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**Eighteenth Series, Vol. XV, Seventh Session, 2026/1948 (Saka)
No. 25, Friday, March 27, 2026/ Chaitra 6, 1948 (Saka)**

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LOK SABHA

Friday, March 27, 2026/ Chaitra 6, 1948 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

ORAL ANSWERS TO QUESTIONS

@Starred Question Nos. 481 to 488

माननीय अध्यक्ष : प्रश्न काला प्रश्न संख्या 481, श्री चंदन चौहान जी।

जेनेरिक दवाओं के नुस्खे

***481. श्री चंदन चौहान:**

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

- (क) क्या हमारे देश में चिकित्सक आमतौर पर रोगियों के उपचार के लिए मूल दवा (सॉल्ट) के नाम या जेनेरिक दवाओं के स्थान पर नुस्खे में दवाओं के ब्रांड नाम लिखते हैं जिसके परिणामस्वरूप रोगियों के पास कोई विकल्प नहीं बचता और वे ब्रांडेड कंपनियों की महंगी दवाएं खरीदने के लिए बाध्य हो जाते हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ख) सरकार द्वारा चिकित्सकों के लिए ब्रांड वाली दवाओं के स्थान पर जेनेरिक दवाएं या मूल दवा (सॉल्ट) के नाम लिखना अनिवार्य बनाने के लिए क्या ठोस कदम उठाए गए हैं/उठाए जाने का विचार है ताकि ग्रामीण क्षेत्रों में विशेषकर गरीब और मध्यम वर्ग के रोगियों को सस्ती जेनेरिक दवाएं उपलब्ध कराई जा सकें?

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

- (क) और (ख) : विवरण सभा पटल पर रख दिया गया है।

विवरण

(क) और (ख) : भारतीय चिकित्सा परिषद (पेशेवर आचरण, शिष्टाचार एवं नैतिकता) विनियम, 2002 के खंड 1.5 में यह प्रावधान है कि प्रत्येक चिकित्सक को दवाओं के जेनेरिक नाम स्पष्ट रूप से और अधिमानतः बड़े अक्षरों में लिखना चाहिए तथा यह सुनिश्चित करना चाहिए कि प्रिस्क्रिप्शन और दवा का उपयोग विवेकसम्मत हो। इसके अतिरिक्त, स्वास्थ्य सेवाएं महानिदेशालय ने दिनांक 12.05.2023 के आदेश द्वारा निर्देश दिया है कि केंद्र सरकार के अस्पतालों, सीजीएचएस आरोग्य केंद्रों और पॉलीक्लिनिकों में कार्यरत सभी चिकित्सक जेनेरिक दवाएं लिखें।

राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) अधिनियम, 2019 राज्य चिकित्सा परिषद (एसएमसी) अथवा एनएमसी के नैतिकता एवं चिकित्सा पंजीकरण बोर्ड (ईएमआरबी) को किसी पंजीकृत चिकित्सा प्रैक्टिशनर या पेशेवर द्वारा किसी भी पेशेवर या नैतिक कदाचार के संबंध में अनुशासनात्मक कार्रवाई करने का अधिकार प्रदान करता है।

श्री चंदन चौहान : धन्यवाद अध्यक्ष जी, मैं सबसे पहले आदरणीय प्रधान मंत्री श्री नरेन्द्र मोदी जी का और आदरणीय स्वास्थ्य मंत्री श्री जगत प्रकाश नड्डा जी को धन्यवाद देना चाहता हूं, जिन्होंने प्रधान मंत्री जन औषधि योजना से लेकर आयुष्मान भारत योजना तक कई ऐसी योजनाएं बनायी हैं, जिनके माध्यम से सस्ती दवाओं और बेहतर स्वास्थ्य सुविधाओं को आम जनता तक पहुंचाने का सराहनीय कार्य किया है।

अध्यक्ष जी, प्रायः वर्तमान में देखा जाता है कि विशेषकर प्राइवेट प्रैक्टिस करने वाले डॉक्टर्स के पर्चे पर ब्रांडेड दवाओं के नाम लिखे जाते हैं, जो अपेक्षाकृत महंगी होती हैं, विशेषकर ग्रामीण आंचल से जिससे मरीजों पर अधिक आर्थिक बोझ पड़ता है। जब सरकार ने पूरे देश में जन औषधि केंद्र खोले हैं, लेकिन जब डॉक्टर्स ब्रांडेड दवाओं के ही नाम लिखेंगे, तो मरीज इन केंद्रों के लाभ कैसे ले पाएंगे?

महोदय, अगर डॉक्टर्स पर्चे पर दवा के साल्ट, कंपोजिशन के नाम लिखें, तो मरीजों के पास

विकल्प उपलब्ध हो सकेंगे। उदाहरण के तौर पर यदि बुखार के लिए पैरासिटामोल - 650 लिखी गई है, तो मरीज अपनी सुविधा के अनुसार, बजट के अनुसार इस ब्रांड की दवा ले सकें।

माननीय अध्यक्ष : माननीय सदस्य, संक्षिप्त में प्रश्न पूछिए। यह प्रश्न काल है।

श्री चंदन चौहान : आदरणीय अध्यक्ष जी, मैं आपके माध्यम से मंत्री जी पूछना चाहता हूं कि क्या सरकार इस दिशा में नीति बनाने पर विचार कर रही है कि प्राइवेट प्रैक्टिस करने वाले डॉक्टर्स भी पर्चे में सिर्फ साल्ट का नाम लिखें, जिससे मरीज अपनी सुविधा से बजट के अनुसार किफायती विकल्प चुन सकें?

श्रीमती अनुप्रिया पटेल : स्पीकर सर, भारत को दुनिया की फार्मसी कहा जाता है और हम जेनेरिक दवाइयों के दुनिया के सबसे बड़े मैन्युफैक्चरर भी हैं, एक्सपोर्टर भी हैं और दुनिया के तमाम देशों को आज हम लगभग 20 प्रतिशत जेनेरिक दवाएं उपलब्ध करा रहे हैं। हमारे देश में भी जेनेरिक दवाओं का उपयोग बढ़ सके, जिससे आम जनता की जेब का खर्च कम हो।

माननीय अध्यक्ष : माननीय मंत्री जी, माननीय सदस्य ने प्राइवेट डाक्टर्स से रिलेटेड संक्षिप्त प्रश्न पूछा है, आप उसका उत्तर दे दीजिए।

श्रीमती अनुप्रिया पटेल : अध्यक्ष जी, हमारी सरकार जेनेरिक दवाओं के उपयोग को बढ़ावा दे रही है। इस संबंध में हमारे इंडियन मेडिकल काउंसिल का वर्ष 2002 का रेगुलेशन है, उसके क्लॉज 1.5 के तहत हमने यह नियम बनाया है कि जितने भी रजिस्टर्ड मेडिकल प्रैक्टिसनर्स हैं, वे जेनेरिक दवाओं को ही प्रेस्क्राइब करेंगे और रेशनल प्रेस्क्रिप्शन पर ध्यान देंगे। इस संबंध में हमारे जितने सेंट्रल गवर्नमेंट के हास्पिटल्स हैं, उन्हें डीजीएचएस की तरफ से भी इंस्ट्रक्शन्स जारी की जा चुकी हैं और जितने भी हमारे स्टेट मेडिकल काउंसिल्स हैं, सभी को एडवाइज किया है कि जेनेरिक दवाओं के प्रेस्क्रिप्शन को वे अधिक से अधिक बढ़ावा दें और डॉक्टर्स इसको प्रेस्क्राइब करें और इसकी वे ऑडिट भी करें।

श्री चंदन चौहान : माननीय अध्यक्ष जी, ऐसी धारणा है कि कुछ जेनेरिक दवाओं की प्रभावशीलता

कम होती है और अलग-अलग ब्रांड की गुणवत्ता में अंतर होता है। मैं आपके माध्यम से सरकार से यह पूछना चाहता हूँ कि क्या वह यह विचार कर रही है कि जैसे रोजमर्रा में जिस प्रकार से कई उपकरणों की स्टार रेटिंग होती है, दवाओं की गुणवत्ता और प्रभावशीलता एफिकेसी के आधार पर रेटिंग प्रणाली विकसित की जाएगी और रेटिंग करके दवाइयों की स्क्रिप्ट पैकेजिंग पर अनिवार्य रूप से अंकित किया जाएगा।

श्रीमती अनुप्रिया पटेल : अध्यक्ष महोदय, जहां तक गुणवत्ता का सवाल है, मैं कुछ बातें स्पष्ट कर देना चाहती हूँ। सबसे पहले, हमारे यहां जो भी दवाएं मैनुफैक्चर होती हैं, वे जेनेरिक हों या ब्रांडेड हों, सभी दवाओं को ड्रग्स एंड कॉस्मेटिक एक्ट, 1940 के तहत जो क्वालिटी और सेफ्टी स्टैंडर्ड्स हैं, उनको कंप्लाय करना जरूरी है। इसके साथ ही हमारे न्यू ड्रग्स एंड क्लीनिकल ट्रायल रूल्स, 2019 हैं, उसके हिसाब से कोई भी नया ड्रग जब अप्रूव होता है, तो उसके पहले इनोवेटर ड्रग्स के साथ उसकी जो बायो एक्विवैलेंसी और बायो एफिकेसी है उसको स्थापित किया जाता है। साथ ही हमारे देश में जितने भी ड्रग्स हैं, उनकी क्वालिटी की हम रूटीन तरीके से चेकिंग भी करते हैं और इसके लिए हमारी जो लाइसेंसिंग अथारिटीज हैं, जो ड्रग्स इंस्पेक्टर्स हैं, वे बाजार से ड्रग्स सैंपल्स कलेक्ट करते हैं।

जो हमारे सीडीएससीओ की लैब्स में जाते हैं और अगर उनमें कोई भी एनएसक्यू, स्पूरियस या अडल्ट्रेटेड पाया जाता है तो हम उसकी जानकारी सीडीएससीओ की वेबसाइट के ड्रग एलर्ट सेक्शन में भी देते हैं। इसके साथ ही ड्रग्स की पूरी क्वालिटी, इको सिस्टम को मजबूत करने के लिए हमने रिवाइज्ड शेड्यूल 'एम' को भी जारी किया है। इसके तहत गुड मैनुफैक्चरिंग प्रैक्टिसेज का पालन ड्रग मैनुफैक्चरिंग यूनिट्स में हो, हम इसे इश्योर कर रहे हैं। भारत के अंदर जितनी भी दवायें आज हमारे देश के नागरिकों को दी जा रही हैं, चाहे वे जेनेरिक हों या ब्रांडेड हों, सभी की क्वालिटी, सेफ्टी और एफिकेसी सेम स्टैंडर्ड्स के हिसाब से मान्य है और उसका पालन किया जा रहा है।

श्री रामवीर सिंह बिधूड़ी : अध्यक्ष जी, आपका बहुत-बहुत धन्यवाद। मैं आपके माध्यम से माननीय

मंत्री महोदय से पूछना चाहता हूँ कि यदि यह अनिवार्य है तो नियमों का पालन क्यों नहीं हो पा रहा है? इन नियमों पर अमल हो, इसके लिए सरकार क्या कदम उठा रही है?

माननीय अध्यक्ष : माननीय सदस्यगण, मेरा आग्रह है कि आप धन्यवाद देने में जो समय खर्च करते हैं, उससे ज्यादा प्रश्न पूछने में समय खर्च करें। धन्यवाद की आवश्यकता नहीं है।

माननीय मंत्री जी।

श्रीमती अनुप्रिया पटेल : अध्यक्ष महोदय, जैसा कि मैंने पहले ही बताया कि भारत सरकार की ओर से, एनएमसी की ओर से हमारे सभी रजिस्टर्ड मेडिकल प्रैक्टिसनर्स के लिए यह नियम है, रेगुलेशन है, कंप्लैन्स है कि उन्हें जेनरिक नाम से ही दवायें प्रेस्क्राइब करनी हैं और दवाओं के रेगुलेशन यूज को, अप्रोप्रिएट यूज को बढ़ावा देना है। हम इस संबंध में निरंतर स्टेट गवर्नमेंट से बात करते हैं। सेंट्रल गवर्नमेंट के जितने अस्पताल हैं, उनमें मंत्रालय डॉक्टर्स के प्रेस्क्रिप्शन का ऑडिट करता है। अगर किसी प्रकार की वॉयलेशन की शिकायत आती है तो हम कार्रवाई करते हैं। जो राज्य सरकारें हैं, उनकी टेरिटोरी में जो भी पब्लिक हेल्थ फैसिलिटीज़ हैं, वे उनके सारे प्रेस्क्रिप्शन्स ऑडिट करते हैं। प्रेस्क्रिप्शन ऑडिट के लिए हम उन्हें एनएचएम के तहत सपोर्ट करते हैं। सबसे बड़ी बात कि आज जो हमारी पब्लिक हेल्थ फैसिलिटीज़ हैं, उनको एनक्यूएस सर्टीफिकेशन देने के लिए भी प्रेस्क्रिप्शन ऑडिट एक जरूरी शर्त है। हमारी पूरी कोशिश है कि ज्यादा से ज्यादा डॉक्टर्स जेनरिक दवाइयों को प्रेस्क्राइब करें।

श्री रविंद्र दत्ताराम वाइकर : माननीय अध्यक्ष महोदय, कैंसर, डाइबिटीज और दिल की बीमारी जैसे महंगे इलाज के कारण पहले ही मध्यम वर्ग के परिवारों की जीवन भर की जमापूंजी खत्म हो जाती है। हमारी सरकार ने जन औषधि योजना के जरिए उन्हें बहुत बड़ी राहत दी है।

मेरा प्रश्न है कि क्या माननीय मंत्री जी सदन को बतायेंगे कि हाल में इन गम्भीर बीमारियों की कितनी नई और जीवन रक्षक दवायें जन औषधि केन्द्रों में शामिल की गई हैं? खुले बाजार में महंगे ब्रांड

की तुलना में इन दवाओं को खरीदने पर आम आदमी के कितने प्रतिशत पैसे बच रहे हैं?

श्रीमती अनुप्रिया पटेल : अध्यक्ष महोदय, मैं इस सदन को सूचित करना चाहती हूँ कि हमारे देश के अंदर वर्ष 2014 से पहले केवल 80 जन औषधि केन्द्र थे। इनकी संख्या को बढ़ाकर 18 हजार से अधिक कर दिया है। इन 18 हजार केन्द्रों के माध्यम से 2,100 से अधिक किस्म की दवायें और सर्जिकल उत्पाद देश के आम नागरिकों को 50 से 90 प्रतिशत तक डिस्काउंट पर उपलब्ध हैं। इसमें बहुत सारे गम्भीर रोगों की दवायें, जैसे कैंसर और डाइबिटीज़ की दवायें भी शामिल हैं। हमने जो प्रयास किया है, इसके चलते आम जनमानस की इन जन औषधि केन्द्रों के माध्यम से 38 हजार करोड़ रुपये की बचत हुई है। उनकी जेब से होने वाले खर्च में कटौती हुई है। हमारी कोशिश है कि ज्यादा से ज्यादा दवाएं देश के कोने-कोने में कम दामों पर हम देश के आम नागरिक को उपलब्ध करा सकें।

माननीय अध्यक्ष: प्रश्न संख्या 482, श्रीमती प्रतिमा मण्डल ।

IMPORT OF RAW MATERIALS FOR FERTILIZERS

***482. SHRIMATI PRATIMA MONDAL:**

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

- (a) the percentage of raw materials for fertilizers in the country that continue to be import-dependent in the light of geopolitical disruptions and the timeline for achieving domestic substitution;
- (b) the corrective measures being implemented to address excessive urea consumption and soil nutrient imbalance; and

- (c) whether it is true that our country continues to rely heavily on imports for critical Active Pharmaceutical Ingredients, if so, the details thereof and the reasons therefor?

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

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

STATEMENT

(a) : India depends significantly on imports for key raw materials used in the production of fertilizers due to limited domestic reserves. This includes intermediates such as phosphoric acid, rock phosphate, sulphur, ammonia and muriate of potash for phosphatic and potassic (P&K) fertilizers, as well as natural gas for urea production. As per information received from the Fertilizer Association of India (FAI), the estimated share of imported raw materials and intermediates for fertilisers in the country during 2024-25 is given in the table below:

Sl. No.	Raw material/ Intermediates	Estimated share of import (%)
1.	Rock phosphate	86.0
2.	Sulphur	52.0
3.	Natural Gas for Urea Sector	78.0
4.	Ammonia for Complex Fertilisers	75.0
5.	Phosphoric Acid	52.0
6.	Muriate of Potash	100.0

India is dependent on imports of raw materials of fertilizers to meet its demand. To ensure a stable and assured supply in view of this dependency, Department of Fertilizers has facilitated the signing of Long Term Agreements (LTAs) between Indian companies and resource rich countries for raw materials to ensure domestic production. Details of LTAs is given in the enclosed **Annexure-I**.

Further, under the Nutrient-Based Subsidy (NBS) Scheme for P&K fertilizers, based on requests, new manufacturing units or increase in manufacturing capacity of existing units have been recognized/taken on record under the Scheme to increase domestic production. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as well as their raw materials as per their business dynamics. As per information received from the fertilizer companies, companies are establishing DAP/NPK plants with a combined annual capacity of 59.65 LMT and phosphoric acid/sulphuric acid plants with a combined annual capacity of 44.21 LMT.

Under the National Green Hydrogen Mission, the Strategic Interventions for Green Hydrogen Transition (SIGHT) scheme includes Mode-2A, which focuses on demand aggregation and procurement of Green Ammonia for the fertilizer sector. A provision has been made for procurement of 7.24 LMT of Green Ammonia by the Fertilizer companies for production of P&K fertilizers.

(b) : Indian Council of Agricultural Research (ICAR) recommends soil test–based balanced fertilization, ensuring that nutrients are applied according to the actual needs of the crops and supplementing soil nutrients. This is complemented by the balanced application of NPK fertilizers rather than excessive reliance on nitrogen alone. Integrated Nutrient Management (INM) is promoted through the combined use of inorganic fertilizers and organic sources such as manure, compost, green manure, biofertilizers, and crop residue recycling, which helps maintain soil health and reduce chemical fertilizer dependency.

Efficient fertilizer use is encouraged through practices such as split application of nitrogen, proper placement of fertilizers, and the use of slow-release fertilizers, neem-coated urea, and nitrification inhibitors to minimize nutrient losses. The use of biofertilizers and adoption of organic farming practices further support sustainable nutrient supply and reduce urea consumption. In addition, proper soil and water management practices enhance nutrient use efficiency and prevent losses through leaching and runoff.

ICAR also engaged in capacity building through farmer training, demonstrations, and awareness programs that plays an important role in promoting these practices. Together, these measures help reduce excessive urea consumption, ensure balanced nutrient application, and improve soil health while protecting the environment.

(c) : In FY 2024-25, India imported 200 categories of Active Pharmaceutical Ingredients (APIs), bulk drugs, and drug intermediates worth approximately USD 4.35 billion, as per HSN (Harmonised System of Nomenclature) based import data. China accounted for about 73.7% of these imports. The details of major source countries with high import dependence are given in the enclosed

Annexure-II.

Factors contributing to this dependence include low-cost manufacturing of API, evolved industrial infrastructure, low cost of utilities such as power and competitive price derived from economies of scale in the source countries.

ANNEXURE-I

Jordan

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
Ostwal	JPMC	Rock Phosphate	5,00,000	10 yrs May 2022 to April 2032

Morocco

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
PPL	OCP	Rock Phosphate	16,00,000 to 18,00,000	10yrs (31-Dec-23 to 30-Nov-33)

Togo

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
FACT	SNPT	Rock Phosphate	2,40,000 (non-binding)	3 yrs 10.02.2025 to 09.01.2028

Mauritania

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
RCF	M/s. Atlantic Minerals SARL	Rock Phosphate	1,50,000 (non-binding)	3 yrs 2025 to 2028

2. Phosphoric Acid:**Morocco**

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
PPL	OCP	Phosphoric acid	3,00,000 to 3,50,000	Yearly (Quarterly renewal Agreement)
Indorama	OCP	Phosphoric Acid	1,20,000 MT of P ₂ O ₅	Ongoing, signed on 01.06.2021
	Total:		4,20,000 to 4,70,000	

Tunisia

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
GSFC	TIFERT	Phosphoric Acid	1,80,000	30yrs (21/08/2006 to 21/08/2036)

Senegal

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
IFFCO	ICS	Phosphoric Acid	5,50,000	34 years Started: 17-May-99

3. Ammonia**Saudi Arabia**

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
CIL	MA'ADEN	Ammonia	6,00,000 (+/-10%)	3yrs (01/01/2024 to 31/12/2026)

Oman

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
PPL	East West General Trading, Dubai	Ammonia	3,50,000	3 years 01-Aug-24 to 31-Jul-27

Japan

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
Indorama	ITOCHU	Ammonia	15,000 - 60,000 MT	1 yr (01.01.25 to 31.12.25)

Malaysia

Indian Company	Counterpart company	Product	Annual Quantity (MT)	Duration (Years)
PPL	Itochu Corporation	Ammonia	50,000 to 90,000	1 Year (01-01-25 to 31-12-25)

ANNEXURE-II**The list of major source countries with high import dependence**

S. No	Import from Globe for Bulk drugs and drug intermediates	Value (in \$ Mn)	Share (%)
1	China	3,204.67	73.71
2	European Union	593.13	13.64

3	Singapore	108.27	2.49
4	United States of America	85.18	1.96
5	Japan	78.97	1.82
6	Switzerland	44.67	1.03
7	Mexico	34.79	0.80
8	United Kingdom	33.25	0.76
9	Hongkong	22.99	0.53
10	Malaysia	22.37	0.51
11	Others	119.47	2.75
	Total	4,347.75	100.00

Source: Directorate General of Commercial Intelligence and Statistics (DGCIS)

SHRIMATI PRATIMA MONDAL: Sir, the hon. Minister has spoken about correcting excessive urea consumption but the field reports indicate that the nutrient-based subsidy regime has not adequately encouraged balanced use of fertilizer. I would like to ask the hon. Minister whether the Government is considering bringing urea under the NBS framework of rationalising subsidy structure to ensure scientific and sustainable nutrient application.

SHRI JAGAT PRAKASH NADDA: First of all, I would like to enlighten the hon. Member that many steps have been taken for balanced fertilisation and reducing urea use, and for that, scientific nutrient application is implemented, according to the study of the Indian Council of Agricultural Research, which promotes soil test-based fertilisation.

Also, for this, we have introduced the Soil Health Cards for the farmers, and approximately 24 crore farmers have got the Soil Health Cards. Through this, they can understand what type of fertilizer is needed for their soil, how much is required, and for which crop. This has helped promote balanced NPK use, instead

of excessive nitrogen usage, which has now been curtailed. We have tried to ensure that there is a balance in it.

Similarly, as far as Integrated Nutrient Management is concerned, the combined use of chemical fertilizers with organic sources is also being taken care of. We have undertaken measures to improve efficiency by encouraging the split application of nitrogen and the proper placement of fertilizers from time to time.

I would also like to add that, to ensure a balance, we have encouraged sustainable practices. Under this, we are promoting bio-fertilizers and organic farming, along with better soil and water management to reduce nutrient losses.

Now, as far as the hon. Member's question regarding urea is concerned, we do not have any policy at this point in time to include it in the NBS.

SHRIMATI PRATIMA MONDAL : Sir, in view of the continued import dependence for fertilizer, raw materials and APIs, I would like to know whether the Government has conducted any comprehensive vulnerability assessment of supply chains, particularly in the context of ongoing global conflicts, and whether any strategic reserve policy is being considered to safeguard farmers and the pharmaceutical sector from sudden shortages.

SHRI JAGAT PRAKASH NADDA: I would like to clarify that we have very limited reserves of raw materials. Therefore, we import raw materials for rock phosphate, sulphur, natural gas, ammonia, phosphoric acid, and Muriate of Potash. Here also, I would like to enlighten the hon. Member that we are going for long-term

agreements with various countries to ensure a stable raw material supply chain as far as India is concerned. We have gone for long-term agreements with countries like Jordan, Morocco, Saudi Arabia, and Oman, among others.

Here, I would also like to mention that we have increased the production of urea. As far as production is concerned, it has increased from 230 lakh metric tonnes to 315 lakh metric tonnes over the last 10 years. This is an increase of 85 lakh metric tonnes. In the same way, new plants have been set up after 2014. These plants have been established in Gorakhpur, Sindhuri, Barauni, Ramagundam, Panagarh, and Gadepan, leading to an additional increase of 76 lakh metric tonnes of urea in the last ten years. So, we are trying to ensure that the supply of raw materials from various countries is secured, so that they can be imported into India for the manufacture of fertilizers.

As far as pharmaceuticals are concerned, I would again like to enlighten the hon. Member that we have taken steps to reduce import dependence on Active Pharmaceutical Ingredients. At one point, India used to import around 2,000 categories of bulk drugs worth 4.35 billion dollars. The major sources of these imports were China, the European Union, Singapore, the United States, Japan, and Switzerland.

Now, here also, under the dynamic leadership of Prime Minister Modi, we have introduced two programmes, one is the PLI scheme for bulk drugs and Rs.6,940 crore have been allocated for that and which is to incentivise domestic

manufacturing of 41 critical active pharmaceutical ingredients, key starting materials (KSM) and drug intermediaries. So, this is what we have added.

The same way, another scheme is the Production Linked Incentive Scheme for pharmaceuticals and Rs.15,000 crore have been allocated for that. That promotes the high value drugs of APIs and we are also setting up three bulk drug parks, one in Andhra Pradesh, one in Gujarat, and one in Himachal Pradesh with a common infrastructure to see to it that APIs are produced here in India. Here also, I would like to say that we have also gone for anti-dumping safeguards by the DGTR and the good news is that 190 plus APIs are now being manufactured domestically for the first time. And for the first time, sulphadiazine, Penicillin G, Clavulanic acid, and para-aminophenol, all these are going for a gradual decrease in the import and increase in the domestic production.

SHRIMATI SUPRIYA SULE : Sir, in today's reply, the hon. Minister has under the National Green Hydrogen Mission talked about green ammonia as a fertiliser option. Sir, there were media reports that in the green ammonia - I must compliment the *Mantralaya* - you have had a very good and a transparent bidding process that you followed. So, if the bids are done, why has the Government not signed up with the legitimate companies the take-off contracts? The take-off contracts were signed between people who have won the bids. They were with the fertilisers companies.

Considering the global situation today, the way it is, India would be, and

that was the whole idea of this to make it, ammonia-free so that our imports become less and we have more indigenous green ammonia. So, why are these contracts not being signed so that it will expedite the programme? So, what is the *Mantralaya* doing about that? And how soon would they be doing it or is there any change in policy? Thank you, Sir.

SHRI JAGAT PRAKASH NADDA: As far as the Green Hydrogen Mission is concerned, I would like to enlighten the House that 7.24 lakh metric tonne per annum green ammonia is being produced and fertiliser companies are producing P and K also. So, this is a new initiative which has been taken by the Government of India under the leadership of Prime Minister Modi.

One thing you have asked about the process and about the policy, I think this needs more information. So, if you can ask me separately, I will try to give the answer.

डॉ. निशिकान्त दुबे : माननीय अध्यक्ष महोदय, माननीय मंत्री महोदय का जो जवाब है, उसके संबंध में मैं कहना चाहूंगा कि देश की हालत शुरू से बहुत खराब है क्योंकि हमें रॉ मैटेरियल इम्पोर्ट ही करना पड़ता है। लेकिन हमारी सरकार ने बड़ा अच्छा काम किया है कि 3,000 रुपये का खाद 300 रुपये बोरी में और 265 या 260 रुपये में मिल रहा है।

आपके माध्यम से, मेरा मंत्री महोदय से यह प्रश्न है कि अभी खाड़ी का युद्ध चल रहा है और उसमें रॉ मैटेरियल एक बड़ी समस्या हो गई है। किसानों को फर्टिलाइज़र चाहिए और हम उनको सस्ते दर पर देना चाहते हैं। लेकिन इस युद्ध के कारण फर्टिलाइज़र्स की जो कमी हो रही है, उसके लिए भारत सरकार क्या नीति अपना रही है, जिससे महीने-दो महीने के लिए किसानों को कोई परेशानी का

सामना न करना पड़े?

माननीय अध्यक्ष : अभी किसानों को फर्टिलाइज़र की थोड़े ही जरूरत पड़ेगी।

डॉ. निशिकान्त दुबे : सर, अभी जरूरत पड़ेगी।

माननीय अध्यक्ष : नहीं, महीने-दो महीने बाद जरूरत पड़ेगी।

डॉ. निशिकान्त दुबे : हमारे यहां अभी खेती हो रही है। मैं जिस इलाके से आता हूँ, वहां चार फसलों की खेती होती है। अभी हमारे यहां मिर्च और रेपसीड की खेती होती है।

माननीय अध्यक्ष : हमारे यहां अभी दो फसलों की ही खेती होती है।

श्री जगत प्रकाश नड्डा : माननीय अध्यक्ष महोदय, वैसे यह प्रश्न मूल प्रश्न से जुड़ा हुआ नहीं है। सरकार की तरफ से और इस हाउस के माध्यम से, मैं देश की जनता को आश्वस्त करना चाहता हूँ कि जहां तक खाद का सवाल है, फर्टिलाइज़र्स का सवाल है, भारत सरकार ने माकूल-पर्याप्त खाद की व्यवस्था कर रखी है और हमारे रिज़र्व्स हैं। किसी तरह की भी पैनिक करने की जरूरत नहीं है।

महोदय, मैंने कल ही सभी राज्यों के कृषि मंत्रियों से बातचीत की है। ... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्य, बैठे-बैठे नहीं बोलते हैं।

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, मैंने सबको कहा है कि यह जो पैनिक क्रिएट किया जा रहा है, इसकी कोई आवश्यकता नहीं है। हमारे पास पर्याप्त भंडारण है और उस भंडारण की व्यवस्था के कारण किसानों को सही समय पर जितनी खाद चाहिए, वह मिलेगी।

माननीय अध्यक्ष : माननीय सदस्यगण, जब मंत्री जी सदन में जवाब दे रहे हैं और वे पूरी जिम्मेदारी के साथ जवाब दे रहे हैं, तब आप क्यों सवाल उठा रहे हैं? जब कोई कमी हो, तब आप सवाल उठाइएगा। अभी तो कोई कमी नहीं है। क्या अभी कोई कमी है?

... (व्यवधान)

श्री मनीश तिवारी : अध्यक्ष महोदय, मैं आपके माध्यम से मंत्री जी से यह जानना चाहता हूँ कि जो

खाड़ी के देश हैं, वर्ष 2020 से लेकर 2025 तक भारत ने उनसे 11 बिलियन डॉलर्स का फर्टिलाइजर्स आयात किया है। जो 49 प्रतिशत नाइट्रोजन बेस्ड फर्टिलाइजर्स हैं, वे सऊदी अरब, ओमान, कतर और यूएई से आते हैं। चार हफ्ते से स्ट्रेट ऑफ होर्मुज बंद पड़ी है। जिस तरह से युद्ध की परिस्थिति बनी हुई है, उसके खुलने का कोई आसार भी नहीं दिख रहा है। मिडिल ईस्ट या वेस्ट एशिया में 40 एनर्जी प्रोड्यूसिंग फैसिलिटीज़ हैं, वे क्षतिग्रस्त हो चुकी हैं। जो सबसे बड़ा फर्टिलाइजर प्लांट है, जिसे कतर फर्टिलाइजर कंपनी चलाती है, कतर ने उस फर्टिलाइजर प्लांट को बंद कर दिया है। हमारा कतर के साथ लॉन्ग टर्म कॉन्ट्रैक्ट है।

महोदय, मैं माननीय मंत्री जी से यह जानना चाहता हूँ कि खरीफ की बुआई का जो सीजन है, वह तो निकल जाएगा, लेकिन जो रबी का सीजन आने वाला है तथा खाड़ी देशों पर जो हमारी आयात निर्भरता है, क्या इससे निपटने के लिए सरकार के पास कोई रणनीति है? What diversification are we attempting in order to ensure that the next sowing season is not impacted?

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, वैसे तो यह विषय मूल प्रश्न से जुड़ा हुआ नहीं है। जैसा इन्होंने खुद ही माना है कि हमारे पास खरीफ सीजन के लिए पर्याप्त भंडारण और उसकी व्यवस्था है। किसानों को उसकी चिंता नहीं करनी पड़ेगी। We are also looking for diversification, new markets, and new areas from where we will get raw materials for fertilisers. हम उसके लिए पूरी रणनीति बनाने का प्रयास कर रहे हैं।

माननीय अध्यक्ष: प्रश्न संख्या 483, श्री राजाभाऊ पराग प्रकाश वाजे ।

SHORTAGE OF PARAMEDICAL STAFF IN PHCS AND CHCS

***483. SHRI RAJABHAU PARAG PRAKASH WAJE:**

Will the **MINISTER OF HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has taken note that there is an acute shortage of doctors, specialists, nurses and paramedical staff in Primary Health Centres (PHCs), Community Health Centres (CHCs) and Rural and District Hospitals in Nashik Lok Sabha Constituency in Maharashtra, particularly in tribal and remote areas such as Surgana, Trimbakeshwar, Peth and Igatpuri, if so, the details thereof;
- (b) whether adequate facilities for maternal and child health, immunization, malnutrition control and prevention of water-borne and vector-borne diseases like dengue and malaria are being ensured in these areas, if so, the details thereof;
- (c) whether Mobile Medical Units, Telemedicine services and Ambulance networks have been strengthened in tribal and hilly regions, if so, the details thereof; and
- (d) whether the Government proposes any special package to upgrade health infrastructure, establish Trauma centres and fill long-pending vacancies in Nashik district and if so, the details thereof?

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

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

STATEMENT

(a) to (d): 'Public Health' & 'Hospitals' are State subjects. The primary responsibility for the availability of doctors, specialists, nurses and paramedical staff in various public health facilities in the country lies with the respective State/UT Governments.

The details regarding doctors, nurses and specialists and their vacancies in Government hospitals across the country including Maharashtra, at the healthcare facilities across the country can be accessed at the following link of Health Dynamics of India (HDI) 2022-23:

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

The National Health Mission (NHM) provides support for improvement in health infrastructure, human resources in health facilities, availability and accessibility to quality healthcare across the country including Maharashtra. Technical and financial support is provided 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. Approval is accorded to the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources.

Through the Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) strategy, Government is making sustained efforts to improve maternal and child health and reduce malnutrition and anaemia in the country including tribal and remote areas. Immunization coverage has been strengthened via the digital U-WIN portal, ensuring real-time tracking of every child and pregnant woman. National Vector Borne Disease Control programme (NVBDCP) is being implemented for prevention and control of six Vector Borne Diseases including Malaria and Dengue in all States/UTs wherever these diseases are endemic.

Mobile Medical Units (MMUs) are supported under NHM to provide outreach services in remote villages with difficult terrain which are underserved and inaccessible. As per NHM-MIS report, a total of 1453 MMUs have been deployed across the country including Maharashtra.

Teleconsultation services are available at all operational Ayushman Arogya Mandirs (AAMs) across the country including Maharashtra, which enables people to access the specialist services closer to their homes addressing concerns of physical accessibility, shortage of service providers and to facilitate continuum of care. The total teleconsultations conducted at AAMs across the country are 44.08 crore, as on 28.02.2026.

Under National Ambulance Service, 3,268 Advanced Life Support (ALS), 15,554 Basic Life Support (BLS), 3,839 Patient Transport Vehicle (PTV), 19 Boat

Ambulances, 81 Bike Emergency Response Vehicles and 5,773 other empanelled vehicles are supported under NHM for transportation of patients, particularly pregnant women and sick infants from home to public health facilities and back across the country including Maharashtra.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) with an outlay of Rs.64,180 crore aims to provide support for infrastructure development for Sub-Health Centres (SHCs), Urban AAMs, Block Public Health Units (BPHUs), Integrated District Public Health Laboratories (IPHL) and Critical Care Hospital Blocks (CCBs). Total amount of Rs. 1086.44 crore has been approved under PM-ABHIM for the State of Maharashtra for FY 2021-22 to FY 2025-26.

The Fifteenth Finance Commission (FC-XV) has recommended grants through Local Governments for specific components of the health sectors. Total amount of Rs.7063.60 crore has been approved under FC-XV health grant for Maharashtra for the period from FY 2021-22 to FY 2025-26 Under the “National Programme for Prevention & Management of Trauma and Burn Injuries” (NPPMT&BI), 196 Trauma Care Facilities (TCFs) including 6 TCFs in Maharashtra were sanctioned in Government Hospitals/ Medical Colleges across the country.

Incentives and honorarium are provided to medical professionals to improve service delivery in rural and remote areas, including Maharashtra. Under

NHM, measures such as Hard Area Allowance for specialist doctors, flexibility to States to offer negotiable salaries including “You Quote We Pay”, non-monetary incentives like preferential admission in postgraduate courses and multi-skilling of doctors through training in Comprehensive Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS) are supported to address the shortage of specialists in such areas.

SHRI RAJABHAU PARAG PRAKASH WAJE: Hon. Speaker, Sir, the hon. Minister’s reply has stated that only six trauma care facilities have been sanctioned for the entire State of Maharashtra under the NPPMT&BI. Nashik is a critical junction on major national highways. It is also a major industrial hub, and it will host the upcoming Kumbh Mela, which is the world’s largest human gathering. On what criteria was Nashik excluded from these six sanctioned trauma care facilities, and does the Government have any plans to include Nashik?

SHRI JAGAT PRAKASH NADDA: As far as the Central Government is concerned, the Ministry of Health and Family Welfare provides technical and financial support for strengthening infrastructure, as well as for the training component in the States. It is the responsibility of the State to submit proposals to the Central Government, which we refer to as the Programme Implementation Plan (PIP). This is reviewed annually by the State Government. The State Government decides and prepares the proposal for the next year, including the infrastructure required and the funds needed. This PIP is approved by the State

Government and then submitted to the Ministry of Health and Family Welfare, Government of India, after which we release funds accordingly. Therefore, the planning has to be done at that level. If Nashik has not been included, the Central Government cannot include it on its own. It is for the State to propose and prioritise it.

SHRI RAJABHAU PARAG PRAKASH WAJE : Will the hon. Minister clarify what specific interventions, funds, and human resource support have been approved by the Central Government specifically for the tribal blocks of Nashik district, and whether any time-bound plan exists to fill specialist vacancies through Centrally supported schemes?

SHRI JAGAT PRAKASH NADDA: Sir, I would like to enlighten that with the help of the Central Government, the Ayushman Arogya Mandir and the Sub-Health Centres are 437 which have been established in Nashik. In Primary Health Centre, the Ayushman Arogya Mandir are 112, Urban PHCs are 47, and Urban SHCs are 135.

As far as the Ayushman Arogya Mandirs which are operational in Nashik are concerned, there are 738, and the EPS are 690. The cumulative footfall in Nashik in the Ayushman Arogya Mandir for the last year has been two crore. Here, I would also like to share with you that as far as the Mobile Medical Units (MMUs) are concerned, Nashik has got five in the district.

As far as the doctors and paramedics are concerned, the total strength is

2,107, and at the moment 1,773 are filled up, and 334 are vacant. It is for the State Government to see to it that the paramedics and doctors are appointed. We support by having a program where we say, "You Quote - We Pay". It is negotiable also. The same way, we also encourage for the PG seats that if anybody does a rural training or a rural duty, then he is given advantage in the PG seats. The same way, we also see to it that the students, the MBBS doctors who go to the rural areas, are also financially given more benefit so that they are deputed there and they work there.

