking into account the comments or any additional data thus received within the given time period, the NPPA finalizes the ceiling and the retail Prices. Thus, the entire procedure of price fixation is available in the public domain which ensures transparency and accountability. All price notifications for the formulations by NPPA are available on NPPA's website i.e. www.nppaindia.nic.in.

SPURIOUS DRUGS

826: SHRI SELVAGANAPATHI T.M.:

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

- (a) whether the Drugs Controller General of India has directed manufacturers of 49 medicines to recall their products after samples were found to be of sub-standard quality;
- (b) if so, the details thereof;
- (c) whether any action has been initiated to book the makers of four spurious drugs flagged by the CDSCO and if so, the details thereof;

(d) whether the four samples of drugs lifted from the market which were found to be spurious were manufactured by unauthorised companies; and

(e) if so, the details thereof?

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

(a) to (e): List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories is regularly uploaded and available on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsc.gov.in). In the cases concerning quality or safety of drugs as and when reported, action is taken by the licensing authorities concerned under the provisions of Drugs and Cosmetics Act 1940 and its Rules including prosecution in the appropriate Court of law.

INDIAN WORKERS STRANDED IN SOUTH EAST ASIAN COUNTRIES

827. SHRI RAJA RAM SINGH:

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

(a) whether a large number of Indian workers are stranded in South East Asian Countries mostly in Cambodia on the pretext of cyber slavery as reported in Indian Express dated 29 September, 2024;

(b) if so, the current status thereof indicating the number of workers yet to return;

(c) whether the Government is contemplating any action to prevent Indians getting trapped in such situations like cyber slavery;

(d) if so, the details thereof along with the countries where Indian Nationals are held captive, country-wise;

(e) whether the Ministry of External Affairs has received any missing complaints related to the people who are stranded in those countries and if so, the details thereof; and

(f) the status of the action taken/proposed to be taken by the Government to get back Indian Nationals from South East Asia?

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

(a) to (f) It has come to the notice of the Government instances of dubious firms involved in fake recruitment job offers having lured Indian nationals mostly through social media channels to South-East Asian countries including Cambodia, Myanmar, Lao PDR and made them to carry out cyber crime and other fraudulent activities from scam centres operating in these countries. The exact number of Indian nationals stuck in these countries is not known as Indian nationals reach these scam centres on their own volition through fraudulent/unscrupulous recruitment agents/agencies and through illegal channels.

Government accords utmost priority to the safety, security and well-being of Indian nationals abroad. Government of India has raised this issue at political level with the host Government from time to time. Missions/Posts take up the issue of rescue and repatriation of Indian nationals actively with the local Ministry of Foreign Affairs and other concerned Government agencies of the host country like

Immigration, Labour Department, Home Affairs, Defence and Border Affairs and law enforcement agencies. With the concerted efforts of our Embassies in the Cambodia, Lao PDR and Myanmar, the number of Indian nationals including software engineers rescued till date is mentioned in the table below:

Country	No. of Indian National rescued
Cambodia	1091
Lao PDR	770
Myanmar	497

The Government has established various channels to enable Indian nationals abroad to reach out to the Mission/Post concerned in case they need any assistance. They can contact the Missions/Posts through walk-in interview, email, multilingual 24x7 emergency numbers, grievance redressal portal like MADAD, CPGAMS, and eMigrate, and social media etc. The Ministry of Home Affairs has set up the 'Indian Cybercrime Coordination Centre' (I4C) as an attached office to deal with all types of cyber crime in a coordinated and comprehensive manner.

Ministry issues advisories and social media posts about the fake job rackets from time to time. Similar communications are also issued by the respective Indian Missions/Posts abroad through their official websites, social media handles and print media. Our Missions in South-East Asian countries issued various detailed advisories, upon receiving such information on Indian nationals being lured by fake job rackets in South-East countries, to alert job seekers, and advise them to verify all antecedents of recruiting agents and companies before accepting any

kind of employment offer and not be enticed and entrapped in the fraudulent job offers in these countries.

Ministry, in coordination with the Indian Missions/Posts abroad and offices of Protectors of Emigrants in India, take quick and decisive action whenever instances of exploitation of job seekers by illegal agents come to notice. A list of 3,094 unregistered agents (till October 2024) has been notified on e-Migrate portal. This information is regularly updated based on the complaints filed by the aggrieved individuals and based on the inputs received from our Missions/Posts abroad. The complaint against the illegal agents and the dubious firms luring Indian youth in false recruitment offers through various channels are regularly shared with the respective State Governments and other agencies such as I4C, MHA for suitable action. To spread awareness on cyber crime, the Central Government has taken steps which inter-alia include, dissemination of relevant information through SMS, I4C social media account, radio campaigns, engaged MyGov for publicity in multiple channels, organizing cyber safety and security awareness weeks in association with States/UTs, newspaper advertisement on digital arrest scams, announcements in Delhi Metros on digital arrest, and other modus operandi of cyber crimes.

PM JANAUSHADHI KENDRAS

828. SHRI BAJRANG MANOHAR SONWANE:

SHRI BHASKAR MURLIDHAR BHAGARE:

PROF. VARSHA EKNATH GAIKWAD:

SHRIMATI SUPRIYA SULE:

SHRI DHAIRYASHEEL RAJSINH MOHITE- PATIL:

SHRI SANJAY DINA PATIL:

DR. AMOL RAMSING KOLHE:

SHRI AMAR SHARADRAO KALE:

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

- (a) the total number of Pradhan Mantri Bhartiya Janaushadhi Kendras (PMBJKs) opened in the rural and tribal areas of Maharashtra under Pradhan Mantri Bhartiya Janaushadhi Pariyojana during each of the last three years;
- (b) the number of new PMBJKs proposed to be opened during 2024-25 specifically in the State of Maharashtra and regions belonging to SCs/STs and tribals;
- (c) the details of the budget allocation for the opening of new PMBJKs and the funds utilised for the said purpose during 2023-24 till date, in the States across the country specifically Maharashtra and regions dominated by SCs/STs and tribals; and
- (d) the details of the incentives proposed to be given to the owners of PMBJKs specially those belonging to SCs/STs and tribals?

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

(a): Under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), total 178 Jan Aushadhi Kendras (JAKs) have been opened in Maharashtra during the last three Financial Years. The details of the same are as under: -

Sl. No.	Financial Year	JAKs opened
1	2021-22	49
2	2022-23	36
3	2023-24	93
Total		178

In Maharashtra State, since inception of the scheme till 31.10.2024, a total of 702 Jan Aushadhi Kendras have been opened, covering all 36 districts and 180 blocks of the State. Under Primary Agriculture Cooperative Society (PACs) category, 52 JAKs have also been opened in Maharashtra.

(b): The Government has decided to open 15,000 Jan Aushadhi Kendras (JAKs) across the country by March, 2025. There is no State/UT-wise and region-specific target for opening of new JAKs.

However, online applications have been invited from all districts of the country including Maharashtra.

(c): The details of the funds allocated and utilized under Pradhan Mantri Bhartiya Janaushadhi Pariyojana in the financial year 2023-24 is as under: -

Sl. No.	Financial Year	Funds Sanctioned (Rs. In Cr.)	Funds Utilized (Rs. In Cr.)
1.	2023-24	110.00	110.00

There is no State/UT-wise and region-specific budget allocation made under Pradhan Mantri Bhartiya Janaushadhi Pariyojana.

(d): Under PMBJP, incentive is given to Jan Aushadhi Kendra owners @ 20% of monthly purchases made, subject to a ceiling of Rs. 20,000/- per month.

In addition to above normal incentive, one-time special incentive of Rs. 2.00 lakh is provided to the PMBJP Kendras opened in North-Eastern States, Himalayan areas, Island territories and backward areas mentioned as aspirational district by NITI Aayog or opened by women entrepreneur, Divyang, Ex-servicemen, SC and ST in the form of furniture, computer, refrigerator and other fixtures.

राष्ट्रीय बाल स्वास्थ्य कार्यक्रम

829. श्री सुकान्त कुमार पाणिग्रही:

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

(क) क्या सरकार देश में राष्ट्रीय बाल स्वास्थ्य कार्यक्रम लागू कर रही है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इसकी शुरुआत से अब तक वर्ष-वार क्या उपलब्धियां प्राप्त हुई हैं;

(ग) क्या उक्त योजना का सामाजिक लेखा-परीक्षण के माध्यम से कोई मूल्यांकन किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) उक्त योजना के अंतर्गत शुरू से अब तक कितने बच्चों को शामिल किया गया है तथा पिछले तीन वर्षों के दौरान ओडिशा राज्य विशेष रूप से कंधमाल संसदीय क्षेत्र में आबंटित/उपयोग की गई धनराशि वर्ष-वार क्या है;

(ङ) क्या सरकार प्रसव-पूर्व वंशानुगत तथा अन्य बीमारियों के शीघ्र निदान तथा उपचार के लिए केंद्रीय सरकारी अस्पतालों/चिकित्सा केंद्रों में उन्नत निदान केंद्र स्थापित करने पर विचार कर रही है; और

(च) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इस प्रयोजन के लिए कितनी धनराशि आबंटित की गई है?

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

(क): स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) आंगनवाड़ी केंद्रों, सरकारी और सरकारी सहायता प्राप्त स्कूलों में 0-18 वर्ष के आयु वर्ग के बच्चों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत सभी राज्यों/संघ राज्य क्षेत्रों में राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) लागू करता है, जिसका उद्देश्य 32 चयनित स्वास्थ्य स्थितियों में 4 डी यानी जन्म के समय दोष, विकासात्मक देरी, रोग और कमियों का शीघ्र पता लगाना और प्रबंधन करना है।

(ख): राज्यों/संघ राज्य क्षेत्रों द्वारा दी गई सूचना के अनुसार, आरबीएसके के अंतर्गत वित्त वर्ष 2014-15 से वित्त वर्ष 2023-24 तक 160.84 करोड़ बच्चों की जांच की गई है, 11.90 करोड़ बच्चों में चयनित स्वास्थ्य स्थितियों की पहचान की गई है और 5.63 करोड़ बच्चों को मध्यम/विशिष्ट परिचर्या प्रदान की गई है। राज्य/संघ राज्य क्षेत्र-वार व्यौरा संलग्न **विवरण-I** में दिया गया है।

(ग): आरबीएसके कार्यक्रम का मूल्यांकन एनएचएम के तहत त्रैमासिक रिपोर्टों, क्षेत्र दौरों और राज्य नोडल अधिकारियों के साथ आवधिक बैठकों, वार्षिक कार्यक्रम कार्यान्वयन योजनाओं (एपीआईपी)

और सामान्य समीक्षा मिशनों (सीआरएम) की प्रक्रिया के दौरान की गई समीक्षाओं के पुनर्विलोकन के माध्यम से किया जाता है।

(घ): चयनित स्वास्थ्य स्थितियों के व्यापक प्रबंधन के लिए क्षमता निर्माण सहित जिला शीघ्र उपचार केन्द्रों (डीईआईसी) में अवसंरचना, आवश्यक उपकरण और अपेक्षित मानव संसाधनों के लिए एनएचएम के तहत राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान की जाती है।

ओडिशा राज्य के लिए आरबीएसके हेतु बजट आबंटन और उपयोग का व्यौरा संलग्न **विवरण-II** में दिया गया है।

(ड) और (च): जैव प्रौद्योगिकी विभाग द्वारा दी गई सूचना के अनुसार, देश में आनुवंशिक विकारों के बोझ का निराकरण करने के लिए वंशानुगत विकारों के प्रबंधन हेतु अनूठी पहल (यूएमएमआईडी) शुरू की गई है। यूएमएमआईडी पहल के घटकों में से एक के तहत नैदानिक परिचर्या प्रदान करने के लिए निदान केंद्रों (राष्ट्रीय वंशानुगत विकार प्रबंधन केंद्र) की स्थापना की जा रही है, जिनमें मुख्यतः आनुवंशिक विकारों के संबंध में प्रसवपूर्व परीक्षण किया जाना, अपेक्षाकृत सामान्य उपचार योग्य आनुवंशिक चयापचय विकारों के लिए नवजात की स्क्रीनिंग करना, और आनुवंशिक विकारों के उच्च जोखिम वाली गर्भवती माताओं को आनुवंशिक रोगों के संबंध में परामर्श प्रदान करने के कार्यकलाप शामिल हैं। इस पहल के तहत, देश के 15 राज्यों/संघ राज्य क्षेत्रों में स्थित सरकारी अस्पतालों में **26 निदान** केंद्र स्थापित किए गए हैं। डीबीटी-यूएमएमआईडी-निदान केंद्र पहल के लिए आवंटित कुल धनराशि लगभग 47.65 करोड़ रुपये है।

विवरण-I

राज्यों/संघ राज्य क्षेत्रों द्वारा दी गई सूचना के अनुसार राष्ट्रीय बाल स्वास्थ्य कार्यक्रम
(आरबीएसके) के अंतर्गत जांच किए गए बच्चों का ब्यौरा

(संख्या लाख
में)

राज्य/संघ राज्य क्षेत्र	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023-24
अंडमान और निकोबार	0.2	0.1	0.2	0.3	0.3	0.3	0.0	0.1	0.2	0.3
आंध्र प्रदेश	3.8	15.2	71.4	74.2	48.6	61.3	4.4	7.2	6.1	15.8
अरुणाचल प्रदेश	2.3	3.3	2.7	4.8	2.2	1.9	0.0	1.2	1.5	3.0
असम	29.4	48.7	63.2	68.1	75.9	73.0	18.4	30.3	74.4	80.7
बिहार	0.6	287.3	144.5	122.9	143.9	158.0	0.0	0.0	92.1	127.8
चंडीगढ़	2.2	4.1	2.0	1.7	2.4	2.4	0.0	0.6	1.5	1.8
छत्तीसगढ़	0.6	51.1	59.7	55.6	56.9	56.6	0.0	18.8	32.8	61.6

दादरा और नगर हवेली	0.9	1.0	0.9	1.2	1.2	1.5				
							0.0	1.3	0.6	0.7
दमन और दीव	0.4	0.3	0.4	0.4	0.4	0.4				
*दिल्ली	-	-	-	-	-	-	-	-	-	-
गोवा	2.2	2.3	3.2	4.2	5.0	4.6	0.0	0.0	4.2	4.2
गुजरात	123. 4	164. 0	196. 1	245. 6	115. 5	180. 5	0.0	75.3	198. 3	195.1
हरियाणा	28.4	34.6	34.0	31.2	33.1	35.4	5.8	16.7	38.4	44.2
हिमाचल प्रदेश	9.0	1.9	10.6	11.1	9.3	10.4	0.0	0.0	3.0	10.9
जम्मू और कश्मीर	15.3	22.1	21.6	23.8	23.8	19.7	0.0	1.9	23.5	25.3
झारखंड	0.1	5.9	15.5	17.7	41.2	61.0	0.0	12.7	47.6	70.6
कर्नाटक	92.0	120. 8	118. 5	127. 9	133. 1	125. 4	92.8	99.4	128. 3	126.6
केरल	36.5	38.9	42.9	33.8	40.1	49.5	0.0	0.5	16.8	27.5
लद्दाख						0.7	0.0	0.1	1.0	0.9
**लक्षद्वीप	-	-	-	-	-	-	-	-	-	0.1
मध्य प्रदेश	90.8	136. 1	108. 8	91.3	87. 3	79.2	22.2	89.8	140. 8	139.1

महाराष्ट्र	193.4	317. 2	258. 1	247. 8	229 .8	240. 4	28.4	158. 6	247. 3	254.7
मणिपुर	0.8	2.7	1.6	1.7	1.7	1.9	0.0	0.0	2.4	2.9
मेघालय	0.4	4.1	5.8	9.0	11. 9	10.8	0.7	3.3	8.6	9.2
मिजोरम	2.5	3.7	2.5	2.7	2.4	2.8	0.0	0.4	3.2	3.6
नागालैंड	0.4	1.6	2.2	2.2	1.8	1.9	0.1	0.6	1.3	1.6
ओडिशा	49.0	46.4	95.8	102. 1	83. 6	99.4	13.2	40.5	122. 3	122.2
पुडुचेरी	1.3	1.6	1.8	1.8	1.8	2.1	0.0	1.7	2.4	2.0
पंजाब	29.1	32.4	32.8	36.2	36. 5	25.7	0.6	0.0	32.0	33.4
राजस्थान	21.0	0.0	69.5	83.7	99. 5	86.4	0.0	37.5	86.0	99.5
सिक्किम	0.9	1.0	0.9	0.9	0.7	0.8	0.0	0.3	0.8	0.9
तमिलना डु	65.6	108. 3	144. 1	135. 8	134 .2	120. 2	5.7	167. 8	252. 9	144.9
तेलंगाना	0.0	0.0	21.6	9.1	13. 5	21.2	0.0	10.7	40.0	52.6
त्रिपुरा	1.4	2.6	5.7	3.1	4.6	6.8	1.3	3.6	5.2	8.0
उत्तर प्रदेश	182.1	219. 5	218. 9	255. 4	288 .6	286. 4	28.2	73.4	235. 2	309.2

उत्तराखंड	13.8	40.0	19.4	17.5	20. 1	14.3	0.9	12.0	20.9	19.7
पश्चिम बंगाल	66.2	154. 4	174. 9	140. 5	178 .1	193. 3	0.0	0.0	126. 5	174.3
	1066. 0	1873 .1	1951 .5	1965 .3	192 9.0	2036 .5	222.7	866. 4	1998 .1	2175. 1
<p>नोट- वर्ष 2020-21 और 2021-22 में कोविड महामारी के दौरान मोबाइल स्वास्थ्य टीमों के माध्यम से सामुदायिक स्तर की स्क्रीनिंग बाधित हुई थी क्योंकि आंगनवाड़ी और स्कूल बंद थे।</p> <p>* दिल्ली द्वारा आरबीएसके कार्यक्रम के अंतर्गत बच्चों की स्क्रीनिंग नहीं की जा रही है।</p> <p>**लक्षद्वीप द्वारा वित्त वर्ष 2023-24 की अंतिम तिमाही में बच्चों की स्क्रीनिंग शुरू कर दी गई है।</p>										

विवरण-II

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, फ्लेक्सिबल पूल के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को एकमुश्त आधार पर निधियां जारी की जाती हैं ताकि राज्यों को अपनी आवश्यकताओं और प्राथमिकताओं के अनुसार निधियों का उपयोग करने में अधिक लचीलापन प्रदान किया जा सके। तथापि, वित्त वर्ष 2021-22 से 2023-24 तक ओडिशा राज्य को राष्ट्रीय स्वास्थ्य मिशन के तहत राष्ट्रीय बाल स्वास्थ्य कार्यक्रम के संबंध में किए गए एसपीआईपी आवंटन और उपयोग का ब्यौरा निम्नवत है:

(लाख रुपए में)

वित्तीय वर्ष	एसपीआईपी आवंटन	उपयोग की गई धनराशि
2021-22	11,997.79	10,627.72
2022-23	4,003.81	5,149.23

2023-24	3,458.60	3,773.59
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टिप्पण:

- i. एसपीआईपी आबंटन और उपयोग का ब्यौरा राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध वित्तीय प्रबंधन रिपोर्ट के अनुसार दिया गया है और यह अनंतिम है।
- ii. उपयोग की गई धनराशि में केन्द्र द्वारा जारी धनराशि, तदनुसूची राज्य के हिस्से की जारी धनराशि और वर्ष के आरंभ में अव्ययित शेष शामिल है और यह अनंतिम है।

दिल्ली में अखिल भारतीय आयुर्वेद संस्थान

830. श्री रामवीर सिंह बिधूड़ी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) दक्षिण दिल्ली में गौतमपुरी पुनर्वास कॉलोनी के निकट स्थापित अखिल भारतीय आयुर्वेद संस्थान में कुल कितने बिस्तर हैं तथा इस पर कितनी धनराशि व्यय की गई है;
- (ख) क्या उक्त संस्थान में एलोपैथिक उपचार की सुविधा है तथा यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार की दिल्ली में अखिल भारतीय आयुर्वेद संस्थान का विस्तार करने की कोई योजना 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): अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), आयुष मंत्रालय, भारत सरकार के अधीन एक स्वायत्त शासी संस्थान है तथा शैक्षणिक प्रयोजन हेतु यह दिल्ली विश्वविद्यालय से संबद्ध है। अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली में 200 बिस्तर हैं तथा इसकी कुल लागत 137.00 करोड़ रु. है।

(ख): जी हां, एकीकृत चिकित्सा सेवाएं (आयुर्वेद तथा एलोपैथिक) के अंतर्गत अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली में निम्नलिखित एककों में एलोपैथिक उपचार उपलब्ध है-

1. सेंटर फॉर इंटीग्रेटिव डेन्टिस्ट्री
2. सेंटर फॉर इंटीग्रेटिव क्रिटिकल केयर एंड इमरजेंसी मेडिसिन
3. सेंटर फॉर इंटीग्रेटिव आर्थोपेडिक्स
4. सेंटर फॉर इंटीग्रेटिव डाइटेटिक्स एंड न्यूट्रीशन
5. केजुएलिटी ओपीडी सेक्शन

(ग) और (घ): जी हां, माननीय प्रधानमंत्री द्वारा दिनांक 29.10.2024 को अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली फेज-II का उद्घाटन किया गया था। आवासन और शहरी विकास मंत्रालय (एमओएचयू) ने फेज-III के अधीन एआईआईए, नई दिल्ली के विस्तार हेतु 12 एकड़ की भूमि आवंटित की है।

DENGUE CASES IN KARNATAKA

831: SHRI TEJASVI SURYA:

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

- (a) the number of cases of Dengue fever reported in Bengaluru and rest of the districts of Karnataka from January to November 2024;
- (b) the preventive control measures implemented to prevent further spread;
- (c) the monitoring mechanism deployed by the Government to prevent the surge of Dengue and other vector borne diseases in the country;

(d) whether the Government has data on the measures taken to strengthen the Entomological wing in Bruhat Bengaluru Mahanagara Palika (BBMP) and in other districts of the State and if so, the details there of including sanctioned, working and vacant posts, districts- wise;

(e) whether the Government has any data on the amount of fine collected till date in Karnataka for non-compliance of Aedes breeding prevention under the Karnataka Epidemic Diseases Act, 2020; and

(f) if so, the details thereof, month-wise and 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) As per the information received from the State of Karnataka, 15,565 cases of dengue fever were reported in Bengaluru and 16,156 in rest of districts in Karnataka from 1st January to 20th November, 2024.

(b) and (c) Health being a State subject, activities relating to Dengue prevention are performed by the State Government.

The Ministry of Health and Family Welfare, Director General of Health Services, National Center for Vector Borne Diseases Control (NCVBDC) and Regional Director, Bengaluru office are regularly monitoring the surge of Dengue and other Vector Borne Diseases in the country including Karnataka through regular reviews, reports submitted by the States/UTs and through field visits.

The following measures are undertaken to prevent and control spread of Dengue in the Country including Karnataka:

- (d) Under National Health Mission, adequate budgetary support is provided to all States/UTs for Dengue control activities viz. provision of domestic breeding checkers, insecticide, fogging machines etc., Dengue case management, training support, monitoring, awareness activities, etc.
- (e) 848 Sentinel Surveillance Hospitals with laboratory facility and 27 Apex Referral laboratories with advance diagnostic facilities have been identified across the country for surveillance and free of cost diagnosis of Dengue. Out of which, 37 Sentinel Surveillance Hospitals and one Apex Referral Laboratory are in Karnataka.
 - Test kits are provided to the identified laboratories through Indian Council of Medical Research (ICMR)- National Institute of Virology (NIV), Pune. Cost is borne by the Government of India.
 - Training have been imparted to Doctors on clinical management and to Entomologists on Integrated Vector Management.
 - Advisories have been issued from the Ministry and Director General of Health Services, to sensitize and forewarn states including Karnataka for preparedness to deal with any future outbreak.
 - Technical guidelines have been issued for prevention and control of Dengue, Integrated Vector Management, effective community participation and clinical guidelines for case management to states for implementation.

(d) As per the information received from the State Government of Karnataka, following steps have been taken by Bruhat Bengaluru Mahanagara Palike (BBMP) to strengthen the Entomological wing :

- 24 Junior Health Inspectors (3 per zone) have been trained about National Vector Borne Diseases Control Program (NVBDCP) to assist mosquito collection activity.
- Entomologist Consultant has been posted to monitor dengue control activities in BBMP.
- Notification dated 28.10.2024 has been issued by the State Government of Karnataka, regarding working arrangement of Assistant Entomologist to ensure the availability of technical Human Resource to carry out entomological activities in every district. District-wise and institution-wise details of Sanctioned, working and vacant posts of Assistant Entomologists are placed at the enclosed **Statement-I**.

(e) and (f) As per the information received from the State Government of Karnataka, till 20.11.2024, Rs. 6,50,000/- (Six lakhs and fifty thousand) and Rs. 35,000 (Thirty five thousand) have been collected by Competent Authority of BBMP, Bengaluru and Mangaluru Municipal Corporation, Mangaluru, respectively, as fine amount for non-compliance of Aedes prevention measures. Month-wise details of the fine collected as submitted by the State of Karnataka are attached at **enclosed Statement-II**.

<u>STATEMENT-I</u>					
Institution-wise sanctioned working and vacant status of Asst. Entomologists in Karnataka					
SI No	Name of District	Name of the Institution	Sanctioned	Working	Vacant
Bengaluru Zone					
1	Bangalore Urban	Directorate of HFW Services	1	1	0
2	Bangalore Urban	District VBDC Office	1	1	0
3	Bangalore Urban	State Surveillance Unit	1	0	1
4	Bangalore Urban	NAMP Zone	1	0	1
5	Bangalore Rural	District VBDC Office	1	1	0
6	Ramanagara	District Surveillance Unit	1	1	0

7	Kolar	District Surveillance Unit	1	1	0
8	Chikkaballapura	District Surveillance Unit	1	1	0
9	Tumkur	District Surveillance Unit	1	1	0
10	Davanagere	District Surveillance Unit	1	1	0
11	Chitradurga	District Surveillance Unit	1	1	0
12	Shimoga	District Surveillance Unit	1	1	0
13	Shimoga	Viral Diagnostic Laboratory	1	0	1
	Total		13	10	3

Mysuru zone					
14	Mysuru	District Surveillance Unit	1	1	0
15	Mysuru	NAMP Zone	1	0	1
16	Kodagu	District Surveillance Unit	1	1	0
17	Mandya	District Surveillance Unit	1	1	0
18	Hassan	District Surveillance Unit	1	1	0
19	Chamarajanagara	District Surveillance Unit	1	1	0
20	Chikkamagaluru	District Surveillance Unit	1	1	0

21	D. Kannada	District Surveillance Unit	1	1	0
22	Udupi	District Surveillance Unit	1	1	0
	Total		9	8	1
Belagavi Zone					
23	Belagavi	District Surveillance Unit	1	1	0
24	Belagavi	NAMP Zone	1	0	1
25	Bagalkot	District Surveillance Unit	1	1	0
26	Vijayapura	District Surveillance Unit	1	1	0
27	Dharwada	District Surveillance Unit	1	1	0

28	Haveri	District Surveillance Unit	1	1	0
29	Gadag	District VBDC Office	1	1	0
30	Uttara Kannada	District Surveillance Unit	1	1	0
	Total		8	7	1
Kalaburagi					
31	Kalaburagi	District Surveillance Unit	1	1	0
32	Kalaburagi	NAMP Zone	1	1	0
33	Yadagiri	District Surveillance Unit	1	1	0
34	Raichur	District Surveillance Unit	1	1	0
35	Koppal	District VBDC Office	1	1	0

36	Bidar	District Surveillance Unit	1	1	0
37	Ballari	District Surveillance Unit	1	1	0
38	Vijayanagara	District Surveillance Unit	1	1	0
	Total		8	8	0
39	State Hqrs	Directorate of HFW Services	2	1	1
40	State Hqrs	SSU	2	1	1
			4	2	2
	Total		38	33	5
	Grand total		42	35	7

STATEMENT II														
Month-wise and district-wise details of fine amount collected for non-compliance of Aedes breeding prevention by State of Karnataka during 2024 (till 20.11.24)														
S L N O	District	Janua	Februa	Marc	Apr					Augu	Septemb	Octob	Novemb	Total Fine amoun t collect ed in (Rs)
		ry	ry	h	il	May	June	July	st	er	er	20.11.20 24)		
1	Dakshina Kannada (Mangaluru City	1000	1000	1200	2800	5000	3000	5500	3500	4500	5500	2000	35000	

	Corporati on)												
2	Bengaluru City (Bruhat Bengaluru Mahanag ara Palike- BBMP)	2500	3000	3500	400 0	1600 0	1500 00	1500 00	15000 0	108000	50000	13000	650000
	Total Fine amount collected in (Rs)	3500	4000	4700	680 0	2100 0	1530 00	1555 00	15350 0	112500	55500	15000	685000

NATIONAL MEDICAL DEVICES POLICY, 2023**832. SHRI RAMASAHAYAM RAGHURAM REDDY:**

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

- (a) whether the Government has taken any measures to implement the National Medical Devices (NMD) Policy, 2023 in the country;
- (b) if so, the details thereof;
- (c) whether any plan of action has been framed to reduce import dependence by 70% as laid down in the said policy;
- (d) if so, the details thereof; and
- (e) the details of financial allocations made in specific pursuit of this intended target?

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): Yes, measures have been taken for implementation of the National Medical Devices Policy (NMDP-2023), which requires coordinated action from various departments and ministries, as well as, different divisions within the Department of Pharmaceuticals (DoP) responsible for executing specific strategies.

To monitor the timely implementation of the strategies envisaged under the National Medical Devices Policy, 2023, Department is regularly organizing review meetings. A portal has also been created to monitor action taken with departments and ministries concerned.

(c) and (d): 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. The major schematic interventions are as follows:-

(i) Production Linked Incentive Scheme for Promoting Domestic Manufacturing of Medical Devices (PLI MD): The Union Cabinet approved proposal on 20.03.2020 with the objective of the Scheme to boost domestic manufacturing and attract large investments in the Medical Devices Sector. The production tenure of the scheme is from FY 2020-2021 to FY 2027-28 with total financial outlay of Rs. 3,420 crore. The scheme provides for financial incentive to selected companies at the rate of 5% on incremental sales of medical devices manufactured in India and covered under the four target segments of the scheme, for a period of five (5) years. 32 applicants have been selected under the scheme. 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.

(ii) 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. The common facilities created will enable reduction in manufacturing cost and creation of a robust ecosystem for medical device manufacturing.

(e): No financial assistance is proposed under the National Medical Device Policy, 2023.

PRICING OF ESSENTIAL DRUGS

833. DR. NAMDEO KIRSAN:

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

(a) the criteria/guidelines prescribed by the Government/National Pharmaceutical Pricing Authority for determining and deciding prices of essential drugs including drugs used for treatment of cancer, diabetes, HIV, heart and kidney diseases;

(b) whether the prices of essential drugs and other drugs have increased manifold;

(c) if so, the details thereof and the reasons therefor; and

(d) the steps taken/proposed to be taken by the Government to control/reduce the prices of pharmaceuticals/drugs during each of the last three years and the current year and the extent to which success has been achieved 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):

(a) to (d): National Pharmaceutical Pricing Authority (NPPA) under Department of Pharmaceuticals (DoP) regulates the prices of drugs as per the National

Pharmaceuticals Pricing Policy, 2012 and provisions of Drugs (Prices Control) Order, 2013 (DPCO, 2013). The key principles of the policy are Essentiality of Drugs, Control of Formulations Pricing and Market Based Pricing. The National List of Essential Medicines (NLEM) of the Ministry of Health and Family Welfare (MHFW) is incorporated as Schedule-I of the DPCO, 2013. Medicines under NLEM, 2022 are mentioned according to their therapeutic category. Anti-cancer formulations including immunosuppressive and palliative care are mentioned under Section 7, Anti-diabetic medicines under section 18.3.1, Medicines used in HIV under Section 6.7, Cardiovascular Medicines under Section 10, and Diuretics are mentioned under Section 15 of Schedule-I of DPCO, 2013.

NPPA fixes ceiling prices of scheduled medicines specified in Schedule-I of the DPCO, 2013 in accordance with the provisions of DPCO, 2013. All manufacturers of scheduled medicines have to sell their products within the ceiling price (plus applicable Goods and Service Tax) fixed by the NPPA.

Ceiling prices of 926 scheduled formulations across various therapeutic categories are effective as on 25.11.2024. These includes 131 anti-cancer, 11 anti-diabetes, 29 anti-HIV, 65 cardio vascular, 1 haemodialysis solution and 10 Diuretics scheduled formulations.

Further the retail price of a new drug as defined in para 2(1)(u) of DPCO, 2013 are fixed by NPPA as per Para 5 of DPCO, 2013 for existing manufacturers of scheduled formulations. The retail price of a new drug is

applicable to the applicant manufacturer and marketer and they cannot sell the new drug above the price notified by NPPA. Upto 25.11.2024, retail price of around 3046 new drugs have been notified under DPCO, 2013 including drugs used for treatment of cancer, diabetes, HIV, heart and kidney diseases.

In case of non-scheduled formulation, a manufacturer is at liberty to fix the maximum retail price of a non-scheduled formulation (branded or generic) launched by it. However, as per the DPCO, 2013, the manufacturers of non-scheduled formulations are not allowed to increase the maximum retail price of such formulations by more than 10% of the maximum retail price in the preceding 12 months. Instances of overcharging are dealt with by NPPA under the relevant provisions of the DPCO, 2013.

As per provisions of DPCO, 2013, the ceiling prices of scheduled medicines are revised annually on the basis of Wholesale Price Index (WPI) (all commodities) for the preceding calendar year on or before 1st April of every year, which is notified by the Government on the 1st day of April every year.

The WPI increase is based on the data published by Department for Promotion of Industry and Internal Trade (DPIIT), Ministry of Commerce and Industry, Government of India. For the Financial year 2024-25, the annual change in WPI of all commodities worked out as 0.00551% during the calendar year 2023 over the corresponding period in 2022. Accordingly, the ceiling prices of the formulations have been increased by 0.00551% w.e.f. 01.04.2024. Although, the annual permitted increase in the prices of Scheduled drugs is

based on the increase in WPI (all commodities), the WPI increase is the maximum permissible increase which may or may not be availed of by the manufacturers based on market dynamics.

NELM, 2022 was notified on 11.11.2022 as Schedule-I of DPCO, 2013. The fixation of ceiling price of scheduled formulation under NLEM, 2022 has resulted in average reduction of 16.82% in the prevailing prices.

QUALITY OF SSP FERTILIZER IN ANDHRA PRADESH

834. SHRI G. LAKSHMINARAYANA:

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

- (a) whether the Government has set up a task force to improve the quality of Single Super Phosphate (SSP) fertilizer and promote its use as an alternative to Di-ammonium Phosphate(DAP);
- (b) if so, the recommendations made by the task force and steps taken to implement the same;
- (c) the details of initiatives undertaken by the Government to raise awareness among farmers in Andhra Pradesh about SSP as an alternative to DAP;

- (d) whether there is adequate supply and distribution of SSP fertilizer in Andhra Pradesh to meet current demand, especially during peak agricultural seasons; and
- (e) the details of any additional financial incentives or subsidies provided to encourage farmers in Andhra Pradesh to switch from DAP to SSP, along with the eligibility criteria for farmers to access them?

**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): Department of Fertilizers constituted Fertilizer Management Task Force 2024 which specially dealt with the issues of expediting the timely procurement of fertilizers to meet the requirement of the States and monitoring the state specific demand and supply of fertilizers on priority basis. The Companies were advised to promote the usage of alternate fertilizers including SSP in close coordination with the States and to procure sufficient quantities of fertilizers.

(c) and (d): Regular meetings have been held with States to address availability issues and advise them on use of alternate fertilizers. During the Rabi season (1.10.2024 to 25.11.2024) the PoS sale of SSP in Andhra Pradesh is 32,389 MTs compared to 26,496 MTs for the same period in previous Rabi Season.

The SSP Stock in Andhra Pradesh as on date is 55,910 MT which is comfortable.

(e): Government has implemented Nutrient Based Subsidy Policy w.e.f 01.04.2010 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. Subsidy on SSP under NBS Scheme for the Kharif Season 2024 was Rs. 4804 /MT which has increased to Rs. 5121 /MT for the Rabi Season 2024-25. Further, to promote its usage, SSP has been included under freight subsidy regime from Kharif, 2022.

PREVENTION OF EVM HACKING

835. ADV. CHANDRA SHEKHAR:

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

the details of safeguards to prevent tampering or hacking of Electronic Voting Machines (EVMs) particularly in light of allegations that EVMs can be manipulated?

**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):**

The Election Commission of India (ECI) has informed that EVM is a Standalone machine with no Radio frequency communication capability, hence cannot communicate through wireless, Bluetooth, Wi-Fi etc. The machine is electronically protected to prevent any tampering/manipulation. It *inter alia* incorporates several technical security features such as one time programmable chip, unauthorised access detect module, advance encryption techniques, strong mutual authentication capability, etc. Also, ECI has put in place stringent and secure administrative procedures such as strict security protocols during storage and movement (24x7 CCTV, armed security, logbook and GPS based vehicles etc.), opening and closing of EVM warehouse/strongroom during non-election period till counting is done in presence of the recognised political parties/candidates under videography. Further, first level checking, two stage randomisation of EVMs, commissioning, dispersal, mock poll, actual poll and counting etc. is done in the presence of representatives of recognised political parties/candidates accompanied with videography at every stage of the electoral process.

The ECI has also informed that approximately 42 petitions on EVM have been filed before various Hon'ble High Courts and Hon'ble Supreme Court of India. After going through various aspects of the technological soundness and the administrative measures involved in the use of EVMs, the courts have repeatedly held that EVMs are credible, reliable and tamperproof.

EXPORT OF AYURVEDIC PRODUCTS

836. SHRI CHAMALA KIRAN KUMAR REDDY:

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

(a) whether it is a fact that exports of Ayush and herbal products from the country in 2023-24

registered only a 3.6% growth and if so, the details thereof along with growth rate and export

amount during the last three years, year-wise;

(b) whether it is also a fact that approximately 20% of Ayurvedic product consignments face

rejection in international markets due to non-compliance with quality standards and if so, the

details thereof along with the reasons therefor;

(c) whether the Government has taken specific measures to align India's Ayurvedic product

standards with international quality requirements to reduce rejection rates; 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 PRATAPRO GANPATRAO JADHAV):

(a) As per Directorate General of Commercial Intelligence and Statistics (DGCIS) data, the details of growth rate and export amount during the last three years, year-wise is as follows:

Commodity	Value in US\$ 2021-22	Value in US\$ 2022-23	Value in US\$ 2023-24
Ayush and Herbal Products	612124787	628541727	651172561

(b) No such information is available with this Ministry.

(c) and (d) The measures taken by the Government to align India's Ayurvedic product standards with international quality requirements to reduce rejection rates are as follows:

Ministry of Ayush, Government of India has established Pharmacopoeia Commission for Indian Medicine and Homoeopathy (PCIMandH) as its subordinate office. PCIMandH on behalf of Ministry of Ayush lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASUandH) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASUandH drugs. As per the Drugs and Cosmetics Act, 1940 and rules thereunder, the compliance to this quality standards are mandatory for the production of ASUandH drugs being manufactured, sold and stocked in India. The standards

and quality parameters included in the Pharmacopoeias and Formularies of Ayurveda, Siddha, Unani and Homoeopathy (ASU and H) drugs prescribing mandatory regulatory standards have been identified as such to align the parameters prescribed by World Health Organisation (WHO)/other major pharmacopoeias prevalent worldwide. Implementation of these pharmacopoeial standards ensures that the medicines reaching to masses inland as well as globally conform to optimum quality standards in terms of identity, purity and strength. So far, 2259 quality standards on raw materials (single drugs of plant/ animal/ mineral/ metal/ chemical origin) used in ASU and H drugs, 405 quality standards of ASU formulations and 2666 formulary specifications of ASU drugs has been published. In addition to above, supporting documents in the form of Macro-Microscopic and TLC Atlas on 351 single drugs incorporated in Ayurvedic Pharmacopoeia of India (API) has also been published. PCIM and H also acts as the Central Drugs Laboratory for Indian Medicine and Homoeopathy for the purpose of testing or analysis of ASU and H Drugs.

Further, Ministry of Ayush encourages following certifications of Ayush products as per details below:-

- The scheme for Certification of Pharmaceutical Product (CoPP) as per World Health Organization (WHO) guidelines is extended to Ayurveda, Siddha and Unani (ASU) medicines. This scheme is administered by Central Drugs Standard Control Organization (CDSCO) and the certificate is granted on the

basis of joint inspection of the applicant manufacturing unit by the representatives of CDSCO, Ministry of Ayush and the concerned State Licensing Authority.

- Quality Certifications Schemes implemented by the Quality Council of India (QCI) for grant of Ayush Premium mark to Ayurvedic, Siddha and Unani products on the basis of third party evaluation of quality in accordance with the status of compliance to international standards.

संक्षारक और विषाक्त उत्पादों पर प्रतिबंध

837. श्री प्रवीन खंडेलवाल:

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

(क) क्या सरकार संक्षारक और विषैले सफाई उत्पादों, जिनसे स्वास्थ्य के लिए खतरा हो सकता है, पर प्रतिबंध लगाने का विचार रखती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या हार्पिक और लाइजोल जैसे कतिपय बड़े ब्रांड भारत में ऐसे संघटकों का उपयोग कर रहे हैं जो अन्य देशों में प्रतिबंधित हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या इस संबंध में कोई विनियामक मानक हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या इन खतरनाक पदार्थों की निगरानी करने और स्वास्थ्य पर उनके नकारात्मक प्रभाव का आकलन करने के लिए कोई तंत्र विकसित किया गया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार इस संबंध में ऐसे ब्रांडों के विरुद्ध कार्रवाई करने अथवा जागरुकता अभियान चलाने का विचार रखती 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 (ङ): ऐसे कीटाणुनाशक जिनका उद्देश्य मानव शरीर की संरचना या किसी कार्यप्रणाली को प्रभावित करना है अथवा मनुष्यों या पशुओं में बीमारी का कारण बनने वाले कीड़ों या कीटों को नष्ट करने के लिए उपयोग किया जाना है, का ड्रग्स के रूप में विनियमन ओषधि और प्रसाधन सामग्री अधिनियम, 1940 के प्रावधानों और अधिनियम की अनुसूची 'ट' के तहत किया जाता है। ओषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के अंतर्गत ऐसे प्रावधान किए गए हैं जिनके तहत केंद्र सरकार सार्वजनिक हित में किसी भी दवा के निर्माण आदि को विनियमित, प्रतिबंधित या नियंत्रित कर सकती है, यदि उन दवाओं के उपयोग से मनुष्यों या पशुओं को कोई खतरा होने की संभावना हो।

विपणन की गई दवाओं के संबंध में रिपोर्ट किए गए सुरक्षा मुद्दे की जांच केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा विशेषज्ञ समितियों/ औषधि तकनीकी सलाहकार बोर्ड (डीटीएबी) के परामर्श से की जाती है, जिनकी सिफारिशों के आधार पर देश में ऐसी दवाओं के विनिर्माण, बिक्री और वितरण को प्रतिबंधित किया जाता है।

दूरस्थ क्षेत्रों के रोगियों का चिकित्सा उपचार

838. श्री सुनील कुमार:

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

(क) क्या यह सच है कि उत्तर बिहार के पश्चिमी चम्पारण, पूर्वी चम्पारण, शिवहर और गोपालगंज तथा उत्तर प्रदेश के कुशीनगर जैसे दूरस्थ क्षेत्रों से बड़ी संख्या में गंभीर रोगियों को बेहतर इलाज सुविधाओं के लिए गोरखपुर, दरभंगा, पटना, लखनऊ और दिल्ली जाना पड़ता है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;

(ग) क्या पटना और दिल्ली जैसे क्षेत्रों के अस्पताल उक्त क्षेत्रों से बड़ी संख्या में आने वाले रोगियों को संभालने की स्थिति में हैं;

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

(ड) क्या सरकार पश्चिमी चम्पारण जिले के लोगों को बेहतर चिकित्सा सुविधाएं प्रदान करने के लिए उक्त जिलों में एम्स की स्थापना करने का विचार रखती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसे कब तक स्थापित किए जाने की संभावना है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क) से (ड): "जन स्वास्थ्य और अस्पताल" राज्य का विषय है। तथापि, प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई), जिसका उद्देश्य किफायती/विश्वसनीय विशिष्ट स्वास्थ्य सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को ठीक करना और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधा केन्द्रों को बढ़ाना है, के तहत 22 अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) को मंजूरी दी गई है, जिसमें बिहार राज्य में 2 एम्स शामिल हैं: एक एम्स पटना में जो पूर्णतया कार्यशील है और दूसरा एम्स दरभंगा में जिसके लिए राज्य सरकार ने सितंबर 2024 में 187.44 एकड़ जमीन सौंप दी है। इसके अलावा, बिहार में विशिष्ट स्वास्थ्य सुविधा केन्द्रों के विस्तार और मजबूती के लिए, पीएमएसएसवाई के एक अन्य घटक के तहत केंद्र-राज्य लागत साझाकरण के आधार पर सुपर स्पेशियलिटी ब्लॉक (एसएसबी) के निर्माण के माध्यम से निम्नलिखित छह (06) सरकारी मेडिकल कॉलेजों / संस्थानों के उन्नयन को मंजूरी दी गई है: (i) श्रीकृष्ण मेडिकल कॉलेज, मुजफ्फरपुर (ii) दरभंगा मेडिकल कॉलेज और अस्पताल, दरभंगा (iii) जवाहरलाल नेहरू मेडिकल कॉलेज, भागलपुर (iv) अनुग्रह नारायण मगध मेडिकल कॉलेज, गया (v) पटना मेडिकल कॉलेज और अस्पताल, पटना और (vi) इंदिरा गांधी आयुर्विज्ञान संस्थान, पटना में क्षेत्रीय नेत्र विज्ञान संस्थान। पीएमएसएसवाई के वर्तमान चरण में, बिहार के पश्चिम चंपारण जिले में एम्स की स्थापना का कोई प्रस्ताव नहीं है।

SHORTAGE OF STAFF IN AIIMS

839. SHRIMATI SAJDA AHMED:

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

- (a) whether the All India Institute of Medical Sciences (AIIMS) Delhi is currently facing a shortage of staff and faculty;
- (b) if so, the details of the steps taken/proposed to be taken by the Government to address these shortages and ensure that patient care and academic activities are not affected;
- (c) whether the Government is planning to extend the services of several experienced faculty members at AIIMS, Delhi nearing retirement in teaching and research realm; and
- (d) the steps taken/proposed to be taken by the Government to facilitate this process?

**THE MINISTER 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 present position of faculty and staff in All India Institute of Medical Sciences (AIIMS), New Delhi is as under:

Faculty		Non-Faculty	
Sanctioned	In-position	Sanctioned	In-position
1235	810	14343	12101

Recruitment of faculty and staff is a continuous process. To fill up vacant posts AIIMS regularly conducts Standing Selection Committee meetings, Nursing Officer Recruitment Common Eligibility Test (NORCET), Common Recruitment Examination (CRE) and Departmental Promotion Committee meetings.

(c) and (d): No. As per provision of Section 30(2) of AIIMS Regulations 2019, the retirement age for faculty is 65 years.

ADEQUATE MEDICAL SERVICES IN CHIKKABALLAPUR

840. DR. K. SUDHAKAR:

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

- (a) whether there is adequate stock of medicines across all Government hospitals in the country, if so, details thereof;
- (b) the steps taken/proposed to be taken by the Government to ensure that Primary Health Centers are able to provide specialized medical services across the country, if so, details thereof State/UT-wise;
- (c) the data regarding the number of specialist doctors available at various Government hospitals of Chikkaballapur;
- (d) whether there is any report of shortage of medical personnel/medicines across Government hospitals of Chikkaballapur Lok Sabha constituency, if so, the details thereof; and
- (e) the total number of persons who have successfully availed Ayushman Bharat treatment at Chikkaballapur?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND
MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(SHRI PRATAPRAO GANPATRAO JADHAV):

(a) and (b): In 2015, the Government of India launched the Free Drugs Service Initiative (FDSI) to improve access to free medicines at district hospitals, Community Health Centres (CHC), Primary Health Centres (PHC) and Sub-health Centre (SC). Under FDSI, financial support is given 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.

As per NHM norms, Medical Officers are deployed at each PHC. These PHC-AAMs also provide teleconsultation services, enabling Medical Officers to connect with specialists at secondary and tertiary care centres for specialized services.

(c) and (d): As per the State of Karnataka, the details of specialty doctors available at various Government Hospitals of Chikkaballapur is given below:

Sl. No.	Institutions	Sanctioned Strength	Working	Vacant
1	General Hospital	95	63	32

2	CHC	10	7	3
	Total	105	70	35

(e) As on 31.10.2024, a total of 2.90 lakh hospital admissions amounting to Rs. 191.06 crore have been authorized under AB PM-JAY for Chikkaballapur.

AYUSHMAN BHARAT-PMJAY

841. SHRI GODAM NAGESH:

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

- (a) whether the Government has recently launched the details of the implementation of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (ABPM-JAY) in the country;
- (b) if so, the details thereof;
- (c) whether the scheme is likely to cover 10.74 crore rural and urban individuals as identified in Socio Economic and Caste Census (SECC) 2011; and
- (d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE

(SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (d): Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (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.

MORE MEDICAL FUND FOR CRITICAL PATIENT

842. DR. KALYAN VAIJINATHRAO KALE:

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

- (a) whether it is a fact that a large number of patients are suffering due to insufficient funds sanctioned by the Government, if so, the details thereof;
- (b) whether the Government has any plan to provide more fund for critical patient, if so, the details thereof; and
- (c) whether the Government has taken any steps to sanction additional fund for critical patients and if so, the details thereof and if not, the reasons therefor?

**THE MINISTER OF STATE OF THE MINISTRY OF AYUSH; AND
MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE**

(SHRI PRATAPRAO GANPATRAO JADHAV):

(a) to (c) The Umbrella Scheme of Rashtriya Arogya Nidhi (RAN) is a Central Sector Scheme which provides one-time financial assistance to poor patients living below State/UT wise threshold poverty line and suffering from life threatening diseases relating to heart, kidney, liver, cancer, etc. for treatment at any of Super Specialty Government hospitals/institutes. The Umbrella Scheme of RAN has three components as under:

- i. Rashtriya Arogya Nidhi (RAN) - Financial assistance for treatment of life-threatening diseases relating to heart, kidney, liver, etc. at Government hospitals/institutes having Super Specialty facilities; (*Maximum financial assistance is Rs. 15 lakhs*)

ii. Health Minister's Cancer Patient Fund (HMCPF) - Financial assistance for treatment of cancer at Regional Cancer Centres (RCCs)/ Tertiary Care Cancer Centres (TCCC) and State Cancer Institutes (SCIs); (*Maximum financial assistance is Rs. 15 lakhs*)

iii. Financial assistance for poor patients suffering from rare diseases - for specified rare diseases for treatment at Government hospitals/institutes having Super Specialty facilities; (*Maximum financial assistance is Rs. 20 lakhs*)

More information on the Umbrella Scheme of Rashtriya Arogya Nidhi can be accessed at the link: <https://mohfw.gov.in/?q=Major-Programmes/poor-patients-financial-support>

Apart from this, there is a National Policy for Rare Diseases (NPRD), 2021 under which the Government provides financial assistance of upto Rs. 50 lakhs to the patients suffering from any category of the Rare Diseases listed in the policy for treatment in any of the Centres of Excellence (CoE) mentioned in NPRD-2021.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health cover of Rs. 5 lakh per family per year to poor and vulnerable entitled families for secondary and tertiary care hospitalization across public and private empanelled hospitals in India. Also, all senior citizens aged 70 or above, regardless of economic status, are eligible for free medical treatment

up to ₹5 lakh under this scheme. More information on AB-PMJAY can be accessed at the link: <https://pmjay.gov.in/>.

विशेष कॉल सेंटर

843.श्रीमती प्रतिभा सुरेश धानोरकर:

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

- (क) क्या राष्ट्रीय महिला आयोग ने महिलाओं की शिकायतों के समाधान के लिए विशेष कॉल सेंटरों की स्थापना करने के लिए सरकार को कोई प्रस्ताव भेजा है,
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार ने उक्त केन्द्रों की स्थापना से संबंधित सभी पहलुओं का कोई आकलन किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या सरकार द्वारा उक्त प्रस्ताव के कार्यान्वयन हेतु कोई उपाय शुरू किए गए हैं; और
- (ड.) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ड): राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) ने सूचित किया है कि विशेष कॉल सेंटर स्थापित करने का कोई प्रस्ताव सरकार को नहीं भेजा गया है। तथापि, यह मंत्रालय 1 अप्रैल, 2015 से महिला हेल्पलाइन (डब्ल्यूएचएल) योजना कार्यान्वित कर रहा है जो रेफरल सेवाओं को सुविधाजनक बनाती है और उन्हें पुलिस, वन स्टॉप सेंटर, संकल्प: एचयूबी) और अस्पतालों जैसे उपयुक्त प्राधिकरणों से जोड़ती है। यह एक एकल यूनिफॉर्म नंबर (181) के माध्यम से तनावग्रस्त अथवा जरूरतमंद महिलाओं को टोल फ्री 24x7x365 आपातकालीन और गैर-आपातकालीन सहायता प्रदान करता है। इस समय 35 राज्यों/संघ राज्य क्षेत्रों (पश्चिम बंगाल राज्य सरकार इस योजना को लागू नहीं कर रही है) में महिला हेल्पलाइन-181 कार्य कर रही है। इसने योजना के तहत

(31 अक्टूबर 2024 तक) लगभग 81.64 लाख महिलाओं को सहायता पहुंचाई गई है। डब्ल्यूएचएल को 34 राज्यों/संघ राज्य क्षेत्रों में आपातकालीन प्रतिक्रिया सहायता प्रणाली 112 (ईआरएसएस-112) हेल्पलाइन और 32 राज्यों/ संघ राज्य क्षेत्रों में बाल हेल्पलाइन (1098) के साथ एकीकृत किया गया है।

USE OF WASTEWATER FOR AGRICULTURE

844. DR. AMAR SINGH:

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

- (a) whether the Government has taken note of the views/suggestions that if 84 percent of nutrients lost in wastewater for agriculture and recovered and recycled, up to forty per cent of the national fertilizer consumption can be saved;
- (b) if so, the details of the initiatives proposed to be taken by the government in this regard; and
- (c) if not, the reasons therefor?

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

(a) to (c) : Nutrient recovery from wastewater and recycling nutrients from farm wastes as a nutrient source is very important to minimize the outside chemical inputs and achieve circular economy. Plant growth and yield potentials with

recovered nutrients are either similar or better than that of the conventional fertilizer, in the experimental cases carried out by ICAR. ICAR-Indian Institute of Farming Systems Research through AICRP on Integrated Farming Systems and All India Network Programme on Organic Farming carried out research on Integrated farming systems and organic farming in 26 States / Union Territories which focussed on the recycling of farm waste including waste water. The results showed the potential of nutrient recycling which are being up scaled in the farmers field through various government schemes. The ICAR also imparts training to educate farmers and provide technical backstopping in this regard. However, the experiments revealed that the contamination of the recovered nutrient with toxic compounds is a major concern.

मेडिकल शॉप में सीसीटीवी कैमरा

845. श्री दिनेश चंद्र यादव:

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

(क) क्या सरकार ने देश भर में सभी मेडिकल दुकानों में सीसीटीवी कैमरे लगाने के लिए कोई निर्देश जारी किए हैं; और

(ख) 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): महिला और बाल विकास मंत्रालय द्वारा दी गई जानकारी के अनुसार, राष्ट्रीय बाल अधिकार संरक्षण आयोग (एनसीपीसीआर) ने नारकोटिक्स कंट्रोल ब्यूरो (एनसीबी) के सहयोग से

09.02.2021 को “बच्चों में नशीली दवाओं और मादक द्रव्यों के सेवन की रोकथाम और दुर्व्यापार” के संबंध में एक संयुक्त कार्य योजना तैयार की है और उसे शुरू किया है। संयुक्त कार्य योजना के तहत, बच्चों को मनोविकार नाशी पदार्थों की बिक्री को रोकने के लिए फार्मसी/केमिस्ट शॉप पर अनुसूची “एच”, “एच1” और “एक्स” दवाओं की बिक्री की निगरानी के लिए सीसीटीवी कैमरे लगाने के लिए धारा 133, दंड प्रक्रिया संहिता (सीआरपीसी), 1973 के तहत आदेश जारी करने के लिए एनसीपीसीआर द्वारा राज्यों/संघ राज्य क्षेत्रों और जिला मजिस्ट्रेट को दिनांक 10.10.2022 को एडवाइजरी जारी की गई है। जिलों से प्राप्त आंकड़ों के अनुसार, मार्च 2024 तक ऐसी दवाएं बेचने वाली मेडिकल/फार्मसी दुकानों में कुल 3,69,727 सीसीटीवी कैमरे लगाए जा चुके हैं।

मेडिकल कॉलेज में पदों का सृजन

846. श्री दरोगा प्रसाद सरोज:

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

(क) विगत 20 वर्षों के दौरान केन्द्र सरकार द्वारा संचालित चिकित्सा महाविद्यालयों में अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग और सामान्य वर्गों के लिए सहायक प्रोफेसर, एसोसिएट प्रोफेसर और प्रोफेसर के रूप में सृजित नियमित पदों की कुल संख्या कितनी है और उन पर की गई भर्ती का ब्यौरा क्या है;

(ख) सहायक प्रोफेसर, एसोसिएट प्रोफेसर और प्रोफेसर के पदों पर संविदा आधार पर कार्यरत अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्ग और सामान्य श्रेणी के कर्मचारियों की कुल संख्या का श्रेणी-वार मेडिकल कॉलेज या संस्थान-वार ब्यौरा क्या है; और

(ग) अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग की आरक्षित श्रेणियों के लिए सृजित पदों की तुलना में नियमित अथवा ठेका आधार पर कार्यरत सामान्य श्रेणी के कर्मचारियों

की राज्य/संघ राज्यक्षेत्र-वार, संस्था/महाविद्यालय-वार कुल संख्या कितनी है और अवकाश अथवा बिना विराम के कितने महीनों की अवधि के लिए ये कर्मचारी संविदा आधार पर कार्य कर रहे हैं?

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

(क) से (ग): स्वास्थ्य और परिवार कल्याण विभाग के अंतर्गत आने वाले तीन केंद्रीय सरकारी मेडिकल कॉलेजों में संकाय पद समय-समय पर आवश्यकता के आधार पर सृजित किए जाते हैं। ये मेडिकल कॉलेज नामतः डॉ. राम मनोहर लोहिया अस्पताल से संबद्ध अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान (एबीवीआईएमएस), सफदरजंग अस्पताल से संबद्ध वर्धमान महावीर मेडिकल कॉलेज (वीएमएमसी) और लेडी हार्डिंग मेडिकल कॉलेज (एलएचएमसी) हैं। पदों के सृजन के बाद आरक्षण रॉस्टर लागू किया जाता है। केंद्रीय स्वास्थ्य सेवा के शिक्षण उप-संवर्ग में संकाय के स्वीकृत पदों की कुल संख्या 1711 है। इनमें से 1119 पद (अनारक्षित-682, ओबीसी-222, एससी-154, एसटी-61) नियमित आधार पर भरे हुए हैं। 592 पद (अनारक्षित-253, ओबीसी-215, एससी-80, एसटी-44) रिक्त हैं। वर्तमान में, उपर्युक्त तीन केंद्रीय सरकारी मेडिकल कॉलेजों में 90 संकाय पद (सामान्य-69, ओबीसी-9, एससी-11, एसटी-1) संविदा के आधार पर कार्यरत हैं।

मध्य प्रदेश में मेडिकल कॉलेज

847. श्री दर्शन सिंह चौधरी:

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

(क) क्या सरकार मध्य प्रदेश के नर्मदापुरम और नरसिंहपुर जिलों में चिकित्सा महाविद्यालय स्थापित करने का विचार रखती है;

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

(ग) क्या सरकार द्वारा मध्य प्रदेश के नर्मदापुरम, नरसिंहपुर और रायसेन जिलों के ग्रामीण क्षेत्रों में गुणवत्तापूर्ण स्वास्थ्य सुविधाएं उपलब्ध कराने के लिए स्वास्थ्य अवसंरचना के विकास हेतु कोई कदम उठाए गए हैं; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) स्वास्थ्य और परिवार कल्याण मंत्रालय अल्पसेवित क्षेत्रों और आकांक्षी जिलों, जहां कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है, को प्राथमिकता देते हुए मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना के लिए एक केन्द्रीय प्रायोजित योजना (सीएसएस) संचालित करता है। केन्द्र और राज्य सरकारों के बीच निधियन साझाकरण तंत्र पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, मध्य प्रदेश के विभिन्न जिलों में 14 मेडिकल कॉलेज (चरण- I में दतिया, खंडवा, रतलाम, शहडोल, विदिशा, छिंदवाड़ा और शिवपुरी; चरण- II में सतना और चरण- III में राजगढ़, मंडला, नीमच, मंदसौर, शिवपुर और सिंगरौली) को अनुमोदित किया गया है, जिनमें से 10 कार्यशील हैं।

मौजूदा राज्य सरकार/केन्द्र सरकार के मेडिकल कॉलेजों के स्तरोन्नयन हेतु एमबीबीएस (यूजी) सीटों और पीजी सीटों की संख्या में वृद्धि करने के लिए सीएसएस के तहत, मध्य प्रदेश राज्य को 1020 करोड़ रुपये की कुल अनुमोदित लागत से 11 मेडिकल कॉलेजों में 850 एमबीबीएस सीटें बढ़ाने और 702.21 करोड़ रुपये की कुल अनुमोदित लागत से 06 मेडिकल कॉलेजों में 849 पीजी सीटें बढ़ाने के लिए वित्तीय सहायता प्रदान की गई है।

FUNDS ALLOCATED UNDER NEW SUBSIDY SCHEMES

848: SHRIMATI DAGGUBATI PURANDESWARI:

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

- (a) the total amount allocated and disbursed under the new subsidy schemes for chemical fertilizers in the last 5 years, State-wise details;
- (b) the number of farmers benefitted from subsidy schemes, categorized by small, medium, and large farmers particularly in Andhra Pradesh;
- (c) the impact of subsidies on the cost of production for farmers, supported by comparative data from previous periods; and
- (d) the measures taken to ensure the efficient distribution and utilization of subsidized fertilizers, along with any observed improvements in crop yields?