माननीय अध्यक्ष : श्री शिवाजी कालगे जी।

ये डॉक्टर हैं।

... (व्यवधान)

माननीय अध्यक्ष : कौन असली है और कौन नकली है, पहले यह देखना पड़ेगा। ये असली हैं।

डॉ. शिवाजी बंडाप्पा कालगे : अध्यक्ष महोदय, मैं मंत्री जी से पूछना चाहता हूं कि महाराष्ट्र के बहुत सारे एरियाज़ में जो प्राइमरी हेल्थ सेंटर्स हैं, वे प्राइमरी हेल्थ सेंटर्स बहुत से इंफ्रास्ट्रक्चर्स को लेकर डेफिसिट में हैं। इस वजह से बहुत बार डॉक्टरों वहां पर रहने से मना करते हैं। वहां पर अच्छे क्वार्टर्स नहीं हैं और बाकी फैसिलिटीज़ भी नहीं हैं। गवर्नमेंट की तरफ से उनके डेवलपमेंट की क्या कोशिश की जा रही है? धन्यवाद।

श्री जगत प्रकाश नड्डा : जैसा कि मैंने कहा, भारत सरकार की तरफ से नेशनल हेल्थ मिशन के तहत हर साल आपकी जो डिमांड्स आती हैं, हम उन डिमांड्स के अनुसार आपको एक इनवेलप देते हैं। उस इनवेलप में हम उन्हें पूरा करते हैं। अब मैं आपको सिर्फ इतना बताना चाहूंगा कि 'प्रधानमंत्री आयुष्मान भारत हेल्थ इंफ्रास्ट्रक्चर मिशन' (PM-ABHIM) के तहत कैबिनेट ने 64,180 करोड़

रुपये एलोकेट किए थे, जिनमें से महाराष्ट्र को PM-ABHIM के तहत 1,086 करोड़ रुपये दिए गए हैं। उसी तरीके से 15वें फाइनेंस कमीशन में महाराष्ट्र को 7,063 करोड़ रुपये दिए गए। अब यह जिम्मेदारी स्टेट गवर्नमेंट की होती है।

हमारे एमपीज़ से मेरा एक निवेदन है। इस प्रश्न का लाभ उठाकर मैं आपको यह बात बताना चाहता हूँ कि अपने-अपने क्षेत्र के डिस्ट्रिक्ट्स में, जब हमारी मीटिंग्स होती हैं, तब आप वहां के चीफ मेडिकल ऑफिसर्स से पूछिए कि नेशनल हेल्थ मिशन के पीआईपी में आपने क्या प्रपोज किया है? यदि आपको लगता है कि लोगों की कोई आवश्यकता है, तो आप उसे अपनी तरफ से जुड़वाइए। जब उसे आप जुड़वाएंगे, तो स्टेट उसे अप्रूव करेगा। जब स्टेट अप्रूव करेगा, तो वह हम देंगे।

माननीय अध्यक्ष : साहब, वह नियम के आधार पर ही तो जुड़ेगा, बिना नियम के नहीं जुड़ेगा।

... (व्यवधान)

श्री जगत प्रकाश नड्डा: अध्यक्ष महोदय, दिक्कत यह होती है कि हमारे एमपीज़ का पार्टिसिपेशन नहीं है। मैंने सभी को व्यक्तिगत रूप से चिट्ठी भी लिखी है। मैं आप सभी से फिर अपील करता हूँ कि आपका पार्टिसिपेशन होना चाहिए। आपके पार्टिसिपेशन के लिए आप चीफ मेडिकल ऑफिसर से पूछिए कि वे कौन-कौन से कॉम्पोनेंट्स हैं, जिनके लिए नेशनल हेल्थ मिशन पैसा देता है? आप उन कॉम्पोनेंट्स को स्ट्रेंथेन करने की कोशिश कीजिए।

श्री अभय कुमार सिन्हा : अध्यक्ष महोदय, मैं माननीय मंत्री जी का ध्यान आकर्षित करते हुए यह कहना चाहता हूँ कि मेरे लोक सभा क्षेत्र औरंगाबाद सहित बिहार में विशेषज्ञ चिकित्सकों और चिकित्सा कर्मियों की भारी कमी है, जिसके कारण उचित स्वास्थ्य सेवा नहीं हो पाती है।

माननीय अध्यक्ष : यह व्यवस्था राज्य की है।

श्री अभय कुमार सिन्हा : क्या माननीय मंत्री जी बिहार सरकार से वार्ता कर केन्द्रीय टीम बनाकर जांच कराते हुए इन कमियों को दूर करने का कोई ठोस उपाय बनाएंगे?

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, मैं माननीय सदस्य जी को यह बताना चाहूंगा कि यह काम प्रदेश सरकार का है और प्रदेश सरकार के स्वास्थ्य मंत्रालय का है। आप यदि अपने प्रदेश के स्वास्थ्य मंत्री से बातचीत करेंगे, तो इसका रास्ता निकल सकता है। हम इतना ही कह सकते हैं कि जो लोग दूर-दराज के एरियाज़ में रहते हैं, फाइनेंशियल दृष्टि से उनकी तनख्वाहों में इज़ाफा करने की जो बात होती है, वह नैशनल हेल्थ मिशन से की जा सकती है। जैसा कि मैंने कहा, you quote, we pay - डॉक्टर क्वोट करे, हम पे करें। यह नेगोशिएबल है। अतः इस नेगोसिएशन का भी वे उपयोग करेंगे, तो अच्छा रहेगा।

DR. BYREDDY SHABARI : Hon. Speaker, Sir, our training capacity is the strongest. The B.Sc. nursing institutes have expanded from 1641 in 2014 to 2500 now. However, training is not a problem, retention is. In spite of two lakh nurses being trained every year, most of them are migrating to other countries, especially UK. The nurse-to-population ratio is about 2 to 1000. We are supposed to have three nurses to 1000 population according to WHO norm. I would like to ask the hon. Minister what the reason is behind migration of the nurses if it is not for the pay or incentive. What is the Government doing to improve the retention?

SHRI JAGAT PRAKASH NADDA: Sir, we are trying to increase the number of trainees. That is what we can do. It is a democratic country. We cannot ask anybody that they have to serve here only and they cannot go outside. They go outside for a better future. Everybody wants to make their own career. But what we are trying to do is increase the number of students in the training part and we also see to it that good incentives are given at the Government level and at the

private level.

श्री जय प्रकाश : स्पीकर सर, धन्यवाद।

सर, मैं आपके माध्यम से माननीय मंत्री जी से यह जानना चाहूंगा कि बाढ़ड़ा, हरियाणा में यूपीए गवर्नमेंट ने ऑल इंडिया कैंसर रिसर्च इंस्टिट्यूट बनाया था। इसमें आठ-दस टावर्स और बनने थे, जो एम्स के पार्ट्स थे। वह कार्य कब तक पूरा होगा?

मेरा आपसे इसके लिए निवेदन है, क्योंकि यदि छः, सात और आठ पार्ट्स बन जाएंगे, तो एम्स में जो ज्यादा लोड है, इनके बन जाने से उसके लिए लाभ होगा। वहां बहुत ज्यादा जमीन है, करीब 400-450 एकड़ के करीब जमीन है।

अतः मैं आपसे निवेदन करना चाहूंगा कि जिस तरीके से कैंसर की बीमारी बहुत ज्यादा बढ़ रही है, उसके लिए प्रतिदिन जो ओपीडी है, वह बहुत कम पड़ती है और स्पीकर सर, जिन लोगों के ऑपरेशन्स होने हैं, उनके लिए बहुत लंबा समय लग जाता है। इसके लिए ज्यादा से ज्यादा डॉक्टर्स के अपॉइंटमेंट किए जाएं, ताकि लोगों के ऑपरेशन्स समय पर हो सकें। मंत्री जी यह भी बताएं कि जो बाकी टावर्स बनने हैं, वे कब तक बन जाएंगे?

धन्यवाद।

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, यह प्रश्न मूल प्रश्न से जुड़ा हुआ नहीं है। मैं माननीय सदस्य से कहना चाहूंगा कि वे अलग से मेरे चेंबर में आएँ, मैं उनके साथ चर्चा कर लूंगा।

माननीय अध्यक्ष: प्रश्न संख्या 484, श्री सुरेश कुमार कश्यप ।

बाजार विकास सहायता योजना का कार्यान्वयन

***484. श्री सुरेश कुमार कश्यप:**

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

- (क) क्या सरकार द्वारा हिमाचल प्रदेश जैसे पर्वतीय राज्यों में बाजार विकास सहायता योजनाओं का प्रभावी कार्यान्वयन सुनिश्चित करने के लिए कोई विशेष पहल की गई है; और
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(a) and (b) : A Statement is laid on the table of the House.

STATEMENT

(a) and (b) : Market Development Assistance (MDA) is implemented on pan India basis.

Under this Scheme, the Government has approved assistance @ ₹1500/MT to promote organic carbon enhancers i.e., Fermented Organic Fertilizers (FOM) and Liquid FOM; and organic fertilizer i.e., Phosphate Rich Organic Manure (PROM), produced at plants under the **Galvanizing Organic Bio-Agro Resources Dhan (GOBARdhan)** initiative, covering different biogas/CBG plants. Under the scheme, 133 Compressed Bio Gas(CBG)/Bio Gas (BG) plants have been registered on the Integrated Fertilizer Management System (iFMS) portal as on 23.03.2026 for sale of FOM/LFOM/PROM. CBG/BG plants can claim MDA on FOM/LFOM/PROM sold through PoS (Point of Sale) to Farmers/Farmers Cooperatives/Farmers Producers Organisations (FPOs)/Panchayats/District Development Authorities (DDAs)/Central Public Work Department (CPWD)/Govt.

Departments/Non-Government Organisations (NGOs)/Residence Welfare Associations (RWAs) etc.

CBG/BG plants can also sell FOM/LFOM/PROM through Fertilizer Marketing Companies (FMCs) by entering into Memorandum of Understanding (MoU). Further, FMCs are encouraged to enter into Memorandum of Understanding (MoU) with CBG operators in their catchment area for marketing of FOM/LFOM/PROM. So far, FMCs have signed 44 MoUs with CBG units for marketing of FOM/LFOM/PROM.

No CBG/BG plant has been registered from the State of Himachal Pradesh for sale of FOM/LFOM/PROM under the MDA scheme.

श्री सुरेश कुमार कश्यप : माननीय अध्यक्ष महोदय, माननीय मंत्री जी ने मेरे प्रश्न का बहुत विस्तृत उत्तर दिया है। इसके लिए मैं उनका धन्यवाद करता हूँ।

माननीय अध्यक्ष महोदय, मैं आपके माध्यम से माननीय मंत्री जी से जानना चाहता हूँ कि हिमाचल प्रदेश जैसे पर्वतीय राज्यों में उर्वरकों की उपलब्धता, वितरण प्रणाली और सब्सिडी के लाभ को और अधिक प्रभावी बनाने हेतु क्या कदम उठाए जा रहे हैं?

माननीय अध्यक्ष महोदय, इसके साथ ही मैं यह भी जानना चाहता हूँ कि सरकार पर्वतीय राज्यों की भौगोलिक चुनौतियों को ध्यान में रखते हुए उर्वरकों की आपूर्ति श्रृंखला, भंडारण और परिवहन व्यवस्था को सुदृढ़ करने हेतु क्या विशेष कदम उठा रही है?

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, जहां तक मार्केट डेवलपमेंट असिस्टेंस स्कीम का सवाल है, भारत सरकार इसको प्रोत्साहित कर रही है। प्रधानमंत्री मोदी जी के नेतृत्व में हम यह प्रयास कर रहे हैं कि लोग इस मार्केट डेवलपमेंट असिस्टेंस का उपयोग करें और जो फर्गमेंटेड ऑर्गेनिक मैनुवर है, जो

ऑर्गेनिक कार्बन इन्हैन्सर है, उसको इस्तेमाल में लाएं, जिसके माध्यम से जमीन उर्वरक रहेगी, उसकी क्वालिटी भी अच्छी रहेगी और सॉइल भी अच्छा रहेगा।

उसी तरीके से लिक्विड फर्मेंटेड ऑर्गेनिक मैन्योर है, उसको भी प्रोत्साहन दे रहे हैं। इसके लिए हम 1500 रुपये प्रति मीट्रिक टन सब्सिडी भी देते हैं। हम इस तरीके से काम कर रहे हैं। गैल्वनाइजिंग ऑर्गेनिक बायो-एग्रो रिसोर्सेस-धन (GOBARdhan) योजना का इनिशिएटिव है, जिसमें कंप्रैज्ड बायोगैस और बायोगैस प्लांट्स को सपोर्ट करते हैं। लगभग 133 कंप्रैज्ड बायोगैस प्लांट्स हैं, जो रजिस्टर्ड हुए हैं। जहां तक हिमाचल प्रदेश का सवाल है, तो अभी तक कोई रजिस्टर्ड नहीं हुआ है। इसलिए वहां पर कोई इस तरीके का प्रोत्साहन देने का अभी तक कोई सवाल नहीं उठा है। यदि कोई इनिशिएटिव लेगा, तो उसको हम जरूर सपोर्ट करेंगे।

श्री सुरेश कुमार कश्यप : अध्यक्ष जी, मैं माननीय मंत्री जी से यह भी जानना चाहता हूं कि रासायनिक बनाम जैविक उर्वरक की बात करें, तो बाजार विकास सहायता योजना (एमडीए) के माध्यम से मिट्टी की उर्वरकता और पर्यावरण पर इसका क्या असर पड़ेगा? इसके साथ ही साथ इस योजना से रासायनिक उर्वरक के आयात में कितनी कमी आएगी और भविष्य में इसका क्या लाभ होगा?

श्री जगत प्रकाश नड्डा : महोदय, जहां तक बायोगैस का सवाल है, फर्मेंटेड ऑर्गेनिक मैन्योर का सवाल है और लिक्विड फर्मेंटेड ऑर्गेनिक मैन्योर का सवाल है, तो निश्चित रूप से यह धरती मां को उर्वर रखने और उसको अच्छा रखने तथा उसकी सॉयल हेल्थ के लिए बहुत ही लाभकारी है। हमारी कोशिश यह रहती है कि हम फार्मर्स को ट्रेनिंग और डिस्कशन के माध्यम से प्रोत्साहित करें कि वह रसायन के साथ-साथ नेचुरल फर्टिलाइजर्स का भी उपयोग करें, इसलिए यह लाभकारी है। लेकिन इसमें हम फोर्स नहीं कर सकते हैं, कोशिश कर रहे हैं।

निश्चित रूप से जो स्कीम्स भारत सरकार ने चलाई हैं, उनके माध्यम से कैमिकल फर्टिलाइजर्स के यूज में धीरे-धीरे कमी आ रही है और लोग ऑर्गेनिक फार्मिंग की ओर भी जा रहे हैं।

SHRI DAGGUMALLA PRASADA RAO: Hon. Speaker, Sir, the Market Development Assistance Scheme has been introduced to promote the use of organic fertilisers and reduce dependency on chemical inputs. As noted by the Standing Committee, during the Financial Year 2024-25, 59.57 per cent of the allocated funds remained utilised.

In this context, I would like to ask the hon. Minister, what steps are being taken by the Government to improve the fund utilisation under the scheme? Thank you.

SHRI JAGAT PRAKASH NADDA: We are encouraging the State Agriculture Minister to see to it that these funds are utilised timely and these funds are utilised by the farmers for their own benefit.

माननीय अध्यक्ष: प्रश्न संख्या 485, श्रीमती दग्गुबाती पुरंदेश्वरी ।

MODERNISATION OF CHILD CARE INSTITUTIONS

***485. ⁺SHRIMATI DAGGUBATI PURANDESWARI:**

DR. LATA WANKHEDE:

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

- (a) whether the Government proposes to modernise Child Care Institutions through digital case management systems in the country, if so, the details along with the implementation status thereof;

- (b) the details of the steps taken to strengthen monitoring, staffing and infrastructure in the said institutions;
- (c) whether adoption timelines under the Central Adoption Resource Authority (CARA) have reduced during the last five years, if so, the details thereof;
- (d) whether measurable data regarding rehabilitation outcomes of children exiting institutional care is available, if so, the details thereof; and
- (e) whether awareness campaigns on child sexual abuse have been expanded in schools in rural areas, if so, the details thereof?

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

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

विवरण

(क) और (ख) : महिला एवं बाल विकास मंत्रालय ने मिशन वात्सल्य पोर्टल का नया संस्करण आरंभ किया है, जो बाल संरक्षण सेवाओं से संबंधित सभी हितधारकों के लिए एक एकीकृत डिजिटल प्लेटफॉर्म है। मिशन वात्सल्य पोर्टल तकनीकी रूप से एक उन्नत और सुरक्षित पोर्टल है जो राज्य और जिला स्तर पर विभिन्न हितधारकों के लिए डिजिटल कामकाजी मंच प्रदान करता है। पहले से चल रही खोया-पाया और ट्रैकचाइल्ड सेवाओं को इस एकीकृत पोर्टल में शामिल किया गया है।

मिशन वात्सल्य पोर्टल की प्रमुख विशेषताओं में हितधारकों अर्थात् राज्य स्तर पर राज्य बाल संरक्षण समिति, राज्य दत्तक ग्रहण संसाधन एजेंसी और जिला स्तर पर जिला बाल संरक्षण इकाई, बाल कल्याण समिति, किशोर न्याय बोर्ड, विशेष किशोर पुलिस इकाई और बाल देखरेख संस्थाओं के उपयोग के लिए एक एकल डिजिटल प्लेटफॉर्म शामिल है। यह पोर्टल बुनियादी स्तर पर कार्यों की पुनरावृत्ति को रोकता है। यह विभिन्न एमआईएस डैशबोर्डों के माध्यम से बेहतर निगरानी

और आयोजना एवं कार्यान्वयन के लिए संसाधनों का अधिकतम उपयोग भी सुनिश्चित करता है। यह पोर्टल प्रत्येक बाल देखरेख योजनाओं, केस हिस्ट्री, पुनर्वास उपायों और बाल देखरेख संस्थाओं में बच्चों को प्रदान की जाने वाली सेवाओं तथा गैर-संस्थागत देखरेख प्राप्त करने वाले बच्चों की डिजिटल निगरानी को सुगम बनाता है।

(ग) : सरकार ने किशोर न्याय (बालकों की देखरेख और संरक्षण) संशोधन अधिनियम, 2021, किशोर न्याय (बालकों की देखरेख और संरक्षण) आदर्श संशोधन नियम, 2022 और दत्तक ग्रहण विनियम, 2022 के तहत दत्तक ग्रहण से संबंधित अपनी नीति को सरल बना दिया है।

दत्तक ग्रहण की प्रतीक्षा अवधि कई कारकों अर्थात् राज्य में बच्चों की उपलब्धता और बच्चे की आयु, श्रेणी, लिंग तथा स्वास्थ्य स्थिति पर निर्भर करती है। विशेष आवश्यकता वाले बच्चों और तत्काल प्लेसमेंट श्रेणी के बच्चों (ज्यादातर बड़े बच्चे) के दत्तक ग्रहण के लिए प्रतीक्षा अवधि न्यूनतम है।

देरी को कम करने और पारदर्शिता सुनिश्चित करने के लिए, 'कारा' ने केयरिंग्स नामक ऑनलाइन पोर्टल के माध्यम से पूरी प्रक्रिया को डिजिटल कर दिया है और राज्य तथा संघ राज्य क्षेत्रों के साथ नियमित निगरानी और अनुवर्ती कार्रवाई की जाती है। इस केयरिंग्स पोर्टल को एकीकृत मिशन वात्सल्य पोर्टल के साथ एकीकृत किया गया है। बाल देखरेख संस्थाओं में दत्तक ग्रहण योग्य बच्चों की पहचान करने और उन्हें दत्तक ग्रहण के लिए शीघ्र कानूनी रूप से मुक्त घोषित करने हेतु जुलाई, 2024 में एक 'पहचान प्रकोष्ठ' भी स्थापित किया गया है। दत्तक ग्रहण विनियम, 2022 की विनियम 46 और 50 के साथ पठित अनुसूची XIV में समय-सीमा निर्धारित की गई है, जिसका अनुपालन दत्तक ग्रहण प्रक्रिया में शामिल प्राधिकरणों एवं एजेंसियों द्वारा किया जाना होता है।

(घ) : किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 की धारा 2(5) और धारा 46 में संस्थागत देखरेख को छोड़ कर जाने वाले बच्चों की पश्चात् देखरेख का प्रावधान है, जिसमें यह

अनिवार्य है कि "अठारह वर्ष की आयु पूरी होने पर बाल देखरेख संस्था छोड़ने वाले किसी भी बालक को समाज की मुख्यधारा में यथानिर्दिष्ट तरीके से फिर शामिल करने हेतु वित्तीय सहायता प्रदान की जाए।"

बच्चे के 18 वर्ष की आयु प्राप्त करने से पहले, बाल कल्याण समिति (सीडब्ल्यूसी), बाल देखरेख संस्था (सीसीआई) के सहयोग से, प्रत्येक बाल देखरेख योजना (आईसीपी) की समीक्षा और उसको अद्यतन करती है तथा पश्चात् देखरेख (आफ्टर केयर) योजना तैयार करती है जिसमें शिक्षा, कौशल विकास, रोजगार, आवास, स्वास्थ्य देखरेख और समाज में पुनः एकीकरण शामिल होता है। सीडब्ल्यूसी, बच्चे की स्वतंत्र रूप से रहने की तैयारी, पारिवारिक परिस्थितियों और उपलब्ध सहायता प्रणालियों का आकलन करती है और तब उचित आदेश पारित करती है। 18 वर्ष की आयु प्राप्त करने पर, यदि बच्चा योग्य और इच्छुक पाया जाता है, तो उसे परिवार या अभिभावक को वापस सौंपा जा सकता है, या उसे पश्चात् देखरेख के अंतर्गत रखा जा सकता है, जो 21 वर्ष की आयु तक प्रदान की जा सकती है और असाधारण मामलों में सीडब्ल्यूसी की स्वीकृति से 23 वर्ष की आयु तक बढ़ाई जा सकती है।

संस्थागत देखरेख में रहने वाले बच्चों, दत्तक ग्रहण बच्चों और गैर-संस्थागत देखरेख (प्रायोजन, पालक देखरेख और पश्चात् देखरेख) प्राप्त करने वाले बच्चों से संबंधित आंकड़ें मिशन वात्सल्य पोर्टल के माध्यम से रखे जाते हैं।

(ड): सरकार ग्रामीण क्षेत्रों सहित पूरे देश में बाल संरक्षण और बाल लैंगिक शोषण की रोकथाम के लिए जागरूकता कार्यक्रम चलाती है। जागरूकता गतिविधियां, राज्य सरकारों और अन्य हितधारकों के समन्वय से सामुदायिक पहुंच, विद्यालय-आधारित कार्यक्रम और डिजिटल अभियान के माध्यम से संचालित की जाती हैं। ये अभियान लैंगिक अपराधों से बालकों का संरक्षण अधिनियम, 2012 के प्रावधानों के अनुरूप होते हैं और इनमें बच्चों, शिक्षकों, अभिभावकों और समुदाय के सदस्यों के लिए

बाल सुरक्षा, रिपोर्टिंग तंत्र और उपलब्ध सहायता सेवाओं संबंधी संवेदीकरण कार्यक्रम शामिल होते हैं। मिशन वात्सल्य के तहत, राज्यों और संघ राज्य क्षेत्रों को जमीनी स्तर पर बाल संरक्षण प्रणालियों को सुदृढ़ करने के लिए जागरूकता और क्षमता निर्माण कार्यक्रम आयोजित करने में भी सहायता दी जाती है।

इसके अलावा, मंत्रालय जागरूकता फैलाने और कार्यान्वयन को सुदृढ़ करने के लिए मिशन वात्सल्य योजना के तहत क्षेत्रीय सम्मेलन और संवेदीकरण/प्रचार-प्रसार कार्यशालाओं का आयोजन करता है।

SHRIMATI DAGGUBATI PURANDESWARI : Thank you, hon. Speaker, Sir.

Sir, good nurturing and a stimulating environment is very important for the holistic development of a child, more particularly for his psychological development. There have been various interventions that have been outlined in the answer which has been given by the hon. Minister with regards to counselling, life skill training, education as well as healthcare interventions.

However, Sir, the children in the CCIs are regimented and there is somehow the feeling that there is lack of care and love that is being expressed.

Sir, this gives us the feeling that there is a lack of long-term vision for children in the CCIs. I would like to know from the hon. Minister through you, Sir, whether the Ministry is willing to partner with apex premier institutions like NIMHANS to launch a mandatory standardised digital module on trauma-informed care such that the superintendents of all the CCIs are professionally equipped to handle the psychological needs of the children.

श्रीमती सावित्री ठाकुर : माननीय अध्यक्ष जी, किशोर न्याय अधिनियम का उद्देश्य दंड नहीं, बल्कि कानून से संघर्ष कर रहे बच्चों का पुनर्वास और सामाजिक पुनःएकीकरण है। जब किसी बच्चे को अवलोकन गृह या विशेष गृह में रखा जाता है, तो उसके लिए एक सामाजिक जांच रिपोर्ट तैयार की जाती है और उसकी आवश्यकताओं, पृष्ठभूमि एवं अपराध की प्रकृति के आधार पर व्यक्तिगत देखभाल योजना बनाई जाती है।

इस अधिनियम के अंतर्गत बच्चों को शिक्षा, व्यावसायिक प्रशिक्षण, मनोवैज्ञानिक परामर्श और व्यावहारिक चिकित्सा जैसी सेवाएं प्रदान की जाती हैं, जो उनके भावनात्मक विकास में सहायक होती हैं। इसके अलावा उन्हें नैतिक और कानूनी शिक्षा, सामुदायिक सेवा के अवसर और औपचारिक अथवा अनौपचारिक शिक्षा की सुविधाएं भी दी जाती हैं। 18 वर्ष से अधिक आयु के बच्चों को रोजगार और उच्च शिक्षा में सहायता प्रदान की जाती है। पुनर्वास के बाद बच्चों की निगरानी और सहयोग बाल कल्याण समिति द्वारा किया जाता है। इस पूरी प्रक्रिया में गोपनीयता बनाए रखना और बच्चों का कोई आपराधिक रिकॉर्ड न रखना सुनिश्चित किया जाता है, जिससे उन्हें समाज में एक नई शुरुआत करने का दूसरा अवसर मिल सके।

SHRIMATI DAGGUBATI PURANDESWARI : Sir, my question was more on collaborating with the apex institutions. However, I would like to raise my second supplementary.

There is a Nirbhaya fund in the country which the cities are using pretty robustly. In order to extend the protective shield to children in backward areas and more particularly in the rural areas, is the Ministry planning to utilize the Nirbhaya fund allocations to launch a specialized mobile child protection squad, which is equipped with digital reporting system and on-board counselling to conduct

immediate POSCO rescues and awareness directly at the Panchayat level?

श्रीमती सावित्री ठाकुर : माननीय अध्यक्ष महोदय, माननीय नरेन्द्र मोदी जी के नेतृत्व में हमने बच्चों के लिए बहुत सारी सुविधाएं की हैं। वन एंड टू के माध्यम से हम बच्चों को हेल्प करते हैं और निर्भया फंड के माध्यम से कई तरह से बच्चों की सहायता करते हैं। वात्सल्य मिशन के अंतर्गत हमारी योजनाएं चलायी जा रही हैं, जो कि बच्चों को प्रोटेक्ट करती हैं और उनको सहायता प्रदान करती हैं।

माननीय अध्यक्ष: प्रश्न संख्या 486, डॉ. मोहम्मद जावेद ।

FACULTY AND SUPPORT STAFF IN AIIMS

***486. DR. MOHAMMAD JAWED:**

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

- (a) whether it is a fact that approximately 2,000 faculty posts and 15,000 support staff posts are currently vacant across various All India Institutes of Medical Sciences (AIIMS) in the country, if so, the details thereof; and
- (b) the manner in which the Government ensures effective functioning of these institutes and the fulfilment of the objectives for which they were established?

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

- (a) and (b) : A Statement is laid on the Table of the House.

STATEMENT

(a) and (b) : Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable tertiary healthcare services and to augment facilities for quality medical education in the country.

Under the Scheme, setting up of 22 new All India Institute of Medical Sciences (AIIMS) across the country has been approved, out of which 18 AIIMS are functional with OPD, IPD and teaching-learning facilities and the remaining 4 AIIMS are under different stages of operationalisation.

As per All India Institute of Medical Sciences Act, 1956 (as amended in 2012), the Institute Body is the apex statutory authority responsible for steering the overall governance of the Institute. The Governing Body acts as the executive committee responsible for managing the affairs of the Institute. In addition, the Institute may constitute Standing Committees viz. Standing Finance Committee, Standing Selection Committee, Standing Academic Committee etc. for discharge of various functions.

The details of sanctioned, filled and vacant faculty and non-faculty posts in various operational AIIMS, are given in the enclosed **Annexure**.

Creation of posts and recruitment is a continuous process. Filling up of vacant faculty/non-faculty positions is contingent on various factors including availability of suitable/eligible/qualified doctors/health professionals, reservation roster, location of the Institute etc.

In order to expeditiously fill vacant sanctioned positions in the AIIMS, following special measures have been taken by the Ministry of Health and Family Welfare:

- (i) Standing Selection Committee (SSC) has been constituted in each Institute as per the provision of their respective Act for selection of faculty etc. Each Institute is mandated to conduct four meetings of the SSC in a year.
- (ii) Provision has been made for engagement of retired faculty at the level of Professor, Additional Professor and Associate Professor, on contract basis, in new AIIMS, up to the age of 70 years from Institutes of National Importance (INIs) and Government Medical Colleges (GMCs).
- (iii) Visiting Faculty Scheme has been formulated to allow Professors, Additional Professors and Associate Professors, who are holding academic positions in Government Institutions within India or academic Institutions outside India, to be the Visiting Faculty in new AIIMS for teaching purposes.
- (iv) Nursing Officer Recruitment Common Eligibility Test (NORCET) is conducted by AIIMS Delhi for recruitment of Nursing Officers for various AIIMS twice a year.

- (v) Common Recruitment Examination (CRE) in 2025 was conducted by AIIMS Delhi twice in the year for recruitment to Group B and C non-faculty positions in various AIIMS.
- (vi) The Institute of National Importance Combined Entrance Test (INI-CET) for selection of Junior Residents (Academic) and the Institute of National Importance Super Speciality (INI-SS) Exam for selection of Senior Residents (Academic) for various AIIMS are conducted by AIIMS Delhi twice a year.

ANNEXURE

The Status of Faculty and Non-Faculty positions in all AIIMS

Sl. No.	AIIMS	Faculty position			Non-Faculty position		
		Sanctioned	In position	Vacant	Sanctioned	In position	Vacant
1	New Delhi (Delhi)	1306	860	446	13911	11369	2542
2	Bhopal (Madhya Pradesh)	312	239	73	3874	3016	858
3	Bhubaneswar (Odisha)	337	238	99	3963	3028	935
4	Jodhpur (Rajasthan)	405	221	184	4048	3346	702
5	Patna (Bihar)	305	219	86	3884	2756	1128
6	Raipur (Chhattisgarh)	305	209	96	3884	2910	974
7	Rishikesh (Uttarakhand)	355	229	126	4095	3042	1053
8	Bathinda (Punjab)	219	149	70	2090	1732	358
9	Bibinagar (Telangana)	183	132	51	1374	907	467
10	Bilaspur (Himachal Pradesh)	217	133	84	1511	1029	482
11	Deoghar (Jharkhand)	208	131	77	1712	1069	643
12	Gorakhpur (Uttar Pradesh)	213	125	88	1523	1007	516
13	Guwahati (Assam)	183	117	66	1630	961	669
14	Jammu (Jammu & Kashmir)	183	115	68	1311	966	345

15	Kalyani (West Bengal)	309	175	134	2221	1474	747
16	Madurai (Tamil Nadu)	183	74	109	1011	39	972
17	Mangalagiri (Andhra Pradesh)	309	172	137	1953	1510	443
18	Nagpur (Maharashtra)	373	254	119	2107	1637	470
19	Raebareli (Uttar Pradesh)	209	108	101	1613	1135	478
20	Rajkot (Gujarat)	183	81	102	1410	667	743

DR. MOHAMMAD JAWED : Thank you very much, Sir. महोदय, एजुकेशन, हेल्थ और सिक्योरिटी, तीनों बहुत महत्वपूर्ण विषय हैं जो डायरेक्ट आवाम से ताल्लुक रखते हैं और यह सरकार तीनों में बहुत पीछे है।

माननीय अध्यक्ष : आप सवाल पूछिए।

डॉ. मोहम्मद जावेद : महोदय, आपकी इजाजत से मैं कुछ जानकारी देते हुए सवाल ही पूछ रहा हूँ। सर, एम्स में 6297 पोस्ट्स में 2356 पोस्ट्स खाली हैं, जो 38 परसेंट हैं। नॉन फैकल्टी में 59000 में से 17235 पद खाली हैं, जो 30 परसेंट हैं।

सर, मैं एम्स दिल्ली का उदाहरण देना चाहता हूँ वहां पर डेली आउटडोर पैशेंट्स आते हैं, 67000 ओपीडी पैशेंट्स आते हैं और फिर इमरजेंसी में अलग 600-800 पैशेंट्स आते हैं और इनहाउस पैशेंट्स हैं, तो इतनी वैकेंसीज़ से कैसे काम चला रहे हैं? मेरा सिम्पल क्वेश्चन है कि ये जो वैकेंसीज़ हैं, इनको कब तक भरा जाएगा? दूसरा प्रश्न यह है कि इनको भरते वक्त आरक्षण की गाइडलाइन्स को फॉलो किया जाएगा या नहीं? पैशेंट्स की संख्या को देखते हुए जो सैक्शंड पोस्ट्स हैं, उनकी कम से कम डेढ़ गुना संख्या होनी चाहिए। अगर देखा जाए, तो 50 परसेंट स्ट्रैंथ में इतनी आबादी का कैसे ट्रीटमेंट करते हैं, अगर इस पर ध्यान नहीं दिया जाएगा, तो एम्स में हेल्थ सर्विसेज़ ठप हो जाएगी। ... (व्यवधान)

माननीय अध्यक्ष : महत्वपूर्ण विषय है, लेकिन यह प्रश्न काल है, यह भी ध्यान रखना चाहिए।

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, सबसे पहले माननीय सदस्य ने प्रश्न से पहले टिप्पणी की

है, तो मैं टिप्पणी का भी जवाब दे देता हूँ। उन्होंने कहा कि सरकार स्वास्थ्य के मामले में बहुत पीछे है। मैं रेकॉर्ड को सामने रखना चाहता हूँ, आपने वर्ष 1960 से 1998 तक एक ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंस खोला। अटल बिहारी वाजपेयी जी की सरकार ने छह एम्स खोले और मोदी जी ने 23 एम्स खोले हैं। इसलिए पहले तो अपने दिमाग के पटल से यह निकाल दीजिए कि यह सरकार पीछे है। यह सरकार कई गुना आगे है, इस बात को समझ लीजिए।

इसके बाद अब मैं सवाल के उत्तर पर आता हूँ, क्योंकि मेरा राजनीतिक विषय हो गया। अब मैं स्वास्थ्य के विषय पर आता हूँ। देखिये, मैं आपसे कहना चाहता हूँ कि हम ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज को हल्के में न लें। यह एक ब्रांड है, जो दुनिया में स्थापित है और यह ऐसे नहीं हुआ है। इस इंस्टीट्यूट को... (व्यवधान) इस इंस्टीट्यूट को बनाने में हमने स्टैंडर्ड्स के साथ कोई कम्प्रोमाइज नहीं किया है। वर्ष 1960 से 1998 तक आपके समय में एक एम्स बना... (व्यवधान) अब आप सुनना चाहते हैं तो मैं बोलूंगा ही। मैं आपसे कहना चाहता हूँ कि जहां तक ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज के स्टैंडर्ड्स का सवाल है, हम उनके स्टैंडर्ड्स से कम्प्रोमाइज नहीं कर रहे हैं।

अभी आपने खुद ही अपने प्रश्न में कहा कि दिल्ली का ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज में भी फैकल्टी की कमी है। लेकिन दिल्ली का ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज में दुनिया भर के मरीज आज भी आते हैं और वे अपना इलाज वहीं करवाते हैं... (व्यवधान) इसी को हम सब जगह रेप्लीकेट कर रहे हैं। अब हमने किया क्या है? देखिये, क्या आप सुनना चाहेंगे? ... (व्यवधान)

माननीय अध्यक्ष : आप जवाब दीजिए।

श्री जगत प्रकाश नड्डा : जो सेलेक्शन कमेटी है, पहले हर सेलेक्शन के लिए सेलेक्शन कमेटी बनती थी। हमने सभी ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज के लिए अलग-अलग सेलेक्शन कमेटी बनाई है। दूसरा, सेलेक्शन कमेटी साल में चार बार, हर क्वार्टरली इंटरव्यू लेगी। हर क्वार्टरली के लिए

वह सेलेक्शन कमेटी बदली नहीं जाएगी। अगर हमें उसमें स्यूटेबल कैंडीडेट मिलता है तो ठीक है, नहीं तो अगला इंटरव्यू होगा। इस तरीके से हमने कोशिश की है कि हम सेलेक्शन कमेटी के माध्यम से साल में चार बार इंटरव्यू लें। इसके साथ-साथ जो रिटायर्ड प्रोफेसर्स हैं, उनको भी एंगेज करने की हमने फैसीलिटी दी है। हमने विजिटिंग फैकल्टी स्कीम को भी बढ़ावा दिया है। विजिटिंग फैकल्टी स्कीम में कोई विदेश से भी आकर यहां पर विजिटिंग फैकल्टी में रहना चाहे तो उसकी भी व्यवस्था की है और अपने देश के प्रति प्रेम रखकर लोग आ रहे हैं। इस बात को भी हमें ध्यान में रखना चाहिए। जहां तक नर्सिंग ऑफिसर रिक्रूटमेंट कॉमन एलिजिबिलिटी टेस्ट (NORCET) का सवाल है, ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज़ सारे देश के ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज़ के लिए साल में दो बार टेस्ट लेता है और उसके माध्यम से रिक्रूट करता है। उसी तरीके से कॉमन रिक्रूटमेंट एग्जामिनेशन एम्स, दिल्ली कंडक्ट कराता है और यह भी साल में अब दो बार किया जा रहा है, ताकि इसमें हम उसको जोड़ सकें। इसी तरीके से हमारे जो नेशनल इंस्टीट्यूट्स हैं, उन नेशनल इंस्टीट्यूट्स का कंबाइन्ड एंट्रेंस टेस्ट एम्स, दिल्ली करवाता है और यह भी साल में दो बार होता है, ताकि हम जूनियर रेजिडेंट्स को एम्स के लिए रिक्रूट कर सकें। इसी तरीके से सारे देश के एम्स के लिए आईएनआई सुपर-स्पेशलिटी एग्जाम एम्स, दिल्ली करवाता है। इसके माध्यम से हम सीनियर रेजिडेंट्स अपने एकेडमिक, ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज़ के लिए रिक्रूट करते हैं। हमारा एक प्रयास है कि कंटीन्युअस रिक्रूटमेंट चलती रहे।

देखिये, पिछले 10 सालों में 23 ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज़ आए हैं। You see the number. एक इंस्टीट्यूट में क्वालिटी डॉक्टर्स को भरने के लिए हम आज के दिन तक उसे पूरा नहीं कर पा रहे हैं। ये 23 इंस्टीट्यूट्स जो 10 साल में आए हैं, मैं फिर बता दूँ कि ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज़ की फैकल्टी को अच्छे तरीके से खड़े होने में कम से कम 10 साल लगते हैं। प्लीज, इसमें हम कम्प्रोमाइज नहीं करने वाले हैं। अगर व्यक्ति उस स्टैंडर्ड का होगा तो उसे

रखेंगे, नहीं तो 'not found fit' करके, हम उसे रिजेक्ट करके अगले की तरफ जाते हैं।

डॉ. मोहम्मद जावेद : सर, मेरा जवाब आया नहीं है। मैंने सिम्पल सा सवाल पूछा था कि आप वैकेंसीज़ कब भरेंगे? मैं एमबीबीएस डॉक्टर हूँ इसलिए मुझे पता है कि 20 हजार पेशेंट्स का इलाज करने में 800 की फैकल्टी सक्षम नहीं है। मैंने जो सवाल पूछा है, उसका जवाब नहीं मिल पाया है।

मैं दूसरा सप्लीमेंट्री पूछना चाहता हूँ। जैसे मैं बता रहा हूँ कि लगभग 18-20 हजार जो डेली पेशेंट्स आते हैं, उनमें 1500 से 2000 पेशेंट्स मेरे राज्य बिहार से आते हैं, which is about 15 per cent. बिहार की हेल्थ मिनिस्ट्री को सेंटर से 29 फरवरी, 2016 को प्रपोजल गया कि बिहार में भी एक एम्स खोलना है। 27 जिलों में चिढ़ी गई कि किसके पास 200 एकड़ जमीन है?