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

(a): The details of subsidy amount allocated and disbursed in the last five years is available and is as below:

Year	Amount Allocated (Rs. in Crore)	Amount Disbursed (Rs. in Crore)
2019-20	83467.85	83467.85
2020-21	138527.30	131229.51

2021-22	162072.12	157640.08
2022-23	254798.88	254798.88
2023-24	197457.18	195420.51

(b): The Government provides subsidy to ensure adequate availability of fertilizers at affordable prices to the farmers. Under 'DBT in Fertilizers' system, 100% subsidy on various fertilizer grades is released to the fertilizer companies, on actual sales to the beneficiaries based on Aadhar authentication through POS devices installed at each retail shop. All farmers (including small, medium and large farmers) are being supplied fertilizers at the subsidized rates on non-denial basis. The number of beneficiaries in Andhra Pradesh year wise is as under:

Year	Buyer Count
2019-20	1156757
2020-21	1946250
2021-22	2420757
2022-23	2576865
2023-24	2519432
2024-25 (as on 25.11.2024)	1848703

(c): The mandate of Department of Fertilizers is to ensure timely availability of fertilizers at affordable rates to the farming community. Accordingly, urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP) of Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable) and the MRP has remained unchanged since 01.03.2018 to till date. The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacture/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

In case of Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 1.4.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized PandK fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S) to improve availability of fertilizers to farmers. The Government monitors international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for PandK fertilizers annually / bi-annually. Thus, the entire subsidy scheme is focused towards timely availability of fertilizers at affordable prices to farmers. The data on total subsidy expenditure for the last 5 years is as under:

Sl.No.	Year	Total Subsidy Expenditure on PandK fertilizers (Rs. in Crore)	Total Subsidy Expenditure on Urea (Rs. in Crore)
1	2019-20	26368.85	57099.00
2	2020-21	37372.46	93857.03
3	2021-22	52770.00	104870.12
4	2022-23	86122.00	168676.65
5	2023-24	65199.57	130220.94

(d): Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DAandFW) assesses the State-wise and month-wise requirement of fertilizers. To fulfil this requirement of fertilizers in the States across the country, as per assessment done by DAandFW, Department of Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plans. The movement of all major subsidized fertilizers is monitored through web-based monitoring system called integrated Fertilizer Monitoring System (iFMS). Further, during the peak agricultural seasons, Department of Fertilizers regularly takes up the matter with Ministry of Railways to provide additional rakes for ensuring adequate and timely availability of fertilizers.

CHILD CARE INSTITUTIONS

849. SHRI SASIKANTH SENTHIL:

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

- (a) the details of the timeline for verifying and including children for Child Care Institutions (CCIs) in the foster care and adoption pool;
- (b) the details of the process used to assess the fitness of guardians in cases of foster care, specifically with regard to mental health and terminal illness criteria; and
- (c) the details of the mechanisms proposed by the Government to monitor the well-being of children placed in foster care and ensure accountability for their care?

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

(a): The Juvenile Justice (Care and Protection of Children) Act, 2015 (as amended in 2021) and the Adoption Regulations framed thereunder mention the timeline for Authorities and Agencies regarding adoption. Further, it has been requested that States/UTs must carry out an identification drive every two months for identifying children in the Child Care Institutions for foster care and adoptions.

(b): The fitness of guardians in cases of foster care is determined on the basis of Home Study Report. As per provisions of Rule 23(12) of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (as amended in 2022), the applicants for foster care are required to submit their medical fitness certificates as well as of family members.

(c): Rule 23 (18) of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 envisages that the Child Welfare Committees conduct monthly inspection of foster families or foster care givers in Form 35 to check the well being of the child. Besides, the District Child Protection Unit maintains a record of each child in foster care as per Form 34 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (as amended in 2022).

टेलीमेडिसिन तकनीक नेटवर्क

850. श्री मनसुखभाई धनजीभाई वसावा:

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

(क) देश में बेहतर स्वास्थ्य सेवाएं प्रदान करने के लिए टेलीमेडिसिन तकनीक के उपयोग की वर्तमान स्थिति क्या है;

(ख) क्या सरकार देश में विशेषकर ग्रामीण और वंचित क्षेत्रों में टेलीमेडिसिन नेटवर्क का विस्तार करने का विचार रखती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) इस प्रयोजनार्थ आवंटित और उपयोग की गई निधियों 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) स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) ने आयुष्मान भारत योजना के तहत नीतिगत अंतर्क्षेप के रूप में टेलीमेडिसिन सेवाएं शुरू की हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) ने सी-डैक मोहाली के साथ तकनीकी सहयोग से 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) हासिल करना है। इसे दो प्रकारों में लागू किया गया है: (i) ई-संजीवनी एबी-एचडब्ल्यूसी/आयुष्मान आरोग्य मंदिर - एक प्रदाता-से-प्रदाता टेलीमेडिसिन प्लेटफॉर्म, जिसे 2019 में विकसित किया गया और (ii) ई-संजीवनी ओपीडी - एक रोगी-से-प्रदाता टेलीमेडिसिन प्लेटफॉर्म, जिसे 2020 में विकसित किया गया।

24 नवंबर 2024 तक ई-संजीवनी प्लेटफॉर्म के माध्यम से कुल 31,64,73,391 टेली-परामर्श पूरे किए जा चुके हैं। यह सुविधा वर्तमान में प्रतिदिन लगभग 4,50,000 रोगियों को सेवा प्रदान कर रही है। ई-संजीवनी (टेलीमेडिसिन) सेवा 1,29,654 से अधिक आयुष्मान आरोग्य मंदिरों (स्पोक) और

सभी राज्यों/संघ राज्य क्षेत्रों में विभिन्न भौगोलिक स्थानों और विविध क्षेत्रों में स्थित 16,510 से अधिक केंद्रों में चालू है। ई-संजीवनी पहल की शुरुआत से लेकर अब तक 2,26,376 से अधिक डॉक्टर/पैरामेडिक्स इसके अंतर्गत शामिल और प्रशिक्षित किए जा चुके हैं। अब तक टेलीमेडिसिन के लिए 7528.93 लाख रुपये की राशि आवंटित की गई है और 7238.61 लाख रुपये का उपयोग किया गया है।

छत्तीसगढ़ में चिकित्सा महाविद्यालय

851. श्री विजय बघेल:

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

(क) देश विशेषकर छत्तीसगढ़ में इस समय चल रहे अवर स्नातक और स्नातकोत्तर चिकित्सा महाविद्यालयों का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(ख) क्या दुर्ग संसदीय निर्वाचन क्षेत्र के अंतर्गत भिलाई इस्पात संयंत्र द्वारा 800 बिस्तरों वाले जवाहरलाल नेहरू चिकित्सा एवं अनुसंधान केन्द्र का संचालन किया जाता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार के पास उक्त अस्पताल में अवर स्नातक और स्नातकोत्तर चिकित्सा महाविद्यालय शुरू करने का कोई प्रस्ताव लंबित है;

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

(ङ) क्या सरकार की इतने बड़े अस्पताल में चिकित्सा महाविद्यालय खोलने की कोई योजना 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): सरकार ने देश में मेडिकल कॉलेजों की संख्या में वृद्धि की है। मेडिकल कॉलेजों की संख्या वर्ष 2014 से पहले 387 से 101.5% की वृद्धि के साथ अब 780 हो गई है। देश में मेडिकल कॉलेजों का राज्य-वार व्यौरा संलग्न **विवरण** में दिया गया है।

इस्पात मंत्रालय द्वारा दी गई सूचना के अनुसार जवाहरलाल नेहरू अस्पताल और अनुसंधान केंद्र दुर्ग संसदीय निर्वाचन क्षेत्र के अंतर्गत भारतीय इस्पात प्राधिकरण लिमिटेड भिलाई इस्पात संयंत्र द्वारा संचालित 860 बिस्तर वाला अस्पताल है। इस समय उक्त अस्पताल में यूजी और पीजी मेडिकल कॉलेज शुरू करने संबंधी कोई प्रस्ताव विचाराधीन नहीं हैं।

विवरण

लेखा वर्ष 2024-2025 के संबंध में देश भर में स्थित मेडिकल कॉलेजों का राज्य/संघ राज्य क्षेत्र-

वार समेकन

क्र.स.	राज्य/संघ राज्य क्षेत्र का नाम	कॉलेजों की कुल संख्या
1	अंडमान एवं निकोबार द्वीप	1
2	आंध्र प्रदेश	38
3	अरुणाचल प्रदेश	1
4	असम	14
5	बिहार	22
6	चंडीगढ़	1
7	छत्तीसगढ़	16
8	दादरा एवं नगर हवेली	1
9	दिल्ली	10
10	गोवा	1
11	गुजरात	41
12	हरियाणा	15

13	हिमाचल प्रदेश	8
14	जम्मू और कश्मीर	12
15	झारखंड	9
16	कर्नाटक	73
17	केरल	34
18	मध्य प्रदेश	31
19	महाराष्ट्र	80
20	मणिपुर	4
21	मेघालय	2
22	मिजोरम	1
23	नगालैंड	1
24	ओडिशा	19
25	पुदुचेरी	9
26	पंजाब	13
27	राजस्थान	43
28	सिक्किम	1
29	तमिलनाडु	77
30	तेलंगाना	65
31	त्रिपुरा	3
32	उत्तर प्रदेश	86
33	उत्तराखंड	10

34	पश्चिम बंगाल	38
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आयुष के अंतर्गत अनुसंधान और विकास परियोजनाएं

852. डॉ. लता वानखेड़े:

श्री ई. टी. मोहम्मद बशीर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) आयुष विभाग के अंतर्गत अनुसंधान और विकास परियोजनाओं सहित चालू योजनाओं का ब्यौरा क्या है और इसके क्या प्रभाव पड़े हैं;
- (ख) सरकार द्वारा आयुष केन्द्रों/सेवाओं को देश के ग्रामीण और दूरस्थ क्षेत्रों में आयुष की सुगमता बनाने के लिए इनका और विस्तार करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है; और
- (ग) सरकार द्वारा देश में वर्ष 2024 में राज्य/संघ राज्यक्षेत्र-वार कुल कितने आयुष केन्द्र खोले गए हैं?

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

(श्री प्रतापराव गणपतराव जाधव):

- (क): आयुष मंत्रालय आयुष पद्धति के समग्र विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से वर्ष 2014-15 से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और उनके द्वारा प्रस्तुत राज्य वार्षिक कार्य योजनाओं (एसएएपी) के आधार पर एनएएम दिशा-निर्देशों के प्रावधानों के अनुसार विभिन्न गतिविधियों के तहत उन्हें वित्तीय सहायता प्रदान कर रहा है। मिशन अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों के लिए प्रावधान करता है:-

- I. मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य एवं वेलनेस केंद्रों का संचालन जिसे अब आयुष्मान आरोग्य मंदिर (आयुष) का नाम दिया गया है।
- II. प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं की सह-स्थापना।
- III. मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।
- IV. मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास पर) के लिए भवन का निर्माण/उन क्षेत्रों में नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण, जहां कोई आयुष सुविधाएं उपलब्ध नहीं हैं।
- V. 10/30/50 बिस्तरों तक के एकीकृत आयुष अस्पतालों की स्थापना।
- VI. राजकीय आयुष अस्पतालों, राजकीय औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को जरूरी औषधियों की आपूर्ति।
- VII. आयुष जन स्वास्थ्य कार्यक्रम।
- VIII. उन राज्यों में नए आयुष महाविद्यालयों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- IX. आयुष स्नातकपूर्व संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/पीजी/फार्मसी/पैरामेडिकल पाठ्यक्रमों को शामिल करना।

एनएएम के तहत, एसएएपी की विभिन्न अनुमोदित गतिविधियों के कार्यान्वयन के लिए वर्ष 2014-15 से 2023-24 तक राज्यों/संघ राज्य क्षेत्रों को कुल 4534.28 करोड़ रुपये की अनुदान सहायता जारी की गई है। केंद्रीय टीमों द्वारा किए गए क्षेत्रीय दौरों और तीसरे पक्ष के मूल्यांकन द्वारा की गई टिप्पणियों के अनुसार, यह देखा गया है कि एनएएम योजना के कार्यान्वयन के बाद, समुदाय में आयुष पद्धति के प्रति जागरूकता बढ़ी है और देश के विभिन्न आयुष स्वास्थ्य सुविधाओं में रोगियों की संख्या में भी वृद्धि हुई है। इसके अलावा, यहां यह उल्लेख करना उचित है कि वर्ष

2015-16 में एनएएम योजना के लिए कुल आवंटन 78.32 करोड़ रुपये था, जिसे वर्ष 2023-24 में बढ़ाकर 1200 करोड़ रुपये कर दिया गया है। यह दर्शाता है कि आयुष की मांग में वृद्धि हुई है।

इसके अलावा, आयुष मंत्रालय वर्ष 2021-22 से आयुर्ज्ञान नामक एक केंद्रीय क्षेत्र की योजना भी कार्यान्वित कर रहा है, जिसका उद्देश्य शैक्षणिक गतिविधियों, प्रशिक्षण, क्षमता निर्माण आदि प्रदान करके आयुष में अनुसंधान और नवाचार का समर्थन करना है। इस योजना के तहत, योजना की शुरुआत से अभी तक 30 शोध परियोजनाओं का समर्थन किया गया है। इसके अतिरिक्त, अभी तक इस मंत्रालय ने समर्थित अनुसंधान परियोजनाओं का मूल्यांकन करने के लिए कोई प्रभाव अध्ययन/मूल्यांकन नहीं किया है।

(ख): जन स्वास्थ्य राज्य का विषय होने के कारण, देश के ग्रामीण और दूरदराज के क्षेत्रों तक इसे सुलभ बनाने के लिए आयुष केंद्रों/सेवाओं का विस्तार संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आता है। एनएएम के तहत, ऐसे क्षेत्र में नए आयुष औषधालय की स्थापना के लिए वित्तीय सहायता का प्रावधान है जहां कोई आयुष सुविधाएं उपलब्ध नहीं हैं और जिसके लिए राज्य/संघ राज्य क्षेत्र सरकारों को एनएएम दिशानिर्देशों के प्रावधान के अनुसार एसएएपी के माध्यम से प्रस्ताव प्रस्तुत करना आवश्यक है। इसके अलावा, भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में आयुष सुविधाओं के सह-स्थापन की नीति अपनाई है, इस प्रकार रोगियों को एक ही स्थान पर विभिन्न चिकित्सा पद्धतियों के लिए विकल्प प्रदान किया गया है। आयुष चिकित्सकों/पैराचिकित्सकों की नियुक्ति और उनके प्रशिक्षण को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा समर्थित किया जाता है, जबकि आयुष अवसंरचना उपकरण/फर्नीचर तथा औषधियों के लिए समर्थन आयुष मंत्रालय द्वारा राष्ट्रीय आयुष मिशन (एनएएम) के तहत साझा जिम्मेदारी के रूप में प्रदान किया जाता है।

(ग): चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए आयुष केंद्रों को खोलना संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के कार्यक्षेत्र में आता है। हालांकि, एनएएम के तहत राज्य/संघ राज्य क्षेत्र की सरकारों को 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए वित्तीय सहायता का प्रावधान है। राज्यों/संघ राज्य क्षेत्रों से उनके एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, देश के विभिन्न भागों में 167 एकीकृत आयुष अस्पतालों (आईएएच) को सहायता प्रदान की गई है। वर्ष 2014-15 से 2023-24 तक स्वीकृत 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएएच) की स्थिति का व्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

वर्ष 2014-15 से 2023-24 तक समर्थित अनुमोदित 10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों (आईएएच) की स्थिति

राज्य/संघ राज्य क्षेत्र	स्थान (जिला)	चिकित्सा पद्धति	बिस्तरों की संख्या	स्थिति
अंडमान एवं निकोबार द्वीप	पोर्ट ब्लेयर (दक्षिण अंडमान)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
आंध्र प्रदेश	काकीनाडा	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन

	विशाखापत्तनम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
अरुणाचल प्रदेश	यिंगकिओंग (अपर सियांग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
	सेप्पा (ईस्ट किमांग)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माण कार्य शुरू नहीं हुआ
	जीरो (लोवर सुबांसिरी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माण कार्य शुरू नहीं हुआ
	भालुकपोंग (वेस्ट किमांग)	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन
	लीकाबाली (लोवर सियांग)	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन
असम	गोलपाड़ा	आयुर्वेद	50	कार्यशील
	माजुली	आयुर्वेद	50	कार्यशील
	कोकराझार	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ

	बक्सा	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
	मोरीगांव	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
	कालियाबोर (नगांव)	आयुर्वेद और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
	दिफू (कार्बी एंगलोंग)	आयुर्वेद और होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
	बाजाली	आयुर्वेद और होम्योपैथी	10	निर्माण कार्य शुरू नहीं हुआ
बिहार	पटना	आयुर्वेद, होम्योपैथी, यूनानी और योग	50	निर्माण पूरा हुआ
चंडीगढ़	चंडीगढ़	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
छत्तीसगढ़	जांगिड़ चंपा	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	महासमुंद	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
	कोरिया	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन

	कोरबा	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
	कांकेर (उत्तर बस्तर कांकेर)	आयुर्वेद, होम्योपैथी और यूनानी	10	कार्यशील
	नारायणपुर	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	बीजापुर	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	दंतेवाड़ा (दक्षिण बस्तर दंतेवाड़ा)	आयुर्वेद, होम्योपैथी और यूनानी	10	निर्माणाधीन
	दल्ली राजहरा (बलोड)	आयुर्वेद	30	निर्माण पूरा हुआ
दादरा व नागर हवेली और दमण व दीव	सिल्वासा (दादरा और नागर हवेली)	आयुर्वेद	50	निर्माणाधीन
गोवा	मारगावो (दक्षिण गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन

	वेलजुएम (उत्तर गोवा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
गुजरात	सूरत	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन
हरियाणा	हिसार	आयुर्वेद, होम्योपैथी, यूनानी और योग	50	कार्यशील
हिमाचल प्रदेश	कुल्लू	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	मंडी	आयुर्वेद, सोवा रिग्पा, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
जम्मू-कश्मीर	किश्तवाड़	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	कुपवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन

	बिलावर	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	कुलगाम	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
	सांबा	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	गादी गढ़ (जम्मू)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	10	निर्माण कार्य शुरू नहीं हुआ
	बंदीपार्यी (बारामुला)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
झारखंड	रांची	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
	गुमला	आयुर्वेद और होम्योपैथी	10	निर्माण कार्य शुरू नहीं हुआ
	बोकारो	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन

	देवघर	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
	पलामू	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
	दुमका	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
	जमशेदपुर (पूर्वी सिंहभूम)	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
कर्नाटक	गदग	आयुर्वेद और होम्योपैथी	50	कार्यशील
	मंगलौर दक्षिण कन्नड़)	आयुर्वेद और होम्योपैथी	50	कार्यशील
	त्रिथाहल्ली (शिवमोगा)	आयुर्वेद और होम्योपैथी	10	निर्माण कार्य शुरू नहीं हुआ
केरल	चालाकुडी (त्रिशूर)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
	मट्टनूर (कन्नूर)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ

	अडूर (पथनमथिष्टा)	होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माण कार्य शुरू नहीं हुआ
	अष्टापडी (पलक्कड़)	आयुर्वेद, होम्योपैथी, सिद्ध और योग एवं प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
	कोट्टारकरा (कोल्लम)	आयुर्वेद, सिद्ध और योग एवं प्राकृतिक चिकित्सा	30	निर्माण कार्य शुरू नहीं हुआ
	वायनाड	आयुर्वेद और योग	30	निर्माण कार्य शुरू नहीं हुआ
	इडुक्की	होम्योपैथी और योग	30	निर्माण कार्य शुरू नहीं हुआ
	अरनमुला (पथनमथिष्टा)	आयुर्वेद और योग	30	निर्माण कार्य शुरू नहीं हुआ
	वर्कला (तिरुवनंतपुरम)	योग एवं प्राकृतिक चिकित्सा	30	निर्माण कार्य शुरू नहीं हुआ
	कप्पुकड़ (तिरुवनंतपुरम)	आयुर्वेद, सिद्ध और योग	50	निर्माण कार्य शुरू नहीं हुआ
लक्षद्वीप	कवारत्ती (लक्षद्वीप)	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील

महाराष्ट्र	नंदुरबार	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
	सिंधुदुर्ग	आयुर्वेद, होम्योपैथी और यूनानी	30	निर्माण पूरा हुआ
	पुणे	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
	अहमदनगर	आयुर्वेद, होम्योपैथी और यूनानी	30	कार्यशील
	धाराशिव (उस्मानाबाद)	आयुर्वेद, होम्योपैथी और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
	जलगांव	आयुर्वेद, होम्योपैथी और यूनानी	30	निर्माण कार्य शुरू नहीं हुआ
	जालना	आयुर्वेद, होम्योपैथी और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
	थाणे	आयुर्वेद, होम्योपैथी और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
	नागपुर	आयुर्वेद, होम्योपैथी और यूनानी	50	निर्माण कार्य शुरू नहीं हुआ
मणिपुर	मोरेह (टेंग्नौपाल)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	कार्यशील

	चुराचाँदपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
	क्वाकेथेल कोनजेंग लेइकाई (इम्फाल पश्चिमी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	केइराओ एसी (इम्फाल पूर्वी)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	चंदेल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
	जिरीबाम	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
	कांगपोकपी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
	बिश्रुपुर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन

	नोनी	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
	थौबल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
	सेनापति	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	10	निर्माणाधीन
मध्य प्रदेश	भोपाल	आयुर्वेद और योग	50	कार्यशील
	इंदौर	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन
	नरसिंहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	अमरकंटक (अनुपपुर)	आयुर्वेद, यूनानी, होम्योपैथी	50	निर्माणाधीन
	मंडलेश्वर (खरगोन)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	बालाघाट	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन

	सीहोर	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माणाधीन
	गुना	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
	पन्ना	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
	भिंड	आयुर्वेद, यूनानी और होम्योपैथी	50	निर्माण कार्य शुरू नहीं हुआ
	बड़वानी	आयुर्वेद, यूनानी और होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
मेघालय	सोहरा (चेरापुंजी) (पूर्वी खासी हिल्स)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माण पूरा हुआ
	उमट्रे (री भोई)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	जोवाई (पश्चिमी जयंतिया हिल्स)	होम्योपैथी, योग और आयुर्वेद	30	निर्माणाधीन
मिजोरम	आइजोल	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन

	सैतुल	आयुर्वेद और होम्योपैथी	10	निर्माणाधीन
नागालैंड	नोकलाक, तुएनसांग (नोकलाक)	आयुर्वेद, होम्योपैथी और योग	30	कार्यशील
	रजा, चेडेमा (कोहिमा)	आयुर्वेद, होम्योपैथी और योग	50	कार्यशील
	सपांग्या (चुंगटिया) (मोकोक्चुंग)	आयुर्वेद, होम्योपैथी और योग	50	निर्माणाधीन
	याचेम (लॉंगलेंग)	आयुर्वेद, होम्योपैथी और योग	30	निर्माणाधीन
	किफायर (किफायर)	होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
	तिजित (मोन)	आयुर्वेद, होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
	अकुहाईतो (जुन्हेबोटो)	आयुर्वेद, होम्योपैथी	30	निर्माण कार्य शुरू नहीं हुआ
	ओडिशा	ढेंकनाल	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50

	बहरामपुर (गंजम)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	बालासोर	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
पुडुचेरी	विलियानूर (पुडुचेरी)	आयुर्वेद, होम्योपैथी और सिद्ध	50	कार्यशील
	यनम	आयुर्वेद, होम्योपैथी और सिद्ध	50	निर्माणाधीन
पंजाब	डुनकी (मोगा)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	दयालपुर सोढिया जीरकपुर (एसएस नगर) (पुराना नाम मोहाली)	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
राजस्थान	भीलवाड़ा	आयुर्वेद, होम्योपैथी और यूनानी,	50	कार्यशील

	अजमेर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
	चुरु	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
	बीकानेर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
	जयपुर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
	सीकर	आयुर्वेद, होम्योपैथी और यूनानी	50	कार्यशील
	सवाई माधोपुर	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
	भरतपुर	आयुर्वेद, होम्योपैथी और यूनानी, योग एवं प्राकृतिक चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ
सिक्किम	क्योंगसा, पश्चिम सिक्किम (ग्यालसिंह)	आयुर्वेद और होम्योपैथी	50	कार्यशील
	एनआईटी, देवराली (गंगटोक)	सोवा- रिग्पा	30	निर्माणाधीन

तमिलनाडु	थेनी	सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	तिरुवन्नामलाई	सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	पुदुक्कोट्टई	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	नमक्कल	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	चेन्नई	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
तेलंगाना	सिद्धीपेट	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन

	विकाराबाद	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
	जयशंकर भूपालपल्ली	आयुर्वेद, होम्योपैथी और यूनानी, सिद्ध, योग एवं प्राकृतिक चिकित्सा	50	निर्माणाधीन
त्रिपुरा	पैराडाइज़ चौमुहानी, अगरतला (पश्चिमी त्रिपुरा)	आयुर्वेद, होम्योपैथी और योग एवं प्राकृतिक चिकित्सा	50	कार्यशील
	दक्षिण सबरूम (दक्षिण त्रिपुरा)	आयुर्वेद, होम्योपैथी और योग	50	निर्माण पूरा हुआ
उत्तर प्रदेश	जौनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	30	निर्माणाधीन
	बुलंदशहर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	बिल्हौर (कानपुर नगर)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील

	पश्चिम कल्ली (लखनऊ)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	बदरासी (वाराणसी)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	नवाब गंज (बरेली)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	बस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	सिराथू कौशाम्बी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	सोनभद्र	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	उरई (जालौन)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	संत कबीर नगर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	सहारनपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	देवरिया	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील

	ललितपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	अमेठी	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	कानपुर देहात	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	फिरोजपुर (बलिया)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	रायबरेली	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	बागपत	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	फतेहपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माण पूरा हुआ
	श्रावस्ती	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	उन्नाव	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	हरदोई	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन

	गोरखपुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	संभल	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	मिर्जापुर	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
उत्तराखंड	हल्द्वानी (नैनीताल)	आयुर्वेद और होम्योपैथी	50	कार्यशील
	जखणीधर (टिहरी गढ़वाल)	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
	टनकपुर (चंपावत)	आयुर्वेद और होम्योपैथी	50	निर्माणाधीन
	पथरी (हरिद्वार)	आयुर्वेद, यूनानी, होम्योपैथी और योग	10	निर्माणाधीन
	कोटद्वार (पौड़ी)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	निर्माणाधीन
	भीमताल (नैनीताल)	आयुर्वेद, यूनानी, होम्योपैथी और योग	10	निर्माणाधीन
	पिरन कलियार (हरिद्वार)	यूनानी चिकित्सा	50	निर्माण कार्य शुरू नहीं हुआ

पश्चिम बंगाल	तपसीखाता (अलीपुरद्वार)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	अबास खास जंगल (पश्चिम मिदनापुर)	आयुर्वेद, यूनानी, होम्योपैथी और योग	50	कार्यशील
	कुल = 167 इकाइयाँ		बिस्तर 50 वाले- 114 30 वाले- 22 10 वाले- 31	कार्यशील- 47 निर्माण कार्य शुरू नहीं हुआ- 35 निर्माण पूर्ण- 17 निर्माणाधीन- 68 कुल- 167

MEASURE FOR STABILIZING FERTILIZER PRICES

853. SHRI E. T. MOHAMMED BASHEER:

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

- the measures taken/proposed to be taken to stabilize fertilizer prices to prevent them from affecting the income of farmers;
- whether there is any revisions planned for the subsidy schemes on fertilizers, especially for small and marginal farmers; and

- (c) whether the Government is considering any plan to ensure that subsidies are efficiently reaching the intended beneficiaries 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):

- (a): Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP) irrespective of the cost of production. The subsidized MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

In case of Phosphatic and Potassic (PandK) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 1.4.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided to manufacturer / importer on subsidized PandK fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S) to improve availability of fertilizers to farmers. The Government monitors international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for PandK fertilizers

annually / bi-annually. In addition, in order to ensure smooth availability of fertilizers at affordable prices to farmers, Government has provided special packages on DAP over and above the NBS subsidy rates on need basis so that Maximum Retail Price (MRP) of the fertilizers remains stable and market volatility are subsumed. In 2024-25, the Government has approved one-time special package on DAP beyond the NBS rates on actual PoS (Point of Sale) sale of DAP for the period from 01.04.2024 till 31.12.2024 @ ₹ 3500 per MT to the PandK fertilizer companies with approximate financial implication of ₹2625 crores to ensure sustainable availability of DAP at affordable prices to the farmers and support the agriculture sector and related activities and strengthen food security scenario in the country. Thus, the entire subsidy scheme is focused towards timely availability of fertilizers at affordable prices to farmers.

(b): No.

(c): Under the fertilizer Direct Benefit Transfer (DBT) system, 100% subsidy is released to the fertilizers companies on the basis of actual sales made by the retailers to the beneficiaries. To ensure that the subsidy reaches the intended beneficiary, under DBT, sale of all subsidized fertilizers to farmers/ buyers is made through Point of Sale (PoS) devices installed at each retailer shop and the beneficiaries are identified through Aadhaar Card, KCC, Voter Identity Card etc.

SALARY STRUCTURE UNDER NATIONAL HEALTH MISSION

854: SHRI SHREYAS M. PATEL:

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

- (a) the details of the existing salary structure and welfare measures available for National Health Mission (NHM) personnel, including doctors, nurses and support staff across the country, State/UT wise;
- (b) the total strength of NHM personnel, categorized by role, across all districts of Karnataka;
- (c) the funds allocated by the Union Government to Karnataka under the NHM over the past five years, year-wise; and
- (d) whether there is any proposal to increase the salaries of NHM doctors, health workers and support staff to improve retention and motivation 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) All the administrative and personnel matters related to health human resource lie with the respective State/UT Governments. Under National Health Mission, Ministry (NHM) of Health and Family Welfare provides financial and technical support to States/UTs to strengthen their healthcare systems based on the requirements posed by them in their Programme Implementation Plans (PIPs) within their overall resource envelope.

The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District

Hospital and below) as per Indian Public Health Standards (IPHS). 5% of the total Human Resource (HR) budget is approved as increment to all human resource for health (HRH) engaged under NHM and 3% of the total HR budget is recommended for HR rationalization within which the State has a discretion to decide the actual increment. HR rationalization exercise and its principles, including increments, are approved by State Health Society Governing Body (SHS GB). NHM contributes to EPF (Employer's contribution) @ 13.36% for staff drawing salary less than or equal to Rs. 15000 per month as on/ after 1st April 2015. Further, the guidelines for Human Resources for Health (HRH) is available in public domain at:

<https://nhsrcindia.org/sites/default/files/2022-04/Final%20Guideline%20on%20Human%20Resources%20for%20Health%20for%20NHM.pdf>

A total of 28,864 posts have been approved under NHM for the State of Karnataka in the ROP 2024-26. The details are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1andlevel=0andlinkid=61andlid=74>

The details of the funds released by Central Government to the State of Karnataka under NHM over past five years from Financial Year (FY) 2019-20 to FY 2023-24 are as under:

(Rs. In Cr.)

S No.	Financial Year	Amount Released
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1	2019-20	1,173.77
2	2020-21	1,232.19
3	2021-22	1,274.71
4	2022-23	1,246.67
5	2023-24	1,187.60

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

आयातित उर्वरकों का मूल्य

855. श्री राम प्रसाद चौधरी:

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

- (क) विगत तीन वर्षों के दौरान देश में आयात की गई उर्वरकों की मात्रा और मूल्य का उर्वरक-वार और वर्ष-वार ब्यौरा क्या है;
- (ख) उर्वरकों के आयात पर होने वाले व्यय को कम करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का विचार है;
- (ग) क्या देश में उर्वरकों की कमी के कारण किसानों को बुआई के मौसम के दौरान कठिनाइयों का सामना करना पड़ता है और यदि हां, तो उत्तर प्रदेश सहित तत्संबंधी राज्य-वार ब्यौरा क्या है; और
- (घ) सरकार द्वारा उक्त समस्या के समाधान के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है?

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

(क): वर्ष 2021-2022 से 2023-2024 तक आयातित यूरिया की मात्रा और कीमत का वर्षवार विवरण निम्नानुसार है:

वित्तीय वर्ष	आयात मात्रा (लाख मीट्रिक टन में)	मूल्य (मिलियन अमेरिकी डॉलर में)
2021-2022	91.36	6,041.06
2022-2023	75.80	4,751.29
2023-2024	70.42	2,608.31

इसके अलावा, यह सूचित किया जाता है कि सभी पीएण्डके उर्वरक पोषक-तत्व आधारित सब्सिडी (एनबीएस) स्कीम के तहत खुले सामान्य लाइसेंस (ओजीएल) के अंतर्गत आते हैं। कंपनियों द्वारा वाणिज्यिक रूप से व्यवहार्य शर्तों पर इनका आयात किया जाता है। वर्ष 2021-22 से 2023-24 तक देश में आयातित पीएण्डके (डीएपी, एमओपी और एनपीके) उर्वरकों की मात्रा (कंपनियों द्वारा दी गई सूचना के अनुसार) निम्न तालिका में दी गई है:

-2-

<मात्रा लाख मीट्रिक टन में>

वित्तीय वर्ष	डीएपी	एनपीके	एमओपी*
	कंपनियों द्वारा दी गई सूचना के अनुसार		
2021-2022	54.62	11.70	24.60
2022-2023	65.83	27.52	18.66
2023-2024	55.67	22.17	28.69

* एमओपी में औद्योगिक और कृषि दोनों उपयोग शामिल हैं।

(ख): देश में यूरिया की स्वदेशी उत्पादन क्षमता को बढ़ाने के लिए भारत सरकार ने फटलाइजर कॉर्पोरेशन ऑफ इंडिया लिमिटेड (एफसीआईएल) की रामागुंडम (तेलंगाना), गोरखपुर (उत्तर

प्रदेश), सिंदरी (झारखंड) और तालचेर (ओडिशा) इकाइयों और हिन्दुस्तान फर्टिलाइजर कॉर्पोरेशन लिमिटेड (एचएफसीएल) की बरौनी (बिहार) इकाई को पुनर्जीवित करने के लिए नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनी (जेवीसी) के माध्यम से 12.7 एलएमटीपीए क्षमता के नए अमोनिया-यूरिया संयंत्रों की स्थापना के लिए अधिदेशित किया है। रामागुंडम और गोरखपुर इकाइयों को क्रमशः 22.03.2021 और 07.12.2021 को चालू किया गया है। इसके अलावा, बरौनी और सिंदरी इकाइयों ने क्रमशः 18.10.2022 और 05.11.2022 को यूरिया उत्पादन शुरू कर दिया। इन चार संयंत्रों ने देश में स्वदेशी यूरिया उत्पादन क्षमता में प्रति वर्ष 50.8 लाख मीट्रिक टन की वृद्धि की है और यूरिया की आयात निर्भरता को कम करने में मदद की है।

सरकार ने फास्फेटयुक्त और पोटेशियुक्त (पीएण्डके) उर्वरकों के लिए 01.04.2010 से पोषक-तत्व आधारित सब्सिडी नीति लागू की है। इस नीति के अंतर्गत अधिसूचित पीएण्डके उर्वरकों पर उनमें निहित पोषक-तत्व के आधार पर वार्षिक/द्विवार्षिक आधार पर सब्सिडी की एक नियत राशि उपलब्ध कराई जाती है। पीएण्डके क्षेत्र नियंत्रणमुक्त है और उर्वरक कंपनियां बाजार के उतार चढ़ाव के अनुसार उर्वरकों का उत्पादन/आयात करती हैं।

उर्वरकों के आयात को कम करने के लिए सरकार ने निम्नलिखित उपाय किए हैं:

- (i) शीरे से प्राप्त पोटेश(पीडीएम), जो 100% स्वदेशी रूप से विनिर्मित उर्वरक है, को पोषक-तत्व आधारित सब्सिडी (एनबीएस) स्कीम के अंतर्गत अधिसूचित किया गया है जो एमओपी का विकल्प है और 100% आयातित है।
- (ii) एसएसपी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है पर माल भाड़ा सब्सिडी, को मृदा में फास्फेटयुक्त या 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी उपयोग को बढ़ावा देने के लिए खरीफ, 2022 से लागू है।

(ग) और (घ): चालू रबी 2024-25 मौसम के लिए उत्तर प्रदेश सहित देश के सभी राज्यों के लिए उर्वरकों अर्थात् यूरिया, डीएपी, एमओपी और एनपीकेएस की आवश्यकता, उपलब्धता, बिक्री और समापन स्टॉक के संबंध में डेटा संलग्न **विवरण** में दिए गए हैं।

31	तमिलनाडु	6.00	2.77	4.22	2.45	1.79	1.30	0.60	1.02	0.63	0.40
32	तेलंगाना	9.80	3.12	5.00	1.24	3.78	1.50	0.55	0.69	0.34	0.35
33	त्रिपुरा	0.10	0.02	0.11	0.02	0.09	0.01	0.00	0.00	0.00	0.00
34	उत्तराखंड	1.03	0.30	0.47	0.19	0.28	0.15	0.10	0.25	0.13	0.12
35	उत्तर प्रदेश	39.00	10.83	23.33	7.54	15.79	15.00	10.00	8.82	6.97	1.87
36	पश्चिम बंगाल	8.20	2.27	5.47	1.61	3.79	1.75	0.62	1.02	0.50	0.56
	अखिल भारत	186.89	70.63	116.98	50.91	66.01	52.05	32.13	34.50	24.89	9.75

- सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता
- सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

राज्य	एमओपी					एनपीकेएस				
	रबी 2024-25 के लिए मौसमी आवश्यकता	01/10/2024 से 25/11/2024 तक यथापुपातित आवश्यकता	01/10/2024 तक 25/11/2024 तक उपलब्धता	01/10/2024 से 25/11/2024 तक संचयी डीबीटी बिक्री	25/11/2024 को समापन स्टॉक	रबी 2024-25 के लिए मौसमी आवश्यकता	01/10/2024 से 25/11/2024 तक यथानुपातिक आवश्यकता	01/10/2024 से 25/11/2024 तक उपलब्धता	01/10/2024 से 25/11/2024 तक संचयी डीबीटी बिक्री	25/11/2024 तक समापन स्टॉक
अण्डमान और निकोबार द्वीप समूह	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
आंध्र प्रदेश	0.80	0.37	0.82	0.30	0.51	9.00	3.54	6.42	3.23	3.00
अरुणाचल प्रदेश	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
असम	0.28	0.13	0.14	0.04	0.09	0.35	0.16	0.20	0.08	0.00
बिहार	1.15	0.68	1.27	0.51	0.77	4.00	2.57	2.90	1.34	1.00
चंडीगढ़	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
छत्तीसगढ़	0.15	0.08	0.31	0.03	0.28	0.60	0.31	0.39	0.08	0.00
दमदरा और नगर हवेली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
दमन और दीव	#एनए	0.00	0.00	0.00	0.00	# एनए	0.00	0.00	0.00	0.00
दिल्ली	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
गोवा	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
गुजरात	0.64	0.33	0.60	0.31	0.30	4.00	1.83	3.30	2.19	1.00
हरियाणा	0.30	0.09	0.39	0.10	0.28	1.20	0.50	0.72	0.56	0.00
हेमाचल प्रदेश	0.03	0.01	0.02	0.00	0.01	0.21	0.08	0.16	0.06	0.00
जम्मू और कश्मीर	0.13	0.02	0.04	0.01	0.03	0.02	0.00	0.00	0.00	0.00
झारखंड	0.03	0.02	0.03	0.00	0.02	0.30	0.18	0.28	0.09	0.00
कर्नाटक	0.65	0.24	0.99	0.32	0.69	6.30	1.73	6.33	2.82	3.00
केरल	0.40	0.17	0.36	0.21	0.14	0.60	0.24	0.47	0.32	0.00
लक्षद्वीप	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
मध्य प्रदेश	0.60	0.28	0.83	0.34	0.50	6.00	3.25	4.66	3.69	0.00
महाराष्ट्र	1.00	0.24	1.21	0.27	0.95	12.00	3.36	8.18	3.17	5.00
मणिपुर	0.02	0.00	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00
मेघालय	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
मेजोरम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
नागालैंड	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ओडिशा	0.25	0.06	0.26	0.05	0.21	0.75	0.13	0.72	0.17	0.00
पुद्दुचेरी	0.01	0.00	0.01	0.00	0.00	0.04	0.01	0.04	0.02	0.00
पंजाब	0.50	0.28	0.52	0.18	0.34	1.50	1.13	0.99	0.66	0.00
राजस्थान	0.10	0.05	0.16	0.08	0.08	1.50	1.20	1.61	1.27	0.00
सिक्किम	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
तमिलनाडु	1.20	0.49	0.81	0.37	0.44	6.00	2.59	3.08	1.90	1.00
तेलंगाना	0.70	0.23	0.46	0.15	0.32	7.00	2.42	3.63	1.35	2.00
त्रिपुरा	0.02	0.00	0.05	0.01	0.04	0.01	0.00	0.02	0.00	0.00
उत्तराखंड	0.05	0.03	0.06	0.01	0.05	0.20	0.09	0.08	0.07	0.00
उत्तर प्रदेश	1.25	0.85	1.55	0.82	0.73	8.50	5.75	6.26	4.79	1.00
पश्चिम बंगाल	1.70	0.62	1.26	0.39	0.88	7.00	3.19	4.23	1.80	2.00
अखिल भारत	11.95	5.26	12.15	4.50	7.69	77.10	34.27	54.66	29.65	25.00

INDIAN FISHERMEN DETAINED IN FOREIGN JAILS

856. KUMARI SUDHA R. :

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

(a) the number of Indian fishermen arrested by foreign Governments and detained in their jails and the number of fishing boats and trawlers in the custody of foreign Governments;

(b) the steps taken/proposed to be taken by the Government to ensure release of the fishermen along with their fishing vessels, which are the source of livelihoods of the arrested fishermen;

(c) whether the Government has copies of letters sent to these foreign nations;

(d) if so, the details thereof, along with the action taken by the said countries in response to these letters;

(e) whether the Government plans to take up the vexed issue of Tamil Nadu fishermen being arrested frequently by the Sri Lankan security forces with the International Court of Justice as it involves maritime boundary dispute with Sri Lanka; and

(f) 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) Details of apprehended fishermen and fishing boats in foreign countries till 2024:

Country	Number of Fishermen in custody	Number of Boats/Trawlers in custody

Sri Lanka	141 (45 under trial, 96 serving sentences)	198
Bangladesh	95	06
Pakistan	211*	1172
Bahrain	37	Nil
Saudi Arabia	25	Nil
Qatar	04	Nil

*As per the list exchanged on [1 July 2024](#) on the basis of India-Pakistan 'Agreement on Consular Access' signed on [21 May 2008](#).

Government of India attaches highest priority to the safety, security and welfare of Indian fishermen. The fishermen issue is dealt with in a bilateral manner and the Government has been taking up the fishermen issues, including the early release and repatriation of Indian fishermen and fishing boats, with respective governments through diplomatic channels, various official interactions and established bilateral mechanisms. The matter of early release and repatriation of Indian fishermen is consistently raised with respective countries at all levels and it is conveyed that this issue may be considered purely on humanitarian and livelihood grounds. Further, our Missions and Consulates in respective countries make regular visits to local jails and detention centres to ascertain the condition of Indian fishermen and provide requisite help and support, including legal assistance. Our Missions also provide necessary travel documents to facilitate repatriation of released fishermen to India.

With respect to Sri Lanka, during his visit in [October 2024](#), EAM discussed the issues related to fishermen with the new political leadership. The issue is also dealt with through bilateral institutional mechanisms such as the regular meetings of the bilateral Joint Working Group on fisheries, which includes representatives from the Government of Tamil Nadu. The last JWG meeting on fisheries was held on [29 October 2024](#). With sustained diplomatic efforts, the Government has secured the release and repatriation of 363 fishermen during the current year, with an additional 12 fishermen released and currently in the process of being repatriated.

The matter regarding release of fishermen from Bangladesh is presently sub-judice.

As per the India-Pakistan 'Agreement on Consular Access' signed on [21 May 2008](#), lists of civilian prisoners and fishermen of each country, lodged in the jails of the other, are exchanged on 1 January and 1 July of every year. However, Pakistan does not acknowledge the number of Indian Fishing Boats in their custody.

(e) to (f) The issues faced by fishermen are bilateral in nature and accordingly, discussions are held bilaterally between India and Sri Lanka at various levels. Further, there are institutionalized mechanisms such as the Joint Working Group on Fisheries between India and Sri Lanka, involving various stakeholders from both sides, which meet periodically to discuss the entire gamut of issues related to fishermen from both countries.

IMPACT OF POLLUTION ON HEALTH**857. SHRI RAJIV PRATAP RUDY:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:-

(a) the number of people who have developed disabilities linked to pollution in recent years in the country, State/UT-wise particularly in Bihar;

(b) whether studies have identified a connection between exposure to PM 2.5 and an increase in cases of lung disease and cancer, especially in Bihar, and if so, whether Bihar has the highest rate of such cases in the country;

(c) whether the State of Bihar is disproportionately affected in terms of health impacts due to

climate change, particularly in relation to respiratory and other pollution-related diseases;

(d) if so, the reasons therefor; and

(e) the steps taken/proposed to be taken by the Government to equip hospitals in Bihar and States across the country to diagnose, treat and manage health conditions caused by pollution and climate-related impacts, including any specialized facilities, personnel training, or financial assistance provided for this purpose?

THE MINISTER 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): Air pollution is one of the aggravating factors for respiratory ailments and associated diseases, however, there are no conclusive data available in the

country to establish direct correlation of disease exclusively due to air pollution. Health effects of air pollution are synergistic manifestation of factors which include food habits, occupational habits, socioeconomic status, medical history, immunity and heredity etc. of the individuals.

(e): MoHFW provides technical and financial support to the States/UTs including the State of Bihar to strengthen the public healthcare system, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. This financial support is also provided for implementation of the National Programme on Climate Change and Human Health for the following activities:

- To increase general awareness among all the relevant stakeholders including people especially vulnerable communities, health-care providers and policy makers regarding impacts of climate change on human health and ways to address them
- Observance of important days on environment and health
- Training on climate change and health for Programme Officers, Medical Officers, Specialists, Community Health Workers, PRI members, Sentinell Site Nodal Officers
- Strengthening the Surveillance System

Government of India has also taken several steps to address air pollution issues which are given in the enclosed **Statement**.

STATEMENT

Government of India has taken several steps to address air pollution issues across the country including the state of Bihar. These include:

- I. Implementation of National Programme for Climate Change and Human Health(NPCCHH) with objective to create awareness, capacity building, health sector preparedness and response and partnerships related activities on the climate sensitive health issues in the country since 2019;
 - i. NPCCHH, MoHFW has developed the Health Adaptation Plan for diseases due to Air Pollution.
 - ii. NPCCHH, MoHFW had also developed State Action Plan on Climate Change and Human Health for all 36 State/UTs including the state of Bihar. This State specific action plan contains dedicated chapter on Air Pollution which suggests interventions to reduce the impact.
 - iii. Ministry of Health and Family welfare issues Public Health advisories to State/UTs suggesting ways to reduce the impact of Air Pollution.
 - iv. Nationwide Public Awareness Campaigns are organized in coordination with States annually for World Environment Day (June), International Day of Clean Air for blue skies (September) and National Pollution Control Day (December).
 - v. Dedicated training modules have been developed in area of Air Pollution for Programme Managers, Medical Officers and Nurses, Nodal Officers Sentinel sites, Frontline workers like ASHA,

vulnerable groups like women and Children, Occupationally exposed groups like Traffic Police, Municipal worker

- vi. IEC materials have been developed targeting Air Pollution related illnesses in both English, Hindi and also regional languages. NPCCHH has also developed customized IEC materials targeting various vulnerable groups such as School Children, Women, Occupational vulnerable groups like Municipality workers, etc.
 - vii. Series of National Level Capacity Building workshops have been conducted annually to prepare Master Trainers (State level Trainers) who can cascade down the training at State/District level in the areas of Air pollution related illnesses and Surveillance. NPCCHH also supported various State Level Trainings to build capacity of District Nodal Officer on the domain areas of Air pollution
 - viii. Early warning system/Alerts for Air Pollution as well as Air Quality forecasts are disseminated from Indian Meteorological Department to States and Indian Cities to prepare the Health sector as well as Community including vulnerable population.
- II. Pradhan Mantri Ujjwala Yojana (PMUY) aims to safeguard the health of women and children by providing them with a clean cooking fuel Liquid Petroleum Gas (LPG).
 - III. Swachh Bharat Mission to clean up streets, roads and infrastructure of India's cities, smaller towns, and rural areas. Swachh Hawa is an integral component of Swachh Bharat.

- IV. Ministry of Environment, Forest and Climate Change has launched National Clean Air program in 2019 as a national level strategy to reduce air pollution levels across the country.

डीएपी और यूरिया उर्वरकों की कीमतों में वृद्धि

858. श्रीमती गनीबेन नागाजी ठाकोर:

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

- (क) डीएपी और यूरिया उर्वरकों की बढ़ती कीमतों को रोकने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का विचार है;
- (ख) क्या इन उर्वरकों के उत्पादन में कोई कमी आई है; और
- (ग) यदि हां, तो उर्वरकों का उत्पादन बढ़ाने के लिए सरकार द्वारा क्या कदम उठाए गए हैं/उठाए जाने का विचार है?

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

(क): फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों में, पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम के तहत, प्रमुख उर्वरकों और कच्चे माल के अंतरराष्ट्रीय मूल्यों को ध्यान में रखते हुए सब्सिडी तय की जाती है और उतार-चढ़ाव, यदि कोई हो, को पीएंडके उर्वरकों के लिए वार्षिक/द्वि-वार्षिक आधार पर एनबीएस दरों को तय करते समय शामिल किया जाता है। खरीफ 2024 के दौरान, डीएपी के संबंध में प्रति मीट्रिक टन सब्सिडी ₹21676 थी जबकि रबी 2024-25 के दौरान, डीएपी के संबंध में प्रति मीट्रिक टन सब्सिडी ₹21911 तय की गई है। इसके अतिरिक्त, किसानों को वहनीय मूल्यों पर डीएपी की सहज उपलब्धता सुनिश्चित करने के उद्देश्य से सरकार ने आवश्यकता के आधार पर एनबीएस सब्सिडी दरों के अतिरिक्त डीएपी पर विशेष पैकेज प्रदान किए हैं। 2024-25 में, सरकार ने किसानों को सस्ती कीमतों पर डीएपी की सतत उपलब्धता सुनिश्चित करने और कृषि क्षेत्र एवं संबंधित गतिविधियों का समर्थन करने और देश में खाद्य सुरक्षा परिदृश्य को सुदृढ़ करने के लिए ₹ 2625 करोड़ के अनुमानित वित्तीय निहितार्थ के साथ पीएण्डके उर्वरक कंपनियों को ₹ 3500 प्रति मीट्रिक टन की

दर पर 01.04.2024 से 31.12.2024 तक की अवधि के लिए डीएपी की वास्तविक पीओएस (प्वाइंट ऑफ सेल) बिक्री पर एनबीएस दरों के अतिरिक्त डीएपी पर एक-बारगी विशेष पैकेज को मंजूरी दी है।

किसानों को यूरिया की उत्पादन लागत पर ध्यान दिए बिना सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर उपलब्ध कराया जाता है। यूरिया के 45 किग्रा बोरी की सब्सिडी प्राप्त एमआरपी 242 रुपए प्रति बोरी है (नीम लेपन के प्रभार और लागू करों को छोड़कर)। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार प्राप्ति के बीच के अंतर को भारत सरकार द्वारा यूरिया उत्पादक/आयातक को सब्सिडी के रूप में दिया जाता है। तदनुसार, सभी किसानों को सब्सिडी प्राप्त दरों पर यूरिया की आपूर्ति की जा रही है।

-2-

(ख) और (ग): यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 और 7 अक्टूबर, 2014 को इसके संशोधन की घोषणा की थी। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामतः गोरखपुर, सिंदरी और बरौनी क्रमशः उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा कार्यकुशल हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अतः, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान की 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) बढ़कर वर्तमान में 283.74 एलएमटीपीए हो गई है। इसके अतिरिक्त, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों के जेवीसी नामतः तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने हेतु एक विशेष नीति का भी अनुमोदन किया गया है।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन को बढ़ाकर अधिकतम करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति

(एनयूपी)-2015 भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन 2014-15 के दौरान हुए उत्पादन की तुलना में 20-25 एलएमटीपीए तक बढ़ा है। इन उपायों से यूरिया उत्पादन 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष से बढ़कर 2023-24 के दौरान 314.07 एलएमटी हो गया है।

फॉस्फेटयुक्त और पोटेशियुक्त उर्वरकों (पीएण्डके) के मामले में, कंपनियां अपनी कारोबार के उतार-चढ़ाव के अनुसार उर्वरक के कच्चे माल, मध्यवर्ती और तैयार उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं। अनुरोधों के आधार पर, विनिर्माण को बढ़ावा देने और उर्वरक उत्पादन में देश को आत्मनिर्भर बनाने की दृष्टि से एनबीएस सब्सिडी स्कीम के तहत नई विनिर्माण इकाइयों या मौजूदा इकाइयों की विनिर्माण क्षमता में वृद्धि को मान्यता दी गई है/रिकॉर्ड में लिया गया है। इसके अतिरिक्त, शीरे (पीडीएम) से प्राप्त पोटेश, जो 100% स्वदेशी रूप से निर्मित उर्वरक है, को बढ़ावा देने के लिए इसे 13.10.2021 से पोषक तत्व आधारित सब्सिडी (एनबीएस) प्रणाली के तहत अधिसूचित किया गया है। इसके अलावा, एसएसपी पर मालभाड़ा सब्सिडी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है, को खरीफ 2022 से लागू किया गया है ताकि मृदा को फॉस्फेटयुक्त या "पी" पोषक तत्व प्रदान करने के लिए एसएसपी के उपयोग को बढ़ावा देने में मदद मिल सके। इन उपायों से पीएण्डके उर्वरकों के उत्पादन में वर्ष 2014-15 के 159.54 एलएमटी से वर्ष 2023-24 में 182.85 एलएमटी तक की वृद्धि हुई है।

डीएपी की आवश्यकता और उपलब्धता

859. श्री गिरिधारी यादव:

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

(क) क्या वर्तमान वर्ष के दौरान डीएपी की आवश्यकता और उपलब्धता, दोनों के बीच घरेलू और आयात दोनों में अंतर है; और

(ख) यदि हां, तो डीएपी की आवश्यकता और उपलब्धता का ब्यौरा क्या है तथा आवश्यकता और उपलब्धता के बीच के अंतर को पाटने 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) और (ख): खरीफ 2024 मौसम के दौरान, देश में डीएपी की 59.87 एलएमटी की आवश्यकता के लिए, डीएपी की उपलब्धता 58.08 एलएमटी थी जबकि डीएपी की बिक्री 46.12 एलएमटी थी। इसके अतिरिक्त, चालू रबी 2024-25 मौसम के दौरान, देश में 01.10.2024 से 24.11.2024 की समय अवधि के लिए डीएपी की 31.60 एलएमटी की आवश्यकता के लिए, डीएपी की उपलब्धता 34.07 एलएमटी रही है जबकि डीएपी की बिक्री 24.23 एलएमटी है।

HIGH RATES OF CANCER IN PUNJAB

860. DR. DHARAMVIRA GANDHI:

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

- (a) whether the Government has introduced any schemes to address the high rates of cancer in Punjab, particularly in regions like Malwa;
- (b) if so, the details thereof including the number of beneficiaries so far;
- (c) whether the Government is considering additional measures to provide affordable treatment and awareness programmes in high-risk areas for cancer; and
- (d) if so, the details thereof?

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

(a) to (d):- The Department of Health and Family Welfare, Government of India, provides technical and financial support to the States and Union Territories including Punjab under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource

development, early diagnosis, referral to an appropriate level of healthcare facility for treatment and management and health promotion and awareness generation for prevention, of Non-Communicable Diseases (NCDs) including cancers(oral, breast and cervical).Under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD), 23 District NCD Clinics, 1 District Day Care Centre and 192 Community Health Center NCD Clinics have been set up in Punjab.

A population-based initiative for screening, management and prevention of common NCDs including cancer has been rolled out as a part of Comprehensive Primary Health Care in the country under NHM. Screening of common NCDs is an integral part of service delivery. As per National NCD portal, till 23rd November 2024, 19.97 lakhs are screened for oral cancer, 9.92 lakhs screened for breast cancer and 3.91 lakhs screened for cervical cancer in Punjab.

Further initiatives for increasing public awareness about NCDs including cancers and for promotion of healthy lifestyle includes observation of National Cancer Awareness day, World Cancer Day, use of print, electronic and social media for continued community awareness. Financial support under National Health Mission (NHM) for awareness generation activities for NCDs including cancer is provided to States/Union Territories as per their Programme Implementation Plans (PIPs).

“Healthy Eating” is promoted through “Eat Right India movement” of Food Safety and Standards Authority of India (FSSAI). “Fit India movement” is implemented

by Ministry of Youth Affairs and Sports. Various Yoga related activities are carried out by Ministry of AYUSH.

In addition, the Central Government has implemented Strengthening of Tertiary Care Cancer Facilities Scheme. The scheme provides one time financial assistance upto Rs. 120 crore and Rs. 45 crore, including State share for setting up of State Cancer Institutes (SCIs) and Tertiary Cancer Care Centres (TCCCs) respectively in different parts of the country. So far, 19 SCIs and 20 TCCCs have been approved which includes SCI at Government Medical College, Amritsar and TCCC at Civil Hospital, Fazilka.

Cancer is diagnosed and treated at various levels in the health care facilities. The treatment in Government Hospitals is either free or highly subsidized for the poor and needy. Treatment of Cancers is also available under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY). Health insurance cover of Rs. 5 lakhs per family per year for secondary or tertiary care hospitalization to over 12 Crore poor and vulnerable beneficiary families (approximately 55 crore beneficiaries) is provided under the scheme.

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, with an objective to make available drugs including drugs for cancer at a substantial discount vis-à-vis the Maximum Retail Price.

SETTING UP OF CGHS CENTRE**861. DR. C. N. MANJUNATH:**

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

- (a) Whether there is any proposal to sanction more CGHS Dispensaries in Bengaluru as it has less number of CGHS dispensaries although it has the same number of beneficiaries with cities such as Chennai and Hyderabad; 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) Augmentation of CGHS infrastructure to serve the beneficiaries more effectively and efficiently is a continuous process. At present, there are CGHS Allopathic Wellness Centres (including CGHS Polyclinic), AYUSH Wellness Centres and CGHS Extension Counter, functioning in the city of Bengaluru, as per the enclosed **Statement**.

STATEMENT

CGHS Allopathic Wellness Centres (including CGHS Polyclinic), AYUSH Wellness Centres and CGHS Extension Counter, functioning in the city of Bengaluru at present.

CGHS Wellness Centres

- i. Shivajinagar
- ii. Seshadripuram

- iii. Banashankari
- iv. Hennur Bellary Road (HBR) Layout
- v. Vijayanagar
- vi. Jayanagar
- vii. Koramangala
- viii. Domlur
- ix. Gangenahalli
- x. C. V. Raman Nagar

CGHS Polyclinic

- i. 3rd Floor, Ganesh Tower, Infantry Road

CGHS Extension Counter of Wellness Centre at Gangenahalli

- i. Sahakaranagar

CGHS AYUSH Centres

- i. Banashankari (Ayurvedic)
- ii. Domlur (Ayurvedic)
- iii. Shivajinagar (Homeopathic)
- iv. Shivajinagar (Unani)

कैंसर की रोकथाम के लिए जागरूकता अभियान

862. श्री राम शिरोमणि वर्मा:

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

(क) क्या सरकार ने देश में कैंसर की रोकथाम के उपायों के बारे में लोगों को जागरूक करने के लिए

कोई अभियान शुरू किया है;

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

(ग) क्या सरकार ने कैंसर के मामलों में वृद्धि के कारणों का पता लगाने के लिए कोई सर्वेक्षण कराया है;

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या परिणाम प्राप्त हुए;

(ङ) क्या सरकार आधुनिक चिकित्सा प्रणाली में अनुसंधान और विकास कार्यों को बढ़ावा देने के प्रयास कर रही है ताकि कैंसर जैसी गंभीर जानलेवा बीमारियों की रोकथाम की जा सके और प्रारंभिक अवस्था में ही कैंसर का पता लगाया जा सके और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(च) क्या सरकार देश में सभी प्रकार के कैंसर का निःशुल्क इलाज कराने पर विचार कर रही है; और

(छ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क) और (ख) स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में, राष्ट्रीय गैर-संचारी रोगों की रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत, राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। इस कार्यक्रम के तहत कैंसर सहित गैर-संचारी रोगों (एनसीडी) की रोकथाम के लिए बुनियादी ढांचे के सुदृढ़ीकरण, मानव संसाधन विकास, शीघ्र निदान, उपचार और प्रबंधन के लिए उपयुक्त स्तर स्वास्थ्य परिचर्या सुविधा केंद्र को रेफर करने और स्वास्थ्य संवर्धन और जागरूकता सृजन पर फोकस किया जाता है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में कैंसर सहित सामान्य गैर-संचारी रोगों की जांच, प्रबंधन और रोकथाम के लिए जनसंख्या आधारित पहल शुरू की गई। इन सामान्य एनसीडी की स्क्रीनिंग सेवा प्रदायगी का एक अभिन्न अंग है।

इसके अतिरिक्त, कैंसर सहित गैर-संचारी रोगों के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवन शैली को बढ़ावा देने के लिए किए गए उपायों में राष्ट्रीय कैंसर जागरूकता दिवस और विश्व कैंसर दिवस मनाना, सतत सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करना शामिल है। कैंसर सहित गैर-संचारी रोगों के संबंध में जागरूकता सृजन कार्यक्रमों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्यों/संघ राज्य क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार वित्तीय सहायता प्रदान की जाती है।

भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) के ईट राइट इंडिया मूवमेंट के माध्यम से स्वस्थकर भोजन को बढ़ावा दिया जाता है। युवा कार्यक्रम और खेल मंत्रालय द्वारा "फिट इंडिया मूवमेंट" लागू किया गया है। आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न कार्यक्रम किए जाते हैं।

(ग) और (घ); भारत 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, वृद्धजन की बढ़ती हुई आबादी, उच्च स्वास्थ्य जागरूकता और स्वास्थ्य संबंधी बेहतर व्यवहार के कारण भारत में कैंसर के मामले अधिक संख्या में दर्ज किए गए हैं।

(ङ) सूचित किए गए अनुसार, भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) केंद्रीय प्रायोजित अनुसंधान परियोजनाओं के माध्यम से पित्ताशय कैंसर, स्तन कैंसर, फेफड़ों के कैंसर, पूर्वोत्तर में होने वाले कैंसरों तथा मुख कैंसरों के क्षेत्रों में अपने संस्थानों, विभिन्न परियोजनाओं और कैंसर कंसोशियम के माध्यम से कैंसर के संबंध में अनुसंधान करता है।

(च) और (छ); स्वास्थ्य परिचर्या सुविधा केन्द्रों में विभिन्न स्तरों पर कैंसर का निदान और उपचार किया जाता है। सरकारी अस्पतालों में उपचार या तो निःशुल्क है अथवा गरीबों और जरूरतमंदों के लिए अत्यधिक आर्थिक सहायता प्राप्त है। आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (पीएमजेएवाई) के तहत कैंसर का इलाज भी उपलब्ध है। इस योजना के तहत 12 करोड़ से अधिक गरीब और कमजोर लाभार्थी परिवारों (लगभग 55 करोड़ लाभार्थियों) को मध्यम या विशिष्ट परिचर्या

हेतु अस्पताल में भर्ती के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य बीमा कवर प्रदान किया जाता है।

इसके अलावा, राज्य सरकारों के सहयोग से प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) के तहत सभी को किफायती मूल्यों पर गुणवत्तायुक्त जेनेरिक दवाएं उपलब्ध कराई जाती हैं। कैंसर औषधियों सहित औषधियों को अधिकतम खुदरा मूल्य की तुलना में पर्याप्त छूट पर उपलब्ध कराने के उद्देश्य से कुछ अस्पतालों/संस्थानों में किफायती दवाइयां एवं उपचार हेतु विश्वसनीय प्रत्यारोपण (अमृत) फार्मसी स्टोर स्थापित किए गए हैं।

ONE STOP CENTRES FOR WOMEN

863. SHRI VARUN CHAUDHRY:

SHRI BENNY BEHANAN:

SHRI VISHNU DAYAL RAM:

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

- (a) the details of the One Stop Centres (OSCs) operational for women affected by violence along with the number of such Centre working from a rented building indicating the number of complaints reported/handled by these Centres during the last five years, State and Year-wise;
- (b) the number of security personnel and other officials deployed per OSC including details of any existing vacancies, State/UT-wise;
- (c) the number of applications received regarding shortage of space and other facilities in OSCs, State-wise;

- (d) the details of the funds sanctioned and percentage utilised by OSCs during the last five years along with the number of such OSCs proposed to be set up during the next three years;
- (e) whether each OSC is administered by a women in line with programme requirements; and
- (f) if so, the details of the steps taken/proposed to be taken to increase public awareness of OSC service particularly in rural and underserved areas and training programme, if any, for professionals at these Centres?

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

(a): The details of State/UT-wise operational One Stop Centres (OSCs) including OSCs in rental buildings and women assisted since inception till 31.10.2024 are given in the enclosed **Statement-I**.

(b): As per the Mission Shakti guidelines, the Central Government provides 100% financial assistance to States/ UTs for appointment/hiring 13 manpower resources including 3 security guards. The overall implementation of the OSC scheme lies with the State Governments/UT Administrations. They are competent to manage such services with the help from respective State police/hospital authorities.

(c): No such application has been received.

(d): The details of the funds sanctioned and percentage utilised by OSCs during the last five years are given in the enclosed **Statement--II**. As the scheme is demand driven, the States and UTs are encouraged to set-up at least one OSC

in each district and additional OSC(s) in those districts which have higher rate of crime against women or have bigger geographical area and in aspirational districts.

(e): Yes.

(f): The States/UTs are responsible for the implementation of the scheme.

They undertake public awareness activities from time to time keeping in view the requirement of the concerned State/UT. Further, the Ministry has taken action for capacity building for the functionaries of One Stop Centres. This involves engaging expert resource persons from National Institute of Mental Health and Neuro Sciences (NIMHANS), United Nations Population Fund (UNFPA), National Institute of Public Cooperation and Child Development (NIPCCD), National Legal Services Authority (NALSA), and National Informatics Centre (NIC) for facilitating technical sessions on psycho-social counselling, gender-based violence case management, gender sensitization and dashboard operations. This includes three regional training programs in Guwahati, Indore, and Bangalore, and two National Workshops in New Delhi between January 2024 to July 2024.

STATEMENT-I

Details of State/UT-wise operational OSCs and Women assisted since inception till 31.10.2024

S. No.	State/ UT	Number of operational OSCs	Number of OSCs operational in rented buildings	Women assisted (since inception till 31.10.2024)
1	Andaman and Nicobar Islands	3	0	2,006
2	Andhra Pradesh	26	5	42,437
3	Arunachal Pradesh	25	0	2,295
4	Assam	36	11	23,917
5	Bihar	39	0	40,469
6	Chandigarh	1	0	1,682
7	Chhattisgarh	27	10	45,965
8	Dadra NHDD	3	0	1,235
9	Delhi	11	0	21,120
10	Goa	2	0	7,051
11	Gujarat	35	0	38,468
12	Haryana	22	5	44,478
13	Himachal Pradesh	12	1	3,376
14	Jammu and Kashmir	20	5	12,581
15	Jharkhand	24	0	5,115
16	Karnataka	39	0	28,073

17	Kerala	14	0	20,620
18	Ladakh	2	0	79
19	Lakshadweep*	1	0	-
20	Madhya Pradesh	57	8	1,04,072
21	Maharashtra	45	0	33,698
22	Manipur	16	0	1,746
23	Meghalaya	12	0	4,004
24	Mizoram	11	3	1,872
25	Nagaland	11	0	1,394
26	Odisha	30	0	21,891
27	Puducherry	4	0	465
28	Punjab	23	1	19,566
29	Rajasthan	37	1	47,837
30	Sikkim	6	2	1,637
31	Tamil Nadu	48	3	96,173
32	Telangana	36	9	68,310
33	Tripura	8	0	828
34	Uttar Pradesh	79	0	2,54,873
35	Uttarakhand	14	0	8,485
36	West Bengal	23	0	4,541
	Total	802	64	10,12,359

* Lakshadweep have not reported data.

STATEMENT-II

Details of the funds sanctioned and percentage of funds utilised by the States/UTs during the last five years.

Sl	State	2019-20		2020-21		2021-22		2022-23		2023-24	
		releas ed	%age of fund utiliz ed	releas ed	%age of fund utiliz ed	releas ed	%age of fund utiliz ed	releas ed	%age of fund utiliz ed	releas ed	%age of fund utiliz ed
1	AandN Islands	41.6	71%	38.59	94%	58.22	44%	15.2	29%	135.99	0%
2	Andhra Pradesh	260.99	85%	205.05	73%	249.57	79%	72.96	45%	605.58	69%
3	Arunach al Pradesh	134.18	4%	514.14	6%	369.45	5%	40.39	0%	847.7	54%
4	Assam	804.09	49%	642.14	73%	650.63	183%	129.61	396%	1755.4 8	73%
5	Bihar	1046.0 9	1%	709.66	0%	555.17	0%	0	0%	0	0%

6	Chandigarh	15	151%	33.84	90%	15	200%	49.22	0%	16.8	0%
7	Chattishgarh	677.38	74%	353.21	139%	526.86	90%	304.63	25%	882.44	61%
8	DNHDD	0	0%	0	0%	0	0%	0	0%	50.39	0%
9	Delhi	390.97	28%	189.05	95%	184.69	121%	138.56	0%	184.78	120%
10	Goa	15	0%	30.01	0%	30.01	0%	0	0%	0	0%
11	Gujarat	679.52	91%	875.17	86%	997.46	64%	386.76	127%	1166.26	66%
12	Haryana	401.92	64%	398.44	86%	385.35	96%	186.75	35%	594.68	78%
13	Himachal Pradesh	317.3	14%	204.05	7%	180.05	83%	18.9	1338%	403.15	97%
14	Jammu and Kashmir	96.39	39%	218.84	0%	323.09	0%	0	0%	335.96	106%
15	Jharkhand	408.53	0%	697.25	7%	506.78	0%	0	0%	0	0%
16	Karnataka	582.04	61%	729.09	94%	513.88	148%	130.88	467%	1054.13	23%
17	Kerala	140.9	95%	243.06	68%	234.41	94%	139.28	82%	0	0%
18	Ladakh-UT	0	0%	65.45	33%	30.01	41%	0	0%	33.6	0%

19	Lakshdw eep	20.91	0%	7.5	0%	15	0%	0	0%	16.8	0%
20	Madhya Pradesh	1670.9 2	20%	1057.0 5	42%	921.41	55%	261.55	126%	820.48	137%
21	Maharas htra	669.99	7%	646.2	1%	561.35	0%	69.37	470%	1539.6 9	80%
22	Manipur	248.84	97%	501.94	98%	396.59	191%	543.29	0%	268.77	88%
23	Meghala ya	374.3	42%	211.62	85%	276.22	97%	232.77	4%	321.56	95%
24	Mizoram	218.71	101%	172.64	144%	280.33	85%	178.05	0%	283.45	104%
25	Nagalan d	191.73	166%	329.91	92%	528.92	101%	197.41	0%	545.83	63%
26	Odisha	209.35	282%	931.55	90%	739.31	115%	614.67	39%	1084.9 5	71%
27	Puduche rry	43.76	0%	72.02	0%	67.24	0%	18.25	7%	0	0%
28	Punjab	351.84	20%	490.61	15%	385.31	0%	0	0%	389.01	131%
29	Rajastha n	677.12	37%	566.87	58%	941.85	33%	129.59	51%	883.59	101%
30	Sikkim	68.1	98%	66.02	100%	80.8	72%	77.48	0%	126.09	61%
31	Tamil Nadu	713.6	75%	1066.6	105%	520.38	135%	697.43	48%	1158.8 8	85%

32	Telangana	624.47	112%	793.39	109%	945.98	102%	1392.65	0%	1217.41	81%
33	Tripura	60.02	0%	162.04	7%	135.75	0%	18.21	0%	0	0%
34	Uttar Pradesh	1231.94	15%	2288.33	1%	1396.79	0%	347	210%	1812.71	113%
35	Uttarakhand	229.07	43%	273.09	0%	263.17	0%	153.33	9%	436.75	49%
36	West Bengal	95.46	0%	198.9	0%	227.32	0%	28.41	0%	0	0%
	Total	13712.04		15983.31		14494.34		6572.61		18972.9	

FRESH GMP NORMS FOR SMALL DRUG FIRMS

864. SHRI BHARTRUHARI MAHTAB:

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

(a) whether the Government will shortly notify a revised version of Good Manufacturing Practices (GMP) at par with the WHO standards, for small pharmaceutical companies with an annual turnover of less than Rs. 250 crore;

and

(b) 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):

(a) and (b): Manufacturers of drugs for sale in the country are required to comply with the requirements as prescribed under Schedule M of the Drugs Rules, 1945.

The Government of India has published Gazette notification vide G.S.R. 922(E) dated 28.12.2023 to amend the Drugs Rules, 1945 for revising the Schedule M regarding Good Manufacturing Practices and Requirements of Premises, Plant and Equipment for Pharmaceutical Products.

As per the amendment, the revised Good Manufacturing Practices and Requirements are as under:

Category of manufacturers [Based on turnover (INR)]	Time line for implementation
Large manufacturers (Turnover > 250 crores)	Six months from the date of publication of the notification
Small and Medium manufacturers (Turnover < 250 crores)	Twelve months from the date of publication of the notification.

पीएम-प्रणाम योजना

865. श्री दिलीप शङ्कीया:

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

क. वैकल्पिक उर्वरकों को बढ़ावा देने के लिए सरकार द्वारा शुरू की गई पीएम-प्रणाम योजना की मुख्य विशेषताओं, उद्देश्यों और लक्ष्यों का ब्यौरा क्या है;

ख. उक्त योजना से रासायनिक उर्वरकों की खपत को कम करने में किस प्रकार सहायता मिलने की संभावना है;

ग. क्या राज्यों/संघ राज्यक्षेत्रों को भी उक्त योजना का हिस्सा बनाए जाने का प्रस्ताव है; और

घ. यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): आर्थिक कार्य संबंधी मंत्रिमंडल समिति (सीसीईए) ने 28 जून, 2023 को "धरती माता की उर्वरता की बहाली, जागरूकता सृजन, पोषण और सुधार के लिए प्रधानमंत्री कार्यक्रम (पीएम-प्रणाम) को मंजूरी दी। इस पहल का उद्देश्य सतत और संतुलित उर्वरक उपयोग को बढ़ावा देने, वैकल्पिक उर्वरकों को अपनाने, जैविक खेती को बढ़ावा देने और संसाधन संरक्षण प्रौद्योगिकियों के कार्यान्वयन के माध्यम से धरती माता के स्वास्थ्य को बचाने के लिए राज्यों और संघ राज्य क्षेत्रों (यूटी) द्वारा शुरू किए गए जन आंदोलन का समर्थन करना है।

सभी राज्य/संघ राज्य क्षेत्र पीएम-प्रणाम स्कीम के तहत शामिल किए गए हैं। पीएम-प्रणाम स्कीम के तहत, पिछले तीन वर्षों की औसत खपत की तुलना में किसी दिए गए वित्तीय वर्ष में रासायनिक उर्वरकों (यूरिया, डीएपी, एनपीके, एमओपी) की खपत में कमी के लिए राज्यों/संघ राज्य क्षेत्रों को प्रोत्साहन प्रदान करने का प्रावधान है, जो बचाई गई उर्वरक सब्सिडी के 50% के बराबर है।

PERSONNEL OF MILITARY NURSING SERVICE

866. SHRI KODIKUNNIL SURESH:

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

- (a) whether the Government is aware that personnel from the Military Nursing Service (MNS) are currently excluded from the definition of ex-servicemen as per the DoPandT's Notification dated 27.10.1986;
- (b) if so, the details thereof along with the rationale for excluding MNS personnel from this definition, despite their significant contributions and recent participation in the Republic Day Parade;
- (c) whether the Government is considering any proposals to amend the definition of ex- servicemen to include MNS personnel, thereby enabling them to receive the benefits and recognition accorded to other members of the armed forces, if so, the details thereof; and
- (d) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE

(SHRI SANJAY SETH):

(a) to (d): Yes, Sir. The status of ESM to the Military Nursing Service (MNS) has been dispensed with from 2016. The grant of ESM status to MNS is under consideration in consultation with all the stakeholders.

चिकित्सकों की कमी

867. श्री रमाशंकर राजभर:

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

(क) आज तक देश के सरकारी अस्पतालों में चिकित्सकों की उपलब्धता की राज्य-वार क्या स्थिति है;

(ख) क्या देश में चिकित्सकों की कमी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) देश में प्रतिवर्ष कुल कितने चिकित्सक स्नातक करते हैं और उत्तर प्रदेश सहित तत्संबंधी राज्य-वार वार्षिक शुल्क कितना है; और

(घ) क्या सरकार का विचार चिकित्सा छात्रों द्वारा देय शुल्क को कम करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक

मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल):

(क) से (घ): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, नवंबर 2024 तक राज्य मेडिकल काउंसिल(एसएमसी) और राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) के साथ 13,86,145 एलोपैथिक चिकित्सक पंजीकृत हैं। पंजीकृत एलोपैथिक चिकित्सकों की 80% उपलब्धता और लगभग 6.14 लाख आयुष चिकित्सकों की संख्या को मानते हुए, देश में चिकित्सक-जनसंख्या अनुपात लगभग 1:811 है जो विश्व स्वास्थ्य संगठन के 1:1000 के मानक से बेहतर है। एसएमसी/एमसीआई के साथ पंजीकृत एलोपैथिक चिकित्सकों की संख्या का का व्यौरा संलग्न **विवरण** में दिया गया है।

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 वर्ष 2014 से पहले के 387 से अब 780 अर्थात् 102% की वृद्धि हुई है। इसके अलावा, एमबीबीएस सीटों की संख्या में वर्ष 2014 से पहले के 51,348 से अब 1,18,137 अर्थात् 130% की वृद्धि हुई है और पीजी सीटों की संख्या में वर्ष 2014 से पहले के 31,185 से अब 73,157 अर्थात् 135% की वृद्धि हुई है।

देश में चिकित्सक/चिकित्सा पेशेवरों की संख्या बढ़ाने के लिए सरकार द्वारा उठाए गए उपायों/कदमों में निम्न शामिल हैं:-

- i. जिला/रेफरल अस्पताल का उन्नयन करके नए मेडिकल कॉलेज की स्थापना के लिए केंद्र प्रायोजित योजना जिसके अंतर्गत 157 स्वीकृत मेडिकल कॉलेजों में से 131 नए मेडिकल

- कॉलेज पहले से ही कार्यशील हैं, जिनमें उत्तर प्रदेश राज्य के 27 मेडिकल कॉलेज शामिल हैं।
- ii. एमबीबीएस और पीजी सीटों की संख्या बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों को मजबूत/उन्नत करने के लिए केंद्र प्रायोजित योजना।
 - iii. प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत सुपर स्पेशियलिटी ब्लॉकों के निर्माण द्वारा सरकारी मेडिकल कॉलेजों के उन्नयन के तहत कुल 75 परियोजनाओं को मंजूरी दी गई है, जिनमें से 69 परियोजनाएं पूरी हो चुकी हैं।
 - iv. नए एम्स की स्थापना के लिए केंद्रीय क्षेत्र योजना के तहत 22 एम्स को मंजूरी दी गई है। इनमें से 19 में स्नातक पाठ्यक्रम शुरू हो चुके हैं।
 - v. संकाय की कमी को पूरा करने के लिए संकाय के रूप में नियुक्ति के लिए डीएनबी योग्यता को मान्यता दी गई है।
 - vi. चिकित्सा महाविद्यालयों में शिक्षकों/डीन/प्रधानाचार्य/निदेशक के पदों पर नियुक्ति/विस्तार/पुनर्नियुक्ति के लिए आयु सीमा को बढ़ाकर 70 वर्ष किया गया है।
- जैसा कि राष्ट्रीय आयुर्विज्ञान आयोग अधिनियम, 2019 की धारा 10(1) में परिकल्पित है, एनएमसी ने निजी चिकित्सा संस्थानों और डीम्ड विश्वविद्यालयों में पचास प्रतिशत सीटों के संबंध में फीस और अन्य सभी प्रभारों के निर्धारण के लिए दिशानिर्देश तैयार किए हैं, जो एनएमसी अधिनियम, 2019 के प्रावधानों के अंतर्गत शासित हैं।

विवरण

नवंबर, 2024 तक राज्य मेडिकल काउंसिल/ तत्कालीन भारतीय चिकित्सा परिषद / राष्ट्रीय आयुर्विज्ञान आयोग के साथ पंजीकृत और मान्यता प्राप्त चिकित्सा योग्यता धारक चिकित्सकों की राज्य / संघ राज्य क्षेत्र-वार सूची

क्र. सं.	राज्य मेडिकल काउंसिल का नाम	एलोपैथिक चिकित्सकों की कुल
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		संख्या
1.	आंध्र प्रदेश मेडिकल काउंसिल	105805
2.	अरुणाचल प्रदेश मेडिकल काउंसिल	1660
3.	असम मेडिकल काउंसिल	25980
4.	बिहार मेडिकल काउंसिल	48200
5.	छत्तीसगढ़ मेडिकल काउंसिल	10962
6.	दिल्ली मेडिकल काउंसिल	31481
7.	गोवा मेडिकल काउंसिल	4720
8.	गुजरात मेडिकल काउंसिल	79169
9.	हरियाणा मेडिकल काउंसिल	15714
10.	हिमाचल प्रदेश मेडिकल काउंसिल	7296
11.	जम्मू और कश्मीर मेडिकल काउंसिल	18720
12.	झारखंड मेडिकल काउंसिल	8544
13.	कर्नाटक मेडिकल काउंसिल	141155
14.	मध्य प्रदेश मेडिकल काउंसिल	49730
15.	महाराष्ट्र मेडिकल काउंसिल	209540
16.	पूर्ववर्ती भारतीय चिकित्सा परिषद	52672
17.	मिजोरम मेडिकल काउंसिल	156

18.	नागालैंड मेडिकल काउंसिल	166
19.	उड़ीसा मेडिकल पंजीकरण काउंसिल	29792
20.	पंजाब मेडिकल काउंसिल	53446
21.	राजस्थान मेडिकल काउंसिल	49049
22.	सिक्किम मेडिकल काउंसिल	1880
23.	तमिलनाडु मेडिकल काउंसिल	149399
24.	त्रावणकोर मेडिकल काउंसिल	73070
25.	उत्तर प्रदेश मेडिकल काउंसिल	99737
26.	उत्तराखंड मेडिकल काउंसिल	10249
27.	पश्चिम बंगाल मेडिकल काउंसिल	78759
28.	त्रिपुरा मेडिकल काउंसिल	2683
29.	तेलंगाना मेडिकल काउंसिल	26411
	महायोग	1386145

स्रोत: राष्ट्रीय आयुर्विज्ञान आयोग

नोट: – पूर्ववर्ती एमसीआई ने वर्ष 2015 से पंजीकरण करना बंद कर दिया था।

दमन और दीव में आयुष्मान भारत योजना

868. श्री उमेषभाई बाबूभाई पटेल:

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

(क) क्या दमन और दीव में आयुष्मान भारत योजना के अंतर्गत प्रतिवर्ष केवल जनवरी से अप्रैल तक ही कार्ड जारी किए जाते हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या मई से दिसम्बर की अवधि में यदि किसी उपचार की आवश्यकता होती है तो क्या किसी गरीब व्यक्ति द्वारा उपचार शुल्क वहन किए जाने की संभावना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का विचार वर्षभर आयुष्मान कार्ड जारी करने का है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसे कब तक शुरू किए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं; और

(घ) सरकार द्वारा उन गरीब लोगों को उपचार प्रदान करने के लिए क्या कदम उठाए गए हैं/उठाए जाने का विचार है जो समय पर अपने कार्डों का नवीकरण नहीं करा पा रहे हैं?

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

(श्री प्रतापराव गणपतराव जाधव):

(क) से (घ): दमन और दीव सहित आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत पात्र लाभार्थी अपना आयुष्मान कार्ड किसी भी समय अर्थात् पूरे वर्ष बना सकते हैं।

संघ राज्य क्षेत्र दमन एवं दीव और दादरा और नागर हवेली, अपने संघ राज्य क्षेत्रों में एबी-पीएमजेएवाई के तहत आने वाले निवासियों के अलावा अन्य निवासियों (अर्थात् एपीएल परिवारों) के लिए एबी-पीएमजेएवाई पारि-प्रणाली का उपयोग करते हुए एक अलग सह-अंशदान योजना, संजीवनी स्वास्थ्य बीमा योजना लागू करता है। यह राज्य-विशिष्ट योजना पूरी तरह से संघ राज्य क्षेत्र प्रशासन द्वारा प्रबंधित की जाती है और फरवरी से अप्रैल तक नामांकन की अवधि तय की जाती है।

एबी-पीएमजेएवाई लाभार्थियों के लिए उपचार पूरे वर्ष सभी सूचीबद्ध अस्पतालों में प्रदान किया जाता है। इसके अलावा, संघ राज्य क्षेत्र अन्य रोगियों के लिए सरकारी अस्पतालों में निःशुल्क उपचार प्रदान करता है।

MICROPLASTICS IN SALT AND SUGAR

869. SHRI SACHITHANANTHAM R.:

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

(a) whether the Government agrees with the view that the study, titled "Microplastics in Salt and Sugar" conducted by the environmental research organisation Toxics Link, which revealed the presence of microplastics in all salt and sugar samples, in various forms, including fibre, pellets, films and fragments calls for urgent, comprehensive research/study into the long-term health impacts of microplastics on human health;

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

(c) the steps taken/proposed to be taken by the Government in this regard?

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

(a) to (c): The Government is aware of the study conducted by Toxics Link, which detected microplastics in salt and sugar samples. Various studies conducted by different organizations are discussed by the independent experts in the Scientific Panels of Food Safety and Standards Authority of India (FSSAI). Issues are considered based on the merits of the studies by the experts.

FSSAI has funded the project by CSIR-Indian Institute of Toxicology Research, Lucknow, ICAR-Central institute of Fisheries Technology (ICAR-CIFT), Kochi and Birla Institute of Technology and Science (BITS), Pilani titled "Micro-and nano-plastics as emerging food contaminants: Establishing validated

Methodologies and understanding the prevalence in different food matrices".

The objectives of the project are:-

- i. Development and validation of analytical methods for identification and quantification of micro/nano-plastics in foods matrices.
- ii. Inter- and intra-laboratory comparison of developed methods in identified food matrices.
- iii. Surveillance and determination of exposure levels of micro-/nano-plastics in identified foods matrices.

REGULATORY FRAMEWORK FOR UTILIZATION OF WATERWAYS

870. SHRI KONDA VISHWESHWAR REDDY:

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

(a) the details of the regulatory framework governing the utilization of waterways for both commercial and recreational boating activities across the country;

(b) the roles and responsibilities of various agencies and authorities in overseeing and regulating waterways, including the management of boat traffic, waterway infrastructure and compliance with environmental standards;

(c) the licensing and approval process for operators wishing to conduct boating or water transport services, with emphasis on the criteria, duration, and renewal processes associated with such licenses;

(d) the details of the safety and operational standards for these activities, including safety protocols, training requirements for operators and guidelines for

emergency preparedness that aim to protect passengers, operators and the environment; and

(e) the details of manufacturing and technical standards for boats manufacturing, covering the required certifications, quality checks and durability assessments that boat manufactures must meet to ensure safety and sustainable operations?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a) The regulatory framework governing the utilization of waterways and inland vessels related activities across the country are the Inland Waterways Authority of India Act, 1985 (IWAI Act, 1985) and regulations framed therein; and the Inland Vessels Act, 2021 and rules framed thereunder. Further, the National Waterways Act, 2016 covers the declaration of 111 rivers and river stretches as National Waterways. The Inland Vessels Act, 2021 (IV Act, 2021) establishes a comprehensive regulatory framework that governs both commercial and recreational boating activities across India. It delineates standards for vessel classification, construction, safety, and environmental compliance. The IV Act, 2021, along with the Rules made thereunder, ensures uniform regulation through zoning of waterways, mandatory registration, and certification processes, promoting safe and sustainable use of Inland Waterways for diverse boating purposes.

(b) The roles and responsibilities of various authorities have been framed under IWAI Act, 1985 and regulations framed therein and IV Act, 2021 and rules framed thereunder for management of National Waterways and inland waters and vessel related issues respectively. Implementation authority under IV Act, 2021 is the respective State Government and under IWAI Act, 1985 is Inland Waterways Authority of India (IWAI). In addition, State Pollution Control and Port authorities are also responsible for pollution control and traffic management of vessels in respective States.

(c) The licensing and approval process for operators are covered under IV Act, 2021 along with Rules thereunder. For vessels, the licencing authority is the Designated Authority of the respective States as per IV Act, 2021 and rules framed thereunder. National Institute of Water Sports under Ministry of Tourism is authorised for training and certification of crew and operators for water sports.

(d) For inland vessels and crew, the standards have been laid down in IV Act, 2021 and rules framed thereunder. In addition, DG Shipping Guidelines/Instructions for Construction, Survey, Certification and Operation of Large Pleasure Crafts – 2020 are also applicable depending on the length of the vessel and area of operation. For water sports, boat safety and operational standards including safety protocols, training requirements for operators, National Institute of Water Sports under Ministry of Tourism conducts the training of crew and operators and issues the license.

(e) The details of provisions for manufacturing and technical standards for boat manufacturing, covering the required certifications, quality checks, and durability

assessments that boat manufactures must meet to ensure safety and sustainable operations, are stipulated in IV Act, 2021 and rules framed thereunder.

शिवहर में एम्स की स्थापना

871. श्रीमती लवली आनंद:

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

(क) क्या सरकार का विचार बिहार के शिवहर जैसे पिछड़े क्षेत्र में एम्स जैसे आधुनिक सुविधाओं से लैस अस्पताल की स्थापना करने का है; और

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और उक्त अस्पताल को कब तक स्थापित किए जाने की संभावना है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क) और (ख): प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत देश में 22 अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) को मंजूरी दी गई है, जिनमें बिहार राज्य में 2 एम्स शामिल हैं: एक एम्स पटना में जो पूर्णतया कार्यशील है और दूसरा एम्स दरभंगा में जिसके लिए राज्य सरकार ने सितंबर 2024 में 187.44 एकड़ जमीन सौंप दी है। इसके अलावा, बिहार में विशिष्ट स्वास्थ्य सुविधा केन्द्रों के विस्तार और मजबूती के लिए, पीएमएसएसवाई के एक अन्य घटक के तहत केंद्र-राज्य लागत साझाकरण के आधार पर सुपर स्पेशियलिटी ब्लॉक (एसएसबी) के निर्माण के माध्यम से निम्नलिखित छह (06) सरकारी मेडिकल कॉलेजों / संस्थानों के उन्नयन को मंजूरी दी गई है: (i) श्रीकृष्ण मेडिकल कॉलेज, मुजफ्फरपुर (ii) दरभंगा मेडिकल कॉलेज और अस्पताल, दरभंगा (iii) जवाहरलाल नेहरू मेडिकल कॉलेज, भागलपुर (iv) अनुग्रह नारायण मगध मेडिकल कॉलेज, गया (v) पटना मेडिकल कॉलेज और अस्पताल, पटना और (vi) इंदिरा गांधी आयुर्विज्ञान संस्थान, पटना में क्षेत्रीय नेत्र विज्ञान संस्थान। पीएमएसएसवाई के वर्तमान चरण में बिहार के शिवहर में एम्स की स्थापना का कोई प्रस्ताव नहीं है।

EMPANELLED HOSPITALS UNDER AB-PMJAY**872. SHRI BENNY BEHANAN:****SHRI VIJAY KUMAR HANSDAK:****SHRI HIBI EDEN:**

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

- (a) the details of public/private hospitals empanelled/de-empanelled under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), State/year-wise;
- (b) whether the Government is aware of the fact that private hospitals are refusing treatment under AB-PMJAY due to delays in fund disbursement and if so, the details thereof;
- (c) the measures implemented to monitor and address complaints related to empaneled hospitals under AB-PMJAY particularly regarding refusal of service or denial of benefits to eligible beneficiaries; and
- (d) the steps taken/proposed to be taken by the Government to increase the number of hospitals under AB-PMJAY?

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

(a): State/ UT-wise and year-wise details of number of Public and Private hospitals empaneled and de-empaneled under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) are given in the enclosed **Statement -I** and **Statement -II** respectively.

(b) and (c): Under AB-PMJAY, claims are settled by respective State Health Agencies under the State Government. Timely settlement of claims is one of the key parameters against which scheme performance is measured. The status of claim settlement under the scheme is constantly monitored and review meetings are organized regularly to take stock of the progress with regards to the claims.

Further, a three-tier grievance redressal system at District, State, and National level have been created to resolve the issues faced by beneficiaries whilst utilizing healthcare services under the scheme. Beneficiaries may file their grievance using different media including web-based portal Centralized Grievance Redressal Management System (CGRMS), central and state call centers, email, letter to SHAs etc. Based on the nature of grievance, necessary action, including providing support to the beneficiaries in availing treatment under the scheme, and resolution of grievances are taken.

(d): In order to improve the participation of hospitals, following actions have been taken:

- i. NHA has released a revised health benefit package with increased number of procedures (1961). Further, rates have been increased for 350 packages and new packages have been added.

- ii. Claim settlement is monitored at the highest level and it is ensured that claim is settled within defined turnaround time.
- iii. Virtual and physical capacity building of hospitals are undertaken.
- iv. A hospital-specific call center (14413) has been set-up to address their concern on a real-time basis.
- v. District Implementation Units (DIU) have been set-up to regularly visit empaneled hospitals to understand the issues faced by beneficiaries and hospitals.

STATEMENT-I

State/UT-wise and year-wise details of number of Public and Private hospitals empaneled under the scheme

State/UT	2018- 2019		2019- 2020		2020- 2021		2021- 2022		2022- 2023		2023- 2024		2024- 2025*	
	Pub lic	Priv ate	Pub lic	Priv ate	Pub lic	Priv ate	Pub lic	Priv ate	Pub lic	Priv ate	Pub lic	Priv ate	Pub lic	Priv ate
	Andaman And Nicobar Islands	3	0	0	0	0	0	0	0	4	0	0	0	0
Andhra Pradesh	45	84	671	570	1	60	590	99	44	88	33	87	30	65
Arunachal Pradesh	2	0	2	0	14	1	17	0	9	0	2	1	0	2
Assam	35	85	119	2	5	11	0	11	2	28	16	26	6	7

Madhya Pradesh	146	56	259	35	30	129	25	116	21	91	9	87	7	49
Maharashtra	82	310	92	38	19	206	5	63	3	86	5	92	2	16
Manipur	9	6	9	2	7	1	9	3	0	11	0	8	0	3
Meghalaya	145	2	1	11	2	4	1	0	0	0	4	0	2	2
Mizoram	77	2	0	3	1	2	0	0	1	0	0	1	1	0
Nagaland	39	4	4	6	1	3	3	0	0	2	1	11	2	0
NCT of Delhi	7	10	3	6	0	9	1	7	0	2	0	16	0	6
Odisha	1	0	9	0	0	0	0	0	0	1	1	0	0	0
PSU	0	0	1	0	0	0	1	0	0	0	0	0	0	0
Puducherry	2	0	10	8	0	2	0	6	0	2	0	0	0	0
Punjab	2	0	204	260	1	103	1	63	3	25	2	65	5	35
Rajasthan	13	9	27	0	749	271	42	421	60	209	31	64	0	0
Sikkim	5	1	0	0	0	0	6	0	0	1	1	1	2	2
Tamil Nadu	326	789	27	84	12	81	524	146	22	51	86	40	9	17
Telangana	38	1	4	0	2	1	142	246	826	52	2	56	1	18
Tripura	88	2	1	0	36	0	2	0	2	1	3	2	1	0
Uttar Pradesh	427	912	631	236	3	80	3	267	12	579	0	579	62	236
Uttarakhand	97	48	6	1	0	14	0	20	0	25	1	48	1	27

West Bengal	5	0	20	0	0	3	0	0	2	0	0	5	0	7
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* Data as on 25.11.2024

STATEMENT-II

State/UT-wise and year-wise details of number of Public and Private hospitals de-empanelled under the scheme

State/UT	2018-2019		2019-2020		2020-2021		2021-2022		2022-2023		2023-2024		2024-2025*	
	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private	Public	Private
Andaman and Nicobar Islands	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Andhra Pradesh	0	0	0	9	0	0	0	14	8	0	88	0	1	0
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Assam	0	0	0	1	0	0	0	2	0	5	0	0	0	0
Bihar	0	17	0	34	0	5	0	1	0	1	0	0	0	0

Madhya Pradesh	0	0	0	0	0	3	0	10	0	87	0	53	0	28
Maharashtra	0	70	0	43	0	12	0	9	71	2	21	31	0	0
Manipur	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Meghalaya	0	0	0	0	0	0	0	0	0	1	7	1	1	0
Mizoram	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nagaland	0	0	0	0	0	0	0	0	0	0	0	0	22	0
Puducherry	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Punjab	0	0	0	0	0	15	0	4	0	3	0	0	0	0
Rajasthan	0	0	0	0	0	0	0	1	0	8	0	2	0	0
Sikkim	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Tamil Nadu	0	0	0	0	0	3	0	2	0	0	0	9	0	1
Telangana	0	0	0	0	0	0	0	6	0	2	0	0	0	1
Tripura	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Uttar Pradesh	0	3	0	3	1	74	0	45	0	40	2	4	0	47
Uttarakhand	0	0	0	19	0	1	0	32	0	32	0	1	0	0

* Data as on 25.11.2024

CHEMICALS AND PETROCHEMICALS INDUSTRY

873. SHRI SHRIRANG APPA CHANDU BARNE:

SHRIMATI BHARTI PARDHI:

SHRI ARVIND GANPAT SAWANT:

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

- (a) whether the chemicals and petrochemicals industry has been facing challenges in boosting its growth;
- (b) if so, the facts in this regard;
- (c) whether Government interventions are needed to address challenges to boost the sector's growth;
- (d) if so, the steps taken by the Union Government in this regard;
- (e) whether the Chemicals and Petrochemicals Industry requested the Union Government for Production-Linked Incentive (PLI) scheme to boost manufacturing and reduce the import; and
- (f) if so, the action taken by the Union Government to give production-linked incentive to the chemical and petrochemicals sector and the time by which the final decision is likely to be taken 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):

(a)and(b): The chemicals and petrochemicals industry in India has been experiencing significant growth in recent years, driven by factors such as increasing domestic demand, government initiatives, and foreign investments. As per current CAGR of 6.29% (on the basis of Annual Survey of Industries), the chemical sector market is estimated to be of \$ 185 Bn (Rs.15,52,421 Cr) in 2023-24. Various Government initiatives focusing on 'Make in India' have the potential to accelerate the growth further.

(c)and(d): Government is taking various steps to boost the sector's growth like:

- The Department of Chemicals and Petrochemicals (DCPC) implements the Scheme for Setting up of Plastic Parks under the umbrella Scheme of New Scheme of Petrochemicals. The Scheme promotes setting up of need-based Plastic Parks with requisite state-of-the-art infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of downstream plastic processing industry to help increase investment, production and export in the sector as well as generate employment. In accordance with the Scheme Guidelines, 10 Plastic Parks have been approved so far and the same are at different levels of implementation.
- With the objective of promoting research and development efforts in the chemical and petrochemical sector to develop new molecules and technologies, the Department of Chemicals and Petrochemicals has formulated a New Scheme of Petrochemicals, which includes a sub-scheme on setting up of Centres of Excellence. The objective of the

scheme is to provide grant-in-aid to educational and research institutions to improve existing technology and promote development of new applications of polymers, chemicals and plastics. The emphasis of the Scheme is on modernization and upgradation of existing manufacturing processes as well as improving the quality of products. So far, 18 CoEs have been approved under the Scheme.

- Government of India has notified the PCPIR Policy, 2007 to attract investment and for the generation of employment in the Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs). PCPIRs promote the Chemical and Petrochemical sectors in an integrated and environmentally friendly manner on a large scale. PCPIRs are conceptualized in a cluster-based approach with high-class common infrastructure and support services to provide a competitive environment conducive for setting up businesses. At present three Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs) are being implemented in the States of Andhra Pradesh (Vishakhapatnam), Gujarat (Dahej) and Odisha (Paradeep) to promote investment and industrial development in these sectors. These PCPIRs has attracted investment of Rs. 2.6 Lakh Crore in Petroleum, Chemicals, Petrochemicals and ancillary industries and generated employment to 3.7 Lakh persons.

(e)and(f): Yes Sir, request to give Production-Linked Incentive (PLI) to the chemical and petrochemicals sector has been received from the Industry. A decision will be taken on the same after due analysis and consideration.

AIIMS KALYANI

874. SHRI JAGANNATH SARKAR:

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

- (a) whether it is a fact that AIIMS Kalyani has a sanctioned capacity of 960 beds but currently operates only 200 functional beds and if so, the reasons for this disparity therefor;
- (b) the steps taken/propose to be taken by the Government to address the shortage of faculty at AIIMS Kalyani considering that only 155 out of 259 faculty positions have been filled;
- (c) whether the West Bengal Government is delaying the issuances of No-Objection Certificates (NOCs) for State Government doctors hereby affecting faculty recruitment at AIIMS Kalyani and if so, the measures being considered to resolve this issue;
- (d) whether there is any plan to increase the number of MSc Nursing seats at AIIMS Kalyani, which currently has only five seats, if so, the details thereof alongwith the timeline fixed for this expansion; and
- (e) whether it is true that patients are experiencing difficulties in securing appointments at AIIMS Kalyani and if so, the steps taken/proposed to be taken by the Government to improve patients access to medical services?

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

(a) and (b) The number of sanctioned beds at AIIMS Kalyani is 960 out of which 501 beds are functional. Currently, out of 259 sanctioned faculty positions 157 are filled. In order to fast track, the filling up of vacancies in various AIIMS, various steps have been taken including (i) Centralized Recruitment for Nursing Cadres via Nursing Officer Recruitment Common Eligibility Test (NORCET) (ii) Rolling advertisement with one-year validity (iii) Common Recruitment Examination (CRE) for non-faculty posts (iv) Engagement of staff on short term contract / outsource basis in case of urgent requirement.

(c) On selection to faculty positions in AIIMS Kalyani, doctors working with the Government of West Bengal join the Institute only after being relieved by the Cadre Controlling Authority.

(d) Currently, there are Six(06) seats of M.Sc Nursing in AIIMS Kalyani :4 in Pediatric Nursing and 2 in Psychiatry Nursing. Expansion of seats is a continuous exercise.

(e) Patients can take appointment at AIIMS Kalyani either by calling a dedicated phone number or through AIIMS Kalyani Swasthya mobile app.

आयुष्मान भारत योजना के अंतर्गत लाभार्थी

875. श्री कौशलेन्द्र कुमार:

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

- (क) आज की तिथि के अनुसार, देश में आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के लाभार्थियों की राज्य-वार संख्या कितनी है;
- (ख) उक्त योजना के अंतर्गत 70 वर्ष से अधिक आयु के लाभार्थियों की राज्य-वार संख्या कितनी है;
- (ग) क्या सरकार इस बात से अवगत है कि आयुष्मान कार्ड होने के बावजूद लाभार्थियों का उचित उपचार नहीं किया जाता है और अधिकांश अस्पतालों में पैसे देने के लिए बाध्य किया जाता है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ङ) क्या सरकार का विचार इन अस्पतालों, चाहे वे सरकारी अस्पताल ही क्यों न हों, हेतु कड़ी कार्रवाई करने/सख्त दिशा-निर्देश जारी करने का है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क): दिनांक 31.10.2024 की स्थिति के अनुसार, आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत लगभग 35.89 करोड़ आयुष्मान कार्ड बनाए गए हैं। इस योजना के अंतर्गत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार व्यौरा संलग्न **विवरण - I** में दिया गया है।

(ख) 70 वर्ष और उससे अधिक आयु के लाभार्थी परिवारों की अनुमानित संख्या 4.5 करोड़ है, जो इस योजना के अंतर्गत 6 करोड़ व्यक्तियों के तदनुरूप है। एबी-पीएमजेएवाई स्रोत डेटाबेस के अनुसार, मौजूदा योजना में 1.73 करोड़ परिवार हैं, जिनमें कम से कम एक सदस्य 70 वर्ष और उससे अधिक आयु का है, और 70 वर्ष और उससे अधिक आयु के व्यक्तियों की कुल संख्या 2.15 करोड़ है। दिनांक 25.11.2024 की स्थिति के अनुसार, इस योजना के तहत 70 वर्ष और उससे अधिक आयु के वरिष्ठ नागरिक लाभार्थियों के लिए लगभग 14 लाख आयुष्मान वय वंदन कार्ड बनाए गए हैं, जिनका राज्य/संघ राज्य क्षेत्र-वार व्यौरा संलग्न **विवरण - II** में दिया गया है।

(ग) से (च): एबी-पीएमजेएवाई के तहत, स्वास्थ्य परिचर्या के उपयोग में लाभार्थियों के सामने आने वाली समस्याओं का समाधान करने के लिए जिला, राज्य और राष्ट्रीय स्तर पर तीन स्तरीय शिकायत निवारण प्रणाली बनाई गई है। लाभार्थी वेब-आधारित पोर्टल, केंद्रीकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस), केंद्रीय और राज्य कॉल सेंटर, ईमेल, राज्य स्वास्थ्य एजेंसियों को पत्र आदि सहित विभिन्न माध्यमों का उपयोग करके अपनी शिकायत दर्ज कर सकते हैं। शिकायत की प्रकृति के आधार पर, समाधान के लिए आवश्यक कार्रवाई की जाती है जिसमें अस्पताल के साथ समन्वय और योजना के तहत उपचार प्राप्त करने में लाभार्थियों को सहायता प्रदान करना शामिल है।

दिनांक 25.11.2024 की स्थिति के अनुसार, केंद्रीकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस) पर कुल 5,565 शिकायतें प्राप्त हुईं, जिनमें से 98% शिकायतों का समाधान जिला, राज्य और राष्ट्रीय स्तर पर किए गए प्रयासों के माध्यम से किया गया है।

विस्तृत शिकायत निवारण दिशा-निर्देश निम्नलिखित लिंक पर उपलब्ध हैं:

<https://nha.gov.in/img/resources/OM-Grievance-Redressal-Guideline-Dec-2021.pdf>

विवरण- I

योजना के तहत बनाए गए आयुष्मान कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	बनाए गए आयुष्मान कार्डों की संख्या
अंडमान और निकोबार द्वीप समूह	72,939
आंध्र प्रदेश	1,55,76,406
अरुणाचल प्रदेश	1,47,005
असम	1,76,97,074
बिहार	3,56,39,789

चंडीगढ़	2,13,794
छत्तीसगढ़	2,27,26,145
दादरा और नागर हवेली और दमन एवं दीव	4,45,366
गोवा	81,888
गुजरात	2,61,36,516
हरियाणा	1,21,76,689
हिमाचल प्रदेश	13,39,890
जम्मू और कश्मीर	86,68,794
झारखंड	1,22,83,078
कर्नाटक	1,75,35,705
केरल	77,21,284
लद्दाख	1,89,601
लक्षद्वीप	36,996
मध्य प्रदेश	4,07,32,323
महाराष्ट्र	2,87,04,774
मणिपुर	6,53,206
मेघालय	20,09,470
मिजोरम	5,66,253
नागालैंड	7,40,084
पुडुचेरी	5,14,148
पंजाब	89,61,752
राजस्थान	2,23,43,366

सिक्किम	78,616
तमिलनाडु	75,33,010
तेलंगाना	82,49,233
त्रिपुरा	20,05,835
उत्तर प्रदेश	5,13,36,525
उत्तराखंड	58,16,538

विवरण- II

योजना के तहत 70 वर्ष और उससे अधिक आयु के वरिष्ठ नागरिकों के लिए बनाए गए आयुष्मान वय वंदन कार्डों की संख्या का राज्य/संघ राज्य क्षेत्र -वार ब्यौरा

राज्य/संघ राज्य क्षेत्र	बनाए गए आयुष्मान वय वंदना कार्डों की संख्या
अंडमान और निकोबार द्वीप समूह	60
आंध्र प्रदेश	8288
अरुणाचल प्रदेश	9
असम	3780
बिहार	31364
चंडीगढ़	4073
छत्तीसगढ़	6018
गोवा	1063
गुजरात	122988
हरियाणा	47338
हिमाचल प्रदेश	8251

जम्मू और कश्मीर	349
झारखंड	455
कर्नाटक	51250
केरल	327448
लद्दाख	3
लक्षद्वीप	24
मध्य प्रदेश	497622
महाराष्ट्र	2302
मणिपुर	2057
मेघालय	35
मिजोरम	22
नागालैंड	54
पुडुचेरी	2056
पंजाब	24610
राजस्थान	9295
सिक्किम	387
तमिलनाडु	45238
तेलंगाना	8111
दादरा और नागर हवेली और दमन एवं दीव	544
त्रिपुरा	350
उत्तर प्रदेश	208705
उत्तराखंड	2226

NATIONAL INSTITUTE OF SIDDHA

876. SHRI T. R. BAALU:

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

- (a) whether there is any proposal to upgrade the National Institute of Siddha, Tambaram, Chennai engaged in higher studies and research on Siddha medicines into a University of Siddha Medicines;
- (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) and (b): Presently, no such proposal is under consideration of the Ministry of Ayush.
- (c): Currently, no such proposal is received.

आयुष शैक्षणिक संस्थान

877. श्रीमती मंजू शर्मा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) योग के संबंध में कितने शैक्षणिक संस्थानों, अनुसंधान केन्द्रों, आरोग्य केन्द्रों और अन्य संस्थाओं में अनुसंधान किया जा रहा है;
- (ख) उपर्युक्त हेतु आबंटित निधि का ब्यौरा क्या है;

- (ग) सरकार द्वारा विश्व भर में योग के प्रचार-प्रसार के लिए विशिष्ट कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;
- (घ) क्या सरकार द्वारा विदेशों में स्थित दूतावासों के माध्यम से कोई योग जागरूकता और संवर्धन कार्यक्रम चलाया जा रहा है;
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क): शैक्षणिक संस्थानों, अनुसंधान केंद्रों, आरोग्य केंद्रों और अन्य संस्थानों की संख्या, जहां अनुसंधान परियोजनाओं के कार्यान्वयन के माध्यम से योग पर अनुसंधान किया जा रहा है, का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख): उपरोक्त अनुसंधान परियोजनाओं के लिए 15.30 करोड़ रुपए आबंटित किए गए हैं।

(ग): आयुष मंत्रालय, भारत सरकार ने विश्व भर में योग को बढ़ावा देने के लिए कई पहल की हैं, जिनमें निम्नलिखित शामिल हैं:

(i) अंतर्राष्ट्रीय योग दिवस (आईडीवाई): 21 जून को प्रतिवर्ष मनाया जाने वाला अंतर्राष्ट्रीय योग दिवस, वर्ष 2014 में संयुक्त राष्ट्र द्वारा अपनाए जाने के बाद एक प्रमुख कार्यक्रम बन गया है, जिसमें दूतावासों, योग चिकित्सकों और स्थानीय समुदायों के माध्यम से विश्व भर में बड़े पैमाने पर भागीदारी होती है।

(ii) शैक्षणिक पहल: पाठ्यक्रमों के माध्यम से योग शिक्षण के लिए समर्थन, और विदेशी विश्वविद्यालयों में आयुष अध्यक्ष पदों की स्थापना।

(iii) योग प्रमाणन बोर्ड (वाईसीबी): आयुष मंत्रालय द्वारा स्थापित, वाईसीबी, योग पेशेवरों और संस्थानों के लिए अंतरराष्ट्रीय स्तर पर मान्यता प्राप्त प्रमाणन प्रदान करता है, जो शिक्षण और अभ्यास में

गुणवत्ता मानकों को सुनिश्चित करता है। यह प्रमाणित योग पेशेवरों का एक विश्वसनीय वैश्विक नेटवर्क बनाने में मदद करता है।

(iv) डिजिटल अभियान और संसाधन: बहुभाषी योग संसाधनों, ऐप्स (जैसे वाई-ब्रेक) और वीडियो का निर्माण, ताकि पहुँच को बढ़ाया जा सके और विश्व भर में इसके अभ्यास को बढ़ावा दिया जा सके।

(घ) और (ङ): आयुष मंत्रालय, भारत सरकार अपने दूतावासों और उच्चायोगों के माध्यम से सक्रिय रूप से योग जागरूकता और प्रचार कार्यक्रम आयोजित करता है, जिनमें निम्नलिखित शामिल हैं:

(i) अंतर्राष्ट्रीय योग दिवस कार्यक्रम: दूतावास, विश्व भर में स्थानीय संगठनों और समुदायों के सहयोग से अंतर्राष्ट्रीय योग दिवस समारोह आयोजित करते हैं।

(ii) कार्यशालाएं और प्रदर्शन: देशों में स्थानीय संस्थानों के साथ साझेदारी में नियमित रूप से योग कार्यशालाएं, प्रशिक्षण सत्र और लाइव प्रदर्शन आयोजित किए जाते हैं।

(iii) सांस्कृतिक आउटरीच: दूतावासों द्वारा आयोजित भारतीय सांस्कृतिक उत्सवों और आउटरीच गतिविधियों में योग को एकीकृत किया जाता है।

(iv) संसाधन प्रसार: दूतावास, स्वास्थ्य लाभों के बारे में जागरूकता बढ़ाने के लिए संसाधनों को वितरित करने के लिए विभिन्न भारतीय दूतावासों और उच्चायोगों में स्थापित आयुष सूचना प्रकोष्ठों के माध्यम से योग को शामिल करते हुए आयुष संबंधी जागरूकता फैलाते हैं।

विवरण

शैक्षणिक संस्थानों, अनुसंधान केंद्रों, आरोग्य केंद्रों और अन्य संस्थानों की संख्या जहां अनुसंधान परियोजनाओं के कार्यान्वयन के माध्यम से योग पर अनुसंधान किया जा रहा है।

क्र.सं.	परियोजना का नाम	केन्द्रों का नाम	परियोजनाओं की संख्या

1.	योग के माध्यम से मन-शरीर उपचार के लिए सहयोगात्मक केंद्र	(क) अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), रायपुर, छत्तीसगढ़ (ख) एम्स, ऋषिकेश, उत्तराखंड (ग) स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (पीजीआई), चंडीगढ़	05 05 05
2.	सहयोगात्मक अनुसंधान केंद्र (सीआरसी)	क. राष्ट्रीय मानसिक स्वास्थ्य एवं तंत्रिका विज्ञान संस्थान (निमहांस), बेंगलोर ख. संस्कृति फाउंडेशन, मैसूर ग. कैवल्यधाम, लोनावाला	12 12 08
3.	इंट्रा म्यूरल रिसर्च (आईएमआर)	क. भारतीय प्रौद्योगिकी संस्थान (आईआईटी) मंडी, हिमाचल प्रदेश ख. केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन) ग. सावित्री बाई फुले विश्वविद्यालय घ. स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (पीजीआई), चंडीगढ़ ङ. राम मनोहर लोहिया अस्पताल च. सफदरजंग	01 16 01 01 02 01

CONSTRUCTION WORK OF JAMMU-POONCH HIGHWAY BY BRO

878. SHRI MIAN ALTAF AHMAD:

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

(a) whether it's a fact that the construction work of strategically located 220 km Jammu-Poonch highway is going on at a sluggish pace, if so, the reasons therefor;

(b) whether it is not a fact that due to sluggish pace of construction work of Jammu-Poonch highway general public of Hilly districts of Rajouri and Poonch suffer badly;

(c) if so, the reasons therefor;

(d) whether any steps have been taken by the Border Roads Organisation for completing the construction work at the earliest; and

(e) if so, the details thereof?

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

(a) to (c): The Ministry of Road Transport and Highways (MoRTandH) has taken up development of 168 km length of Akhnoor-Poonch Highway of NH-144A to 2-lane-with paved shoulder configuration including four tunnels (involving about 4.85 km length) in eight construction packages. Border Roads Organization (BRO) is the executing agency for this project. So far about 83 km length has been constructed. These works are targeted for completion in a phased manner between 2025 and 2027.

National Highways and Infrastructure Development Corporation Limited (NHIDCL) has taken up development of 30 km stretch of NH-144A between

Jammu and Akhnoor in four construction packages. So far work on 5.2 km length has been completed. Works in remaining three packages are targeted for completion by March 2026.

Both BRO and NHIDCL ensure regular maintenance of the highway in traffic worthy conditions for safe movement of vehicles and commuters including general public of districts of Rajouri and Poonch.

(d) and (e): The steps taken by BRO towards implementation of the project without further delays include regular follow ups and close coordination with concerned departments and authorities of the Union Territory (UT) on outstanding issues. MoRTandH also closely monitors various issues affecting completion of these projects (e.g. land acquisition, encroachment removal, law and order issues, utility shifting, various clearances and contractual issues) with all stakeholders including UT Government. Regular meetings with concerned UT officials at local/district/UT level are held as per requirements based on the criticality of the issues.

STANDARDISATION OF HOSPITAL BILLING PROCESSES

879: SHRI HARIBHAI PATEL:

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

- (a) whether the Bureau of Indian Standards has initiated efforts to standardize hospital billing processes and if so, the details thereof;
- (b) the details of consultations held with industry bodies and stakeholders on hospital billing standardization;
- (c) the steps taken/proposed to be taken by the Government to reduce out-of-pocket healthcare expenses, especially for medicines;

- (d) the measures taken/proposed to be taken by the Government to prevent people from being pushed into poverty due to exorbitant health expenses; and
- (e) whether the Government has any plan to conduct a comprehensive study on the impact of medical inflation on healthcare costs 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):

(a) and (b) : Yes Sir, the Bureau of Indian Standards constituted a Working Group of experts to prepare preliminary draft Indian Standard. The industry bodies are also part of the Working Group.

(c) and (d) : 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.

Further, 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 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 National Free Diagnostic Service has been rolled out to ensure the availability of essential drugs and diagnostic facilities and reduce the Out-of-Pocket Expenditure (OOPE) of the patients visiting the public health facilities.

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

PM-ABHIM was launched as a mission to develop the capacities of primary, secondary and tertiary health care systems; strengthen existing national institutions and create new institutions to cater to detection and cure of new and emerging diseases. PM-ABHIM is a Centrally Sponsored Scheme with some Central Sector components with an outlay of Rs 64,180 crore.

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

Child care services, Communicable diseases, Non-communicable diseases and all health issues, which are universal, free and closer to the community.

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

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

(e) : No, Sir. No such study is under consideration of this Ministry.

AYUSH HOSPITAL IN ODISHA

880. SHRI PRATAP CHANDRA SARANGI:

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

(a) whether the Government provides necessary assistance for opening of AYUSH hospitals in Balasore district of Odisha as it is of utmost public importance;

(b) if so, the details there of; and

(c) the current status of the AYUSH hospitals for which funds were sanctioned by the Government and the time by which the work is likely to be completed and made operational?

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

(a) to (c). Public health being the State subject, opening of Ayush Hospitals in the State of Odisha including Balasore district comes under the purview of respective State Government. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM) there is a provision of financial assistance for setting up of Integrated Ayush Hospitals in the districts of States/UTs. Accordingly, as per the proposal received from the State Government of Odisha through State Annual Action Plans (SAAPs), one 50 bedded Integrated Ayush Hospital has been approved during the year 2019-20 and as reported by the State Government, they have allocated/released Rs. 400.00 lakhs for this hospital. Further, as reported by the State Govt. construction work of the hospital is under various stages of completion.