माननीय अध्यक्ष : आप सीधी बात बोलिए। आप अपने यहां की बात बोलिए।

डॉ. मोहम्मद जावेद : महोदय, तीन महीने के बाद दिनांक 04.06.2016 को किशनगंज जिले का प्रोपोजल गया कि हमारे पास 200 एकड़ ज़मीन है। एक महीने के बाद 16-17 छोटे-छोटे किसानों ने ज़मीन एम्स को दान कर दी कि वहाँ पर एम्स बने, लेकिन अनफॉर्चूनेटली एम्स किशनगंज को नहीं दिया गया, यह दरभंगा को दिया गया... (व्यवधान) आधा सेकंड सर, दरभंगा में जमीन 187 एकड़ है, 200 एकड़ नहीं है, जो मांग थी। यह मार्शी लैंड है। जब-जब इलेक्शन होता था, तब-तब अनाउंसमेंट होती थी और फाउंडेशन रखी जाती थी।

सर, 1264 करोड़ रुपयों में से लगभग 40 करोड़ रुपये खाली गेट बनाने में लगे। एम्स बनाने में कम से कम 20 हजार करोड़ रुपये लगेंगे, लेकिन मार्शी लैंड में एम्स कभी नहीं बन पाएगा... (व्यवधान)

श्री जगत प्रकाश नड्डा : सर, माननीय सदस्य ने कहा कि पद कब भरे जाएंगे। ये भरे जा रहे हैं, यह एक सतत प्रक्रिया है। हर तीन महीने पर एक इंटरव्यू होता है, जिसके माध्यम से पद भरे जा रहे हैं, लेकिन स्टैंडर्ड का होगा, तभी तो भरेंगे। दूसरी बात इन्होंने कही, इनको पीड़ा है किशनगंज की बात

सही है, यह वहाँ से सदस्य हैं, पीड़ा होनी भी चाहिए, लेकिन बिहार सरकार ने हमको दरभंगा की ज़मीन दी। दरभंगा की ज़मीन पर 1200 करोड़ रुपये की लागत से वहाँ ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज बन रहा है। आपने जो मार्शी लैंड की बात की, उसके लिए हमने इंडियन इंस्टीट्यूट ऑफ टेक्नोलॉजी से फिर से उसको रीडू किया। रीडू करने के बाद पाइलिंग सिस्टम पर ऑल इंडिया इंस्टीट्यूट ऑफ मेडिकल साइंसेज, दरभंगा में बन रहा है। कैबिनेट मीटिंग में, जो अभी दो दिन पहले हुई है, माननीय प्रधानमंत्री जी के नेतृत्व में 2,000 करोड़ रुपये का एम्स बनाने के लिए दरभंगा को 700 करोड़ रुपये एक्स्ट्रा दिए गए हैं।

SHRI BHARTRUHARI MAHTAB : The hon. Minister has very rightly stated that around 24 AIIMS are in the making and 18 are already functional. This has happened within the last 11 years. I believe the Minister is aware that in 2000-01, when Shri Atal Bihari Vajpayee went to lay the foundation of AIIMS Bhubaneswar, there was great hope, and people still cherish that moment.

My question is relating to the appointment of retired Professors, Additional Professors, and Assistant Professors of Government Medical Colleges and also from institutes of national repute who may be recruited. This provision is already there, but my question here is whether medical professionals of the Armed Forces are also equally qualified to be recruited in AIIMS so that the vacancy for faculty can be filled up.

Another point which I would like to mention here, through you, is relating to non-faculty recruitment. As the Minister has very rightly mentioned, the provision that is prevalent today is that non-faculty recruitment is done on an all-India basis.

The problem actually lies there. For instance, in Bhubaneswar, despite the last 25 years of functioning of AIIMS, there are 935 vacancies in non-faculty positions. Unless you allow regional recruitment or AIIMS Bhubaneswar or other Staff Selection Committees to recruit non-faculty members, it will be very difficult to get local talent recruited there. People being selected from Bhubaneswar cannot go and work in Guwahati or in other places. Will the Minister consider it?

SHRI JAGAT PRAKASH NADDA : Sir, as far as the first question is concerned about the Armed Forces Medical College, doctors from the Armed Forces Medical College are also free to appear for interviews at AIIMS whenever they want.

As far as the retired Professors are concerned, I will consider this because I do not know at this point of time whether the retired Professors of the Armed Forces Medical College are taken in AIIMS, but I will get it examined. This is what I would like to say.

As far as the appointment and recruitment process of non-faculty members is concerned, the suggestion given by the hon. Member is that we look for recruitment on a regional basis. Here, I would like to say that although the examination is taking place at the All-India level, but the options of where they join and serve are being given to the candidates. According to the options, we see to it that the candidates who belong to a particular region should be appointed there.

SHRI B. MANICKAM TAGORE : Sir, the hon. Minister had laid the foundation stone in 2019 of AIIMS, Madurai in his previous term, but the delay continues due

to various reasons. Now, seven years have elapsed. We hope that this year or in the later years the AIIMS, Madurai would be opened. At present, it is operational from a temporary campus located at the Government Medical College in Ramanathapuram. In the reply, the hon. Minister has mentioned that out of the sanctioned strength of 183, the vacant positions are 109, that means, around 70 per cent of the faculty posts are vacant. Similarly, the position of non-faculty posts is also bad. Out of 1011 sanctioned posts, 972 posts are vacant, that means, around 90 per cent of the posts are vacant.

In the meantime, on 11th March, an advertisement was published and a recruitment drive was conducted for seven positions. In that also, an EWS quota of 10 per cent has been allocated whereas there is no allocation for SC community which has 15 per cent quota. I wrote a letter regarding that to the hon. Minister yesterday. I hope, the roster which has been followed in AIIMS, Madurai, should also be followed here. When will a special recruitment drive take place as the AIIMS is going to be opened in the near future?

SHRI JAGAT PRAKASH NADDA: Sir, I assure the hon. Member that I will look into the matter as far as the roster is concerned. As far as the recruitment process is concerned, it is a continuous process and we are going to follow it.

माननीय अध्यक्ष: प्रश्न संख्या 487, श्री जगदीश शट्टर, उपस्थित नहीं।

माननीय मंत्री महोदय।

UPGRADATION OF AYUSH PHARMACIES

***487. SHRI JAGADISH SHETTAR[#]:**

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

- (a) whether the Government is taking any measures to upgrade AYUSH Pharmacies and Drug testing laboratories, if so, the details thereof; and
- (b) whether the programmes under the National AYUSH Mission (NAM) are reportedly facing deficiencies due to inadequacy of staff, if so, the details thereof?

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

(क) और (ख) : अध्यक्ष महोदय, विवरण सभा पटल पर रख दिया गया है।

विवरण

(क) : आयुष मंत्रालय 2021-22 से पांच वर्षों के लिए 122.00 करोड़ रुपये के कुल बजट परिव्यय से एक केंद्रीय क्षेत्र योजना "आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना" (एओजीयूएसवाई) कार्यान्वित कर रहा है। इस योजना में अन्य बातों के साथ-साथ एक घटक, आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं (डीटीएल) का सुदृढ़ीकरण और उन्नयन है ताकि उनके लिए क्रमशः डब्ल्यूएचओ-जीएमपी और एनएबीएल जैसे उच्च मानक हासिल किए जा सकें। अब तक, देश भर में इस योजना के तहत 18 आयुर्वेद, सिद्ध, यूनानी तथा होम्योपैथी (एसयू एंड एच) फार्मेशियों और 07 एसयू एंड एच डीटीएल को वित्तीय सहायता दी गई है। इन फार्मेशियों और डीटीएल को अनुदान सहायता के रूप में 40.13 करोड़ रुपये की राशि स्वीकृत की गई है।

[#] Since Shri Jagadish Shettar was not present, hence Hon'ble Speaker asked the Hon'ble Minister to lay the reply.

एओजीयूएसवाई योजना के तहत अब तक एएसयूएंडएच फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं (डीटीएल) के उन्नयन के लिए जारी की गई निधि का राज्यवार ब्यौरा **अनुबंध** में दिया गया है।

(ख) : आयुष मंत्रालय, राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्र प्रायोजित योजना का कार्यान्वयन कर रहा है और एनएएम के दिशानिर्देशों के मौजूदा प्रावधानों के तहत राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के अनुसार विभिन्न कार्यक्रमों/गतिविधियों के कार्यान्वयन सहित आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए वित्तीय सहायता प्रदान करके उनके प्रयासों में मदद दे रहा है। चूंकि, एनएएम का कार्यान्वयन राज्यों/संघ राज्य क्षेत्रों द्वारा किया जा रहा है, इसलिए कार्यक्रमों के कार्यान्वयन के लिए कर्मचारियों की पर्याप्त उपलब्धता सुनिश्चित करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की है। तथापि, एनएएम के अंतर्गत 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना, अस्पतालों के उन्नयन, आयुष्मान आरोग्य मंदिर (आयुष), आयुष जन स्वास्थ्य कार्यक्रम आदि के लिए भी वित्तीय सहायता प्रदान की जाती है, जिसमें आयुष चिकित्सकों और अन्य सहायक कर्मचारियों सहित आयुष जनशक्ति के लिए सहायता देने का प्रावधान है। तदनुसार, राज्य/संघ राज्य क्षेत्र सरकारें एनएएम के दिशा-निर्देशों के प्रावधानों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव भेजकर वित्तीय सहायता प्राप्त करती हैं।

अनुबंध

आयुर्वेद, सिद्ध, यूनानी और होम्योपैथी (एएसयूएंडएच) फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं (डीटीएल) के उन्नयन के लिए एओजीयूएसवाई योजना के तहत अब तक जारी की गई निधियों का राज्य-वार ब्यौरा निम्न प्रकार है:

क्र.सं.	वित्तीय वर्ष	राज्य	घटक	फार्मसी/डीटीएल	विवरण	जारी की गई राशि (रु. में)
1	2021-22	मिजोरम	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	मिजोरम राज्य सरकार	18,00,000
2	2022-23	महाराष्ट्र	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	इंदुकेयर फार्मा प्राइवेट लिमिटेड पुणे	3,00,00,000
3		महाराष्ट्र		फार्मसी	आयुर्वेद प्राइवेट लिमिटेड महाराष्ट्र	2,69,00,000
4		महाराष्ट्र		फार्मसी	फाइटोवेदिक इंडिया प्रा. लिमिटेड महाराष्ट्र	2,14,61,000
5		केरल		फार्मसी	विशेष आयुर्वेदिक प्रा. लिमिटेड फार्मसी केरल	1,91,56,000
6		उत्तर प्रदेश		फार्मसी	अमर फार्मास्यूटिकल्स एंड लैब्स (I) प्रा. लिमिटेड यू.पी.	1,43,43,000
7		उत्तर प्रदेश		डीटीएल	अमर फार्मास्यूटिकल्स एंड लैब्स (I) प्रा. लिमिटेड यू.पी.	77,67,000

					(डीटीएल)	
8		मध्य प्रदेश		फार्मेसी	श्री बैद्यनाथ आयुर्वेद भवन प्रा. लिमिटेड, मध्य प्रदेश	2,08,92,000
9		केरल		फार्मेसी	कोल्लम जिला आयुर्वेद औषध निर्माण व्यवसाय सहकारी समिति लिमिटेड, केरल	64,29,000
10	2023-24	त्रिपुरा	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	त्रिपुरा राज्य सरकार	76,68,000
11		मध्य प्रदेश	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मेसी	श्री बैद्यनाथ आयुर्वेद भवन प्रा. लिमिटेड, मध्य प्रदेश	91,08,000
12		जम्मू एवं कश्मीर	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	जम्मू-कश्मीर राज्य सरकार	86,29,500
13		केरल	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मेसी	सीताराम आयुर्वेद प्रा. लिमिटेड, त्रिशूर, केरल	50,00,000
14		केरल		फार्मेसी	पंकजकस्तूरी हर्बल्स इंडिया प्राइवेट लिमिटेड, पूवाचल, केरल	50,00,000
15		राजस्थान		फार्मेसी	बीजैन फार्मास्युटिकल्स प्राइवेट लिमिटेड,	50,00,000

					अलवर, राजस्थान	
16		असम		फार्मेसी	असम आयुर्वेदिक प्रोडक्ट्स, गुवाहाटी, असम (पीएसयू)	45,59,519
17		जम्मू एवं कश्मीर		फार्मेसी	सरकारी फार्मेसी, जम्मू और कश्मीर	1,05,00,000
18		गुजरात		फार्मेसी	राज्य फार्मेसी, राजपीपला, गुजरात	44,20,248
19		मिजोरम		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	67,20,884
20		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	20,00,000
21		अरुणाचल प्रदेश		फार्मेसी	राज्य फार्मेसी, अरुणाचल प्रदेश	67,02,164
22		अरुणाचल प्रदेश		डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,99,813
23	2024-25	अरुणाचल प्रदेश	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मेसी	राज्य फार्मेसी, अरुणाचल प्रदेश	70,42,077
24		अरुणाचल		डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल	17,24,400

		प्रदेश			प्रदेश	
25		केरल		फार्मेसी	पंकजकस्तूरी हर्बल्स इंडिया प्राइवेट लिमिटेड, पूवाचल, केरल	44,32,807
26		तमिलनाडु	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	51,00,000
27		राजस्थान		फार्मेसी	बी जैन फार्मास्युटिकल्स प्राइवेट लिमिटेड, अलवर, राजस्थान	1,44,54,189
28		मिजोरम		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	39,40,500
29		तमिलनाडु		डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, तमिलनाडु	41,57,062
30		गुजरात		फार्मेसी	राज्य फार्मेसी, राजपीपला, गुजरात	2,00,00,000
31		मिजोरम	उच्च मानक हासिल करने के लिए आयुष फार्मेसियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	18,00,000

32		तमिलनाडु	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य सरकार फार्मसी, तमिलनाडु औषधीय पादप फार्म एंड हर्बल मेडिसिन कॉर्पोरेशन लिमिटेड (टीएएमपीसीओएल), तमिलनाडु	45,00,000
33		अरुणाचल प्रदेश	उच्च मानकों को प्राप्त करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य फार्मसी, अरुणाचल प्रदेश	31,08,000
34	2025-26	पंजाब	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	श्री धन्वंतरि हर्बल्स प्रा. लिमिटेड	2,85,00,000
35		केरल	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	सीताराम आयुर्वेद प्रा. लिमिटेड, त्रिशूर, केरल।	2,50,00,000
36		अरुणाचल प्रदेश	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य फार्मसी, अरुणाचल प्रदेश	35,94,164
37		अरुणाचल प्रदेश	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य औषधि परीक्षण प्रयोगशाला, अरुणाचल प्रदेश	17,99,813
38		मिजोरम	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मिजोरम	18,00,000

39		केरल	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	फार्मास्युटिकल कॉर्पोरेशन (आईएम) केरल लिमिटेड, कुट्टानेल्लूर पी.ओ. त्रिशूर	2,78,01,008
40		मध्य प्रदेश	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	फार्मसी	राज्य सरकार फार्मसी, ग्वालियर	91,49,799
41		मध्य प्रदेश	उच्च मानक हासिल करने के लिए आयुष फार्मेशियों और औषधि परीक्षण प्रयोगशालाओं का सुदृढीकरण और उन्नयन	डीटीएल	राज्य सरकार औषधि परीक्षण प्रयोगशाला, मध्य प्रदेश	75,83,262
					कुल	40,13,43,209 (अर्थात् 40.13 करोड़ रु.)

माननीय अध्यक्ष: प्रश्न संख्या 488, श्री कंवर सिंह तंवर ।

आवारा कुत्तों से उत्पन्न स्वास्थ्य संबंधी जोखिम

***488. श्री कंवर सिंह तंवर:**

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

- (क) क्या सरकार ने आवारा कुत्तों की संख्या का लोगों के स्वास्थ्य से संबंधित जोखिमों तथा रेबीज के मामलों की संख्या के संबंध में मूल्यांकन किया है तथा कुत्तों द्वारा काटे जाने की घटनाओं की रोकथाम, उनके काटने से होने वाले घाव के उपचार संबंधी प्रबंधन तथा सभी शहरी और ग्रामीण स्वास्थ्य संस्थानों में पोस्ट एक्सपोजर प्रोफिलैक्सिस (पीईपी) सेवाओं की उपलब्धता सुनिश्चित करने के लिए क्या उपाय किए हैं;
- (ख) यदि हां, तो रेबीज संबंधी निगरानी को सुदृढ़ करने, रेबीज रोधी टीकों की सुलभता बढ़ाने, कुत्तों द्वारा काटे जाने की घटनाओं संबंधी प्रबंधन में स्वास्थ्य कर्मियों को प्रशिक्षित करने और जोखिम कम करने के बारे में सामुदायिक जागरूकता बढ़ाने हेतु राष्ट्रीय और राज्य स्तर पर बनाए गए कार्यक्रमों का ब्यौरा क्या है; और
- (ग) कुत्तों द्वारा काटे जाने से संबंधित रुग्णता और मृत्यु दर को कम करने, पशुओं के कल्याण संबंधी प्रयासों को जन स्वास्थ्य उपायों से जोड़ने और इस संबंध में जन स्वास्थ्य संबंधी प्रभावी संदेश और टीकाकरण का समान कवरेज सुनिश्चित करने के लिए सरकार द्वारा प्रस्तावित व्यापक राष्ट्रीय कार्यनीति क्या है?

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

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

STATEMENT

(a) to (c) : Health is a State subject, the responsibility of strengthening public healthcare system lies with the respective State/ UT Governments. The Government provides both technical and financial support to States and Union Territories (UTs) under the National Health Mission (NHM) to strengthen procurement systems, streamline supply chain management, and improve last-mile distribution. These efforts aim to ensure consistent accessibility, availability, and quality assurance of essential medicines across all public health facilities.

The Government of India implements the National Rabies Control Programme (NRCP) for prevention and control of Rabies. The activities undertaken under NRCP are, conduct of training on appropriate animal bite management, prevention and control of Rabies, surveillance and intersectoral coordination, strengthening surveillance of Animal Bites, provision of procurement of Anti-Rabies Vaccine for animal bite victims through the National Free Drug Initiative and Information, Education & Communication (IEC) activities to create awareness.

Surveillance of animal bites and rabies is strengthened through near real time digital reporting through Integrated Health Information Platform (IHIP) from all States & UTs. Human rabies has been declared a notifiable disease in 29 States/UTs. Under NRCP grant in aid is provided to 14 institutes across country for Rabies diagnosis, as a part of laboratory strengthening for enhancing surveillance.

Rabies Immunoglobulin (RIG)/ Anti-Rabies Serum (ARS) and Anti Rabies Vaccine (ARV) are included in the Indian Public Health Standards Essential Medicines List. States and UTs have also incorporated these medicines into their respective State Essential Drug Lists (EDLs) to ensure their availability at public health facilities.

The availability of these vaccines are closely monitored at the national level through the Drug and Vaccine Distribution Management System Central Dashboard, which enables real-time tracking of stock levels, consumption patterns, and potential stock-out situations across States and UTs.

Standard training module and National guidelines for rabies prophylaxis has been in use and published on website for free access to all healthcare providers and community.

Link: <https://rabiesfreeindia.mohfw.gov.in/downloads>

The community awareness and risk reduction is promoted through IEC campaigns, observance of World Rabies Day (28th September), dissemination of guidelines, and the Rabies Helpline (15400). Initiatives such as the Rabies-Free City Initiative and State Action Plans for Rabies Elimination (SAPRE) are being implemented to strengthen local interventions.

Link of IECs: <https://rabiesfreeindia.mohfw.gov.in/iec>

To effectively control Rabies, “National Action Plan For Dog Mediated Rabies Elimination (NAPRE)” has been launched by MoHFW along with Ministry of Fisheries, Animal Husbandry & Dairying, Government of India. The

details about present status of implementation of activities envisaged under NAPRE can be seen at the link :

<https://rabiesfreeindia.mohfw.gov.in/resources/uploads/PageContentPdf/169391359514.pdf>).

Municipalities are implementing the Animal Birth Control program to regulate the population of stray dogs. To support effective dog population management, the Central Government notified the Animal Birth Control Rules, 2023 under the Prevention of Cruelty of Animal Act. These rules focus on the neutering and anti-rabies vaccination of stray dogs as means of population stabilization. Local Bodies are responsible for implementing sterilization and vaccination programmes in collaboration with animal welfare organization.

श्री कंवर सिंह तंवर : सर, मैं मंत्री जी से पूछना चाहता हूँ कि क्या सरकार ने रेबीज और आवारा कुत्तों से संबंधित सार्वजनिक स्वास्थ्य चिंताओं और समाधान हेतु वन हेल्थ ढांचे के अंतर्गत स्वास्थ्य पशुपालन तथा शहरी स्थानीय निकायों के बीच समन्वय तंत्र का व्यापक आकलन किया है ताकि इसे समन्वित और प्रभावी ढंग से लागू किया जा सके।

श्री जगत प्रकाश नड्डा : अध्यक्ष महोदय, मैं माननीय सदस्य को बताना चाहता हूँ कि जहां तक भारत सरकार का सवाल है तो मैंने पहले भी कहा है कि हम प्रदेशों को टेक्निकल और फाइनेंशियल सपोर्ट देते हैं। हम उनके इंफ्रास्ट्रक्चर को मजबूत करने के लिए सपोर्ट देते हैं। जैसे - हम प्रोक्योरमेंट सिस्टम्स, सप्लाय चेन मैनेजमेंट और लास्ट माइल डिस्ट्रिब्यूशंस को सपोर्ट देते हैं। जहां तक रेबीज का सवाल है तो रेबीज एक बहुत ही फेटल बीमारी है, यानी रेबीज हो गया तो डेथ निश्चित है। इस तरह की स्थिति होती है। हम सभी यह जानते हैं कि यह बाइट से होता है, यह लिकिंग से हो जाता है, इनफेक्टेड एनिमल्स से हो जाता है। इसमें सीवियर पेन होता है। इसके लिए हम वुंड मैनेजमेंट की ट्रेनिंग देते हैं। वुंड मैनेजमेंट की ट्रेनिंग में सबसे पहले इंजेक्शन देना पड़ता है।

और उसके साथ-साथ उसको रेबीज का भी वैक्सीन देना पड़ता है। हमारी कोशिश रहती है कि हम इसके लिए प्रयासरत रहें। जैसा इन्होंने कहा है तो हम एनिमल हसबैंडरी के साथ मिल कर भी इस दृष्टि से काम करेंगे।

श्री कंवर सिंह तंवर : सर, मैं मंत्री जी से पूछना चाहता हूं कि जो खुले डॉग्स घूम रहे हैं, लोग उन्हें एडॉप्ट कर लेते हैं। वे उनके गले में पट्टा डाल लें। मैं चाहता हूं कि जो खुले डॉग्स काट रहे हैं, उनके लिए कुछ न कुछ ऐसा नियम बनाया जाए, जिससे जो लोग उन कुत्तों को एडॉप्ट करें, उनके गले में पट्टा डाले, यह उनकी जिम्मेदारी हो। अगर वे उनको खुला छोड़ेंगे और वे जनता को काटें तो यह मालिक की जिम्मेदारी हो।

ऐसा कुछ हो सकता है क्योंकि स्ट्रीट डॉग लोगों को काट रहे हैं, जिससे लोग परेशान हैं।

श्री जगत प्रकाश नड्डा: अध्यक्ष महोदय, यह समस्या सही है, लेकिन हमारे मंत्रालय के पास उपचार का विषय आता है। जब किसी को डॉग काट लेता है तो हम उसका उपचार करें, यही हमारी जिम्मेवारी है, जिसे हम पूरा कर रहे हैं।

इस पर सामूहिकता में सोचने की जरूरत है। हम एनिमल हसबैंडरी डिपार्टमेंट के साथ मिल कर काम कर रहे हैं। एनजीओ और बाकी लोगों को शामिल करके काम करना है। यह एक व्यापक प्रश्न है। सिर्फ स्वास्थ्य मंत्रालय इसका जवाब दे सकेगा, यह संभव नहीं है। स्वास्थ्य मंत्रालय उपचार की ओर पूरा ध्यान देता है, हर जगह वैक्सीन पहुंचे इसके लिए हम रियल टाइम मोनिटर करते हैं कि सभी जगह वैक्सीन पहुंची है या नहीं।

WRITTEN ANSWERS TO QUESTIONS

(i) Starred Question Nos. 489 to 500

प्रवासी भारतीयों के लिए राष्ट्रीय संकट प्रबंधन प्रोटोकॉल

***489. श्री बिद्युत बरन महतो:**

श्री खगेन मुर्मु:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) प्रवासी भारतीयों के लिए नए राष्ट्रीय संकट प्रबंधन प्रोटोकॉल में शामिल किए गए वंदे भारत मिशन और ऑपरेशन गंगा से मिले व्यापक अनुभव का ब्यौरा क्या है;
- (ख) वर्ष 2023 से ऑपरेशन अजय, ऑपरेशन कावेरी और ऑपरेशन इन्द्रावती के अंतर्गत कितने भारतीय नागरिकों को सुरक्षित निकाला गया है;
- (ग) पश्चिम एशियाई देशों में भारतीय प्रवासी कामगारों के लिए वास्तविक समय पर शिकायत निवारण सहायता प्रदान करने के संबंध में “संकट में फंसे भारतीय नागरिकों की सहायतार्थ विदेश मंत्रालय” (मदद) पोर्टल तथा ‘ई-माइग्रेट पोर्टल’ की स्थिति क्या है; और
- (घ) क्या सरकार ने भारतवंशियों को प्रभावित करने वाली भू-राजनीतिक अस्थिरताओं की निगरानी करने के लिए एक विशिष्ट “त्वरित प्रतिक्रिया प्रकोष्ठ” की स्थापना की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (घ) : सरकार विदेशों में बदलती प्रतिकूल स्थितियों पर बारीकी से नजर रखती है और आवश्यकतानुसार परामर्शी जारी करती है ताकि भारतीय नागरिकों को अनावश्यक यात्रा से बचने, स्थानीय प्राधिकारियों द्वारा जारी सुरक्षा दिशानिर्देशों का पालन करने और भारतीय मिशनों के संपर्क में रहने के लिए सावधान किया जा सके। भारतीय नागरिकों के लिए भारतीय मिशनों / केन्द्रों

से संपर्क करने के लिए विभिन्न संचार तंत्र मौजूद हैं, जिनमें ईमेल, बहुभाषी 24x7 आपातकालीन नंबर, सोशल मीडिया, टोल-फ्री हेल्पलाइन और व्हाट्सएप नंबर शामिल हैं। इनमें से कई प्रोटोकॉल को वंदे भारत मिशन और ऑपरेशन गंगा के कार्यान्वयन के दौरान लागू किया गया था। मंत्रालय किसी संकट के दौरान फंसे हुए भारतीय नागरिकों के लिए सुरक्षित निकासी या आवाजाही की योजना तैयार करने हेतु सुविधा प्रदान करने के उद्देश्य से अवसंरचना और तत्काल जानकारी के साथ पंजीकरण के लिए एक डिजिटल आपातकालीन सहायता समाधान भी तैयार कर रहा है।

सरकार ने ऑपरेशन अजय, ऑपरेशन कावेरी और ऑपरेशन इंद्रावती के तहत 5287 भारतीय नागरिकों को सुरक्षित निकाला है। निकाले गए भारतीय नागरिकों का ऑपरेशन-वार डाटा संलग्न **विवरण** में दिया गया है।

सरकार ने प्रत्यावर्तन, रोजगार विवादों, हिरासत, पार्थिव शरीरों के परिवहन, वैवाहिक विवादों, कारावास मामलों, छात्र मुद्दों और प्रवासी भारतीयों के समक्ष आने वाली अन्य संकटपूर्ण स्थितियों से संबंधित कौंसली मुद्दों का निपटान करने के लिए, फरवरी 2015 में एक केंद्रीकृत डिजिटल प्लेटफॉर्म 'मदद' आरंभ किया। तब से, यह पोर्टल प्रवासी भारतीयों को शिकायतों को पंजीकृत करने और ट्रैक करने की अनुमति प्रदान करके उन्हें सहायता प्रदान करने और वास्तविक समय के आधार पर उनकी चिंताओं को दूर करने के लिए एक प्रमुख साधन के रूप में उभरा है। विदेशों में स्थित सभी भारतीय मिशन / केन्द्र और चेन्नई, गुवाहाटी, हैदराबाद, कोलकाता और मुंबई में विदेश मंत्रालय के शाखा सचिवालय पोर्टल के साथ एकीकृत हैं, जिसकी नियमित रूप से विभिन्न स्तर पर निगरानी की जाती है। पोर्टल में फरवरी 2015 से फरवरी 2026 तक 1 लाख से अधिक शिकायतें प्राप्त हुई हैं और उनमें से लगभग 97% का समाधान किया गया है।

इसी प्रकार, मंत्रालय का ई-माइग्रेट पोर्टल, जो मुख्य रूप से ईसीआर पासपोर्ट श्रेणी के भारतीय कामगारों के रोजगार प्रयोजनों के लिए ईसीआर देशों में प्रवास की प्रक्रिया और निगरानी के लिए है, भारतीय कामगारों की शिकायतों के पंजीकरण को भी सुगम बनाता है। जैसे ही ई-

माइग्रेट पोर्टल पर प्रवासी कामगारों के कल्याण से संबंधित कोई शिकायत दर्ज की जाती है, जिसमें प्रत्यावर्तन और निकासी आदि के अनुरोध शामिल हैं, उसे तत्काल समाधान के लिए संबंधित मिशन / केन्द्र के मदद पोर्टल में स्थानांतरित कर दिया जाता है। ई-माइग्रेट के माध्यम से उत्प्रवास अनपात्ति (ईसी) प्राप्त करने के बाद विदेश गए किसी भी प्रवासी कामगार के सत्यापन की आवश्यकता वाली आपातकालीन स्थिति के मामले में, इसका निपटान ई-माइग्रेट पोर्टल के माध्यम से किया जाता है।

मंत्रालय ने विदेश में रहने वाले भारतीय नागरिकों के समक्ष आने वाली संकट की स्थितियों से शीघ्रता से निपटने के उद्देश्य से, 2021 में 'रैपिड रिस्पांस सेल (आरआरसी)' नामक एक समर्पित विंग की स्थापना की। आरआरसी विदेश में मंत्रालय के निकासी और मानवीय सहायता और आपदा राहत (एचएडीआर) कार्यों को संभालता है। यह विंग संचालन एकीकरण और निकासी कार्यों की सफल योजना और निष्पादन के लिए निर्बाध अंतर-मंत्रालयी समन्वय को सक्षम बनाते हुए और एक संपूर्ण-सरकार दृष्टिकोण का पालन करते हुए सभी एजेंसियों, सेवाओं और मंत्रालयों के साथ समन्वय करता है।

विवरण

सुरक्षित निकाले गए भारतीय नागरिकों का ऑपरेशन वार डाटा

वर्ष	देश और अभियान का नाम	सुरक्षित निकाले गए नागरिकों की कुल संख्या (विदेशी नागरिकों सहित)
2023	सुडान अभियान कावेरी	4,097 (136 विदेशी नागरिकों सहित)
2023	इजराइल अभियान अजय	1,343 (14 ओसीआई कार्ड धारकों और 20 विदेश नागरिकों सहित)
2024	हैती अभियान इंद्रावती	17

DISBURSAL OF FERTILIZER SUBSIDY IN TAMIL NADU

***490. SHRI SASIKANTH SENTHIL:**

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

- (a) the total fertilizer subsidy disbursed to farmers in the State of Tamil Nadu during the last three years;
- (b) whether the Government has made any assessment regarding the impact of global price volatility on fertiliser availability, if so, the details thereof; and
- (c) the measures being taken to ensure uninterrupted supply of fertilizers to delta and Northern districts of Tamil Nadu, district-wise including Thiruvallur?

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

(a) : 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 those in the state of Tamil Nadu are being supplied fertilizers at the subsidized rates on no-denial basis. The details of the total amount disbursed towards fertilizer subsidy by the Government during the last three years i.e. 2022-23 to 2024-25 are as follows:

<i>(Figures in Rs. Crore)</i>					
Financial Year	Subsidy Scheme				Total
	Indigenous P&K	Indigenous Urea	Imported P&K	Imported Urea	
2022-23	50089.67	127311.10	36032.56	41365.60	254798.93
2023-24	36270.00	102027.00	28929.57	28193.94	195420.51
2024-25	34010.00	103319.50	18800.00	21000.00	177129.50

(b) : The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The Government monitors international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for P&K fertilizers annually / bi-annually to ensure affordable supply of P&K fertilizers to the farmers. Further, to make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above the NBS subsidy for Kharif 2025 and Rabi 2025-26 seasons.

With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-

sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited

(BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually.

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country.

(c) : The distribution of fertilizers within the State at the district level is carried out by the concerned State Government. The Government of Tamil Nadu has informed that continuous measures have been taken to ensure uninterrupted supply of fertilizers to the Delta and Northern districts, including Thiruvallur. The details are as follows:

- i. The State is receiving fertilizers as per the allocation made by the Government of India, and the overall availability in Tamil Nadu has remained higher than the assessed requirement during the Rabi 2025–26 season.

- ii. Advance indents are placed and additional allocations are sought during peak seasons (Samba season) to avoid shortages in Delta districts.
- iii. Priority allocation is given to Delta districts considering intensive paddy cultivation.
- iv. Steps are being taken to enhance fertilizer distribution through Primary Agricultural Cooperative Credit Societies (PACCS) to ensure availability at subsidized rates.
- v. Stocks are pre-positioned in advance through Tamil Nadu Cooperative Marketing Federation (TANFED) and Thanjavur Cooperative Marketing Federation (TCMF) to facilitate timely distribution.
- vi. Daily monitoring of stock position is carried out at the State, district, and block levels.
- vii. Districts, including Thiruvallur, have been instructed to maintain buffer stocks, ensure timely movement from rake points/godowns, and prevent local shortages through intra-district redistribution.
- viii. 100% sale of fertilizers through Point of Sale (PoS) devices under the Direct Benefit Transfer (DBT) system ensures transparency and real-time tracking.
- ix. The Integrated Fertilizer Management System (iFMS) is being utilized to monitor stock movement and identify potential shortages.

- x. Continuous coordination is maintained with district officials and fertilizer companies to ensure timely movement and availability of stocks across districts.
- xi. Stocks are pre-positioned prior to peak demand periods in both Delta and Northern districts.
- xii. Weekly review meetings are conducted with district officials and fertilizer companies to ensure adequate availability of fertilizer stocks.

REGULATORY MAPPING OF AYUSH PRODUCTS

***491. SHRI PRAVEEN KHANDELWAL:**

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

- (a) whether a country-wise regulatory mapping of AYUSH products and therapies has been conducted to identify export barriers and if so, the details thereof;
- (b) whether harmonisation of quality standards with major global markets is underway in the country and if so, the details thereof;
- (c) whether internationally accredited testing and certification infrastructure has been expanded in the country and if so, the details thereof;
- (d) whether AYUSH pharmaceutical supply chains meet global pharmacovigilance standards and if so, the details thereof; and

- (e) the steps taken by the Government to position AYUSH as a regulated global wellness export rather than a domestic only healthcare stream?

THE MINISTER 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 Forum on Indian Traditional Medicine (FITM), established within the Research and Information System for Developing Countries (RIS) in collaboration with the Ministry of Ayush, had conducted a regulatory review and trade-barrier analysis of three major Ayush export markets – United States of America (USA), European Union (EU) and United Arab Emirates (UAE) in relation to exports of medicinal plants/ herbs, extracts, pharmaceuticals and health/ dietary supplements. This included a mapping of pathways that were adopted by exporters for quick access to market and distribution channels, and additionally highlighted tariff and non-tariff barriers to exports. The report titled “Ayush Exports: Regulatory Opportunities and Challenges in Key Markets” was brought out in 2023.

Ayush Export Promotion Council (AYUSHEXCIL) notified by Directorate General of Foreign Trade (DGFT), Ministry of Commerce and supported by Ministry of Ayush, had published in 2024 “IndieExport: Compliance Roadmap for Traditional & Complementary Medicine (T&CM) Exports” for region-wise regulatory compliances. The existing compliance roadmap for T&CM of the concerned region is based on 13 parameters, including recognition of T&CM, administrative/technical structure, infrastructure, Research & Development,

clinical trials, registration, raw material procurement, manufacturing, sale, licenses, import, export, and panel action.

(b) : The Government has taken various steps to harmonise quality standards with major global markets as under:

- i. Ministry of Ayush has established Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), as its subordinate office. PCIM&H on behalf of Ministry of Ayush lays down the Formulary specifications and Pharmacopoeial Standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs, which serve as official compendia for ascertaining the Quality Control (identity, purity and strength) of the ASU&H drugs, included therein, as per Drugs & Cosmetics Act, 1940 and Rules 1945, thereunder and compliance to these quality standards are mandatory for the production of ASU&H drugs being manufactured, sold and stocked in India. The quality parameters included in the Pharmacopoeias and Formularies of ASU&H drugs prescribing mandatory regulatory standards have been identified to align the parameters prescribed by World Health Organization (WHO)/other major pharmacopoeias prevalent worldwide.
- ii. Rule 158-B in the Drugs Rules, 1945 provides the regulatory guidelines for issue of license to manufacture Ayurveda, Siddha, Sowa Rigpa, Unani medicines and Rule 85 (A to I) in the Drugs Rules, 1945 provides the regulatory guidelines for issue of license to

manufacture Homoeopathy medicines. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia. As on date, there are 34 State Drug Testing Laboratories and 108 Drug Testing Laboratories approved or licensed under Rule 160 A to J of the Drugs Rules, 1945, for quality testing of ASU drugs and raw materials. Provisions related to labelling of Ayurveda, Siddha and Unani drugs are prescribed under Rule 161 of the Drugs Rules, 1945.

iii. Ministry of Ayush has implemented Central Sector Scheme-Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) with financial outlay of Rs.122.00 crores for five years since 2021-2022. The components of AOGUSY scheme are as follows -

- A. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.
- B. Pharmacovigilance of Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs including surveillance of misleading advertisements.
- C. Strengthening of Central and State regulatory frameworks including Technical Human Resource & Capacity Building programs for Ayush drugs.

D. Support for development of standards and accreditation/certification of Ayush products & materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial R&D centres.

- iv. Ministry of Ayush, in collaboration with the WHO, has developed a classification of diseases used in Ayurveda, Siddha and Unani under Traditional Medicine Module-2 of the International Classification of Diseases 11th Revision (ICD-11). This standardized system enables uniform documentation, reporting and exchange of health data globally, improves comparability of clinical evidence and regulatory evaluation, and supports integration with international health information systems. The alignment with ICD-11 helps harmonize health standards with global markets and enhances the international acceptance of Ayush practices and products.
- v. An agreement was signed between the Ministry of Ayush and the WHO on May 24, 2025 towards developing Traditional Medicine intervention categories and index for the International Classification of Health Interventions (ICHI), with a holistic approach and focus on Traditional Medicine systems of Ayurveda, Siddha and Unani. The agreement marks the beginning of work on a dedicated Traditional Medicine module under the ICHI. This development aligns with India's vision of bringing its rich heritage of traditional wisdom into the

global healthcare mainstream, backed by scientific classification and international standards.