HEALTH INSTITUTIONS OF NATIONAL IMPORTANCE BILL, 2023

881. DR. RICKY A. J. SYNGKON:

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

(a) whether there is a proposal to introduce the 'Health Institutions of National Importance Bill, 2023' in the House to declare the North- Eastern Indira Gandhi

Regional Institute of Health and Medical Sciences (NEIGRIHMS) as an Institute of National Importance (INI);

(b) if so, the additional resources or facilities likely to be allocated to NEIGRIHMS to enhance its capabilities and address the unique healthcare needs of NE;

(c) the time by which the said Bill is likely to be introduced;

(d) the total number of sanctioned posts for different positions (both Doctors and nurses) in NEIGRIHMS and the manner in which they have been filled up; and

(e) the number of Doctors and nurses who left NEIGRIHMS during the last 10 years?

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

(a) to (c) North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS) is a super speciality teaching institute established in 1987 in Shillong under the Meghalaya Registration of Societies Act 1983. NEIGRIHMS has been intended to be a postgraduate medical institution like AIIMS, New Delhi and PGIMER, Chandigarh. Currently NEIGRIHMS does not have the status of INI. On INI status, a medical Institute gets more autonomy enabling it to start new courses independently, increase seats and attract more faculty etc., which enhances the capacity of the Institute to provide better healthcare and academic facilities.

(d) The total number of sanctioned posts of Faculty, Nursing Faculty, Medical Officers, Senior Resident and Junior Resident Doctors and Nursing Cadres in the

Institute is 1363 and these are filled by the method of direct recruitment or promotion, as per the provisions of the recruitment rules of the respective post.

(e) The number of Doctors and Nurses that left NEIGRIHMS during the last ten years is 36 and 53 respectively.

VIOLENCE AGAINST MEDICAL PROFESSIONALS

882. SHRIMATI KANIMOZHI KARUNANIDHI:

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

(a) whether the Government is aware of the rising incidents of violence against medical professionals in the country;

(b) if so, the details thereof;

(c) whether the Government has any plans to introduce/amend any legislation for ensuring the safety and protection of medical professionals from such violence;

(d) if so, the details thereof, State-wise;

(e) the number of incidents of violence against medical professionals in the country during the last 10 years, year-wise: and

(f) the steps taken/proposed to be taken by the Government to improve the safety of healthcare providers in both public and private sectors 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):

(a) to (e): The data and details of incidents of violence against medical professionals in the country are not maintained centrally.

As per Constitutional provisions, 'Health' and 'Law and Order' are State subjects. Therefore, it is the primary responsibility of the concerned State/ Union Territory to take note of events and eventualities for taking appropriate action to prevent violence against healthcare professionals. It needs to be dealt with suitably by the State/ Union Territory under provisions in the Bharatiya Nyaya Sanhita (BNS), 2023 and the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 so that medical professionals discharge their professional pursuits without fear of violence.

Many States have already enacted laws to address violence against healthcare professionals. Most of the State laws cover minor offences and prescribe punishment for them. The major offences/ heinous crimes are adequately covered under BNS, 2023. As the State laws have adequate provisions to address day-to-day minor offences and serious offences can be addressed by BNS, 2023, a separate Central law to deal with offenses against healthcare professionals is not required.

(f): After recent incident of alleged rape and murder of a trainee doctor at R. G. Kar Medical College and Hospital, Kolkata, the Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/Institutes, All India Institutes of Medical Sciences and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals. All the States/UTs had also been advised by MoHFW to take immediate measures for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of the alleged rape and murder incident of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

RECOGNITION OF ACUPUNCTURE

883. SHRI K. GOPINATH:

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

- (a) whether any action has been taken by the Government to recognize acupuncture as a system of health therapy and if so, the details thereof;
- (b) whether the Government has constituted any Apex Committee for the purpose and promotion of acupuncture in the country, if so, the details thereof along with the recommendations and guidelines by the apex committee;
- (c) the action taken/proposed to be taken by the Government on the recommendation and guidelines of the Apex Committee;
- (d) whether the Government is considering to constitute any national level council for acupuncture and if so, the details thereof; and

- (e) whether the Government has held any discussion with Ministry of Ayush to include acupuncture under AYUSH, 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) : Based on the recommendations of the Standing Committee of Experts, practice of Acupuncture was qualified as a 'mode of therapy'. Thereafter, an Inter-Departmental Committee (IDC), constituted by the Department of Health Research, has recommended in 2018 that Acupuncture can be accepted as an independent system of healthcare for the indications for which there is evidence and expertise exists for teaching, training and certification.

After consideration of IDC report, 'Apex Committee on Acupuncture' (ACA) was constituted for the purpose of promotion and regulation of Acupuncture as a system of healthcare / therapy. The recommendations and the guidelines of the ACA included proposed course curricula for certificate, degree and diploma courses in acupuncture; proposed template for rules and regulations for regulating the system, and suggestions for reimbursement for acupuncture treatment. The Committee had further recommended that in order to implement the guidelines, the Government of India might take appropriate decision about establishing an appropriate regulatory mechanism so as to ensure a conducive environment and

system for promotion and regulation of practice of acupuncture as a system of healthcare and therapy in the country.

The recommendations of Apex Committee on Acupuncture for establishing an appropriate regulatory mechanism were actively considered and a comprehensive consultation, involving multiple Departments, including Ministry of AYUSH, was completed. The matter of establishment of an appropriate regulatory mechanism on Acupuncture system and to bring the regulation of acupuncture professionals under the ambit of the “ National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021” has been completed with the publication of a notification on 26.09.2024 by Department of Health and Family Welfare to include the Acupuncture Professionals (ISCO Code : 2230, 3230) in the Schedule of the National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021.

MOVEMENT ON SRINAGAR-JAMMU NATIONAL HIGHWAY

884. SHRI AGA SYED RUHULLAH MEHDI:

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

(a) whether it is a fact that the traffic on the highway is stopped multiple times at multiple places at every few kilometres for the army or paramilitary movement on the Srinagar-Jammu national highway;

(b) if so, the details thereof;

(c) whether it is also a fact that not only normal traffic but also the ambulances are also stopped by the security forces; and

(d) if so, the details thereof along with the steps taken/proposed to be taken by the Government to stop this humiliating practice which also violates the human rights?

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE

(SHRI SANJAY SETH):

(a) and (b): As part of drill, regular movement of convoys takes place between Jammu and Srinagar for various operational as well as administrative reasons. The Indian Army follows detailed procedures for the movement of convoys with due emphasis on friendly move of the populace.

(c) and (d): Owing to security reasons and to thwart incidents like attack/ambush of convoy in past, Road Opening Parties are sent out prior to the movement of any Security Forces Convoy. Traffic is regulated, temporarily, particularly at points where laterals meet the NH 44 and at U Turns, during the movement of the Army/CAPF convoys.

Indian Army does not harass or stop any civil movement on the National Highway. The charter of civilian traffic regulation is of the State authorities/Jammu and Kashmir Police. Ambulances are always accorded priority for movement and they are not stopped anywhere by Security Forces.

DEVELOPMENT OF INLAND WATERWAYS IN GUJARAT

885. SHRI PARSHOTTAMBHAI RUPALA:

SHRI BHARTRUHARI MAHTAB:

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

- (a) the action taken by the Government in collaboration with the Government of Gujarat to supplement the efforts of Inland Waterways Authority of India (IWAI) to develop inland waterways in Gujarat which has the longest coastline in the country indicating the current status of such efforts of IAWI; and
- (b) the specifics of the funds that have already been allocated or are proposed for allocation for this purpose?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

- (a) IWAI has entered into a tripartite Memorandum of Understanding (MoU) with Sardar Sarovar Narmada Nigam Limited, a public sector undertaking of Government of Gujarat and Government of Madhya Pradesh for operationalising cruise movement in River Narmada (National Waterway-73). Two jetties have been provided by IWAI in the declared portion of NW-73.
- (b) In the initial phase, Rs. 1.16 Crore was allocated. Further, Rs. 60.84 Crore has been earmarked for allocation for this purpose as per the break up given in the enclosed **Statement**.

STATEMENT

S.No	Activities	Rs. in Crore (FY 2024-25)	Rs. in Crore (FY 2025-26)

(a)	Supporting Infrastructure (River Conservancy/ Dredging/ Navigational Aids and River Information System-V)	1.57	45.41
(b)	Terminal Development, Land acquisition/ leasing and first mile, last mile connectivity	1.08	10.02
(c)	Hydrographic Survey	0.87	0.55
(c)	Cargo Promotion	0.20	0.20
(d)	Miscellaneous Expenditure	0.54	0.40

सरकारी अस्पतालों में फिजियोथेरेपिस्ट

886. श्री रामभुआल निषाद:

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

(क) क्या दिल्ली स्थित केन्द्र सरकार के सभी अस्पतालों में वरिष्ठ फिजियोथेरेपिस्टों की कमी के कारण मरीजों को काफी कठिनाई का सामना करना पड़ रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है

(ख) उक्त अस्पतालों में वरिष्ठ फिजियोथेरेपिस्टों के स्वीकृत पदों/रिक्त पदों का ब्यौरा क्या है और ये पद किस तिथि से रिक्त पड़े हुए हैं तथा इस कमी के क्या कारण हैं;

(ग) सरकार द्वारा रिक्त पदों को पदोन्नति और नई भर्ती के माध्यम से भरने के लिए क्या कदम उठाए गए हैं और क्या समयावधि निर्धारित की गई है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके लिए क्या समय-सीमा निर्धारित की गई है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क) केंद्र सरकार के अस्पतालों में आने वाले हर मरीज को बिना किसी बाधा के देखभाल प्रदान की जाती है। केंद्र सरकार के अस्पताल किसी भी तरह की गेटकीपिंग का पालन नहीं करते हैं।

(ख): उपर्युक्त अस्पतालों में वरिष्ठ फिजियोथेरेपिस्ट के स्वीकृत पदों/रिक्त पदों का व्यौरा संलग्न विवरण में दिया गया है।

(ग) और (घ): स्वीकृत पदों की तुलना में रिक्त पदों को भरना एक नियमित प्रशासनिक प्रक्रिया है। दिल्ली में केंद्र सरकार के अस्पतालों में वरिष्ठ फिजियोथेरेपिस्ट समूह 'क' का एक पद है जिसे संघ लोक सेवा आयोग (यूपीएससी) में नियमित विभागीय पदोन्नति समिति (डीपीसी) की बैठकों के माध्यम से पदोन्नति द्वारा भरा जाता है। डीपीसी बैठक के लिए प्रस्ताव मंत्रालय/विभाग द्वारा एकल खिड़की प्रणाली के माध्यम से नियमित आधार पर यूपीएससी के समक्ष उठाए जाते हैं। लेडी हार्डिंग मेडिकल कॉलेज के अंतर्गत कलावती सरन अस्पताल में नव सृजित पद के संबंध में, यह सूचित किया जाता है कि पदों के लिए भर्ती नियम तैयार करने के बाद नव सृजित पद को भरा जाता है।

विवरण

वरिष्ठ फिजियोथेरेपिस्ट के पदों का केन्द्रीय सरकारी अस्पताल-वार ब्योरा

दिल्ली में केंद्र सरकार के अस्पताल का नाम	स्वीकृत पद(पदों) की संख्या	भरे हुये पद(पदों) की संख्या	रिक्त पद(पदों) की संख्या	रिक्त पद(पदों) का विवरण
डॉ राम मनोहर लोहिया अस्पताल	03	01	02	(i) दिनांक 20.10.2023 को वरिष्ठ फिजियोथेरेपिस्ट का एक पद सृजित किया गया है। (ii) दिनांक 27.08.2024 को वर्तमान वरिष्ठ फिजियोथेरेपिस्ट की उप मुख्य

				फिजियोथेरेपिस्ट के पद पर पदोन्नति के कारण एक पद रिक्त हो गया है।
सफदरजंग अस्पताल	09	02	07	(i) वर्तमान पदाधिकारियों की सेवानिवृत्ति के कारण क्रमशः दिनांक 01.01.2023 और दिनांक 01.08.2023 से 02 पद रिक्त पड़े हैं। (ii) दिनांक 11.04.2023 को 01 पद सृजित किया गया है। (iii) दिनांक 20.10.2023 को 04 पद सृजित किए गए हैं।
लेडी हार्डिंग मेडिकल कॉलेज और सहयोगी अस्पताल	01	00	01	यह पद दिनांक 20.10.2023 को सृजित किया गया है।

SAFETY OF DOCTORS

887. SHRI KULDEEP INDORA:

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

- (a) whether the Government is aware of the fact that as per a survey of Indian Medical Association, doctors particularly women, feel unsafe during night shifts due to lack of appropriate security protocols across the country; and

(b) if so, the steps taken/proposed to be taken by the Government to ensure safety of doctors while discharging their duties 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 FERTILIZER (SHRIMATI ANUPRIYA PATEL):**

(a) and (b): The survey conducted by the Indian Medical Association is an independent initiative carried out by the Association and the Central Government has not participated in the same. The Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/Institutes, All India Institutes of Medical Sciences and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals. All the States/UTs had also been advised by MoHFW to take immediate measures (details are enclosed as **Statement**) for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of recent incident of alleged rape and murder of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

STATEMENT

Extracts from recent advisories issued by the Ministry of Health and Family Welfare to States/UTs to take immediate measures for enhancing security and providing safer working environment for medical professionals

- I. Display of State laws for healthcare workers' protection and relevant Sections of Bharatiya Nyaya Sanhita (BNS), 2023 along with punitive/penalty details in conspicuous places inside the hospital premises in local language and English.
- II. Constitution of 'Hospital Security Committee' and 'Violence Prevention Committee' involving senior doctors and administrative officers to strategize and implement appropriate security measures.
- III. Regulation of access for general public and patient relatives to key areas of the hospital. Strict visitor pass policy for patient attenders/ relatives.
- IV. Provision for safe movement of resident doctors/ nurse within different blocks and hostel buildings and other areas of the hospital during night duties.
- V. Ensuring proper lighting inside all areas of residential block, hostel blocks and other hospital premises.
- VI. 'Routine Security patrolling' in all the hospital premises during night time.
- VII. Setting up of a 24x7 manned security control room in the hospitals.
- VIII. Establishing close liaisoning with nearest police station.
- IX. Constitution of 'Internal Committee on Sexual Harassment' in the hospital.

- X. Taking stock situation of all CCTV cameras (number and functionality) inside the hospital premises and for necessary implementation/upgradation of the same.
- XI. Identification of high-risk establishments to identify hospitals with high footfall and consider them as high-priority establishments for security improvements.
- XII. Conducting security audits in consultation with local health, police authorities to assess and improve security measures.
- XIII. Focus on high-risk areas by giving special attention to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and Intensive Care Units (ICUs) and Labour Rooms.
- XIV. Ensuring installation and proper functioning of CCTV Cameras, particularly in high-risk areas with regular monitoring of the cameras from a manned central control room.
- XV. Establishment of a protocol for quick sharing of video footage of any untoward incident against healthcare workers with local police to facilitate swift response and investigation.
- XVI. Security personnel to be technically oriented and trained in soft skills. Employing ex-servicemen (from Directorate General of Resettlement) as security personnel in the identified high-risk areas of the hospitals. Also, exploring of such manpower from the State's own security forces.

- XVII. Constitution of Internal Security Committee in hospitals with active involvement of residents and students; also laying down of clear SOPs for incidence response.
- XVIII. Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- XIX. Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
- XX. Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patients from diagnostics to therapeutics.
- XXI. Trained persons to man help-desks, guide patients to navigate the hospital systems and processes.

INCLUSION OF MD IN HOMOEOPATHY

888. SHRI N. K. PREMACHANDRAN:

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

- (a) whether it is mandatory for the Universities in India to approve the Master Degree in Homoeopathy included in the second schedule of CCH Act;
- (b) if so, the details there of along with action taken by the Government to ensure that all the universities and State Governments comply with CCH/NCH norms;

- (c) whether the Government has taken note that the Kerala University of Health Sciences is not approving MD, Homoeopathy included in the Second Schedule of CCH/NCH Act;
- (d) if so, the action initiated by Central Homeopathy Council against the decision of Kerala University of Health Sciences for non-recognition of the MD, Homoeopathy under special provisions;
- (e) whether the National Commission for Homoeopathy (NCH) examined the illegal decision of Kerala University of Health Sciences in this regard and if so, the action taken to implement the CCH Act; and
- (f) whether the Government proposes to implement CCH/NCH norms in Kerala and if so, the details thereof?

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

- (a) and (b) The National Commission for Homoeopathy (NCH), a statutory body constituted under the provisions of the National Commission for Homoeopathy (NCH) Act, 2020 recognises the Undergraduate and Postgraduate medical degree courses in Homoeopathy being awarded by the Universities in accordance with the National Commission for Homoeopathy (Recognition of Qualifications of Homoeopathy) Regulations, 2023.

- (c) The MD, Homoeopathy degree awarded by the Kerala University of Health Sciences are recognized and included in the second schedule of erstwhile Central Council of Homoeopathy(CCH) Act,1973 and the NCH Act,2020.
- (d) and (e) Does not arise.
- (f) The provisions of erstwhile CCH Act,1973 and the NCH Act,2020 are uniformly applicable for all the Homoeopathic medical colleges and Universities across India, including Kerala.

CHILD HELPLINE

889. DR. THOL THIRUMAAVALAVAN :

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

- (a) the number of calls annually received on the Child Helpline Number 1098 during the last three years ;
- (b) the details of the children provided help and assistance annually through the said helpline;
- (c) whether the Government has any record of assistance provided through the said helpline; and
- (d) if so, the details thereof?

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

(a) to (d) : The number of calls annually received on Child Helpline Number 1098 during the last three years is as follows :

Sl. No.	Financial Year	Number of Calls Received
1	2021-22	54,55,892
2	2022-23	59,96,388
3	2023-24	35,34,452

Childline Services are defined in the Juvenile Justice (Care and Protection of Children) Act, 2015 under section 2(25) as a twenty-four hours emergency outreach service for children in crisis which links them to emergency or long-term care and rehabilitation service. The Child Helpline 1098 is run by the respective State/UT in coordination with the district functionaries where the District Magistrate/ District Collector chairs the District Child Protection Units (DCPUs) and the Child Helpline services have been integrated with the Emergency Response Support System-112 (ERSS-112) helpline of Ministry of Home Affairs. 1098 is also integrated at district level with the DCPUs which are the district level units and are mandated to provide requisite assistance and support for children in need of care and protection and children in conflict with law. DCPUs supervise and monitor the day-to-day operations of the Child Helpline Unit, coordinate rescue teams with allied Special Juvenile Police Unit, Railways and also coordinate to ensure protection of children before the Child Welfare Committee/ Juvenile Justice Board as the case may be.

SAFE WORK PLACE FOR WOMEN

890. **SHRI G. KUMAR NAIK:**

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

- (a) whether the Government has set up Internal Complaints Committees across all Government Ministries and Departments to ensure compliance with the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, and if so, the details thereof;
- (b) the number of complaints registered on the Sexual Harassment electronic-Box (SHe-Box) since its inception, year-wise and State/UT-wise;
- (c) the details of the time taken to resolve complaints filed through SHe-Box and the steps being taken to ensure timely redressal;
- (d) whether there are any plans to enhance the functionality, accessibility and awareness of SHe-Box among women in various sectors, particularly in rural and unorganized sectors;
- (e) the details of measures in place to monitor the effectiveness and outcomes of SHe-Box in protecting women at workplaces; and
- (f) whether any challenges have been reported in its implementation and the steps taken by the Government to address these challenges?

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

(a) to (f): Safety and security of women in the country is of utmost priority for the Government. Keeping this in view, the Government has enacted “the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013” (SH Act) to provide protection to women against sexual harassment at workplace and for the prevention and redressal of complaints related to it. The Act covers all women, irrespective of their age, employment status or nature of work, whether working in public or private, organised or unorganised sector and whether in rural and urban areas. The Act casts a legal obligation upon employers of all workplaces, public or private, to provide a safe and secure working environment free from sexual harassment, whereby every employer is mandated to constitute an Internal Committee (IC) wherever the number of employees/ workers is more than 10. Similarly, the Appropriate Government is authorized to constitute Local Committee (LC) in every district to receive complaints from organizations having less than ten workers or if the complaint is against the employer himself/herself. The Act has enough provisions to deal with various aspects of the matter including penal provisions for those who violate the provisions of the Act including for the employers. Ministry of Women and Child Development (MWCD) being the Nodal Ministry, issues advisories to all Central Ministries /Departments and State Governments/ Union Territory (UT) Administrations from time to time for effective implementation of the Act and to organize workshops and awareness programmes at regular intervals for sensitizing the employers and employees. As per the provisions of the Act, the appropriate government has been mandated to maintain the data of number of complaints received and disposed of. Till

recently, there was no central database for maintaining the data on number of ICs and LCs as well as number of complaints filed and disposed of. Hence, being the Nodal Ministry, the Ministry of Women and Child Development (MWCD) launched SHe-Box recently. The complaint registration feature in the She-Box went live on October 19, 2024, after a majority of Central Ministries and Departments onboarded the portal. Since then, the portal has received 9 complaints. The portal has been designed to serve as a central repository for ICs and LCs at various State/ UT administration level workplaces as well as workplaces in private sector, once they on-board the portal.

The SHe-Box portal has been developed in accordance with the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and the time prescribed for inquiry under the Act is 90 days.

आवश्यक दवाइयों की गुणवत्ता

891. श्रीमती संजना जाटव:

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

(क) क्या बाजार में बिकने वाली पैरासिटामोल सहित 50 से अधिक दवाइयों की गुणवत्ता केन्द्रीय औषधि मानक

नियंत्रण संगठन (सीडीएससीओ) के निर्धारित मानक के अनुरूप नहीं है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या दैनिक जीवन में उपयोग होने वाली महत्वपूर्ण दवाइयां जैसे पैन-डी और रक्तचाप, मधुमेह, विटामिन, पेट के संक्रमण, कैल्शियम की दवाइयां गुणवत्ता मानक में विफल रही हैं

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है और दवाइयों की निर्माता कंपनियों के नाम क्या हैं; और

(घ) क्या सरकार ने इन कंपनियों को काली सूची में डाला 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 (घ): विभिन्न कंपनियों की ऐसी दवाओं की सूची, जिन्हें केंद्रीय औषधि परीक्षण प्रयोगशालाओं द्वारा मानक गुणवत्ता के अनुरूप नहीं/नकली/भ्रामक ब्रांड वाली/मिलावटी घोषित किया गया है, नियमित रूप से अपलोड की जाती है तथा केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) की वेबसाइट पर ड्रग अलर्ट शीर्षक (www.cdsc.gov.in) के अंतर्गत उपलब्ध कराई जाती है। दवाओं की गुणवत्ता या सुरक्षा से संबंधित मामलों में, जब भी रिपोर्ट की जाती है, तो संबंधित लाइसेंसिंग अधिकारियों द्वारा औषधि और प्रसाधन सामग्री अधिनियम 1940 और उसके नियमों के प्रावधानों के तहत कार्रवाई की जाती है, जिसमें उचित न्यायालय में अभियोजन भी शामिल है।

IMPCL

892. SHRI SUDHAKAR SINGH:

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

- (a) the details of the profitability and financial status of the Indian Medicines Pharmaceutical Corporation Limited (IMPCL);
- (b) the details of the future plans of the Government for IMPCL and the entire AYUSH sector;
- (c) whether IMPCL is a profit making organization and if so, the details thereof;
- (d) whether the Government proposes to sell or disinvest in this public sector unit; and

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

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

(a) and (c) Indian Medicines Pharmaceutical Corporation Limited (IMPCL) is a profit making organization. The details of the profitability and financial status of IMPCL for Last 5 years are as given below:-

Financial Year	Profit before tax (PBT)	Reserve and Surplus	Net Worth
	Rs. In Lakh		
2019-20	42.77	2304.00	7502.00
2020-21	1569.04	3396.50	8594.50
2021-22	4540.9	6591.23	11789.23
2022-23	2948.9	7618.32	12816.32
2023-24	1773.34	8258.26	13456.26

(b) The Government has no future plan for IMPCL. As regard to Ayush Sector, Ministry of Ayush is already implementing the Centrally Sponsored Scheme of National AYUSH Mission (NAM) through State/UT Governments in the country and supporting their efforts for overall development and promotion of AYUSH systems of medicine by providing financial assistance to them under different activities as per the proposals received in their State Annual Action Plans

(SAAPs). The NAM also includes various activities such as Setting up of 10/30/50 bedded Integrated Ayush Hospitals, upgradation of existing standalone Government Ayush Hospitals, establishment of new Ayush colleges in the States having inadequate facilities in Government Sector, upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries, running Ayush Public Health Programmes, etc.

Further Ministry of Ayush is implementing Central Sector Schemes namely AYURGYAN and AYURSWASTHYA since 2021-22. The aim of Ayurgyan Scheme is to support Research and Innovation in Ayush by providing Extra Mural Research activities, academic activities, training, capacity building etc. The aim of Ayurswasthya Yojana is to promote Ayush intervention for community health care and to support organizations (Govt./Non-Govt.) to upgrade their functions and facilities.

(d) and (e) The Strategic Disinvestment of Indian Medicines Pharmaceutical Corporation Limited (IMPCL) was approved by the Cabinet Committee of Economic Affairs (CCEA) on 01.11.2017, following the recommendations of NITI Aayog. The Expression of Interest (Eoi) for disinvestment of IMPCL was sought on 31.08.2023 and multiple Eois have been received by DIPAM, following which the transaction has now moved to the second stage.

TRIBAL HEALTH CARE RESEARCH

893. SHRI APPALANAIDU KALISSETTI:

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

- (a) the status of the implementation of the Tribal Health Care Research Program under the Tribal Sub-Plan in the State of Andhra Pradesh including key achievements;
- (b) the details of institutes or organisations involved in the Tribal Health Care Research Program in Andhra Pradesh and the total funds allocated for the program till date;
- (c) the total number of tribal population covered under the program and the number of beneficiaries enrolled during the last five years in the said State, district-wise; and
- (d) whether the Government has data on the total number of Local Health Traditions (LHT) and folklore claims from Andhra Pradesh that have been documented under this program 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): Ministry of Ayush is implementing Tribal Health Care Research Program (THCRP) under Tribal Sub-Plan (TSP) through its autonomous body Central Council for Research in Ayurvedic Sciences (CCRAS). In Andhra Pradesh, the THCRP is being executed through the Regional Ayurveda Research Institute (RARI), Vijayawada. Under this programme the institute provides the followings services to the beneficiaries:

- (i) Health care through Ayurveda to beneficiaries at their door steps.

(ii) Facility of blood investigations (Hb gram % and blood sugar test) have been provided at their door steps.

(iii) Other blood investigations facilities are provided as per necessity and availability.

(iv) Awareness about health, hygiene, nutrition and Ayurveda based advocacy is provided through awareness lectures and distribution of Information Education and Communication (IEC) material.

(b): The Regional Ayurveda Research Institute (RARI), peripheral institute of CCRAS at New Rajiv Nagar, Kavithas, Payakapuram, Vijayawada, Andhra Pradesh is involved in the execution of the THCRP in Andhra Pradesh. The details of total funds allocated for the programme for last five years and current year is given in the enclosed **Statement**.

(c): The total number of tribal population covered under the programme in Andhra Pradesh is 32750 and the total number of beneficiaries is 26392.

(d): A total of 51 Local Health Traditions (LHT) and folklore claims from Andhra Pradesh, have been documented through Tribal Health Care Research Programme.

STATEMENT

The details of total funds allocated for the programme for last five year and current year in RARI, Vijayawada, Andhra Pradesh as follow:

(Rs. in Lakhs)

Name of the Institute	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
RARI, Vijayawada	20.21	41.72	57.89	41.29	45.78	139.54

STATUS OF CUDDALORE PORT

894. DR. M. K. VISHNU PRASAD:

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

- (a) the status of the operation of Cuddalore Port in the State of Tamil Nadu;
- (b) whether the Government proposes to expand the berthing facility at the said port and if so, the details thereof;
- (c) whether there is any proposal to connect Cuddalore port by Rail; and
- (d) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

- (a) Cuddalore is a Non-Major Port in the State of Tamil Nadu. Non-Major Ports are under the administrative control of the respective State Government/ State Maritime Board. Govt. of Tamil Nadu has informed that they are in the process of selecting a port operator through tendering process for Marketing, Operation and Maintenance of Cuddalore Port.

(b) Ministry of Ports, Shipping and Waterways under Sagarmala Scheme has partially funded the project of development of Cuddalore port which include breakwater, berth and dredging. Government of Tamil Nadu has informed that at present there is no proposal to expand the berthing facilities at the port.

(c) and (d) Ministry of Railways has informed that Final Location Survey (FLS) for rail connectivity between Cuddalore Port and Cuddalore Junction has been approved. However, final development depends upon volume of cargo upon operationsation of port.

लंबित मामले

895. श्री जिया उर रहमान :

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

(क) क्या सरकार ने न्यायालयों में लंबित मामलों की संख्या कम करने तथा कानूनी प्रक्रिया में तेजी लाने के लिए कोई नीति बनाई है ;

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

(ग) यदि नहीं, तो इसके क्या कारण हैं ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री

(श्री अर्जुन राम मेघवाल):

(क) से (ग) : न्यायालयों में मामलों का निपटारा न्यायपालिका के अनन्य अधिकार क्षेत्र में आता है। तथापि, केंद्रीय सरकार संविधान के अनुच्छेद 21 के अधीन मामलों के शीघ्र निपटारे और लंबित मामलों को कम करने के प्रति अटल है। इस उद्देश्य से, सरकार ने न्यायपालिका द्वारा मामलों के शीघ्र निपटारे के लिए एक पारिस्थितिकी तंत्र प्रदान करने के लिए कई पहलें की हैं:

- i. राष्ट्रीय मिशन की स्थापना अगस्त, 2011 में की गई थी, जिसके दो उद्देश्य थे -प्रणाली में देरी और बकाया को कम करके पहुँच बढ़ाना और संरचनात्मक परिवर्तनों के माध्यम से जवाबदेही बढ़ाना तथा प्रदर्शन मानकों और क्षमताओं को निर्धारित करना। मिशन, न्यायिक प्रशासन में बकाया और लंबित मामलों के चरणबद्ध परिसमापन के लिए एक समन्वित दृष्टिकोण अपना रहा है, जिसमें अन्य बातों के साथ-साथ कम्प्यूटरीकरण सहित न्यायालयों के लिए बेहतर अवसंरचना, जिला और अधीनस्थ न्यायालयों की स्वीकृत पद संख्या में वृद्धि, अत्यधिक मुकदमेबाजी वाले संभावित क्षेत्रों में नीति और विधायी उपाय, मामलों के त्वरित निपटान के लिए न्यायालय प्रक्रिया की पुनः इंजीनियरी और मानव संसाधन विकास पर जोर देना शामिल है।
- ii न्यायिक अवसंरचना के विकास के लिए केंद्र प्रायोजित योजना के अधीन, राज्यों/संघ राज्यक्षेत्रों को न्यायालय कक्षों, न्यायिक अधिकारियों के लिए आवासीय क्वार्टरों, वकीलों के हॉल, शौचालय परिसरों और डिजिटल कंप्यूटर कक्षों के निर्माण के लिए निधियां जारी की जा रही हैं, जिससे मुक्किलों सहित विभिन्न पणधारियों का जीवन आसान हो सके और न्याय प्रदान करने में सहायता मिल सके। 1993-94 में न्यायपालिका के लिए अवसंरचना सुविधाओं के विकास के लिए केंद्र प्रायोजित योजना (सीएसएस) की शुरुआत से लेकर अब तक 11571.57 करोड़ रुपये जारी किए जा चुके हैं। इस योजना के अधीन न्यायालय कक्षों 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 10,211 से बढ़कर 31.10.2024 को 21,076 हो गई है।
- iii. इसके अतिरिक्त ई- न्यायालय मिशन मोड परियोजना के चरण I और II के अधीन, जिला और अधीनस्थ न्यायालयों की आईटी सक्षमता के लिए सूचना और संचार प्रौद्योगिकी (आईसीटी) का लाभ उठाया गया है। 2023 तक 18,735 जिला और अधीनस्थ न्यायालयों को कम्प्यूटरीकृत किया गया। 99.5% न्यायालय परिसरों को डब्ल्यूएन कनेक्टिविटी प्रदान की गई है। 3,240 न्यायालय परिसरों और 1,272 संबंधित जेलों के बीच वीडियो कॉन्फ्रेंसिंग की सुविधा परिचालित की गई है। 30.09.2024 तक, जिला न्यायालयों में 1375 ई-सेवा केंद्र और उच्च न्यायालयों में 28 ई-सेवा केंद्र

वकीलों और मुवक्किलों को नागरिक केंद्रित सेवाएं प्रदान करके डिजिटल डिवाइड को पाटने के लिए कार्यात्मक बनाए गए हैं। 21 राज्यों/संघ राज्यक्षेत्रों में 28 आभासी न्यायालय स्थापित किए गए हैं। 30.09.2024 तक, इन न्यायालयों ने 5.82 करोड़ से अधिक मामलों पर कार्रवाई की और 634.74 करोड़ रूपए से अधिक जुर्माने के रूप में वसूले। कैबिनेट ने 13.09.2023 को 7,210 करोड़ रूपए के परिव्यय पर ई-न्यायालय चरण-III को मंजूरी दी है। चरण-I और चरण-II के लाभों को अगले स्तर पर ले जाते हुए, ई-न्यायालय चरण-III का उद्देश्य डिजिटल, ऑनलाइन और कागजरहित न्यायालयों की ओर बढ़ते हुए न्याय की सुगमता की व्यवस्था को प्रारंभ करना है। इसका उद्देश्य न्याय वितरण को सभी पणधारियों के लिए उत्तरोत्तर अधिक मजबूत, आसान और सुलभ बनाने के लिए कृत्रिम बुद्धिमत्ता (एआई) ब्लॉक चेन आदि जैसी नवीनतम तकनीक को शामिल करना है।

- iv. सरकार भारत, उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों के रिक्त पदों को नियमित रूप से भरती रही है। 01.05.2014 से 21.11.2024 तक उच्चतम न्यायालय में 64 न्यायाधीशों की नियुक्ति की गई। इसी अवधि के दौरान उच्च न्यायालयों में 999 नए न्यायाधीशों की नियुक्ति की गई और 767 अतिरिक्त न्यायाधीशों को स्थायी किया गया। उच्च न्यायालयों में न्यायाधीशों की स्वीकृत पद संख्या मई, 2014 में 906 से बढ़कर अब तक 1122 हो गई है। जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत और कार्यरत पद संख्या में निम्नानुसार वृद्धि हुई है:

निम्नलिखित तारीख तक	स्वीकृत पद संख्या	कार्यरत पद संख्या
31.12.2013	19,518	15,115
21.11.2024	25,725	20,487

तथापि, जिला और अधीनस्थ न्यायपालिका में रिक्तियों को भरना संबंधित राज्य सरकारों और उच्च न्यायालयों के अधिकार क्षेत्र में आता है।

- v. अप्रैल 2015 में आयोजित मुख्य न्यायाधीशों के सम्मेलन में पारित प्रस्ताव के अनुसरण में, पांच साल से अधिक समय से लंबित मामलों को निपटाने के लिए सभी 25 उच्च न्यायालयों में बकाया समितियों का गठन किया गया है। जिला न्यायालयों के अधीन भी बकाया समितियों का गठन किया गया है।

- vi. चौदहवें वित्त आयोग के तत्वावधान में जघन्य अपराधों, वरिष्ठ नागरिकों, महिलाओं, बच्चों आदि से जुड़े मामलों से निपटने के लिए त्वरित निपटान न्यायालय की स्थापना की गई है। 30.09.2024 तक, जघन्य अपराधों, महिलाओं और बच्चों के विरुद्ध अपराध आदि के मामलों को निपटाने के लिए 862 त्वरित निपटान न्यायालय कार्यरत हैं। निर्वाचित सांसदों/विधायकों से जुड़े आपराधिक मामलों को त्वरित निपटान करने के लिए, नौ (9) राज्यों/संघ राज्यक्षेत्रों में दस (10) विशेष न्यायालय कार्यरत हैं। इसके अतिरिक्त, केंद्रीय सरकार ने बलात्कार और पॉक्सो अधिनियम के लंबित मामलों के शीघ्र निपटारे के लिए देश भर में त्वरित निपटान विशेष न्यायालय (एफटीएससी) स्थापित करने की योजना को मंजूरी दी है। 30.09.2024 तक, देश भर के 30 राज्यों/संघ राज्यक्षेत्रों में 408 अनन्य पॉक्सो (ईपॉक्सो) न्यायालयों सहित 750 एफटीएससी कार्यरत हैं, जिन्होंने 2,81,000 से अधिक मामलों का निपटान किया है।
- vii. न्यायालयों में लंबित मामलों की संख्या कम करने और कामकाज को आसान बनाने के उद्देश्य से सरकार ने विभिन्न विधियों में संशोधन किया है, जैसे परक्राम्य लिखत (संशोधन) अधिनियम, 2018, वाणिज्यिक न्यायालय (संशोधन) अधिनियम, 2018, विशिष्ट अनुतोष (संशोधन) अधिनियम, 2018, माध्यस्थम् और सुलह (संशोधन) अधिनियम, 2019 और आपराधिक विधि (संशोधन) अधिनियम, 2018।
- viii. वैकल्पिक विवाद समाधान विधियों को हृदय से बढ़ावा दिया गया है। तदनुसार, वाणिज्यिक न्यायालय अधिनियम, 2015 को अगस्त, 2018 में संशोधित किया गया था, जिससे वाणिज्यिक विवादों के मामले को संस्थित करने से माध्यस्थम् और निपटान (पीआईएमएस) अनिवार्य हो गया। माध्यस्थम् और सुलह (संशोधन) अधिनियम, 2015 द्वारा और माध्यस्थम् सुलह अधिनियम, 1996 में संशोधन करके समयसीमा निर्धारित करके विवादों के त्वरित समाधान में तेजी लाई गई है।

वाणिज्यिक न्यायालय अधिनियम, 2015 के अधीन, मामला प्रबंधन सुनवाई का उपबंध है जो किसी मामले के कुशल, प्रभावी और उद्देश्यपूर्ण न्यायिक प्रबंधन के लिए उपबंध करता है ताकि विवाद का समय पर और गुणवत्तापूर्ण समाधान प्राप्त किया जा सके। यह तथ्य और विधि के विवादित मुद्दों

की शीघ्र पहचान, मामले के जीवनकाल के लिए प्रक्रियात्मक कैलेंडर की स्थापना और विवाद के समाधान की संभावनाओं की खोज में सहायता करता है।

वाणिज्यिक न्यायालयों के लिए प्रारंभ की गई एक अन्य नवीन विशेषता कलर बांडिंग की प्रणाली है, जो किसी भी वाणिज्यिक मामले में दिए जाने वाले स्थगन की संख्या को तीन तक सीमित कर देती है तथा न्यायाधीशों को लंबित मामलों के चरण के अनुसार मामलों को सूचीबद्ध करने के बारे में सचेत करती है।

- ix.** लोक अदालत आम लोगों के लिए उपलब्ध एक महत्वपूर्ण वैकल्पिक विवाद समाधान तंत्र है। यह एक ऐसा मंच है जहाँ न्यायालय में लंबित या मुकदमेबाजी से पहले 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 निर्णय 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 कोई अपील नहीं की जा सकती। लोक अदालत कोई स्थायी स्थापन नहीं है। राष्ट्रीय लोक अदालतें सभी तालुकों, जिलों और उच्च न्यायालयों में एक साथ पूर्व-निर्धारित तारीख पर आयोजित की जाती हैं।

पिछले चार वर्षों के दौरान राष्ट्रीय लोक अदालतों में निपटाए गए मामलों का विवरण निम्नानुसार

है:-

वर्ष	मुकदमे-पूर्व मामले	लंबित मामले	कुल योग
2021	72,06,294	55,81,743	1,27,88,037
2022	3,10,15,215	1,09,10,795	4,19,26,010
2023	7,10,32,980	1,43,09,237	8,53,42,217

2024 (09.11.24 तक)	6,46,35,285	1,26,34,580	7,72,69,865
कुल	17,38,89,774	4,34,36,355	21,73,26,129

- x. सरकार ने 2017 में टेली-लॉ कार्यक्रम शुरू किया, जो ग्राम पंचायतों में स्थित कॉमन सर्विस सेंटर (सीएससी) पर उपलब्ध वीडियो कॉन्फ्रेंसिंग, टेलीफोन और चैट सुविधाओं और टेली-लॉ मोबाइल ऐप के माध्यम से पैनल वकीलों के साथ विधिक सलाह और परामर्श चाहने वाले जरूरतमंद और वंचित वर्गों को जोड़ने वाला एक प्रभावी और विश्वसनीय ई-इंटरफेस मंच प्रदान करता है।

***टेली-लॉ डाटा का प्रतिशतवार ब्यौरा**

वर्ग	पंजीकृत मामले	% वार ब्यौरा	दी गई सलाह	% वार ब्यौरा
लिंग के अनुसार				
महिला	4014611	39.12	3963499	39.06
पुरुष	6247980	60.88	6183286	60.94
जाति श्रेणीवार				
सामान्य	2387060	23.26	2352649	23.19
अन्य पिछड़ा वर्ग	3252495	31.69	3213067	31.67
अनुसूचित जाति	3246025	31.63	3215657	31.68
अनुसूचित जनजाति	1377011	13.42	1366312	13.47
कुल	10262591		10146785	

*डेटा 31-10-2024 तक.

- xi. देश में प्रो बोनो संस्कृति और प्रो बोनो वकालत को संस्थागत बनाने के प्रयास किए गए हैं। एक तकनीकी ढांचा तैयार किया गया है, जहाँ प्रो-बोनो कार्य के लिए अपना समय और सेवाएँ देने वाले

अधिवक्ता न्याय बंधु (एंड्रॉइड और आईओएस और ऐप्स) पर प्रो-बोनो अधिवक्ता के रूप में पंजीकरण कर सकते हैं। न्याय बंधु सेवाएँ उमंग प्लेटफॉर्म पर भी उपलब्ध हैं। राज्य स्तर पर 23 उच्च न्यायालयों में अधिवक्ताओं का प्रो-बोनो पैनल शुरू किया गया है। नवोदित वकीलों में प्रो-बोनो संस्कृति को बढ़ावा देने के लिए 109 लॉ स्कूलों में प्रो-बोनो क्लब शुरू किए गए हैं।

जटिल विधि प्रणाली

896. श्री देवेश चन्द्र ठाकुर :

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

(क) क्या देश में उच्च लागत और जटिल विधिक प्रणाली के कारण दलितों, पिछड़े वर्गों और गरीबों को न्याय नहीं मिल पा रहा है ;

(ख) यदि हां, तो सरकार की इस पर क्या प्रतिक्रिया है ; और

(ग) सरकार द्वारा कानूनी प्रक्रिया को तेज और सस्ता बनाने के लिए क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है ताकि उपर्युक्त वर्गों को न्याय मिल सके ?

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री

(श्री अर्जुन राम मेघवाल):

(क) और (ख) : जी नहीं । सरकार अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़ा वर्गों और समाज के अन्य आर्थिक रूप से कमजोर वर्गों को न्याय तक पहुंच प्रदान करने के लिए हरसंभव प्रयास कर रही है । अधिनियम की धारा 12 के अधीन आने वाले समाज के कमजोर वर्गों जिसके अंतर्गत फायदाग्राही भी है को मुफ्त और सक्षम विधिक सेवाएं प्रदान करने के लिए विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के अधीन राष्ट्रीय विधिक सेवा प्राधिकरण (नाल्सा) का गठन किया गया है, यह सुनिश्चित करने के लिए कि आर्थिक या अन्य निःशक्तता के कारण किसी भी नागरिक को न्याय प्राप्त करने के अवसरों से इनकार नहीं किया जाता है, और लोक अदालतों का आयोजन किया जाता है

ताकि यह सुनिश्चित किया जा सके कि विधिक प्रणाली के संचालन से समान अवसरों के आधार पर न्याय को बढ़ावा मिले।

इस प्रयोजन के लिए, तालुक न्यायालय स्तर से उच्चतम न्यायालय तक विधिक सेवा संस्थाओं की स्थापना की गई है। विधिक सेवा प्राधिकारियों द्वारा किए गए क्रियाकलापों/ कार्यक्रमों में विधिक सहायता और सलाह; विधिक जागरूकता कार्यक्रम; विधिक सेवाएं/ सशक्तिकरण शिविर; विधिक सेवा क्लिनिक; विधिक साक्षरता क्लब; लोक अदालत और पीड़ित प्रतिकर स्कीम का कार्यान्वयन सम्मिलित है।

(ग) : न्याय तक त्वरित और साम्यपूर्ण पहुँच को समर्थ बनाने के लिए राष्ट्रीय विधिक सेवा प्राधिकरण (नाल्सा) ने साधारण जन की विधिक सहायता तक सरल पहुँच के लिए समर्थ बनाने हेतु एंड्रॉयड और आईओएस संस्करणों पर विधिक सेवा मोबाइल ऐप आरंभ किया है।

इसके अतिरिक्त, “भारत में न्याय तक समग्र पहुँच के लिए नूतन समाधानों को डिजाइन करना” शीर्षक के अधीन न्याय तक पहुँच के लिए भारत सरकार द्वारा एक स्कीम को कार्यान्वित किया जा रहा है जिसका उद्देश्य टेली ला के माध्यम से मुकदमा पूर्व सलाह और परामर्श को ; न्याय बंधु (प्रो-बोनो विधिक सेवा) के माध्यम से प्रो-बोनो विधिक सेवाएं प्रदान करने के लिए अखिल भारतीय परिदान तंत्र सुनिश्चित करना तथा अखिल भारतीय विधिक साक्षरता और विधिक जागरूकता कार्यक्रम के माध्यम से नागरिकों को सशक्त करना है। इस स्कीम में प्रौद्योगिकी का उपयोग और संदर्भ के आधार पर आईईसी(सूचना, शिक्षा और संपर्क) सामग्री का प्रादेशिक/ स्थानीय बोलियों में विकास करना सम्मिलित है ताकि उसके मध्याक्षेप में सहायता की जा सके और समाज के निर्धन और कमजोर वर्गों को विधिक सेवाओं में सरलता से पहुँच को हासिल किया जा सके। स्कीम के अधीन ये सभी सेवाएं अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़े वर्गों और समाज के आर्थिक रूप से कमजोर वर्गों के नागरिकों को निशुल्क उपलब्ध कराई जाती हैं।

आयुष उपचार पैकेज

897. श्री रवीन्द्र शुक्ला उर्फ रवि किशन

श्रीमती भारती पारधी:

श्री मुकेशकुमार चंद्रकांत दलाल:

श्री प्रदीप कुमार सिंह:

श्री गणेश सिंह:

श्री विनोद लखमशी चावड़ा:

श्री मनीष जायसवाल:

श्री धर्मेन्द्र यादव:

श्री हनुमान बेनीवाल:

श्री बंटी विवेक साहू:

श्री मुकेश राजपूत:

श्री जनार्दन मिश्रा:

श्री श्रीरंग अप्पा चंदू बारणे:

श्री जुगल किशोर:

श्री महेश कश्यप:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार का विचार आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत आयुष के उपचार पैकेजों को शामिल करने का है और यदि हां, तो प्रस्तावित आयुर्वेदिक पैकेजों की संख्या सहित स्ट्रीम-वार, राज्य/संघ राज्यक्षेत्र-वार तत्संबंधी ब्यौरा क्या है तथा इस संबंध में अंतिम निर्णय कब तक लिए जाने की संभावना है:
- (ख) उक्त योजना के अंतर्गत उपलब्ध पारंपरिक आयुर्वेदिक उपचारों की व्यापक श्रृंखला का लाभार्थियों पर क्या प्रभाव पड़ता है:

- (ग) क्या सरकार ने इसके सुचारु एकीकरण को सुनिश्चित करने के लिए बीमा कंपनियों के साथ कोई चर्चा की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा उक्त योजना के अंतर्गत शामिल किए जाने वाले उपचार पैकेजों की संख्या क्या है;
- (घ) क्या सरकार ने उक्त आयुर्वेदिक पैकेजों की लागत को अंतिम रूप दे दिया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा सरकार द्वारा लाभार्थियों के लिए इन पैकेजों की वहनीयता सुनिश्चित करने के लिए क्या कदम उठाए गए हैं; और
- (ङ) क्या सरकार का विचार आयुर्वेदिक उपचार प्रदान करने के लिए हजारीबाग और रामगढ़ जिलों सहित झारखंड राज्य में कोई स्वास्थ्य केंद्र स्थापित करने का 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 (घ): आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) का उद्देश्य द्वितीयक और तृतीयक देखभाल के लिए अस्पताल में भर्ती हेतु 5 लाख रुपये प्रति वर्ष प्रति परिवार का स्वास्थ्य कवर प्रदान करना है। जिसमें लगभग 55 करोड़ लाभार्थियों की तुलना में 12.37 करोड़ परिवार भारत की आबादी के निचले 40% से आते हैं।

नवीनतम राष्ट्रीय स्वास्थ्य लाभ पैकेज में 27 विशेषज्ञताओं में 1,961 पैकेज शामिल हैं, जो पीएम-जेएवाई लाभार्थियों को द्वितीयक और तृतीयक देखभाल सेवाएँ प्रदान करते हैं। सभी पहले से मौजूद स्थितियों को पहले दिन से ही कवर किया जाता है और इन सेवाओं में उपचार से संबंधित सभी लागतों को कवर करने वाली पूर्व निर्धारित प्रक्रियाओं की एक सूची शामिल होती है।

राष्ट्रीय स्वास्थ्य लाभ पैकेज में नए पैकेजों को जोड़ने का कार्य विभिन्न विशेषज्ञताओं के लिए गठित चिकित्सा विशेषज्ञ समितियों द्वारा किया जाता है, जिसमें अग्रणी संस्थानों के विशेषज्ञ शामिल होते हैं।

यह समिति प्रस्तावित पैकेजों की नैदानिक प्रासंगिकता, लागत-प्रभावशीलता और रोगी देखभाल और स्वास्थ्य परिणामों पर प्रस्तावित पैकेजों के समग्र प्रभाव का मूल्यांकन करते हुए नए पैकेज को शामिल करने की आवश्यकता का आकलन करती है। यह समिति स्वास्थ्य सेवा प्रदाताओं का मार्गदर्शन करने और दावा प्रक्रिया को सुव्यवस्थित करने के लिए मानक उपचार दिशानिर्देशों और आवश्यक दस्तावेजीकरण को भी अंतिम रूप देती है। एनएचए के स्वास्थ्य नीति और गुणवत्ता आश्वासन प्रभाग द्वारा समिति की सिफारिशों की समीक्षा की जाती है और राज्य स्वास्थ्य अधिकारियों के साथ परामर्श के बाद, सक्षम प्राधिकारी की मंजूरी के साथ राष्ट्रीय स्वास्थ्य लाभ पैकेज में शामिल करने के लिए पैकेजों को अंतिम रूप दिया जाता है।

अभी आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी-पीएम जेएवाई) में आयुष पैकेज शामिल नहीं हैं।

(ख) और (ग): प्रश्न नहीं उठता।

(ड): चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए झारखंड सहित देश में किसी भी स्वास्थ्य केंद्र की स्थापना संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों के अधिकार क्षेत्र में आता है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, 50 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थापना के लिए वित्तीय सहायता का प्रावधान है। राज्य/संघ राज्य क्षेत्र की सरकारों से प्राप्त प्रस्ताव के अनुसार केंद्र सरकार द्वारा हजारीबाग और रायगढ़ जिलों सहित झारखंड में स्वीकृत 50 बिस्तरों वाले एकीकृत आयुष अस्पताल की स्थिति का व्यौरा संलग्न **विवरण** में दिया गया है।

विवरण

वर्ष 2014-15 से 2023-24 तक एकीकृत आयुष अस्पतालों की स्थापना के लिए राज्य/संघ राज्य क्षेत्रवार स्वीकृत अनुदान

क्र. सं.	राज्य/संघ राज्य क्षेत्र	स्थाना	चिकित्सा पद्धति	बिस्त रों की संख्या	अनुमोदि त राशि (लाख रू. में)	स्थिति
1	झारखंड	रांची	आयुर्वेद एवं होम्योपैथी	50	1500.00	निर्माणाधीन
		गुमला	आयुर्वेद एवं होम्योपैथी	10	750.00	निर्माण प्रारंभ नहीं हुआ
		बोकारो	आयुर्वेद एवं होम्योपैथी	10	750.00	निर्माणाधीन
		देवघर	आयुर्वेद एवं होम्योपैथी	10	750.00	निर्माणाधीन
		पलामू	आयुर्वेद एवं होम्योपैथी	10	750.00	निर्माणाधीन
		दूमका	आयुर्वेद एवं होम्योपैथी	10	750.00	निर्माणाधीन
		जमशेदपुर	आयुर्वेद एवं होम्योपैथी	50	1500.00	निर्माणाधीन

इंडिया केम, 2024

898. श्री बसवराज बोम्मई:

श्री प्रभुभाई नागरभाई वसावा:

श्री प्रदीप कुमार सिंह:

- श्री विश्वेश्वर हेगड़े कागेरी:
 श्री गणेश सिंह:
 श्री विजय बघेल:
 श्री योगेन्द्र चांदोलिया:
 श्री रवीन्द्र शुक्ला उर्फ रवि किशन:
 श्री मुकेश राजपूत:
 श्री जनार्दन मिश्रा:
 श्री परषोत्तमभाई रुपाला:
 श्री हँसमुखभाई सोमाभाई पटेल:
 श्रीमती शोभनाबेन महेन्द्रसिंह बारैया:
 श्री जगदम्बिका पाल:
 श्री खगेन मुर्मु:
 श्रीमती अपराजिता सारंगी:
 श्री मितेश पटेल (बकाभाई):

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

- (क) इंडिया केम 2024 के 13वें संस्करण की मुख्य विशेषताएं क्या हैं;
- (ख) ऑटोमोटिव, निर्माण और स्वास्थ्य सेवा क्षेत्रों की आर्थिक वृद्धि में रसायन और पेट्रोकेमिकल क्षेत्र की भूमिका क्या है;
- (ग) क्या सरकार द्वारा उत्पादन बढ़ाने और पांच ट्रिलियन अर्थव्यवस्था का लक्ष्य हासिल करने के लिए रसायन उद्योग को समर्थन देने के लिए उपाय किए जा रहे हैं;
- (घ) यदि हां, तो सरकार द्वारा तैयार की गई ऐसी योजना का ब्यौरा क्या है; और
- (ङ) पेट्रोकेमिकल उत्पादन में अग्रणी राज्य का नाम क्या है और इसमें गुजरात की क्या भूमिका है?

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

(क): रसायन और पेट्रोरसायन विभाग ने 17 से 19 अक्टूबर, 2024 के दौरान मुंबई में मेगा कार्यक्रम “इंडिया केम 2024”, एक प्रदर्शनी सह सम्मेलन के 13वें संस्करण का आयोजन किया। इंडिया केम 2024 का मुख्य उद्देश्य तेजी से बढ़ते भारतीय रसायन और पेट्रोरसायन उद्योग द्वारा पेश किए जा रहे अवसरों और इस क्षेत्र में विकास को गति देने के लिए विभिन्न सरकारी पहलों को प्रदर्शित करना और घरेलू और अंतर्राष्ट्रीय दोनों तरह के निवेशकों और अन्य हितधारकों को बातचीत करने और गठबंधन बनाने के लिए एक मंच प्रदान करना था। इस कार्यक्रम में “मेक इन इंडिया” पहल का समर्थन करने के लिए भारतीय रसायन और पेट्रोरसायन उद्योग में निवेश की संभावनाओं पर प्रकाश डाला गया। इसने भारत में विदेशी कंपनियों को सहयोग और व्यापार विस्तार के लिए एक मंच भी प्रदान किया।

इस कार्यक्रम में 49 अंतर्राष्ट्रीय प्रदर्शकों सहित 172 प्रदर्शकों ने भाग लिया और 78 वैश्विक सीईओ, 135 वक्ता और 689 विदेशी प्रतिभागियों, 1,115 भारतीय प्रतिनिधियों और 8,720 व्यापारिक आगंतुकों ने भाग लिया। डाई, कृषि रसायन, पेट्रोरसायन के साथ-साथ प्रक्रिया, संयंत्र और मशीनरी पर क्षेत्र-विशिष्ट सत्र थे। इसके अलावा, भारत-यूरोपीय संघ, भारत-पूर्वी एशिया, भारत-अमेरिका और भारत-रूस रसायन और पेट्रोरसायन फोरम सहित क्षेत्र-विशिष्ट मुद्दों पर केंद्रित समर्पित सत्र थे, जो इनमें से प्रत्येक क्षेत्र के हितधारकों को एक साथ लाते हैं। इस कार्यक्रम के दौरान केंद्रीय रसायन और उर्वरक मंत्री की अध्यक्षता में एक वैश्विक सीईओ कॉन्क्लेव का आयोजन किया गया, जिसमें दुनिया भर के उद्योग जगत के नेताओं ने भारतीय रसायन उद्योग के अवसरों और चुनौतियों पर चर्चा की। नीदरलैंड इस संस्करण का भागीदार देश था, गुजरात, ओडिशा, आंध्र प्रदेश, मध्य प्रदेश और राजस्थान सहित अनेक भारतीय राज्य भागीदार राज्यों के रूप में नजर आए। अपने तीसरे और अंतिम दिन, इस कार्यक्रम में एक आकर्षक जॉब फेयर का आयोजन किया गया, जिसमें विभिन्न क्षेत्रों की अग्रणी रसायन कंपनियाँ और सिपेट – केंद्रीय पेट्रोरसायन अभियांत्रिकी एवं प्रौद्योगिकी संस्थान के छात्र शामिल हुए। जॉब फेयर के दौरान, कंपनियों ने विभिन्न भूमिकाओं के लिए उनके द्वारा आवश्यक

कौशल विवरण पर प्रस्तुतियाँ दीं और छात्रों को संभावित कैरियर संभावनाओं का पता लगाने के लिए उद्योग के साथ बातचीत करने का अवसर मिला।

(ख): रसायन और पेट्रोरसायन क्षेत्र आवश्यक सामग्री, उत्पाद और प्रौद्योगिकियां प्रदान करके ऑटोमोटिव, निर्माण और स्वास्थ्य सेवा जैसे उद्योगों की आर्थिक वृद्धि में महत्वपूर्ण भूमिका निभाता है।

ऑटोमोटिव उद्योग भारत में रसायनों और पेट्रोरसायनों के सबसे बड़े उपभोक्ताओं में से एक है। पॉलिमर, प्लास्टिक और सिंथेटिक रबर जैसे पेट्रोरसायन बम्पर, डैशबोर्ड, सीट और टायर जैसे ऑटोमोटिव घटकों के विनिर्माण के लिए आवश्यक हैं। पॉलीप्रोपाइलीन (पीपी), पॉलीविनाइल क्लोराइड (पीवीसी) और पॉलीयुरेथेन (पीयू) जैसी सामग्रियों का व्यापक रूप से वाहन उत्पादन में उपयोग किया जाता है। वाहनों के समुचित संचालन के लिए स्नेहक और मोटर तेल जैसे परिष्कृत पेट्रोरसायन उत्पाद महत्वपूर्ण हैं। इसके अतिरिक्त, ईंधन एडिटिव्स इंजन की दक्षता और उत्सर्जन नियंत्रण में सुधार करते हैं। निर्माण कार्य में, रसायन एडहीसिव्स, पेंट और इन्सुलेशन सामग्री जैसी सामग्रियों के उत्पादन में योगदान देते हैं, साथ ही उच्च प्रदर्शन वाले पॉलिमर और कोटिंग्स भवन के स्थायित्व और ऊर्जा दक्षता को बढ़ाते हैं। स्वास्थ्य सेवा क्षेत्र चिकित्सा उपकरणों, फार्मास्यूटिकल्स और डायग्नोस्टिक उपकरणों के उत्पादन के लिए रसायनों पर निर्भर है, जिसमें सक्रिय फार्मास्यूटिकल अवयव (एपीआई), सिरिज जैसे चिकित्सा उपकरणों में उपयोग किए जाने वाले पॉलिमर, स्टेरिलिजेशन सामग्री और व्यक्तिगत सुरक्षा उपकरण (पीपीई) के लिए सामग्री शामिल हैं।

कुल मिलाकर, रसायन और पेट्रोरसायन क्षेत्र इन उद्योगों की रीढ़ की हड्डी के रूप में कार्य करता है, जो तकनीकी प्रगति, आर्थिक विकास और संधारणीय प्रथाओं को आगे बढ़ाता है।

(ग) और (घ): रसायन एवं पेट्रोरसायन विभाग इस क्षेत्र में निवेश एवं नवाचार को बढ़ावा देने के लिए रसायन एवं पेट्रोरसायन उद्योग की सहायता के लिए विभिन्न उपाय कर रहा है। ये उपाय इस प्रकार हैं:

पेट्रोलियम, रसायन और पेट्रोरसायन निवेश क्षेत्र (पीसीपीआईआर): रसायन और पेट्रोरसायन क्षेत्र में बड़े पैमाने पर निवेश आकर्षित करने के लिए विभाग ने पेट्रोलियम, रसायन और पेट्रोरसायन निवेश क्षेत्र (पीसीपीआईआर) नीति अधिसूचित की है। पीसीपीआईआर की अवधारणा विकास के क्लस्टर आधारित मॉडल के रूप में की गई है जिसमें कॉमन आधारभूत संरचना और सहायक सेवाएं शामिल हैं। दाहेज (गुजरात), विशाखापत्तनम-काकीनाडा (आंध्र प्रदेश) और पारादीप (ओडिशा) में तीन पीसीपीआईआर स्थापित किए गए हैं। वर्तमान में, इन पीसीपीआईआर में 824 पेट्रोलियम, रसायन, पेट्रोरसायन और सहायक उद्योग कार्यरत हैं, जिनका संचयी निवेश 2,43,000 करोड़ रुपये है और इन क्षेत्रों ने 3.7 लाख लोगों के लिए रोजगार पैदा किया है।

प्लास्टिक पार्क: विभाग पेट्रोरसायन की नई योजना के तहत प्लास्टिक पार्कों की स्थापना की योजना को कार्यान्वित करता है। यह योजना आवश्यक अत्याधुनिक आधारभूत संरचना और सक्षम सामान्य सुविधाओं के साथ जरूरत आधारित प्लास्टिक पार्कों की स्थापना को बढ़ावा देती है। इसका उद्देश्य डाउनस्ट्रीम 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। इस योजना के तहत, भारत सरकार प्रति परियोजना 40 करोड़ रुपये की सीमा के अधीन राज्य सरकार को परियोजना लागत के 50% तक अनुदान सहायता प्रदान करती है। योजना के दिशा-निर्देशों के अनुसार, अब तक 10 प्लास्टिक पार्क अनुमोदित किए गए हैं और ये कार्यान्वयन के विभिन्न स्तरों पर हैं।

उत्कृष्टता केंद्र: रसायन एवं पेट्रोरसायन विभाग ने उत्कृष्टता केंद्र स्थापित करने के लिए एक योजना तैयार की है। इसका उद्देश्य मौजूदा प्रौद्योगिकी में सुधार करना और पॉलिमर और प्लास्टिक के नए अनुप्रयोगों के विकास को बढ़ावा देने के लिए शैक्षणिक और अनुसंधान संस्थानों को अनुदान सहायता प्रदान करना है। इस योजना का जोर मौजूदा विनिर्माण प्रक्रियाओं के आधुनिकीकरण और उन्नयन के साथ-साथ उत्पादों की गुणवत्ता में सुधार पर है। इस योजना के तहत, भारत सरकार 5 करोड़ रुपये की ऊपरी सीमा के अधीन कुल परियोजना लागत के 50 प्रतिशत तक वित्तीय सहायता प्रदान करती

है। अब तक इस योजना के तहत 18 उत्कृष्टता केंद्र अनुमोदित किए गए हैं। पहले उत्कृष्टता केंद्र योजना केवल पेट्रोरसायन क्षेत्र के लिए उपलब्ध थी, अब संशोधित योजना में रसायन क्षेत्र को भी शामिल किया गया है।

रसायन संवर्धन विकास योजना (सीपीडीएस): इस योजना का उद्देश्य अध्ययन, सर्वेक्षण, डेटा बैंक, प्रचार सामग्री के माध्यम से ज्ञान उत्पादों के निर्माण के माध्यम से रसायन और पेट्रोरसायन उद्योग के विकास और वृद्धि को सुविधाजनक बनाना है, साथ ही क्षेत्र के विकास को सुविधाजनक बनाने के लिए सेमिनार, सम्मेलन और प्रदर्शनियों की सुविधा प्रदान करना भी है। यह योजना रसायन और पेट्रोरसायन के क्षेत्र में उत्कृष्ट प्रयासों को पुरस्कृत करके अनुसंधान और नवाचार को भी बढ़ावा देती है।

गुणवत्ता नियंत्रण आदेश (क्यूसीओ): रसायन एवं पेट्रोरसायन विभाग ने उत्पाद मानकों को अनिवार्य बनाने की कवायद शुरू की है ताकि भारतीय मानक ब्यूरो अधिनियम, 2016 की धारा 16 के तहत घरेलू विनिर्माता और विदेशी आपूर्तिकर्ता दोनों ही मानव, पशु या पौधों के स्वास्थ्य की सुरक्षा, पर्यावरण की रक्षा, अनुचित व्यापार प्रथाओं की रोकथाम और राष्ट्रीय सुरक्षा के लिए सार्वजनिक हित में भारतीय मानक ब्यूरो (बीआईएस) के मापदंडों को पूरा कर सकें। तदनुसार, इन मानकों को अनिवार्य बनाने के लिए भारत के राजपत्र में गुणवत्ता नियंत्रण आदेश (क्यूसीओ) अधिसूचित किए जा रहे हैं। अब तक, विभाग द्वारा 72 रसायनों और पेट्रोरसायनों के लिए गुणवत्ता नियंत्रण आदेश अधिसूचित किए गए हैं।

नाम पद्धति कोड का नया हार्मोनाइज्ड सिस्टम (एचएसएन): रसायन एवं पेट्रोरसायन विभाग ने विभिन्न वस्तुओं में अंतर करने के लिए समर्पित एचएसएन कोड निर्दिष्ट करने की प्रक्रिया भी शुरू की है, ताकि विशेष रूप से इन रसायनों के आयात-निर्यात के लिए सही आंकड़े एकत्र किए जा सकें, जिससे ऐसे रसायनों के लिए शुल्क की अलग-अलग दरों जैसे लक्षित नीतिगत हस्तक्षेप संभव हो सकें।

(ड): गुजरात, हरियाणा, पश्चिम बंगाल, महाराष्ट्र और पंजाब पेट्रोरसायन उत्पादन में अग्रणी राज्य हैं। देश के कुल पेट्रोरसायन उत्पादन में इन 5 राज्यों का 84% हिस्सा है। पेट्रोरसायन उत्पादों का राज्यवार उत्पादन (वित्त वर्ष 2023-24) इस प्रकार है:

क्र. सं.	राज्य	वित्त वर्ष 2023-2024 के लिए मात्रा (मीट्रिक टन में)	भारत में उत्पादन का % हिस्सा
1	गुजरात	23387025	55.5%
2	हरयाणा	4130203	9.8%
3	पश्चिम बंगाल	3699393	8.8%
4	महाराष्ट्र	2433411	5.8%
5	पंजाब	1731626	4.1%
7	अन्य राज्य	6753911	16%
कुल		42135569	100%
टिप्पणी : उत्पादन संबंधी आंकड़े बड़े और मध्यम श्रेणी के पेट्रोरसायन उद्योगों से प्राप्त रिपोर्टों पर आधारित हैं।			

उपरोक्त तालिका से यह पता चलता है कि गुजरात देश में पेट्रोरसायन के उत्पादन में महत्वपूर्ण भूमिका निभा रहा है, देश के कुल उत्पादन में इसकी हिस्सेदारी 55.5% है, जिसमें रणनीतिक रूप से स्थित पोर्टों सहित उन्नत आधारभूत संरचना और सामान्य उपयोगिताओं सहित एक मजबूत औद्योगिक पारिस्थितिकी तंत्र शामिल है।

ONE STOP CENTRES

899. SHRIMATI RACHNA BANERJEE:

SHRI KESINENI SIVANATH:

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

- (a) the number of One Stop Centres sanctioned/operational in the country State/UT-wise, district-wise especially in West Bengal and Andhra Pradesh;
- (b) the details of Police facilitation, medical aid, legal aid and legal counselling, psycho-social counselling and temporary shelter provided to women in OSC's during the last five years, State-wise and district-wise in West Bengal and Andhra Pradesh;
- (c) the number of psychologist/ counsellors at these centres and numbers of women benefitted under the said scheme, district-wise in West Bengal; and
- (d) the details of funds been provided and utilised for construction of OSC's State/UT-wise, district-wise specially in West Bengal?

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

(a): As on date, out of approved 870 One Stop Centres (OSCs), 802 OSCs are operational across the country including State of West Bengal and Andhra Pradesh. The details of State/UT-wise approved and operational OSCs are given in the enclosed **Statement-I**. The details of district-wise approved and operational OSCs in the State of West Bengal are given in the enclosed **Statement-II**. In the State of Andhra Pradesh, 26 OSCs have been approved, one each in 26 districts. All the 26 OSCs are operational.

(b) and (c): The State Government of West Bengal has started implementing the scheme of One Stop Centre from the financial year 2022-23. District-wise details of women assisted since the financial year 2022-23 to October, 2024 for West Bengal are given in the enclosed **Statement-III** and the details of district-wise women assisted in the State of Andhra Pradesh during the last five years are given in the enclosed **Statement-IV**. As per Mission Shakti Guidelines, one Psycho-social Counsellor at each OSC can be engaged to provide service in each district. However, in the State of West Bengal, the OSCs are accommodated within hospital buildings. The psychologists of the concerned hospital render counselling service to the women in One Stop Centres. The Family Counselling Centres, wherever they exist, also render the assistance.

(d): The details of State/UT-wise construction grant released and utilised are given in the enclosed **Statement-V**. In the State of West Bengal, the OSCs are accommodated within hospital buildings. Therefore, no proposal for construction of OSC building was submitted by the State Government of West Bengal. Hence, no fund has been released under Construction Head to the State Government.

STATEMENT-I

The details of State/UT-wise approved and operational OSCs.

S. No.	State/ UT	Number of approved OSCs	Number of operational OSCs
1	Andaman and Nicobar Islands	3	3
2	Andhra Pradesh	26	26
3	Arunachal Pradesh	25	25
4	Assam	36	36
5	Bihar	50	39
6	Chandigarh	1	1
7	Chhattisgarh	35	27
8	Dadra NHDD	3	3
9	Delhi	11	11
10	Goa	2	2
11	Gujarat	35	35
12	Haryana	22	22
13	Himachal Pradesh	13	12
14	Jammu and Kashmir	20	20
15	Jharkhand	24	24
16	Karnataka	40	39
17	Kerala	14	14
18	Ladakh	2	2
19	Lakshadweep	1	1

20	Madhya Pradesh	64	57
21	Maharashtra	45	45
22	Manipur	16	16
23	Meghalaya	12	12
24	Mizoram	13	11
25	Nagaland	16	11
26	Odisha	30	30
27	Puducherry	4	4
28	Punjab	23	23
29	Rajasthan	51	37
30	Sikkim	6	6
31	Tamil Nadu	49	48
32	Telangana	36	36
33	Tripura	8	8
34	Uttar Pradesh	96	79
35	Uttarakhand	14	14
36	West Bengal	24	23
	Total	870	802

STATEMENT-II

The district-wise details of approved and operational OSCs in the State of West Bengal:

S. No.	District	No. of Approved OSCs	No. of Operational OSCs
1	Alipurduar	1	1
2	Bankura	1	1
3	Birbhum	1	1
4	Cooch Behar	1	1
5	Dakshin Dinajpur	1	1
6	Darjeeling-I	1	1
7	Darjeeling-II	1	1
8	Hooghly	1	1
9	Howrah	1	1
10	Jalpaiguri	1	1
11	Jhargram	1	1
12	Kalimpong	1	1
13	Kolkata	1	0
14	Malda	1	1
15	Murshidabad	1	1
16	Nadia	1	1
17	North 24 Parganas	1	1

18	PashchimBardhaman	1	1
19	Pashchim Medinipur	1	1
20	PurbaBardhaman	1	1
21	Purba Medinipur	1	1
22	Purulia	1	1
23	South 24 Parganas	1	1
24	Uttar Dinajpur	1	1

STATEMENT-III

The district-wise details of women assisted in the State of West Bengal:

S. No.	District	Total Number of women assisted		
		2022-23	2023-24	2024-25 (upto Oct., 2024)
1	Alipurduar	0	70	124
2	Bankura	35	85	51
3	Birbhum	16	111	76
4	Cooch Behar	30	154	208
5	Dakshin Dinajpur	8	32	19
6	Darjeeling	32	79	52
7	Darjeeling (Siliguri)@	NO	NO	25

8	Hooghly	14	55	17
9	Howrah	23	117	159
10	Jalpaiguri	14	95	102
11	Jhargram	21	56	35
12	Kalimpong	15	28	32
13	Malda	181	173	72
14	Murshidabad	46	67	42
15	Nadia	113	103	54
16	North 24 Parganas	6	59	153
17	PashchimBardhaman	16	92	112
18	Pashchim Medinipur	95	278	168
19	PurbaBardhaman	28	109	66
20	Purba Medinipur	12	36	33
21	Purulia	0	47	63
22	South 24 Parganas	4	40	44
23	Uttar Dinajpur	55	348	343
TOTAL		764	2,234	2,050

@ Not operational

STATEMENT-IV

The district-wise details of women assisted in the State of Andhra

Pradesh:

S. No.	District	Total number of women assisted				
		2019- 20	2020- 21	2021-22	2022-23	2023-24
1	Ananthapuram	216	314	156	130	146
2	Chittoor A	388	389	378	77	391
3	Kakinada	308	357	268	290	213
4	Guntur	284	183	228	222	483
5	Kadapa	282	218	329	320	229
6	NTR	322	328	396	377	173
7	Kurnool	126	205	276	261	461
8	Nellore	405	431	308	251	216
9	Prakasam	150	229	238	188	193
10	Srikakulam	92	209	177	161	129
11	Visakhapatnam	291	300	566	618	196
12	Vizianagaram	280	196	257	300	328
13	Eluru	220	288	255	308	265
14	Tirupati*	-	-	-	-	4
15	Annamayya^^	-	-	-	-	8
16	East Godavari^^	-	-	-	-	2
17	West Godavari^^	-	-	-	-	14

18	AlluruSeetharamaraju^^	-	-	-	-	0
19	Sathya Sai ^^	-	-	-	-	0
20	Krishna (operationalized on 14.04.2024)	-	-	-	-	-
21	Anakapalli (operationalized on 13.4.2024)	-	-	-	-	-
22	Bapatla (operationalized on 14.9.2024)	-	-	-	-	-
23	Konaseema (operationalized on 15.10.2024)	-	-	-	-	-
24	Nadyal (operationalized on 01.08.2024)	-	-	-	-	-
25	Palnadu (operationalized on 06.09.2024)	-	-	-	-	-

26	Parvathipuram Manyam (operationalized on 05.04.2024)	-	-	-	-	-
	Total	3,364	3,647	3,832	3,503	3,451

*Made operational in the financial year 2023-24

^^ Made operational at the fag end of the financial year 2023-24

STATEMENT-V

The details of State/UT-wise of construction grant released and utilised

(Amount in lakh)

S. No.	State/UT	Released	Utilized
1	Andaman and Nicobar Islands	24.35	0.00
2	Andhra Pradesh	548.23	96.50
3	Arunachal Pradesh	973.87	103.39
4	Assam	1,045.14	751.61
5	Bihar	637.28	0.00
6	Chandigarh	0.00	0.00
7	Chattishgarh	481.74	183.77
8	Dadra and Nagar Haveli and Daman and Diu	108.14	108.14

9	Delhi	134.95	74.25
10	Goa	37.69	37.69
11	Gujarat	918.48	292.79
12	Haryana	388.45	204.63
13	Himachal Pradesh	206.29	37.69
14	Jammu and Kashmir	165.42	86.38
15	Jharkhand	995.10	607.98
16	Karnataka	1,071.19	1,012.57
17	Kerala	329.16	108.24
18	Ladakh-UT	0.00	0.00
19	Lakshdweep	0.00	0.00
20	Madhya Pradesh	2,159.04	1,206.85
21	Maharashtra	863.90	68.04
22	Manipur	766.93	766.93
23	Meghalaya	378.17	149.73
24	Mizoram	357.14	239.68
25	Nagaland	644.63	524.63
26	Odisha	806.16	396.81
27	Puducherry	123.17	37.00
28	Punjab	934.52	469.27
29	Rajasthan	586.44	209.12
30	Sikkim	88.82	30.35

31	Tamil Nadu	1,776.53	1,421.15
32	Telangana	1,383.73	619.33
33	Tripura	252.94	89.50
34	Uttar Pradesh	3,036.12	960.01
35	Uttarakhand	3,69.70	218.26
36	West Bengal	0.00	0.00
	Total	22,593.40	11,112.26

ADULTERATION IN MILK

900. SHRI RAHUL KASWAN:

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

(a) whether a new technology has been developed by the Central Electronics Engineering Research Institute to analyse and detect adulteration in milk in the country and if so, the details thereof;

(b) whether any survey/study has been conducted to find out the availability of adulterated milk in the market and if so, the details thereof; and

(c) the extent to which new technology is likely to tackle the national level health risk arising due to adulteration of milk in the country alongwith the one time and recurring cost of the new technology?

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

(a): Central Electronics Engineering Research Institute, Pilani (CSIR-CEERI) has informed that it has developed technology based on patented electrochemical signature coupled with pattern recognition technique for the detection of adulteration in milk.

(b): Food Safety and Standards Authority of India (FSSAI) is fully committed to ensure the availability of safe food products to the consumers across the country. Towards this, FSSAI through State/UTs and its Regional Offices conducts regular surveillance, monitoring, inspection and random sampling of various food products including milk to check compliance with the quality and safety parameters and other requirements as laid down under Food Safety and Standards (FSS) Act, 2006, and regulations made thereunder.

Further, FSSAI has conducted pan-India surveillances for milk and milk products in 2011, 2016, 2018, 2020, 2022 and 2023. The report of Milk surveillance done by FSSAI in 2018, 2020 and 2022 is available in public domain at www.fssai.gov.in/cms/national-surveys.php.

(c): CSIR-CEERI developed technology for detection of adulterants like salt, detergent, caustic soda, melamine, urea, sodium bicarbonate, edible oils, hydrogen peroxide, ammonium sulfate and many more adulterants in less than 10-15 secs in pass/fail mode. The bill of material cost for the latest model is approximately Rs. 15,000. There is no recurring cost for testing of samples and it consumes water for cleaning of sample.

MISSION TO ACHIEVE VIKSIT BHARAT 2047

901. SHRI EATALA RAJENDER:

SHRIMATI D. K. ARUNA:

SHRI SURESH KUMAR SHETKAR:

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

- (a) whether the Government signed MoUs for various development projects during the visits of the Prime Minister of India to different countries;
- (b) if so, the details and the present status thereof during the last five years, project and country-wise;
- (c) the benefits accruing/likely to accrue to the country and different fields and sectors from such MoUs, country-wise; and
- (d) the field and sectors identified and included under said projects, country-wise?

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

(a) to (d) High level visits are established means to display India's capabilities abroad, expand market access and create the basis for economic partnerships. This is especially so with nations of the Global South. The status of implementation of MoUs signed during PM's recent visits for development activities abroad is given in the enclosed **Statement-I**. Agreements and MoUs are also signed with foreign partners in respect of development projects at home. An illustrative list of such MoUs is given in the enclosed **Statement-II**. Together, these endeavours contribute to accelerating India's quest to be Viksit Bharat in 2047.

STATEMENT-I**Developmental Activities/Projects abroad**

Sl. No.	Country	MoUs for various development projects	Details and Present Status	Benefits accruing/likely to accrue to the country	Fields and sectors identified
1	Bangladesh	MoU on Supply of ICT Equipment, Courseware and Reference Books and Training for Bangladesh-Bharot Digital Service and Employment Training (BDSET) Centre;	The MoU for the project was signed in March 2021 during the visit of Prime Minister. The current physical and financial progress is 80 % and 75% respectively.	The IT Labs and other infrastructure/centre will support the Government of Bangladesh for creating pool of skilled human resources locally.	Information and Communication Technology.

2	Bangladesh	Laid foundation of Rooppur Power Evacuation Project of five packages (Amin Bazar – Kaliakoir, Rooppur – Dhaka, Rooppur – Gopalganj, Rooppur – Dhamrai, Rooppur – Bogra).	Expected to be completed by 2026. (Two packages completed)	Contribute to energy needs of Bangladesh and enhance energy security.	Power and Transmission
3	Bangladesh	Inauguration of Rabindra Bhawan facilities in Kuthibari	Completed in June 2023	Restoration of shared cultural heritage	Art and Culture

4	Lao PDR	QIP on Preservation of heritage of performing art of Phalak-Phalam (Lao Ramayana) drama in Luang Prabang Province QIP on Renovation of Wat Phakea Temple in Luang Prabang Province QIP on Preservation of Shadow Puppet	These 3 QIPs are being implemented under Mekong Ganga Cooperation (MGC) mechanism and were announced during PM's visit to Vientiane on 10 October 2024. These QIPs are under implementation .	QIPs directly benefit local communities, with results that are immediate and visible, which contribute significantly to economic and social development and improvement of public welfare. These grassroot projects, mostly in remote, have been generating	The QIPs relate to preservation of heritage of Lao Ramayan, Wat Pakea Buddhist temple with murals related to Ramayan, and support to shadow puppetry theater on Ramayan in Champasak province.
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		<p>Theatre's Performance in Champasak Province</p>		<p>enormous goodwill. These QIPs focus on preserving the shared cultural and civilizational heritage of India and Lao PDR.</p>	
5	Nepal	<p>Agreement between SJVN Ltd and Nepal Electricity Authority (NEA) for Development and implementation of Arun 4 Project</p>	<p>The Detailed Project Report has been prepared by SJVN, and now NEA and SJVN are negotiating the design parameters of this project.</p>	<p>A JV of NEA and SJVN (with at least a 51% stake) would develop the 490 MW Arun 4 project. Arun 4 Project development will strengthen energy</p>	Hydropower

				<p>cooperation, boost Nepal's power generation, facilitate clean energy access, and enhance economic integration between the countries.</p>	
6	Trinidad and Tobago	<p>During the visit of PM to Guyana for India and CARICOM summit (November 21-22, 2024) an MoU on SMEs was signed</p>	<p>After preparation of Detailed Project Report, Bid Management Process currently ongoing, machineries likely to be dispatched by January 2025.</p>	<p>It will help strengthen the SMEs sector in TandT, create local employment and also boost its exports.</p>	<p>SMEs - Small and Medium Enterprises (Agriculture - Food Processing Sector)</p>

		with Trinidad and Tobago.			
7	Guyana	During the same visit of PM an MoU on UPI was signed with Guyana.	Engagement with Guyana is ongoing to conclude the commercial agreement at the earliest.	It will help digitise the economy, make B2B (Business to Business), P2P (people to people) and G2P (Government to People) transactions more efficient.	Digital Economy
8	Ukraine	MoU on Humanitarian Grant Assistance for Implementation of High Impact Community	The MoU is in operation and is valid for five years i.e. upto 22.08.2029. Under the MOU projects upto USD 1.5 million	The MoU on HICDP was signed in line with India's commitment to provide humanitarian assistance to	MoU provides for humanitarian grant assistance towards socio-economic development,

		<p>Development Projects (HICDP) was signed between India and Ukraine on 23.08.2024 during visit of Prime Minister Narendra Modi to Ukraine.</p>	<p>will be fully funded by Government of India. The next steps will involve signing project specific MoUs for the projects submitted by the Government of Ukraine.</p>	<p>Ukraine with a view to further strengthening bilateral cooperation and generate goodwill for India. Since the projects are executed with the participation of Indian companies, such projects also give exposure to the Indian companies in the beneficiary countries.</p>	<p>livelihood support, empowerment of women and children welfare and facilitation of community life through creation of infrastructure in the education, health training, agriculture and agro-industry, micro-irrigation, renewable energy, trade, transport and communication</p>
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					n as well as other sectors which may be mutually agreed.
9	Vietnam	During India – Vietnam Leaders’ Virtual Summit”- 21 December 2020, Agreement for US\$ 5 million Indian Grant Assistance for Army Software Park at National Telecommunications University, Nha	Implemented	To strengthen bilateral defence cooperation through enhancing Vietnam's capacity buildings in IT, data reception etc	Defence Sector

		Trang, Vietnam between Embassy of India, Hanoi and Telecommunic ations University, Ministry of National Defence, Vietnam, to facilitate setting up of IT infrastructure at the Army Software Park in Telecommunic ations University, Nha		
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		Trang, with provision for training and services in the field of software applications.			
10	Germ any	MoUs/JDIs on development projects during PM's visit during 6th IGC	JDI on Triangular Development Cooperation Present Status: Active	Cooperation on sustainable development projects in third countries	Green and sustainable development
11	United Arab Emirates	MoU on establishment of IIT Delhi Campus in Abu Dhabi (July 2023)	Campus established. Btech and Mtech courses are offered	Internationalisation of Indian Educational institutions. Greater educational opportunities of Indian community in	Education

				the UAE	
12	United Arab Emirates	Bharat Mart (February 2024)	Under discussion/at various stages of implementation	Greater market access for Indian exports, including SMEs	Trade
13	United Arab Emirates	Inter-Governmental Framework Agreement on the India-Middle East-Europe Economic Corridor (IMEEC) (February 2024)	A virtual trade corridor inaugurated between India - UAE	Promotion of trade and commerce, ease of doing business and reducing of costs and time in trade	Logistics

STATEMENT-II**Developmental Activities/Projects in India**

S.N o	Country	Government signed MoUs for various development projects during the foreign visits of Prime Minister w.e.f. 01.07.2019	Details and Present Status	Benefits accruing/likely to accrue to the country	Fields and sectors identified and included under the said project
1	Germany	MoUs/JDIs on development projects during PM's visit during 6th IGC	JDI on Partnership for Green and Sustainable Development Present Status: Active	Financial and technical assistance by Germany for sustainable development projects in India	Renewable energy, sustainable urban development, green mobility, sustainable agriculture, etc
			JDI on Indo-German Development Cooperation	Financial and technical assistance by	Renewable energy

		Regarding Renewable Energy Partnership Present Status: Active	Germany for renewable energy sector in India	
		JDI on Indo-German Green Hydrogen Task Force Present Status: Active	Cooperation for developing Green Hydrogen industry in India	Green Hydrogen
		JDI on Agroecology and Sustainable Management of Natural Resources (Lighthouse Initiative) Present Status: Active	Cooperation regarding environment, sustainable management of natural resources and agro-food systems	Agroecology a nd natural resource management
		JDI on Cooperation in the Field of Forest Landscape Restoration Present Status: Active	Cooperation regarding forest conservation and restoration, climate protection and conservation of biodiversity	Forests and environment, biodiversity

2	France	MoUs signed during visit of PM on 22 August 2019 and 14 July 2023	Memorandum of Cooperation on Agreement between National Institute of Solar Energy(NISE), Ministry of New and Renewable Energy, Government of India and The French Alternative Energies and Atomic Energy Commission (CEA)	Cooperation on Renewable Energy areas of hydrogen energy and fuel cells	Renewable Energy
			Letter of Intent on the New National Museum and Cooperation on Museology: Active (A further MoU is being pursued containing detailed scope of work in furtherance of the Lol)	Knowledge sharing and expertise on development of India's National Museum	Cultural Cooperation
			MoU on Cooperation in the field of Digital Technologies	Supports adoption of digital technology and	Digital Technology

		between MeitY and French Ministry of Economy	best practices to address challenges	
		MoU between Invest India and Business France	Promote investment facilitation and cooperation between startups of India and France.	Startups and Innovation
		India-France joint Earth Observation mission TRISHNA Implementing Arrangement	TRISHNA is designed to provide high-resolution thermal infrared imagery, which is critical for applications such as monitoring water resources, land surface temperature, and vegetation health.	Space Technology, Water resources, Land management, and Forests.
		Letter of Intent between India and France for	It would contribute to the improvement of	Health

			Cooperation in the field of Health and Medicine	health and wellbeing of people in two countries	
3	Singapore	MOU on Education Cooperation and Skills Development	Signed on 02 September, 2024	Enhance collaborations on capability and skills development Promote collaboration between Higher Education Institutes Promote the exchange of information and best practices Promote the exchange of teaching staff, educational administrators and students Promote cooperation on	Technical and Vocational Education Training Educational institutions

				teacher training	
4	USA	MoU Signed between an Indian Company, Petronet LNG Limited and a US Company, Tellurian Inc. to explore Energy cooperation during PM's visit to USA from 21 st to 28 th September 2019		Strengthening of Energy cooperation	Energy Sector
5	USA	MOU between the Ministry of Health and Family	Signed on 28.09.2021	The MoU intends to encourage the cooperation and innovation in	Healthcare Sector

		Welfare and the US Department of Health and Human Services for expanding cooperation and partnership in the healthcare sector.		public health and research in Health Safety and Security; prevention, diagnosis, treatment and control of Communicable and non-communicable Diseases, Health System and Health policy.	
6	USA	MOU between the Indian Council of Medical Research and the US National Institute of Allergy and Infectious	Signed on 24.09.2024	The cooperation undertaken pursuant to this Memorandum of Understanding ("MoU") may include, but is not limited to Collaborative research projects; Exchange of	Healthcare Sector

		<p>Disease to continue joint support for the highly productive Indo-U.S. International Center of Excellence in Research (ICER) program – an infectious disease research partnership located at the National Institute for Research on Tuberculosis in Chennai.</p>		<p>scientists and researchers; Scientific meetings, workshops and symposia; Training activities and consultations; Long-term assignment of scientists and researchers to undertake joint research; Enhancement and strengthening of biomedical/infectious disease research capacity, including clinical research infrastructure, data and information management systems, and</p>	
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				<p>sample repositories;</p> <p>Exchange of research materials, data, technology and scientific publications; Other forms of cooperation identified by mutual consent.</p>	
7	USA	<p>MoU on extension of five-year to the statement of Guiding Principles on Triangular Cooperation for Global Development (SGP) between India and USA</p>	<p>Extends the validity of the SGP Agreement up-to 2026</p>	<p>The Agreement helps fulfil the joint commitment of both nations to work together and leverage their combined capacities to provide demand-driven development partnership. This triangular</p>	

				<p>cooperation with the US will complement India's other ongoing and future development partnerships, capacity building and technical assistance with countries globally.</p>	
8	USA	<p>India signed on to the Artemis Accords – the Principles for Cooperation in the Civil Exploration and Use of the Moon, Mars, Comets, and Asteroids for Peaceful</p>		<p>Cooperation in the sector of civil space exploration and use.</p>	Space

		Purposes- on 21 June 2023 in Washington D.C.			
9	USA	India signed on to Indo- Pacific Economic Framework (IPEF) Agreements under Pillar III (clean economy), Pillar IV (fair economy), and the overarching Agreement	Signed on 21 st September 2024	This Agreement will facilitate facilitate development, access, and deployment of clean energy and climate-friendly technologies and to catalyse investment and strengthen measures for anti- corruption, tax transparency etc. and improve business environment	Clean Energy and climate- friendly technology etc.

10	USA	MoU concerning India-US Drug Policy Framework signed during PM's visit from 21 st to 23 rd September 2024		It will deepen collaboration to disrupt the illicit production and international trafficking of synthetic drugs and precursor chemicals and deepen holistic public health partnership.	Healthcare
11	Maldives	MoU for the Establishment of Passenger and Cargo Services by Sea	Ongoing	Enhancing trade linkages and people-to-people contacts between the two countries. Operationalization of India Maldives Shipping Service facilitating direct cargo movement between ports of India and Maldives	Connectivity, economy and trade and people-to-people ties

12	Sri Lanka	MoU between NPCL International Payments Ltd and LankaPay on digital payments.	UPI QR based payment system was virtually launched in Sri Lanka by PM and then President of Sri Lanka Ranil Wickremesinghe on 12 February, 2024.	Introduction of UPI system is helping Indian tourists visiting Sri Lanka on ease of payment and transactions.	Digital connectivity and tourism promotion.
13	Sri Lanka	Announcement to commence Passenger ferry service between Nagapattinam (Tamil Nadu) and Kankesanthurai (KKS) port in Jaffna, Sri Lanka.	Passenger ferry service between Nagapattinam (Tamil Nadu) and Kankesanthurai (KKS) was launched in October 2023. Subsequently, Ministry of Ports, Shipping and Waterways has identified a commercial operator for the ferry, who has since started operations from 16	Facilitating people-to-people ties, trade and tourism and maritime connectivity between India and Sri Lanka.	

			August 2024.		
14	Mauritius	Memorandum of Understanding for the Improvement in Sea and Air Transportation Facilities at Agalega Island of Mauritius	PM and the former Mauritian PM jointly inaugurated the runway and jetty constructed as part of the MOU through video-conferencing facility on 29 February 2024	The runway and jetty constructed as part of the MOU has enhanced sea and air connectivity between main land Mauritius and Agalega. The infrastructure is also helping the Government of Mauritius on surveillance and monitoring of its Exclusive Economic Zone (EEZ).	
15	Bangladesh	Inauguration of 'Mitali Express' - passenger	Operationalised as a weekly service (currently, it is temporarily	Enhancing people to people ties and boosting tourism.	Rail connectivity

		train service suspended due to on Dhaka- security situation) New Jalpaiguri-Dhaka route through Chilahati-Haldibari rail link			
16	Bangladesh	Inauguration of 3 border haats – Nalikota (India) – Saydabad (Bangladesh); Ryngku (India) - Bagan Bari (Bangladesh) and Bholagunj (India) – Bholagunj (Bangladesh)	Operationalised upon inauguration (currently, it is temporarily suspended due to security situation)	Contribute to livelihood of people living in border areas and enhance people to people ties.	Border connectivity and trade.

17	Saudi Arabia	MoU on Cooperation in the Field of Renewable Energy between Saudi Ministry of Energy and Ministry of New and Renewable Energy of India (Oct 2019)	Under discussion/at various stages of implementation	Energy diversification and self sufficiency	New and Renewable Energy
18	Saudi Arabia	MoU between Saudi General Authority of Military Industries (GAMI) and Department of Defence Production,	Under discussion/at various stages of implementation	Make in India, Self reliance in defence production and potential defence exports	Defence and Security

		Ministry of Defence concerning collaboration in military acquisition, industries, research, development and technology (Oct 2019)			
19	Saudi Arabia	MoU between Central Drugs Standard Control Organization (CDSCO), Ministry of Health and Family Welfare and Saudi Food and Drug Authority	Under discussion/at various stages of implementation	Exports of medical equipments and pharmaceuticals	Health, Medical and pharmaceuticals

		(SFDA) for Cooperation in the field of medical products regulations (Oct 2019)			
20	Saudi Arabia	Letter of Intent between Small and Medium Enterprises General Authority (Monshaat) of the Kingdom of Saudi Arabia and Atal Innovation Mission (AIM), NITI Aayog, of the Republic of	Under discussion/at various stages of implementation	Make in India, strengthening of small and medium enterprises	SME sector

		India (Oct 2019)			
21	Saudi Arabia	MoU between Indian Strategic Petroleum Reserves Limited (ISPRL) and Saudi Aramco. (Oct 2019)	Under discussion/at various stages of implementation	Energy self sufficiency	Energy sector
22	Saudi Arabia	MoU between National Payments Corporation of India (NPCI) and Saudi Payments (Oct 2019)	Under discussion/at various stages of implementation	Digitisation of economy, ease of doing international business, saving currency conversion charge	Commerce and Investments
23	United Arab Emirates	MoU on establishment of a	Under discussion/at various stages of implementation	Promotion of trade	Finance

		framework to promote the use of local currencies (INR-AED) for cross-border transactions between India and UAE (July 2023)			
24	United Arab Emirates	MoU on interlinking payment and messaging systems between India and UAE (July 2023) Agreement on interlinking of the instant payment	Under discussion/at various stages of implementation	Ease of cross-border transactions and cutting transaction costs	Finance

		platforms-UPI (India) and AANI (UAE) (February 2024) Agreement on interlinking domestic debit/credit cards-RuPay (India) and JAYWAN (UAE) (February 2024)			
25	United Arab Emirates	MoU for Cooperation with National Maritime Heritage Complex (NMHC), Lothal at Gujarat (February	Under discussion/at various stages of implementation	Maritime Research, joint international collaborations	Culture

		2024)			
26	United Arab Emirates	MoU for investment cooperation in Digital Infrastructure Projects (February 2024)	Under discussion/at various stages of implementation	Strengthening digital infrastructure ecosystem and access to advanced technologies	Advanced Technology
27	United Arab Emirates	MoU in the field of Electricity Interconnection and Trade (February 2024)	Under discussion/at various stages of implementation	Trade in energy and increase in energy self sufficiency	Power

STUNTING AND WASTING AMONG CHILDREN

902. SHRI S. VENKATESAN:

SHRI SUBBARAYAN K:

SHRI DILESHWAR KAMAIT:

SHRI SELVARAJ V.:

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

- (a) whether the Government has any data on under nourishment among women, stunting, wasting and under weight among children;
- (b) if so, the details thereof indicating the number and percentage of women and children affected by the said deficiencies, State/UT-wise;
- (c) whether the Government has conducted any study of the economic, social and gender determinants among the stunted, wasted and underweight children;
- (d) if so, the details thereof and if not, the reasons therefor; and
- (e) the details of the efforts made by the Government to address the increasing incidents of stunting?

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

(a) and (b) Details of anaemia and Body Mass Index (BMI) among women are released under National Family Health Survey (NFHS), which is periodically conducted by the Ministry of Health and Family Welfare. The report of NFHS-5 is available on National Family Health Survey portal (<http://nfhsiips.in/nfhsuser/publication.php>). As per the report, 18.7% of Women of reproductive age group (15-49 years) have Body Mass Index (BMI) below normal (BMI <18.5 kg/m²) and 57% women of reproductive age group (15-49 years) are anaemia. The details of State wise prevalence of anaemia among all women aged 15-49 years are placed at enclosed **Statement-I**.

State wise details of malnourished children in the country are given in the enclosed **Statement-II**.

(c) to (e) In 2021, the World Bank has conducted a survey in 11 priority states (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) with the highest rates of anemia and stunting. The aim of this survey was to assess the program's delivery of nutrition services, whether the nutritional knowledge of beneficiaries had improved and if they had adopted more appropriate nutrition and feeding practices.

The findings demonstrated that the services delivered through the Poshan Abhiyaan – the receipt of relevant messages, home visits by the anganwadi worker, and attendance at community based events – were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls (14-18 years in Aspirational Districts and North-East region) were subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) during the 15th Finance Commission to address the challenge of malnutrition through improved nutrition content and delivery. This is a self-selecting (no entry barriers) scheme available to all the eligible beneficiaries who enroll at the Anganwadi Centers (AWCs) and is being implemented in all States/UTs across the country.

Under Mission Poshan 2.0 a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioral change, and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.

Under this scheme, Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls to beat the intergenerational cycle of malnutrition by adopting a life cycle approach. Supplementary nutrition is provided in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act. These norms have been revised and upgraded last year. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality of supplementary nutrition based on the principles of diet diversity that provides quality protein, healthy fats and micronutrients.

Fortified rice is being supplied to AWCs to meet the requirement of micro-nutrients and to control anaemia among women and children. Greater emphasis is being laid on the use of millets for preparation of Hot Cooked Meal at least once a week and Take Home ration at Anganwadi centers.

Ministries of Women and Child Development and Health and Family Welfare have jointly released the protocol for Community Management of Malnutrition (CMAM)

to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.

Under Mission Poshan 2.0, one of the major activities undertaken is Community Mobilization and Awareness Advocacy leading to Jan Andolan to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under community engagement programmes during Poshan Maahs and Poshan Pakhwadas celebrated in the months of September and March-April respectively. Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers are required to conduct two Community Based Events every month.

STATEMENT-I

State-wise Prevalence of Anemia among Women aged 15-49 years in the Country (Source: NFHS 2019-21)

State/UT	All women age 15-49 years who are anaemic (%)
Andaman and Nicobar Islands	57.5
Andhra Pradesh	58.8
Arunachal Pradesh	40.3
Assam	65.9
Bihar	63.5
Chandigarh	60.3

Chhattisgarh	60.8
DNHand DD	62.5
Goa	39.0
Gujarat	65.0
Haryana	60.4
Himachal Pradesh	53.0
Jammu and Kashmir	65.9
Jharkhand	65.3
Karnataka	47.8
Kerala	36.3
Ladakh	92.8
Lakshadweep	25.8
Madhya Pradesh	54.7
Maharashtra	54.2
Manipur	29.4
Meghalaya	53.8
Mizoram	34.8
Nagaland	28.9
Nct Of Delhi	49.9
Odisha	64.3
Puducherry	55.1
Punjab	58.7

Rajasthan	54.4
Sikkim	42.1
Tamil Nadu	53.4
Telangana	57.6
Tripura	67.2
Uttar Pradesh	50.4
Uttarakhand	42.6
West Bengal	71.4

STATEMENT-II

The State wise details of malnourished children (0 - 5 years) enrolled in Anganwadis across the country are as follows*:

State	Stunted %	Wasted %	Underweight %
Andhra Pradesh	22.6	5.3	10.8
Arunachal Pradesh	32.8	4.2	9.6
Assam	42.4	3.8	16.4
Bihar	43.8	9.2	22.9
Chhattisgarh	21.5	7	13.1
Goa	4.1	0.6	1.7
Gujarat	40.8	7.8	21
Haryana	28.2	4.1	8.7

Himachal Pradesh	18.4	1.7	6.3
Jharkhand	43.8	6.2	19.3
Karnataka	39.7	3.2	17.1
Kerala	34.4	2.3	9.5
Madhya Pradesh	46.5	7	26.5
Maharashtra	47.7	4.1	16.5
Manipur	7.7	0.3	2.6
Meghalaya	18.2	0.4	4.5
Mizoram	26.7	2.3	5.9
Nagaland	28	5.3	6.6
Odisha	29.1	2.9	12.8
Punjab	18.4	3	5.9
Rajasthan	36.6	5.5	17.7
Sikkim	9.2	1.5	1.7
Tamil Nadu	13.4	3.6	7.1
Telangana	32.6	5.6	16.2
Tripura	40.5	6.3	16.6
Uttar Pradesh	48	3.9	19.4
Uttarakhand	21	1.5	5.4
West Bengal	38	7.5	13
Andaman and Nicobar Islands	8.7	2.3	3.9

Dadra and Nagar Haveli - Daman and Diu	35.9	3.4	16.1
Delhi	41.9	3	20.6
JandK	12.1	0.7	3
Ladakh	11	0.2	2
Lakshadweep	46.5	11.9	25.1
Puducherry	40.2	6.8	13
UT-Chandigarh	26.3	1.8	11.9

* Data is for the month of October 2024 from Poshan **Tracker**

INDIAN WORKERS IN ISRAEL

903. SHRI SUDAMA PRASAD:

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

(a) whether the Government has received any requests from the workers who had been sent to Israel with the Government acting as an intermediary and are wishing to come back because of the nature of work promised and conflict;

(b) if so, the details thereof;

(c) whether the Government has taken any steps to bring back these workers from Israel who wish to come back; and

(d) whether the Government has taken actions on the complaints received from the workers against the contractors for not placing them in the jobs they were ensured, if so, the details thereof along with the details of action taken against the contractor 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 (c) No such request has been received by the Government. However, around 220 Indian workers, from among approximately 12,000 workers, who arrived in Israel under both bilateral agreement and private channels, have returned to India, primarily due to skill mismatch and language barriers.

(d) Some workers had reached out with their grievances, for not being placed in the jobs that they were assured. This was taken up with the relevant authorities in Israel who have resolved the matter.

CRUISE BHARAT MISSION

904. SHRI P. P. CHAUDHARY:

SHRI MUKESHKUMAR CHANDRAKAANT DALAL:

SHRI VIJAY KUMAR DUBEY:

SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:

SHRIMATI APARAJITA SARANGI:

SHRI PRAVEEN PATEL:

SHRI PARSHOTTAMBHAI RUPALA:

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

(a) whether the Government has launched Cruise Bharat Mission, if so, the details thereof including its objectives, implementation timeline, identified cruise circuits and the potential of cruise tourism in the country;

- (b) the current status of cruise tourism infrastructure in the country and the specific ports identified for development under this Mission, State-wise;
- (c) whether any targets have been set for increasing cruise tourist footfall and revenue generation over the next five years, if so, the details thereof, year-wise;
- (d) whether any incentives/policy measures have been introduced to attract private investment in cruise tourism infrastructure, if so, the details thereof; and
- (e) whether any assessment has been made of the employment generation potential through this Mission, if so, the details thereof along with the steps taken/proposed to be taken by the Government for skill development in cruise tourism sector in the country?

THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a) to (c) Yes, Cruise Bharat Mission has been launched on 30th September, 2024 with the aim to provide whole of government approach by involving various Central and State Government agencies. Currently, six Major Ports have cruise Terminals. These are Vishakhapatnam Port in Andhra Pradesh, Mormugao Port in Goa, New Mangalore Port in Karnataka, Cochin Port in Kerala, Mumbai Port in Maharashtra and Chennai Port in Tamil Nadu. Cruise Bharat Mission targets increasing sea cruise tourists to 10 lakh by 2029.

(d) and (e) A presumptive taxation regime for a non-resident, engaged in the business of operation of cruise ships has been introduced by insertion of a new section 44BBC in the Income-tax Act, 1961 (the Act) vide Finance (No.2) Act, 2024, which inter alia deems twenty percent of the aggregate amount received

or receivable by or paid or payable to such assessee as profits and gains of such assessee from such business. Further, exemption to income of a foreign company from lease rentals has been provided upto assessment year 2030-31, by insertion of a new clause (15B) in section 10 of the Act, if such foreign company and the non-resident cruise ship operator have the same holding company. These provisions are effective from 1st April, 2025.

विदेश में काम करने वाले भारतीय युवाओं के लिए योजना

905. श्री राजीव राय:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या रोजगार के लिए विदेश जाने वाले देश के युवाओं की संख्या लगातार बढ़ रही है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार को इस बात की भी जानकारी है कि अनेक युवाओं को विदेशों में उनके द्वारा अनुबंधित कार्य के अलावा अन्य कार्य करने के लिए मजबूर किया जा रहा है तथा उन्हें निर्धारित वेतन से कम भुगतान किया जा रहा है तथा विभिन्न तरीकों से परेशान भी किया जा रहा है;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा विदेश में काम कर रहे ऐसे युवाओं को न्याय दिलाने के लिए क्या ठोस कदम उठाए गए हैं;
- (ङ.) क्या सरकार ऐसी कोई योजना लागू करने पर विचार कर रही है, जिससे देश के युवाओं को रोजगार के लिए विदेश जाने के लिए मजबूर नहीं होना पड़े;
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (छ) 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 (ख) मंत्रालय उन उत्प्रवास जांच अपेक्षित (ईसीआर) पासपोर्ट धारक भारतीय कामगारों के संबंध में डाटा रखता है, जो ई-माइग्रेट पोर्टल के माध्यम से 18 अधिसूचित ईसीआर श्रेणी के देशों में से किसी देश में विदेशी रोजगार के लिए जा रहे हैं। पिछले 5 वर्षों के दौरान इन ईसीआर देशों में ऐसे भारतीय कामगारों के प्रवास के संबंध में डाटा निम्नानुसार है:

वर्ष	प्रदत्त उत्प्रवास अनापत्ति की संख्या
2024 (19 नवंबर तक)	3,48,629
2023	3,98,317
2022	3,73,425
2021	1,32,675
2020	94,145

सरकार विदेशों में भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती है और विदेशों में भारतीय कामगारों की कार्य स्थितियों की निगरानी और शिकायत निवारण के लिए इसके पास मजबूत तंत्र है। विदेश स्थित हमारे मिशन/केंद्रों को समय-समय पर विदेशों में काम कर रहे भारतीय नागरिकों से विभिन्न प्रकार की शिकायतें प्राप्त होती हैं और इनमें वेतन के भुगतान में देरी/भुगतान न करना, पासपोर्ट रोक लेना, अनुचित कार्य स्थितियां, घटिया आवास, कार्य के घंटे बढ़ाना, दुर्व्यवहार/उत्पीड़न, अत्यधिक काम, प्रवेश/निकास परमिट/वीजा/अंतिम निकास परमिट के नवीनीकरण की अस्वीकृति, वेतन का भुगतान न करना और उस काम पर न रखना जिसका वचन दिया गया हो आदि शामिल हैं।

हमारे मिशन और केंद्र हर समय सतर्क रहते हैं और विदेशों में भारतीय नागरिकों की कार्य स्थितियों की सक्रिय रूप से निगरानी करते हैं। सरकार ने विदेशों में काम कर रहे भारतीय नागरिकों को किसी भी सहायता की आवश्यकता होने पर मिशन/केंद्र तक पहुंचने में सक्षम बनाने के लिए विभिन्न चैनल स्थापित किए हैं। वे वॉक-इन इंटरव्यू, ईमेल, बहुभाषी 24x7 आपातकालीन नंबर, मदद, सीपीग्राम्स और ई-माइग्रेट जैसे शिकायत निवारण पोर्टल और सोशल मीडिया आदि के माध्यम से मिशन/केंद्रों से संपर्क कर सकते हैं। जब भी ऐसे मामले रिपोर्ट किए जाते हैं, तो मिशन/केंद्र नियोक्ता/प्रायोजक/एजेंट और स्थानीय प्राधिकारियों के साथ समन्वय करते हुए त्वरित कार्रवाई करते हैं और पीड़ित भारतीय कामगार को हर संभव सहायता प्रदान करते हैं। भारतीय कामगारों को सभी मामलों पर मार्गदर्शन और परामर्श प्रदान करने के लिए दुबई (यूएई), रियाद, जेद्दा (सऊदी अरब अधिराज्य) और कुआलालंपुर (मलेशिया) में प्रवासी भारतीय सहायता केंद्र (पीबीएसके) स्थापित किए गए हैं। खाड़ी देशों में सभी भारतीय मिशनों में समर्पित श्रम शाखाएँ (लेबर विंग) हैं।

भारतीय मिशन/केंद्र नियमित रूप से दूरदराज के क्षेत्रों में भारतीय नागरिकों और ऐसे क्षेत्रों में रहने वाले श्रमिकों के लिए ओपन हाउस और कौंसली शिविर आयोजित करते हैं, ताकि उनकी शिकायतों, यदि कोई हो, के समाधान सहित कौंसली सेवाएं प्रदान की जा सकें। रोजगार संबंधी मुद्दों से संबंधित शिकायतों को भी शीघ्र निवारण के लिए मेजबान देश के स्थानीय श्रम विभाग और अन्य संबंधित प्राधिकारियों के समक्ष उठाया जाता है। जीसीसी देशों के साथ हस्ताक्षरित समझौता ज्ञापनों के आधार पर, संबंधित देशों के साथ संयुक्त कार्य समूहों की नियमित बैठकों के दौरान श्रमिकों के कल्याण और सुरक्षा से संबंधित मामलों को उठाया जाता है। इसके अलावा, ऐसे मामलों को नियमित रूप से राजनयिक माध्यमों से संबंधित मेजबान सरकारों के साथ भी उठाया जाता है।

भारत सरकार रोजगार के उद्देश्य से विदेश जाने वाले युवाओं सहित भारतीय नागरिकों के बीच कौशल विकास पर ध्यान केंद्रित कर रही है। ऐसा ही एक उपाय अर्थात् प्रवासी कौशल विकास योजना (पीकेवीवाई) विदेश मंत्रालय और कौशल विकास एवं उद्यमिता मंत्रालय (एमएसडीई) के बीच एक संयुक्त सहयोगी साझेदारी है जिसका उद्देश्य अंतरराष्ट्रीय मानकों के अनुरूप संभावित प्रवासी श्रमिकों

के कौशल को बढ़ाना है। इस योजना में दो घटक शामिल हैं। पहला तकनीकी टॉप-अप प्रशिक्षण है, जिसमें पूर्व शिक्षा की मान्यता, मूल्यांकन और प्रमाणन शामिल है, जिसे एमएसडीई द्वारा राष्ट्रीय कौशल विकास निगम (एनएसडीसी) के माध्यम से प्रदान किया जाएगा। दूसरा व्यावहारिक कौशल के संबंध एक दिवसीय प्रशिक्षण कार्यक्रम है, जिसे प्रस्थान-पूर्व अभिविन्यास एवं प्रशिक्षण (पीडीओटी) कहा जाता है, जिसे एनएसडीसी, राज्य सरकारों और अन्य हितधारकों के सहयोग से विदेश मंत्रालय द्वारा प्रदान किया जाएगा।

SAGARMALA SCHEME

906. SHRI THARANIVENTHAN M. S.:

SHRI MALAIYARASAN D.:

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

- (a) the features of the Sagarmala Scheme;
- (b) the amount of funds sanctioned, allocated and utilized under this scheme in the State of Tamil Nadu so far;
- (c) the number of projects being covered under this scheme at present within Tamil Nadu;
- (d) the target set and achievements made so far along with the response of the States in the country, State/UT-wise including Tamil Nadu;
- (e) whether the Government is proposing to build National Technological Centres under this scheme across the country; and
- (f) if so, the details thereof along with the funds estimated for the same and the time-frame by which these centres are likely to be built?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a) to (c) 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 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 annexed as enclosed **Statement-I**.

(d) The details of projects undertaken in various States / UTs under Sagarmala Scheme including the state of Tamil Nadu is annexed as enclosed **Statement-II**.

(e) and (f) Under the Sagarmala Scheme, National Technology Centre for Ports, Waterways and Coasts (NTCWPC) has been established in IIT Chennai at a cost of Rs. 77 Crore. The institute acts as a technological arm of the Ministry and develops cutting-edge technologies and application products to provide solutions to various challenges faced by Ports and Shipping Sector. The Institute has world class capabilities for undertaking the 2D and 3D investigations of research and consultancy nature for the Port, Coastal, Waterway sector across all disciplines. Modelling of Ocean, determining the Coastal and Estuarine Flows, Sediment transport and morpho dynamics, planning of Navigation and

Maneuvering, estimation of Dredging and Siltation, consultancy in Port and Coastal Engineering – designing the Structures and Breakwaters, Autonomous Platforms and vehicles, Experimental and CFD modelling of flow and Hull interaction, Hydrodynamics of multiple hulls, Ocean renewable energy coupled with port facilities are some of the areas where expertise has already been developed for the benefit of the country.

STATEMENT-I

Details of number of projects, funds sanctioned and project status in the state of Tamil Nadu

Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
1.	Creation of Berthing facilities for tourist vessels at Agni Theertham, Tamil Nadu	Tamil Nadu Maritime Board	Under Implementation	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. Chidambaranar Port Authority	Completed	25.00	10.00	10.00
3.	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000	V. O. Chidambaranar Port Authority	Completed	36.00	30.00	30.00

Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
	DWT -length 150m at VoCPT					
4.	Coastal Cargo Berth at ChPT	Chennai Port Authority	Completed	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	Completed	135.00	67.50	67.50
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 Poompuhar in 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

Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
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 front of dedicated coastal berth	V. O. Chidambaranar Port Authority	Completed	98.00	20.88	20.88
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

Sr No	Name of Project	Implementing Agency	Status	Project Cost (Rs. Cr)	Funds Sanctioned (Rs. Cr.)	Fund Released (Rs. Cr.)
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 Villoondi Theertham, Tamil Nadu	Tamil Nadu Maritime Board	Under Implementation	3.66	3.66	0.73
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

STATEMENT-II

**The details of projects undertaken in various States / UTs under
Sagarmala Scheme including the state of Tamil Nadu.**

State/UT	No. of Project s	Total Projec t Cost (₹ Cr)	Completed (₹ Cr)		Under Implementation (₹ Cr)		Under Development (₹ Cr)	
			No. of Project s	Total Projec t Cost	No. of Project s	Total Projec t Cost	No. of Project s	Total Projec t Cost
Andaman and Nicobar Islands	3	46	1	13	2	32	0	0
Andhra Pradesh	12	2,409	7	1,114	5	1,295	0	0
Goa	9	763	5	85	4	677	0	0
Gujarat	9	1,388	3	364	6	1,024	0	0
Karnataka	8	493	3	71	5	422	0	0
Kerala	8	273	6	134	2	139	0	0
Maharashtra	31	1,920	19	829	12	1,092	0	0
Odisha	6	350	1	4	5	346	0	0
Puducherry	2	30	1	27	1	2	0	0
Tamil Nadu	22	1,240	14	1,004	7	226	1	10
West Bengal	9	569	6	404	3	165	0	0
Total	119	9,480	66	4,049	52	5,420	1	10

AYUSH HOSPITAL**907. SHRI JANARDAN SINGH SIGRIWAL:****SHRI ANUP SANJAY DHOTRE:**

Will the Minister of AYUSH be pleased to state:

- (a) the total number of AYUSH hospitals established under the National Ayush Mission in the country, State/UT-wise particularly in Bihar and Maharashtra;
- (b) whether the Government is proceeding with the proposal of establishing well-equipped AYUSH hospitals in the country and if so, the details thereof, State/UT-wise particularly in Bihar and Maharashtra;
- (c) whether the Government has received any requests to increase PG seats and starting of new PG courses in Ayurveda in Maharashtra; and
- (d) if so, the details thereof along with the status 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) and (b) Ministry is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and as per the proposals received from States/UTs through State Annual Action Plans (SAAPs), 167 units of Integrated Ayush Hospitals have been supported in the country including Bihar and Maharashtra. List of approved Integrated Ayush Hospitals is furnished as enclosed **Statement-I**.

(c) and (d) The Government has received the requests to increase PG seats and starting of new PG courses in Ayurveda in Maharashtra from 6 colleges which are under consideration. Details are enclosed as **Statement-II**.