- vi. A separate sub-committee on Ayurveda and Yoga (ISO/TC 249/ SC 2) has been established under ISO/TC 249 (Traditional Medicine). The secretariat of the newly created subcommittee on Ayurveda and Yoga has been assigned to Bureau of Indian Standards (BIS), India.
- vii. The launch of the Ayush Quality Mark at the Second Global Traditional Medicine Summit in December 2025 is an important step towards harmonization of quality standards with global markets. This is intended to ensure internationally accepted standards of quality, safety and efficacy with respect to specific categories of Ayush products and services.
- viii. An existing scheme for Certification of Pharmaceutical Product (COPP) as per World Health Organization (WHO) guidelines has been further extended to Ayurveda, Siddha and Unani (ASU) medicines to strengthen regulatory measures ensuring safety and quality of Ayush drugs. This scheme is being administered by Central Drugs Standard Control Organization (CDSCO). Based on a joint inspection of the applicant manufacturing unit by the representatives of CDSCO, Ministry of Ayush and the concerned State Licensing Authority, a certificate is granted.

(c) : The Government has taken following steps to expand internationally accredited testing and certification infrastructure for Ayush products in the country:

- i. Ministry of Ayush is implementing Central Sector Scheme Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) which includes, inter-alia, a component which supports for development of standards and accreditation/certification of Ayush products & materials in collaboration with Bureau of Indian Standards (BIS), Quality Control of India (QCI) and other relevant scientific institutions and industrial Research & Development centres.
- ii. India has expanded internationally recognized testing and certification capacity for Ayush products, primarily through certification bodies accredited by the National Accreditation Board for Certification Bodies (NABCB) and specialized Ayush testing laboratories. The AYUSH Premium Mark programme is implemented through NABCB-accredited certification agencies, which audit manufacturers against World Health Organization–Good Manufacturing Practices (WHO-GMP) aligned and internationally recognized quality management standards. Several private laboratories compliant with Good Laboratory Practices (GLP) and International Organization for Standardization (ISO) standards provide testing services for

composition, contamination, and microbiological parameters of herbal and Ayush products.

- iii. An Ayush vertical has been created in Central Drugs Standard Control Organization (CDSCO) to strengthen regulatory measures ensuring safety and quality of Ayush drugs. CDSCO issues the Certificate of Pharmaceutical Product (CoPP) to Ayurvedic products for export purpose based on joint inspection by representatives from CDSCO, Ministry of Ayush and respective State Licensing Authority.
- iv. In October 2009, Quality Control of India (QCI), at the behest of the then Department of AYUSH (Now Ministry of Ayush), launched a Voluntary Certification Scheme for Ayurvedic Products, which provides for testing of contaminants and compliance to standards prescribed in the regulation in order to enhance the consumer confidence and also facilitate exports. The Scheme has two levels - Standard Mark based on the compliance to the domestic regulatory requirements and the other being AYUSH Premium Mark based on the WHO-GMP requirements and product requirements to certify against overseas regulations.
- v. Ministry of Ayush has launched Ayush Quality Mark on 19.12.2025 during the 2nd WHO Global Summit for products and services of global standards. The Mark will cover Ayush Products/ Medicinal Plants/ Herbs, Ayush Hospitals/ Day Care Centres/ Clinics, Medical Value

Travel Facilitators (MVTf), Ayush Wellness Centres and Laboratory Services for Testing Products.

(d) : Under Central Sector Scheme-Ayush Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY) of Ministry of Ayush, Pharmacovigilance Program for Ayurveda, Siddha, Unani, and Homoeopathy (ASU&H) drugs is functional since 2018, with 01 National Pharmacovigilance Co-ordination Centre (NPvCC), 05 Intermediary Pharmacovigilance Centres (IPvC) and 97 Peripheral Pharmacovigilance Centres (PPvC) across the country.

The program is functioning with objectives to collect, collate and analyse data related to suspected Adverse Drug Reactions (ADRs) and undertake surveillance of advertisements related to ASU&H drugs, thus to establish evidence on clinical safety of these drugs.

Further, the programme is being implemented in collaboration with the Indian Pharmacopoeia Commission (IPC), a WHO Collaborating Centre for Pharmacovigilance and the Central Drugs Standard Control Organization (CDSCO) to ensure systematic monitoring and evaluation of adverse drug reactions.

(e) : The Government has taken following steps to position Ayush as a regulated global wellness export rather than a domestic only healthcare stream:

- i. Ministry of Ayush, in collaboration with the Health Sector Skill Council (HSSC), established the Sub-Council of Ayush in 2018 to enhance skill

development, capacity building, and employability in the Ayush sector. Currently, 19 Ayush courses are ongoing, covering diverse areas like Panchakarma, Yoga, Ayurveda, Cupping Therapy, and Naturopathy. These courses aim to train professionals in traditional medicine and holistic healthcare.

- ii. The Ayurveda Training Accreditation Board (ATAB) was established by the Ministry of Ayush under the administrative framework of Rashtriya Ayurveda Vidyapeeth (RAV), through a Gazette Notification issued in December 2019. ATAB was created to accredit Ayurveda training courses in India and abroad that are not regulated under existing statutory bodies. Till date, ATAB has accredited 151 Ayurveda training courses, comprising 137 courses from 34 Indian institutions and 14 international courses from 02 countries, thereby significantly contributing to the standardization and credibility of Ayurveda education on a global scale.
- iii. Ministry of Ayush has established the Yoga Certification Board (YCB) which is functioning for certifying Yoga professionals and accrediting Yoga institutions.

IMPACT OF BALANCED NUTRIENT APPLICATION

***492. SHRI PRAVEEN PATEL:**

SHRI RAJKUMAR CHAHAR:

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

- (a) the details of the grant mechanism whereby fifty per cent of the subsidy savings are passed on to the States/UTs and the specific infrastructure projects for which the said funds are likely to be utilized;
- (b) the status of the "Maha Abhiyan" conducted across various agro-climatic zones to promote adoption of alternative fertilizers like Nano Urea and Nano DAP (Diammonium Phosphate) in the country, State/district-wise including Karnataka;
- (c) whether the Government has evaluated the impact of balanced nutrient application on long-term soil health and crop productivity;
- (d) if so, the details thereof along with the results of the evaluation, State/district-wise including Karnataka;
- (e) the steps taken to integrate the Soil Health Card recommendations with the fertilizer supply plan to prevent over-application of nitrogenous fertilizers; and
- (f) the current status of the Bulk Drug Park being developed in Gujarat and the details of the Common Infrastructure Facilities (CIF) provided therein?

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

(a) : The Cabinet Committee on Economic Affairs (CCEA), on June 28, 2023, approved the "PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM). The 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, there is a provision 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. Of the total grant, 95% will be allocated to the State, while provided to the States, 65% is for capital expenditure (capex) projects, preferably as contributions to Centrally Sponsored Schemes, and 30% is untied for other activities, including Information, Education, and Communication (IEC) initiatives.

(b) : Department of Fertilizers (DoF) in collaboration with fertiliser companies, has launched **Maha Abhiyan** to promote the adoption of **Nano DAP** across all 15 Agro-climatic zones of the country through consultations & field-level demonstrations. Under the guidance of Indian Council of Agriculture Research (ICAR) and the supervision of ICAR-Krishi Vigyan Kendras (KVKs), IFFCO had conducted **2,500** Nano DAP Farmer Field Trials during *Kharif* and *Rabi* 2024–25 and **2,938** Nano DAP Farmer Field Trials during *Kharif* and *Rabi* 2025-26 (till 23.03.2026) across 15 Agro-Climatic Zones (ACZs) of the country.

Additionally, DoF in collaboration with fertiliser companies, has initiated a nationwide campaign for field-level demonstrations and awareness programmes on **Nano Urea Plus** in 100 districts. IFFCO had conducted **448** Nano Urea Farmer Field Trials during *Kharif* and *Rabi* 2024–25 and 484 Nano

Urea Farmer Field Trials during *Kharif* and *Rabi* 2025-26 (till 23.03.2026) across 15 Agro-Climatic Zones (ACZs) of the country under the guidance of Indian Council of Agriculture Research (ICAR) and the supervision of ICAR-Krishi Vigyan Kendras (KVKs).

The State wise, Agroclimatic Zone (ACZ) wise, Nano Fertilisers Field Trials, including Nano Urea and Nano DAP are given in the enclosed **Statement-I** (Kharif, 2024 (April to September-2024)), **Statement-II** (Rabi, 2024-25, (Oct-2024 to Mar-2025)), **Statement-III** (Kharif, 2025 (April to September-2025)) and **Statement-IV** (Rabi, 2025-26 (Oct-2025 to Mar-2026, as on 23.03.2026)).

(c) and (d): Karnataka State Agriculture Universities have undertaken 2 long term experiments at University of Agricultural Sciences (UAS), Gandhi Krishi Vigyana Kendra (GKVK), Bangalore, which are as under:

- (i) Long Term Fertilizer Experiments are under progress since 1986 at All India Coordinated Research Projects (AICRP) on Long-Term Fertilizer Experiments (LTFE), UAS, GKVK, Bangalore to study changes in soil quality, crop productivity and sustainability in Alfisols under finger millet-maize cropping system. The results of the experiments are given in the enclosed **Statement-V**.
- (ii) Long Term Fertilizer Experiments are under progress since 1978 at All India Coordinated Research Projects (AICRP) on Dry land Agriculture, UAS, GKVK, Bangalore to study the changes in soil quality, crop

productivity and sustainability under finger millet monocropping and finger millet-groundnut crop rotation.

In addition to this, long-term studies conducted by Indian Council of Agricultural Research (ICAR) at various locations across diverse agro-ecological regions of the country demonstrate the impact of balanced nutrient application on soil health and crop productivity. The findings indicate that recommended NPK application (100% NPK) improves crop yields by about 20–30 per cent over nitrogen-only use, while integrated nutrient management (100% NPK + farmyard manure) further enhances productivity by 30–50 per cent over control plots. Soil organic carbon is highest under integrated nutrient management, improving by about 0.1–0.3 percentage points over long-term nitrogen-only treatments, indicating better soil health. Microbial biomass carbon is also significantly higher, by 20–40 per cent, under integrated nutrient management compared to chemical fertilizers alone. In contrast, continuous nitrogen-only application leads to declining yields and deterioration of soil properties over time.

Further, under All India Coordinated Research Project on Soil Test Crop Response (AICRP-STCR), soil test-based balanced fertilizer prescription equations have been developed for major crops to enable site-specific nutrient management based on soil fertility and farmers' resources. Coordinated programmes also promote balanced fertilization and integrated nutrient management through training, demonstrations, and awareness activities. Overall, balanced and integrated nutrient application is essential for sustaining

soil fertility, improving crop productivity, and ensuring environmental sustainability.

(e) : The farmers can purchase their required amount of subsidized fertilizers based on the recommendation of Soil Health Card received by them through any fertilizers retail shop/ Pradhan Mantri Kisan Samridhi Kendra (PMKSK). The subject matter of Soil Health Card falls in the purview of Department of Agriculture & Farmer's Welfare and no such proposal of integrate Soil Health Card recommendations with fertilizers supply plan has yet been received from the administrative Ministry.

(f) : Under the "Promotion of Bulk Drug Parks" scheme, one bulk drug park in Jambusar, Bharuch, and Gujarat was approved in FY 2022-23. Financial assistance from the Central Government is provided for creation of Common Infrastructure Facilities (CIF), subject to a maximum of ₹1,000 crore per park, or 70% of the project cost, whichever is lower.

(a) Total project cost: ₹2,507.02 crore

(i) CIF project cost: ₹1,457.01 crore (₹1,000 crore is grant from the Central Government)

(ii) Physical infrastructure cost (other than CIF): ₹1,050.01 crore

(b) Area: 2,015.02 acres, at Jambusar, Bharuch District, Gujarat

(c) Major CIF being developed under the scheme includes steam generation and supply, common effluent treatment plant, centre of excellence, solvent recovery facility, treatment, storage and disposal

facilities, raw water supply and effluent collection pipeline, infrastructure of roads and internal drains. Common infrastructure of marine discharge and power infrastructure are being executed with state funds.

Financial & Physical Status:

The State Implementing Agency, Gujarat Industrial Development Corporation, as on 28.02.2026, has utilised ₹341.44 crore out of the two instalments of ₹300 crore each received as Central Grant-in-Aid, and ₹206.92 crore out of ₹274.20 crore from State funds, towards the development of CIF.

The present status of progress of the CIF under Gujarat bulk drug park is as under:

- The environmental clearance was granted to the Gujarat Bulk Drug Park in February 2024. All the common infrastructure facilities related civil tenders, such as road, drainage, water infrastructure, effluent collection and rack system are awarded and approximately most of the work has been completed on site.
- CIF Utility tenders like Common Effluent Treatment Plant (CETP), Solvent Recovery, Treatment Storage & Disposal Facilities, have also been awarded and a small portion of the work has been completed on site. Tender of parking has been awarded in November, 2025.
- Tender of Steam Generation is released and which is under evaluation.

- In addition to above CIF work, State Implementing Agency (SIA) has completed construction of an approach road of 4 km and has initiated the installation of a water pipeline to draw surface water from the Narmada Canal, located approximately 40 km from the Bulk Drug Park site.

STATEMENT-I

State wise, Agroclimatic Zone (ACZ) Wise, Nano Fertilisers Field Trials by IFFCO (in nos.) during KHARIF, 2024 (April to September-2024):

S. No.	State	Nano Urea Plus		Nano DAP		Grand Total	
		Targeted	Trials Conducted	Targeted	Trials Conducted	Targeted	Trials Conducted
1	Andhra Pradesh	4	4	40	39	44	43
2	Andaman & Nicobar			5	5	5	5
3	Arunachal Pradesh			1	1	1	1
4	Assam	4	4	55	55	59	59
5	Bihar	8	8	100	100	108	108
6	Chhattisgarh	6	6	20	20	26	26
7	Gujarat	12	12	80	80	92	92
8	Haryana	10	11	50	52	60	63
9	Himachal Pradesh	4	4	20	20	24	24
10	Jammu And Kashmir	0	4	20	19	20	23
11	Jharkhand	4	4	20	20	24	24
12	Karnataka	8	8	80	80	88	88
13	Kerala	2	2	20	16	22	18
14	Madhya	10	10	80	80	90	90

	Pradesh						
15	Maharashtra	12	12	90	90	102	102
16	Manipur			2	2	2	2
17	Mizoram			8	8	8	8
18	Odisha	4	4	60	60	64	64
19	Punjab	14	14	50	50	64	64
20	Rajasthan	14	14	60	60	74	74
21	Tamil Nadu	14	14	85	86	99	100
22	Telangana	10	10	40	40	50	50
23	Tripura			4	4	4	4
24	Uttar Pradesh	44	44	150	150	194	194
25	Uttarakhand	6	6	59	59	65	65
26	West Bengal	10	10	70	70	80	80
27	G Total	200	205	1270	1266	1470	1471

STATEMENT-II

State wise, Agroclimatic Zone (ACZ) wise, Nano Fertilisers Field Trials by

IFFCO (in nos.), during RABI, 2024-25, (Oct-2024 to Mar-2025):

S. No.	State	Nano Urea Plus		Nano DAP		Grand Total	
		Targeted	Trials Conducted	Targeted	Trials Conducted	Targeted	Trials Conducted
1	Andhra Pradesh	4	7	40	43	5	6
2	Andaman & Nicobar			5	6		
3	Arunachal Pradesh			1	1	1	1
4	Assam	4	20	55	55	59	75
5	Bihar	8	8	100	105	108	113

6	Chhattisgarh	6	7	20	19	26	26
7	Gujarat	12	12	80	80	92	92
8	Haryana	10	9	50	53	60	62
9	Himachal Pradesh	4	4	20	20	24	24
10	Jammu And Kashmir		4	20	20	20	24
11	Jharkhand	4	6	20	20	24	26
12	Karnataka	8	4	80	48	88	52
13	Kerala	2	2	20	15	22	17
14	Madhya Pradesh	10	10	80	80	90	90
15	Maharashtra	12	12	90	92	102	104
16	Manipur			2	2	2	2
17	Mizoram			8	8	8	8
18	Odisha	4	4	60	62	64	66
19	Punjab	14	14	50	50	64	64
20	Rajasthan	14	35	60	60	74	95
21	Tamil Nadu	14	14	85	84	99	98
22	Telangana	10	10	40	40	50	50
23	Tripura			4	3	4	3
24	Uttar Pradesh	44	46	150	150	194	196
25	Uttarakhand	6	5	59	48	65	53
26	West Bengal	10	10	70	70	80	80
27	G Total	200	243	1270	1234	1470	1477

STATEMENT-III

State wise, Agroclimatic Zone (ACZ) wise, Nano Fertilisers Field Trials by IFFCO (in Nos.) during KHARIF, 2025 (April to September-2025):

S. No.	State	Nano Urea Plus		Nano DAP		Grand Total	
		Targeted	Trials Conducted	Targeted	Trials Conducted	Targeted	Trials Conducted
1	Andhra Pradesh	4	4	40	41	44	45
2	Andaman & Nicobar			5	0	5	0
3	Arunachal Pradesh			1	1	1	1
4	Assam	4	4	55	57	59	61
5	Bihar	8	8	100	104	108	112
6	Chhattisgarh	6	7	20	22	26	29
7	Gujarat	12	12	80	80	92	92
8	Haryana	10	10	50	57	60	67
9	Himachal Pradesh	4	4	20	20	24	24
10	Jammu And Kashmir	0	5	20	20	20	25
11	Jharkhand	4	6	20	21	24	27
12	Karnataka	8	15	80	80	88	95
13	Kerala	2	1	20	12	22	13
14	Madhya Pradesh	10	10	80	76	90	86
15	Maharashtra	12	11	90	84	102	95
16	Manipur			2	2	2	2
17	Mizoram	0	1	8	8	8	9
18	Odisha	4	4	60	60	64	64
19	Punjab	14	14	50	50	64	64

20	Rajasthan	14	35	60	63	74	98
21	Tamil Nadu	14	17	85	71	99	88
22	Telangana	10	10	40	40	50	50
23	Tripura			4	4	4	4
24	Uttar Pradesh	44	52	150	134	194	186
25	Uttarakhand	6	5	59	35	65	40
26	West Bengal	10	10	70	70	80	80
27	G Total	200	245	1269	1212	1469	1457

STATEMENT-IV

State wise, Agroclimatic Zone (ACZ) wise Nano Fertilisers Field Trials by IFFCO (in Nos.), during RABI, 2025-26 (Oct-2025 to Mar-2026, as on 23.03.2026):

S. No.	State	Nano Urea Plus		Nano DAP		Grand Total	
		Targeted	Trials Conducted	Targeted	Trials Conducted	Targeted	Trials Conducted
1	Andhra Pradesh	4	4	40	40	44	44
2	Andaman & Nicobar			5	0	5	0
3	Arunachal Pradesh			1	1	1	1
4	Assam	4	4	55	55	59	59
5	Bihar	8	9	100	100	108	109
6	Chhattisgarh	6	3	20	19	26	22
7	Gujarat	12	12	80	80	92	92
8	Haryana	10	10	50	58	60	68
9	Himachal Pradesh	4	4	20	20	24	24
10	Jammu And Kashmir	0	5	20	20	20	25

11	Jharkhand	4	4	20	20	24	24
12	Karnataka	8	8	80	80	88	88
13	Kerala	2	2	20	20	22	22
14	Madhya Pradesh	10	10	80	83	90	93
15	Maharashtra	12	19	90	92	102	111
16	Manipur			2	2	2	2
17	Mizoram			8	8	8	8
18	Odisha	4	4	60	60	64	64
19	Punjab	14	15	50	50	64	65
20	Rajasthan	14	39	60	62	74	101
21	Tamil Nadu	14	15	85	85	99	100
22	Telangana	10	10	40	40	50	50
23	Tripura			4	4	4	4
24	Uttar Pradesh	44	47	150	153	194	200
25	Uttarakhand	6	5	59	50	65	55
26	West Bengal	10	10	70	70	80	80
27	G Total	200	239	1269	1272	1469	1511

STATEMENT-V

Results of Experiment

1. Incorporation of FYM along with optimal dose of NPK, improved soil physical properties (Soil aggregates, bulk density, total porosity and hydraulic conductivity).
2. The practice of applying only fertilizers has resulted in considerable drop down in soil pH, especially with higher levels of NPK and N alone.

3. Application of FYM as soil amendment is more effective than lime as former has not only moderating effect but also supplies nutrients like N, P, K and other micronutrients.
4. Buildup of available phosphorus is recorded in plots treated with 100% and 150% dose of P while, marginal buildup of K is recorded in plots that received 100% potassium.
5. Reduced level of phosphorus application (50% P) would be beneficial in terms of saving fertilizers as well as sustaining the crop productivity in P buildup soils.
6. Available S content in soil markedly increased when SSP fertilizer was given as P source but decreased when treated with DAP. Sulphur deficiency was observed due to continuous application DAP fertilizer as P source.
7. There was a marginal decline of Ca content in soil in all treatments except those treated with lime and FYM.
8. Deficiency of micronutrients is not found as the balanced application of nutrients using organic manure is taking care of micronutrients by mobilization from the reserve source of residual bio-mass added to soil.
9. Balanced and integrated use of nutrients improved soil organic carbon status, the beneficial microbiological population and enzyme activities in soil.
10. The minimum amount (threshold) of carbon required to maintain initial carbon level in soil is dependent on initial content of carbon in soil and climate and it was found to be 3600 kg/ ha/year.

11. Integrated use of inorganic fertilizers and organic manures not only sustained the soil productivity on long term basis but also improved the nutrient use efficiency.

12. The sustainable yield index (SYI) of maize and finger millet over the years is found highest in the plots which received NPK+FYM+lime and 150% NPK, respectively.

13. Higher Soil Quality Index is recorded in T10 (NPK+FYM+ lime) followed by T8 (NPK+FYM) treatments and lower SQI is recorded in control and imbalanced treatments.

14. Soil pH, K, Ca, Mg and microbial biomass carbon are important soil indicators to be taken care of for improving soil quality. Practical Significance: Applying the optimal dose of fertilizers integrated with organic sources such as FYM is essential for sustaining crop productivity and improving long-term soil health. Indiscriminate or imbalanced use of nitrogenous fertilizers drastically reduces yield and leads to significant deterioration of soil health. Farmers should be discouraged from applying only nitrogen and phosphorus fertilizers (such as DAP and urea) for finger millet. The inclusion of potassium, along with recommended doses of nitrogen and phosphorus, is crucial for achieving sustained higher yields. The commonly used high-analysis fertilizer DAP should be supplemented with secondary nutrients, as continuous reliance on DAP alone has contributed to widespread secondary nutrient deficiencies. Continuous application of the recommended dose of phosphorus has been observed to cause soil phosphorus buildup. In such situations, applying half

the recommended phosphorus dose is sufficient to meet the crop's needs without compromising yield.

(Source: UAS, GKVK, Bengaluru)

Practical Significance:

- Applying the optimal dose of fertilizers integrated with organic sources such as FYM is essential for sustaining crop productivity and improving long-term soil health.
- Indiscriminate or imbalanced use of nitrogenous fertilizers drastically reduces yield and leads to significant deterioration of soil health.
- Farmers should be discouraged from applying only nitrogen and phosphorus fertilizers (such as DAP and urea) for finger millet. The inclusion of potassium, along with recommended doses of nitrogen and phosphorus, is crucial for achieving sustained higher yields.
- The commonly used high-analysis fertilizer DAP should be supplemented with secondary nutrients, as continuous reliance on DAP alone has contributed to widespread secondary nutrient deficiencies.
- Continuous application of the recommended dose of phosphorus has been observed to cause soil phosphorus buildup. In such situations, applying half the recommended phosphorus dose is sufficient to meet the crop's needs without compromising yield.

RISE IN OBESITY AND NCDs

***493. SHRIMATI SHAMBHAVI:**

SHRI ARUN BHARTI:

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

- (a) whether the Government has taken note of the Economic Survey 2025-26 highlighting the alarming rise in obesity and Non-Communicable Diseases (NCDs) driven by Ultra-Processed Foods (UPFs) in the country, particularly in Andhra Pradesh, Bihar and Madhya Pradesh;
- (b) if so, the details thereof along with the steps taken/proposed to be taken by the Government to introduce stricter marketing regulations or the proposed 'health tax' on UPFs;
- (c) the estimated prevalence of diabetes and hypertension among rural population in the said States during the last three years; and
- (d) the steps taken/proposed to be taken by the Government to promote traditional diets, local nutrition and preventive healthcare awareness among school-going children?

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

(a) to (d) : Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by Non- communicable Diseases (NCDs) in India, Ministry of Health and Family Welfare (MoHFW) provides technical and financial support to States and Union Territories across the country.

As per the National Family Health Survey (NFHS)-5 (2019-21), nearly 24% of women and 23% of men aged 15 to 49 and 3.4% of children under 5 years are overweight.

The estimated prevalence of diabetes and hypertension among rural population in Andhra Pradesh, Bihar and Madhya Pradesh as per NFHS -5 are as under:

(i) Prevalance of Diabetes

S. No.	State	Diabetes among rural women	Diabetes among rural men
1	Andhra Pradesh	17.9%	20.5%
2	Bihar	12.0%	15.4%
3	Madhya Pradesh	9.4%	11.9%

(ii) Prevalance of Hypertension

S. No.	State	Hypertension among rural women	Hypertension among rural men
1	Andhra Pradesh	24.3%	27.6%
2	Bihar	15.8%	18.1%
3	Madhya Pradesh	19.9%	21.5%

The ICMR-National Institute of Nutrition (ICMR-NIN) has issued the *Dietary Guidelines for Indians 2024*, which provide flexible and practical recommendations promoting a balanced and diverse diet suited to India's

varied cultural and regional food practices, including specific guidance for different age and gender groups. In collaboration with the Food Safety and Standards Authority of India (FSSAI), it has also recommended labeling of High Fat, Salt and Sugar (HFSS) foods on ready-to-eat products to encourage moderated consumption.

Food Safety and Standards (Safe Food and Balanced Diets for Children in School) Regulations, 2020 restrict the sale and advertisement of high fat, salt and sugar (HFSS) foods in and around school premises to promote healthier environments. FSSAI is also running nationwide awareness initiatives such as Eat Right India, Aaj Se Thoda Kam, Har Label Kuch Kehta Hai, Fight Obesity, and Stop Obesity to encourage reduction in fat, salt and sugar intake and to promote preventive and promotive healthcare through social and behavioural change. Additionally, ICMR-NIN has proposed incorporating a new syllabus on healthy food habits and nutrition into NCERT school textbooks as part of a broader nutrition education and communication strategy.

The Ministry of Health and Family Welfare implements a life-cycle based RMNCAH+N (Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition) strategy under the National Health Mission to address child nutrition, including obesity, along with the Rashtriya Bal Swasthya Karyakram for early identification and management of health issues among children. The PM POSHAN (Pradhan Mantri Poshan Shakti Nirman) Scheme provides nutritious mid-day meals to school children to improve health and

learning outcomes. Additionally, initiatives like the Fit India Movement and population based screening at Ayushman Arogya Mandirs (AAMs) under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) promote healthy lifestyles, awareness, and preventive healthcare through community-based interventions.

ESTABLISHMENT OF IPHL UNDER PM-ABHIM

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

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

- (a) whether it is true that one of the components of the PM-Ayushman Bharat Health Infrastructure Mission is the establishment of District Integrated Public Health Laboratories (IPHLs) in each district of the country, if so, the details thereof;
- (b) whether it is also true that the Government has provided Rs. 1023 crore for establishment of additional 13 Integrated Public Health Laboratories (IPHLs) due to the reorganization of districts in Andhra Pradesh, if so, the details thereof; and
- (c) whether there is a proposal to open IPHLs in Anakapalli in the said State for the benefit of poor people, if so, the details thereof?

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

- (a) to (c) : The Pradhan Mantri–Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), launched in the Year 2021, with an outlay of Rs. 64,180 Crore

for FY 2021-22 to FY 2025-26, aims to address the critical gaps in primary healthcare, diagnostics, surveillance, and critical care services across rural and urban areas by providing a continuum of care at all levels, namely primary, secondary, and tertiary, by preparing the health care systems to respond effectively to pandemics and disasters.

Under the Centrally Sponsored Scheme (CSS) component of the scheme, financial support is provided for construction of Building less Ayushman Arogya Mandirs - Sub Health Centres (AAM-SHCs), Urban AAMs, Block Public Health Units (BPHUs), Integrated Public Health Laboratories (IPHLs) and Critical Care Blocks (CCBs).

The details of approvals accorded for IPHL under the CSS component, along with the number of units sanctioned for all States/UTs, including Andhra Pradesh, under PM-ABHIM for the five-year period from FY 2021–22 to FY 2025–26, are given in the enclosed **Statement**.

As per the information provided by the State of Andhra Pradesh, an approval of Rs.16.25 Cr is accorded at Rs.1.25 Cr per IPHL towards establishment of 13 additional IPHLs (apart from 13 IPHLs approved earlier) due to the reorganization of districts in Andhra Pradesh.

An IPHL has already been approved in Anakapalli District Hospital (DH), under PM-ABHIM to strengthen public health infrastructure and provide improved diagnostic services to the local population, including the poor.

STATEMENT

State/UT-wise details of Integrated Public Health Labs (IPHLs) approved under PM-ABHIM for FY 2021-22 to FY 2025-26:

S. No.	State / UT	Units Approved
1	A & N Islands	3
2	Andhra Pradesh	26
3	Bihar	38
4	Chandigarh	1
5	Chhattisgarh	28
6	DNH & DD	3
7	Delhi	11
8	Goa	2
9	Haryana	22
10	Jammu & Kashmir	20
11	Karnataka	31
12	Ladakh	2
13	Lakshadweep	1
14	Madhya Pradesh	55
15	Manipur	15
16	Meghalaya	10
17	Nagaland	11
18	Puducherry	4

19	Punjab	22
20	Rajasthan	33
21	Sikkim	3
22	Tamil Nadu	38
23	Telangana	33
24	Tripura	7
25	Maharashtra	36
26	Himachal Pradesh	12
27	Mizoram	10
28	Uttar Pradesh	75
29	Kerala	14
30	Gujarat	33
31	West Bengal	23
32	Odisha	30
33	Jharkhand	24
34	Assam	33
35	Arunachal Pradesh	22
36	Uttarakhand	13
	Total	744

SHORTAGE OF SPECIALIST DOCTORS IN CHCs***495. SHRI MURASOLI S.:**

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

- (a) the details of the shortage of specialist doctors in Community Health Centres (CHCs) across the country;
- (b) whether it is true that there is an acute shortage of specialist doctors, with a shortfall of nearly 80 per cent of the required specialists in the 6,064 CHCs in the country, if so, the details thereof and the reasons therefor;
- (c) whether there is a shortfall of specialist doctors, including surgeons, obstetricians and gynaecologists, physicians and paediatricians in CHCs across the country, if so, the reasons therefor;
- (d) whether the requirement of specialist doctors in CHCs has increased by 63.8 per cent whereas there is only an increase of 26.3 per cent in the actual number of in-position specialists, if so, the details thereof; and
- (e) the steps being taken by the Government to address this shortage of specialist doctors in CHCs across the country?

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

- (a) to (e) : Details on the availability of specialist doctors including surgeons, obstetricians, gynaecologists, physicians and paediatricians across the country at various levels of health care facilities are published in the form of Health Dynamic Index (HDI) (Infrastructure and Human Resource) and is available at

the website of the Ministry of Health and Family Welfare (MoHFW), which is given at the Uniform Resources Locator (URL) as under:

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

All the administrative matters related to human resource in health lies with the respective State/UT Governments. Under National Health Mission (NHM), MoHFW 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.

As per information provided by National Medical Commission (NMC), there are 13,88,185 registered allopathic doctors and 7,51,768 registered AYUSH practitioners.

Further, there is an increase of 111.36% in Medical Colleges in the country from 387 in 2014 to 818 as of now. There is also an increase of 151.18% in MBBS seats from 51,348 in 2014 to 1,28,976 as of now and increase of 172.63% in PG seats from 31,185 in 2014 to 85,020 as of now.

Under NHM, following types of incentives are given for encouraging doctors to practice in rural and remote areas of the country to address this shortage of specialist doctors in CHCs across the country:

- Hard area allowance to specialist doctors for serving in rural and remote areas.

- Honorarium to Gynecologists/ Emergency Obstetric Care (EmoC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors is also provided to increase availability of specialists for conducting Cesarean Sections in rural & remote area.
- Special incentives for doctors, Auxiliary Nurse and Midwife (ANM) for ensuring timely Antenatal Checkup (ANC) checkup and recording, conducting Adolescent Reproductive and Sexual Health activities.
- States being allowed to offer negotiable salary to attract specialist including flexibility in strategies such as “You Quote We Pay”.
- Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangement in rural areas.
- Multi-skilling and Skill upgradation of existing doctors is supported under NHM to overcome the shortage of specialists.

Further, through various Centrally Sponsored Scheme (CSS), the Ministry has taken steps to address the shortage of the doctors/medical professionals in the country like establishment of new medical college by upgrading district/ referral hospital, strengthening/ upgradation of existing State Government/Central Government Medical Colleges by increasing MBBS and PG seats, upgradation of Government Medical Colleges by construction of Super Specialty Blocks and setting up of 22 new AIIMS across the country.

PROMOTION OF AYURSWASTHYA YOJANA***496. SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:****SHRI SATISH KUMAR GAUTAM:**

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

- (a) the primary objectives of the AYURSWASTHYA Yojana in promoting community-based health interventions through traditional medicine in the country, State/UT-wise;
- (b) the details of the specialised healthcare services offered by the Centres of Excellence (CoE) established under the said scheme across the country;
- (c) the details of the Public Health Outreach programmes conducted under the scheme specifically targeting rural and tribal population, State/UT-wise;
- (d) the number of beneficiaries who have received specialised AYUSH treatment for chronic ailments through the clinical research component of the said scheme, State/UT-wise; and
- (e) the details of the criteria for selecting Non-Governmental Organisations (NGOs) and private trusts for providing grants-in-aid under the AYURSWASTHYA Yojana?

THE MINISTER 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 a Central Sector Scheme namely Ayurswasthya Yojana since FY 2021-22 having 02 components viz. i) Ayush and Public Health and ii) Centre of Excellence (CoE). The scheme is being

implemented across the Country and is not specific to any State/UT. The main aim of the Ayush and Public Health component is to roll out of authentic classical Ayush interventions with following objectives: -

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

(b) : Under Centre of Excellence (CoE) component of Ayurswasthya Yojana, healthcare services are being provided in diverse disease areas including Diabetes Mellitus, Fatty Liver, lifestyle disorders, cardiac disorders, joint disorders, and mental health conditions, utilizing Ayush interventions as per the specialty domains of the respective Centres of Excellence. The details of CoE projects supported under the Ayurswasthya Yojana are given in the enclosed **Statement-I**.

(c) : Under Ayush and Public Health component of Ayurswasthya Yojana, public health outreach programmes are being conducted by the grantee organisation/institute as per the approved project. The details of the projects supported under the Ayush and Public Health component of Ayurswasthya Yojana is given in the enclosed **Statement-II**.

(d) : The Ayurswasthya Yojana is a central sector scheme which is being implemented across the country and is not specific to any State/UT. Further, under the CoE component of Ayurswasthya Yojana, 14731 beneficiaries have received specialized Ayush treatment for chronic ailments through the clinical research projects. The details of the Grantee institutes/organisations conducting clinical researches under CoE component are given in the enclosed **Statement-III**.

(e) : Under the scheme, Non-Governmental organizations and private trusts are also eligible for seeking grants. The eligibility criteria for the said organizations are as follows:

- The organization must have credible project management expertise, qualified core staff, and public health specialists, along with a minimum of five years of experience in community health and a proven track record.
- The State/UT recommendation should clearly mention the organization's credibility, past experience and the relevance and usefulness of the proposed project.
- The organization must be registered under Societies Registration Act/Trust/Companies Act etc.
- Under the Centre of Excellence (COE) component, reputed tertiary care hospitals (minimum 250 beds), Ayush institutions having 5 years of meritorious work in Ayush sector, adequate infrastructure, land, equipment, manpower can apply.

Further, the applications submitted by the Non-Governmental organizations and private trusts are scrutinized as per the provisions contained in the scheme guidelines and Grants-in-aids to the eligible organizations are released after recommendation of Project Appraisal Committee (PAC) and final approval of Project Sanctioning Committee (PSC).