STATEMENT-I

**List of Integrated Ayush Hospitals approved under the National Ayush
Mission in the country**

S. N o.	State/UT	No. of Integra ted Ayush Hospit al	Location (District)	System of medicine	No. of be ds	Status
1	Andaman and Nicobar Islands	1	Port Blair (South Andaman)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Functional
2	Andhra Pradesh	2	Kakinada	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Under construction
			Visakhapatna m	Ayurveda, ,	50	Under construction

				Homoeopathy and Yoga and Naturopathy		
3	Arunachal Pradesh	5	Yingkiong (Upper Siang)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10	Under construction
			Seppa (East Kameng)	Ayurveda, , Homoeopathy and Yoga and Naturopathy	10	Construction not started
			Ziro (Lower Subansiri)	Ayurveda, , Homoeop	10	Construction not started

				athy and Yoga and Naturopat hy		
			Bhalukpong (West Kameng)	Ayurveda, Homoeop athy and Yoga	50	Under construction
			Likabali (Lower Siang)	Ayurveda, Homoeop athy and Yoga	50	Under construction
4	Assam	8	Goalpara	Ayurveda	50	Functional
			Majuli	Ayurveda	50	Functional
			Kokrajhar	Ayurveda and Homoeop athy	50	Construction not started
			Baksa	Ayurveda and Homoeop athy	50	Construction not started

			Morigaon	Ayurveda and Homoeop athy	50	Construction not started
			Kaliabor (Nagaon)	Ayurveda and Homoeop athy	50	Construction not started
			Diphu (Karbi Anglong)	Ayurveda and Homoeop athy	30	Construction not started
			Bajali	Ayurveda and Homoeop athy	10	Construction not started
5	Bihar	1	Patna	Ayurveda, Homoeop athy, Unani and Yoga	50	Construction Completed

6	Chandigarh	1	Chandigarh	Ayurveda and Homoeopathy	50	Under Construction
7	Chhattisgarh	9	Janjgir- Champa	Ayurveda, , Homoeopathy and Unani	10	Under construction
			Mahasamund	Ayurveda, , Homoeopathy and Unani	10	Functional
			Korea	Ayurveda, , Homoeopathy and Unani	10	Under construction
			Korba	Ayurveda, , Homoeop	10	Functional

				athy and Unani		
			Kanker (Uttar Bastar Kanker)	Ayurveda, , Homoeop athy and Unani	10	Functional
			Narayanpur	Ayurveda, , Homoeop athy and Unani	10	Under construction
			Bijapur	Ayurveda, , Homoeop athy and Unani	10	Under construction
			Dantewada (Dakshin Bastar Dantewada)	Ayurveda, , Homoeop athy and Unani	10	Under construction

			Dalli Rajhara (Balod)	Ayurveda	30	Construction Completed
8	Dadra Nagar Haveli and Daman and Diu	1	Silvassa (Dadra and Nagar Havel)	Ayurveda	50	Under construction
9	Goa	2	Margao (South Goa)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Under construction
			Velguem (North Goa)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Under construction

10	Gujarat	1	Surat	Ayurveda, Homoeopathy and Yoga	50	Under construction
11	Haryana	1	Hisar	Ayurveda, , Homoeopathy ,Unani and Yoga	50	Functional
12	Himachal Pradesh	2	Kullu	Ayurveda, Sowa Rigpa , Homoeopathy and Yoga and Naturopathy	50	Under construction
			Mandi	Ayurveda, Sowa Rigpa , Homoeop	50	Construction not started

				athy and Yoga and Naturopat hy		
13	Jammu and Kashmir	7	Kishtwar	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	50	Under Construction
			Kupwara	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	50	Under Construction
			Billawar	Ayurveda, ,	50	Under Construction

				Homoeopathy and Unani, Yoga and Naturopathy		
			Kulgam	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50	Construction Completed
			Samba	Ayurveda, , Homoeopathy and Unani, Yoga and Naturopathy	50	Under Construction

			Gadi Garh (Jammu)	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	10	Construction not started
			Bandipayeen (Baramulla)	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	10	Under Construction
14	Jharkhan d	7	Ranchi	Ayurveda and Homoeop athy	50	Under construction
			Gumla	Ayurveda and	10	Construction not started

				Homoeopathy		
			Bokaro	Ayurveda and Homoeopathy	10	Under construction
			Deoghar	Ayurveda and Homoeopathy	10	Under construction
			Palamu	Ayurveda and Homoeopathy	10	Under construction
			Dumka	Ayurveda and Homoeopathy	10	Under construction
			Jamshedpur (East Singhbun)	Ayurveda and Homoeopathy	50	Under construction

15	Karnataka	3	Gadag	Ayurveda and Homoeop athy	50	Functional
			Mangalore (Dakshina Kannada)	Ayurveda and Homoeop athy	50	Functional
			Thirthahalli (Shivamogga)	Ayurveda and Homoeop athy	10	Construction not started
16	Kerala	10	Chalakydy (Thrissur)	Ayurveda, , Homoeop athy, Siddha and Yoga and Naturopat hy	50	Construction Completed

			Mattannur (Kannur)	Ayurveda, , Homoeop athy, Siddha and Yoga and Naturopat hy	50	Construction Completed
			Adoor (Pathanamthit ta)	Homoeop athy and Yoga and Naturopat hy	10	Construction not started
			Attapadi (Palakkad)	Ayurveda, , Homoeop athy, Siddha and Yoga and	50	Construction not started

			Naturopat hy		
		Kottarakara (Kollam)	Ayurveda, , Siddha and Yoga and Naturopat hy	30	Construction not started
		Wayanad	Ayurveda and Yoga	30	Construction not started
		Idukki	Homeopat hy and Yoga	30	Construction not started
		Aranmula (Pathanamthit ta)	Ayurveda and Yoga	30	Construction not started
		Varkala (Thiruvanthap uram)	Yoga and Naturopat hy	30	Construction not started
		Kappukad (Thiruvanthap uram)	Ayurveda, Siddha and Yoga	50	Construction not started

17	Lakshadweep	1	Kavaratti (Lakshadweep)	Ayurveda, , Homoeopathy and Unani	30	Functional
18	Maharashtra	9	Nandurbar	Ayurveda, , Homoeopathy and Unani	30	Functional
			Sindhudurg	Ayurveda, , Homoeopathy and Unani	30	Construction completed
			Pune	Ayurveda, , Homoeopathy and Unani	30	Functional
			Ahmednagar	Ayurveda, ,	30	Functional

				Homoeop athy and Unani		
			Dharashiv (Osmanabad)	Ayurveda, , Homoeop athy, Yoga and Unani	50	Construction not started
			Jalgaon	Ayurveda, , Homoeop athy, Yoga and Unani	30	Construction not started
			Jalna	Ayurveda, , Homoeop athy, Yoga and Unani	50	Construction not started
			Thane	Ayurveda, , Homoeop	50	Construction not started

				athy, Yoga and Unani		
			Nagpur	Ayurveda, , Homoeop athy, Yoga and Unani	50	Construction not started
19	Manipur	11	Moreh (Tengnoupal)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Functional
			Churachandp ur	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Construction Completed

			Kwakeithel Konjeng Leikai (Imphal West)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Functional
			Keirao AC (Imphal East)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Functional
			Chandel	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction

			Jiribam	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction
			Kangpokpi	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction
			Bishnupur	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction

			Noney	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction
			Thoubal	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction
			Senapati	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	10	Under construction

20	Madhya Pradesh	11	Bhopal	Ayurveda and Yoga	50	Functional
			Indore	Ayurveda, Homoeopathy and Yoga	50	Under construction
			Narsinghpur	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Amarkantak (Anuppur)	Ayurveda, Unani, Homoeopathy	50	Under construction
			Mandleshwar (Khargone)	Ayurveda, Unani, Homoeopathy and Yoga	50	Under construction

			Balaghat	Ayurveda, Unani, and Homoeop athy	50	Under construction
			Sehore	Ayurveda, Unani, and Homoeop athy	50	Under construction
			Guna	Ayurveda, Unani, and Homoeop athy	50	Construction not started
			Panna	Ayurveda, Unani, and Homoeop athy	50	Construction not started
			Bhind	Ayurveda, Unani,	50	Construction not started

				and Homoeop athy		
			Barwani	Ayurveda, Unani, and Homoeop athy	30	Construction not started
21	Meghalay a	3	Sohra (Cherrapunji) (East Khasi Hills)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Construction Completed
			Umtrew (Ri Bhoi)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Functional

			Jowai (West Jaintia Hills)	Homoeopathy, Yoga, Ayurveda	30	Under construction
22	Mizoram	2	Aizwal	Ayurveda, and Homoeopathy	50	Under construction
			Saitual	Ayurveda, and Homoeopathy	10	Under construction
23	Nagaland	7	Noklak, Tuensang (Noklak)	Ayurveda, , Homoeopathy and Yoga	30	Functional
			Razha, Chedema (Kohima)	Ayurveda, , Homoeopathy and Yoga	50	Functional

			Sapangya (Chungtia) (Mokokchung)	Ayurveda, , Homoeop athy and Yoga	50	Under construction
			Yachem(Longl eng)	Ayurveda, , Homoeop athy and Yoga	30	Under construction
			Kiphire (Kiphire)	Homeopat hy	30	Construction not started
			Tizit (Mon)	Ayurveda, , Homoeop athy	30	Construction not started
			Akuhaito (Zunheboto)	Ayurveda, , Homoeop athy	30	Construction not started
24	Odisha	3	Dhenkanal	Ayurveda, ,	50	Construction Completed

				Homoeopathy and Yoga and Naturopathy		
			Berhampur (Ganjam)	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Under construction
			Balasore	Ayurveda, Homoeopathy and Yoga and Naturopathy	50	Under Construction
25	Puducherry	2	Villianur (Puducherry)	Ayurveda, Homoeopathy	50	Functional

				athy and Siddha		
			Yanam	Ayurveda, Homoeop athy and Siddha	50	Under construction
26	Punjab	2	Dunneke (Moga)	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	50	Functional
			Dayalpur Sodhian Zirakpur (S.A.S Naga (old Name Mohali)	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	50	Under construction

27	Rajasthan	8	Bhilwara	Ayurveda, , Homoeop athy and Unani,	50	Functional
			Ajmer	Ayurveda, , Homoeop athy and Unani,	50	Functional
			Churu	Ayurveda, , Homoeop athy and Unani,	50	Functional
			Bikaner	Ayurveda, , Homoeop athy and Unani,	50	Functional
			Jaipur	Ayurveda, ,	50	Functional

				Homoeop athy and Unani,		
			Sikar	Ayurveda, , Homoeop athy and Unani,	50	Construction Completed
			Sawaimadhop ur	Ayurveda, , Homoeop athy and Unani, Yoga and Naturopat hy	50	Construction not started
			Bharatpur	Ayurveda, , Homoeop athy and Unani, Yoga and	50	Construction not started

				Naturopat hy		
28	Sikkim	2	Kyongsa, West Sikkim (Gyalshing)	Ayurveda and Homoeop athy	50	Functional
			NIT, Deorali (Gangtok)	Sowa- Rigpa	30	Under construction
29	Tamil Nadu	5	Theni	Siddha, Yoga and Naturopat hy	50	Functional
			Tiruvannamal ai	Siddha, Yoga and Naturopat hy	50	Functional
			Pudukkottai	Ayurveda, , Homoeop athy and Unani, Siddha,	50	Under construction

				Yoga and Naturopathy		
			Namakkal	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Under construction
			Chennai	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Under construction

30	Telangana	3	Siddipet	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Under construction
			Vikarabad	Ayurveda, , Homoeopathy and Unani, Siddha, Yoga and Naturopathy	50	Under construction
			Jayashankar Bhupalapally	Ayurveda, , Homoeopathy and	50	Under construction

				Unani, Siddha, Yoga and Naturopat hy		
31	Tripura	2	Paradise Chowmuhani, Agartala(West Tripura)	Ayurveda, , Homoeop athy and Yoga and Naturopat hy	50	Functional
			South Sabroom (South Tripura)	Ayurveda, , Homoeop athy and Yoga	50	Construction Completed
32	Uttar Pradesh	26	Jaunpur	Ayurveda, Unani, Homoeop athy and Yoga	30	Under construction

			Bulandshahar	Ayurveda, Unani, Homoeopathy and Yoga	50	Construction completed
			Bilhaur (Kanpur Nagar)	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			West Kalli (Lucknow)	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Badrasi (Varanasi)	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Nawab Ganj (Bareilly)	Ayurveda, Unani,	50	Functional

				Homoeopathy and Yoga		
			Basti	Ayurveda, Unani, Homoeopathy and Yoga	50	Construction completed
			Sirathu Kaushambi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Sonbhadra	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Orai (Jalaun)	Ayurveda, Unani, Homoeopathy	50	Construction completed

				athy and Yoga		
			Sant Kabir Nagar	Ayurveda, Unani, Homoeop athy and Yoga	50	Functional
			Saharanpur	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
			Deoria	Ayurveda, Unani, Homoeop athy and Yoga	50	Functional
			Lalitpur	Ayurveda, Unani, Homoeop athy and Yoga	50	Functional

			Amethi	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Kanpur Dehat	Ayurveda, Unani, Homoeopathy and Yoga	50	Functional
			Firozpur (Ballia)	Ayurveda, Unani, Homoeopathy and Yoga	50	Construction Completed
			Raebareli	Ayurveda, Unani, Homoeopathy and Yoga	50	Construction Completed
			Baghpat	Ayurveda, Unani,	50	Construction Completed

				Homoeop athy and Yoga		
			Fatehpur	Ayurveda, Unani, Homoeop athy and Yoga	50	Construction Completed
			Shrawasti	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
			Unnao	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
			Hardoi	Ayurveda, Unani, Homoeop	50	Under construction

				athy and Yoga		
			Gorakhpur	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
			Sambhal	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
			Mirzapur	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
33	Uttarakha nd	7	Haldwani (Nainital)	Ayurveda and Homoeop athy	50	Functional

			Jakhnidhar (Tehri Garhwal)	Ayurveda and Homoeop athy	50	Under construction
			Tanakpur (Champawat)	Ayurveda and Homoeop athy	50	Under construction
			Pathri (Haridwar)	Ayurveda, Unani, Homoeop athy and Yoga	10	Under construction
			Kotdwar (Pauri Garhwal)	Ayurveda, Unani, Homoeop athy and Yoga	50	Under construction
			Bhimtal (Nainatal)	Ayurveda, Unani, Homoeop	10	Under construction

				athy and Yoga		
			Piran Kaliyar (Haridwar)	Unani	50	Construction not started
34	West Bengal	2	Tapsikhata (Alipurduar)	Ayurveda, Unani, Homoeop athy and Yoga	50	Functional
			Abas Khas Jungle (Paschim Medinipur)	Ayurveda, Unani, Homoeop athy and Yoga	50	Functional
Total		167				

STATEMENT-II

**List of Colleges applied to start new PG course or increase in existing
intake capacity of PG Courses from Academic year 2025-26**

S.No.	College Name	State	Purpose
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1.	<p>Jagdamba Education Society, Matoshri Asarabai Darade Ayurved College, Babhulgon, Yeola Dist. Nashik-423401 Maharashtra (Inst. Id-AYU0328)</p>	Maharashtra	<p>To Start 04 PG Courses in the subject namely:</p> <p>(i) M.D. Samhita Siddhant-05 Seats</p> <p>(ii) M.D Kaumarbhritya-05 Seats</p> <p>(iii) M.S. Shalakya Tantra-05 Seats</p> <p>(iv) M.D Rasashastra and Bhaishajya Kalpana-05 seats</p>
2.	<p>Datta Meghe Ayurvedic Medical College, Hospital and Research Centre, YCCE Campus, Wanadongri Nagar, Hingna Road, Nagpur- 441110, Maharashtra. (Ayu0534)</p>	Maharashtra	<p>To start 12 PG Courses in the subject namely:</p> <p>(i) Ayurveda samhita and Siddhant- 07 seats</p> <p>(ii) Rasashastra evum bhaishajya Kalpana- 07 seats</p> <p>(iii) Rog Nidan evum Vikriti Vigyan -07 seats</p> <p>(iv) Swasthavritta and Yoga -07 seats</p>

			<p>(v) Kaumarbhritya-06 seats</p> <p>(vi) Kayachikitsa -05 seats</p> <p>(vii) Agad tantra evum Vidhi-07 seats</p> <p>(viii) Panchkarma -06 seats</p> <p>(ix) Dravyaguna Vigyan-07 seats</p> <p>(x) Prasuti tantra evum streeroga-06 seats</p> <p>(xi) Shalya -06 seats</p> <p>(xii) Shalakyta tantra-06 seats</p> <p>under section 29 for the academic year 2025-26</p>
3.	<p>Aditya Ayurved College and Research Centre, Sarada Estate Nalawandi Naka,Pimpalner Road, Beed-431122, Maharashtra (Inst. Id-AYUO196)</p>	Maharashtra	<p>To start 30 seats in 06 PG Courses in the subject namely:</p> <p>(i) Prasuti Evam Strirog 03 Seats</p> <p>(ii) Kaumarbhritya Balrog 06 Seats</p>

			<p>(iii) Rachana Sharir-06 Seats</p> <p>(iv) Shalya Tantra- 03 Seats</p> <p>(v) Ayurveda Samhita Evam Siddhant-06 Seats</p> <p>(vi) Panchkarma-06 Seats</p> <p>under section 29 for the academic year 2025-26</p>
4.	<p>Bhausahab Mulik</p> <p>Ayurved college and Research Hospital,</p> <p>Butibori. Dist. Nagpur</p> <p>Maharashtra</p> <p>(Ayu0494)</p>	Maharashtra	<p>To start 05 PG Courses in the subject namely:-</p> <p>(i) Dravyaguna Vigyan- 06 seats</p> <p>(ii) Rog Nidan evum Vikriti Vigyan -06 seats</p> <p>(iii) Kayachikitsa -06 seats</p> <p>(iv)Panchkarma -06 seats</p> <p>(v) Prasuti tantra evum striroga-Q6 seats</p> <p>under section 29 for the academic year 2025-26.</p>
5.	<p>Shree Dhaneshwari</p> <p>Manav Vikas</p>	Maharashtra	<p>To start 06 PG Courses in the subject namely:</p>

	<p>Mandal, Sau Shantadevi Vedprakash Patil Ayurved College and Research Institute, Gat No. 421, Hatta, Tq. Basmat Dist. Hingoli- 431705, Maharashtra (Inst.Id AYU0327)</p>		<p>(i) Ayurved Samhita and Siddhant-06 seats (ii) Rog Nidan evum Vikriti Vigyan -06 seats (iii) Kriya sharir -06 seats (iv) Kayachikitsa -06 seats (v) Panchkarma - 06 seats (vi) Rasashastra Avum Bhaishajya Kalpana-06 seats under section 29 for the academic year 2025-26.</p>
6.	<p>Bal Bhagwan Shikshan Prasarak Mandal's Dhanwanwantri Ayurved medical College Hospital, Udgir Degloor Road, Latur Maharashtra (Inst. ID. AYU0189)</p>	Maharashtra	<p>To Start 03 PG Courses in the subject namely: (i) Panchkarma-06 Seats (ii) Prasuti tantra and stiroga-06 Seats (iii) Rasashashtra and Bhaishajya Kalpana-06 Seats under section 29 for the academic year 2025-26</p>

आयुष्मान भारत डिजिटल मिशन

908. श्री संजय हरिभाऊ जाधव:

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

(क) सरकार द्वारा देश में आयुष्मान भारत डिजिटल मिशन के कार्यान्वयन का विस्तार करने के लिए

क्या कदम उठाए गए हैं/उठाए जाने का प्रस्ताव है;

(ख) क्या सरकार की उक्त मिशन में राज्यों को शामिल करने की कोई कार्यनीति है, यदि हां, तो

तत्संबंधी राज्य-वार ब्यौरा क्या है;

(ग) वर्तमान में राज्यों को प्रदान की जा रही तकनीकी एवं वित्तीय सहायता का ब्यौरा क्या है;

(घ) क्या इसके परिणामस्वरूप अतिरिक्त रोजगार का सृजन हुआ है; और

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

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

(क) से (ग): आयुष्मान भारत डिजिटल मिशन (एबीडीएम) सितंबर 2021 में लॉन्च किया गया था। एबीडीएम का उद्देश्य स्वास्थ्य पारिप्रणाली के भीतर स्वास्थ्य डेटा की अंतर-संचालनीयता को सक्षम बनाना है। इस मिशन का उद्देश्य प्रत्येक नागरिक का इलेक्ट्रॉनिक हेल्थ रिकॉर्ड (ईएचआर) सृजित करना है। एबीडीएम में देश के एकीकृत डिजिटल स्वास्थ्य बुनियादी ढांचे में सहयोग करने के लिए आवश्यक आधार विकसित करने की परिकल्पना की गई है। मिशन के मुख्य घटकों में नागरिकों के लिए आयुष्मान भारत स्वास्थ्य लेखा (एबीएचए), स्वास्थ्य पेशेवर रजिस्ट्री (एचपीआर), स्वास्थ्य सुविधा केंद्र रजिस्ट्री (एचपीआर) और एबीएचए पीएचआर [व्यक्तिगत स्वास्थ्य रिकॉर्ड] एप्लिकेशन शामिल हैं। एबीडीएम द्वारा सृजित डिजिटल स्वास्थ्य पारिप्रणाली निर्बाध तरीके से निरंतर प्राथमिक, मध्यम और विशिष्ट परिचर्या हेतु सहयोग करती है।

एबीडीएम केंद्रीय क्षेत्र की योजना है जिसका वित्त वर्ष 21-22 से 25-26 तक 5 वर्षों के लिए प्रस्तावित बजट 1600 करोड़ रुपये है। इस योजना के तहत, मानव संसाधन, क्षमता निर्माण (सीबी) और सूचना, शिक्षा और संचार (आईसी) कार्यकलापों के लिए सभी राज्यों और संघ राज्य क्षेत्रों (यूटी) को निधियां प्रदान की जाती हैं ताकि इस मिशन को संचालित किया जा सके और सभी सुविधा केन्द्रों/स्वास्थ्य पेशेवरों को शामिल करने में आवश्यक सहायता प्रदान की जा सके और एबीडीएम पारिप्रणाली के तहत सभी राज्य स्वास्थ्य कार्यक्रमों/समाधानों को एकीकृत किया जा सके। वित्त वर्ष 2021-22, 2022-23, 2023-24 और 2024-25 (20 नवंबर, 2024 तक) के दौरान, सभी राज्यों/संघ राज्य क्षेत्रों को 83.34 करोड़ रुपये जारी किए गए हैं। इन संवितरणों का व्यौरा संलग्न **विवरण-I** के अनुसार हैं।

राज्यों को शामिल करने और प्रक्रियाओं को कारगर बनाने के लिए, एबीडीएम के लिए राज्य कार्यालय स्थापित करने और राज्यों/संघ राज्य क्षेत्रों द्वारा आईईसी/सीबी गतिविधियों को शुरू करने के लिए एनएचए द्वारा विस्तृत दिशा-निर्देश तैयार किए गए हैं। राज्यों/संघ राज्य क्षेत्रों में एबीडीएम की प्रगति की निगरानी और मार्गदर्शन के लिए उचित स्तरों पर नियमित समीक्षा बैठकें आयोजित की जाती हैं।

(घ) और (ङ): जी हाँ, राज्य स्तर पर एबीडीएम के कार्यालय स्थापित करने के लिए 8 मार्च 2022 को जारी एबीडीएम दिशानिर्देशों के अनुसार, प्रत्येक राज्य/संघ राज्य क्षेत्र को मानव संसाधन सहयोग के लिए निधियां आवंटित की गई हैं।

इस संबंध में, 28 राज्यों/संघ राज्य क्षेत्रों ने पूर्ण कार्यक्रम प्रबंधन इकाई का गठन किया है, जबकि 5 राज्यों/ संघ राज्य क्षेत्रों को आंशिक पीएमयू का दर्जा प्राप्त है। मानव संसाधन प्रस्ताव में संबंधित राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तावित संसाधनों की संख्या का व्यौरा संलग्न **विवरण-II** के अनुसार है।

तीन राज्य/संघ राज्य क्षेत्र- ओडिशा, दिल्ली तथा अंडमान तथा निकोबार द्वीप समूह - अपने पीएमयू को इसमें शामिल करने की प्रक्रिया में हैं।

विवरण-I

वित्त वर्ष 2021-22 से 20.11.2024 तक राज्यों/ संघ राज्य क्षेत्रों को प्रदत्त वित्तीय सहायता

वित्तीय सहायता (करोड़ रुपए में)		
राज्य	आवंटन	जारी की गई धन राशि
अंडमान और निकोबार द्वीप समूह	₹ 5.13	₹ 0.51
आंध्र प्रदेश	₹ 19.21	₹ 10.47
अरुणाचल प्रदेश	₹ 5.52	₹ 1.81
असम	₹ 13.75	₹ 3.18
बिहार	₹ 22.97	₹ 3.82
चंडीगढ़	₹ 5.51	₹ 0.09
छत्तीसगढ़	₹ 12.60	₹ 1.28
दिल्ली	₹ 11.48	₹ 0.05
डीएनएचडीडी	₹ 5.14	₹ 1.48
गोवा	₹ 5.52	₹ 2.40
गुजरात	₹ 18.39	₹ 1.84
हरियाणा	₹ 12.60	₹ 1.08
हिमाचल प्रदेश	₹ 9.77	₹ 0.96
जम्मू और कश्मीर	₹ 10.39	₹ 1.99
झारखंड	₹ 14.19	₹ 1.54
कर्नाटक	₹ 18.79	₹ 3.76
केरल	₹ 13.86	₹ 3.32
लद्दाख	₹ 5.13	₹ 2.09
लक्षद्वीप	₹ 5.11	₹ 0.17
मध्य प्रदेश	₹ 20.22	₹ 4.06

महाराष्ट्र	₹ 23.37	₹ 1.42
मणिपुर	₹ 6.13	₹ 2.86
मेघालय	₹ 6.14	₹ 2.36
मिजोरम	₹ 5.51	₹ 2.10
नागालैंड	₹ 5.55	₹ 0.92
ओडिशा	₹ 17.19	₹ 0.05
पुदुचेरी	₹ 5.52	₹ 1.04
पंजाब	₹ 13.24	₹ 2.23
राजस्थान	₹ 19.69	₹ 3.45
सिक्किम	₹ 5.14	₹ 0.64
तमिलनाडु	₹ 19.86	₹ 4.78
तेलंगाना	₹ 14.27	₹ 2.48
त्रिपुरा	₹ 6.17	₹ 1.24
उत्तर प्रदेश	₹ 32.48	₹ 1.56
उत्तराखंड	₹ 10.27	₹ 1.92
पश्चिम बंगाल	₹ 21.47	₹ 8.38
कुल	₹ 447.28	₹ 83.34

विवरण-II

मानव संसाधन प्रस्ताव में संबंधित राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तावित संसाधनों की संख्या का व्यौरा ।

क्र. सं.	राज्य/ संघ राज्य क्षेत्र का नाम	संसाधनों की संख्या (पीएमयू)
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1	आंध्र प्रदेश	38
2	अरुणाचल प्रदेश	4
3	असम	11
4	बिहार	46
5	चंडीगढ़	2 (आंशिक पीएमयू)
6	छत्तीसगढ़	17
7	गोवा	8
8	गुजरात	12
9	हरियाणा	14 (आंशिक पीएमयू)
10	हिमाचल प्रदेश	18 (आंशिक पीएमयू)
11	जम्मू और कश्मीर	7
12	झारखंड	41
13	कर्नाटक	26
14	केरल	25
15	लद्दाख	8
16	लक्षद्वीप	9
17	मध्य प्रदेश	12
18	महाराष्ट्र	4 (आंशिक पीएमयू)
19	मणिपुर	15
20	मेघालय	4
21	मिजोरम	9
22	नागालैंड	6

23	पुदुचेरी	11
24	पंजाब	9
25	राजस्थान	6
26	सिक्किम	16
27	तमिलनाडु	62
28	तेलंगाना	21
29	दादरा और नागर हवेली तथा दमन और दीव	3
30	त्रिपुरा	7
31	उत्तर प्रदेश	13
32	उत्तराखंड	4 (आंशिक पीएमयू)
33	पश्चिम बंगाल	25
	कुल	513

आंगनवाड़ी कार्यकर्ताओं के लिए प्रशिक्षण केंद्र

909. श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

श्री रविन्द्र दत्ताराम वायकर:

श्रीमती कलाबेन मोहनभाई देलकर:

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

(क) क्या सरकार ने महाराष्ट्र सहित देश भर में आंगनवाड़ी कार्यकर्ताओं के प्रशिक्षण स्तर का आकलन करने के लिए कोई अध्ययन किया है;

- (ख) यदि हां, तो मध्य प्रदेश, महाराष्ट्र और दादर नगर हवेली तथा महाराष्ट्र के संभाजी नगर (औरंगाबाद) जिले और मुंबई सहित राज्यवार और जिलावार तत्संबंधी ब्यौरा क्या है?
- (ग) महाराष्ट्र सहित देश भर में आंगनवाड़ी प्रशिक्षण केंद्रों का ब्यौरा क्या है?
- (घ) दिव्यांग लड़कों के लिए आंगनवाड़ी प्रोटोकॉल के तहत प्रशिक्षण प्राप्त करने वाली आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू) की संख्या कितनी है?
- (ङ) क्या पिछले पांच वर्षों के दौरान मुंबई में आंगनवाड़ी कार्यकर्ताओं के लिए धनराशि आवंटित और उपयोग की गई 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 (घ): आंगनवाड़ी कार्यकर्त्रियों के प्रशिक्षण स्तर का आकलन करने के लिए समय-समय पर अध्ययन किए गए हैं। इस मंत्रालय के तहत स्वायत्त निकाय, राष्ट्रीय जन सहयोग एवं बाल विकास संस्थान (निपसिड) द्वारा प्रकाशित हाल की कुछ रिपोर्टें इस प्रकार हैं:

- i. आंगनवाड़ी कार्यकर्त्री प्रशिक्षण केंद्रों की रिपोर्ट (अप्रैल 2016 - मार्च 2017)
- ii. आईसीडीएस की निगरानी और पर्यवेक्षण (2015-2016)
- iii. आईसीडीएस की निगरानी और पर्यवेक्षण (2014-2015)
- iv. आईसीडीएस में लघु आंगनवाड़ी केंद्रों का अध्ययन (2014-2015)
- v. केंद्रीय निगरानी इकाई (सीएमयू) परामर्शदाताओं (2013-14) के निगरानी दौरों पर आधारित गुणात्मक रिपोर्ट - असम, गुजरात, जम्मू और कश्मीर, कर्नाटक, महाराष्ट्र, नागालैंड, पंजाब, राजस्थान, उत्तर प्रदेश और पश्चिम बंगाल
- vi. आईसीडीएस योजना की निगरानी और पर्यवेक्षण 2013-14

निपसिड राज्य स्तरीय मास्टर प्रशिक्षकों (एसएलएमटी) को प्रशिक्षण प्रदान करता है जो आगे आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित करते हैं। निपसिड के छह केंद्र हैं जिसका मुख्यालय दिल्ली में है और पांच क्षेत्रीय केंद्र (i) गुवाहाटी (ii) बेंगलुरु (iii) लखनऊ (iv) इंदौर और (v) मोहाली में हैं।

सरकार ने कौशल प्रदान करने के उद्देश्य से 10 मई, 2023 को पोषण भी पढ़ाई भी (पीबीपीबी) पहल शुरू की है तकि सभी आंगनवाड़ी कार्यकर्त्रियों को छह साल से कम उम्र के बच्चों को प्रारंभिक बाल्यावस्था देखरेख और शिक्षा तथा पोषण सेवा प्रदान करने की क्षमता क्षमता बढ़ाई जा सके। इस मंत्रालय ने आंगनवाड़ी कार्यकर्त्रियों को सशक्त बनाने और दिव्यांग बच्चों सहित सभी बच्चों के लिए इष्टतम शिक्षा सुनिश्चित करने के लिए पोषण भी पढ़ाई भी कार्यक्रम के तहत दो पाठ्यक्रम रूपरेखाएं तैयार की हैं - "नवचेतना - यह जन्म से 3 वर्ष तक के बच्चों के लिए प्रारंभिक बाल्यावस्था उत्प्रेरण के लिए राष्ट्रीय रूपरेखा" और "आधारशिला- यह 3 से 6 वर्ष तक के बच्चों के लिए प्रारंभिक बाल्यावस्था देखरेख और शिक्षा के लिए राष्ट्रीय पाठ्यक्रम" है।

दिनांक 27.11.2024 तक पोषण भी पढ़ाई भी के अंतर्गत दिव्यांग बच्चों के लिए प्रोटोकॉल पर देश भर में कुल 23,411 राज्य स्तरीय मास्टर प्रशिक्षकों (सीडीपीओ, पर्यवेक्षकों और अतिरिक्त संसाधन व्यक्तियों) और 37,732 आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित किया गया है।

(ड.) और (च): वित्तीय वर्ष 2023-24, 2024-25 और 2025-26 के लिए ईसीसीई के अंतर्गत प्रशिक्षण के के लिए 324.16 करोड़ रुपये (केंद्रीय अंश) की धनराशि आवंटित की गई है। इसमें से वित्तीय वर्ष 2023-24 के लिए 4.11 करोड़ रुपये और वित्तीय वर्ष 2024-25 के लिए 7.61 करोड़ रुपये मुंबई सहित महाराष्ट्र को आवंटित किए गए हैं।

PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN

910. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

(a) the total number of maternal deaths, stillbirths and newborn deaths during the last five years, State/UT- wise;

(b) whether the Government is organizing awareness camps and regular pregnancy related health camps in rural areas across the country as almost

16 percent of Indian women are not receiving any form of healthcare during their pregnancy; if so, the details thereof;

(c) if so, the details of the budgetary expenditure under the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) for the last five years; and

(d) the total number of beneficiaries under the PMSMA during the last five years, State/year-wise?

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

(a) As per the report of Sample Registration System (SRS) released by Registrar General of India (RGI) in 2018-20, Maternal Mortality Ratio (MMR) of India is 97 per 100,000 live births. India has accomplished the National Health Policy (NHP) target for MMR of less than 100/lakh live birth. The details of State/UT wise MMR during the last five years is placed as enclosed **Statement-I**.

As per Sample Registration System of Registrar General of India (RGI) 2020, the Still Birth Rate (SBR) of India is 3 per 1000 total births and Neonatal Mortality Rate (NMR) of India is 20 per 1000 live births. States/ UTs wise SBR and NMR during last five years is placed as enclosed **Statement-II** and **Statement- III** respectively.

(b) Government of India has implemented following schemes/steps for creating awareness and regular health check-up camps for pregnant women across the country including rural areas;

- **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. Obstetrician and Gynaecologist / Radiologist/ Doctor working in the private sector are encouraged to provide voluntary services at designated public healthcare facilities.

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

- **Surakshit Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant women delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics and free blood transfusion, if required, and free transport from home to institution and vice versa, starting from prenatal period up to post-natal period (up to 42 days after delivery). Similar entitlements are also provided for sick infants up to 1 year of age.

- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS.
- **Outreach camps** are provisioned for improving the reach of health care services especially in tribal and hard to reach areas. This platform is used to increase the awareness for the Maternal and Child health services, community mobilization as well as to track high risk pregnancies.
- **Ayushman Arogya Mandir** teams organize camps on a periodic basis, to reach the marginalized, support treatment compliance and follow-up pregnant women and newborn etc.
- **Maternal and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, importance of antenatal care and postnatal care visits, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **IEC/BCC campaigns:** One of the key focus areas of Maternal Health is to generate demand through Information Education and Communication (IEC), Inter-personal Communication (IPC) and Behaviour Change Communication (BCC) activities.

(c) The budgetary expenditure under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) during the last five years is placed as enclosed **Statement-IV**.

(d) Since inception, more than 5.59 crore pregnant women have received Comprehensive ANC under PMSMA programme across all states and UTs. The number of beneficiaries, state/UT-wise and year-wise, under PMSMA during the last five years is placed **Statement-V**.

STATEMENT-I

Maternal Mortality Ratio (MMR): India and States					
Name of State	2014-16	2015-17	2016-18	2017-19	2018-20
INDIA	130	122	113	103	97
Assam	237	229	215	205	195
Bihar	165	165	149	130	118
Jharkhand	NA	76	71	61	56
Madhya Pradesh	173	188	173	163	173
Chhattisgarh	NA	141	159	160	137
Odisha	180	168	150	136	119
Rajasthan	199	186	164	141	113
Uttar Pradesh	201	216	197	167	167
Uttarakhand	NA	89	99	101	103
Andhra Pradesh	74	74	65	58	45
Telangana	81	76	63	56	43

Karnataka	108	97	92	83	69
Kerala	46	42	43	30	19
Tamil Nadu	66	63	60	58	54
Gujarat	91	87	75	70	57
Haryana	101	98	91	96	110
Maharashtra	61	55	46	38	33
Punjab	122	122	129	114	105
West Bengal	101	94	98	109	103

(Source: RGI: Special Bulletin on MMR)

STATEMENT-II

Status of Still Birth Rate (SBR) in India and Bigger States/ UTs					
	2016	2017	2018	2019	2020
India	4	5	4	3	3
Andhra Pradesh	3	3	3	1	1
Assam	2	2	2	2	3
Bihar	3	2	2	1	1
Chhattisgarh	10	13	9	9	6
Delhi	4	5	5	1	0
Gujarat	6	5	4	3	4
Haryana	5	9	6	5	7
Himachal Pradesh	24	12	7	5	4
Jammu and Kashmir	2	1	1	1	3

Jharkhand	0	1	1	1	2
Karnataka	6	6	5	5	3
Kerala	6	7	5	3	4
Madhya Pradesh	8	6	5	6	5
Maharashtra	4	5	5	3	3
Odisha	13	12	10	8	10
Punjab	6	5	5	3	3
Rajasthan	3	8	6	3	4
Tamil Nadu	3	3	4	4	2
Telangana	1	1	2	0	2
Uttar Pradesh	3	3	3	2	4
Uttarakhand	9	11	8	3	6
West Bengal	3	5	5	5	4
Source: Sample Registration System (SRS) Report of Registrar General of India (RGI)					
Unit: Per 1000 births					

STATEMENT-III

Status of Neonatal Mortality Rate (NMR) in India and Bigger States/ UTs					
	2016	2017	2018	2019	2020
India	24	23	23	22	20
Andhra Pradesh	23	23	21	18	17

Assam	23	22	21	20	19
Bihar	27	28	25	23	21
Chhattisgarh	26	26	29	28	26
Delhi	12	14	10	8	9
Gujarat	21	21	19	17	16
Haryana	22	21	22	19	19
Himachal Pradesh	16	14	13	13	13
Jammu and Kashmir	18	17	17	15	12
Jharkhand	21	20	21	19	17
Karnataka	18	18	16	16	14
Kerala	6	5	5	5	4
Madhya Pradesh	32	33	35	33	31
Maharashtra	13	13	13	13	11
Odisha	32	32	31	30	28
Punjab	13	13	13	12	12
Rajasthan	28	27	26	25	23
Tamil Nadu	12	11	10	10	9
Telangana	21	20	19	17	15
Uttar Pradesh	30	30	32	30	28
Uttarakhand	30	24	22	19	17
West Bengal	17	17	16	15	14

Source: Sample Registration System (SRS) Report of Registrar General of India (RGI)

Unit: Per 1000 live births

STATEMENT-IV

State/UT wise SPIP Expenditure towards Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) Activities under RCH Flexible Pool under NHM from F.Y. 2019-20 to 2023-24

(Rs. In Lakh)

S.N	State/UT	2019-20	2020-21	2021-22	2022-23	2023-24
1	Andaman and Nicobar Islands	0.19	0.11	0.38	1.13	1.02
2	Andhra Pradesh	-	-	-	-	26
3	Arunachal Pradesh	2.63	11.78	10.7	99.23	-
4	Assam	31.34	28.89	32.4	51.34	91.43
5	Bihar	533.31	263.06	419	597.09	570.85
6	Chandigarh	2.04	1.55	1.65	0.82	3.68
7	Chhattisgarh	-	1.63	1.51	395.4	439.36

S.N	State/UT	2019-20	2020-21	2021-22	2022-23	2023-24
8	Dadra and Nagar Haveli	0.55	0.3	-	-	-
	Daman and Diu	-				
9	Delhi	3.96	1.02	0.41	4.78	9.95
10	Goa	0.08	0.09	0.1	0.61	0.1
11	Gujarat	39.32	39.45	28.04	445.52	1,497.15
12	Haryana	28.53	24.49	30.44	23.03	62.71
13	Himachal Pradesh	-	-	23.46	32.62	36.1
14	Jammu and Kashmir	2.15	1.69	0.83	1.94	1.07
15	Jharkhand	96.23	93.85	85.1	559.31	1,941.47
16	Karnataka	28.16	14.61	18.08	11.82	200.19
17	Kerala	8.6	2.43	0.95	19.54	40.67
18	Ladakh	-	1.46	0.92	1.3	2.04
19	Lakshadweep	0.01	0.18	0.22	0.05	0.06
20	Madhya Pradesh	6.16	0.61	23.12	551.12	438.78
21	Maharashtra	21.85	11.65	11.24	7.35	184.42
22	Manipur	20.12	10.42	5.29	14.8	10.92
23	Meghalaya	8.9	5.7	3.56	38.94	15.27

S.N	State/UT	2019-20	2020-21	2021-22	2022-23	2023-24
.						
24	Mizoram	2.61	7.05	4.6	5.95	6.25
25	Nagaland	-	-	1.12	5.92	4.52
26	Odisha	12.6	14.58	12.95	202.96	576.25
27	Puducherry	-	-	-	-	0.14
28	Punjab	16.46	3.86	1.82	38.43	999.4
29	Rajasthan	22.5	21.3	54.25	75.47	139.24
30	Sikkim	1.12	-	0.48	1.62	1.48
31	Tamil Nadu	1.23	1.13	0.68	-	-
32	Telangana	1.89	1.79	1.03	2.52	2.07
33	Tripura	2.21	2.97	11.8	29.17	45.77
34	Uttar Pradesh	31.44	44.66	34.21	721.25	708.97
35	Uttarakhand	-	2.79	3.2	39.4	32.03
36	West Bengal	46.46	20.29	112.21	220.66	222.69

Note:

1. The above data is as per available Financial Management Reports submitted by the States/UTs.
2. Expenditure includes expenditure against Central Release, State release and unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.
3. After the Reorganisation of the State of Jammu and Kashmir (JandK) into the Union Territory of JandK and Union Territory of Ladakh, NHM funds to the UT of Ladakh were disbursed for the first time during 2020-21.

STATEMENT-V

Total Number of pregnant women received Antenatal care under PMSMA

S. N.	State	2019-20	2020-21	2021-22	2022-23	2023-24
	India	5471828	3203202	4748613	7357992	9352058
1	Andaman and Nicobar Islands	4574	3594	3190	3257	3631
2	Andhra Pradesh	467299	272895	461251	905747	838348
3	Arunachal Pradesh	4648	3466	4940	3462	3655
4	Assam	61162	20244	33620	60289	59866
5	Bihar	746382	493947	537892	809779	855352
6	Chandigarh	8252	6237	6560	7953	8419
7	Chhattisgarh	188707	36165	83269	268221	313777

S. N.	State	2019-20	2020-21	2021-22	2022-23	2023-24
8	Dadra And Nagar Haveli and Daman and Diu	0	0	8691	27515	22859
9	Delhi	86644	31251	44875	52098	64346
10	Goa	8696	5255	2975	6170	18872
11	Gujarat	200674	165918	229520	257732	282449
12	Haryana	256619	172068	238182	337817	383612
13	Himachal pradesh	38024	30664	45152	56224	57239
14	Jammu and kashmir	33563	9314	28153	55768	65282
15	Jharkhand	174815	101079	98188	149758	181550
16	Karnataka	204286	67232	42093	224946	539450
17	Kerala	8152	2766	2907	3364	3572
18	Ladakh	1420	828	1001	2820	2597
19	Lakshadweep	1346	883	893	827	962
20	Madhya pradesh	555042	1374	530716	200906	352412
21	Maharashtra	302291	73361	74357	292033	280538
22	Manipur	12416	2305	4104	9859	9282
23	Meghalaya	6202	1648	3620	58902	63561
24	Mizoram	3802	8954	6768	7161	8034
25	Nagaland	3762	1961	2285	2859	2032

S. N.	State	2019-20	2020-21	2021-22	2022-23	2023-24
26	Odisha	191793	78074	141197	270561	376993
27	Puducherry	0	0	0	99	2849
28	Punjab	109031	53504	69523	115905	178813
29	Rajasthan	239423	150797	153439	522258	528944
30	Sikkim	419	890	950	1290	953
31	Tamil Nadu	355815	307627	346309	329832	330575
32	Telangana	223943	215277	247737	296112	259543
33	Tripura	2787	2057	19519	22161	28301
34	Uttar Pradesh	875170	837508	1135849	1680849	2833784
35	Uttarakhand	10922	11645	23702	28339	24267
36	West Bengal	83747	32414	115186	285119	365339

INTEGRATED PUBLIC HEALTH LABORATORY

911. SHRI LAVU SRI KRISHNA DEVARAYALU:

DR. KADIYAM KAVYA:

SHRI DAGGUMALLA PRASADA RAO:

Will be **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

(a) the number of Integrated Public Health Laboratories that have been established under the PM-ABHIM scheme and if so, the details thereof, State/UT-wise, particularly in Andhra Pradesh;

(b) the details of funds allocated towards Integrated Public Health Laboratories across the country, State/UT and district-wise;

(c)whether the Government has conducted any study to determine the efficacy of this initiative and if so, the details thereof;

(d)whether it is a norm that each district should have one Integrated Public Health Laboratory under the scheme, if so, the details thereof including the newly formed districts in Andhra Pradesh ; and

(e)whether new public health laboratories will be sanctioned for the State of Andhra Pradesh 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) 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 including health research so that the communities are Atmanirbhar in managing such pandemics or health crisis.

The measures under the scheme are aimed at strengthening health systems and institutions in order to provide a continuum of care at all levels, namely primary, secondary, and tertiary, as well as preparing health systems to respond effectively to current and future pandemics and disasters.

Under the CSS components of the scheme, following are the five activities where support is provisioned to the State/UTs during the scheme period (2021-2026):

- Construction of 17,788 Building less Sub-Centres as Ayushman Bharat- Health and Wellness centres, now known as Ayushman Arogya Mandir (AAM)
- Establishment of 11,024 Health and wellness Centres, now AAM in Urban areas with a focus on slum and slum like areas are envisioned
- Establishment of 3382 Block Public Health Units (BPHUs) at the block level,
- Establishment of **730 District Integrated Public Health Labs** in the country, **wherein each district will have one such lab.**
- Establishing 602 Critical Care Hospital Blocks in all districts with population more than 5 lakhs.

Administrative approvals have been accorded to States/UTs for FY 2021-22, 2022-23, 2023-24 and 2024-25 for an amount of **Rs 898.86 Crore** for establishment/strengthening of 504 IPHLs at District level. The details of support provided along with approval accorded to the States/UTs under CSS of PM-ABHIM for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) is enclosed as **Statement-I**.

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Under the scheme, an amount of **Rs. 1271.24 Cr.** is provisioned for the State of Andhra Pradesh during scheme period for establishment and strengthening of 45 U-HWCs (AAMs), 13 IPHLs and 13 CCBs.

Administrative approvals have been accorded to the State of Andhra Pradesh, for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) for an amount of **Rs 1023.62 Cr.** for construction/ strengthening of 1786 Building less-AAM (Sub-Centers - Health and wellness Centers), 45 U-AAMs (HWCs), 23 IPHLs and 16 CCBs, as per proposal of the State. **Additional 13 IPHLs (eclosed as Statement-II).** were approved as per proposal from the State due to reorganization of districts from 13 to 26 with the creation of 13 new districts in Andhra Pradesh w.e.f. April 2022.

District IPHL is envisioned to be established in each district. The detailed guidelines for the IPHL is provided in the link below:

<https://nhsrcindia.org/sites/default/files/Guidelines%20on%20integrated%20public%20health%20laboratories.pdf>

STATEMENT - I

State wise approval for four years (i.e. FY 2021-22, 2022-23, 2023-24 and 2024-25) of Integrated Public Health Labs (IPHLs)

S. No.	State/UT	Approvals FY 2021-25 (4 Yrs.)			
		Target for scheme period (FY	Total Unit Approved for 4 years	Total Allocation for scheme	Total Amount Approved for

		2021-26)		period (FY 2021-26)	4 years (In Cr.)
1	A and N Islands	3	3	6.69	3.75
2	Andhra Pradesh	13	23	27.04	37.57
3	Arunachal Pradesh	22	14	43.20	26.33
4	Assam	33	24	67.74	36.37
5	Bihar	38	12	78.89	15.00
6	Chandigarh	1	0	1.25	0.00
7	Chhattisgarh	28	21	58.55	39.49
8	DNH and DD	3	0	3.75	0.00
9	Delhi	11	0	21.60	0.00
10	Goa	2	0	2.50	0.00
11	Gujarat	33	24	67.74	44.70
12	Haryana	22	14	43.20	26.32
13	Himachal Pradesh	12	7	22.85	12.67
14	Jammu and Kashmir	20	14	40.70	26.33
15	Jharkhand	24	17	48.64	30.57

16	Karnataka	30	21	61.05	39.49
17	Kerala	14	10	28.29	18.38
18	Ladakh	2	2	2.50	2.50
19	Lakshadweep	1	1	1.25	1.25
20	Madhya Pradesh	55	39	112.90	60.03
21	Maharashtra	36	25	73.45	45.48
22	Manipur	15	11	31.50	21.11
23	Meghalaya	10	7	20.35	13.16
24	Mizoram	10	7	20.35	13.16
25	Nagaland	11	7	21.60	13.16
26	Odisha	30	21	61.05	39.20
27	Puducherry	4	3	7.94	5.22
28	Punjab	22	14	43.20	26.33
29	Rajasthan	33	24	67.74	42.98
30	Sikkim	3	3	6.69	5.22
31	Tamil Nadu	38	28	78.89	52.66
32	Telangana	33	24	67.74	44.72
33	Tripura	7	4	13.66	6.94

34	Uttar Pradesh	75	53	153.59	103.76
35	Uttarakhand	13	10	27.04	13.48
36	West Bengal	23	17	47.39	31.54
	Total	730	504	1482.51	898.86

STATEMENT-II

List of 13 New IPHLs – Andhra Pradesh

S. No.	District	IPHL
1	ASR	Araku Area Hospital
2	Anantapur	Guntakal Area Hospital
3	Bapatla	Chirala Area Hospital
4	Chittoor	Palamaner Area Hospital
5	East Godavari	Anaparthi Area Hospital
6	Eluru	Jangareddygudem Area Hospital
7	Kakinada	Tuni Area Hospital
8	Nandyal	Banaganapalli Area Hospital
9	NTR	Nandigama Area Hospital

10	Palnadu	Narasaraopeta Area Hospital
11	Parvathipuram Manyam	Seethampeta Area Hospital
12	Tirupati	Gudur Area Hospital
13	Visakhapatnam	Aganampudi Area Hospital

AYUSHMAN BHARAT HEALTH ACCOUNTS

912. SHRI KHALILUR RAHAMAN :

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

(a) the details of the methodology adopted for data collection and storage under the Ayushman Bharat Health Account (ABHA);

(b) the details of Government/Non-Government entities that have access to data collected as part of the scheme;

(c) whether the people registering on COWIN for vaccines were automatically registered for the ABHA and if so, the reasons therefor along with the number of people registered;

(d) whether such registration included informed consent and if so, the details thereof and if not, the reasons therefor; and

(e) the number of people registered for ABHA till date, State/UT-wise?

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

(a)to (e) ABHA, that stands for Ayushman Bharat Health Account is a 14-digit random number and a unique identifier for each individual participating in the national digital health ecosystem. It is one of the three registries (other being the Health Professional Registry and the Health Facility Registry) being created under the Ayushman Bharat Digital Mission (ABDM), which aims to enable interoperability of health data within the health ecosystem. The aim of ABDM is to enable creation of Electronic Health Records (EHRs) for every citizen and their secure and seamless sharing among the healthcare providers to provide quality and accessible healthcare.

ABHA enables interaction of citizens with participating healthcare providers, and allows them to receive their health records, including their digital lab reports, prescriptions and diagnosis, seamlessly from verified healthcare professionals and health service providers.

For creating an ABHA, demographic details (such as name, gender, date of birth etc) of the individual are required. These details are taken from KYC documents (presently via Aadhaar or driving license) which are submitted by the user. These details are then duly authenticated via multiple modes such as Aadhaar OTP/biometric/face/ demographic or at authorized facilities. Prior consent of the users is obtained before creating their ABHA. ABHA can be generated by users through the websites, mobile applications, digital solutions, government programmes etc. integrated with ABDM. The above demographic details in the ABHA registries are stored in a secure manner by the NHA. It is necessary for these details to be stored centrally because they are essential to provide

interoperability, trust, and identification and single source of truth across different digital health systems.

'Privacy by design' is one of the key guiding principles of ABDM and implemented following the principles of federated digital architecture. There is, therefore, no centralised repository of health records. ABDM facilitates secure data exchange between the intended stakeholders on ABDM network after the patient's consent. Through ABDM enabled applications, patients will also be able to securely store their digital health records on their devices, securely access their records online, and securely share their health records with healthcare providers after their consent.

The Information Technology Act 2000 along with policies and guidelines including but not limited to Health Data Management Policy, Sandbox Guidelines etc. published by ABDM from time to time lay down the regulatory and policy framework for the regulation of ABDM.

As mentioned above, only demographic details of the individual are collected as part of the scheme. No data of patient's health records are collected by ABDM. The demographic details, collected and stored in ABHA are made available to the government and private entities who have integrated with ABDM only after receiving the patient's consent. The list of entities which have been integrated with ABDM are listed in the enclosed **Statement-I**.

Further, details in respect of point (c) and (d) –

Creation of ABHA is voluntary. Thus, people who registered on CoWIN were not automatically registered for ABHA. 12,97,96,728 ABHAs have been created through the CoWIN portal till Nov 24, 2024.

ABHAs have been created for those beneficiaries enrolled through CoWIN platform who have provided Aadhaar as the ID proof at the vaccination site only after taking their consent through the vaccinator.

The total number of ABHA created till 23rd November, 2024 is **68,65,84,586**. The state-wise details are tabulated below as enclosed **Statement-II**.

It is to mention that this data does not include the ABHAs corresponding to the above states from 1,23,51,811 ABHA numbers (earlier Health IDs). The data (state) against these ABHA numbers has not been populated as state and district fields were not mandatory fields during ABHA creation through demographic authentication. In September, 2023, the state and district fields have been made mandatory.

STATEMENT-I

The detailsof the list of entities which have been integrated with ABDM.

S No	Entity Name	Organization Type
1	Aarogyasri Health Care Trust	Public
2	CDAC Mohali (eSanjeevani HWC and eSanjeevani OPD)	Public
3	CDAC Noida (e-Sushrut AIIMS)	Public
4	Central TB Division, MoHFW	Public

5	Centre for Development of Advanced Computing, Mohali	Public
6	CGHS	Public
7	CSC e Governance Services India Limited	Public
8	Department of health and Family welfare Nagaland	Public
9	Department of health and family welfare Sikkim	Public
10	Digicare Healthcare Solutions Private Limited	Public
11	Directorate of Health Services family welfare Assam	Public
12	Directorate of Health Services Manipur	Public
13	Directorate of Health Services Meghalaya	Public
14	eHealth Kerala Project Management Unit	Public
15	eManas Karnataka	Public
16	EMPLOYEE STATE INSURANCE CORPORATION	Public
17	Government of Rajasthan - CHIP	Public
18	Government of Rajasthan - IHMS	Public
19	Government of Uttar Pradesh - eKavach	Public
20	Government of Uttar Pradesh - UDSP	Public
21	Govt of Uttarakhand	Public
22	Haryana State Health Resource Centre	Public

23	Health Department DNHandamp;DD Type	Public
24	Health Department Govt of Uttrakhand	Public
25	Jan Swasthya Sahyog	Public
26	Ministry of AYUSH	Public
27	MoHfW (sickle Cell)	Public
28	National e-Governance Division (Digilocker)	Public
29	National Health Authority (PMJAY)	Public
30	National Health Mission Tamil Nadu	Public
31	National Health Mission, Andhra Pradesh	Public
32	National Health Mission, SHS, Nagrota, Jammu, JandK	Public
33	National Health Systems Resource Centre	Public
34	NATIONAL INSURANCE COMPANY LIMITED	Public
35	National Viral Hepatitis Control Program(NVHCP)	Public
36	NEC Software Solutions India	Public
37	NIC eHospital	Public
38	NIC (Aarogya Setu)	Public
39	NIC (NextGen)	Public
40	NIC (Sickle Cell)	Public

41	Non Communicable Disease Program, MoHFW	Public
42	Pradhan Mantri National Dialysis Programme	Public
43	Protean eGov Technologies Limited	Public
44	RCH MoHFW	Public
45	Sheri-Kashmir Institute of Medical Sciences (SKIMS)	Public
46	Swasthya Ingit, Department of Health and Family Welfare (GoWB)	Public
47	TECHO_GUJARAT	Public
48	TeleICU Karnataka	Public
49	The Oriental Insurance Company Ltd	Public
50	United India Insurance Company	Public
51	UP EMRI Equal	Public
52	UT OF DNH DD PUBLIC HEALTH MANAGEMENT PORTAL	Public
53	UWIN	Public
54	West Bengal Health and Family Welfare	Public
55	4P Healthcare	Private
56	ABIHEALTH TECHNOLOGIES PRIVATE LIMITED	Private
57	Achala Health Services Private Limited	Private

58	Acko General Insurance Limited	Private
59	Adhyanshi Enterprises	Private
60	Aditya Birla Health Insurance Co Ltd	Private
61	Aditya Birla Sun Life Insurance Company Limited	Private
62	ADVANCE DIGITAL SOLUTIONS INDIA PRIVATE LIMITED	Private
63	Akhil Systems Pvt Ltd	Private
64	Ala Care	Private
65	Ambula Technologies Private Limited	Private
66	AMOGH NSMP TECH PRIVATE LIMITED	Private
67	Amrita Technologies	Private
68	Anahat Solutions Pvt Ltd	Private
69	Apex Kidney Care Pvt Ltd	Private
70	Apollo Hospitals Enterprise Ltd	Private
71	Appex Tech Innovation	Private
72	Artem HealthTech Private Limited	Private
73	ARTIVATIC DATA LABS PRIVATE LIMITED	Private
74	Arupavi Health Technologies Pvt Ltd	Private
75	ASMI GLOBAL SOFTWARES OPC PRIVATE LIMITED	Private
76	ASUUN WELLNESS PRIVATE LIMITED	Private

77	Athlex Innovations Private Limited	Private
78	ATHMA HEALTHTECH PRIVATE LIMITED	Private
79	Bajaj Allianz Insurance Company LTD	Private
80	Bajaj Finserv Health	Private
81	BeH Private Limited	Private
82	BelfricsBT Pvt Ltd	Private
83	Bharuwa Solutions Private Limited	Private
84	Blue Pearl Health Tech PvtLtd	Private
85	Byepo Technologies pvt ltd	Private
86	CAARE Healthtech Services Pvt. Ltd.	Private
87	CARDIOMETCARE PLUS HEALTH SOLUTIONS PRIVATE LIMITED	Private
88	care health insurance	Private
89	CENTRAL INDIA ASSOCIATES	Private
90	Chipsy Information Technology Services Private Limited	Private
91	Cholamandalam MS General Insurance Company Ltd	Private
92	Cloud Pathology (Connection Loops)	Private
93	Copious Healthcare India Pvt Ltd	Private
94	Curelink Private Limited	Private
95	Dataman Computer Systems Pvt Ltd	Private

96	Davadost Pharma Private Limited	Private
97	DHANUSH HEALTHCARE SYSTEMS PVT LTD	Private
98	Digisparsh Private Limited	Private
99	DocOn Technologies Pvt Ltd	Private
100	DocPrime Technologies Private Limited	Private
101	Docterz Healthtech Labs Pvt Ltd	Private
102	Dr Lal Pathlabs Ltd	Private
103	DRCFO MANAGEMENT CONSULTANTS PRIVATE LIMITED	Private
104	Driefcase Healthtech Private Limited	Private
105	Driefcase Healthtech Pvt Ltd	Private
106	DROME SERVICES PRIVATE LIMITED	Private
107	Druicare Pvt Ltd	Private
108	East West Assist Insurance Tpa Private Limited	Private
109	Eclinical India Private Limited	Private
110	eClinical India Pvt Ltd	Private
111	eGovernments Foundation	Private
112	Entro Labs IT Solutions Pvt Ltd	Private
113	Equal	Private
114	Eva Soft Private Limited	Private

115	eVaidya Private Limited	Private
116	Family Health Insurance TPA Limited	Private
117	Farmako Healthcare Private Limited	Private
118	Fingoole Technologies Private Limited	Private
119	Fortis Healthcare Limited	Private
120	Future Generali India insurance Company Limites	Private
121	Genins India Insurance TPA Limited	Private
122	GHV Advanced Care Private Limited	Private
123	Go Digit General Insurance Ltd	Private
124	HDFC Ergo General Insurance Company Limited	Private
125	HealthATM India Pvt Ltd	Private
126	Healthica Digisol Private Limited	Private
127	HealthPlix Technologies Private Limited	Private
128	HEALTHRAY TECHNOLOGIES PRIVATE LIMITED	Private
129	Healthvalors Technosoft Private Limited	Private
130	HERITAGE HEALTH INSURANCE TPA PRIVATE LIMITED	Private
131	Hitachi MGRM Net Limited	Private
132	HLL Lifecare Limited	Private

133	Hodo Medical Informatic Solutions Private Limited	Private
134	ICICI Lombard General Insurance Co Ltd	Private
135	ICICI Prudential Life Insurance Co Ltd	Private
136	IHX	Private
137	India Health Link Private Limited	Private
138	InformDS Technologies Private Limited	Private
139	IPLit Solutions LLP	Private
140	IQVIA	Private
141	ITDOSE Infosystems Pvt. Ltd.	Private
142	ITSC Technologies Pvt Ltd	Private
143	Jdeanz Healthtech Pvt Ltd	Private
144	JUPITER LIFELINE HOSPITALS LIMITED	Private
145	KareXpert Technologies Pvt Ltd	Private
146	KareXpert Technologies Pvt Ltd Prod 1	Private
147	KareXpert Technologies Pvt Ltd Prod 2	Private
148	Karkinos Healthcare Private Limited	Private
149	Kotak Mahindra General Insurance Company Limited	Private
150	Kotak Mahindra Life Insurance Company Ltd	Private
151	kulcare India Private Limited	Private
152	LetsDoc Healthcare Technologies Pvt Ltd	Private

153	Liberty General Insurance Limited	Private
154	LiveHealth (Creliant Software Pvt. Ltd.)	Private
155	LIVLONG PROTECTION AND WELLNESS SOLUTIONS LTD	Private
156	Magma HDI General Insurance Company Limited	Private
157	ManipalCigna Health Insurance Company Limited	Private
158	Manitechnest Solutions LLP	Private
159	Manorama Infosolutions Pvt Ltd	Private
160	Marg ERP Ltd	Private
161	MarSha Health	Private
162	Max Life Insurance Company Limited	Private
163	MDIndia Health Insurance TPA Pvt Ltd	Private
164	Medblocks	Private
165	Medi Assist Insurance TPA Pvt Ltd	Private
166	MediBuddy (Phasorz Technologies)	Private
167	MedicalMine India Private Limited	Private
168	Medionce Solutions Private Limited	Private
169	Medongo Health Private Limited	Private
170	Medsave Health Insurance TPA Limited	Private
171	Medsynaptic Pvt Ltd	Private

172	Merago Software Technologies Private Limited	Private
173	MINDGENIX PRIVATE LTD	Private
174	Mswasth Tech Pvt Ltd	Private
175	MYHEALTHCARE TECHNOLOGIES PRIVATE LIMITED	Private
176	Narayana Hrudayalaya Limited	Private
177	Navi General Insurance Limited	Private
178	Neodocs Healthcare Pvt Ltd	Private
179	Nephrocare Health Services Pvt Ltd	Private
180	Neuralbits Technologies Pvt Ltd	Private
181	Neurobit Innovations Pvt Ltd	Private
182	NICE-HMS	Private
183	NICT Technologies Pvt. Ltd.	Private
184	Niva Bupa Health Insurance Company Limited	Private
185	Oakland Systems pvt led	Private
186	Orbi Health Private Limited	Private
187	PanScience AI Healthcare Private Limited	Private
188	Paperplane Communications Private Limited	Private
189	Paramount health Service and Insurance TPA Pvt Ltd	Private
190	Paytm	Private

191	Piramal Swasthya Management and Research Institute	Private
192	Plus91 Technologies Private Limited	Private
193	PlusNinetyOne Technologies Private Limited	Private
194	Practo	Private
195	PRUDAS TECHNOLOGIES PRIVATE LIMITED	Private
196	RACLOOP Technologies Pvt. Ltd.	Private
197	Raheja Qbe General Insurance Company Limited	Private
198	Raxa Health	Private
199	REDKENKO HEALTH TECH PRIVATE LIMITED	Private
200	Reliance Digital Health Limited	Private
201	Reliance General Insurance	Private
202	Rely Technologies Private Limited	Private
203	RENATUS MEDITECH SOLUTIONS PRIVATE LIMITED	Private
204	Roogh India Private Limited	Private
205	Royal Sundaram General Insurance	Private
206	S2 Infotech International Limited	Private
207	Safeway Insurance TPA Pvt Ltd	Private

208	SBI General Insurance Company Limited	Private
209	SEHATPRO TECHNOLOGIES PRIVATE LIMITED	Private
210	Shrimad Rajchandra Hospital and Research Centre (Unit of Shrimad Rajchandra Sarvamangal Trust)	Private
211	SHRIRAM GENERAL INSURANCE COMPANY LTD	Private
212	SMARTHMS AND SOLUTIONS PRIVATE LIMITED	Private
213	Society for Health Information and Systems Programmes	Private
214	SOFTCURE TECHNOLOGY LLP	Private
215	Sri Kauvery Medical Care (India) Limited,	Private
216	SRI LAXMI KRAVIA TECHLABS PRIVATE LIMITED	Private
217	SRIT India Private Limited	Private
218	SRL LIMITED	Private
219	SSIVIX Labs India Private Limited	Private
220	Star Health And Allied Insurance Company Limited	Private
221	Sufalam Solutions Pvt Ltd	Private

222	SUVARNA TECHNOSOFT PRIVATE LIMITED	Private
223	SwingBell Labs	Private
224	Tata AIA life insurance	Private
225	TATA AIG General Insurance Co Ltd	Private
226	Tata Medical and Diagnostics	Private
227	THE NEW INDIA ASSURANCE COMPANY LTD	Private
228	Third Ai Platforms Private Limited	Private
229	Thoughtworks Technologies India Pvt Ltd	Private
230	Timestream Technologies Private Limited	Private
231	Tricog Health India Private Limited	Private
232	Universal Sompo General Insurance Company Limited	Private
233	VANBUREN TECHNOLOGIES PRIVATE LIMITED	Private
234	Verraton Health Private Limited	Private
235	Vesak technologies private limited	Private
236	Vidal Health Insurance TPA Pvt Ltd	Private
237	Vigorus Healthtech Private Limited	Private
238	Vitraya Technologies	Private
239	Yro Systems Private Limited	Private
240	Zealthix Technologies Private Limited	Private

241	Zuno General Insurance Limited	Private
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STATEMENT-II

State-wise details of the total number of ABHA created till 23rd November, 2024.

Sr. no	State/UT	ABHAs Created
1	Uttar Pradesh	12,63,15,112
2	Maharashtra	5,54,04,261
3	Madhya Pradesh	4,70,24,154
4	Gujarat	4,65,87,322
5	Rajasthan	4,46,34,400
6	Andhra Pradesh	4,18,86,946
7	Bihar	3,96,70,742
8	West Bengal	3,59,45,756

9	Karnataka	3,04,62,418
10	Odisha	2,65,19,589
11	Chhattisgarh	2,23,13,830
12	Telangana	2,19,58,435
13	Assam	1,92,60,730
14	Kerala	1,79,75,376
15	Haryana	1,50,74,493
16	Jharkhand	1,40,83,168
17	Tamil Nadu	1,38,28,086
18	Punjab	1,35,27,922
19	Jammu And Kashmir	90,81,355

20	Delhi	85,19,072
21	Uttarakhand	68,97,659
22	Himachal Pradesh	60,43,109
23	Tripura	22,46,053
24	Meghalaya	12,36,466
25	Puducherry	11,37,870
26	Manipur	9,36,308
27	Goa	8,67,964
28	Chandigarh	8,41,540
29	DNHDD	8,25,040
30	Nagaland	7,23,883

31	Mizoram	6,46,257
32	Andaman And Nicobar Islands	4,46,115
33	Sikkim	4,29,968
34	Arunachal Pradesh	3,89,375
35	Ladakh	3,87,005
36	Lakshadweep	1,04,996

GOOD DISTRIBUTION PRACTICES

913: SHRI KIRTI AZAD:

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

- (a) whether the Government has adopted Good Distribution Practices formulated by the World Health Organization to regulate the storage of drugs during transit and sale;
- (b) if so, the details thereof and if not, the reasons therefor;

(c) whether the Government has observed a lack of binding nature of the GDP guidelines in a Drugs Controller General meeting in 2024 and if so, the details thereof; and

(d) the measures taken/proposed to be taken by the Government in this regard to correct the issue?

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): Draft Guidelines on Good Distribution Practices for pharmaceutical products has been uploaded on the CDSCO Website (<https://cdsco.gov.in>) on 2.4.2024 for ensuring quality of Drugs in the supply chain. Drug Consultative Committee (DCC) in its 64th meeting held on 19.6.2024 noted that these guidelines are non-mandatory in nature.

रक्षा क्षेत्र में शिक्षा और प्रशिक्षण संस्थान

914. श्री दुलू महतो:

श्री बिद्युत बरन महतो:

क्या **रक्षा मंत्री** यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार देशभर में रक्षा क्षेत्र में शिक्षा और प्रशिक्षण संस्थानों (जैसे सैन्य विद्यालय, संस्थान) के विकास के लिए योजनाएं बना रही है:
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है:

- (ग) क्या सरकार का देश में शिक्षा और प्रशिक्षण संस्थानों (जैसे सैन्य विद्यालयों, संस्थानों) की संख्या में वृद्धि करने का प्रस्ताव है:
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है: और
- (ङ) क्या सरकार का झारखंड में शिक्षा और प्रशिक्षण संस्थान (जैसे सैन्य विद्यालय, संस्थानों) स्थापित करने का भी प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ)

(क) से (ङ): देश में पाँच (05) राष्ट्रीय सैन्य विद्यालय (आरएमएस) हैं। नए राष्ट्रीय सैन्य विद्यालय खोलने का कोई प्रस्ताव नहीं है।

SUPPLY OF MEDICINES TO JAN AUSHADHI KENDRAS

915. ADV. ADOOR PRAKASH:

DR. M. P. ABDUSSAMAD SAMADANI:

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

- (a) the details of generic drug manufacturers supplying medicines to Jan Aushadhi Kendras, State-wise;
- (b) the total number of drug inspection officers in the country, State-wise;
- (c) whether the Government has taken note of the opinions/suggestions that the proposed changes by the CDSCO could result in poor-quality drugs being sold in Jan Aushadhi outlets and if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to ensure proper quality control?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY

WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS

AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL):

(a): As on date, 206 pharmaceutical manufacturers are associated with Pharmaceuticals and Medical Devices Bureau of India (PMBI), the implementation agency of Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) for supplies of medicines, surgical devices, nutraceuticals and ayurvedic products. List of these pharmaceutical manufacturers is enclosed as Statement.

(b): The number of sanctioned posts of Drugs Inspector in CDSCO is 504 which include 419 posts of Drugs Inspector and 85 posts of Drugs Inspector (Medical device). State-wise information of Drug Inspection Officers is not maintained centrally.

(c): As informed by Ministry of Health and Family Welfare, there is no such proposal.

(d): For ensuring the quality of products, Pharmaceuticals and Medical Devices Bureau of India (PMBI) procures medicines only from World Health Organization – Good Manufacturing Practices (WHO-GMP) certified suppliers. Each batch of drug is tested at laboratories accredited by 'National Accreditation Board for Testing and Calibration Laboratories' (NABL). Only after passing the quality tests, the medicines are dispatched to Jan Aushadhi Kendras (JAKs).

Central Drugs Standard Control Organization (CDSCO) and Ministry of Health and Family Welfare have taken various measures to ensure quality, efficacy and safety of medicines manufactured in the country. The key measures are as stated below;

- i. In order to assess the regulatory compliance of drug manufacturing premises in the country, the Central Drugs Standard Control Organization (CDSCO) along with State Drugs Controllers (SDCs) have conducted risk-based inspections of more than 400 premises. The firms have been identified based on risk criteria like number of drugs declared as Not of Standard Quality, complaints, criticality of the products etc. Based on findings of inspections, more than 300 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses etc., have been taken by the State Licensing Authorities as per the provisions of the Drugs Rules 1945.
- ii. Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. As per the amendment, the revised Good Manufacturing Practices and Requirements shall come into force for manufacturers for implementation as under:

Category of manufacturers [Based on turnover (INR)]	Time line for implementation
Large manufacturers (Turnover > 250 crores)	Six months from the date of publication of these rules.

Small and Medium manufacturers (Turnover \leq 250 crores)	Twelve months from the date of publication of these rules.
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- iii. On 17-11-2022, the Drugs Rules, 1945 were amended vide G.S.R. 823(E) which has come into force from 1st of August, 2023 providing that the manufacturers of top 300 brands of drug formulation products, as specified in Schedule H2, shall print or affix Bar Code or Quick Response Code on its primary packaging label or, in case of inadequate space in primary package label, on the secondary package label that store data or information legible with software application to facilitate authentication.
- iv. On 18.01.2022, the Drugs Rules, 1945 were amended vide G.S.R. 20 (E) providing that every Active Pharmaceutical Ingredient (bulk drug) manufactured or imported in India shall bear Quick Response Code on its label at each level of packaging that store data or information readable with software application to facilitate tracking and tracing. The stored data or information shall include the minimum particulars including unique product identification code, Batch Number, Manufacturing date, Expiry Date etc.
- v. On 11.02.2020, the Drugs Rules, 1945 were amended vide G.S.R. 101 (E), providing that with effect from 01.03.2021 any marketer who sells or distributes any drug shall be responsible for quality of that drug as well as other regulatory compliances along with the manufacturer under these Rules.

- vi. The Drugs and Cosmetics Act, 1940 was amended under Drugs and Cosmetics (Amendment) Act 2008 to provide stringent penalties for manufacture of spurious and adulterated drugs. Certain offences have also been made cognizable and non-bailable.
- vii. States/ UTs have set up special Courts for trial of offences under the Drugs and Cosmetics Act for speedy disposal.
- viii. To ensure efficacy of drugs, the Drugs and Cosmetics Rules, 1945 have been amended providing that applicant shall submit the result of bioequivalence study along with the application for grant of manufacturing license of oral dosage form of some drugs.
- ix. The Drugs and Cosmetics Rules, 1945 have been amended making it mandatory that before the grant of manufacturing license, the manufacturing establishment is to be inspected jointly by the Drugs Inspectors of Central Government and State Government.
- x. The Drugs and Cosmetics Rules, 1945 have been amended, making it mandatory that the applicants shall submit evidence of stability, safety of excipients etc. to the State Licensing Authority before grant of manufacturing license by the Authority.
- xi. Central regulator coordinates activities of State Drug Control Organisations and provides expert advice through the Drugs Consultative Committee (DCC) meetings held with State Drugs Controllers for uniformity in administration of the Drugs and Cosmetics Act.

- xii. Central government is providing regular Residential, regional training and workshops to CDSCO, State Drug Regulatory Authorities on Good Manufacturing Practices. In the training Financial Year 2023-24 CDSCO has trained 22854 persons while in F.Y 2024-25 so far 13007 persons have been trained.
- xiii. Further, for strengthening the drug regulatory system in the country both at the Central and State level, the Government had approved Rs.1750 Crore. Out of this, Rs. 900 Crore was for strengthening the central drug regulatory structures and Rs. 850 Crore is for the Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS) which envisages to strengthen the laboratory infrastructure and up-gradation of existing State Drug Controller offices in States. So far under the SSDRS scheme, 17 New Drug Testing Labs have been constructed and 24 existing labs have been up-graded.

STATEMENT

List of pharmaceutical manufacturers

Sl. No.	Name of the Manufacturer	Category
1	Aculife Healthcare Pvt. Ltd.	Private
2	Admac Lifesciences	Private

3	Aegis Lifesciences Private Limited	Private
4	Affy Parenterals	Private
5	Agio Pharmaceuticals Ltd.	Private
6	Aishwarya Healthcare	Private
7	Ak Health Tech Private Limited	Private
8	Akums Drugs and Pharmaceuticals Limited (Plant-1)	Private
9	All Heavens Exim	Private
10	Amkay Products Pvt. Ltd.	Private
11	Andhra Pradesh Medtech Zone Limited	SPSU
12	Asoj Soft Caps Pvt. Ltd	Private
13	Bajaj Healthcare Limited	Private
14	Bal Pharma Ltd.	Private
15	Bdr Pharmaceuticals International Pvt. Ltd.	Private
16	Bharat Parental Ltd	Private
17	Bharti Milk Foods Pvt Ltd	Private
18	Biocon Biologics Limited	Private
19	Biodeal Pharmaceuticals Limited	Private
20	Biogenix Inc Pvt. Ltd.	Private
21	Biological E Limited	Private
22	Brisk Surgical Cotton Limited	Private
23	Briyosis Soft Caps Private Limited	Private
24	Cadila Pharmaceuticals Ltd.	Private

25	Care Medical Devices Limited	Private
26	Centaur Pharmaceuticals Pvt. Ltd.	Private
27	Centurion Remedies Pvt. Ltd.	Private
28	Cian Healthcare Pvt. Ltd.	Private
29	Cipco Pharmaceuticals	Private
30	Cipla Limited	Private
31	Cmg Biotech Pvt. Ltd.	Private
32	Concept Pharmaceuticals Ltd	Private
33	Consern Pharma Ltd.	Private
34	Continental Milkose (India) Limited	Private
35	Coral Laboratories Ltd	Private
36	Crescenza Wellness Private Limited	Private
37	Cupid Limited	Private
38	Daffodills Pharmaceuticals Ltd.	Private
39	Divine Laboratories Pvt Ltd	Private
40	Dynamic Techno Medicals Private Limited	Private
41	East African (India) Overseas	Private
42	Elnova Pharma	Private
43	Eris Lifesciences Limited	Private
44	Eskag Pharma Pvt.Ltd	Private
45	Essenzaa Nutrition Pvt. Ltd.	Private
46	Eucare Pharmaceuticals Pvt Ltd	Private

47	Fdc Limited	Private
48	Fertin India Private Limited	Private
49	Geno Pharmaceuticals Pvt Ltd	Private
50	Gentech Healthcare Pvt. Ltd.	Private
51	Globela Pharma Pvt. Ltd.	Private
52	Gls Pharma Ltd	Private
53	Gnosis Pharmaceuticals Pvt Ltd	Private
54	Hab Pharmaceuticals and Research Ltd.	Private
55	Halewood Laboratories Pvt. Ltd.	Private
56	Haseeb Pharmaceuticals Pvt. Ltd.	Private
57	Health Biotech Limited	Private
58	Healthium Medtech Limited	Private
59	Healthy Life Pharma Pvt. Ltd.	Private
60	Hetero Healthcare Limited	Private
61	Hi Care Gloves Pvt Ltd	Private
62	Hindustan Antibiotics Ltd	CPSU
63	Hindustan Laboratories Limited	Private
64	Imperial Medcare Private Limited	Private
65	Indian Medicines Pharmaceutical Corporation Limited	CPSU
66	Innova Captab Limited	Private
67	Innovative Linen Co. Pvt. Ltd.	Private
68	Integrated Laboratories Pvt. Ltd.	Private

69	Inventia Healthcare Limited	Private
70	Iscon Surgicals Ltd.	Private
71	J Duncan Healthcare Pvt Ltd	Private
72	Jajoo Surgicals Pvt. Ltd.	Private
73	K.A.Enterprises	Private
74	K.S. Surgical Pvt. Ltd.	Private
75	Kag Industries	Private
76	Karnataka Antibiotics And Pharmaceuticals Limited	CPSU
77	Kms Manufacturing Company	Private
78	Laborate Pharmaceuticals India Limited	Private
79	Lark Laboratories (India) Ltd.	Private
80	Legacy Remedies Pvt Ltd	Private
81	Logos Pharma	Private
82	Lokbeta Pharmaceuticals (I) Pvt Ltd	Private
83	Lupin Ltd.	Private
84	M D Hygiene Pvt. Ltd	Private
85	Maan Pharmaceuticals Ltd	Private
86	Macleods Pharmaceuticals Limited	Private
87	Macsur Pharmaa (India) Private Ltd	Private
88	Mahalaxmi Malt Products Pvt. Ltd.	Private
89	Malik Lifesciences Private Limited	Private
90	Mancare Laboratories Pvt. Ltd.	Private

91	Mankind Pharma Limited	Private
92	Marc Laboratories Limited	Private
93	Martin And Brown Biosciences Pvt. Ltd.	Private
94	Maruti Meditech Pvt Ltd	Private
95	Mascot Health Series Pvt. Ltd	Private
96	Matins Healthcare Pvt Ltd	Private
97	Maxtar Bio-Genics	Private
98	Med Manor Organics Pvt. Ltd.	Private
99	Medevis Rubplast India Private Ltd	Private
100	Medipol Pharmaceuticals India Pvt Ltd	Private
101	Mepromax Lifesciences Pvt Ltd	Private
102	Merril Pharma Pvt. Ltd.	Private
103	Mformillet Foods Private Limited	Private
104	Mgrm Medicare Pvt. Ltd.	Private
105	Micron Pharmaceuticals	Private
106	Micropure Parenterals Pvt Ltd	Private
107	Midas Care Pharmaceuticals Pvt. Ltd.	Private
108	Mj Biopharm Pvt Ltd	Private
109	Modern Laboratories	Private
110	Morepen Laboratories Limited	Private
111	Msn Laboratories Private Limited	Private
112	Multani Pharmaceuticals Ltd	Private

113	Nandani Medical Laboratories Pvt. Ltd.	Private
114	Nanz Medscience Pharma Pvt. Ltd.	Private
115	Naprod Life Sciences Pvt. Ltd	Private
116	Naulakha Industries	Private
117	Navkar Lifesciences	Private
118	Nem Laboratories Private Limited	Private
119	Nutrizo Advancis Healthcare Pvt Ltd	Private
120	Om Sai Pharma Pack	Private
121	Omega Pharma	Private
122	Optimus Pharma Pvt. Ltd.	Private
123	Overseas Health Care Pvt. Ltd.	Private
124	P. Bhogilal Pvt. Ltd.	Private
125	Paramount Surgimed Limited	Private
126	Penta Kraft	Private
127	Penta Latex Llp	Private
128	Perfect Surgicare Industries Private Limited	Private
129	Pharma Impex Laboratories Pvt. Ltd.	Private
130	Pharose Remedies Ltd.	Private
131	Polestar Power Industries	Private
132	Pontika Aerotech Ltd.	Private
133	Precise Chemipharma Pvt Ltd	Private
134	Preet Remedies Ltd.	Private

135	Proactive Health Inc	Private
136	Prochem Pharmaceuticals Pvt. Ltd.	Private
137	Pulse Pharma Pvt. Ltd.	Private
138	Pure and Cure Healthcare Pvt. Ltd.	Private
139	Ravenbhel Healthcare Pvt. Ltd.	Private
140	Ravian Life Science Pvt. Ltd.	Private
141	Regent Ajanta Biotech	Private
142	Reliance Formulation Pvt. Ltd.	Private
143	Relief Biotech Pvt. Ltd.	Private
144	Renown Pharmaceuticals Pvt. Ltd.	Private
145	Revat Laboratories Pvt. Ltd.	Private
146	Rhydburg Pharmaceuticals Limited	Private
147	Rivpra Formulation Pvt Ltd	Private
148	Rv Lifesciences Limited	Private
149	Saar Biotech Pvt. Ltd.	Private
150	Sai Parenterals Limited	Private
151	Saimirra Innopharm Pvt. Ltd.	Private
152	Saksham Life	Private
153	Salud Care (India) Limited	Private
154	Samarth Life Sciences Pvt. Ltd.	Private
155	Sance Laboratories Pvt. Ltd.	Private
156	Savi Health Science	Private

157	Sekhani Industries Private Limited	Private
158	Shamshree Lifesciences Limited	Private
159	Sharda Health Care Private Limited	Private
160	Shine Pharmaceuticals Ltd.	Private
161	Shivalik Remedies Private Limited	Private
162	Shourya Hygienes	Private
163	Shree Radhe Hygiene Products Pvt. Ltd.	Private
164	Signature Phytochemical Industries	Private
165	Smart Hygeia	Private
166	Smilax Healthcare Drug Company	Private
167	Spm Medicare Pvt Ltd	Private
168	Sterimed Medical Devices Pvt. Ltd.	Private
169	Sterimed Surgicals (India) Pvt. Ltd.	Private
170	Suncare Formulations Pvt Ltd	Private
171	Sunlife Sciences	Private
172	Suparshva Swabs (I) Limited	Private
173	Supermax Drugs and Pharmaceuticals Pvt. Ltd.	Private
174	Susheel Yarns Pvt. Ltd.	Private
175	Swear Healthcare Private Limited	Private
176	Swiss Garnier Life Sciences	Private
177	Swiss Garniers Biotech Private Limited	Private
178	Synmedic Laboratories	Private

179	Synokem Pharmaceuticals Limited	Private
180	Systochem Laboratories Ltd	Private
181	Tablets (India) Limited	Private
182	Themis Medicare Limited	Private
183	Theon Pharmaceuticals Limited	Private
184	Tirupati Medicare Ltd.	Private
185	Tmt Med Source	Private
186	Ultra Drugs Pvt. Ltd. (Unit-Ii)	Private
187	Unicure India Ltd.	Private
188	Unimarck Healthcare Ltd	Private
189	Universal Prophylactic Pvt. Ltd.	Private
190	Vaishali Hygiene Products	Private
191	Venus Remedies Limited	Private
192	Vidhyasha Pharmaceutical	Private
193	Vidit Healthcare	Private
194	Vivimed Labs Ltd.	Private
195	Wallace Pharmaceuticals Pvt Ltd	Private
196	Windlas Biotech Limited	Private
197	Wings Biotech LLP	Private
198	Wockhardt Limited	Private
199	Yacca Lifesciences Pvt. Ltd.	Private
200	Yacca Pharmaceuticals Pvt Ltd	Private

201	Zee Laboratories Ltd.	Private
202	Zenith Drugs Pvt. Ltd.	Private
203	Zeon Lifesciences Limited,	Private
204	Zest Pharma	Private
205	Zim Laboratories Limited	Private
206	Zydus Lifesciences Limited	Private

PREVENTION OF VIOLENCE AGAINST HEALTHCARE WORKERS

916. SUSHRI SAYANI GHOSH:

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

(a) whether the Government is considering tabling the Bill titled 'The Healthcare Service Personnel and Clinical Establishments (Prohibition of Violence and Damage to Property) Bill, 2019,' in light of the absence of any central law to safeguard healthcare workers;

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

(c) whether the Government is aware of the fact that the causes of violence against healthcare workers include patients' expectations, high out-of-pocket expenditure, and a lack of proper communication between doctors and patients; and

(d) if so, the steps taken/proposed to be taken by the Government in this regard?

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

(a) and (b): As per Constitutional provisions, 'Health' and 'Law and Order' are State subjects. Therefore, it is the primary responsibility of the concerned State/ Union Territory to take note of events and eventualities for taking appropriate action to prevent violence against healthcare professionals. It needs to be dealt with suitably by the State/ Union Territory under provisions in the Bharatiya Nyaya Sanhita (BNS), 2023 and the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 so that medical professionals discharge their professional pursuits without fear of violence.

Many States have already enacted laws to address violence against healthcare professionals. Most of the State laws cover minor offences and prescribe punishment for them. The major offences/ heinous crimes are adequately covered under BNS, 2023. As the State laws have adequate provisions to address day-to-day minor offences and serious offences can be addressed by BNS, 2023, a separate Central law to deal with offenses against healthcare professionals is not required.

(c) and (d): It is the primary responsibility of the concerned State/ Union Territory to take note of events and eventualities for taking appropriate action to prevent violence against healthcare professionals. However, the Ministry of Health and Family Welfare (MoHFW) issued advisory to all Central Government Hospitals/ Institutes, All India Institutes of Medical Science and Medical Colleges to ensure filing of FIR by the Institutes within six hours of any incident of violence on medical professionals.

All the States/UTs had also been advised by MoHFW to take immediate measures (details are enclosed in the **Statement**) for enhancing security and providing safer working environment for medical professionals.

Taking cognizance of recent incident of alleged rape and murder of a trainee doctor in R. G. Kar Medical College and Hospital, Kolkata, the Hon'ble Supreme Court of India constituted a National Task Force (NTF) for formulating effective recommendations to remedy the issues of concern pertaining to safety, working conditions and well-being of medical professionals and other cognate matters. The NTF has already submitted its report to the Hon'ble Supreme Court of India.

STATEMENT

Extracts from recent advisories issued by the Ministry of Health and Family Welfare to States/UTs to take immediate measures for enhancing security and providing safer working environment for medical professionals

- I. Display of State laws for healthcare workers' protection and relevant Sections of Bharatiya Nyaya Sanhita (BNS), 2023 along with punitive/penalty details in conspicuous places inside the hospital premises in local language and English.
- II. Constitution of 'Hospital Security Committee' and 'Violence Prevention Committee' involving senior doctors and administrative officers to strategize and implement appropriate security measures.

- III. Regulation of access for general public and patient relatives to key areas of the hospital. Strict visitor pass policy for patient attenders/ relatives.
- IV. Provision for safe movement of resident doctors/ nurse within different blocks and hostel buildings and other areas of the hospital during night duties.
- V. Ensuring proper lighting inside all areas of residential block, hostel blocks and other hospital premises.
- VI. 'Routine Security patrolling' in all the hospital premises during night time.
- VII. Setting up of a 24x7 manned security control room in the hospitals.
- VIII. Establishing close liaisoning with nearest police station.
- IX. Constitution of 'Internal Committee on Sexual Harassment' in the hospital.
- X. Taking stock situation of all CCTV cameras (number and functionality) inside the hospital premises and for necessary implementation/upgradation of the same.
- XI. Identification of high-risk establishments to identify hospitals with high footfall and consider them as high-priority establishments for security improvements.
- XII. Conducting security audits in consultation with local health, police authorities to assess and improve security measures.
- XIII. Focus on high-risk areas by giving special attention to areas with a higher incidence of security breaches, such as emergency rooms, triage areas and Intensive Care Units (ICUs) and Labour Rooms.

- XIV. Ensuring installation and proper functioning of CCTV Cameras, particularly in high-risk areas with regular monitoring of the cameras from a manned central control room.
- XV. Establishment of a protocol for quick sharing of video footage of any untoward incident against healthcare workers with local police to facilitate swift response and investigation.
- XVI. Security personnel to be technically oriented and trained in soft skills. Employing ex-servicemen (from Directorate General of Resettlement) as security personnel in the identified high-risk areas of the hospitals. Also, exploring of such manpower from the State's own security forces.
- XVII. Constitution of Internal Security Committee in hospitals with active involvement of residents and students; also laying down of clear SOPs for incidence response.
- XVIII. Robust background checks for all outsourced personnel and contractual workers employed in the hospitals.
- XIX. Proper training and establishment of bereavement protocols for all doctors and healthcare workers to handle intense and emotional grief situations.
- XX. Deployment of patient facilitators/ MTS for all patient related activities inside the hospital, which requires ferrying or shifting of the patients from diagnostics to therapeutics.
- XXI.** Trained persons to man help-desks, guide patients to navigate the hospital systems and processes.

न्यायाधीशों की रिक्तियां

917. श्री इमरान मसूद :

श्री कोडिकुन्नील सुरेश :

श्री के.गोपीनाथ :

श्री सुधाकर सिंह :

डॉ. एम.के.विष्णु प्रसाद :

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

(क) क्या सरकार को संपूर्ण देश के विभिन्न न्यायालयों में न्यायिक रिक्तियों की वर्तमान स्थिति और न्यायपालिका के कार्यकरण पर इसके प्रभाव की जानकारी है ;

(ख) तमिलनाडु में जिला न्यायालयों और अधीनस्थ न्यायालयों सहित जिला न्यायालयों और उच्च न्यायालयों में न्यायाधीशों के लिए राज्य-वार कितने पद रिक्त हैं ;

(ग) क्या सरकार ने देश में बड़ी संख्या में लंबित मामलों पर रिक्तियों के प्रभाव का मूल्यांकन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(घ) उक्त रिक्तियों को भरने के लिए न्यायाधीशों की नियुक्ति में तेजी लाने के लिए नियुक्ति प्रक्रिया में प्रस्तावित सुधारों सहित क्या कदम उठाए गए हैं और विगत पांच वर्षों के दौरान विभिन्न न्यायालयों में राज्य-वार कितने न्यायाधीशों के पद भरे गए हैं ; और

(ङ) क्या सरकार की प्रत्येक राज्य की बढ़ती जनसंख्या और मामलों के भार के अनुरूप न्यायाधीशों की संख्या में वृद्धि करने की योजनाएं हैं और इस आवश्यकता को निर्धारित करने के लिए किन मानदंडों का उपयोग किया जा रहा है ?

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

(क) से (ग) : 21.11.2024 तक संपूर्ण देश में न्यायाधीशों की स्वीकृत पद संख्या, कार्यरत पद संख्या और रिक्तियों की प्रास्थिति निम्नानुसार है :

क्र. सं.	न्यायालय का नाम	स्वीकृत पद संख्या	रिक्ति
1	उच्चतम न्यायालय	34	02
2	उच्च न्यायालय	1122	364
3	जिला और अधीनस्थ न्यायालय	25725	5245

इसके अतिरिक्त, तमिलनाडु राज्य सहित उच्चतम न्यायालय और उच्च न्यायालयों तथा जिला और अधीनस्थ न्यायालयों (राज्य/संघ राज्यक्षेत्र-वार) में न्यायाधीशों की स्वीकृत पद संख्या और रिक्तियों के ब्यौरे क्रमशः **संलग्न विवरण-I** और **विवरण-II** पर हैं।

उच्चतम न्यायालय में पिछले पांच वर्षों के दौरान भरे गए न्यायाधीशों के पदों को दिखाने वाला विवरण निम्नानुसार है:

क्र. सं.	न्यायालय का नाम	वर्ष					
		2019	2020	2021	2022	2023	2024 (21.11.2024 तक)
1	उच्चतम न्यायालय	10	--	09	03	14	3

इसके अतिरिक्त, विभिन्न उच्च न्यायालयों में न्यायाधीशों की नियुक्ति के संबंध में व्यौरा संलग्न **विवरण-III** में दिया गया है। जिला और अधीनस्थ न्यायालयों में पिछले पांच वर्षों के दौरान स्वीकृत पद संख्या और रिक्तियों को राज्यवार दिखाने वाला व्यौरा संलग्न **विवरण-IV** पर है।

सरकार देश में लंबितता की प्रास्थिति पर रिक्तियों के प्रभाव से अवगत है। हालांकि, न्यायाधीशों की रिक्तियां न्यायालयों में एकमात्र कारण नहीं हैं, जो न्यायालयों में निपटान को प्रभावित करती हैं। न्यायालयों में मामलों का निपटान कई अन्य कारकों से भी प्रभावित होता है, जिसमें अन्य बातों के साथ-साथ, भौतिक बुनियादी संरचना और सहायक न्यायालय कर्मचारिवृंदों की उपलब्धता, सम्मिलित तथ्यों की जटिलता, साक्ष्य की प्रकृति, हितधारकों अर्थात् बार, अन्वेषण एजेंसियां, साक्षी और वादकारियों का सहयोग और नियमों और प्रक्रियाओं का उचित अनुप्रयोग शामिल हैं। मामलों के

निपटान में देरी करने वाले 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, खाजने और समूहीकरण के लिए पर्याप्त व्यवस्था का अभाव शामिल है।

(घ) और(ङ) : जिला और अधीनस्थ न्यायालयों के मामले में रिक्त पदों को भरना संबंधित उच्च न्यायालयों और राज्य सरकारों का उत्तरदायी है। संवैधानिक ढांचे के अनुसार, संविधान के अनुच्छेद 233 और 234 के साथ पठित अनुच्छेद 309 के परंतुक के द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकार उच्च न्यायालय के परामर्श से संबंधित राज्य न्यायिक सेवा में न्यायिक अधिकारियों की नियुक्ति और भर्ती के संबंध में नियम और विनियम बनाती है। माननीय उच्चतम न्यायालय ने जनवरी 2007 में मलिक मजहर सुल्तान मामले में पारित आदेश के माध्यम से अन्य बातों के साथ-साथ कुछ समय सीमाएँ निर्धारित की हैं, जिनका पालन राज्यों और संबंधित उच्च न्यायालयों द्वारा जिला और अधीनस्थ न्यायालयों में न्यायाधीशों की भर्ती के लिए किया जाना है।

उच्चतम न्यायालय और उच्च न्यायालयों के न्यायाधीशों की नियुक्ति भारत के संविधान के अनुच्छेद 124, 217 और 224 के अधीन और 28 अक्टूबर, 1998 (तीसरा न्यायाधीश मामला) में उनकी सलाहकारी राय के साथ पठित 6 अक्टूबर, 1993 के उच्चतम न्यायालय के निर्णय (दूसरा न्यायाधीश मामले) के अनुसरण में 1998 में तैयार प्रक्रिया ज्ञापन (एमओपी) में विहित प्रक्रिया के अनुसार की जाती है।

प्रक्रिया ज्ञापन के अनुसार, उच्च न्यायालय के दो वरिष्ठतम उत्तरवर्ती न्यायाधीशों के परामर्श से उच्च न्यायालयों में न्यायाधीशों की नियुक्ति के लिए प्रस्ताव आरंभ करने का उत्तरदायित्व संबंधित उच्च न्यायालय के मुख्य न्यायमूर्ति में निहित है। प्रक्रिया ज्ञापन के अधीन उच्च न्यायालयों में नियुक्तियों के लिए संबंधित राज्य सरकारों की राय भी ली जाती है। सिफारिशों पर विचार किए जाने वाले नामों के संबंध में सरकार को उपलब्ध अन्य रिपोर्टों के आलोक में भी विचार किया जाना चाहिए। उच्च न्यायालय कॉलेजियम, राज्य सरकारों और भारत सरकार की सिफारिशें सलाह के लिए उच्चतम न्यायालय कॉलेजियम (एससीसी) को भेजी जाती हैं। केवल उन्हीं व्यक्तियों को उच्च न्यायालयों के

न्यायाधीश के रूप में नियुक्त किया जाता है, जिनके नाम की सिफारिश उच्चतम न्यायालय कॉलेजियम द्वारा की गई हो।

संवैधानिक न्यायालयों के न्यायाधीशों की नियुक्ति कार्यपालिका और न्यायपालिका के बीच एक सतत, एकीकृत और सहयोगात्मक प्रक्रिया है। इसके लिए राज्य और केंद्र दोनों स्तरों पर विभिन्न संवैधानिक अधिकारियों से परामर्श और अनुमोदन अपेक्षित है। जबकि विद्यमान रिक्तियों को शीघ्रता से भरने के लिए हर संभव प्रयास किया जाता है, उच्च न्यायालयों में न्यायाधीशों के पदों का रिक्त होना न्यायाधीशों की सेवानिवृत्ति, त्यागपत्र या पदोन्नति के कारण हैं और न्यायाधीशों की संख्या में वृद्धि भी इसका कारण है।

विवरण-I

21.11.2024 तक भारत के उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों के रिक्त पद

		स्वीकृत पद संख्या			कार्यरत पद संख्या			रिक्ति		
		पीएमटी	एडीडीएल	कुल	पीएमटी	एडीडीएल	कुल	पीएमटी	एडीडीएल	कुल
अ.	उच्चतम न्यायालय	34			32			2		
आ.	उच्च न्यायालय	पीएमटी	एडीडीएल	कुल	पीएमटी	एडीडीएल	कुल	पीएमटी	एडीडीएल	कुल
1	इलाहाबाद	119	41	160	81	0	81	38	41	79
2	आंध्र प्रदेश	28	9	37	22	7	29	6	2	8
3	बंबई	71	23	94	53	15	68	18	8	26
4	कलकत्ता	54	18	72	33	10	43	21	8	29
5	छत्तीसगढ़	17	5	22	9	7	16	8	-2	6
6	दिल्ली	45	15	60	34	2	36	11	13	24
7	गुवाहाटी	22	8	30	19	5	24	3	3	6

8	गुजरात	39	13	52	32	0	32	7	13	20
9	हिमाचल प्रदेश	13	4	17	11	0	11	2	4	6
10	जम्मू - कश्मीर और लद्दाख	19	6	25	12	3	15	7	3	10
11	झारखंड	20	5	25	18	0	18	2	5	7
12	कर्नाटक	47	15	62	44	6	50	3	9	12
13	केरल	35	12	47	30	15	45	5	-3	2
14	मध्य प्रदेश	40	13	53	35	0	35	5	13	18
15	मद्रास	56	19	75	56	11	67	0	8	8
16	मणिपुर	4	1	5	4	0	4	0	1	1
17	मेघालय	3	1	4	3	1	4	0	0	0
18	उड़ीसा	24	9	33	19	0	19	5	9	14
19	पटना	40	13	53	35	0	35	5	13	18
20	पंजाब और हरियाणा	64	21	85	49	4	53	15	17	32
21	राजस्थान	38	12	50	32	0	32	6	12	18
22	सिक्किम	3	0	3	3	0	3	0	0	0
23	तेलंगाना	32	10	42	24	3	27	8	7	15
24	त्रिपुरा	4	1	5	4	1	5	0	0	0
25	उत्तराखंड	9	2	11	6	0	6	3	2	5

	कुल	846	276	1122	668	90	758	178	186	364
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विवरण-II

21.11.2024 तक जिला एवं अधीनस्थ न्यायालयों में न्यायिक अधिकारियों के रिक्त पद

क्र.सं.	राज्य/संघ राज्यक्षेत्र	स्वीकृत पद संख्या	कार्यरत पद संख्या	रिक्ति
1.	आंध्र प्रदेश	618	544	74
2.	अरुणाचल प्रदेश	44	33	11
3.	असम	485	461	24
4.	बिहार	2019	1536	483
5.	चंडीगढ़	30	30	0
6.	छत्तीसगढ़	663	465	198
7.	दादरा और नागर हवेली और दमण और दीव	7	6	1
8.	दिल्ली	897	803	94
9.	गोवा	50	40	10
10.	गुजरात	1720	1185	535
11.	हरयाणा	773	555	218
12.	हिमाचल प्रदेश	179	160	19
13.	जम्मू - कश्मीर	322	277	45
14.	झारखंड	705	506	199
15.	कर्नाटक	1375	1157	218

16.	केरल	610	534	76
17.	लद्दाख	17	11	6
18.	लक्षद्वीप	4	4	0
19.	मध्य प्रदेश	2028	1692	336
20.	महाराष्ट्र	2190	1940	250
21.	मणिपुर	62	49	13
22.	मेघालय	99	56	43
23.	मिजोरम	74	45	29
24.	नगालैंड	34	24	10
25.	ओडिशा	1041	842	199
26.	पुदुचेरी	36	26	10
27.	पंजाब	804	723	81
28.	राजस्थान	1641	1314	327
29.	सिक्किम	35	23	12
30.	तमिलनाडु	1369	1023	346
31.	तेलंगाना	560	445	115
32.	त्रिपुरा	133	109	24
33.	उत्तर प्रदेश	3698	2717	981
34.	उत्तराखंड	298	270	28
35.	अंदमान और निकोबार*	0	-12	230
36.	पश्चिमी बंगाल*	1105	863	
कुल		25725	20480	5245

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स्रोत: - न्याय विभाग का एमआईएस पोर्टल *

संघ राज्यक्षेत्र अंदमान और निकोबार द्वीप समूह और पश्चिमी बंगाल राज्य की संयुक्त रिक्तियां, जैसा कि पश्चिमी बंगाल राज्य के सामने दर्शाया गया है

विवरण-III

01.01.2019 से 21.11.2024 तक सभी उच्च न्यायालयों में की गई नियुक्तियों की संख्या

क्र.सं.	उच्च न्यायालय	2019	2020	2021	2022	2023	2024
1	इलाहाबाद	10	4	17	13	9	0
2	आंध्र प्रदेश	2	7	2	14	6	3
3	बंबई	11	4	6	19	9	5
5	छत्तीसगढ़	0	0	3	3	2	3
6	दिल्ली	4	0	2	17	5	0
7	गुवाहाटी	4	0	6	2	5	0
8	गुजरात	3	7	7	0	8	4
9	हिमाचल प्रदेश	2	0	1	2	3	0
10	जम्मू-कश्मीर और लद्दाख	0	5	2	4	0	1
11	झारखंड	2	0	4	1	0	1
12	कर्नाटक	10	10	6	6	5	0
13	केरल	1	6	12	1	3	12
14	मध्य प्रदेश	2	0	8	6	14	0
15	मद्रास	1	10	5	4	13	3

16	मणिपुर	0	1	0	0	2	0
17	मेघालय	1	0	0	0	1	0
18	उड़ीसा	1	2	4	6	2	0
19	पटना	4	0	6	11	2	2
20	पंजाब और हरियाणा	10	1	6	21	4	0
21	राजस्थान	3	6	8	2	9	0
22	सिक्किम	0	0	0	0	0	0
23	तेलंगाना	3	1	7	17	3	0
24	त्रिपुरा	0	1	0	0	2	0
25	उत्तराखंड	1	0	0	0	3	0
	कुल	81	66	120	165	110	34

विवरण-IV

पिछले पांच वर्षों में जिला एवं अधीनस्थ न्यायालयों में न्यायिक अधिकारियों की स्वीकृत संख्या एवं रिक्तियां													
क्र.सं.	राज्य/संघ राज्यक्षेत्र का नाम	31.12.2018		31.12.2019		31.12.2020		31.12.2021		31.12.2022		31.12.2023	
		तक		तक		तक		तक		तक		तक	
		स्वीकृत पद	रिक्तियां	स्वीकृत पद	रिक्तियां	स्वीकृत पद	रिक्तियां	स्वीकृत पद	रिक्तियां	स्वीकृत पद	रिक्तियां	स्वीकृत पद	रिक्तियां
1	आंध्र प्रदेश	494	49	597	68	607	97	607	116	607	73	618	83
2	तेलंगाना	493	48	413	79	474	96	474	49	560	150	560	115
3	अरुणाचल प्रदेश	30	5	41	14	41	9	41	9	41	8	44	10

4	असम	430	47	441	29	466	54	467	31	485	60	485	46
5	बिहार	1845	640	1925	776	1936	503	1954	560	2016	667	2016	1550
6	चंडीगढ़	30	0	30	1	30	4	30	0	30	0	30	1
7	छत्तीसगढ़	452	55	468	75	480	93	482	73	527	90	562	139
8	दादरा और नागर हवेली और दमण और दीव	7	0	7	1	7	1	3	1	7	1	7	1
9	दिल्ली	799	258	799	118	799	151	884	192	884	203	887	89
10	गोवा	50	8	50	7	50	10	50	10	50	10	50	10
11	गुजरात	1506	356	1521	336	1521	369	1523	400	1582	431	1720	545
12	हरियाणा	651	162	772	297	772	279	772	290	772	308	772	208
13	हिमाचल प्रदेश	159	10	175	22	175	14	175	15	179	16	179	21
14	जम्मू - कश्मीर	310	86	290	58	296	41	300	59	314	91	317	94
15	लद्दाख					16	8	17	8	17	8	17	7
16	झारखंड	676	216	677	216	675	131	675	152	694	186	693	181
17	कर्नाटक	3972	725	2703	534	1357	286	1363	276	1365	233	1375	225
18	केरल	496	63	536	79	538	68	569	81	595	122	605	91
19	लक्षद्वीप	3	0	3	0	3	0	3	0	4	0	4	1
20	मध्य प्रदेश	1872	511	2021	401	2021	411	2021	469	2021	372	2028	298
21	महाराष्ट्र	2011	167	2189	247	2190	250	2190	250	2190	250	2190	250
22	मणिपुर	55	15	55	16	54	18	59	17	59	17	59	10
23	मेघालय	97	58	97	48	97	48	97	48	99	48	99	42
24	मिजोरम	67	21	64	18	64	21	65	23	74	33	74	33
25	नगालैंड	33	7	33	8	33	7	34	10	34	10	34	10
26	ओडिशा	911	156	919	149	950	194	976	191	1001	234	1008	205

27	पुदुचेरी	26	7	26	15	26	15	26	15	28	17	29	19
28	पंजाब	674	144	675	96	692	99	692	85	797	208	797	212
29	राजस्थान	1337	229	1428	308	1489	197	1549	275	1587	331	1638	296
30	सिक्किम	23	4	25	6	25	5	28	8	30	9	35	12
31	तमिलनाडु	1143	238	1255	175	1298	249	1316	234	1340	272	1371	331
32	त्रिपुरा	115	40	120	24	120	23	122	25	128	20	128	20
33	उत्तर प्रदेश	3225	1188	3416	838	3634	1053	3634	1092	3647	1173	3696	1247
34	उत्तराखंड	293	59	294	66	297	42	299	28	299	30	298	27
35	पश्चिमी बंगाल	1013	75	1014	96	1014	96	1014	96	1014	96	1014	96
36	अंदमान और निकोबार द्वीपसमूह	11	0	0	-13	0	-13	0	-13	0	-13	0	-13
कुल		25309	5647	25079	5208	24247	4929	24515	5175	25077	5764	25439	5428

PORT TRUSTS

918. SHRI KRISHNA PRASAD TENNETI:

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

- (a) the details regarding the list of Port Trusts at present in the country, their annual turnover and employment generated;
- (b) whether the Government has any proposal to establish new Port Trust during the next five years, if so, the details thereof, year-wise/State-wise especially Andhra Pradesh and Bapatla Parliamentary constituency;

- (c) the details regarding the list of minor ports across India that are not connected to national highways;
- (d) whether the Government has any plan to boost their connectivity across the country, if so, the details thereof, State-wise especially Andhra Pradesh;
- (e) the details regarding the annual turnover and employment generated from each fishing harbour across the country; and
- (f) whether the Government has any proposal to establish any new ones over the next five years across India, if so, details thereof, especially in Andhra Pradesh and in Bapatla constituency?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a)and(b) As per the Major Port Authorities Act, 2021, the Major Port Trusts have been converted to Major Port Authorities. The list of Major Port Authorities in the country, the Total Income for the FY 2023-24 and the number of employees are given in the enclosed **Statement – I**. Vadhavan Port in Maharashtra and Galathea Bay Port in Andaman and Nicobar Islands have been notified as new Major Ports on 19th February, 2019 and 4th September, 2024 respectively.

(c) There are 66 EXIM cargo handling non-major ports, out of which 13 are connected by rail while 24 are connected by 4 Lane Road / National Highway.

(d) A Comprehensive Port Connectivity Plan (CPCP) has been prepared by DPIIT in 2022. CPCP has identified more than 100 new connectivity infrastructure gaps. The state-wise number of Port rail and road Infrastructure Gaps identified

under CPCP including the state of Andhra Pradesh is given in the enclosed **Statement -II.**

(e) Under Sagarmala Scheme, Ministry has taken up 25 fishing harbour projects in convergence mode of implementation with Department of Fisheries, Gol. Out of these, 9 fishing harbour projects worth Rs. 620 Cr have been completed benefitting 30,000 fishermen.

(f) In the State of Andhra Pradesh 4 fishing harbour projects are under implementation at a cost of Rs. 1,289 Cr. with Sagarmala funding of Rs. 170 Cr.

The locations are as under:-

- 1) Budugatlapalem
- 2) Kothapatnam
- 3) Pudimadaka
- 4) Vishakhapatnam

STATEMENT – I

Major Port Authorities, Total Income and Total Number of Employees

S.No.	Name of Port	Total Income for FY 2023-24 (Rs in crores)	Total no. of Employees
1	Syama Prasad Mookerjee Port Authority	3319.92	2027
2	Paradip Port Authority	2538.83	475

3	Visakhapatnam Port Authority	2167.54	2413
4	Chennai Port Authority	1360.56	2461
5	V.O. Chidambaranar Port Authority	1079.13	307
6	Cochin Port Authority	945.14	869
7	New Mangalore Port Authority	965.22	278
8	Mormugao Port Authority	585.13	946
9	Mumbai Port Authority	2578.88	2726
10	Jawaharlal Nehru Port Authority	3108.11	587
11	Deendayal Port Authority	2744.21	1159

STATEMENT- II

State-wise number of Port Rail and Road Infrastructure Gaps

State	No. of Infrastructure Gaps
Andhra Pradesh	14
Gujarat	19
Karnataka	19
Kerala	5
Maharashtra	31
Odisha	8
Tamil Nadu	7

West Bengal	4
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आयुष हेतु जनजातीय स्वास्थ्य देखभाल कार्यक्रम

919. श्री राजकुमार रोत:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) राजस्थान के अनुसूचित क्षेत्र में आयुष हेतु जनजातीय स्वास्थ्य देखभाल कार्यक्रम की वर्तमान स्थिति क्या है;
- (ख) उक्त कार्यक्रम के अंतर्गत राजस्थान के अनुसूचित क्षेत्र/जिलों में अब तक आवंटित और उपयोग की गई निधि का जिला-वार और स्थान-वार ब्यौरा क्या है;
- (ग) क्या सरकार का विचार उक्त राज्य के अनुसूचित क्षेत्रों में जनजातीय स्वास्थ्य देखभाल को और अधिक प्रोत्साहन देने का है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है तथा इसे कब तक शुरू किये जाने की संभावना है?

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

(श्री प्रतापराव गणपतराव जाधव):

(क): आयुष मंत्रालय अपने स्वायत्त निकाय केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) के माध्यम से जनजातीय उप-योजना (टीएसपी) के तहत जनजातीय स्वास्थ्य देखभाल अनुसंधान कार्यक्रम (टीएचसीआरपी) को क्रियान्वित कर रहा है। राजस्थान में, टीएचसीआरपी को क्षेत्रीय आयुर्वेद अनुसंधान संस्थान (आरएआरआई), जयपुर के माध्यम से क्रियान्वित किया जा रहा है। इस कार्यक्रम के तहत वर्तमान स्थिति इस प्रकार है:

- (i) इस कार्यक्रम के अंतर्गत कुल 30502 जनजातीय आबादी को शामिल किया गया है।
- (ii) आयुर्वेद के माध्यम से 19072 लाभार्थियों को उनके स्थान पर स्वास्थ्य देखभाल प्रदान की जाती है।

- (iii) रक्त जांच (एचबी ग्राम% और रक्त शर्करा परीक्षण) की सुविधा भी उनके क्षेत्र में प्रदान की गई है।
- (iv) आवश्यकता और उपलब्धता के अनुसार अन्य रक्त जांच सुविधाएं प्रदान की जाती हैं।
- (v) जागरूकता व्याख्यान और सूचना शिक्षा और संचार (आईईसी) सामग्री के वितरण के माध्यम से स्वास्थ्य, स्वच्छता, पोषण और आयुर्वेद आधारित पहल के बारे में जागरूकता प्रदान की जाती है।

इसके अलावा, आयुष मंत्रालय अपने स्वायत्त निकाय राष्ट्रीय आयुर्वेद संस्थान (एनआईए), जयपुर के माध्यम से जनजातीय उप-योजना के तहत जनजातीय स्वास्थ्य सेवा कार्यक्रम भी कार्यान्वित कर रहा है। यह संस्थान राजस्थान के 08 जिलों के जनजातीय क्षेत्रों में चिकित्सा शिविर, चिकित्सा जांच और निःशुल्क औषधि वितरण का आयोजन करता है।

(ख): सीसीआरएस द्वारा टीएचसीआरपी के तहत राजस्थान में वित्तीय वर्ष 2024-25 के लिए आवंटित निधि 84.09 लाख रुपये है, जिसमें से अभी तक 38.00 लाख रुपये का उपयोग किया जा चुका है। इसी प्रकार, एनआईए को वित्तीय वर्ष 2024-25 के लिए 0.50 लाख रुपये आवंटित किए गए तथा अक्टूबर 2024 तक 0.26 लाख रुपये की निधि का उपयोग किया जा चुका है।

(ग) और (घ): चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए राज्य सरकार अनुसूचित क्षेत्रों में जनजातीय स्वास्थ्य सेवा को बढ़ावा देने के लिए योजनाएं प्रस्तावित कर सकती है।

EXPANSION OF PORT CAPACITY

920. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether the Government has achieved significant progress in expanding port capacity across the country;
- (b) if so, the details thereof;
- (c) the impact of these expansions on cargo handling volumes at major ports across the country;
- (d) whether the Government has plans to develop additional ports to further enhance India's cargo handling capacity and global trade competitiveness; and
- (e) if so, the details thereof?

THE MINISTER OF PORTS, SHIPPING AND WATERWAYS

(SHRI SARBANANDA SONOWAL):

(a) to (c) Yes. The cargo handling capacity of major ports has doubled during the last decade from 800.52 MTPA in FY 2013-14 to 1629.86 MTPA in FY 2023-24. As a result, the total cargo handled in Major Ports has increased from 555.48 million tonnes in FY 2013-14 to 819.22 million tonnes in FY 2023-24.

(d) and (e) Yes. VadHAVAN Port in Maharashtra has been approved to be developed as the mega container port in the country catering to the requirement of handling new generation mega size container vessels.

माननीय अध्यक्ष : सदन की कार्यवाही आज 12 बजे तक के लिए स्थगित की जाती है।

... (व्यवधान)

11.10 hrs

The Lok Sabha then adjourned till Twelve of the Clock.

12.00 hrs

The Lok Sabha re-assembled at Twelve of the Clock.

(Shri Dilip Saikia *in the Chair*)

...(व्यवधान)

माननीय सभापति : माननीय सदस्यगण, कुछ विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं।

माननीय अध्यक्ष जी ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

... (व्यवधान)

12.01 hrs

At this stage Shri B. Manickam Tagore, Shri Zia Ur Rehman and some other hon. Members came and stood on the floor near the Table.

माननीय सभापति : सभा पटल पर रखे जाने वाले पत्र, प्लीज आप लोग बैठिए, सदन का महत्वपूर्ण समय है, प्लीज आप कोऑपरेट कीजिए।

... (व्यवधान)

12.01½ hrs**PAPERS LAID ON THE TABLE**

माननीय सभापति: अब पत्र सभा पटल पर रखे जाएंगे।

आइटम नम्बर 2, श्री प्रतापराव जाधव जी।

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

प्रतापराव गणपतराव जाधव) : महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

- (1) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 765/18/24]

(2) (एक) राष्ट्रीय प्राकृतिक चिकित्सा संस्थान, पुणे के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) राष्ट्रीय प्राकृतिक चिकित्सा संस्थान, पुणे के वर्ष 2023-2024 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 766/18/24]

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल) : महोदय, राष्ट्रीय सहबद्ध और स्वास्थ्य देख-रेख वृत्ति आयोग अधिनियम, 2021 की धारा 70 की उप-धारा (1) के अंतर्गत जारी अधिसूचना सं. का.आ 4238(अ) जो 26 सितम्बर, 2024 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा उक्त अधिनियम की अनुसूची में, उसमें उल्लिखित, कतिपय संशोधन किये गये हैं, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखती हूँ।

[Placed in Library, See No. LT 767 /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):** On behalf of my colleague Shri Shantanu

Thakur, I rise to lay on the Table:-

(1) (i) A copy of the Annual Report (Hindi and English versions) of the Mumbai Port Trust Pension Fund Trust, Mumbai, 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 Mumbai Port Trust Pension Fund Trust, Mumbai, for the year 2023-2024.

[Placed in Library, See No. LT 768/18/24]

- (2) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Mormugao Port Authority, Goa, for the year 2023-2024.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Mormugao Port Authority, Goa, for the year 2023-2024.
- (iii) A copy of the Annual Accounts (Hindi and English versions) of the Mormugao Port Authority, Goa, for the year 2023-2024, together with Audit Report thereon.
- (iv) A copy of the Review (Hindi and English versions) on the Audited Accounts of the Mormugao Port Authority, Goa, for the year 2023-2024.

[Placed in Library, See No. LT 769/18/24]

- (3) (i) A copy of the Annual Administration Report (Hindi and English versions) of the Cochin Port Authority, Kochi, for the year 2023-2024.
- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Cochin Port Authority, Kochi, for the year 2023-2024.

- (iii) A copy of the Annual Accounts (Hindi and English versions) of the Cochin Port Authority, Kochi, for the year 2023-2024, together with Audit Report thereon.
- (iv) A copy of the Review (Hindi and English versions) on the Audited Accounts of the Cochin Port Authority, Kochi, for the year 2023-2024.

[Placed in Library, See No. LT 770/18/24]

... (*Interruptions*)

THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH): I rise to lay on the Table:-

- (1) A copy each of the following papers (Hindi and English versions) :-
 - (i) Memorandum of Understanding between the Mishra Dhatu Nigam Limited and Department of Defence Production, Ministry of Defence, for the year 2024-2025.

[Placed in Library, See No. LT 771/18/24]
 - (ii) Memorandum of Understanding between the Garden Reach Shipbuilders & Engineers Limited and Department of Defence Production, Ministry of Defence, for the year 2024-2025.

[Placed in Library, See No. LT 772/18/24]
 - (iii) Memorandum of Understanding between the Bharat Dynamics Limited and Department of Defence Production, Ministry of Defence, for the year 2024-2025.

[Placed in Library, See No. LT 773/18/24]

- (iv) Memorandum of Understanding between the Mazagon Dock Shipbuilders Limited and Department of Defence Production, Ministry of Defence, for the year 2024-2025.

[Placed in Library, See No. LT 774/18/24]

- (v) Memorandum of Understanding between Bharat Electronics Limited and the Department of Defence Production, Ministry of Defence for the year 2024-2025.

[Placed in Library, See No. LT 775/18/24]

- (vi) Memorandum of Understanding between the Goa Shipyard Limited and Department of Defence Production, Ministry of Defence, for the year 2024-2025.

[Placed in Library, See No. LT 776/18/24]

- (vii) Memorandum of Understanding between the Hindustan Shipyard Limited and Department of Defence Production, Ministry of Defence, for the year 2024-2025.

[Placed in Library, See No. LT 777/18/24]

- (2) (i) A copy of the Annual Report (Hindi and English versions) of the National Maritime Foundation, Bengaluru, for the year 2022-2023, alongwith Audited Accounts.
- (ii) Statement regarding the Review (Hindi and English versions) by the Government of the working of the National Maritime Foundation, Bengaluru, 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. LT 778/18/24]

- (4) (i) A copy of the Annual Report (Hindi and English versions) of the Defence Institute of Advanced Technology, Pune, for the year 2023-2024, alongwith audited accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Defence Institute of Advanced Technology, Pune, for the years 2023-2024.

[Placed in Library, See No. LT 779/18/24]

- (5) (i) A copy of the Annual Report (Hindi and English versions) of the Aeronautical Development Agency, Bengaluru, for the year 2022-2023, alongwith audited accounts.
- (ii) Statement regarding Review (Hindi and English versions) by the Government of the working of the Aeronautical Development Agency, Bengaluru, for the year 2022-2023.

- (6) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (5) above.

[Placed in Library, See No. LT 780/18/24]

- (7) 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 Yantra India Limited, Nagpur, for the year 2023-2024.

- (ii) Annual Report of the Yantra India Limited, Nagpur, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 781/18/24]

- (b) (i) Review by the Government of the working of the Gliders India Limited, Kanpur, for the year 2023-2024.

- (ii) Annual Report of the Gliders India Limited, Kanpur, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 782/18/24]

- (c) (i) Review by the Government of the working of the Armoured Vehicles Nigam Limited, Chennai, for the year 2023-2024.

- (ii) Annual Report of the Armoured Vehicles Nigam Limited, Chennai, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 783/18/24]

- (d) (i) Review by the Government of the working of the Troop Comforts Limited, Kanpur, for the year 2023-2024.

- (ii) Annual Report of the Troop Comforts Limited, Kanpur, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 784/18/24]

- (e) (i) Review by the Government of the working of the India Optel Limited, Dehradun, for the year 2023-2024.
- (ii) Annual Report of the India Optel Limited, Dehradun, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.
- [Placed in Library, See No. LT 785/18/24]
- (f) (i) Review by the Government of the working of the Munitions India Limited, Pune, for the year 2023-2024.
- (ii) Annual Report of the Munitions India Limited, Pune, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.
- [Placed in Library, See No. LT 786/18/24]
- (g) (i) Review by the Government of the working of the BEL Optronics Devices Limited, Pune, for the year 2023-2024.
- (ii) Annual Report of the BEL Optronics Devices Limited, Pune, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.
- [Placed in Library, See No. LT 787/18/24]
- (h) (i) Review by the Government of the working of the Bharat Dynamics Limited, Hyderabad, for the year 2023-2024.