STATEMENT- I

Details of CoE projects supported under the Ayurswasthya Yojana

S. No.	Name of Organization/Institute	State/UT	Title of the Project
1.	Government Ayurvedic College, Jalukbari	Assam	CoE of Panchakarma and Upgradation of Pharmacy
2.	Shri Dhanwantry Ayurvedic College & Hospital, Shri Dhanwantry Educational Society (Regd), Chandigarh	Chandigarh	Centre of Excellence for Care & Ayurvedic Management of Chronic Spine Disorder patients
3.	Centre for Integrative Medicine and Research (CIMR), (AIIMS)	Delhi	Centre of Excellence for Yoga & Ayurveda
4.	Institute of Liver & Biliary Sciences (ILBS), New Delhi	Delhi	Effects of Indian Foods and Ayurvedic drugs on healthy and diseases Liver
5.	Jawaharlal Nehru University (JNU), New Delhi	Delhi	Functional-based CoE on Ayurveda and Systems Medicine
6.	Department of Design, Indian Institute of Technology, (IIT) Delhi	Delhi	Centre of Excellence in Sustainable Ayush for Advanced technological solutions, startup support and net zero sustainable

			solutions for Rasausadhies
7.	Jamia Hamdard (Deemed to be University) Hamdard Nagar	Delhi	Centre of Excellence in Unani Medicine (Pharmacognosy / Pharmacology)
8.	Council of Scientific & Industrial Research (CSIR)- Institute of Genomics and Integrative Biology	Delhi	Centre of Excellence for Applied Development of Ayurveda Prakriti and Genomics
9.	Rajiv Gandhi Government Post Graduate Ayurveda College & Hospital,	Himachal Pradesh	CoE in Ayurveda for Geriatric Health Care
10.	Regional Research Institute of Unani Medicine (RRIUM), Srinagar	Jammu & Kashmir	Ilaj Bit Tadbeer (Regimental Therapy)
11.	National Institute of Mental Health and Neuro Sciences (NIMHANS)	Karnataka	Centre of Excellence in Ayush Research
12.	Central Ayurveda Research Institute (CARI) Bengaluru	Karnataka	Centre of Excellence in Research and Clinical Services for Madhumeha (Diabetes Mellitus)
13.	Indian Institute of Science, (IISC) Bangalore	Karnataka	Centre of Excellence in Diabetes and Metabolic Disorders
14.	Swami Vivekananda Yoga Anusandhan Samsthana (SVYASA)	Karnataka	Centre of Excellence in Yoga
15.	SDM College of Naturopath and Yogic Science, Ujire,	Karnataka	Yoga & Naturopathy for Metabolic and Lifestyle Disease

	Bengaluru		
16.	Arya Vaidya Sala, Kottakkal	Kerala	Setting up CoE in Cancer Research
17.	Tata Memorial Centre, (TMC) Mumbai	Maharashtra	Centre of Excellence for Discovery and Development of Ayush Medicine for Cancer Care
18.	Savitribai Phule Pune University (SPPU)	Maharashtra	Ayush Centre of Excellence, Centre for Complementary and Integrative Health School of Health Sciences, Savitribai Phule Pune
19.	Indian Institute of Technology, Jodhpur (IITJ), Jodhpur	Rajasthan	Centre of Excellence in AYURTech for Integrative Precision Health and Medicine
20.	National Institute of Ayurveda (NIA), Jaipur	Rajasthan	Establishment of Centre of Excellence in Dravyaguna for Development of Database of Key Identification Features and DNA Bank of Authentic and Market Samples of Selected Plant Based Raw Materials used in Ayush Medicines
21.	The Ayurvedic Trust	Tamil Nadu	CoE - Research Hospital for Rheumatology
22.	National Institute of Indian Medical Heritage, (NIIMH), Hyderabad	Telangana	Centre of Excellence in Medico-Historical Studies & Indian Medical Heritage
23	Central Drug Research Institute, Lucknow (CDRI), Lucknow	Uttar Pradesh	Centre of Excellence for Fundamental and Translational Research in Ayurveda

24.	Banaras Hindu University, Varanasi	Uttar Pradesh	Establishing National Resource Centre on Ksharsutra Therapy, Department of Shalya Tantra, Institute of Medical Sciences / National Referral Centre for Teaching, Research, Training and referral patients care on Ksharsutra under CoE
25.	Central Ayurveda Research Institute, Gwalior Road, Jhansi (Uttar Pradesh)	Uttar Pradesh	Centre of Excellence in Pharmaceutical Development and Standardization of Rasaushadhies used in Ayurveda
26.	Patanjali Ayurveda Hospital, Haridwar	Uttarakhand	Establishment of Centre of Excellence of Renovation and Upgradation of Patanjali Ayurveda Hospital
27.	Society for welfare of the handicapped persons, Bharosa, Durgapur	West Bengal	Centre of Excellence in Homeopathy for prevention of Disability
28.	National Institute of Homoeopathy (NIH), Kolkata	West Bengal	Centre for Excellence for Advancing Homoeopathic Research in the Management of Metabolic Disorders

STATEMENT-II

Details of the projects supported under the Ayush and Public Health component of Ayurswasthya Yojana:

S. No.	Name of the Organization/Institute	State/UT	Title of the Project
1	All India Institute of Ayurveda, New Delhi	Delhi	Promotion of Knowledge, attitude, and practices and mental health status (Anxiety, Stress and Depression) among Police personals through Ayurvedic Intervention
2	National Institute of Ayurveda, (NIA)	Rajasthan	Management of Pre-diabetes and Type 2 Diabetes mellitus in male and female patients of 25-70 years age group with Ayurvedic medicines along with yoga and lifestyle modification in Chaksu block of Jaipur district, Rajasthan
3	National Institute of Ayurveda, (NIA)	Rajasthan	Ayurveda Intervention to Reduce and Prevent Malnutrition in Children of Jamwa Ramgarh Block of Jaipur District, Rajasthan
4	National Institute of Ayurveda, (NIA)	Rajasthan	Management of Alcohol Addiction (Alcohol Use Disorders) with Ayurvedic Medicines, Yoga, Counselling and Lifestyle Modifications in Jamwa Ramgarh Tehsil of Jaipur District
5	Ayurved Seva Sangh's Ayurved Mahavidyalya, Nashik, Maharashtra	Maharashtra	Ayurveda Care for Healthy Pregnancy
6	Molecular Diagnostics, Counseling, Care and Research Centre, (MDCRC), Tamil Nadu	Tamil Nadu	Ayurveda based approach to improve the quality of life in children with Duchenne Muscular Dystrophy

7	Shri B. M. Kankanwadi Ayurvedic Mahavidyalaya, Belgaon	Karnataka	Creating Sustainable Solutions to address Anemia in School Children of Rural Area (Schools under Primary Health Centre, Hudali of Belagavi District, Karnataka
8	National Institute of Siddha, Chennai, Tamil Nadu	Tamil Nadu	Promoting the Siddha interventions for iron deficiency anemia (Pandu) among rural women/men at adolescent age (10-19) in South districts Madurai & Theni of Tamil Nadu
9	Srinath Manav Sewa Mandal, Parli, Beed, Maharashtra	Maharashtra	Community Screening Program for Diabetes, Hypertension, Obesity and its Management through Ayurveda and establishment of Referral Research Centre in parli Block of Beed District, Maharashtra
10	Directorate of Ayush, Maharashtra	Maharashtra	Osteoporosis Screening and Intervention Programme Using Ayush Approach: A Community based Programme in Maharashtra State
11	All India Institute of Ayurveda, New Delhi	Delhi	Promotion of Ayurvedic Medicine and Rasayana Therapy for Management of (LTBI) Latent Tuberculosis in Indian Population
12	All India Institute of Ayurveda, New Delhi	Delhi	Promotion of Knowledge, Attitude, Practices and Oral Health Status of Children through Ayurvedic Intervention
13	All India Institute of Ayurveda, New Delhi	Delhi	Community based Ayurveda intervention for promotion of physical & mental health in elderly population of Faridabad district, Haryana State

14	Gujarat Ayurvedic University, Jamnagar, Gujarat	Gujarat	Management of Pandu (Anemia) in adolescent girls and women of reproductive age group with Ayurvedic medicines in Jamnagar taluka of Jamnagar District
15	All India Institute of Ayurveda, New Delhi	Delhi	Ayurveda care for Healthy Progeny
16	All India Institute of Ayurveda, New Delhi	Delhi	Management of Pain in musculoskeletal Disorders through Ayurvedic Interventions
17	Tilak Ayurved Mahavidyalaya, Maharashtra	Maharashtra	Implementation of Punarnavadi Mandoor and Drakshavaleha in the management of Iron Deficiency Anemia in school going children at Mulashi block in Pune district, Maharashtra
18	Government Homeopathic Medical College, Bhopal	Madhya Pradesh	Geriatric Health Care in Degenerative Disorders of the Elderly
19	North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), Meghalaya	Meghalaya	Promoting the Ayurveda interventions for Iron Deficiency Anemia (IDA) among tribal females (18 to 45 years of age) in Mawpat and Myllem Block of East Khasi Hills district of Meghalaya
20	The Tamil Nadu Dr. M.G.R. Medical University, Tamil Nadu	Tamil Nadu	Assessment and Effectiveness of Siddha Interventions in Menstrual Disorders among High school and College students in Greater Chennai Corporation
21	Dr. Achanta Lakshmipathi Regional Ayurveda Research Institute, Central Council for Research in Ayurvedic Sciences (CCRAS), Chennai, Tamil Nadu	Tamil Nadu	A community-based study to assess the role of Ayurvedic interventions and lifestyle advocacy on Iron Deficiency Anemia in women of reproductive age in Chengalpattu district of Tamil Nadu

22	Pt. Khushilal Sharma Government Ayurveda College & Institute, Bhopal, MP	Madhya Pradesh	Awareness & Management of Diabetes Mellitus in Rural Area Bhopal
23	Amrita School of Ayurveda	Kerala	Ayurveda-Based Diet and Behavioral Lifestyle Intervention for Management of pre- diabetes- A community-based study
24	Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, Karnataka	Karnataka	Community based Prevention and Holistic Management of Alcohol Use Disorders in Channarayapatna Town of Hassan District, Karnataka State
25	Amala Ayurvedic Hospital and Research Centre, Kerala	Kerala	Ayush Intervention on Public Health for Janusandhigata Vatam (Knee Osteoarthritis)

STATEMENT -III

The details of the Grantee institutes/organisations conducting clinical researches under CoE component:

S. No.	Name of Institute/organization	Title of the CoE project	Research projects/ clinical trials undertaken in CoE	Patients screened	Patients enrolled
1	Centre for Integrative Medicine and Research (CIMR), (AIIMS)	Centre of Excellence for Yoga & Ayurveda	29	11608	5690
2	National Institute of Mental Health and Neuro Sciences (NIMHANS)	Centre of Excellence in Ayush Research	5	1180	827

3	Central Ayurveda Research Institute (CARI) Bengaluru	Centre of Excellence in Research and Clinical Services for Madhumeha (Diabetes Mellitus)	12	3547	3420
4	Institute of Liver & Biliary Sciences (ILBS) New Delhi	Effects of Indian Foods and Ayurvedic drugs on healthy and diseases Liver	2	400	206
5	Tata Memorial Centre, (TMC) Mumbai	Centre of Excellence for Discovery and Development of Ayush Medicine for Cancer Care	3	145	89
6	Indian Institute of Science, (IISC) Bangalore	Centre of Excellence in Diabetes and Metabolic Disorders	1	379	339
7	Arya Vaidya Sala, Kottakkal	Setting up CoE in Cancer Research	1	138	1
8	Council of Scientific & Industrial Research (CSIR)- Institute of Genomics and Integrative Biology	Centre of Excellence for Applied Development of Ayurveda Prakriti and Genomics	2	800	691
9	SDM College of Naturopath and Yogic Science, Ujire, Bengaluru	Yoga & Naturopathy for Metabolic and Lifestyle Disease	3	3000	900
10	Regional Research Institute of Unani Medicine (RRIUM), Srinagar	Ilaj Bit Tadbeer (Regimental Therapy)	6	577	462
11	The Ayurvedic Trust	CoE - Research Hospital for Rheumatology	6	13451	2106
	Total* *(As reported by the Grantee institutes/organisations)		70	35225	14731

DISASTER RELIEF ASSISTANCE TO SRI LANKA

***497. SHRI BAIJAYANT PANDA:**

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

- (a) the nature and scale of humanitarian assistance extended to Sri Lanka in response to Cyclone Ditwah in 2025 including financial aid, material support and deployment of relief assets;
- (b) the details of relief operations undertaken under Operation Sagar Bandhu including assistance provided in areas such as disaster response, medical aid, logistics and rehabilitation;
- (c) whether disaster relief and humanitarian assistance form a key component of India's Neighbourhood First policy, if so, the details thereof; and
- (d) the manner in which such interventions have contributed to strengthening regional cooperation and goodwill?

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) : Cyclone Ditwah made landfall on the eastern coast of Sri Lanka on 28 November 2025. Standing in solidarity with the people of Sri Lanka, India launched Operation Sagar Bandhu on 28 November 2025, the very day, to provide immediate humanitarian assistance and disaster relief to Sri Lanka. Within initial 3 days of operation, India delivered 53 tons of emergency relief material including two BHISHM Modular Trauma Cubes along with medicines, medical equipment and an Aarogya Maitri team of trauma specialists and

emergency physicians; pivoted INS Vikrant and INS Udayagiri which were present in Colombo; deployed two Chetak Helicopters from INS Vikrant followed by three heavy lift Mi-17 helicopters of the Indian Air Force for rescuing stranded persons from inaccessible areas and distributing aid; and deployed an 80-member National Disaster Response Force contingent including K9 Search and Rescue unit for search and rescue operations. Under Operation Sagar Bandhu, India provided comprehensive support to Sri Lanka including immediate relief supplies, medical aid, search and rescue assistance, restoration of damaged infrastructure etc. Details of HADR assistance to Sri Lanka post Cyclone Ditwah is given in the enclosed **Statement**.

(c) and (d) : India's commitment for swift and comprehensive assistance to its neighbours during events of crises and disasters is guided by its 'Neighbourhood First' policy, which accords institutional priority and centrality towards partners in India's immediate neighbourhood. India's consistent HADR support to its neighbours has been showcased repeatedly during times of crises. During the unprecedented Covid pandemic, India started sending made-in-India covid vaccines to its neighbouring partners on 20 January 2021, just after 4 days of initiating its own vaccination programme. India executed Operation Karuna in 2023 to support Myanmar post Cyclone Mocha; Operation Sadbhav in 2024 to provide HADR assistance to Myanmar, Lao PDR and Vietnam in the aftermath of Typhoon Yagi; Operation Brahma in 2025 to support Myanmar's recovery and rehabilitation post major earthquake; disaster relief, rehabilitation support and medical aid to Nepal in the aftermath of

devastating earthquake of November 2023 and post floods and landslides in Nepal in 2024 and 2025; continued medical aid, food grain assistance and disaster relief to Afghanistan since 2021. In addition to disaster relief supplies, India has been extending request-based assistance to its neighbouring partners. India has focused on creating mutually beneficial, people-oriented, regional frameworks for stability and prosperity in the region, including through the development of infrastructure projects, augmentation of capabilities, extending financial, budgetary and humanitarian assistance.

India's HADR initiatives are a symbol of friendship and goodwill and help foster cooperation and diplomatic ties with recipient nations. By providing timely, need-based and rapid assistance during emergencies, India has reinforced trust and goodwill with partner countries. While, India's swift HADR assistance has supported the disaster preparedness of partner countries, India's medical assistance has contributed to building stronger health systems in recipient nations. These sustained efforts have enhanced India's reputation as a dependable first responder and a constructive regional partner.

STATEMENT

Details of HADR assistance to Sri Lanka under Operation Sagar Bandhu and beyond:

Sl. No.	Nature of Assistance/deployments	Details of assistance
1	Disaster relief essential supplies	India delivered over 1100 tons of disaster relief material to Sri Lanka, including waterproof tents, tarpaulins, blankets, hygiene kits, clothing, mosquito nets, solar lamps ready-to-eat meals, 500 mobile water purification

		units, emergency dry ration viz. rice, sugar, lentils, oils, flour etc.
2	Medical Aid	(i) 14.5 tons of essential medicines and medical equipment (ii) 2 BHISHM Modular Trauma Cubes along with Aarogya Maitri Team (<i>The team provided urgent assistance to affected people and imparted on-site training to medical officers of Sri Lanka Air Force for further deployment and operations of BHISHM Cubes in affected areas</i>)
3	Indian Army Field Hospital	An Indian Army Field hospital was set up with 85 medical personnel team of Indian Army in Mahiyanganaya region of Sri Lanka. The hospital set up comprising facilities of ambulances, trauma care units, Operation Theaters to provide critical health services. <i>The hospital treated over 8000 persons till its de-induction on 14.12.2025</i>
4	80-members Specialized Search and Rescue Teams from NDRF	India was the first country to deploy trained disaster responders with 80 NDRF personnel including K9 Search and Rescue unit. The teams were deployed on 29 November 2025 in worst affected areas of Sri Lanka including Baulla, Kachchikade, Puttalam, Colombo and Gampaha. The team performed search and rescue operations in coordination with the Sri Lankan authorities. <i>The teams rescued and assisted over 450 persons.</i>
5	Deployment of 2 Chetak helicopters from INS Vikrant followed by 3 Mi-17 V5 helicopters	2 INS Chetak helicopters followed by deployment of 3 IAF Mi-17 helicopters worked with Sri Lankan Air Force personnel for swift rescue preferably to pregnant women, infants, persons with disabilities and other vulnerable group of people. The rescued individuals included nationals of Sri Lanka, India, Germany, Slovenia, UK, South Africa, Poland, Belarus, Iran, Australia, Pakistan and Bangladesh. The deployment assisted airlifting injured persons, transporting Sri Lankan Army personnel and distributing relief material

		to remote and inaccessible areas.
6	Evacuation of Indian nationals	Government evacuated 424 Indian nationals by using IAF aircrafts on gratis and facilitated travel of 2076 Indian nationals by commercial flights from the cyclone hit areas of Sri Lanka
7	Integrated Task Force of Indian Army	The Indian Army Signalling Team assisted to restore the damaged communication infrastructure in Mahiyanganaya, Sri Lanka
8	4 Bailey Bridge systems along with Indian Army Engineers Team	India sent emergency supply of 4 Bailey Bridge systems along with a specialized team of Indian Army Engineers to restore the damaged transport connectivity in cyclone affected areas of Sri Lanka. <i>The first bailey bridge was installed in Kilinochchi district of Sri Lanka on 23 December 2025.</i>
9	Deployment of IAF Aircrafts	India deployed 2 IAF C130J, 1 IAF IL76, 4 IAF C-17 Globemaster, 2 Chetak Helicopters and 3 IAF Mi-17 V5 Helicopters to deliver the relief supplies and perform search and rescue operations
10	Deployment of Indian Navy and Indian Coast Guard Ships	India pivoted INS Vikrant and INS Udayagiri, which were in Sri Lanka, and deployed INS Sukanya, INS Gharial, INS LCUs -L51, L54, L57 and ICGS Shaurya to deliver relief and supplies
11	Reconstruction package worth US\$ 450 million	In addition to the assistance extended to Sri Lanka under Operation Sagar Bandhu, Government announced a special reconstruction package of US\$ 450 million towards rebuilding of cyclone-affected regions of Sri Lanka on 23 December 2025, during the visit of Hon'ble Minister of External Affairs to Sri Lanka. The package includes US\$ 350 million in concessional Lines of Credit and US\$ 100 million as grants for rehabilitation and restoration of roads, railway and bridge connectivity, fully/partially damaged houses, support for damaged health and education systems, agriculture and for disaster preparedness

12	Supply of additional 10 Bailey Bridge systems	India delivered 10 Bailey bridges to Sri Lanka on 5 February 2026, as part of India's reconstruction package to Sri Lanka

RESTRICTIONS ON AGRI EXPORTS

***498. SHRI M. K. RAGHAVAN:**

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

- (a) whether the Government has taken any steps regarding the restrictions imposed on export of agricultural products from Kerala and West Bengal to Saudi Arabia citing Nipah virus concerns, if so, the details thereof including the steps taken by the Government so far;
- (b) whether the Ministry has coordinated with the Union Ministry of Health & Family Welfare and the concerned State Governments to officially convey the present epidemiological status indicating absence of any recent Nipah outbreak, if so, the details thereof; and
- (c) whether updated health and phytosanitary certification data has been shared with Saudi authorities to facilitate withdrawal of the restrictions, 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) : Yes, the Government has taken steps regarding the temporary restrictions imposed by Saudi Arabia on import of certain agricultural products from Kerala and West Bengal citing Nipah virus concerns.

Subsequent to the Royal Embassy of Saudi Arabia conveying the restrictions to Government of India, the Indian Mission in Riyadh has taken up the matter formally with Government of Kingdom of Saudi Arabia to lift the restrictions. It was conveyed to Saudi Arabian authorities that only two laboratory-confirmed Nipah cases occurred in West Bengal in January 2026, both among healthcare workers in a single facility and there is no evidence of community transmission. There is no documented evidence of Nipah transmission through commercially traded fruits or agricultural commodities undergoing standard post-harvest handling, washing, sorting and phyto sanitary inspection procedures. Indian agricultural exports follow stringent phytosanitary and food safety protocols that effectively mitigate risks.

The Ministry continues to coordinate with relevant GoI Departments and authorities to respond to any additional queries and clarifications from authorities in Saudi Arabia.

वात्सल्य सदन की स्थिति

***499. श्री विजय कुमार दूबे:**

श्री महेश कश्यप:

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

- (क) क्या सरकार ने बच्चा गोद लेने की प्रक्रिया को अधिक पारदर्शी, सरल और "फेस-लेस" (संपर्क रहित) बनाने के उद्देश्य से बाल दत्तक ग्रहण संसाधन सूचना एवं मार्गदर्शन प्रणाली (सीएआरआईएनजीएस) को पूरी तरह से डिजिटल कर दिया है;

- (ख) यदि हां, तो तत्संबंधी वर्तमान स्थिति क्या है और छत्तीसगढ़ सहित देश भर में इस प्रणाली के माध्यम से गोद लिए गए बच्चों की संख्या कितनी है;
- (ग) क्या सरकार बच्चों की देखरेख के पारंपरिक प्रबंधों के विकल्प के रूप में गैर-संस्थागत देखरेख जैसे कि प्रायोजन, पालन-पोषण संबंधी देखरेख और उत्तरवर्ती देखरेख को बढ़ावा दे रही है, यदि हां, तो उक्त क्षेत्र सहित देश में इसके अंतर्गत लाभान्वित बच्चों का ब्यौरा क्या है;
- (घ) "वात्सल्य सदन" (एकीकृत गृह) की वर्तमान स्थिति क्या है और इसमें किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 के अंतर्गत कानून का उल्लंघन करने वाले बच्चों की देखरेख के लिए कर्मचारियों को प्रदान किए गए विशेष प्रशिक्षण का ब्यौरा क्या है;
- (ड.) क्या सरकार ने तेजी से पुलिस और चिकित्सा सहायता उपलब्ध कराने के लिए 'चाइल्ड हेल्पलाइन' (1098) को 'आपात अनुक्रिया सहायता प्रणाली' (ईआरएसएस – 112) के साथ सफलतापूर्वक एकीकृत कर दिया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) महामारी के दौरान माता-पिता/अभिभावक खोने वाले बच्चों के लिए एक व्यापक सहायता तंत्र (शिक्षा और स्वास्थ्य बीमा सहित) प्रदान करने में 'पीएम-केयर्स फॉर चिल्ड्रन' योजना का क्या प्रभाव रहा है?

महिला और बाल विकास मंत्री (श्रीमती अन्नपूर्णा देवी):

(क) और (ख) : महिला एवं बाल विकास मंत्रालय ने नवीन मिशन वात्सल्य पोर्टल शुरू किया है, जो बाल संरक्षण सेवाओं से जुड़े सभी हितधारकों के लिए एक एकीकृत डिजिटल मंच है। मिशन वात्सल्य पोर्टल तकनीकी रूप से उन्नत सुरक्षित पोर्टल है जो राज्य और जिले में विभिन्न स्तरों पर कई हितधारकों के लिए डिजिटल कार्य मंच प्रदान करता है। दत्तक ग्रहण पोर्टल केयरिंग्स को भी इस एकीकृत पोर्टल में शामिल किया गया है।

मिशन वात्सल्य पोर्टल की प्रमुख विशेषताओं में हितधारकों अर्थात् राज्य स्तर पर राज्य बाल संरक्षण सोसायटी, राज्य दत्तक ग्रहण संसाधन अभिकरण और जिला स्तर पर जिला बाल

संरक्षण इकाई, बाल कल्याण समिति, किशोर न्याय बोर्ड, विशेष किशोर पुलिस इकाई और बाल देखरेख संस्थानों के उपयोग के लिए एकल डिजिटल प्लेटफॉर्म का उपलब्ध होना शामिल है।

सरकार ने किशोर न्याय (बालकों की देखरेख और संरक्षण) संशोधन अधिनियम, 2021, किशोर न्याय (बालकों की देखरेख और संरक्षण) आदर्श संशोधन नियम, 2022 और दत्तक ग्रहण विनियम, 2022 के तहत दत्तक ग्रहण से संबंधित अपनी नीति को सरल बना दिया है।

देरी को कम करने और पारदर्शिता सुनिश्चित करने के लिए, संपूर्ण दत्तक ग्रहण प्रक्रिया को ऑनलाइन केयरिंग्स पोर्टल के माध्यम से डिजिटल कर दिया गया है, साथ ही राज्यों और संघ राज्य क्षेत्रों के साथ नियमित निगरानी और अनुवर्ती कार्रवाई की जाती है। बाल देखरेख संस्थानों में दत्तक ग्रहण योग्य बच्चों की पहचान करने और उन्हें कानूनी रूप से दत्तक ग्रहण के लिए स्वतंत्र घोषित करने की प्रक्रिया में तेजी लाने के लिए जुलाई 2024 से एक पहचान प्रकोष्ठ भी स्थापित किया गया है। दत्तक ग्रहण विनियम, 2022 के विनियम 46 और 50 के साथ पठित इसकी अनुसूची 14 में दत्तक ग्रहण प्रक्रिया में शामिल प्राधिकरणों और एजेंसियों द्वारा पालन की जाने वाली समयसीमा निर्धारित है।

वर्ष 2025-26 के लिए केयरिंग्स पोर्टल पर उपलब्ध जानकारी के अनुसार, कुल 4499 बच्चों को पोर्टल के माध्यम से दत्तक ग्रहण किया गया, जिनमें 4153 देश के भीतर और 346 अंतरदेशीय दत्तक ग्रहण के मामले शामिल हैं। वर्ष 2025-26 के दौरान छत्तीसगढ़ राज्य में देश के भीतर और अंतरदेशीय दत्तक ग्रहण के मामले क्रमशः 95 और 7 रहे।

(ग) से (ड.) : यह मंत्रालय देखरेख और संरक्षण की आवश्यकता वाले बच्चों तथा विधि का उल्लंघन करने वाले बच्चों को संस्थागत देखरेख और गैर-संस्थागत देखरेख सहित विभिन्न सेवाओं की प्रदायगी के लिए राज्य और संघ राज्य क्षेत्र सरकारों के माध्यम से 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना कार्यान्वित कर रहा है।

मिशन वात्सल्य योजना, कठिन परिस्थितियों में रहने वाले बच्चों की परिवार आधारित गैर-संस्थागत देखरेख को बढ़ावा देती है, जो बच्चों के सांस्थानीकरण को अंतिम उपाय के रूप में

मानने के सिद्धांत पर आधारित है। इस योजना के तहत प्रायोजन, पालक देखरेख, दत्तक ग्रहण और पश्चात देखरेख के माध्यम से गैर-संस्थागत देखरेख के लिए पात्र बच्चों को 4000 रुपये की वित्तीय सहायता प्रदान की जाती है। वित्तीय वर्ष 2024-25 के दौरान, मिशन वात्सल्य योजना से कुल 1,70,895 बच्चों को लाभ मिला, जिनमें छत्तीसगढ़ राज्य के 1550 बच्चे शामिल हैं।

मिशन वात्सल्य योजना के तहत, राज्य और संघ राज्य क्षेत्र सरकारों से प्राप्त प्रस्तावों के आधार पर मंत्रालय द्वारा देश भर में कुल 69 वात्सल्य सदनों को मंजूरी दी गई है। ये सदन एकीकृत, अत्याधुनिक आवासीय परिसर होंगे, जिनमें बाल देखरेख संस्थान, किशोर न्याय बोर्ड और बाल कल्याण समितियां स्थित होंगी।

वित्तीय वर्ष 2025-26 के दौरान, मंत्रालय के अधीन स्वायत्त निकाय, सावित्रीबाई फुले राष्ट्रीय महिला एवं बाल विकास संस्थान (एसपीएनआईडब्ल्यूसीडी) ने बाल कल्याण, संरक्षण और पुनर्वास के महत्वपूर्ण पहलुओं पर ध्यान केंद्रित करते हुए 153 प्रशिक्षण कार्यक्रम आयोजित किए हैं, जिससे बच्चों के अधिकारों और कल्याण की रक्षा के प्रति अपनी प्रतिबद्धता को मजबूत किया जा सके।

मिशन वात्सल्य योजना के अंतर्गत, राज्यों और जिलों को किशोर न्याय (बालकों की देखरेख एवं संरक्षण) अधिनियम, 2015 के तहत परिभाषित बच्चों के लिए 24x7x365 चाइल्ड हेल्पलाइन (1098) कार्यान्वित करना अनिवार्य है। चाइल्ड हेल्पलाइन को गृह मंत्रालय की आपातकालीन प्रतिक्रिया सहायता प्रणाली-112 (ईआरएसएस-112) हेल्पलाइन के साथ एकीकृत किया गया है और यह सभी 36 राज्यों और संघ राज्य क्षेत्रों में कार्यशील है। राज्यों और संघ राज्य क्षेत्रों को रेलवे स्टेशनों और बस स्टैंडों पर चाइल्ड हेल्पलाइन के हिस्से के रूप में चाइल्ड हेल्पडेस्क स्थापित करना भी अनिवार्य है।

(च) : माननीय प्रधानमंत्री ने 29.05.2021 को पीएम केयर फॉर चिल्ड्रन योजना की घोषणा की, जिसका उद्देश्य उन बच्चों की सहायता करना है जिन्होंने 11.03.2020 से 05.05.2023 के दौरान कोविड-19 महामारी के कारण अपने माता-पिता दोनों या जीवित माता या पिता को या

कानूनी अभिभावक या दत्तक माता-पिता को खो दिया है। इस योजना का उद्देश्य बच्चों को सतत रूप से व्यापक देखरेख और सुरक्षा सुनिश्चित करना और स्वास्थ्य बीमा के माध्यम से उनके कल्याण सुनिश्चित करना, शिक्षा के माध्यम से उन्हें सशक्त बनाना और 23 वर्ष की आयु तक वित्तीय सहायता देकर उन्हें आत्मनिर्भर जीवन यापन के लिए तैयार करना है। इस योजना के तहत अब तक 4543 पात्र बच्चों को लाभ मिल चुका है।

TRANSITION OF AYUSH SYSTEM

*500. SHRI ARUP CHAKRABORTY:

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

- (a) whether the Government has formulated a roadmap for transition of AYUSH systems from experience-based practice to evidence-based validation through structured clinical research and scientific documentation and if so, the details thereof;
- (b) the steps taken by the Government for transition from isolated traditional practices to standardized and structured treatment protocols across AYUSH disciplines;
- (c) whether any framework has been developed to integrate AYUSH systems with mainstream healthcare to ensure coordinated and patient-centric care and if so, the details thereof; and
- (d) the details of the research collaborations, funding allocations, regulatory reforms and institutional mechanisms established to promote evidence generation and integrated healthcare delivery 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) : Ministry of Ayush has undertaken several initiatives to promote scientific research, data generation, and documentation of clinical outcomes in traditional system of medicine through its dedicated Apex Central Research Councils, National Institutes, Regulatory Commissions, Schemes and digital platforms to generate scientific evidence, support policy formulation, and integration of Ayush into the broader healthcare system. The details are as:

i. Establishment of dedicated Research Councils

There are five autonomous central research councils namely, Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Yoga & Naturopathy (CCRYN), Central Council for Research in Unani Medicine (CCRUM), Central Council for Research in Siddha (CCRS), Central Council for Research in Homoeopathy (CCRH), under the aegis of Ministry of Ayush (MoA) which undertake fundamental and applied research, clinical trial, drug research, standardize Ayush formulation, collaborative research, document clinical evidence (clinical research), publish research in national and international journals, documentation of traditional knowledge and public health research, etc. Currently, 89 research institutes and units operate across the country under these research councils.

ii. Ayush Research Database

Ministry has developed a dedicated Ayush Research Portal which compiles research outputs generated by these councils and other institutions. It is a centralized repository of Ayush research of around 43,000 published research articles at present. These are accessible to researchers, policymakers, and practitioners and promotes evidence dissemination and transparency.

iii. Ayush Hospital Management Information System (A-HMIS)

A-HMIS is a digital health platform designed to collect and manage patient data across Ayush healthcare facilities. It facilitates digitization of hospital records, captures real-time clinical data, generates evidence through patient outcomes.

iv. NAMASTE Portal

The National Ayush Morbidity and Standardized Terminology Electronic Portal (NAMASTE) have been developed to standardize disease reporting. These Standardized Ayush medical terminology is in alignment with World Health Organization's International Classification of Disease (ICD-10 and ICD-11) and thus enhances comparability of Ayush data with global health systems and research.

v. System wise Evidence Based Research

All clinical trials are registered with the Clinical Trials Registry of India (CTRI), hosted by ICMR (Indian Council of Medical Research). It ensures transparency, ethical compliance, and proper reporting.

The Council also employs standardized outcome assessment tools and actively promotes publication of research findings in peer-reviewed scientific journals. To systematically build the evidence base for Ayush systems, each council conducts research across multiple domains.

(b): An Ayush Vertical under the Directorate General of Health Services (DGHS), established by the Ministry of Ayush and Ministry of Health & family Welfare (MoH&FW), functions as a dedicated institutional mechanism for planning, monitoring, and supervising Ayush-specific public health programs. It also supports clinical integration and developed Standard Treatment Guidelines (STGs) for Ayush systems in co-ordination with concerned Research Councils for six common musculoskeletal disorders and five common metabolic disorders during 2024 and 2025. For further dissemination amongst States/UTs, training for master trainers was organised in collaboration with Central Health Education Bureau (CHEB) in October 2025 for effective implementation of the STG guidelines.

(c) : The initiatives to integrate Ayush systems with mainstream healthcare are as below:

- i. Mainstreaming of Ayush is one of the core strategies under National Health Mission (NHM), MoH&FW which seeks to provide accessible, affordable and quality health care to the population. To promote traditional systems of medicine and wellness in the country, Government of India has adopted an integrated strategy of co-

- location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window.
- ii. ICMR and Ministry of Ayush through CCRAS have jointly undertaken a major initiative to establish Ayush–ICMR Advanced Centres for Integrative Health Research (AI-ACIHR) at selected All India Institute of Medical Science (AIIMS) i.e., AIIMS Delhi, AIIMS Jodhpur, AIIMS Nagpur & AIIMS Rishikesh. These centres have been established to develop high-quality evidence in priority disease areas and create robust models for integrative healthcare.
 - iii. Ayush Vertical under DGHS, in collaboration with the National Tobacco Control Programme has developed operational guidelines for establishing Tobacco Cessation Centres (TCCs) which were launched on 9th October 2025. These Ayush-based guidelines are intended for implementation across all Ayush medical colleges and institutions, with a view to promote a holistic and integrative approach to tobacco cessation. The services proposed under Ayush TCCs include behavioural interventions for cessation support, yoga, meditation and relaxation therapies for relapse prevention and herbal interventions to promote sustained recovery.
 - iv. Operationalization and monitoring of integrative departments at Central Government hospitals of Lady Hardinge Medical College,

Vardhman Mahavir Medical College & Safdarjung Hospital, New Delhi. These departments provide preventive and therapeutic medical services including Panchakarma treatments.

- v. Under ABIHR (Ayurveda Biology Integrated Health Research) component of Ayurgyan Scheme, a Central Sector Scheme implemented by Ministry of Ayush, financial assistance is provided to eligible organisations for conducting integrated health research activities. One of the priority areas of this component includes integration of Ayush with modern medicine.

(d) : The details of the research collaborations, funding allocations, regulatory reforms and institutional mechanisms established to promote evidence generation and integrated healthcare delivery are as below:

- i. The Ayush Vertical under DGHS provides technical support to both Ministries (MoA & MoH&FW) in developing strategies for public health, healthcare, Ayush education, and training.
- ii. The regulatory bodies under Ministry of Ayush namely the National Commission for Homoeopathy (NCH) & the National Commission for Indian System of Medicine (NCISM) have introduced reforms such as early clinical exposure, electives, foundation and finishing programmes, and inclusion of subjects like pharmacology, psychology and yoga to promote interdisciplinary understanding to standardize education, enhance clinical competency, promote evidence-based research, and integrate modern interdisciplinary

approaches through regulations prescribing curriculum of undergraduate & postgraduate academic courses.

- iii. As a part of collaborations, the apex Research Councils across different Ayush streams are conducting collaborative research works with various modern Research Institutes of repute. The streamwise details are given in the enclosed **Statement-I**
- iv. Under ABIHR component of Ayurgyan Scheme, 11 projects have been approved and fund to the tune of Rs. 5046.56 lakhs released to agencies/institutes for conducting research activities for drug development and evidence generation and under Centre of Excellence component of Ayurswasthya Yojana, total 28 projects were approved and fund to the tune of Rs. 114.15 Crore released to promote evidence generation and integrative health care delivery. The list of projects along with their funding pattern is given in the enclosed **Statement -II**.

STATEMENT-I

A) Ayurveda

In field of Ayurveda, All India Institute of Ayurveda (AIIA) has signed Memorandum of Understanding (MoU) with 20 foreign universities and institute for academic and research collaboration in Ayurveda. AIIA has multi cornered research ecosystems including Postgraduate and doctoral research. The details of various domestic research activities executed/ ongoing at AIIA are listed below.

Total studies undertaken: 85

International studies: 03

International collaboration: 01

Intra Mural Research: 29

Extra Mural Research: 16

IIT-Delhi: 07

Public Health Institute: 07

Industry sponsored: 02

CCRAS has signed 20 MoU/Letter of Intent (LoI)/Agreements with different countries/foreign Universities /Institutions/ organisations to promote international cooperation for the establishment of an Academic Chair. 4 MoUs are currently active in the field of Research and development in different countries.

B) Siddha

In field of Siddha, Central Council for Research in Siddha has granted 115 Intra Mural Research (IMR) projects and out of this 31 IMR projects have been completed. The details are as below:

S. No.	Category of IMR Projects	Number of completed IMR Projects	Number of ongoing IMR Projects
1	Clinical Research	7	18
2	Pre-Clinical Research	9	14
3	Drug Standardization	6	13
4	Medicinal Plants	3	7

5	Literary research	6	19
	Total	31	71

CCRS has published 949 research articles in peer reviewed and indexed journals. One patent has been granted “Process for the preparation of *Pooneru* used in the Siddha Medicine and there of” (Patent No: 543375). CCRS along with Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) has published 7 Siddha Pharmacopoeial and Formulary works and recently published, The Siddha Formulary of India, Part III (Tamil version) and Siddha Formulary of India (SFI), Part- I (Revised Tamil Version). CCRS along with BIS (Bureau of Indian Standards) has been developing standards related to Siddha system of medicine and 14 standards are published.

C) Unani

In field of Unani, CCRUM has published 484 Research papers in different Peer reviewed / indexed National / International Journals during last three years. The Council has established four re-location centres at Dr. Ram Manohar Lohia Hospital, Dr. Deen Dayal Upadhyay Hospital, Safdarjung Hospital, New Delhi and J.J. Hospital at Mumbai.

D) Homoeopathy

In field of Homoeopathy, CCRH has taken an initiative to link Homoeopathy along with mainstream healthcare set-up by undertaking Public Health programme of National Programme for prevention & Control of Cancer,

Diabetes, Cardiovascular Diseases & stroke (NPCDCS). This programme for Homoeopathy, was implemented since Sept 2015 at general districts: Krishna district (Andhra Pradesh)- 09 centres and Darjeeling district (West Bengal)- 06 centres at first instance and further expanded to tribal districts: Sambalpur district (Odisha) – 03 centres and Nashik district (Maharashtra) – 02 centres till April 2021. Another Public Health programme namely, Swasthya Rakshan program (SRP) was undertaken through 11 institutes adopting 55 villages under the Council providing health care at doorstep of local population.

National Institute of Homoeopathy has executed MoU with National Institutes of Pharmaceutical Education and Research (NIPER) Kolkata, Indian Institute of Technology (IIT) Kharagpur, CCRH, New Delhi and Employees' State Insurance (ESI) Hospital, Ranchi for research collaboration.

E) Yoga and Naturopathy

In field of Yoga and Naturopathy, CCRYN promotes evidence generation through collaborations with medical colleges, research institutions and universities, and through funding of research projects in Yoga and Naturopathy.

The Council receives Government support for research infrastructure, fellowships and project grants, and follows established research governance mechanisms including Institutional Ethics Committees and scientific advisory review processes.

The detail of funding is as below:

S.N.	Research Collaboration Institutes Under Clinical Research Collaboration (CRC) & Collaborating Centre for Mind–Body Intervention through Yoga (CCMBIY) Schemes	Total Budget Allocation
1	Sanskriti Foundation, Mysore, Karnataka	1.3 cr. is given under the scheme.
2	AIIMS Delhi	2.5 cr. is given under the scheme.
3	AIIMS Bhopal	
4	AIIMS Jodhpur	
5	AIIMS Raipur, Chhattisgarh	
6	AIIMS, NCI, Jhajjar, Haryana	
7	AIIMS Rishikesh, Uttarakhand	
8	Post Graduate Institute Chandigarh	
9	S-Vyasa, Bangalore	
10	National institute of mental health and Neuro Sciences (NIMHANS)	
11	AIIMS Bibinagar, Telangana	

STATEMENT-II

Project Title (Under Ayurgyan Scheme)

1. Development of drug master file and technical dossiers on selected single botanicals used in Ayurveda

2. Development of Technical dossier of *Trigonella Foenum graecum* - Stage I (preclinical studies- oral toxicity, genotoxicity, efficacy, Pharmacokinetic studies and safety pharmacology in rodents)
3. Development of Technical dossier of *Zingiber Officinale*- Stage I (preclinical studies- oral toxicity, genotoxicity, efficacy, Pharmacokinetic studies and safety pharmacology in rodents)
4. Development of Technical dossier of *Bacopa monnieri*- Stage I (preclinical studies- oral toxicity, genotoxicity, efficacy, Pharmacokinetic studies and safety pharmacology in rodents)
5. Investigation of potential leads from Ayurveda therapeutics for management of Antimicrobial Resistance (AMR)
6. Preclinical Toxicological Evaluation and Safety Pharmacology of Selected Ayurvedic Formulations Triphala churna, Lashunadi vati, and Brihat Vata Chintamani Rasa
7. Development of Technical dossier of *Boswellia serrata*- Stage I (preclinical studies- oral toxicity, genotoxicity, efficacy, Pharmacokinetic studies and safety pharmacology in rodents)
8. Preclinical Toxicological Evaluation and Safety Pharmacology of Selected Ayurvedic Formulations - Laksha Guggulu, Dadimadi Ghrita and Ekangaveera Rasa
9. Development of Technical dossier of *Withania somnifera* - Stage I (preclinical studies- oral toxicity, genotoxicity, efficacy, Pharmacokinetic studies and safety pharmacology in rodents)

10. Preclinical Toxicological Evaluation and Safety Pharmacology of

Rajah Pravartini Vati, Phala Ghrita and Drakshavaleha

11. Toxicological Evaluation, Safety Assessment, and Metabolomic

Profiling of Selected Ayurvedic drugs and Formulations.

Budgetary Allocation and expenditure (Ayugyan Scheme)

S. No.	Financial Year	Budget Expenditure (BE)	Revised Expenditure (RE)	Actual Expenditure (AE) (As on 12.02.2026)
1.	2021-22	0	8.45	4.49
2.	2022-23	15.50	10.85	9.38
3.	2023-24	9.00	15.00	14.99
4.	2024-25	49.50	27.00	25.70
5.	2025-26	50.00	37.81	37.61

Project Name (Under Ayurswasthya Scheme)

- 1 CoE of Panchakarma and Upgradation of Pharmacy
- 2 Centre of Excellence in Research and Clinical Services for Madhumeha (Diabetes Mellitus)
- 3 Centre of Excellence for Care & Ayurvedic Management of Chronic Spine Disorder patients
- 4 Centre of Excellence for Yoga & Ayurveda
- 5 Centre of Excellence for Applied Development of Ayurveda Prakriti and Genomics

- 6 Centre of Excellence in Sustainable Ayush for Advanced technological solutions, startup support and net zero sustainable solutions for Rasausadhies
- 7 Effects of Indian Foods and Ayurvedic drugs on healthy and diseases Liver
- 8 Centre of Excellence in Unani Medicine (Pharmacognosy / Pharmacology)
- 9 Functional-based CoE on Ayurveda and Systems Medicine
- 10 CoE in Ayurveda for Geriatric Health Care
- 11 Ilaj Bit Tadbeer (Regimental Therapy)
- 12 Centre of Excellence in Diabetes and Metabolic Disorders
- 13 Centre of Excellence in AYUSH Research under Ayurswasthya Yojana
- 14 SDM College of Naturopath and Yogic Science, Ujire, under Centre of Excellence (CoE) component of Ayurswasthya Yojana (erstwhile Centre of Excellence (CoE) Scheme)
- 15 Centre of Excellence in Yoga" at Swami Vivekananda Yoga Anusandhana Samsthana (SVYASA)
- 16 Setting up CoE in Cancer Research Arya Vaidya Sala, Kottakkal
- 17 AYUSH Center of Excellence, Center for Complementary and Integrative Health School of Health Sciences, Savitribai Phule Pune
- 18 Centre of Excellence for Discovery and Development of AYUSH Medicine for Cancer Care

- 19 Centre of Excellence in AYURTech for Integrative Precision Health and Medicine
- 20 Establishment of Centre of Excellence in Dravyaguna for Development of Database of Key Identification Features and DNA Bank of Authentic and Market Samples of Selected Plant Based Raw Materials used in AYUSH Medicines
- 21 CoE - Research Hospital for Rheumatology
- 22 Centre of Excellence in Medico-Historical Studies & Indian Medical Heritage (CoEMHS & IMH)
- 23 Establishing National Resource Centre on Ksharsutra Therapy, Department of Shalya Tantra, Institute of Medical Sciences / National Referral Centre for Teching, Research, Training and referral patients care on Ksharsutra under CoE
- 24 Centre of Excellence in Pharmaceutical Development and Standardization of Rasaushadhies used in Ayurveda
- 25 Centre of Excellence for Fundamental and Translational Research in Ayurveda
- 26 Establishment of Centre of Excellence of Renovation and Upgradation of Patanjali Ayurveda Hospital
- 27 Centre for Excellence for Advancing Homoeopathic Research in the Management of Metabolic Disorders
- 28 Centre of Excellence in Homeopathy for prevention of Disability

Budgetary Allocation and expenditure (Ayurswasthya Scheme)

Year	Budget allocation (In Crore)	Actual Expenditure (In crores)	% of Expenditure
2021-22	38.52	35.00	90.86%
2022-23	11.00	10.95	99.54%
2023-24	20.85	20.83	99.90%
2024-25	29.00	20.62	71.10%
2025-26	46.73	46.66	99.85%

(ii) Unstarred Question Nos. 5521 to 5750

PAX SILICA

5521. SHRI MANISH TEWARI:

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

- (a) whether the Government is aware that the United States has invited India to join Pax Silica, a US-led strategic initiative aimed at securing the global silicon and critical minerals supply chain essential for semiconductors, artificial intelligence and advanced technologies, and that India is likely to be formally included as a member in this alliance next month;
- (b) if so, the details thereof along with the economic, technological and trade implications assessed by the Government for joining Pax Silica, particularly for the domestic semiconductor, rare earths and technology sectors;
- (c) the steps being taken to leverage India's rare earth reserves and strengthening of downstream processing and value chains to benefit from such international cooperation; and
- (d) the manner in which this initiative aligns with India's Make in India, semiconductor mission and export diversification strategies?

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) : Pax Silica is a U.S.-led collaborative initiative aimed at building trusted, resilient and innovation-driven supply chains for silicon and critical minerals that underpin semiconductors, artificial intelligence, digital infrastructure and advanced manufacturing. On 20 February 2026, on the margins of the AI Impact Summit in New Delhi, India signed the Pax Silica Declaration.

India's participation in the initiative is consistent with its objective of building resilient and diversified supply chains, while enhancing domestic manufacturing, technological capability and integration into global high-technology value chains.

Joining the initiative is expected to facilitate investments in critical mineral processing, support domestic value addition, reduce import dependence in strategic sectors, and promote secure supply chains through collaboration with trusted partners. It also complements ongoing national programmes such as the Semicon India Programme, Make in India, and efforts toward export diversification. It is further expected to enable greater access to advanced technologies across the AI and semiconductor value chain, promote joint research and development, and strengthen India's capabilities in advanced manufacturing and digital infrastructure.

The Government of India has adopted a comprehensive approach through the National Critical Mineral Mission, encompassing exploration, mining, processing, recycling and recovery from secondary sources, including urban mining and e-waste, as well as engagement with partner countries and

international initiatives. This is supported by targeted incentives for domestic manufacturing, regulatory reforms, development of downstream value chains, and creation of strategic stockpiles to effectively leverage India's rare earth reserves and reduce import dependence.

Other measures include rationalisation of customs duties to facilitate availability of critical minerals and inputs, exemption from basic customs duty on capital goods required for processing of critical minerals, and the ₹7,280 crore Scheme to Promote Manufacturing of Sintered Rare Earth Permanent Magnets (REPM) to build integrated domestic capacity across the value chain.

प्राचीन भारतीय सांस्कृतिक विरासत को स्वदेश वापस लाना

5522. श्री तारिक अनवर:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार को मिथिला क्षेत्र सहित संपूर्ण बिहार राज्य से संबंधित प्राचीन भारतीय सांस्कृतिक विरासत (जैसे कि विदेशों में ले जाई गई प्राचीन मूर्तियों, पांडुलिपियों और कलाकृतियों) की पहचान करने और उन्हें स्वदेश वापस लाने के प्रयासों की जानकारी है;
- (ख) यदि हां, तो सरकार द्वारा विशेषकर यूरोप और अमेरिका के संग्रहालयों से उपर्युक्त कलाकृतियों की सुरक्षित वापसी सुनिश्चित करने के लिए संबंधित देशों की सरकारों के साथ कूटनीतिक, कानूनी और प्रशासनिक स्तरों पर की गई ठोस कार्रवाई का ब्यौरा क्या है; और
- (ग) क्या सरकार ने इस संबंध में राज्य सरकार, भारतीय पुरातत्व सर्वेक्षण (एएसआई) और अंतरराष्ट्रीय संगठनों के साथ कोई विशेष समन्वय तंत्र स्थापित किया 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) और (ख) : भारतीय पुरावस्तुओं की पहचान, जिसमें बिहार की पुरावस्तुएं भी शामिल हैं, समय-समय पर की जाती है ताकि उन्हें स्वदेश वापस लाया जा सके। वर्ष 1976 से अब तक कुल 655 पुरावस्तुओं को वापस लाया गया है। इनमें से, 642 पुरावस्तुओं को वर्ष 2014 के बाद वापस प्राप्त किया गया है।

(ग) : सरकार, सभी संबंधित हितधारकों जिनमें राज्य सरकारें, विदेश मंत्रालय के अधीन विदेशों में स्थित भारतीय दूतावास/मिशन और संस्कृति मंत्रालय के अधीन भारतीय पुरातत्व सर्वेक्षण शामिल हैं, के साथ समन्वय स्थापित करते हुए स्वदेश वापसी की प्रक्रिया संपन्न करती है।

CENTENARY HOSPITAL AT SYAMA PRASAD MOOKERJEE PORT

5523. SHRI JAGANNATH SARKAR:

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

- (a) the present status of the tender/RFP process for development of the existing 104-bedded Centenary Hospital of Syama Prasad Mookerjee Port, Kolkata into a 450-bedded super specialty hospital in PPP mode;
- (b) whether the tender has been finalised, and if so, the date of award, name of the concessionaire, concession period and key financial terms;
- (c) the estimated project cost, funding pattern and provision for future augmentation; and
- (d) the timelines for commencement, completion and operationalisation of the hospital and the benefits envisaged for port workers and the public?

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

(a) and (b) : The tender process has been successfully concluded. The Letter of Award (LOA) has been issued to Charnock Hospitals Private Limited on 6th March, 2026. The project has been awarded on a gross revenue share basis for a concession period of 60 years.

(c) : The total estimated cost of the project is INR 411 Cr. The project is structured under Public Private Partnership on Design, Build, Finance, Operate and Transfer (DBFOT) model, wherein the responsibility of project funding rests with the Concessionaire. Any request for additional land, subject to availability, would be considered by the Authority in accordance with applicable policy guidelines and at the applicable escalated rate of rent.

(d) : As per the concession framework, execution of the Concession Agreement is envisaged within 45 days from the date of issuance of the Letter of Award, and the Appointed Date is stipulated as six months from the date of signing of the Concession Agreement. Thereafter, implementation of the project is envisaged in phases, namely: Phase-I covering operation, maintenance and upgradation of the existing 104-bedded hospital to 125 beds; Phase-II covering development of a new 175-bedded hospital block; and Phase-III covering addition of 150 beds after attainment of average annual occupancy of 70% of the 300-bed capacity for two consecutive years, or within ten years of the Appointed Date, whichever is earlier, subject to the provisions of the concession agreement and fulfilment of prescribed requirements.

The project is expected to augment healthcare facilities for port workers and the general public, with provision for reservation of 70 beds per day for Syama Prasad Mookerjee Portbeneficiaries at applicable Central Government Health Scheme (CGHS) Kolkata rates, along with concessional branded medicines and access to modern medical equipment and advanced healthcare facilities.

REHABILITATION POLICIES AT FCIL SINDRI

5524. SHRI DULU MAHATO:

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

- (a) whether the Government is aware that the Lease Agreement [Circular FCIS/Est.-7(2)] of 2004 for FCIL Sindri VSS employees is being violated by substituting the 33-year term with short-term contracts, if so, the details thereof;
- (b) whether residents of Domgarh, residing there for 70 years, are being served eviction notices under the Public Premises (Eviction of Unauthorised Occupants) Act, if so, the details thereof;
- (c) whether a dedicated Rehabilitation and Resettlement (R&R) policy has been formulated for families displaced by coal mining MoUs in the said region, if so, the details thereof;
- (d) whether the Government proposes to constitute a Joint Committee of FCIL, SAIL and District Administration under the chairmanship of the local

Member of Parliament to conduct public hearings, if so, the details thereof;
and

- (e) whether steps are being taken to regularize the pending transfer of shops in Sindri Market to safeguard local livelihoods, if so, the details thereof?

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

(a) to (e) : Fertilizer Corporation of India Limited (FCIL) has stated that there is no violation of the original scheme of 2003. The Lease period in 2003 Scheme was 11 months only. 3481 Eviction orders under Public Premises (Eviction of Unauthorised Occupants) Act have been issued by FCIL against the unauthorised occupants of quarters in Sindri, out of which 786 evictions orders pertain to Domgarh area and remaining 2695 evictions orders pertain to other areas in Sindri.

The State Government of Jharkhand has constituted a Rehabilitation and Resettlement (R&R) Committee. The meeting of R&R Committee was held on 29.8.2025. At present there is no such proposal to constitute Joint Committee of FCIL, Steel Authority of India Limited (SAIL) and District Administration for public hearing. The policy of regularising the pending transfer of leases of shops, in Sindri Market is already in place. The intending parties can get their lease regularised on paying the up-to-date outstanding Lease Rent and submission of other required legal documents for effecting the transfer in accordance with the existing policy of regularization.

INDIA-U.S. TARIFF ISSUE

5525. THIRU DAYANIDHI MARAN:

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

- (a) whether the Government has taken note of the U.S. President's public statement that "India will be paying tariffs and the U.S. will not" and whether this reflects the actual negotiated position of India, if so, the details thereof;
- (b) the full text and tariff schedule of the February 2 India-U.S. trade agreement including sector-wise impact and reciprocal concessions secured by India;
- (c) the steps have been taken to legally safeguard India's exports, given the U.S. Supreme Court's ruling against "reciprocal tariffs" and the subsequent imposition of alternative tariffs under Section 122;
- (d) whether India has formally protested statements linking tariffs to India's sovereign energy purchases and regional security matters including claims regarding mediation in India-Pakistan issues, if so, the details thereof; and
- (e) whether any contingency plan exists to protect Indian exporters and strategic autonomy if the U.S. unilaterally alters tariff mechanisms again?

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

(a) to (e) : India and the United States announced a trade deal on 2nd February 2026. The Joint Statement of 7 February 2026 noted that both sides have agreed on a framework for an Interim Trade Agreement, reaffirming their commitment to ongoing negotiations towards a comprehensive Bilateral Trade Agreement (BTA). The framework aims to promote reciprocal and mutually beneficial trade, enhance market access, and strengthen supply chain resilience.

Under the framework, both sides have agreed to expand preferential market access, establish rules of origin, and address non-tariff barriers, including in areas such as medical devices, ICT goods and agricultural products. It also provides for cooperation on standards, digital trade, economic security and technology, and reflects a shared commitment to deepen trade in advanced technologies.

Pursuant to the U.S. Supreme Court judgment dated 20 February 2026, reciprocal tariffs are no longer in force. However, the U.S. Administration, vide a Presidential Proclamation dated 20 February 2026 under Section 122 of the Trade Act of 1974, has imposed a temporary import surcharge of 10% ad valorem on select articles imported into the United States for a period of 150 days with effect from 24 February 2026. India remains engaged with the U.S. side on the issue.

Ensuring stable energy prices and secure supplies to safeguard the interests of Indian consumers in a volatile energy scenario are key objectives of India's energy security policy. As regards any proposal for third-party

mediation, India's long-standing position remains that all outstanding issues with Pakistan are addressed bilaterally. India has consistently conveyed its position to all its partners, including the United States.

The Government remains in close consultation with Indian exporters and industry to assess the implications of U.S. tariff measures. As part of its contingency measures, support to exporters includes the Export Promotion Mission, trade facilitation provisions of the Reserve Bank of India, the Credit Guarantee Scheme for Exporters, improved utilisation of existing Free Trade Agreements (FTAs), and advancement of negotiations on new FTAs to safeguard the interests of Indian exporters.

विश्व शांति और स्थिरता पर भारत की नीति

5526. श्री नीरज मोर्य:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) रूस-यूक्रेन और मध्य पूर्व में इज़राइल-हमास के बीच चल रहे संघर्षों को समाप्त करने तथा शांति स्थापित करने में भारत की सक्रिय भूमिका और कूटनीतिक प्रयासों का ब्यौरा क्या है;
- (ख) क्या सरकार उक्त संघर्षों से उत्पन्न मानवीय संकटों को कम करने के लिए कोई विशेष पहल कर रही है और यदि हां, तो तत्संबंधी परिणाम क्या रहा है;
- (ग) विश्व शांति और स्थिरता सुनिश्चित करने के लिए भारत की भावी रणनीतियां क्या हैं और इस संबंध में संयुक्त राष्ट्र जैसे बहुपक्षीय मंचों पर भारत का क्या रुख है; और
- (घ) क्या सरकार द्वारा उक्त वैश्विक घटनाक्रमों का भारत के आर्थिक और रणनीतिक हितों पर कोई प्रतिकूल प्रभाव पड़ा है और ऐसे प्रभावों को कम करने के लिए क्या कदम उठाए जा रहे हैं?

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

(क) और (ख) : सरकार लगातार सभी भू-राजनीतिक घटनाओं की निगरानी करती है और उभरती स्थितियों पर उचित प्रतिक्रिया देती है। भारत ने लगातार वार्ता और राजनय के माध्यम से संघर्षों के समाधान पर जोर दिया है तथा नागरिकों की सुरक्षा को प्राथमिकता देते हुए तनाव कम करने का आह्वान किया है। इज़राइल-हमास संघर्ष में, भारत ने नागरिकों की जान जाने की निंदा की है और संघर्ष विराम, सभी बंधकों की रिहाई तथा वार्ता और राजनय के माध्यम से संघर्ष के शांतिपूर्ण समाधान का आह्वान किया है। प्रधानमंत्री और विदेश मंत्री ने रूस, यूक्रेन, इज़राइल और फिलिस्तीन के नेतृत्व सहित इस क्षेत्र और पूरे विश्व के कई नेताओं से उच्चतम स्तर पर बात की है। भारत की स्थिति को विभिन्न द्विपक्षीय और बहुपक्षीय मंचों जैसे संयुक्त राष्ट्र, ब्रिक्स, नाम, ग्लोबल साउथ की आवाज आदि में दोहराया गया है। भारत ने गाजा शांति योजना का स्वागत किया है और विदेश राज्य मंत्री श्री कीर्तवर्धन सिंह ने दिनांक 13 अक्टूबर 2025 को स्थायी शांति की दिशा में सभी प्रयासों के लिए इसके समर्थन की पुष्टि शर्म अल-शेख में गाजा शांति शिखर सम्मेलन में की थी।

एक 'प्रथम सहायताप्रदाता और एक विश्वसनीय एचएडीआर प्रदाता' के रूप में, अंतर्राष्ट्रीय संघर्षों के दौरान भारत का दृष्टिकोण मानव-केंद्रित बना हुआ है। संकट के दौरान समय पर, आवश्यकता-आधारित और त्वरित सहायता प्रदान करके, भारत ने सहभागी देशों के साथ विश्वास और सद्भावना को मजबूत किया है। सरकार ने रूस-यूक्रेन और इज़राइल-हमास संघर्षों के दौरान विभिन्न एचएडीआर और निकासी कार्यों को अंजाम दिया। मार्च 2022 से, भारत सरकार (जीओआई) ने मानवीय सहायता की 17 खेपें भेजी हैं जिनमें अन्य चीजों के साथ-साथ दवाएं, चिकित्सा उपकरण, कंबल, टेंट, तिरपाल, सौर लैंप, डिग्निटी किट, स्लीपिंग बैट और डीजल जनरेटर सेट शामिल हैं। भारत सरकार ने यूक्रेन में एक विद्यालय (कीव जिमनेजियम ऑफ ओरिएंटल लैंग्वेज नं. 1) के पुनर्निर्माण, संरचनात्मक बदलाव और नवीनीकरण के लिए वित्तीय

सहायता भी प्रदान की। भारत सरकार ने कीव के तीन स्कूलों के शिक्षकों को प्रशिक्षण देने के लिए वित्तीय सहायता भी प्रदान की, जिसका उद्देश्य यूक्रेनी बच्चों और युवाओं के मनोवैज्ञानिक स्वास्थ्य में सुधार और समर्थन देना है। भारत सरकार ने मानवीय और पुनर्निर्माण सहायता के एक भाग के रूप में, यूक्रेन में स्थानीय समुदायों की आवश्यकताओं के अनुसार मानवीय परियोजनाओं के कार्यान्वयन के लिए यूक्रेन के साथ उच्च प्रभाव वाले सामुदायिक विकास परियोजनाओं (एचआईसीडीपी) वाले समझौता ज्ञापन पर हस्ताक्षर किए हैं।

इजराइल-फिलिस्तीन संघर्ष के बाद, भारत ने अक्टूबर से नवंबर, 2023 तक फिलिस्तीन के संघर्ष प्रभावित लोगों के लिए लगभग 70 टन चिकित्सा और मानवीय सहायता भेजी। इस सहायता में आवश्यक और जीवन रक्षक दवाएं, सर्जिकल आइटम, ईसीजी मशीनें, स्वच्छता किट, पानी शोधन टैबलेट, स्लीपिंग बैग, टेंट, तिरपाल आदि शामिल थे। अक्टूबर 2024 में, भारत ने वेस्ट बैंक, फिलिस्तीन के लिए लगभग 36 टन आवश्यक जीवन रक्षक और कैंसर रोधी दवाओं की आपूर्ति की। भारत ने अक्टूबर-नवंबर 2024 में फिलिस्तीन के गाजा को लगभग 30 टन मानवीय सहायता की आपूर्ति के लिए संयुक्त राष्ट्र राहत और कार्य एजेंसी (यूएनआरडब्ल्यूए) के साथ समन्वय भी किया। इस सहायता में आवश्यक दवाएं, सर्जिकल आपूर्ति, दंत उत्पाद, सामान्य चिकित्सा वस्तुएं, हाई-एनर्जी बिस्किट शामिल थे।

इन संकटों के दौरान, सरकार ने विदेशों में भारतीय नागरिकों की सुरक्षा, संरक्षा और कल्याण को सर्वोच्च प्राथमिकता दी है। इन्होंने अन्य देशों की सरकारों सहित सभी संबंधित पक्षों के साथ भारतीय नागरिकों की सुरक्षित वापसी की सुविधा के लिए संपर्क किया है। सरकार की कार्रवाईयाँ, जिनमें विदेशों में स्थित भारतीय मिशनों/ केंद्रों के माध्यम से उचित परामर्श जारी करना, 24X7 हेल्पलाइन संचालित करना, सोशल मीडिया मंच के माध्यम से भारतीय नागरिकों के साथ जुड़ने और जहां आवश्यक हो, वहां निकासी करना आदि शामिल हैं, संघर्ष क्षेत्रों में उभरती स्थिति से निर्देशित हैं। भारत सरकार ने यूक्रेन में ऑपरेशन गंगा और इजराइल में ऑपरेशन अजय को निष्पादित किया, जिसके माध्यम से लगभग 20,000 भारतीय नागरिकों को निकाला गया।

(ग) : भारत इस दृष्टिकोण में सतत और दृढ़ रहा है कि दीर्घ और स्थायी शांति प्राप्त करने के लिए वार्ता और राजनय सबसे अच्छे माध्यम हैं। भारत इस संबंध में सभी संगत बहुपक्षीय मंचों में अपनी स्पष्ट स्थिति को व्यक्त करता है। भविष्य में, भारत अंतर्राष्ट्रीय शांति और सुरक्षा बनाए रखने तथा वैश्विक शांति प्राप्त करने के उद्देश्य से सभी बहुपक्षीय प्रयासों में इन मूल सिद्धांतों द्वारा निर्देशित होना जारी रखेगा।

(घ) : सरकार वैश्विक घटनाक्रमों पर कड़ी नजर रखती है तथा भारत के आर्थिक और रणनीतिक हितों के लिए उनके संभावित प्रभावों का लगातार आकलन करती है। राष्ट्रीय हितों की रक्षा करने और महत्वपूर्ण क्षेत्रों में स्थिरता सुनिश्चित करने हेतु समय-समय पर आवश्यकतानुसार उचित उपाय किए जाते हैं। सरकार ऊर्जा सुरक्षा को अपनी शीर्ष प्राथमिकताओं में से एक मानती है और भारत के लोगों के लिए सस्ती ऊर्जा तक पहुंच सुनिश्चित करने के लिए सभी आवश्यक कदम उठाए हैं।

इसके अलावा, सरकार ने आपूर्ति श्रृंखला अनुकूलन संबंधी एक अंतर-मंत्रालयी समूह (आईएमजी) का गठन किया है ताकि भारत के बाह्य व्यापार, नौवहन मार्गों और संभार तंत्रीय श्रृंखलाओं पर प्रभाव सहित उभरती भू-राजनीतिक स्थिति से उत्पन्न चिंताओं को दूर किया जा सके। आईएमजी ने नियमित रूप से समीक्षा बैठकें की हैं और निर्यातकों के लिए एक समर्पित संचार चैनल सक्षम किया है, तथा समन्वित प्रतिक्रिया के लिए दैनिक स्थिति और कार्रवाई रिपोर्ट संकलित की है। सरकार की प्रतिक्रिया में भारत के निर्यात, जिसमें व्यापक खाड़ी क्षेत्र में निर्यात भी शामिल है, पर व्यवधान के प्रभाव को कम करने के लिए समन्वित व्यापार सुविधा, संभार तंत्रीय समर्थन, सीमा शुल्क सरलीकरण, समुद्री निगरानी और संबंधित हितधारकों के साथ जुड़ाव पर ध्यान केंद्रित किया गया है।

इसके अलावा, लाल सागर एवं खाड़ी में और उसके आसपास वाणिज्यिक जहाजों पर हमले नौवहन की स्वतंत्रता को खतरे में डालते हैं और हमारे व्यापार पर प्रभाव डालते हैं। भारतीय नौसेना को 'ऑपरेशन संकल्प' के तहत समुद्री सुरक्षा बढ़ाने, किसी भी आकस्मिकता का सक्रिय

रूप से जवाब देने और भारतीय ध्वज लगे व्यापारिक जहाजों, भारतीय नाविकों और भारतीय माल की सुरक्षा सुनिश्चित करने के लिए इस क्षेत्र में तैनात किया गया है।

दमन गंगा नदी का पुनरुद्धार

5527. श्री उमेशभाई बाबूभाई पटेल:

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

- (क) क्या वापी-दमन क्षेत्र में दमन गंगा नदी के पुनरुद्धार के संबंध में राष्ट्रीय हरित अधिकरण (एनजीटी) के आदेश का पूर्णतः अनुपालन किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं तथा इस पर क्या सुधारात्मक कदम उठाए गए हैं;
- (ख) क्या मानकों का उल्लंघन करते हुए उद्योगों का संचालन "प्रदूषक भुगतान करेगा (पॉल्यूटर पेज)" और "निवारक उपाय" के सिद्धांतों का उल्लंघन करता है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसे संचालन के क्या कारण हैं;
- (ग) अनुच्छेद 21 के अंतर्गत भेषज/रासायनिक इकाइयों के लिए जेडएलडी (शून्य द्रव्य प्रवाह) संबंधी मानदंडों के अनिवार्य अनुपालन और स्वतंत्र तृतीय-पक्ष संपरीक्षा सुनिश्चित करने के लिए क्या निर्देश जारी किए गए हैं;
- (घ) एनजीटी के वर्ष 2019 के पुनरुद्धार संबंधी आदेश के तहत लागत, समय-सीमा और उत्तरदायी अभिकरणों का ब्यौरा क्या है, तथा इस संबंध में स्थगन आदेश, यदि कोई है, क्या हैं;
- (ङ) क्या सरकार का क्लस्टर उद्योगों के अनिवार्य योगदान के माध्यम से "पारिस्थितिक तंत्र पुनर्स्थापना कोष" स्थापित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(च) क्या उच्चतम न्यायालय के आदेश के बावजूद स्थिति में सुधार न होना एक प्रशासनिक विफलता है और यदि हां, तो इस संबंध में जवाबदेही तय करने के लिए क्या कदम उठाए गए हैं?

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

(क) से (च) : गुजरात प्रदूषण नियंत्रण बोर्ड द्वारा दी गई जानकारी के अनुसार, दमनगंगा नदी की गुणवत्ता में सुधार के लिए आवश्यक तकनीकी सुधारात्मक कार्रवाई क्रियान्वित की जा रही है। हालांकि, मेसर्स वापी ग्रीन एनवायरनमेंट लिमिटेड और अन्य बनाम आर्यावर्त फाउंडेशन के मामले में माननीय राष्ट्रीय हरित अधिकरण के दिनांक 28.08.2019 के आदेश पर माननीय उच्चतम न्यायालय द्वारा रोक लगा दी गई है।

इसके अतिरिक्त, "प्रदूषणकारी द्वारा भुगतान" और "एहतियाती उपायों" के सिद्धांतों के विरुद्ध काम करने वाले उद्योगों के विरुद्ध निम्नलिखित कार्रवाई की जाती है:

- गुजरात प्रदूषण नियंत्रण बोर्ड (जीपीसीबी) पर्यावरण कानूनों के प्रावधानों के अनुसार पर्यावरण मानकों का उल्लंघन करने वाले उद्योगों के विरुद्ध कार्रवाई कर रहा है, जिसमें बंद करने के निर्देश और दोषी उद्योगों पर पर्यावरण क्षति मुआवजा (ईडीसी) लगाना शामिल है, ताकि "प्रदूषणकारी द्वारा भुगतान" सिद्धांत के अंतर्गत उत्तरदायित्व सुनिश्चित की जा सके।
- इसके अतिरिक्त, अनुपालन को सुदृढ़ करने के लिए, जीपीसीबी नियमित रूप से ओपन हाउस और पर्यावरण क्लिनिक का आयोजन करता है ताकि उद्योगों को एहतियाती उपायों और सतत कार्यकलापों को अपनाने में मार्गदर्शन प्राप्त हो सके।
- मौसमी कार्य योजनाएँ एहतियाती उपायों के रूप में:

- शीतकालीन कार्य योजना: उद्योगों को निर्देश दिया जाता है कि वे सर्दियों के महीनों में उत्सर्जन नियंत्रण के सख्त उपाय अपनाएं, क्योंकि इस दौरान वायुमंडलीय फैलाव कम होता है, जिससे प्रदूषण की सांद्रता बढ़ जाती है। उपायों में बेहतर निगरानी, धूल नियंत्रण, उच्च उत्सर्जन वाली गतिविधियों पर प्रतिबंध और वायु प्रदूषण नियंत्रण उपकरणों का रखरखाव सुनिश्चित करना शामिल है।
- मानसून कार्य योजना: भारी बारिश के दौरान जल निकायों के प्रदूषण को रोकने के लिए उद्योगों को उचित अपशिष्ट प्रबंधन और दूषित जल उपचार सुनिश्चित करना आवश्यक है। जीपीसीबी ने उद्योगों को पत्र जारी कर वर्षा जल प्रबंधन, रसायनों के सुरक्षित भंडारण और आपातकालीन तैयारियों जैसे निवारक उपायों की रूपरेखा प्रस्तुत की है।

इसके अतिरिक्त, पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय के अधीन केंद्रीय प्रदूषण नियंत्रण बोर्ड (सीपीसीबी) ने सूचित किया है कि उसने सभी औद्योगिक इकाइयों के लिए शून्य तरल निर्वहन (जेडएलडी) को अनिवार्य नहीं बनाया है। दादरा और नगर हवेली तथा दमन और दीव केंद्र शासित प्रदेश में, व्यापारिक अपशिष्ट उत्पन्न करने वाले उद्योगों को अपशिष्ट उपचार संयंत्र (ईटीपी) स्थापित और संचालित करना अनिवार्य है। साथ ही, ऐसे उद्योगों को प्रदूषण नियंत्रण समिति द्वारा स्थापना/संचालन की सहमति में निर्धारित शर्तों के अनुसार, उपचारित अपशिष्ट को अपने परिसर में पुनः उपयोग करके जेडएलडी प्राप्त करना अनिवार्य है।

जल शक्ति मंत्रालय ने आगे सूचित किया है कि नदियों के संरक्षण के लिए, मंत्रालय गंगा बेसिन और उसकी सहायक नदियों को छोड़कर अन्य नदियों के लिए केंद्र प्रायोजित राष्ट्रीय नदी संरक्षण योजना (एनआरसीपी) के अंतर्गत देश की चिन्हित प्रदूषित नदियों में प्रदूषण कम करने के लिए वित्तीय और तकनीकी सहायता प्रदान करके राज्यों/केंद्र शासित प्रदेशों के प्रयासों में सहयोग कर रहा है। एनआरसीपी के अंतर्गत विभिन्न नदियों (गंगा नदी और उसकी सहायक नदियों को छोड़कर) के चिन्हित क्षेत्रों में प्रदूषण कम करने के लिए राज्य सरकारों को केंद्र और राज्य सरकारों

के बीच लागत साझाकरण के आधार पर सहायता प्रदान की जाती है। एनआरसीपी के अंतर्गत विभिन्न प्रदूषण नियंत्रण कार्य किए जाते हैं, जैसे कच्चे सीवेज का अवरोधन और मोड़, सीवरेज प्रणालियों का विनिर्माण, सीवेज उपचार संयंत्रों की स्थापना, अल्प लागत स्वच्छता, नदी तट/स्नान घाट विकास आदि।

ASEAN INDIA RELATIONS

5528. SHRI RAO RAJENDRA SINGH:

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

- (a) the details of progress made in the culmination of ASEAN-India Trade in Goods Agreement (AITIGA);
- (b) whether, in light of recent geopolitical turbulence, both stakeholders are working towards enhanced trade and maritime cooperation; and
- (c) if so, the details of such a future roadmap for the same?

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

(a) to (c) : The ASEAN-India Trade in Goods Agreement (AITIGA) was signed on 13th August 2009 and came into force on 1st January 2010 in respect of India, Malaysia, Singapore and Thailand. By 1st August 2011, all ASEAN members became signatory to the FTA. India and ASEAN are constructively engaged in the review of ASEAN-India Trade in Goods Agreement (AITIGA).

India and ASEAN are maritime neighbours. To strengthen maritime cooperation, ASEAN-INDIA JOINT STATEMENT ON MARITIME

COOPERATION was adopted on 07 September 2023 at the 20th India-ASEAN Summit in Jakarta, Indonesia.

Further, at the 22nd India-ASEAN Summit held on 26 October 2025 in Kuala Lumpur, Malaysia, the year 2026 has been designated as 'ASEAN-India Year of Maritime Cooperation', under which, among other activities, ASEAN-India Conference on Blue Economy, ASEAN-India Maritime Exercise, East Asia Summit Conference on Maritime Security Cooperation and East Asia Summit Maritime Heritage Festival are planned to be organised to forge partnerships with the ASEAN members.

MALPRACTICES IN PHARMA COMPANIES

5529. SHRI ANIL YESHWANT DESAI:

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

- (a) whether it is a fact that in order to increase the sale of their medicines a number of pharma companies are extending undue favours to doctors for prescribing drugs and medicines of their companies, if so, the details thereof;
- (b) whether the Government has taken note that foreign trips and luxurious tours have also been offered to doctors to get undue favours from the doctors, if so, the details thereof and if not the reasons therefor; and
- (c) whether any license of doctors or such pharmaceutical companies have been cancelled and punishment awarded during the last five years in this regard, if so the details thereof?

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

(a) to (c): Department of Pharmaceuticals has notified the Uniform Code for Pharmaceuticals Marketing Practices (UCPMP) on 12th March 2024. The UCPMP 2024 is a set of guidelines to prevent unethical marketing practices by the pharmaceutical companies. It aims to ensure that promotion of pharmaceutical products is done in a responsible manner. The Code provides for the manner in which drugs are to be promoted before the healthcare professionals. The Code prohibits supply of gifts, monetary benefits, and hospitality to healthcare professionals or to their family members by the pharmaceutical companies. It also provides an operational framework, including procedures for filing, examination and disposal of complaints, along with provisions for penalties in case of violations.

Further, as per the information provided by National Medical Commission, under Ministry of Health & Family Welfare, Clause 6.8 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, prescribes code of conduct for doctors in their relationship with pharmaceutical and allied health sector industry.

Further, Clause 8.2 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, states that any complaint with regard to professional misconduct can be brought before the appropriate Medical Council for disciplinary action. Upon receipt of any complaint of professional

misconduct, the appropriate Medical Council would hold an enquiry and give opportunity to the registered medical practitioner to be heard in person or by pleader. If the medical practitioner is found to be guilty of committing professional misconduct, the appropriate Medical Council may award such punishment as deemed necessary or may direct the removal altogether or for a specified period, from the register of the name of the delinquent registered practitioner. Deletion from the register shall be widely publicized in local press as well as in the publications of different Medical Associations/ Societies/ Bodies.