- (ii) Annual Report of the Bharat Dynamics Limited, Hyderabad, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 788/18/24]

- (i) (i) Review by the Government of the working of the Bharat Electronics Limited, Bengaluru, for the year 2023-2024.
- (ii) Annual Report of the Bharat Electronics Limited, Bengaluru, for the year 2023-2024, alongwith Audited Accounts and comments of the Comptroller and Auditor General thereon.

[Placed in Library, See No. LT 789/18/24]

- (8) (i) A copy of the Annual Report (Hindi and English versions) of the Nehru Institute of Mountaineering, Uttarkashi, 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 Nehru Institute of Mountaineering, Uttarkashi, for the year 2023-2024.

[Placed in Library, See No. LT 790/18/24]

- (9) (i) A copy of the Annual Report (Hindi and English versions) of the Jawahar Institute of Mountaineering & Winter Sports, Pahalgam, Jammu and Kashmir, 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 Jawahar Institute of

Mountaineering & Winter Sports, Pahalgam, Jammu and Kashmir, for the year 2023-2024.

[Placed in Library, See No. LT 791/18/24]

... (*Interruptions*)

12.02 hrs

STATEMENT BY MINISTER

Status of implementation of the recommendations contained in the 138th Report of the Standing Committee on Health and Family Welfare on Medical Devices: Regulation and Control pertaining to the Department of Health and Family Welfare, Ministry of Health and Family Welfare*

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE; AND MINISTER OF STATE IN THE MINISTRY OF CHEMICALS AND FERTILIZERS (SHRIMATI ANUPRIYA PATEL): I rise to lay a statement regarding the status of implementation of the recommendations contained in the 138th Report of the Standing Committee on Health and Family Welfare on Medical Devices: Regulation & Control pertaining to the Department of Health and Family Welfare, Ministry of Health and Family Welfare.

* Laid on the Table and also placed in Library, See No. LT 764 /18/24.

... (Interruptions)

12.03 hrs

BUSINESS OF THE HOUSE

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): With your permission Sir, I rise to announce that Government Business during the week commencing Monday, the 2nd of December, 2024 will consist of:

1. Consideration of any items of Government Business carried over from today's order paper: - [it contains: - Consideration and passing of the following Bills: - (i) The Banking Laws (Amendment) Bill, 2024; and (ii) The Railways (Amendment) Bill, 2024.]

2. Consideration and passing of the following Bills:-

(i) The Disaster Management (Amendment) Bill, 2024;

(ii) The Carriage of Goods by Sea Bill, 2024; and

(iii) The Bills of Lading Bill, 2024.

3. Discussion and voting on the First Batch of Supplementary Demands for Grants for the year 2024-2025 and introduction, consideration and passing of the related Appropriation Bill, after presentation.

... (Interruptions)

12.04 hrs

ELECTION TO COMMITTEES

(i) All India Institute of Medical Sciences (AIIMS) at Raipur, Jodhpur and Vijaypur

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

move the following: -

“That in pursuance of Section 4(g) of the All India Institute of Medical Sciences (AIIMS) Act, 1956 read with Section 6 of the AIIMS (Amendment) Act, 2012, the members of this House do proceed to elect, in such manner, as the Speaker may direct, two members from amongst themselves to each of the three All India Institute of Medical Sciences (AIIMS) at Raipur, Jodhpur and Vijaypur subject to the other provisions of the said Act.”

... (Interruptions)

माननीय सभापति : प्रश्न यह है:

“कि एम्स (संशोधन) अधिनियम, 2012 की धारा 6 के साथ पठित अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) अधिनियम, 1956 की धारा 4 (छ) के अनुसरण में, इस सभा के सदस्य, ऐसी रीति से, जैसा अध्यक्ष निदेश दें, उक्त अधिनियम के अन्य उपबंधों के अध्याधीन तीन अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) रायपुर, जोधपुर और विजयपुर के लिए अपने में से, प्रत्येक के लिए, दो सदस्य निर्वाचित करें।”

प्रस्ताव स्वीकृत हुआ।

... (व्यवधान)

12.05 hrs

**(ii) National Institute of Mental Health and Neuro-Sciences
(NIMHANS), Bangalore**

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

move the following:

“That in pursuance of clause (l) of sub-section (1) of Section 5 of the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore Act, 2012, the members of this House do proceed to elect, in such manner, as the Speaker may direct, two members from amongst themselves to serve as members of the National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore subject to the other provisions of the said Act and rules made thereunder.”

माननीय सभापति : प्रश्न यह है:

"कि राष्ट्रीय मानसिक स्वास्थ्य और स्नायु-विज्ञान संस्थान (निमहन्स), बेंगलोर अधिनियम, 2012 की धारा 5 की उप-धारा (1) के खण्ड (ठ) के अनुसरण में, इस सभा के सदस्य, ऐसी रीति से, जैसा अध्यक्ष निदेश दें, उक्त अधिनियम के अन्य उपबंधों तथा उसके अधीन बनाये गये नियमों के अध्याधीन राष्ट्रीय मानसिक स्वास्थ्य और स्नायु-विज्ञान संस्थान (निमहन्स), बेंगलोर के सदस्यों के रूप में कार्य करने के लिए अपने में से दो सदस्य निर्वाचित करें।"

प्रस्ताव स्वीकृत हुआ।

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12.06 hrs**(iii) National Assisted Reproductive Technology and Surrogacy Board**

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

move the following:

“That in pursuance of clause (c) of sub-section (2) of Section 17 of the Surrogacy (Regulation) Act, 2021, the members of this House do proceed to elect, in such manner as the Speaker may direct, two women members from amongst themselves to serve as members of the National Assisted Reproductive Technology and Surrogacy Board, subject to the other provisions of the said Act.”

माननीय सभापति : प्रश्न यह है:

"कि सरोगेसी (विनियमन) अधिनियम, 2021 की धारा 17 की उप-धारा (2) के खण्ड (ग) के अनुसरण में, इस सभा के सदस्य, ऐसी रीति से, जैसा अध्यक्ष निदेश दें, उक्त अधिनियम के अन्य उपबंधों के अध्यक्षीन राष्ट्रीय सहायता प्राप्त जननीय प्रौद्योगिकी और सरोगेसी बोर्ड के सदस्यों के रूप में कार्य करने के लिए अपने में से दो महिला सदस्य निर्वाचित करें।"

प्रस्ताव स्वीकृत हुआ।

12.07 hrs**(iv) Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar**

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : माननीय सभापति जी, मैं प्रस्ताव करता हूँ:

"कि आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए) अधिनियम, 2020 की धारा 6 की उप-धारा (1) के खण्ड (ट) के अनुसरण में, इस सभा के सदस्य, ऐसी रीति से, जैसा अध्यक्ष निदेश दें, उक्त अधिनियम के अन्य उपबंधों के अध्याधीन आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), जामनगर के सदस्यों के रूप में कार्य करने के लिए अपने में से दो सदस्य निर्वाचित करें।"

माननीय सभापति: प्रश्न यह है:

"कि आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए) अधिनियम, 2020 की धारा 6 की उप-धारा (1) के खण्ड (ट) के अनुसरण में, इस सभा के सदस्य, ऐसी रीति से, जैसा अध्यक्ष निदेश दें, उक्त अधिनियम के अन्य उपबंधों के अध्याधीन आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए), जामनगर के सदस्यों के रूप में कार्य करने के लिए अपने में से दो सदस्य निर्वाचित करें।"

प्रस्ताव स्वीकृत हुआ।

12.08 hrs**MOTION RE: 4th REPORT OF THE BUSINESS ADVISORY COMMITTEE**

THE MINISTER OF PARLIAMENTARY AFFAIRS; AND MINISTER OF MINORITY AFFAIRS (SHRI KIREN RIJJU): Sir, I beg to move the following:

“That this House do agree with the Fourth Report of the Business Advisory Committee presented to the House on 28th November, 2024.”

माननीय सभापति: प्रश्न यह है:

“कि यह सभा 28 नवम्बर, 2024 को सभा को प्रस्तुत कार्य मंत्रणा समिति के चौथे प्रतिवेदन से सहमत है।”

प्रस्ताव स्वीकृत हुआ।

12.09 hrs**MATTERS UNDER RULE 377***

माननीय सभापति : जिन माननीय सदस्यों को आज नियम 377 के अधीन मामलों को उठाने की अनुमति प्रदान की गई है, वे अपने अनुमोदित पाठ को तुरंत व्यक्तिगत रूप से सभा पटल पर रख दें।

(i) Regarding augmentation of railway services connecting Bhilwara Parliamentary Constituency, Rajasthan

श्री दामोदर अग्रवाल (भीलवाड़ा) मैं भारत सरकार से माँग करता हूँ कि कोरोना से पूर्व अजमेर-बांद्रा ट्रेन संचालित होती थी गाड़ी सं. 12995/96 एव 22901/02 जो अल्टरनेट दिन अजमेर से तथा उदयपुर से चित्तौड़ कनेक्ट होकर एक ट्रेन बनती थी, जो विगत 5 वर्ष से अजमेर से संचालित नहीं

* Treated as laid on the Table.

होकर केवल उदयपुर से ही संचालित हो रही है, जबकि भीलवाड़ा से भी पूर्वानुसार 6 दिन होना आवश्यक है, साथ ही भीलवाड़ा से वैकल्पिक ट्रेन मुंबई के लिए होना जरूरी है, इसके अलावा इस रूट पर यात्रियों का अधिक आवागमन होने के कारण मुंबई के लिए अजमेर से भीलवाड़ा-रतलाम होते हुए अन्य ट्रेन डायवर्ट की जाए। भीलवाड़ा से दिल्ली के लिए वर्तमान में एक ट्रेन चेतक एक्सप्रेस है, जबकि मीटर गैज के समय भी भीलवाड़ा - दिल्ली की 2 ट्रेन चेतक एवं पिक सिटी /गरीब नवाज़ थी इसलिए उदयपुर वाया भीलवाड़ा दिल्ली की नई ट्रेन प्रारंभ होना नितांत आवश्यक है।

(ii) Need to expedite doubling of Gondia-Balaghat-Nainpur-Jabalpur railway section

श्रीमती भारती पारधी (बालाघाट) : मैं माननीय रेल मंत्री जी का ध्यान गोंदिया-बालाघाट-नैनपुर-जबलपुर रेल मार्ग के दोहरीकरण की ओर आकर्षित करना चाहती हूँ। लगभग 239 किलोमीटर लंबा यह मार्ग उत्तर और दक्षिण भारत को जोड़ने वाली जीवनरेखा है। इसके दोहरीकरण से यात्रा दूरी लगभग 250 किलोमीटर तक कम होगी, जिससे न केवल समय और ईंधन की बचत होगी, बल्कि यात्रियों को तेज और सुगम यात्रा का अनुभव मिलेगा। यह रेल मार्ग क्षेत्रीय जनता के लिए यातायात का महत्वपूर्ण साधन और औद्योगिक तथा आर्थिक विकास की रीढ़ है। वर्तमान में डी.पी.आर. तैयार करने में हो रहे विलंब से परियोजना बाधित हो रही है। मेरा आग्रह है कि इसे शीघ्र पूरा कर बालाघाट-गोंदिया खंड को प्राथमिकता देते हुए कार्य प्रारंभ किया जाए। इससे यातायात का दबाव कम होगा, पर्यटन को प्रोत्साहन मिलेगा, और क्षेत्र विकास की नई ऊंचाइयों को छुएगा, जिससे स्थानीय युवाओं को रोजगार के अवसर भी मिलेंगे।

(iii) Need to convert Pradhan Mantri Fasal Bima Yojana and Pradhan Mantri Kisan Samman Nidhi as umbrella schemes and extend the schemes to other agricultural activities

DR. K. SUDHAKAR (CHIKKBALLAPUR): Two initiatives that have significantly transformed the lives of farmers are the Pradhan Mantri Fasal Bima Yojana and the Pradhan Mantri Kisan Samman Nidhi. Since the inception of the PM Fasal Bima Yojana in 2016-17, over 5549.40 lakh farmer applications have been insured, resulting in claims amounting to Rs 150589.10 crore. Similarly, under the PM KISAN scheme, a total of Rs. 2.81 lakh crore has been disbursed through Direct Benefit Transfer (DBT) to more than 11 crore beneficiaries (farmers) in various installments. It is now imperative to extend these two schemes to encompass other categories of farmers, such as those involved in dairy, sericulture, aquaculture, and more. Farmers in these sectors experience similar challenges and face significant risks of income loss, akin to traditional agrarian farmers. By transforming these major schemes into umbrella scheme, tailored modifications can be implemented by the relevant departments to cater to silk worm farmers, livestock farmers, pisciculture and others. I urge the Government of India to consider converting these two schemes as umbrella schemes, develop sub-scheme guidelines, and extend these schemes to other agricultural activities such as silk worm farming, livestock farming, fish farming and others as well.

(iv) Regarding acquisition of ancestral land of people for construction of roads in Dadra and Nagar Haveli

श्रीमती कलाबेन मोहनभाई देलकर (दादरा और नागर हवेली) : मेरे संसदीय क्षेत्र दादरा-नगर-हवेली के शहरी और ग्रामीण क्षेत्र को जोड़ने वाली सड़को के निर्माण कार्य को बढ़ाने, उसके रखरखाव, मरम्मत, सड़को के विस्तारीकरण के लिए राज्य शासन द्वारा स्थानीय किसानों, मध्यमवर्गीय परिवारों की पुरखों की जमीनों को बिना किसी कारण के बिना कोई नोटिस दिए उनकी हक की पुरखों की जमीनों को लेकर सड़कों का कार्य किया जा रहा है, जो निंदनीय है। मेरा क्षेत्र आदिवासी बाहुल्य क्षेत्र होने से आदिवासी परिवारों का जीवन उनकी स्थानीय खेती पर निर्भर है। ऐसे में राज्य शासन द्वारा सड़कों के निर्माण कार्य के लिए उन परिवारों को बिना कोई सूचना-नोटिस दिए उनसे उनकी पुरखों की जमीनें छीनी जा रही हैं और सड़कों का काम किया जा रहा है। उनकी जमीनों का मुआवजा भी नहीं दिया जा रहा है, जिससे उन-परिवारों का काफी नुकसान हो रहा है। मैं सड़क परिवहन एवं राष्ट्रीय राजमार्ग मंत्री जी से निवेदन करना चाहूँगी कि मेरे संसदीय क्षेत्र के शहरी और ग्रामीण क्षेत्र की सड़को के निर्माण कार्य, विस्तारीकरण के लिए राज्य शासन द्वारा स्थानीय किसानों, मध्यमवर्गीय परिवारों की पुरखों की जमीनों को बिना उनके अनुमति के न लिया जाए और राज्य शासन द्वारा जो जमीनें ली गई हैं उसका मुआवजा उन परिवारों को तुरंत दिया जाए।

(v) Regarding inclusion of certain villages in Rajasthan under Eastern Rajasthan Canal Project and provide compensation to the residents affected by this project

SHRI DUSHYANT SINGH (JHALAWAR-BARAN): I draw attention to the Eastern Rajasthan Canal Project, which involves increasing the capacity of the Mahalpur and Ramgarh Barrages, with 4500 hectares of land acquired from 35 villages in Baran district. While the water from this project is intended to benefit 28 districts in Rajasthan and Madhya Pradesh, several areas in Kishanganj, including

Nahargarh, Kelwara, Samraniya, and Shahbad, are not covered for either drinking or irrigation water under this scheme.

I request the Government to include these villages in the ERCP coverage to ensure that they receive the benefits of this critical water supply. Additionally, I urge the Government to address the rehabilitation of displaced families, particularly those in the proposed submerged areas, and provide them with alternative lands. Compensation should also be given to families residing in the Chak and forest areas affected by the project. I request urgent attention to these matters to ensure fair and equitable implementation of the project.

**(vi) Regarding shortage of DAP in Domariyaganj
Parliamentary Constituency**

श्री जगदम्बिका पाल (डुमरियागंज) : मेरे संसदीय क्षेत्र डुमरियागंज, जिला सिद्धार्थ नगर में धन सहकारी समिति, घोसियारी में मांग के सापेक्ष कम डीएपी खाद पहुंचने से किसान परेशान हैं। समिति पर अबतक 600 बोरी डीएपी, 50 गांवों के किसानों के लिए नाकाफी साबित हो रही है। मजबूरन किसान प्राइवेट दुकानदारों से अधिक रेट में डीएपी खरीदने को बाध्य हो रहे हैं। प्राइवेट दुकानदार डीएपी के साथ एक पैकेट गेहूं का बीज देने की शर्त लगा रहे हैं, जिसके चलते किसानों पर दोहरी मार पड़ रही है। खेसरहा ब्लॉक के साधन सहकारी समिति, घोसियारी पर रबी की बुवाई के समय किसानों को डीएपी नहीं मिल रही है। खेत से नमी न चली जाए और बुवाई पिछड़े न इसके लिए किसान प्राइवेट दुकानदारों की मनमानी के आगे मजबूर दिखाई दे रहे हैं। जानकारी के अनुसार, प्राइवेट दुकानों से किसानों को 1500 से 1600 रुपए प्रति बोरी डीएपी मिल रही है। तीन दिन से समिति का चक्कर लगा रहे हैं, तब जाकर किसी तरह से दो बोरी डीएपी मिली है। प्राइवेट दुकानदार महंगे दाम पर डीएपी बेच रहे हैं। समिति पर खाद नदारद है, मजबूरी में प्राइवेट दुकानदारों से महंगे दाम पर खाद लेना पड़ रहा

हैं। अबतक समिति पर 600 बोरी डीएपी आई, जिसे किसानों को निर्धारित मूल्य पर उपलब्ध करा दिया गया है।

(vii) Regarding air pollution in Delhi

श्री दिलीप शङ्कीया (दारंग-उदालगुड़ी) : देश की राजधानी दिल्ली पिछले काफी समय से अपने खतरनाक वायु प्रदूषण के स्तर के लिए दुनियाभर में बदनाम हो रही है। वर्तमान समय में भी दिल्ली खतरनाक प्रदूषण के स्तर पर पहुँच गई है और यहाँ का एक्यूआई लेवल 400 से 500 के बीच दर्ज किया जा रहा है, जिस कारण यहाँ के लोगों को एक बार फिर से स्वास्थ्य संबंधी समस्याओं का सामना करना पड़ रहा है, जो कि इस समय की सबसे गंभीर समस्या बना हुआ है। बढ़ते प्रदूषण के कारण दिल्ली व एनसीआर के स्कूल और कॉलेजों को बंद करना इस विषय की गंभीरता को और उजागर करता है। सीएसई द्वारा साझा किए गए नए अध्ययन में कहा गया है कि स्थानीय स्रोत दिल्ली के प्रदूषण में लगभग 30 प्रतिशत का योगदान देते हैं, जिसमें सड़क की धूल, निर्माण गतिविधियों से होने वाला प्रदूषण, वाहनों से होने वाला उत्सर्जन, हरियाणा और पंजाब में पराली जलाना भी इसका एक कारण है। दिल्ली समेत देश के अन्य मेट्रो शहर जैसे कोलकाता, चेन्नई, मुंबई और गुवाहाटी समेत पूर्वोत्तर के बहुत से शहर भी वायु प्रदूषण के संकट से गुजर रहे हैं और आने वाले समय में यहाँ की स्थिति भी भयावह होने की संभावना है।

(viii) Need to construct a wall along coastal area of Palghar district in Maharashtra to prevent soil erosion

डॉ. हेमंत विष्णु सवरा (पालघर) : पालघर, महाराष्ट्र का तटीय जिला है जो पश्चिम में अरब सागर और पूर्व में सह्याद्री पर्वत से घिरा हुआ है। हाल के दशकों में महाराष्ट्र के पश्चिमी तट पर तटीय कटाव तेजी से हुआ है। इसमें पालघर जिले के समुद्री तट भी शामिल है। समुद्र से लगे इन क्षेत्रों में समुद्री लहरे तेजी से बाहर मिट्टी तक आती हैं और अपनी लहरों के साथ मिट्टी का कटाव करते हुए समुद्र में ले जाती हैं। समय समय पर बड़े और अधिक विनाशकारी तूफानी लहरों के कारण और अधिक तीव्रता

से मिट्टी का कटाव होने की संभावना रहती है। मिट्टी के कटाव और समुद्री जल के मिट्टी में प्रवेश को रोकने के लिए क्रीक बांध और समुद्री दीवार बनाने की आवश्यकता है जिससे इस क्षेत्र की मिट्टी को समुद्री लहरों से बचाया जा सके और तटीय कटाव को रोका जा सके। मेरा सरकार से विनम्र निवेदन है कि पालघर जिले में मिट्टी के कटाव को रोकने के लिए समुद्री दीवार बनाने के लिए सम्बंधित विभागों से अनुमति जारी करते हुए समुद्री दीवार बनाने के लिए फंड जारी करने की कृपा करे।

(ix) Need to include Valmiki or Boya community of Telangana in the list of Scheduled Tribes

SHRIMATI D. K. ARUNA (MAHBUBNAGAR): I would like to bring to your kind notice regarding the need to include Valmiki or Boya Community in the Scheduled Tribes list in the State of Telangana. The demand for ST status for Valmiki or Boya community who are presently in BC category is pending since more than 60 years, having population of about 5 lakh with a stronghold in the districts of Mahabubnagar, Wanaparthi, Nagarkurnool, Narayanapeta, and Hyderabad. Taking into consideration of their socio-economic conditions and decisions on recommendations made by the Chellappa Committee, the Telangana Legislative Assembly has also accepted the recommendations of the National ST Commission and passed a unanimous resolution twice to include them in the ST list and sent the proposal to Union Government. Therefore, I request the Hon'ble Minister of Social Justice & Empowerment to kindly intervene in the matter and do the needful.

(x) Need to construct Airport in Hazaribagh, Jharkhand

श्री मनीष जायसवाल (हजारीबाग) : मैं माननीय नागरिक विमानन मंत्री जी का ध्यान हमारे लोकसभा हजारीबाग में प्रस्तावित हवाई अड्डे की तरफ आकर्षित करना चाहता हूँ। उड़ान योजना के अंतर्गत वर्ष 2017 में केंद्र सरकार द्वारा नगवा हवाई अड्डे के निर्माण हेतु राशि भी स्वीकृत की गई थी जिसका निर्माण कार्य वर्ष 2024 में पूर्ण हो जाना था, परंतु इस विषय पर कोई भी कार्यवाही सुनिश्चित नहीं हो सकी है, इसमें कमी शायद राज्य सरकार की रही हो। वर्तमान में हवाई आवागमन हेतु लोगों को रांची, देवघर एयरपोर्ट जैसे सुदूर जगहों पर जाना पड़ता है। हवाई अड्डे के न होने से क्षेत्र के विकास में कहीं न कहीं कमी हुई है और क्षेत्र का अन्य जगहों से जुड़ाव नहीं हो पा रहा है। पढ़ाई, रोजगार, खेल, व्यापार तथा स्वास्थ्य में भी इसका प्रभाव पड़ रहा है। हजारीबाग में हवाई अड्डे के निर्माण से झारखण्ड के अनेकों क्षेत्रों के छात्र – छात्राओं की पढ़ाई, व्यापार के साथ-साथ लाखों लोगों को सीधे तौर पर लाभ मिलेगा व आर्थिक प्रगति को आयाम के पंख लगेंगे। मैं माननीय मंत्री जी से आग्रह करता हूँ कि हजारीबाग हवाई अड्डे का निर्माण जल्द से जल्द करवाने की कृपा करे।

(xi) Regarding illegal encroachments on the floodplains of Ramzan River in Kishanganj Parliamentary Constituency, Bihar

DR. MOHAMMAD JAWED (KISHANGANJ): I would like to bring to the notice of the Government, the ongoing issue of illegal encroachments upon the Ramzan river in my Kishanganj constituency. The Ramzan river is the biggest source of water for the town of Kishanganj and therefore of utmost importance to the lives and livelihood of thousands of people. Illegal encroachments upon the floodplain of the river are disrupting the natural pattern of the river and obstructing its flow. Not only are these encroachments environmentally harmful because they forcefully alter the natural geography of the floodplain but these encroachments

also pose a threat to the lives and property on the river bank. They increase the likelihood of overflow and flooding, especially during heavy monsoons. The river must be completely freed from all such encroachments for the safety of my constituents as well as the environment. I would also like to put forth that beyond the removal of illegal encroachments, the area should be properly measured and demarcated so that the floodplain can be clearly identified as a zone of protection. This will prevent other encroachments from cropping up in the future and ensure health of the river ecosystem.

(xii) Need to expedite reconstruction works of Sion Bridge in Mumbai

प्रो. वर्षा एकनाथ गायकवाड़ (मुंबई उत्तर-मध्य) : मुंबई में 110 साल पुराना सायन पुल, जो धारावी, बांद्रा और एलबीएस रोड को सायन के पूर्वी हिस्से से जोड़ता है, ध्वस्तीकरण और पुनर्निर्माण के लिए 1 अगस्त 2024 से बंद कर दिया गया है। इस कार्य का संचालन केंद्रीय रेलवे और बृहन्मुंबई महानगरपालिका (BMC) के समन्वय से किया जा रहा है, जिसकी कुल लागत 51 करोड़ रुपये है। यह नया पुल 31 जुलाई 2026 तक पूरा होने की उम्मीद है। पुल के बंद होने से मुंबई में यातायात संबंधी गंभीर समस्याएँ उत्पन्न हो रही हैं, जिसके कारण बड़े पैमाने पर यातायात जाम की स्थिति बनी है। पुल के आसपास के क्षेत्रों में 3-4 स्कूल स्थित हैं, जिससे विद्यार्थियों को स्कूल आने-जाने में कठिनाइयाँ हो रही हैं, उनका समय व्यर्थ हो रहा है। धारावी और सायन के आसपास की सड़कों पर नो-पार्किंग ज़ोन लागू होने से स्थानीय निवासियों और यात्रियों को भी असुविधा का सामना करना पड़ रहा है। यह पुल मुंबई के यातायात नेटवर्क का महत्वपूर्ण हिस्सा है, इसके बंद होने से धारावी जैसे घनी आबादी वाले क्षेत्र के नागरिकों को अत्यधिक परेशानी हो रही है। मैं सरकार से आग्रह करती हूँ कि इस पुनर्निर्माण कार्य को प्राथमिकता देते हुए इसे निर्धारित समय सीमा से पहले पूरा किया जाए।

(xiii) Need to provide financial assistance for rehabilitation works in landslide affected areas of Wayanad, Kerala

SHRI RAJMOHAN UNNITHAN (KASARAGOD): On July 30, 2024, the landslides that severely affected the areas like, Mundakai and Churalmala in Wayanad Meppadi Panchayat fall under the category of Calamity of Severe Nature - Level III as per the norms prescribed by the National Disaster Management Act. The biggest disaster was recorded in the series of landslides reported so far in the country. Regarding this on 06.08.2024 Hon Prime Minister has visited the area and was convinced about the situation. However, this disaster has not been declared as an extreme disaster. In addition to the non-availability of additional financial assistance, relief measures under Section 13 of the Disaster Relief Act are also not available for the loans taken by the disaster victims. A post-disaster needs assessment has been conducted in this regard and a detailed report has been submitted to the Central Government on 13.11.2024. An amount of Rs. 2221 crore for Meppadi and Rs. 98.10 crore for Vilangad has been estimated for recovery & reconstruction purpose. It is requested to provide financial assistance for the necessary rehabilitation works in the Landslide areas.

(xiv) Need to develop Dhule Airport into a full-fledged airport and start commercial and cargo flight services

डॉ. बच्छाव शोभा दिनेश (धुले) : धुले जिला कपड़ा, खाद्य-तेल और विरासत पर्यटन के सबसे तेजी से बढ़ते केंद्रों में से एक है। किंतु, यह लंबे समय से हवाई संपर्क की कमी से बाधित है। आज धुले दिल्ली-मुंबई इंडस्ट्रियल कॉरिडोर के अंतर्गत प्रस्तावित निवेश नोड्स और राज्य सरकार के तहत

टेक्सटाइल पार्को का केंद्र है। बढ़ते उद्योगों का समर्थन करने के लिए, वाणिज्यिक यात्री और कार्गो उड़ानों को संचालित करना अत्यंत आवश्यक है। वर्तमान में, धुले हवाई अड्डा एक मामूली हवाई पट्टी है जो केवल गैर-अनुसूचित उड़ानों के साथ घरेलू हवाई अड्डे के रूप में कार्य करती है। हवाई अड्डे को पूरी तरह से चालू करने की तत्काल आवश्यकता है। एक पूर्ण रूप से संचालित हवाई अड्डा न केवल धुले में उद्योग को समर्थन देगा, बल्कि आस-पास के शहरों से यात्रियों के लिए भी काम करेगा, जिससे पूरे क्षेत्र में आर्थिक गतिविधियां बढ़ेंगी। सरकार ने दावा किया है कि वह 2047 तक हवाई अड्डों की संख्या दोगुना करेगी। मैं सरकार से अपने दावे को पूरा करने का आग्रह करती हूँ। मैं मांग करती हूँ कि सरकार उड़े देश का आम नागरिक, उड़ान योजना के तहत धुले हवाई अड्डे का विकास करे और धुले हवाई अड्डे पर वाणिज्यिक यात्री और कार्गो उड़ानें शुरू करे।

**(xv) Need to provide adequate irrigation facilities in Banaskantha
Parliamentary Constituency, Gujarat**

श्रीमती गनीबेन नागाजी ठाकोर (बनासकांठा) : मैं माननीय कृषि मंत्री जी का ध्यान अपने संसदीय क्षेत्र बनासकांठा की ओर दिलाना चाहती हूँ, जहां पर किसानों को सिंचाई के लिए काफी समस्याओं का सामना करना पड़ रहा है। बनासकांठा जिला कृषि और पशुपालन के लिए समर्पित जिला है। इस जिले के अधिकांश लोग कृषि कार्य में लगे हुए हैं। हालांकि, बनासकांठा जिले में भूजल स्तर गहरा होने के कारण यहां के किसान कुछ समय से चिंतित हैं वहीं इस जिले के पूर्वी-क्षेत्र की बात करें तो इसमें न तो कोई बांध की सुविधा है और न ही कोई नहर क्षेत्र। पूर्वी-क्षेत्र में पानी की समस्या अधिक है इस क्षेत्र के लोग वर्षा आधारित खेती पर निर्भर हैं, तथा पिछले कुछ समय से भूजल गहराई में जाने के कारण यहां के किसान ग्रीष्मकालीन खेती नहीं कर पा रहे हैं, बल्कि सर्दी और मानसून की खेती पर निर्भर हैं। यदि मानसून में अच्छी बारिश होती है तो कुछ फसलें हो पाती हैं वरना यहाँ के किसानों को काफी नुकसान का सामना करना पड़ता है। इसलिए माननीय कृषि मंत्री जी से अनुरोध है कि यहाँ के किसानों की समस्या को ध्यान में रखकर सिंचाई की उचित व्यवस्था कराने की कृपा करें।

(xvi) Need to convert Saharsa RMS in Bihar into ICH

श्री दिनेश चंद्र यादव (मधेपुरा) : बिहार राज्य के सहरसा रेल डाक सेवा पंजीकृत एवं साधारण पत्रों के छँटाई का एक मात्र कार्यालय है। यह रेल डाक सेवा लगभग 300 KM के परिधि के तीनों जिला सहरसा, सुपौल, मधेपुरा तथा 25% खगड़िया जिला जो 50% बाढ़ प्रभावित क्षेत्र है, एवं 25% पूर्णियां जिलावासियों को सेवा प्रदान करता है। सहरसा रेल डाक सेवा अभी औसतन 3000 से 3500 पंजीकृत एवं 20000 से 25000 साधारण पत्रों का निष्पादन करता है एवं इन तीनों जिला का लगभग 6000 से 6500 SPEED POST छँटाई हेतु NSH बरौनी को भेजा जाता है इसके अतिरिक्त लगभग 10000 SPEED POST एवं PARCEL तीनों जिला सहरसा, सुपौल एवं मधेपुरा में वितरित होने के लिए बरौनी से भेजा जाता है जिस कारण SPEED POST का निष्पादन चार दिनों के बाद ही विलम्ब से हो पाता है जिससे तीनों जिलावासियों को काफी कठिनाईयों का सामना करना पड़ता है। सहरसा डाक प्रमंडल में 02 प्रधान डाकघर एवं 42 उप डाकघर के डाक का निष्पादन सहरसा रेल डाक सेवा से होता है, जिसमें कुल 509 शाखा डाकघर है जिसका 50% शाखा डाकघर एवं उप डाकघर बाढ़ प्रभावित क्षेत्र में है। सहरसा परिचालन सुविधा, भौगोलिक स्थिति कनेक्टिविटी लाभ आदि के सभी मानकों को पूरा करता है। सहरसा, सुपौल एवं मधेपुरा एक Aspirational District है। यहाँ हर तरफ से कोशिश की जा रही है कि तीनों जिला को प्रगति पथ पर लाया जाय। सहरसा RMS बंद होने से सहरसा, सुपौल एवं मधेपुरा फिर से एक पिछड़ा जिला रह जायेगा।

अतः सहरसा RMS को बन्द नहीं कर उसे ICH बनाया जाय जो सभी मापदंड पूरा करता है।

**(xvii) Regarding increasing human-leopard conflict in Dindori
Parliamentary Constituency, Maharashtra**

श्री भास्कर मुरलीधर भगरे (दिन्डोरी) : मेरे संसदीय क्षेत्र, दिन्डोरी, महाराष्ट्र में तेंदुओं द्वारा मनुष्यों पर बढ़ते हमलों के संबंध में मैं सरकार का ध्यान आकृष्ट करना चाहता हूँ। यह क्षेत्र, जो जंगलों के

निकट स्थित होने के लिए जाना जाता है, हाल ही में मानव-तेंदुआ संघर्ष की घटनाओं में चिंताजनक वृद्धि देख रहा है, जिससे लोगों की जान-माल का नुकसान हो रहा है और निवासियों के बीच असुरक्षा एवं चिंता का माहौल उत्पन्न हो गया है। इस क्षेत्र में तेंदुओं की आबादी लगातार बढ़ रही है, जिससे स्थानीय समुदायों और इन जानवरों के बीच मुठभेड़ों में वृद्धि हो रही है। इसके अलावा, आवासीय क्षेत्रों में अतिक्रमण और शिकार की कमी के कारण तेंदुए अक्सर मानव बस्तियों में घुस रहे हैं, जिससे मानव जीवन और पशुधन को गंभीर खतरा उत्पन्न हो रहा है। इन चुनौतियों को देखते हुए, मैं पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय से विनम्र अनुरोध करता हूँ कि इस क्षेत्र में मानव-तेंदुआ संघर्ष को कम करने के लिए एक रणनीतिक योजना तैयार की जाए, जिसमें तेंदुओं की जनसंख्या नियंत्रण के लिए कार्यक्रम, बेहतर निगरानी और प्रबंधन, तेंदुओं का स्थानांतरण और पुनर्वास जैसे उपाय शामिल किए जाएं।

(xviii) Regarding conservation of Jogeshwari Caves and Andheri Caves in Mumbai North-West Parliamentary Constituency, Maharashtra

श्री रविंद्र दत्ताराम वायकर (मुम्बई उत्तर-पश्चिम) : मेरे संसदीय क्षेत्र मुंबई उत्तर-पश्चिम के जोगेश्वरी में प्राचीन पांडव कालीन जोगेश्वरी गुफा और अंधेरी गुफा लम्बे समय से जीर्णशीर्ण अवस्था में पड़ी है। इन दोनों गुफाओं को देखने के लिए महाराष्ट्र से ही नहीं बल्कि देश-विदेश से लाखों पर्यटक मुंबई आते हैं। लेकिन पिछले कई सालों से दोनों ही प्राचीन गुफाओं का देखभाल और रखरखाव नहीं किया जा रहा है! धीरे-धीरे ये दोनों गुफा जर्जर और बदहाल होती जा रही हैं। उक्त दोनों गुफाओं के आसपास हजारों की संख्या में झुग्गी-झोपड़ियों की तादाद बढ़ रही है। इन सभी लोगों को गुफाओं के आसपास अच्छे और पक्के मकान देकर उनका पुनर्विकास करने की आवश्यकता है साथ ही इन दोनों गुफाओं के आसपास जयंत चाल, ब्राह्मण पुष्पकर्ण चालों और ऐसी कई बड़ी चालों का पुनर्विकास का काम भी लंबित पड़ा है जिनका कार्य भी होना अत्यंत आवश्यक है। तभी उक्त दोनों गुफाओं का रखरखाव, संवर्धन अच्छे से हो सकेगा। अतः मैं संस्कृति मंत्री जी से निवेदन करना चाहता हूँ कि वे उक्त दोनों

गुफाओं का रखरखाव और संवर्धन करने और गुफाओं के आसपास की झुग्गी-झोपडीयों के परिवार को अच्छे और पक्के मकान देकर उनका पुनर्वासन करने हेतु संबंधित को निर्देशित करेंगे।

(xix) Need to regularize the services of employees working on temporary basis

श्री उमेशभाई बाबूभाई पटेल (दमन और दीव) : अपने संसदीय क्षेत्र दमण एवं दीव सहित पूरे देश में अनेक युवा स्वास्थ्य, शिक्षा, लोकनिर्माण, स्वराज्य संस्थाएं जैसे कि ग्राम पंचायतों, जिला पंचायतों, नगर पालिकाओं, सहित विविध सरकारी विभागों में अस्थायी कर्मचारी के रूप में अनेक वर्षों से स्थाई कर्मचारियों के साथ बराबर की सेवा दे रहे हैं। अस्थायी कर्मचारियों की कार्य करने की दक्षता और क्षमता स्थायी कर्मचारियों के समान ही होती है तथा ऐसे कर्मचारी सीधे जनता की सेवा करते हैं। फिर भी इन अस्थायी कर्मचारियों को स्थायी कर्मचारियों की तुलना में बहुत कम वेतन मिलता है। वेतन कम मिलने के कारण अस्थायी कर्मचारियों को अपने परिवार तथा बच्चों को अच्छी पढ़ाई सहित कई सुविधाएं देने में काफी मुश्किलों का सामना करना पड़ता है। वही स्थायी कर्मचारी और अस्थायी कर्मचारी का कार्य एक समान हो तो फिर उन अस्थायी कर्मचारियों को मिलने वाले वेतन लाभ में भेदभाव क्यों? उनको वर्षों वर्ष काम कराने के बावजूद उनके हक और अधिकार से वंचित क्यों रखा जा रहा है? उनको स्थायी क्यों नहीं किया जाता है? मेरा भारत सरकार से निवेदन है कि मेरे क्षेत्र सहित पूरे भारत में जो लोग देश के सरकारी क्षेत्र में अस्थायी तौर पर कार्य कर रहे हैं, उनको नियमित (स्थायी) कर उनको उनका अधिकार देने की कृपा करें।

(xx) Regarding renovation of dam on Shenbagavalli River situated in Tamil Nadu – Kerala border

DR. RANI SRIKUMAR (TENKASI): The Shenbagavalli dam is situated in the Tamil Nadu - Kerala border which was constructed on the Shenbagavalli River after an agreement between Sivagiri and Tiruvangur Samasthan in the year 1773.

The river flowing from the dam – Nitchebha river – nourished over 12,000 acres from Sivagiri to Tiruvenkatam before entering Vaippar. Till 1962, the Tamil Nadu Public Works Department maintained the dam and the channel. When Shenbagavalli dam region experienced floods in 1965 to 1967, about nine meters of the 1,480-metre-long channel were damaged. Since the Shenbagavalli Dam is situated in Tamil Nadu - Kerala border, the Kerala Government is not showing interest to renovate the Shenbagavalli dam after repeated requests. The water from the damaged dam is not being used anywhere and it directly flows into the Arabian sea. Hence, the restoration of Shenbagavalli Dam will not affect the Kerala's rights and will definitely benefit the farmers in the southern districts of Tamil Nadu, particularly farmers in my Tenkasi Constituency. It will also help in fulfilling drinking water demands in many districts. I urge the Union Government to take necessary steps to restore the Shenbagavalli Dam at the earliest.

**(xxi) Regarding extension of proposed metro rail corridor between
Secunderabad and Medchal in Telangana**

SHRI EATALA RAJENDER (MALKAJGIRI): Shamirpet is being progressed as a suburban city to share the burden of the State Capital for people to construct their dwellings. Commutation from Shamirpet to Hyderabad/Secunderabad is a nightmare to the people to travel by road. There is no MMTS running between. Secunderabad and Shamirpet, which is forcing people to depend only on roadways. Shamirpet is also District Headquarter of Medchal Malkajgiri District.

This PC is situated towards Northern side of Hyderabad. Two main highways are connected to commute the people from outskirts to the State Capital. These two national highways are thickly dense with heavy vehicular traffic and these two NHs are subjected to their expansion to meet the demands of the existing vehicular traffic as well as the future projections. Around 50 to 60% of the State population enters into these two main highways to Capital city.

Another important suburban on northern side of Hyderabad is Medchal. There is a national highway connecting Medchal to Hyderabad/Secunderabad, which goes upto Adilabad District. There are no proper commutation facilities between Medchal connecting to State Capital except one NH.

At present, the existing metro rail corridor terminates at Jubilee Bus Station (JBS) After this point, the national highway passes through to suburban areas like Shamirpet, which goes upto Karimnagar on one side and Medchal on the other side. There is a proposal approved for elevated corridor being constructed between Secunderabad and Medchal on National Highway.

I would request the Union Government to consider the proposal for elevated corridor on Secunderabad to Shamirpet route also on the lines of Secunderabad to Medchal, to extend the existing Metro line from Paradise to Medchal along the side of proposed elevated corridor, and to extend the existing Metro line from JBS to Shamirpet along with new elevated corridor, which will drastically reduce the cost of metro project and benefit the general public.

... (व्यवधान)

माननीय सभापति : माननीय सदस्यगण, सदन का बहुत महत्वपूर्ण समय है। आप कृपया अपनी सीट पर बैठिए और सदन को चलने दीजिए।

... (व्यवधान)

माननीय सभापति : आपके हर विषय पर सदन में चर्चा की जाएगी और आपकी बात सुनी जाएगी। आपको पूरा मौका मिलेगा इसलिए प्लीज आप अपनी सीट पर बैठिए। आप सदन को चलने दीजिए

... (व्यवधान)

माननीय सभापति : यह सदन का महत्वपूर्ण समय है।

... (व्यवधान)

माननीय सभापति : पूरा देश देख रहा है, आपका यह तरीका ठीक नहीं है।

... (व्यवधान)

माननीय सभापति : आप सदन में कंस्ट्रक्टिव अपोजिशन का रोल प्ले कीजिए।

... (व्यवधान)

माननीय सभापति : देश जानता है और देश चाहता है कि आप कंस्ट्रक्टिव अपोजिशन का रोल प्ले करें।

... (व्यवधान)

माननीय सभापति : प्लीज, आप सब लोग बैठिए।

... (व्यवधान)

माननीय सभापति : आप सबसे मेरा निवेदन है, आप सब बैठिए।

... (व्यवधान)

माननीय सभापति : ऐसे सदन नहीं चलेगा। आपके कारण सदन नहीं चल रहा है, यह देश देख रहा है।

... (व्यवधान)

माननीय सभापति : यह उचित नहीं है।

... (व्यवधान)

माननीय सभापति : यह देश देख रहा है कि आपके कारण सदन नहीं चल रहा है। यह उचित नहीं है। अगर पार्लियामेंटी डेमोक्रेसी को मजबूत करना है, तो आप अपनी सीट्स पर जाकर बैठिए, सदन को चलाइए। ऐसा नहीं होता है।

... (व्यवधान)

माननीय सभापति : सभा की कार्यवाही सोमवार, दिनांक 02 दिसंबर, 2024 को प्रातः ग्यारह बजे तक के लिए स्थगित की जाती है।

12.10 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
on Monday, December 2, 2024/ Agrahayana 11, 1946 (Saka)*

ANNEXURE-I**Member-wise Index to Starred Questions**

SI No.	Member's Name	Question Number
1	Adv Gowaal Kagada Padavi	72
2	Dr. C M Ramesh	71
3	Dr. Shivaji Bandappa Kalge	77
4	Ms. S Jothimani	73
5	Shri Ajay Kumar Mandal	61
6	Shri Arun Kumar Sagar	75
7	Shri Arvind Ganpat Sawant	67
8	Shri Chandra Prakash Choudhary	74
9	Shri Dhaval Laxmanbhai Patel	74
10	Shri Dineshbhai Makwana	65
11	Shri Dulu Mahato	79
12	Shri Jagdambika Pal	65
13	Shri Lavu Sri Krishna Devarayalu	64
14	Shri Maddila Gurumoorthy	78
15	Shri Manish Jaiswal	63
16	Shri Manish Tewari	72
17	Shri Murari Lal Meena	80
18	Shri Rahul Kaswan	66
19	Shri Rajesh Ranjan	73
20	Shri Rajmohan Unnithan	76
21	Shri Sribharat Mathukumilli	68
22	Shri Ummeda Ram Beniwal	70

23	Shri Yaduveer Wadiyar	62
24	Smt. Bharti Pardhi	67
25	Thiru Dayanidhi Maran	69

Member-wise Index to Untarred Questions

SI No.	Member's Name	Question Number
1	Adv Dean Kuriakose	780
2	Adv Gowaal Kagada Padavi	738
3	Adv K. Francis George	692
4	Adv. Adoor Prakash	915, 714, 719
5	Adv. Chandra Shekhar	835
6	Com. Selvaraj V	808, 800, 902
7	Dr. Alok Kumar Suman	749
8	Dr. Amar Singh	844
9	Dr. Amol Ramsing Kolhe	746, 744, 828
10	Dr. Bachhav Shobha Dinesh	776
11	Dr. Bholu Singh	818
12	Dr. Byreddy Shabari	699, 791
13	Dr. C N Manjunath	861
14	Dr. Dharamvira Gandhi	860
15	Dr. Hemant Vishnu Savara	748, 697
16	Dr. K Sudhakar	840
17	Dr. Kadiyam Kavya	725, 911
18	Dr. Kalanidhi Veeraswamy	762
19	Dr. Kalyan Vaijinathrao Kale	842

20	Dr. Kirsan Namdeo	833
21	Dr. Lata Wankhede	852
22	Dr. M K Vishnu Prasad	894, 917
23	Dr. M P Abdussamad Samadani	754, 743, 915, 738
24	Dr. Manna Lal Rawat	740

SI No.	Member's Name	Question Number
25	Dr. Mohammad Jawed	743
26	Dr. Nishikant Dubey	695, 697
27	Dr. Rajeev Bharadwaj	820
28	Dr. Rajesh Mishra	697, 695
29	Dr. Rajkumar Sangwan	729
30	Dr. Ricky Andrew J Syngkon	881
31	Dr. Shashi Tharoor	789
32	Dr. Shivaji Bandappa Kalge	772, 697
33	Dr. Shrikant Eknath Shinde	760, 732
34	Dr. T Sumathy Alias Thamizhachi Thangapandian	769
35	Dr. Thirumaavalavan Tholkappiyan	889
36	Dr. Vinod Kumar Bind	735, 696
37	Km. Sudha R	856
38	Ms Iqra Choudhary	717
39	Ms Sayani Ghosh	715, 916
40	Ms. Bansuri Swaraj	695
41	Ms. Praniti Sushilkumar Shinde	815
42	Prof. Sougata Ray	814
43	Prof. Varsha Eknath Gaikwad	746, 744, 828
44	Shri Radhakrishna	777
45	Shri Selvaganapathi T.M.	826
46	Shri Abhishek Banerjee	801
47	Shri Adhikari Deepak Dev	758
48	Shri Aga Syed Ruhullah Mehdi	884
49	Shri Amar Sharadrao Kale	746, 744, 828
50	Shri Amra Ram	783

51	Shri Amrinder Singh Raja Warring	782
52	Shri Anand Bhadauria	758
53	Shri Anil Firojiya	796
54	Shri Anto Antony	719
55	Shri Anup Sanjay Dhotre	705, 907
56	Shri Anurag Sharma	745
57	Shri Anurag Singh Thakur	739
58	Shri Appalanaidu Kaliseti	893

SI No.	Member's Name	Question Number
59	Shri Arun Bharti	823
60	Shri Arun Govil	798
61	Shri Arvind Dharmapuri	799
62	Shri Arvind Ganpat Sawant	873
63	Shri Asaduddin Owaisi	724
64	Shri Ashok Kumar Rawat	821
65	Shri Azad Kirti Jha	713, 913
66	Shri B K Parthasarathi	772, 727
67	Shri B Y Raghavendra	809
68	Shri Baijayant Panda	765
69	Shri Bajrang Manohar Sonwane	828, 746, 744
70	Shri Balabhadra Majhi	697
71	Shri Balashowry Vallabhaneni	752
72	Shri Basavaraj Bommai	898
SI No.	Member's Name	Question Number
73	Shri Bastipati Nagaraju	730
74	Shri Benny Behanan	872, 863, 780
75	Shri Bhartruhari Mahtab	864, 885
76	Shri Bhaskar Murlidhar Bhagare	744, 828, 746
77	Shri Bhausahab Rajaram Wakchaure	795
78	Shri Bhumare Sandipanrao Asaram	707, 909
79	Shri Bibhu Prasad Tarai	741, 695, 697
80	Shri Bidyut Baran Mahato	914, 695

81	Shri Brijmohan Agrawal	767, 740, 779
82	Shri Buntly Vivek Sahu	897, 695
83	Shri C N Annadurai	757
84	Shri Captain Brijesh Chowta	706
85	Shri Chamala Kiran Kumar Reddy	836
86	Shri Chandra Prakash Joshi	695, 697
87	Shri Charanjit Singh Channi	819, 780
88	Shri Chavda Vinod Lakhamshi	897, 697, 695
89	Shri Chudasama Rajeshbhai Naranbhai	708, 910
90	Shri Daggumalla Prasada Rao	727, 911
91	Shri Damodar Agrawal	779
92	Shri Daroga Prasad Saroj	846
93	Shri Darshan Singh Choudhary	847

SI No.	Member's Name	Question Number
94	Shri Devesh Chandra Thakur	896
95	Shri Devesh Shakya	734
96	Shri Dhairyasheel Sambhajirao Mane	720
97	Shri Dharambir Singh	753, 758
98	Shri Dharmendra Yadav	797, 897
99	Shri Dileshwar Kamait	803, 902
100	Shri Dilip Saikia	865, 696
101	Shri Dinesh Chandra Yadav	845
102	Shri Dineshbhai Makwana	695, 741, 697
103	Shri Dulu Mahato	914
104	Shri Durai Vaiko	807
105	Shri Dushyant Singh	750
106	Shri E T Mohammed Basheer	853, 852
107	Shri Eatala Rajender	691, 901, 771, 719
108	Shri Eswarasamy K	755
109	Shri G Kumar Naik	890
110	Shri G Lakshminarayana	834
111	Shri G M Harish Balayogi	792
112	Shri Gaddigoudar Parvatagouda Chandanagouda	768

113	Shri Ganesh Singh	897, 898, 695, 697
114	Shri Gaurav Gogoi	722
115	Shri Giridhari Yadav	859
116	Shri Godam Nagesh	841
117	Shri Gyaneshwar Patil	909, 707
118	Shri Hanuman Beniwal	761, 897
119	Shri Haribhai Patel	879
120	Shri Hasmukhbhai Somabhai Patel	898
121	Shri Hibi Eden	811, 872
122	Shri Imran Masood	917, 718
123	Shri Jagannath Sarkar	874
124	Shri Jagdambika Pal	741, 696, 898
125	Shri Jai Prakash	790
126	Shri Janardan Mishra	806, 898, 897, 696
127	Shri Janardan Singh Sigriwal	907, 702, 716
128	Shri Joyanta Basumatary	774

SI No.	Member's Name	Question Number
129	Shri Jugal Kishore	696, 897, 697
130	Shri K C Venugopal	778, 738
131	Shri K Gopinath	883, 917
132	Shri K Radhakrishnan	738
133	Shri K Sudhakaran	793
134	Shri Kali Charan Singh	697, 741
135	Shri Kanwar Singh Tanwar	696, 697
136	Shri Kaushalendra Kumar	875
137	Shri Kesineni Sivanath	775, 899
138	Shri Khagen Murmu	806, 696, 898
139	Shri Khalilur Rahaman	711, 912
140	Shri Kodikunnil Suresh	866, 917
141	Shri Konda Vishweshwar Reddy	870
142	Shri Kota Srinivasa Poojary	804
143	Shri Kripanath Mallah	751, 716
144	Shri Krishna Prasad Tenneti	918, 710

145	Shri Kuldeep Indora	887, 719
146	Shri Lavu Sri Krishna Devarayalu	911
147	Shri Lumba Ram	695
148	Shri M K Raghavan	737
149	Shri Mahesh Kashyap	897, 696
150	Shri Malaiyarasan D	756, 700, 906
151	Shri Mani A	759
152	Shri Manickam Tagore B	731
153	Shri Manish Jaiswal	897
154	Shri Manoj Tiwari	806, 741, 697
155	Shri Mansukhbhai Dhanjibhai Vasava	850
156	Shri Matheswaran V S	704
157	Shri Mian Altaf Ahmad	878
158	Shri Mitesh Patel Bakabhai	898
159	Shri Mohite Patil Dhairyasheel Rajsinh	746, 744, 828
160	Shri Mukesh Rajput	898, 897, 696
161	Shri Mukeshkumar Chandrakaant Dalal	697, 904, 897
162	Shri Murasoli S	794
163	Shri N K Premachandran	888
164	Shri Naba Charan Majhi	741, 695, 697

SI No.	Member's Name	Question Number
165	Shri Narayan Tatu Rane	813
166	Shri Naresh Ganpat Mhaske	760, 732
167	Shri Navaskani K	757
168	Shri Naveen Jindal	817
169	Shri Nilesh Dnyandev Lanke	788, 744, 746
170	Shri P P Chaudhary	696, 904
171	Shri P V Midhun Reddy	781
172	Shri Parbhubhai Nagarbhai Vasava	741, 898, 695
173	Shri Parshottambhai Rupala	885, 904, 898
174	Shri Patel Umeshbhai Babubhai	868
175	Shri Prabhakar Reddy Vemireddy	824
176	Shri Pradeep Kumar Singh	696, 898, 897

177	Shri Pradeep Purohit	812
178	Shri Pradyut Bordoloi	728
179	Shri Pratap Chandra Sarangi	880, 735, 696
180	Shri Praveen Khandelwal	837
181	Shri Praveen Patel	904, 697
182	Shri Putta Mahesh Kumar	766, 710
183	Shri Radheshyam Rathiya	734
184	Shri Rahul Kaswan	900
185	Shri Raja A	736
186	Shri Raja Ram Singh	827
187	Shri Rajeev Rai	905, 698
188	Shri Rajesh Ranjan	754
189	Shri Rajesh Verma	732
190	Shri Rajiv Pratap Rudy	857
191	Shri Rajkumar Roat	919, 712
192	Shri Raju Bista	742
193	Shri Ram Prasad Chaudhary	855
194	Shri Ram Shiromani Verma	862, 813
195	Shri Ramasahayam Raghuram Reddy	832
196	Shri Ramashankar Rajbhar	867
197	Shri Rambhual Nishad	886
198	Shri Ramvir Singh Bidhuri	830
199	Shri Ravindra Dattaram Waikar	909, 707
200	Shri Ravindra Shukla Alias Ravi Kishan	897, 904, 898

SI No.	Member's Name	Question Number
201	Shri Robert Bruce C	701, 802
202	Shri S Jagathratchakan	805
203	Shri S Venkatesan	693, 902
204	Shri Sachithanantham R	869
205	Shri Sanjay Dina Patil	746, 744, 828
206	Shri Sanjay Haribhau Jadhav	703, 908
207	Shri Saptagiri Sankar Ulaka	764
208	Shri Sasikanth Senthil	849

209	Shri Satpal Brahamchari	784
210	Shri Shafi Parambil	810, 783
211	Shri Shashank Mani	786
212	Shri Sher Singh Ghubaya	733
213	Shri Shreyas M Patel	854
214	Shri Shrirang Appa Chandu Barne	873, 897
215	Shri Shyamkumar Daulat Barve	770
216	Shri Subbarayan K	800, 902
217	Shri Sudama Prasad	903, 694
218	Shri Sudhakar Singh	892, 917
219	Shri Sudheer Gupta	720
220	Shri Sukanta Kumar Panigrahi	829
221	Shri Sukhjinder Singh Randhawa	733
222	Shri Sunil Kumar	838
223	Shri Suresh Kumar Kashyap	696, 695, 697
224	Shri Suresh Kumar Shetkar	901, 719, 691
225	Shri T R Baalu	876
226	Shri Tanuj Punia	743
227	Shri Tejasvi Surya	831
228	Shri Tharaniventhan M S	700, 906
229	Shri V K Sreekandan	763
230	Shri Varun Chaudhry	863
231	Shri Vijay Baghel	851, 898, 695
232	Shri Vijay Kumar Dubey	904, 741, 695, 697
233	Shri Vijay Kumar Hansdak	773, 872
234	Shri Vijayakumar Alias Vijay Vasanth	825
235	Shri Vishaldada Prakashbapu Patil	816
236	Shri Vishnu Datt Sharma	747

SI No.	Member's Name	Question Number
237	Shri Vishnu Dayal Ram	721, 863
238	Shri Vishweshwar Hegde Kageri	898, 697
239	Shri Y S Avinash Reddy	785
240	Shri Yogender Chandolia	822, 898

241	Shri Zia Ur Rehman	895
242	Smt. Aparajita Sarangi	904, 697, 898
243	Smt. Bharti Pardhi	873, 897
244	Smt. D K Aruna	771, 719, 691, 901
245	Smt. Daggubati Purandeswari	848
246	Smt. Delkar Kalaben Mohanbhai	909, 707
247	Smt. Dhanorkar Pratibha Suresh	843
248	Smt. Geniben Nagaji Thakor	858
249	Smt. Himadri Singh	695, 697
250	Smt. Kamaljeet Sehrawat	741, 695, 696
251	Smt. Kanimozhi Karunanidhi	882, 772
252	Smt. Lovely Anand	871
253	Smt. Mala Roy	787
254	Smt. Manju Sharma	709, 877
255	Smt. Poonamben Hematbhai Maadam	716, 920
256	Smt. Pratima Mondal	723
257	Smt. Rachna Banerjee	899
258	Smt. Sajda Ahmed	839
259	Smt. Sanjna Jatav	891
260	Smt. Shambhavi	732
261	Smt. Shobhanaben Mahendrasinh Baraiya	741, 898, 697
262	Smt. Smita Uday Wagh	806, 741, 696
263	Smt. Supriya Sule	746, 744, 828
264	Thiru D M Kathir Anand	726

ANNEXURE-II**Ministry-wise Index to Starred Questions**

	:	
Ayush	:	65, 74, 77, 78
Chemicals and Fertilizers	:	
Defence	:	
External Affairs	:	69, 75, 76
Health and Family Welfare	:	61, 62, 63, 64, 66, 71, 72, 79, 80
Law and Justice	:	
Ports, Shipping and Waterways	:	70
Women and Child Development	:	67, 68, 73

ANNEXURE-II**Ministry-wise Index to Unstarred Questions**

Ayush	: 703, 705, 707, 708, 711, 726, 729, 748, 751, 756, 767, 770, 776, 779, 785, 791, 802, 805, 822, 830, 836, 852, 876, 877, 880, 888, 892, 893, 897, 907, 919
Chemicals and Fertilizers	: 716, 719, 754, 755, 758, 760, 766, 778, 780, 788, 798, 807, 809, 825, 828, 833, 834, 844, 848, 853, 855, 858, 859, 864, 865, 873, 898, 915
Defence	: 698, 732, 733, 752, 797, 823, 866, 878, 884, 914
External Affairs	: 694, 710, 712, 714, 736, 740, 743, 749, 762, 763, 768, 782, 793, 799, 810, 811, 821, 827, 856, 901, 903, 905
Health and Family Welfare	: 691, 692, 696, 697, 699, 700, 701, 702, 706, 709, 715, 718, 720, 721, 724, 734, 735, 737, 739, 744, 745, 750, 753, 765, 769, 771, 773, 775, 777, 787, 789, 790, 795, 800, 803, 808, 812, 814, 815, 816, 817, 819, 826, 829, 831, 832, 837, 838, 839, 840, 841, 842, 845, 846, 847, 850, 851, 854, 857, 860, 861, 862, 867, 868, 869, 871, 872, 874, 875, 879, 881, 882, 883, 886, 887, 891, 900, 908, 910, 911, 912, 913, 916
Law and Justice	: 693, 704, 731, 741, 764, 783, 786, 796, 801, 835, 895, 896, 917
Ports, Shipping and Waterways	: 722, 728, 747, 804, 806, 818, 824, 870, 885, 894, 904, 906, 918, 920
Women and Child Development	: 695, 713, 717, 723, 725, 727, 730, 738, 742, 746, 757, 759, 761, 772, 774, 781, 784, 792, 794, 813, 820, 843, 849, 863, 889, 890, 899, 902, 909

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