पोषण योजना

5530. श्री अशोक कुमार रावत:

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

- (क) क्या विगत तीन वर्षों के दौरान देश में कुपोषण की दर में कमी आई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) उक्त 'पोषण' योजनाओं के अंतर्गत दर्ज की गई प्रगति का राज्य-वार ब्यौरा क्या है;
- (ग) सरकार द्वारा आंगनवाड़ी केंद्रों में बुनियादी सुविधाओं की कमी को दूर करने के लिए उठाए गए कदमों का ब्यौरा क्या है; और
- (घ) क्या सरकार का डिजिटल निगरानी प्रणाली को सुदृढ़ करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (घ) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 ने पोषण में सुधार को मजबूत और तेज करने के लिए आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों के लिए योजना को अपने अंतर्गत

शामिल कर लिया है। यह केंद्र प्रायोजित मिशन है जिसे सभी राज्यों और संघ राज्य क्षेत्रों में कार्यान्वित किया जा रहा है। मिशन की विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। सभी राज्यों और संघ राज्य क्षेत्रों में 6 वर्ष से कम आयु के बच्चों के पोषण की स्थिति और प्रगति की रिपोर्ट पोषण ट्रैकर पब्लिक डैशबोर्ड <https://www.poshantracker.in/statistics> पर उपलब्ध है।

इसके अतिरिक्त, मिशन में सक्षम आंगनवाड़ी केंद्रों का प्रावधान है, जो पारंपरिक आंगनवाड़ी केंद्र का उन्नत और आधुनिक रूप है, जो आधुनिक डिजिटल सॉफ्टवेयर और हार्डवेयर बुनियादी ढांचे से सुसज्जित है, जिसमें इंटरनेट/वाईफाई कनेक्टिविटी, एलईडी स्क्रीन, जल शोधक/आरओ मशीन लगाना और स्मार्ट शिक्षण सहायक साधन, ऑडियो-विजुअल सहायक उपकरण, बाल-अनुकूल शिक्षण साधन और कलाकृति (शैक्षिक चित्रकला, बच्चों के लिए अभ्यास बोर्ड, सूचना बोर्ड) शामिल हैं। मिशन पोषण 2.0 के तहत 2 लाख आंगनवाड़ी केंद्रों को पांच साल में सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नत करने के लिए मंजूरी दी गई है।

मंत्रालय ने आंगनवाड़ी केंद्रों (एडब्ल्यूसी), की सभी गतिविधियों आंगनवाड़ी कार्यकर्त्रियों (एडब्ल्यूडब्ल्यू) और लाभार्थियों की परिभाषिक संकेतकों पर निगरानी और ट्रैकिंग के लिए 'पोषण ट्रैकर' नामक डिजिटल एप्लिकेशन शुरू किया है। इस एप्लीकेशन द्वारा लगभग तत्समय (रियल टाइम) डेटा संग्रह करना आसान हो गया है। इस एप्लिकेशन की मदद से मंत्रालय और राज्यों तथा संघ राज्य क्षेत्रों को बच्चों के स्वास्थ्य और पोषण की स्थिति सहित विभिन्न मापदंडों पर योजना के कार्यान्वयन की समीक्षा करने और कार्यान्वयन के दौरान उसमें आवश्यक सुधार करने में सहायता मिली है। अंतिम लाभार्थी तक सेवा प्रदायगी की ट्रैकिंग के लिए, महिला एवं बाल विकास मंत्रालय ने पोषण ट्रैकर एप्लिकेशन में चेहरे की पहचान प्रणाली (एफआरएस) की शुरुआत की है, जिसका उपयोग घर ले जाने वाले राशन के वितरण और यह सुनिश्चित करने के लिए किया जाता है कि लाभ केवल एप्लिकेशन में पंजीकृत इच्छित लाभार्थी को ही मिले। इसके अलावा, आधार

आधारित ट्रैकिंग से लाभार्थियों की सही पहचान संभव हो पाई है, डेटा को लीक होने से रोका जा सका है और फर्जी प्रविष्टियों को समाप्त किया जा सका है।

इसके अलावा, आंगनवाड़ी कार्यकर्त्रियों को पोषण ट्रैकर पर आकड़े दर्ज करने के लिए डेटा रिचार्ज सुविधा वाले स्मार्ट फोन उपलब्ध कराए गए हैं। साथ ही, सभी आंगनवाड़ी केंद्रों में पंजीकृत बच्चों की वृद्धि मापने के लिए ग्रोथ मॉनिटरिंग डिवाइस लगाए गए हैं।

FERTILIZER USAGE AND SUBSIDY RATIONALISATION

5531. SHRIMATI KAMALJEET SEHRAWAT:

SHRI MAHENDRA SINGH SOLANKY:

SHRI VIJAY BAGHEL:

SHRIMATI HIMADRI SINGH:

SHRI PRAVEEN PATEL:

SHRI BHOJRAJ NAG:

SHRI VISHWESHWAR HEGDE KAGERI:

SHRI RAJKUMAR CHAHAR:

SHRI AVIMANYU SETHI:

SHRI KHAGEN MURMU:

SHRI MADHAVANENI RAGHUNANDAN RAO:

DR. SANJAY JAISWAL:

SHRI BHARTRUHARI MAHTAB:

SHRI GOPAL JEE THAKUR:

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

- (a) the total fertilizer subsidy outgo including the allocation and utilisation during the last three financial years in the country, State/district-wise;

- (b) whether the Nutrient-Based Subsidy (NBS) reforms have helped reduce the imbalance in the Nitrogen, Phosphorus and Potassium (N:P:K) ratio in the country, State/district-wise;
- (c) if so, the details thereof including trends observed among farmers in the country, State and district-wise;
- (d) whether the adoption of nano-urea has increased among farmers, if so, the details of such increase;
- (e) whether there has been a reduction in subsidy leakages through DBT and other monitoring mechanisms; and
- (f) if so, the details thereof and its impact on the farmers?

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 '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 are being supplied fertilizers at the subsidized rates on no-denial basis. The details of the total amount allocated and disbursed towards fertilizer subsidy by the Government during the last three years i.e., from 2022-23 to 2024-25 are as follows:

<i>(Figures in Rs. Crore)</i>		
Financial Year	Allocation	Expenditure
2022-23	2,54,798.93	2,54,798.93
2023-24	1,95,421.00	1,95,420.51

2024-25	1,77,129.50	1,77,129.50

(b) and (c): The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the policy, a fixed amount of subsidy, decided on annual/biannual basis, is provided to manufacturer importer on subsidized P&K fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S). The Nutrient-Based Subsidy (NBS) Scheme, encourages balanced fertilization of soil by promoting basket of NPK grade fertilizers along with additional subsidy on fortification with micronutrients like Zinc & Boron. The Details of consumption of P&K Fertilizers from 2020-21 to 2024-25 (in LMT) are as under;

Product Name	2020-21	2021-22	2022-23	2023-24	2024-25
DAP	119.18	92.64	105.31	109.73	96.29
MOP	34.32	23.93	16.32	16.45	22.02
NPKS	125.82	121.37	107.31	116.80	149.72
SSP	44.89	56.76	50.18	45.44	49.28

(d) : The State-wise and Financial year-wise sales and production data of Nano urea is given in the enclosed **Statement**.

(e) and (f) : The sale of subsidized fertilizer to the farmer is mediated via Aadhaar based authentication through Point of Sale (PoS) device installed at Retailer's level. At present there is a monthly ceiling of 50 bags per buyer, i.e. a total no. of 300 bags per season per buyer. The PoS application has been

upgraded to display the past purchased quantity by the buyer against the monthly and seasonal ceiling to introduce transparency to the buyer.

Further, in order to address the issues of hoarding, diversion and black-marketing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

STATEMENT

Nano Urea Production and sale (Lakh Bottles of 500ml each)

S. No	State Name	2021-22		2022-23		2023-24		2024-25		2025-26 (Till 28.02.2026)	
		Production	Sales	Production	Sales	Production	Sales	Production	Sales	Production	Sales
1	Andaman & Nicobar	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Andhra Pradesh	0.00	5.80	0.00	4.80	0.00	3.24	0.92	3.01	5.34	6.83
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	0.00	4.39	0.00	6.09	0.00	8.27	0.00	11.33	0.00	14.63
5	Bihar	0.00	14.84	0.00	28.56	0.00	12.82	0.00	12.15	0.00	6.79
6	Chandigarh	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	Chhattisgarh	0.00	5.23	0.00	11.02	0.00	4.33	0.00	3.56	0.00	3.48
8	Dadra and Nagar Haveli	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	0.00	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	0.00	0.00	0.00	0.00	0.00
12	Gujarat	290.00	8.75	375.44	17.60	3.39	27.61	145.51	30.10	66.39	12.21

13	Haryana	0.00	16.29	0.00	12.69	0.00	8.47	0.00	10.21	0.00	10.07
14	Himachal Pradesh	0.00	1.50	0.00	1.27	0.00	1.53	0.00	1.73	0.00	1.43
15	Jammu and kashmir	0.00	2.01	0.00	3.00	0.00	2.95	0.00	1.26	0.00	1.09
16	Jharkhand	0.00	1.55	0.00	3.66	0.00	2.22	0.00	3.94	0.00	4.39
17	Karnataka	0.00	8.18	0.00	19.64	0.00	9.59	3.14	15.57	16.81	16.96
18	Kerala	0.00	1.00	0.00	1.20	0.00	0.60	0.00	0.76	0.00	0.82
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	0.00	16.12	0.00	23.38	0.00	16.29	0.00	24.92	0.00	16.68
21	Maharashtra	0.00	16.51	0.00	25.04	0.00	14.98	0.00	35.64	0.00	16.09
22	Manipur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
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	0.01
25	Nagaland	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Odisha	0.00	4.18	0.00	11.21	0.00	6.78	0.00	5.78	0.00	8.15
27	Puducherry	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
28	Punjab	0.00	17.77	0.00	22.71	0.00	22.79	5.83	24.80	4.05	14.27
29	Rajasthan	0.00	15.02	0.00	25.23	0.00	20.08	0.00	22.08	0.00	18.87
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	0.00	12.07	0.00	10.02	0.00	4.64	0.00	7.20	0.00	7.46
32	Telangana	0.00	5.87	0.00	6.00	0.00	3.09	0.00	5.31	0.00	9.97
33	Tripura	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
34	Uttarakhand	0.00	1.40	0.00	2.34	0.00	1.68	0.00	1.76	0.00	1.41
35	Uttar Pradesh	0.00	40.63	99.68	63.52	87.23	22.59	240.34	30.78	120.08	13.89
36	West Bengal	0.00	13.02	0.00	26.36	0.00	12.42	0.00	21.79	0.00	15.66
GRAND TOTAL		290.00	212.13	475.12	325.35	90.62	206.97	395.74	273.68	212.66	201.14

DOMESTIC VIOLENCE

5532. SHRI SOUMENDU ADHIKARI:

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

- (a) whether the cases of domestic violence have increased to over 30 per cent of all crimes in India, if so, the details of domestic violence on women, Intimate Partner Violence (IPV) and older adults reported in India since 2022, State-wise, year-wise and category-wise;

- (b) the details of action taken by the Government for stronger implementation of laws, better support systems and a renewed societal commitment to honouring and safeguarding India's elders, particularly as the country has been experiencing a steady increase in its ageing population in the country;
- (c) whether the Government has any plan to setup permanent old age home and shelter for distressed women under 'Mission Shakti', which merges 'Swadhar Greh' (shelter for women in difficult circumstances) and 'Ujjawala Homes' (Trafficking Prevention) into 'Shakti Sadan' under the district Government observers with the help of CSR-projects and other development funds; and
- (d) if so, the details thereof?

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

(a) : The National Crime Records Bureau (NCRB) compiles and publishes data on crimes, including crimes against women, in its publication “Crime in India”, which provides detailed State-wise and category-wise statistics is available on the NCRB’s official website (<https://ncrb.gov.in>).

The latest report of National Family Health Survey (NFHS-5), provides data for the period 2019-2021, which reveals that the percentage of ever-married women aged 18-49 years who have ever experienced spousal violence (physical and/ or sexual violence) has reduced to 29.3% as compared to 31.2% reported in NFHS-4 for the period 2015-2016.

(b) to (d) : The Protection of Women from Domestic Violence Act (PWDVA), 2005 has been enacted keeping in view the rights guaranteed under Article 14, 15 and 21 of the Constitution of India to provide for a remedy under the civil law which is intended to protect the women from being victims of domestic violence and to prevent the occurrence of domestic violence in the society.

“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 including investigation and prosecution in crimes against women and children rests with the respective State Governments and UT Administrations; they are competent to deal with such offences under the extant provisions of laws.

Nevertheless, the Central Government gives highest priority to ensuring safety and security of women and has taken several legislative and policy interventions. Section 8 of the Protection of Women from Domestic Violence Act (PWDVA), 2005 mandates the States and UTs to appoint such number of Protection Officers in each district as it may consider necessary and also to notify the area(s) within which a Protection Officer shall exercise the powers and perform the duties conferred. It is the duty of the Protection Officer to report the cases of domestic violence to the Magistrate upon receipt of complaints and to assist the Magistrate in the discharge of his functions. The PWDVA provides to women remedies such as protection order, residence order, custody order, monetary relief and compensation order under it.

Under the umbrella scheme Mission Shakti, integrated services are provided for safety, protection and empowerment of women through its two verticals; Sambal and Samarthya. One Stop Centre (OSC) is a component of the Sambal vertical that provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, 926 One Stop Centres have been made operational across the country. Till 31st December 2025, OSCs have assisted over 13.37 lakh women in the country.

Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country. Women Helpline is operational in 35 States and Union Territories and also integrated with Emergency Response Support System (ERSS-112). Till 28th February 2026, WHLs have assisted over 99.09 lakh women in the country.

Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence and other gender-based violence by negotiation, mediation and reconciliation with mutual consent for accessible justice.

Under the Samarthya vertical of Mission Shakti, Shakti Sadan has been established as an Integrated Relief and Rehabilitation Home for women in distress, including victims of trafficking and domestic violence. It has been formed by merging the earlier schemes of Swadhar Greh and Ujjawala. It aims at creating a safe and enabling environment for the women in difficult situations, to enable them to overcome the adverse circumstances. As on 23.03.2026, 416 Shakti Sadans are operational across the country.

In order to strengthen transparency and accessibility in service delivery with respect to reliefs and rehabilitation to women in distress, the Ministry of WCD launched Mission Shakti Portal (<https://missionshakti.wcd.gov.in/>) on 22.01.2025. The Mission Shakti Portal data is now accessible via the Mission Shakti Mobile Application with multi lingual feature thereby expanding outreach and convenience for users. The Portal provides a publicly accessible list of Protection Officers under the PWDVA. As on 23.03.2026, details of 2,428 Protection Officers have been updated by States and UTs.

DEVELOPMENT OF GREEN PORTS AND MARITIME INFRASTRUCTURE

5533. SHRI RAHUL KASWAN:

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

- (a) the details of initiatives undertaken under Maritime India Vision 2030 and the Harit Sagar Green Port Guidelines for development of green ports and sustainable maritime infrastructure in the country;

- (b) the number of major and non-major ports that have adopted renewable energy, shore-to-ship power supply, green hydrogen or other clean energy initiatives, State/UT-wise;
- (c) whether the Government has approved any new port modernisation, coastal shipping or green shipping corridor projects during the last two years, if so, the details thereof; and
- (d) the details of targets set under Maritime India Vision 2030 for reducing carbon emissions and improving energy efficiency in the port sector?

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

(a) and (b) : The Ministry of Ports, Shipping and Waterways has undertaken several initiatives such as implementation of the Green Tug Transition Programme (GTTP) for transition from conventional diesel-powered tugs to electric/hybrid tugs, adoption of renewable energy at ports, electrification of port equipment, vehicles and railway tracks, deployment of zero-emission trucks, and installation of Onshore Power Supply system under Maritime India Vision 2030 and the 'Harit Sagar' Green Port Guidelines. The Ministry of New and Renewable Energy (MNRE) has also recognized three Major Ports i.e. Deendayal Port Authority in Gujarat, Paradip Port Authority in Odisha, and V.O. Chidambaranar Port Authority in Tamil Nadu as Green Hydrogen Hubs. Major Ports are under the administrative control of the Central Government and all major ports have taken initiatives for renewable energy, shore to ship power supply etc. Ports other than Major Ports (OTMP) are under the

administrative control of the respective State Governments and their development falls within the State's jurisdiction and responsibility.

(c) : Around 180 projects have been approved for Major Ports development including port modernization, coastal shipping and green port during last two years i.e. from FY 2023-24 to FY 2024-25.

(d) : The details of target set under Maritime Indian Vision 2030 for reducing carbon emissions and improving energy efficiency in the port sector is as under:

S. No.	Key Performance Indicator	Target by 2030
1	% Share of Renewable energy consumption at ports (self-generated + procurement from grid)	>60%
2	% Port equipment electrified	50%
3	% Area under green belt	20%
4	% Reduction in CO ₂ emission / ton of cargo	30%
5	% Reduction in fresh-water consumption / ton of cargo	20%

P&I INSURANCE FOR VESSELS

5534. SHRI K. SUDHAKARAN:

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

(a) the operational challenges regarding Protection & Indemnity (P&I) insurance requirements faced by foreign flag vessels below 300 Gross

Tonnage (GRT) at ports of the country, State-wise including Tamil Nadu, particularly Tuticorin Port;

- (b) whether Rule 3 of the Merchant Shipping (Regulation of Entry of Ships into Ports, Anchorages and Offshore Facilities) Rules, 2012 and Nairobi International Convention on the Removal of Wrecks, 2007, restrict mandatory insurance requirements for vessels 300 GRT and above, if so, the details thereof;
- (c) whether port authorities are reportedly denying entry to vessels below 300 GRT if their P&I insurance is not from a DG Shipping-recognized provider, despite the aforementioned statutory thresholds, if so, the details thereof; and
- (d) whether the Government intends to issue a clarification to ensure that essential trade routes, such as the transport of food supplies to Maldives, are not disrupted by the said enforcement ambiguities, if so, the details thereof?

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

(a) and (b) : As per Rule 3 of the Merchant Shipping (Regulation of Entry of Ships into Ports, Anchorages and Offshore Facilities) Rules, 2012, vessels of 300 Gross Tonnage (GT) and above are required to mandatorily maintain valid Protection and Indemnity (P&I) insurance coverage in accordance with the applicable regulatory framework.

(c) and (d) : The Directorate General of Shipping is not currently in receipt of any such reports. It may be noted that, as per Rule 3 of the Merchant Shipping (Regulation of Entry of Ships into Ports, Anchorages and Offshore Facilities) Rules, 2012, the requirement for insurance coverage applies to vessels of 300 GT and above. Such vessels are required to maintain insurance coverage against maritime claims, either through the International Group of P&I Clubs (IG P&I Group), which is pre-approved, or through any other insurer approved by the Government under the said Rules and notified accordingly. In view of above, no clarification needs to be issued.

RECOMMENDATION ON REVIEW OF AB-PMJAY

5535. ADV. GOWAAL KAGADA PADAVI:

DR. BACHHAV SHOBHA DINESH:

SUSHRI PRANITI SUSHILKUMAR SHINDE:

SHRI VISHALDADA PRAKASHBAPU PATIL:

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

- (a) whether the Department-related Parliamentary standing committee on Health and Family Welfare (2023) in its review of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, recommended the inclusion of population above the poverty line, time-bound payments to empanelled hospitals, free essential medicines particularly for cancer treatment, creation of a dedicated corpus for high-cost surgeries, and revision of Health benefit package rates in line with market rates;

- (b) if so, the details thereof along with the response of the Government thereto, recommendation-wise;
- (c) the status of implementation of each recommendation, the timelines indicated and reasons for delay or non-implementation;
- (d) whether delays in payments and inadequate package rates have led to refusal of treatment or increased out-of-pocket expenditure, if so, the details thereof, State-wise since 2014; and
- (e) the number of grievances received and the time-bound corrective steps taken or 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 (e) : Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. Additionally, in March 2024, approximately 37 lakh families of Accredited Social Health Activists, Anganwadi Workers and Anganwadi Helpers were included under the scheme. In October 2024, the scheme was further expanded to cover 6 crore senior citizens of age 70 years and above, belonging to 4.5 crore families, irrespective of their socio-economic status.

Under the scheme, settlement of claims is a regular and uninterrupted process and claims are settled by respective State Health Agencies as per claim adjudication guidelines issued by National Health Authority. For timely

settlement of claims, the permissible turnaround time is within 15 days of claim submission for intra-state hospitals (hospitals located within the State) and within 30 days of claim submission in case of portability claims (hospitals located outside the State). The claims submitted by empanelled hospitals are scrutinized based on the clinical documents, investigation reports and other supporting records, in accordance with the prescribed standard treatment guidelines.

Further, since the launch of the scheme in September 2018, the health benefit packages have been revised from time to time. Initially, the scheme included 1391 packages, but the latest Health Benefit Package (HBP) 2022, now comprises 1,961 packages across 27 specialties. These packages cover treatments for chronic diseases such as cancer, heart diseases etc. as well as high-end procedures like bone marrow transplant, cardiac surgeries, kidney transplantation, breast conserving surgeries, etc.

The Health Benefit Package 2022 provides comprehensive bundled packages covering the entire treatment cycle. This includes pre-hospitalization expenses for up to 3 days (covering diagnostics, premedication and consultation), complete hospitalization including medical, surgical treatment, anesthesia and implants (where applicable), and post-hospitalization care up to 15 days including drug expenses and follow-up care, thereby ensuring cashless, standardized and quality treatment under the scheme. Further, cancer related treatment is provided under more than 500 procedures of

Medical Oncology, Surgical Oncology, Radiation Oncology and Palliative Medicine in the national Health Benefit Package master.

As per the empanelment guidelines under AB-PMJAY, empanelled hospitals cannot deny treatment to eligible beneficiaries. In cases of any irregularities in availing treatment or denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System (CGRMS) or the 24×7 toll-free helpline number 14555. Such grievances are monitored through a three-tier grievance redressal mechanism at the District, State and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

As on 28.02.2026, a total of 11.69 crore hospital admissions amounting to Rs. 1.73 lakh crore have been authorized under the scheme. The significant utilization of the scheme indicates that eligible beneficiaries are able to access healthcare services and thereby reduce their out-of-pocket expenditure.

PORTS IN MAHARASHTRA

5536. SHRI SUNIL DATTATREY TATKARE:

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

- (a) the expansion plans for the Jawaharlal Nehru Port Trust (JNPT) in Maharashtra;
- (b) the status of the Vadhavan Port in Palghar district of Maharashtra;

- (c) the manner in which this new port will boost exports and improve ease of doing business;
- (d) the steps taken to reduce turn-around times for cargo;
- (e) the steps taken to enhance capacity utilization of ports in Maharashtra, as well as in major ports across the country; and
- (f) the steps taken to boost employment in major ports such as JNPT and Mumbai port, as well as boost capital investment?

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

(a) to (c) : The expansion plans for the Jawaharlal Nehru Port Trust (JNPT) include commissioning of Phase II of Bharat Mumbai Container Terminal (BMCT), boosting handling capabilities through Nhava Sheva Freeport Terminal (NSFT), Nhava Sheva Distribution Terminal (NSDT) & Vadhavan Port in Palghar district of Maharashtra and monetizing vacant land parcels through State of the art agro processing facility & warehouse facility.

The Union Cabinet approved the Vadhavan Port project on 19 June 2024, and work on onshore reclamation has commenced. Vadhavan Port project with its natural depth of 20 meters is capable of accommodating the world's largest container vessels (up to 24,000 TEUs), eliminating the need for expensive transshipment at foreign ports like Colombo or Singapore. Its close proximity to the Dedicated Freight Corridor (DFC) and the Mumbai-Vadodara Expressway is set to reduce transit times for EXIM trade from North and West India, significantly.

(d) and (e) : Major Port Authorities including Ports in Maharashtra are taking various steps such as mechanization of berths, implementation of Multi-Modal connectivity projects, promoting port led industrialization through Sagarmala Scheme and digitalization of processes and procedures to further reduce turn-around times for cargo. To increase capacity utilization, major ports have initiatives such as enhancing Public-Private Partnership (PPP) participation to attract additional cargo, offering concessions on Cargo Related Charges (CRCs) and Vessel Related Charges (VRCs), promoting mechanization, modernization and automation of port operations, and undertaking draft enhancement to enable the handling of larger vessels. These measures are aimed at improving operational efficiency and attracting higher cargo volumes

(f) : Jawaharlal Nehru Port Authority, in partnership with CIDCO, has established the CIDCO-JNPA Multi-skill Development Centre (MSDC) under Pradhan Mantri Kaushal Vikas Yojana to train local youth in maritime and logistics-related courses. Additionally, employment opportunities has been generated through investments in the JNPA Special Economic Zone (SEZ).

Mumbai Port Authority through its various projects such as Construction of Third Chemical Berth (TCB), Development of Mallet Bunder Fishing Harbour in Maharashtra, Implementation of Automation system at Marine oil Terminal & Upgrading and Modernisation of International Cruise Terminal at Indira Dock has generated direct and indirect employment.

STATUS OF BLOOD BANKS

5537. SHRI G. LAKSHMINARAYANA:

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

- (a) the number of blood banks strengthened and newly established under the National Health Mission (NHM) since inception, year-wise and State/UT-wise along with district-wise details for Andhra Pradesh;
- (b) the total funds allocated, released and utilised for this purpose, year-wise and State/UT- wise and district-wise for Andhra Pradesh;
- (c) whether the Government has conducted any pan-India study or needs assessment to determine the current and projected demand for blood including estimates of demand, supply and gaps in this regard and if so, the details thereof, State/UT-wise;
- (d) the number of fatalities reported due to lack of or delayed access to blood or blood components and whether such data is maintained for districts of Andhra Pradesh during the last five years, State/UT-wise; and
- (e) whether the Government proposes to take any measures to strengthen blood infrastructure and digital monitoring to ensure timely availability and if so, the details thereof?

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

- (a) to (e) : Health is a State subject. The establishment and strengthening of blood banks are primarily the responsibility of State/UT Governments.

However, the Ministry of Health and Family Welfare (MoHFW) provides technical and financial support to the States/UTs to strengthen the public healthcare system including strengthening existing blood banks/establishing new blood bank, based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission (NHM). Approval is accorded to the proposals in the form of Record of Proceedings (RoPs) as per norms & available resources. The details of RoPs issued to States/UTs including Andhra Pradesh, are available at following web link:

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

As per eRaktKosh, 1290 Government-run blood banks have been set up across various States/UTs to improve accessibility in remote areas. As informed by Government of Andhra Pradesh, 64 blood banks have been strengthened in Andhra Pradesh. District-wise details of blood banks strengthened in Andhra Pradesh under NHM is as follows:

Name of District	No. of Blood banks
Alluri Sitharama Raju	1
Anakapalli	2
Anantapur	4
Annamayya	2
Bapatla	1
Chittoor	5
East Godavari	2
Eluru	2
Guntur	2
Kakinada	0
Konaseema	0

Krishna	0
Kurnool	2
Nandyal	2
N.T.R.	2
Palnadu	2
Parvathipuram Manyam	2
Prakasam	5
SPSR Nellore	2
Sri Sathya Sai	2
Srikakulam	4
Tirupati	2
Visakhapatnam	4
Vizianagaram	5
West Godavari	6
Y.S.R. Kadapa	3
Total	64

As per a comprehensive national-level estimation study titled “The clinical demand and supply of blood in India”, total clinical demand for blood in the country is approximately 14.6 million units. In financial year 2024-25, the total blood collection was 1,46,01,147 units across the country and in the current financial year 1,32,33,260 units of blood has been collected till January 2026.

Data on fatalities specifically due to the lack of or delayed access to blood is not maintained centrally.

eRaktKosh web portal is a Centralized Blood Center Management System which provides the interface for registration of Voluntary Blood Donors, blood centre data management and integration. eRaktKosh has digitised blood

bank operations, including donor registration, blood inventory tracking, and inter-bank transfers.

वन स्टॉप सेंटर का सुदृढीकरण

5538. श्री दर्शन सिंह चौधरी:

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

- (क) क्या सरकार संकटग्रस्त महिलाओं को तत्काल सहायता, आश्रय, कानूनी सहायता और परामर्श सेवाएं प्रदान करने के उद्देश्य से 'वन स्टॉप सेंटर' (ओएससी) योजना और अन्य संबद्ध योजनाओं के विस्तार और सुदृढीकरण के लिए कदम उठा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार का संकटग्रस्त महिलाओं के पुनर्वास, कौशल विकास और उनकी आर्थिक आत्मनिर्भरता सुनिश्चित करने के लिए राज्य सरकारों के सहयोग से विशेष कार्यक्रम लागू करने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या विभिन्न जिलों, विशेषकर मध्य प्रदेश के नर्मदापुरम और नरसिंहपुर जिलों में ऐसे सहायता केंद्रों की संख्या बढ़ाने और उनकी सेवाओं की प्रभावशीलता में सुधार करने की कोई विशिष्ट योजना 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) : सरकार महिलाओं की सुरक्षा, संरक्षा, पुनर्वास, कौशल विकास और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है और देश भर में उनके सामाजिक और आर्थिक सशक्तीकरण के लिए बहुआयामी दृष्टिकोण अपनाती है।

मिशन शक्ति का उद्देश्य महिलाओं की सुरक्षा, संरक्षा और सशक्तीकरण के लिए किए जा रहे प्रयासों को सुदृढ करना है। मिशन शक्ति के दो मुख्य वर्टिकल हैं: महिलाओं की सुरक्षा और

संरक्षा के लिए 'संबल' और महिलाओं के सशक्तीकरण के लिए 'सामर्थ्य'। मिशन शक्ति केंद्र प्रायोजित योजना है जिसे मध्य प्रदेश के नर्मदापुरम और नरसिंहपुर जिलों सहित पूरे देश में कार्यान्वित किया गया है।

वन स्टॉप सेंटर (ओएससी) निजी और सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत और तत्काल सहायता प्रदान करता है। ओएससी इन महिलाओं को चिकित्सा सहायता, कानूनी सहायता और सलाह, अस्थायी आश्रय, पुलिस सहायता और मनो-सामाजिक परामर्श जैसी सेवाएं प्रदान करता है। 15वें वित्त आयोग में संकटग्रस्त महिलाओं के लिए संस्थागत सहायता तंत्र को सुदृढ़ करने के लिए देश भर में कुल 1033 वन स्टॉप सेंटर (ओएससी) स्थापित करने की परिकल्पना की गई थी। अब तक, 1,033 वन स्टॉप सेंटर (ओएससी) को प्रशासनिक रूप से मंजूरी दी जा चुकी है, जिनमें से 926 पूरे देश में कार्यशील हैं। शक्ति सदन संकटग्रस्त महिलाओं, जिनमें मानव दुर्व्यापार से बचाई गई महिलाएं भी शामिल हैं, के लिए एक एकीकृत राहत और पुनर्वास केंद्र है। वर्तमान में, देशभर में 419 शक्ति सदन कार्यशील हैं।

बालिकाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के उद्देश्य से सरकार ने कौशल विकास एवं व्यावसायिक प्रशिक्षण प्रदान करने हेतु 'स्किल इंडिया मिशन' की शुरुआत की है। सरकार ने प्रधानमंत्री कौशल विकास योजना के अंतर्गत देशभर में प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई) के तहत महिलाओं को कौशल एवं व्यावसायिक प्रशिक्षण प्रदान किया जाता है।

सरकार ने देश में रोजगार के अवसरों को बढ़ाने के लिए कई पहल/उपाय किए हैं, जिनमें महिलाओं के लिए भी रोजगार के अवसर शामिल हैं, जैसे प्रधानमंत्री मुद्रा योजना (पीएमएमवाई), स्टैंड-अप इंडिया योजना, स्टार्टअप इंडिया, प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी), दीन दयाल उपाध्याय ग्रामीण कौशल्य योजना (डीडीयू-जीकेवाई), ग्रामीण स्वरोजगार और प्रशिक्षण संस्थान (आरएसईटीआई), उत्पादन से जुड़ा प्रोत्साहन आदि।

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन (डे- एनआरएलएम) के तहत महिला स्वयं सहायता समूह रोजगार और स्वरोजगार के लिए ग्रामीण परिदृश्य में बदलाव ला रहे हैं। इसी प्रकार, राष्ट्रीय शहरी आजीविका मिशन (एनयूएलएम) शहरी क्षेत्रों के लिए है।

सरकार महिलाओं की रोजगार क्षमता में सुधार लाने के लिए नमो ड्रोन दीदी, लखपति दीदी, विज्ञान और इंजीनियरिंग में महिलाएं - केआईआरएन (वाइज-किरन), सर्ब-पावर (अन्वेषणात्मक अनुसंधान में महिलाओं के लिए अवसरों को बढ़ावा देना) आदि जैसी महिला केंद्रित योजनाएं भी कार्यान्वित कर रही है।

DEPLOYMENT AND UTILISATION OF BHISHM CUBES

5539. SHRI ANURAG SINGH THAKUR:

CAPTAIN BRIJESH CHOWTA:

SHRI JAGDAMBIKA PAL:

SHRI RAJIV PRATAP RUDY:

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

- (a) whether the Government has developed the Bharat Health Initiative for Sahyog, Hita and Maitri (BHISHM) Cube for rapid emergency medical response and if so, the details thereof including its features such as modular design, portability, capacity and Artificial Intelligence integration;
- (b) whether these cubes are being used for providing emergency medical care during disasters, mass casualty incidents, humanitarian missions and conflict zones and if so, the details thereof along with the successful examples of their deployment;

- (c) whether the Government proposes to deploy them across all 25 All India Institute of Medical Sciences (AIIMS) and other institutes of National Importance and if so, the details thereof, State-wise;
- (d) whether any such cubes have been deployed in Himachal Pradesh and if so, the details thereof, location-wise;
- (e) whether the Government has faced challenges in deployment in difficult terrains and if so, the details thereof; and
- (f) whether India has deployed or gifted BHISHM Cubes internationally 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) : BHISHM Cube has been developed by Government of India as a part of the 'Aarogya Maitri' project to provide rapid on-site emergency medical response. Each cube is composed of portable "mini cubes" filled with essential medicines and equipment, making it highly modular and scalable design for rapid deployment in various emergencies. Each complete cube can support medical care for up to 200 cases, including for minor surgical procedures. The system incorporates advanced technology, featuring inventory management via radio-frequency identification (RFID).

(b) and (f) : In the initial phase of deployment, BHISHM Cubes have been dispatched to countries like Sri Lanka, Myanmar, Ukraine for humanitarian aid.

(c) and (d) : Ministry of Health and Family Welfare, under Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) has provided BHISHM Cubes to All India Institute of Medical Sciences (AIIMS) and other Institutes of National Importance (INIs) including AIIMS Bilaspur in Himachal Pradesh. Details of State/UTs which have been provided with BHISHM Cubes is given in the enclosed **Statement**.

(e) : The BHISHM Cube is built for maximum flexibility and for rapid deployment, with the ability to be delivered by air, sea, land, or drones, enabling quick response in remote or conflict zones. This multi-modal deployment capability ensures that the cubes can reach the most critical areas with minimal delay. Joint trainings, mock drills, demonstrations and Table Top Exercise (TTEx) on use of BHISHM Cubes have been organized by AIIMS/INIs in collaboration with concerned district and State authorities.

STATEMENT

Details of State/UTs which have been provided with BHISHM Cubes under Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):

S. No.	State/UT
1.	Andhra Pradesh
2.	Assam
3.	Bihar
4.	Chandigarh
5.	Chhattisgarh

6.	Delhi
7.	Gujarat
8.	Himachal Pradesh
9.	Jammu and Kashmir
10.	Jharkhand
11.	Madhya Pradesh
12.	Maharashtra
13.	Meghalaya
14.	Odisha
15.	Puducherry
16.	Punjab
17.	Rajasthan
18.	Telangana
19.	Uttarakhand
20.	Uttar Pradesh
21.	West Bengal

PROMOTION OF AYURVEDA

5540. DR. M. P. ABDUSSAMAD SAMADANI:

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

(a) the steps taken by the Government to promote Ayurveda;

- (b) the details of the plans of the Government to increase research activities in the AYUSH sector;
- (c) the details of law and quality standards of the Government enforced to regulate the manufacturing of AYUSH medicines;
- (d) the steps taken by the Government to gain global recognition for AYUSH treatments; and
- (e) the details of projects being implemented by the Government to develop AYUSH therapies 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) : With the view to fulfil the mandate of promotion, Ministry is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments for development & promotion of Ayush System including Ayurveda in the country and providing financial assistance to them as per the proposal received in their State Annual Action Plans (SAAPs). State/UT Governments may avail financial assistance by submitting proposals through State Annual Action Plans (SAAPs) as per NAM guidelines.

Further, 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 including Ayurveda System 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. Ministry also undertakes Multi-Media, Print Media Campaigns for creating awareness about Ayush System.

Moreover, for the purpose of promotion of Ayurveda, Ministry of Ayush has established 01(one) Research Council namely Central Council for Research in Ayurveda (CCRAS) and 7 (seven) National Institutes. These Institutions / Council alongwith their peripheral institutes/units/centres are providing treatment through General Outpatient Department (OPD),

Reproductive and Child Health (RCH) OPD, Geriatric OPD, Non-Communicable Disease (NCD) Clinic etc. and also engaged in awareness activities to promote Ayurveda.

(b) : For the purpose of promoting and strengthening research activities in the AYUSH sector, the Ministry of Ayush has established five research councils covering Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homoeopathy. The details of the plans of the Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Siddha (CCRS), Central Research Institutes of Yoga and Naturopathy (CCRYN), Central Council for Research in Unani Medicine (CCRUM) and Central Council for Research in Homoeopathy (CCRH) are given in the enclosed **Statement**. In addition to above the National Institutes under the Ministry are also involved in research activities.

(c) : The Drugs & Cosmetics Act, 1940 and Rules made there under have exclusive regulatory provisions for Ayurveda, Siddha, Sowa-Rigpa, Unani, and

Homoeopathy drugs. Provisions relating to Ayurveda, Siddha, Sowa-Rigpa and Unani Drugs are contained in Chapter IVA and Schedule- I of the Drugs and Cosmetics Act, 1940 and in Rules 151 to 169, Schedules E(I), T & TA of the Drugs Rules, 1945. Further, Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs Rules, 1945 pertain to Homoeopathic drugs.

Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), subordinate office under Ministry of Ayush lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. As per Drugs and Cosmetics Act, 1940 and Drugs Rules 1945, compliance to these quality standards are mandatory for the manufacturing of ASU&H drugs. PCIM&H also acts as the Central Drugs Laboratory for Indian Medicine and Homoeopathy for the purpose of testing or analysis of ASU&H Drugs. Further, PCIM & H impart training to the Drug Regulatory Authorities, State Drug Analyst etc.

(d) : Ministry of Ayush is implementing the central sector scheme for Promotion of International Cooperation for AYUSH (IC Scheme). Under this scheme the Ministry provides support to Indian AYUSH drug Manufacturers/ Ayush Service providers to give boost to the export of AYUSH products and services; facilitates the International promotion, development and recognition of AYUSH systems of medicine; foster interaction of stakeholders and market

development of AYUSH at international level; promote academics and research through the establishment of AYUSH Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about AYUSH Systems of Medicine at international level including Ayurveda.

Under the CSS IC Scheme 27 Country to Country Memorandum of Understanding (MoU)s, 16 Ayush Chair MoUs and 54 Institute to Institute level MoUs have been signed.

(e) : The research activities of the CCRAS include Medicinal Plant Research, Drug Standardization, Pharmacological Research, Clinical Research, Literary Research & Documentation programme, Fundamental research, pharmaceutical research and Public Health Research. In 2025–26, a total of 53 projects have been completed up to 31st January 2026, and 232 research projects are presently ongoing at CCRAS.

Central Council for Research in Unani Medicine (CCRUM) is undertaking clinical research initiatives through a network of 21 Institutes/ Units / Centre in various parts of the country. The Council adheres to all prescribed guidelines to ensure high-quality / robust scientific validation and evidence-based research in Unani Medicine. The research drugs are manufactured at the Council's GMP-certified pharmacies located in Hyderabad and Chennai. Research protocols are developed and finalized in consultation with multidisciplinary experts, following ICMR, AYUSH, and GCP guidelines. These protocols are reviewed by the respective research sub-committees and the Scientific Advisory Committee

(SAC). Ethical aspects are overseen by the Institutional Ethics Committee (IEC), and regular onsite monitoring is carried out by Institutional Multidisciplinary Research Advisory Committee (IMRAC).

The Central Council for Research in Yoga and Naturopathy (CCRYN) is implementing various projects to develop and standardize Yoga and Naturopathy therapies in the country, including clinical research studies on lifestyle disorders, establishment of research in institute and mind-body intervention centres, and collaborative projects with premier institutions to scientifically validate Yoga and Naturopathy therapies. The council is also involved in setting up advanced research infrastructure, conducting multi-centric trials, and promoting integrative healthcare models to strengthen the development and wider adoption of Yoga and Naturopathy therapies.

National Institute of Ayurveda (NIA) has the following projects to develop Ayush therapies:-

- I. Management of Alcohol Addiction (Alcohol Use Disorders) with Ayurvedic Medicines, Yoga, Counselling and Lifestyle Modifications in Jamwa Ramgarh Tehsil of Jaipur District”.
- II. Management of Pre-diabetes and Type 2 Diabetes mellitus in male and female patients of 25-70 years age group with Ayurvedic medicines along with yoga and lifestyle modification in chaksu block of Jaipur district, Rajasthan.
- III. Ayurveda Interventions to reduce and prevent malnutrition in children of Jamwaramgarh block of Jaipur District, Rajasthan.

Further, one of the Institute established in North East namely NEIAH has also started One-year Panchakarma Technician Certificate from the Academic Session 2018-2019.

STATEMENT

A. Research activities of Central Council for Research in Ayurvedic Sciences (CCRAS)

The objectives of CCRAS are as follows:

1. To undertake research on principles and practices of Ayurveda including diet, formulation, dosage forms, drug delivery system, panchakarma procedures, Marma therapy, Shalya-Shalakya procedures etc.
2. To undertake epidemiological surveys for various purposes like Prakriti, Sarata other health indicators, dietary habits, changing disease patterns etc.
3. To develop scientific assessment tools and parameters suitable to Ayurveda.
4. To conduct research on natural resources for their sustained availability, quality etc.
5. Identifying newer natural resources for purpose of prevention and treatment of various diseases.
6. To conduct clinical research to evaluate the safety and efficacy of Ayurvedic pharmacopeial formulations and other drugs and approaches in treating identified diseases and conditions. Clinical

7. Research for safety and efficacy evaluation of Ayurvedic Pharmacopeial formulations and other Drugs and Approaches in identified diseases/conditions
8. Medico Ethno-Botanical Survey across the country
9. To Establish novel methods of analysis for standardization and quality control of single drugs and compound formulations
10. Experimental studies to establish safety profile of Ayurvedic drugs/ formulations
11. Tribal Health Care Research Programme including documentation of Local HealthTraditions/ folk claims.
12. Retrieval and revival of Ayurvedic texts from ancient manuscripts and publication of journals, monographs, books, technical reports, Information, Education and Communication material (IEC) etc.

B. Research activities of Central Council for Research in Siddha (CCRS)

- ❖ CCRS conducts evidence-Based Research in Siddha Medicine for the systematic scientific evaluation of Siddha drugs, therapies, and diagnostic principles using modern research methodologies such as laboratory studies, clinical trials, and pharmacological investigations to establish safety, efficacy, and quality. Such research also contributes to the development and standardization of Siddha drugs, ensuring consistency and quality control in formulations. Furthermore, it facilitates

the integration of Siddha into mainstream healthcare systems, enhancing its role in public health.

❖ The research programme of CCRS mainly focuses on

1. Clinical Research: Validation of safety and efficacy of Siddha formulations
2. Pharmacological Research
3. Survey and Medicinal Plant Research
4. Drug standardisation and Quality Control
5. Literary Research: Documentation, Manuscripts, Publication-Books, Monographs.
6. Siddha Pharmacopoeial and Formulary Works

C. Research activities of Central Council for Research in Homoeopathy (CCRH)

Central Council for Research in Homoeopathy is regularly undertaking the following steps for research projects to strengthen research infrastructure:-

Infrastructure Upgradation

1. Regional Research Institute (H), Jaipur, Rajasthan upgraded to Central Research Institute for Homoeopathy.
2. Construction of own building for Regional Research Institute (H) (RRIH) at Mumbai.
3. Construction of Hostel block for PG students at NHRIMH, Kottayam.

4. Construction of own building and upgradation of Homoeopathic Drug Research Institute, Lucknow, Uttar Pradesh to Central Research Institute for Homoeopathy.
5. Construction of own building and upgradation of Clinical Research Unit (H), Siliguri to Regional Research Institute for Homoeopathy.
6. Establishment of HIV laboratory at JSPS Government Homoeopathic Medical College, Hyderabad, Telangana.
7. Establishment of Fundamental Research Laboratory being established at Indian Institute of Engineering Science and Technology, Shibpur, Kolkata.
8. These laboratories are responsible for to explore the action of homoeopathic medicines, standardization of raw materials used in Homoeopathy through modern techniques such as HPTLC, spectrometer, spectrophotometer instruments, RTPCR, Elisa reader with BSL-2 lab facilities.

Post Graduate Education

- Central Research Institute (H) at Kottayam for treating psychiatric diseases has been upgraded to National Homoeopathy Research Institute in Mental Health and also imparting PG education in two subjects with 13 seats practice of medicine and 12 seats Psychiatry.

Laboratory Facilities

- Molecular Lab, Drug Standardization lab, Pathology lab, Virology laboratory, Animal House, at Dr. Anjali Chatterjee Regional Research

Institute for Homoeopathy, Kolkata, for undertaking research in Homoeopathy.

- Drug Standardization lab, In house pharmacy, Zebrafish lab, Animal house, Biochemistry lab at Dr. D.P. Rastogi Central Research Institute (Homoeopathy), Noida.

Human Resource Management

- CCRH has regularly recruited research staff in various projects for strengthening research output.

CCRH has taken initiative to link Homoeopathy along with mainstream healthcare set-up by undertaking various Public Health programmes.

D. Research activities of Central Council for Research in Yoga and Naturopathy (CCRYN)

The Central Council for Research in Yoga and Naturopathy (CCRYN) is implementing following plan to increase research in the field of Yoga & Naturopathy:

- Established one Central Research Institutes of Yoga and Naturopathy (CRIYN) each at Delhi, Haryana and Karnataka.
- Collaborative Research Centre's (CRC):- The Council is running a Scheme of establishing collaborative Research Centre's (CRC) to undertake Collaborative Research with leading Medical as well as Yoga and Naturopathy Institutions.

- Centre for Mind Body Intervention through Yoga:- CCRYN has setup Centre for Mind Body Intervention through Yoga (CMBIY): AIIMS Delhi, AIIMS Bhopal, AIIMS Jodhpur, AIIMS Raipur, AIIMS Chhattisgarh, AIIMS NCI, AIIMS Jhajjar, Haryana, AIIMS Rishikesh, PGI Chandigarh, S-VYASA, Bangalore, NIMHANS, Bangalore & AIIMS Bibinagar, Telangana.

E. Research activities of Central Council for Research in Unani Medicine (CCRUM)

The Central Council for Research in Unani Medicine (CCRUM) is conducting evidence-based research programme through its 24 Institutes/Units/Centre. These research programme includes clinical research, drug standardization research, fundamental, literary research, survey and cultivation of medicinal plants. Besides the quality control of Unani drugs, New Drug development for different lifestyle diseases is being carried out by the Council

DEVELOPMENT OF PROJECTS UNDER SAGARMALA PROGRAMME

5541. SHRI KARTI P. CHIDAMBARAM:

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

- (a) the list of projects sanctioned under the Sagarmala Programme since 2015, indicating their name, location, sector category and present status;

- (b) the total project cost along with the amount allocated, funds released and utilised since its launch, project-wise and year-wise;
- (c) the details of financiers identified including the public sector banks, financial institutions, multilateral agencies and private lenders and Non-Banking Financial Companies (NBFCs), project- wise;
- (d) the list of private developers associated with each project and the mode of implementation adopted, such as public-private partnership engineering procurement construction/direct public investment; and
- (e) the number of projects delayed beyond approved timelines and the reasons therefor?

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

(a) and (b) : Sagarmala is a central sector scheme of Ministry of Ports, Shipping and Waterways (MoPSW) with the target to promote port-led development in the country. Under Sagarmala scheme, the Ministry provides financial assistance for the projects under 5 pillars, namely port modernization, port connectivity, port-led industrialization, coastal community development, and coastal shipping & inland water transport. Since inception (in 2015), 129 projects have been sanctioned for financial assistance under Sagarmala scheme. The details of projects sanctioned are given in the enclosed **Statement-I.**

(c) and (d) : Under Sagarmala scheme, the MoPSW generally provides financial assistance, upto 50% of the project cost, from gross budgetary

support (GBS) to the implementing agencies such as State Governments / Union Territories / other government agencies. The remaining project cost is met by the respective implementing agencies from their own source of funding. As of now, the projects sanctioned for financial assistance under Sagarmala scheme are being implemented on engineering procurement and construction (EPC) mode by the respective implementing agency.

(e) : 30 projects sanctioned for funding under Sagarmala scheme have faced delays beyond their original completion timelines. The details of the delayed projects along with reason are given in the enclosed **Statement-II**.

STATEMENT-I

The details of 129 projects funded under Sagarmala scheme

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
1	Providing separate approach way for cargo movement in Havelock jetty at Havelock	Havelock	Coastal Shipping and IWT	Completed	10.91	10.91	10.91
2	Construction of coastal Berth at VPT	Visakhapatnam	Coastal Shipping and IWT	Completed	43.00	30.00	30.00
3	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	Visakhapatnam	Port Connectivity	Completed	46.34	23.17	23.17
4	2 to 4 laning of port road connectivity to NH – 5 - Phase II	Visakhapatnam	Port Connectivity	Completed	77.00	20.00	20.00
5	DDUGKY Phase I Andhra Pradesh	Andhra Pradesh	Coastal Community Development	Completed	0.28	0.14	0.14
6	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP - 18 out of 24 Labs in AP	Visakhapatnam	Coastal Community Development	Completed	574.00	36.76	36.76

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
7	Construction of fishing harbour at Juvvaladinne in Nellore District of Andhra Pradesh	Juvvaladinne	Coastal Community Development	Completed	288.00	69.14	69.14
8	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Kakinada	Port Modernization	Completed	73.34	36.67	36.67
9	Recycling/Reuse of Sewage Treated Water from Sewerage Infrastructure Development Corporation of goa Ltd (SIDCGL) located at KatemBaina	Mormugao	Port Modernization	Completed	3.18	3.18	3.02
10	Road circulation plan for ease of movement of break bulk cargo at Mormugao	Mormugao	Port Connectivity	Completed	19.35	9.67	9.67
11	Full rake wagon handling line with paving 30m wide at Mormugao	Mormugao	Port Connectivity	Completed	17.65	8.82	8.82
12	Removal of 2 No.s Mooring of Spiral in the area of Cruise Berth - Mormugao	Mormugao	Port Modernization	Completed	13.87	6.94	6.94
13	2nd Full rake handling line RD 8A with 30m paving	Mormugao	Port Connectivity	Completed	6.59	3.30	3.30
14	Construction of an Up-Ramp at MPT Railway yard Baina.	Mormugao	Port Connectivity	Completed	21.99	11.09	11.09
15	Construction of 12m wide concrete road connecting berth 5 6 7 8 & 9 to new entry / exit road	Mormugao	Port Connectivity	Completed	9.51	4.81	4.81
16	Balance Portion 4 Lane road connectivity to NH17 - for Mormugao Port	Mormugao	Port Connectivity	Completed	719.00	85.00	83.80
17	Installation of 3 MWp Solar Power Plant with Virtual Net Metering on Turnkey Basis	Mormugao	Port Modernization	Completed	11.91	5.95	5.95
18	Coastal jetty at Navlakhi for cement	Navlakhi	Coastal Shipping and IWT	Completed	108.00	41.30	20.65

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
19	Capital Dredging work of Ro-Pax Ferry services between Gogha and Dahej in Gulf of Cambay.	Dahej	Coastal Shipping and IWT	Completed	208.85	104.42	99.18
20	Construction of RoRO/ Ro-Pax Facility at Hazira	Hazira	Coastal Shipping and IWT	Completed	98.42	48.42	48.42
21	Upgradation of Dredging of Ghogha Channel, Turning Circle and Approach Channel to achieve depth of 7 meter".	Ghogha	Coastal Shipping and IWT	Completed	62.49	45.81	45.81
22	Third stage expansion including modernisation of the existing fishing harbour of Malpe in Udupi District in Karnatak	Malpe	Coastal Community Development	Completed	50.00	7.94	7.94
23	Modernisation of the existing fishing harbour at Amadalli in Uttara Kannada	Amadalli	Coastal Community Development	Completed	19.00	4.69	4.69
24	DDUGKY Phase I Karnataka	Karnataka	Coastal Community Development	Completed	1.53	0.76	0.76
25	Installation of Fire Fighting Equipment at Karwar Port in Karnataka	Karwar	Port Modernization	Completed	18.21	9.10	8.65
26	Refurbishment and Capacity enhancement of Coastal liquid terminal -COT and NTB at CoPT	Cochin	Port Modernization	Completed	19.27	14.45	14.45
27	Construction of Multipurpose Coastal Berth at Kollam	Kollam	Coastal Shipping and IWT	Completed	18.50	7.24	7.24
28	Construction of Fishing Harbour at Thalai in Kannur District in Kerala	Thalai	Coastal Community Development	Completed	35.00	6.90	6.90
29	Construction of Mini Fishing Harbour Chettuva in Thrissur District in Kerala	Chettuva	Coastal Community Development	Completed	30.00	4.68	4.68
30	Reconstruction of South Coal Berth at Cochin Port for handling chemicals	Cochin	Port Modernization	Completed	19.30	10.55	10.55
31	Development of RORO facilities for handling	Cochin	Coastal Shipping and IWT	Completed	12.46	12.46	11.84

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
	propylene and other cargo at Cochin Port						
32	Passenger Jetty at Janjira Fort, Raigad District	Janjira	Coastal Shipping and IWT	Completed	121.23	55.41	52.63
33	Construction of break water at Mandwa	Mandwa	Coastal Shipping and IWT	Completed	72.14	30.00	30.00
34	Ro Ro service at Mandwa - Phase 2 of Mandwa port development	Mandwa	Coastal Shipping and IWT	Completed	63.00	27.51	27.51
35	Construction of Ro-Ro jetties at Vasai	Vasai	Coastal Shipping and IWT	Completed	6.73	3.33	3.33
36	Construction of approach jetty and sloping berth jetty and approach road to facilitate Ro Ro jetty at Bhayander, Maharashtra	Bhayander	Coastal Shipping and IWT	Completed	7.25	3.54	3.54
37	Construction of Ro Rojetty at Narangi (Virar) in Maharashtra.	Virar	Coastal Shipping and IWT	Completed	6.75	3.40	3.40
38	Construction of jetties at Ghodbunder	Ghodbunder	Coastal Shipping and IWT	Completed	7.40	3.70	3.70
39	Construction of Ro Ro Jetty at Malvan Passenger Jetty at Sindhudurg Port in Maharashtra	Malvan	Coastal Shipping and IWT	Completed	10.63	4.84	4.84
40	Dredging in the Navigational Channel for Ro-Ro Pax Services at Mandwa	Mandwa	Coastal Shipping and IWT	Completed	16.54	8.27	8.27
41	Stage II expansion of Mirkawada Fishing Harbour in Ratnagiri District	Ratnagiri	Coastal Community Development	Completed	75.00	17.95	17.95
42	DDUGKY Phase I Maharashtra	Maharashtra	Coastal Community Development	Completed	5.50	2.18	2.18
43	Centre of Excellence in Maritime and Shipbuilding - CEMS - Maharashtra-6 out of 24 Labs in Maharashtra	Mumbai	Coastal Community Development	Completed	191.00	12.48	12.48
44	Construction of passenger boat landing jetty at KanhojiAngre Island	KanhojiAngre	Coastal Shipping and IWT	Completed	7.68	3.84	3.84
45	Construction of Coastal	Jawaharlal Nehru Port	Coastal Shipping	Completed	143.00	25.00	25.00

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
	Berth at JNPT		and IWT				
46	Construction of Fishing Harbor at Karanja, Raigad district, Maharashtra	Karanja	Coastal Community Development	Completed	149.80	68.51	68.27
47	Construction of Tourism jetty at Belapur, Maharashtra.	Belapur	Coastal Shipping and IWT	Completed	6.50	4.05	4.05
48	Construction of tourism Jetty at Veldur, Distt.-Ratnagiri, Maharashtra	Veldur	Coastal Shipping and IWT	Completed	7.06	3.45	3.45
49	Construction of Ro-Ro Jetty at AmbadaveShigwan in Raigad District".	AmbadaveShigwan	Coastal Shipping and IWT	Completed	7.37	3.44	3.44
50	'Construction of Approach road to Kharwadeshwari Jetty in District Palghar, Maharashtra.	Palghar	Port Connectivity	Completed	15.00	7.50	7.50
51	Construction of Third Chemical Berth at Pirpau, MbPT	Mumbai	Port Modernization	Completed	161.00	140.46	140.46
52	SCADA and PLC automation system at Marine Oil Terminal at Mumbai Port	Mumbai	Port Modernization	Completed	22.77	22.77	22.77
53	DDUGKY Phase I Odisha	Odisha	Coastal Community Development	Completed	3.72	1.84	1.84
54	Capital Dredging for Puducherry Port	Puducherry	Port Modernization	Completed	27.65	27.45	27.45
55	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V. O .Chidambaranar	Thoothukudi	Port Modernization	Completed	23.69	10.00	10.00
56	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT -length 150m at VoCPT	Thoothukudi	Coastal Shipping and IWT	Completed	36.00	29.99	29.99
57	Coastal Cargo Berth at ChPT	Chennai	Coastal Shipping and IWT	Completed	80.00	30.08	30.08

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
58	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	Cuddalore	Port Modernization	Completed	135.00	67.50	67.50
59	Development of paved storage yard at Chennai Port for handling export cargo	Chennai	Port Modernization	Completed	51.46	25.73	25.73
60	Construction of Bunker berth at Chennai Port	Chennai	Port Modernization	Completed	44.00	22.00	22.00
61	Construction of a fishing harbour at Poompuhar in Nagapattinam District in Tamil Nadu	Nagapattinam	Coastal Community Development	Completed	148.00	37.00	37.00
62	Expansion of fishing harbour at Chinnamuttom in Kanyakumari District in Tamil Nadu	Kanyakumari	Coastal Community Development	Completed	74.00	18.38	18.38
63	DDUGKY Phase I Tamil Nadu	Tamil Nadu	Coastal Community Development	Completed	2.94	0.59	0.59
64	Construction of widening the Korampallam Surplus course bridge and rail over bridge -RoBincluding widening of road from western boundary to TTPS	Thoothukudi	Port Connectivity	Completed	41.55	20.00	20.00
65	Dredging the dock basin for coastal cargo berth at VOCPT -Dredging in front of dedicated coastal berth	Thoothukudi	Port Modernization	Completed	98.00	20.89	20.89
66	National Technology Centre for Ports, Waterways and Coasts (NTCPWC) at IIT Madras.	Chennai	Coastal Community Development	Completed	77.03	39.67	39.67
67	Fishing harbor at Mookaiyur in Ramanathapuram district in Tamil Nadu	Mookaiyur	Coastal Community Development	Completed	113.90	28.48	28.48

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
68	Construction of fish landing centre at Kunthukal in Ramanathapuram District of Tamil Nadu.	Kunthukal	Coastal Community Development	Completed	74.00	18.50	16.65
69	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to Thiruvalluvur statue	Kanyakumari	Port Connectivity	Completed	37.00	15.53	15.53
70	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-II) in Chennai Port Authority	Chennai	Port Modernization	Completed	49.06	39.42	39.42
71	RoB cum Flyover at Ranichak level crossing at KoPT	Kolkata	Port Connectivity	Completed	127.80	50.00	50.00
72	Improvement of road connectivity to facilitate trade and port users at KoPT	Kolkata	Port Connectivity	Completed	13.52	6.76	6.76
73	Upgradation of the track 10-12-14-16-18-19-20-21- 22 and 23 at EJC yard of KoPT	Kolkata	Port Connectivity	Completed	47.00	14.00	14.00
74	Upgrade of existing rail network at Kolkata Dock System	Kolkata	Port Connectivity	Completed	9.00	4.00	4.00
75	2nd Railway Line from Durgachak take off point to 'A' cabin at Durgachak at HDC	Haldia	Port Connectivity	Completed	117.00	20.00	20.00
76	Improvement of road connectivity to facilitate trade and port users at KoPT, Phase-2	Kolkata	Port Connectivity	Completed	87.91	20.04	20.04
77	Design, Engineering & Construction for Rehabilitation of No.7, NSD Old Berth including Development of Backyard at N.S. Dock of KDS - SMP, Kolkata'	Kolkata	Port Modernization	Completed	80.74	80.74	80.74

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
78	Anti erosion work on the left bank of river Hooghly/ Bhagirathi Block & P.S. Kalyani, Nadia district, Kolkata (WB)	Kolkata	Coastal Shipping and IWT	Completed	16.63	16.63	16.63
79	DDUGKY Phase II Andaman & Nicobar Islands	Andaman & Nicobar Island	Coastal Community Development	Under Implementation	7.09	2.30	2.30
80	Development of Sea Port Terminal at Havelock SwarajDweep	Havelock	Coastal Shipping and IWT	Under Implementation	48.99	48.99	22.38
81	Modernisation of Visakhapatnam Fishing Harbour	Visakhapatnam	Coastal Community Development	Under Implementation	178.51	50.00	40.00
82	DDUGKY Phase II Andhra Pradesh	Andhra Pradesh	Coastal Community Development	Under Implementation	5.98	5.98	5.98
83	Augmentation of Firefighting facilities at Berth no. 8 of MgPA on Turnkey basis	Mormugao	Port Modernization	Under Implementation	17.76	8.88	7.10
84	International & Domestic Cruise Terminal and Ferry Terminal at Mormugao Port, Goa	Mormugao	Coastal Shipping and IWT	Under Implementation	87.44	43.72	41.42
85	Construction of Ro-Ro/ Ro-Pax facility at Muldwarka	Muldwarka	Coastal Shipping and IWT	Under Implementation	90.49	45.25	8.16
86	DDUGKY Phase II Gujarat	Gujarat	Coastal Community Development	Under Implementation	10.85	7.32	3.62
87	NMHC	Lothal	Coastal Community Development	Under Implementation	573.12	223.76	223.76
88	Construction of fishing harbor at Mangrol (Phase-III), Junagarh, Gujarat.	Mangrol	Coastal Community Development	Under Implementation	158.00	12.50	11.25
89	Occupational Safety and Health Training in Alang	Alang	Coastal Community Development	Under Implementation	30.00	30.00	22.28
90	DDUGKY Phase II Karnataka	Karnataka	Coastal Community Development	Under Implementation	2.18	0.55	0.55
91	Development of Fishing Harbour at Kulai	Kulai	Coastal Community Development	Under Implementation	196.51	98.25	49.13
92	Development of existing fish landing center at HejamadiKodi in Udupi district of Karnataka."	Hejamadi	Coastal Community Development	Under Implementation	138.60	34.65	32.92

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
93	Construction of coastal cargo berth at Old Mangaluru Port	Mangaluru	Coastal Shipping and IWT	Under Implementation	65.00	25.00	23.75
94	DDUGKY Phase II Kerala	Kerala	Coastal Community Development	Under Implementation	25.46	10.16	7.57
95	"Modernization and up-gradation of Cochin Fishing Harbour".	Cochin	Coastal Community Development	Under Implementation	169.17	50.00	47.50
96	DDUGKY Phase II Maharashtra	Maharashtra	Coastal Community Development	Under Implementation	15.11	8.58	5.04
97	Modernization of existing Fishing Harbor at Sassoon Dock, Mumbai	Sassoon	Coastal Community Development	Under Implementation	92.52	23.13	11.56
98	Development of Fishing Harbour at Mallet Bunder, Mazgaon	Mumbai	Coastal Community Development	Under Implementation	96.60	48.30	45.89
99	Construction of Ro-Pax jetty and Terminal at Mora, Distt. Raigad, Maharashtra	Mora	Coastal Shipping and IWT	Under Implementation	82.92	41.46	20.73
100	Development of Ro-Ro Service at Rewas	Rewas	Coastal Shipping and IWT	Under Implementation	21.66	10.83	5.53
101	Construction of fishing harbour at Anandwadi(Deogad) in Sindhudurg District	Anandwadi	Coastal Community Development	Under Implementation	88.44	12.50	11.25
102	Construction of Approach Jetty and sloping berth jetty and Approach Road to facilitate Ro-Ro Jetty at Manori, Maharashtra	Manori	Coastal Shipping and IWT	Under Implementation	6.59	3.29	3.13
103	Construction of jetty at Arnala fort- Tal Vasai- Dist. Thane.	Arnala	Coastal Shipping and IWT	Under Implementation	9.94	4.97	4.72
104	Up-gradation/modernization of International Cruise Terminal at Indira Dock, Mumbai	Mumbai	Coastal Shipping and IWT	Under Implementation	363.30	139.15	132.19
105	Tourism Jetty at Kashid in Raigad District	Kashid	Coastal Shipping and IWT	Under Implementation	99.82	49.91	47.41
106	DDUGKY Phase II Odisha	Odisha	Coastal Community Development	Under Implementation	22.83	2.27	1.86

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
107	Ro-pax Jetty and allied infrastructure connecting Kaninali in Bhadrak District & Talchua in Kendrapada District".	Bhadrak	Coastal Shipping and IWT	Under Implementation	136.98	50.30	40.24
108	Modernization and upgradation of Paradip Fishing Harbour"	Paradip	Coastal Community Development	Under Implementation	99.75	49.88	39.90
109	Construction of fishing harbor at Chandipur (Balaramagadi) in Balasore district, Odisha.	Chandipur	Coastal Community Development	Under Implementation	49.94	12.49	11.86
110	Ro-pax Jetty and allied infrastructure connecting Balugaon in Khurda District & Krishnaprasad Gada in Puri District".	Khurda	Coastal Shipping and IWT	Under Implementation	37.02	18.51	14.81
111	DDUGKY Phase II Puducherry	Puducherry	Coastal Community Development	Under Implementation	2.22	2.22	2.17
112	Upgradation of Nagapattinam Port Infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)	Nagapattinam	Coastal Shipping and IWT	Under Implementation	10.47	10.47	7.00
113	Creation of Berthing facilities for the tourist vessels at Agni Theertham, Tamil Nadu'.	Rameshwaram	Coastal Shipping and IWT	Under Implementation	7.58	7.58	7.21
114	Creation of additional berthing facilities for the tourist vessels at Villondi Theertham, Tamil Nadu'.	Rameshwaram	Coastal Shipping and IWT	Under Implementation	3.66	3.66	0.73
115	DDUGKY Phase II Tamil Nadu	Tamil Nadu	Coastal Community Development	Under Implementation	10.67	3.66	3.37
116	Modernization and upgradation of Chennai Fishing Harbour".	Chennai	Coastal Community Development	Under Implementation	97.95	48.97	44.39
117	Development of Passenger jetty at Kanyakumari	Kanyakumari	Coastal Shipping and IWT	Under Implementation	20.00	10.00	9.50

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
118	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at Indian Institute of Technology, Kharagpur	Kharagpur	Coastal Community Development	Under Implementation	69.20	69.20	49.89
119	Development of River Cruise terminal and river tourism facility along with riverfront beautification works at KDS, SMP, Kolkata'	Kolkata	Coastal Shipping and IWT	Under Implementation	75.82	37.91	18.96
120	Augmentation of Firefighting facilities at Pir Pau Terminal of Mumbai Port	Mumbai	Port Modernization	Under Implementation	52.69	26.34	25.03
121	Construction of Approach road to Narangi Jetty	Narangi	Port Connectivity	Under Implementation	29.41	14.70	13.97
122	Construction of four EXIM Godowns and concrete roads around EXIM Godowns at Chennai Port	Chennai	Port Connectivity	Under Implementation	54.34	27.17	21.74
123	Development of paved storage yard at marshalling yard and JD (east) back up area for handling EXIM cargoes	Chennai	Port Modernization	Under Implementation	45.90	22.95	21.80
124	Smart Lighting on Willingdon Island	Cochin	Port Modernization	Under Implementation	2.01	2.01	0.00
125	2.3 MWp roof mounted grid connected solar power plant at Khidderpre Dock-II	Kolkata	Port Modernization	Under Implementation	30.7	15.35	7.68
126	Extension and Improvement of Loading Platform of full rake No.8 and modification to railway infrastructure for Handling two rakes simultaneously at Line No. 08 and 8A at Mormugao Port	Mormugao	Port Modernization	Under Implementation	12.58	12.58	2.52
127	Revamping/upgradation of 6 (Six) roads in port operational areas of KDS	Kolkata	Port Modernization	Under Implementation	19.35	9.67	9.19

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
	under SMPA						
128	Creation of additional birthing and Land side facilities at Chellanam Fishing Harbor in Kerala	Chellanam	Coastal Community Development	Under Implementation	7.65	6.88	1.32
129	Revamping of Bascule Bridge at Kolkata Port	Kolkata	Port Connectivity	Under Implementation	117.54	41	20.50

STATEMENT-II

Details of projects delayed beyond their original completion timelines

Sl. No.	Project name	Reason for delay
1	Development of Sea Port Terminal at Havelock Swaraj Dweep	Revision of project scope
2	Modernisation of Visakhapatnam Fishing Harbour	Revision of project scope
3	International & Domestic Cruise Terminal and Ferry Terminal at Mormugao Port, Goa	Revision of project scope
4	Construction of Ro-Ro/ Ro-Pax facility at Muldwarka	Site condition issues
5	Construction of fishing harbor at Mangrol (Phase-III), Junagarh, Gujarat.	Revision of project scope
6	Occupational Safety and Health Training in Alang	Procedural issues
7	Development of Fishing Harbour at Kulai	Revision of project scope
8	Development of existing fish landing center at HejamadiKodi in Udupi district of Karnataka."	Revision of project scope

9	Construction of coastal cargo berth at Old Mangaluru Port	Site condition issues
10	"Modernization and up-gradation of Cochin Fishing Harbour".	Revision of project scope
11	Modernization of existing Fishing Harbor at Sassoon Dock, Mumbai	Revision of project scope
12	Development of Fishing Harbour at Mallet Bunder, Mazgaon	Revision of project scope
13	Construction of Ro-Pax jetty and Terminal at Mora, Distt. Raigad, Maharashtra	Site condition issues
14	Development of Ro-Ro Service at Rewas	Site condition issues
15	Passenger Jetty at Janjira Fort, Raigad District	Site condition issues
16	Construction of fishing harbour at Anandwadi (Deogad) in Sindhudurg District	Revision of project scope
17	Construction of Approach Jetty and sloping berth jetty and Approach Road to facilitate Ro-Ro Jetty at Manori, Maharashtra	Site condition issues
18	Construction of jetty at Arnala fort- Tal Vasai- Dist. Thane.	Site condition issues
19	Up-gradation/modernization of International Cruise Terminal at Indira Dock, Mumbai	Site condition issues
20	Tourism Jetty at Kashid in Raigad District	Site condition issues
21	Ro-pax Jetty and allied infrastructure connecting Kaninali in Bhadrak District & Talchua in Kendrapada District".	Revision of project scope

22	Modernization and upgradation of Paradip Fishing Harbour"	Revision of project scope
23	Construction of fishing harbor at Chandipur (Balaramagadi) in Balasore district, Odisha.	Revision of project scope
24	Ro-pax Jetty and allied infrastructure connecting Balugaon in Khurda District & Krishnaprasad Gada in Puri District".	Revision of project scope
25	Upgradation of Nagapattinam Port Infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)	Revision of project scope
26	Creation of Berthing facilities for the tourist vessels at Agni Theertham, Tamil Nadu'.	Site condition issues
27	Creation of additional berthing facilities for the tourist vessels at Villoondi Theertham, Tamil Nadu'.	Site condition issues
28	Modernization and up-gradation of Chennai Fishing Harbour".	Revision of project scope
29	Development of Passenger jetty at Kanyakumari	Site condition issues
30	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at Indian Institute of Technology, Kharagpur	Procedural Issues

DEVELOPMENT OF CHEMICAL AND PETROCHEMICAL INDUSTRIES IN ODISHA

5542. SHRIMATI SANGEETA KUMARI SINGH DEO:

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

- (a) whether the Government has identified Odisha for development of chemical and petrochemical manufacturing clusters or industrial parks under national industrial initiatives, if so, the details thereof;
- (b) the details of investments along with the proposals received for establishing chemical manufacturing units in the said State during the last five years;
- (c) whether such projects are expected to generate employment and strengthen industrial growth in economically backward regions of Odisha, if so, the details thereof; and
- (d) the steps being taken by the Government to promote environmentally sustainable chemical manufacturing and ensure compliance with safety and environmental standards?

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 Department of Chemicals and Petrochemicals is implementing the following schemes for development of chemical and petrochemical industries in the State of Odisha:

- (i) **Scheme for setting up of Plastic Parks:** The Department promotes setting up of Plastic Parks with requisite infrastructure and enabling common facilities. The objective is to consolidate and synergize the capacities of plastic processing industry to help increase investment, production and generate employment. Under the Scheme, the

Government of India provides grant funding up to 50% of the project cost, subject to a ceiling of Rs. 40 crore per project. So far, 9 Plastic Parks have been approved in different states including in Odisha, and these are at different levels of implementation. The status of Odisha Plastic Park is as under:

No.	Location	Overall Progress in Physical Infrastructure (Civil work) (in %)	Total Project Cost (Rs. in crore)	Total Gol support (Rs. in crore)	Gol support released (Rs. in crore)	Employment Generated (No. of Persons)
1.	Paradeep, Odisha	100	106.78	40.00	36.00	295

(ii) Petroleum, Chemical and Petrochemical Investment Region(s) (PCPIR):

- Government of India notified the Petroleum, Chemical and Petrochemical Investment Region(s) (PCPIR) Policy, 2007 to attract investment and for generation of employment. The PCPIR promotes the Chemical and Petrochemical sector in an integrated and environmentally friendly manner. PCPIRs are conceptualized in cluster-based approach with common infrastructure, basic utilities and support services to provide a competitive environment conducive for setting up businesses.
- Under the existing policy, each PCPIR is a specifically delineated investment region having a minimum area of 250 sq.

km. Currently, three Petroleum, Chemical and Petrochemical Investment Regions are in operation in the states of Andhra Pradesh (Vishakhapatnam), Gujarat (Dahej) and Odisha (Paradeep) to promote investment and industrial development in these sectors. The status of Odisha PCPIR is as under:

Indicator	Odisha
Location/ Region	Paradeep
Total Area (sq. kms.)	284.15
Investments made (Rs. In Crore)	1,43,881
Employment generated (No.)	40,000

(d) : Operations of the chemical manufacturing units are governed by the national environmental regulatory framework that includes - The Environment (Protection) Act, 1986, The Air (Prevention and Control of Pollution) Act 1981 and The Water (Prevention and Control of Pollution) Act 1974 as also the Rule / Regulations framed thereunder, such as the Manufacture, Storage, and Import of Hazardous Chemical Rules, 1989, Chemical Accidents (Emergency Planning, Preparedness and Response) Rules, 1996 and Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016. These regulations are administered by Ministry of Environment, Forest & Climate Change.

Further, Ministry of Micro, Small & Medium Enterprises has brought

following schemes to support all MSMEs in the country including those in the chemical industry to promote environmentally sustainable manufacturing.

The details are as under:

- (i) Scheme for Promotion and Investment in Circular Economy : This scheme promotes circular economy in the MSME sector by incentivizing micro and small enterprises to adopt circular economy practices with respect to management of different types of wastes including plastic, rubber and e-waste.
- (ii) MSME-Sustainable (ZED) Certification Scheme : This scheme envisages promotion of Zero Defect Zero Effect practices to enable MSMEs for manufacturing of quality products using latest technology, tools & to constantly upgrade their processes for achievement of high quality and high productivity with the least effect on the environment.
- (iii) Micro and Small Enterprises Green Investment and Financing for Transformation Scheme : This scheme aims to develop an ecosystem wherein institutional finance is made available to micro and small enterprises at a concessional cost for adoption of clean/green and energy efficient technologies.

Furthermore, for ensuring compliance with safety standards the Department of Chemicals and Petrochemicals is imparting training to the employees of the Major Accident Hazard (MAH) units which are associated with greater risk of chemical accidents. The safety training programs are

intended to cover all the 2,393 number of MAH Units over a period of 5 years. Till date, 21 such training Programmes have been organized at various locations across the country. These were attended by 1,499 industrial units including 1,248 MAH units, covering 2,690 safety personnel.

REVITALIZATION OF SHIPBUILDING AND MARITIME SECTOR

5543. SHRI KALYAN BANERJEE:

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

- (a) whether the Government has approved Rs. 69,725 crore package to revitalize shipbuilding and maritime sector of the Country through a four-pillar strategy, targeting 30 lakh jobs and Rs. 4.5 lakh crore in investments; and
- (b) if so, the details of plan and action taken/proposed to be taken by the Government towards geopolitical resilience and strategic self-reliance of the Country and positioning India as a competitive force in global shipping and shipbuilding along with the employment scope thereof?

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

(a) and (b) : The Union Government has approved a comprehensive package of ₹ 69,725 crore to revitalize domestic shipbuilding and maritime sector through a 4-pillar strategy having potential to unlock huge investment in the

shipbuilding and maritime sector. The key components of the shipbuilding package include:

- i. **Shipbuilding Financial Assistance Scheme (SBFAS)** with an outlay of ₹ 24,736 crore, an enhancement of existing Shipbuilding Financial Assistance Policy (SBFAP), to address cost disadvantages of Indian shipyards vis-a-vis global shipyards;
- ii. **Maritime Development Fund (MDF)** corpus of ₹ 25,000 crore for providing long term financing support to shipbuilding and maritime sector comprising a Maritime Investment Fund of ₹ 20,000 crore and Interest Incentivisation Fund of ₹ 5,000 crore;
- iii. **Shipbuilding Development Scheme (SbDS)** with ₹19,989 crore outlay to expand Indian shipbuilding output capacity to 4.5 million Gross Tonnage annually by setting up greenfield shipbuilding clusters and capacity expansion of the existing shipyards. These targets have been set to position India as a competitive global shipbuilding force in line with vision contained in Maritime India Vision 2030 and Maritime Amrit Kaal Vision 2047 documents.
- iv. **Policy reforms** entails comprehensive legislative reforms, legal reforms, process reforms to improve Ease of Doing Business, investor confidence, regulatory certainty, etc.

The scheme guidelines to operationalize SBFAS and SbDS have been issued on 26.12.2025. The guidelines for MDF have also been issued on 20.02.2026.

Further, given the high employment multiplier of 6.4 in shipbuilding industry, the employment generation potential through these schemes is of around 2.2 million jobs including direct as well as indirect employment.

आयुष उत्पादों का लाइसेंस

5544. डॉ. आनन्द कुमार गोंडः

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या यह सच है कि देश में पिछले तीन वर्षों के दौरान लगभग 72 आयुर्वेदिक और 27 सिद्ध औषधियों के लिए ही औपचारिक नैदानिक अध्ययन प्रकाशित किए गए हैं जबकि हजारों आयुष उत्पादों को लाइसेंस दिए गए हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है, साथ ही आयुष औषधियों पर पर्याप्त वैज्ञानिक प्रमाण और शोध की कमी के कारण क्या हैं;
- (ग) क्या सरकार को जानकारी है कि वैज्ञानिक प्रमाणों के अभाव के कारण भारतीय पारंपरिक औषधियों को यूरोप और संयुक्त राज्य अमेरिका जैसे कड़े विनियामक बाजारों में स्वीकृति प्राप्त करने में कठिनाई होती है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) सरकार द्वारा आयुष औषधियों के लिए वैज्ञानिक परीक्षण, मानकीकरण और उपचार नयाचार को सुदृढ़ करने के लिए उठाए जा रहे कदम क्या हैं; और
- (ङ) क्या सरकार आयुष औषधियों को विश्व स्तर पर स्वीकार्य बनाने के लिए शोध-आधारित प्रमाण विकसित करने हेतु कोई समयबद्ध कार्य योजना बना रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ड) : आयुर्वेद, सिद्ध, सोवा-रिग्पा तथा यूनानी औषधियों के बिक्रियार्थ विनिर्माण हेतु लाइसेंस जारी करने के लिए, सुरक्षा अध्ययन और अनुभव अथवा प्रभावकारिता के साक्ष्य से संबंधित शर्तें औषधि नियम, 1945 के नियम 158ख के तहत दी गई हैं। औषधि नियम, 1945 के नियम 168 के अनुसार, विनिर्माता को आयुर्वेद, सिद्ध तथा यूनानी औषधियों के विनिर्माण के लिए मानकों का अनुपालन करना होता है। इसके अतिरिक्त, औषधि नियम, 1945 के नियम 85 (क से ठ) में होम्योपैथी औषधियों के विनिर्माण हेतु लाइसेंस जारी करने के लिए विनियामक दिशा-निर्देशों का प्रावधान है, जिनमें नई होम्योपैथी दवाओं को लाइसेंस देने के लिए विनिर्माता ऐसे दस्तावेजी और अन्य साक्ष्य प्रस्तुत करेगा जो औषधियों की चिकित्सीय प्रभावकारिता प्राप्त करने के लिए लाइसेंसिंग प्राधिकारी द्वारा यथा अपेक्षित हों, जिसमें इसके साथ किया गया न्यूनतम प्रमाण भी शामिल है। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 की दूसरी अनुसूची (4क) में होम्योपैथिक औषधियों के गुणवत्ता मानकों का प्रावधान है।

नैदानिक परीक्षणों के लिए, यथा आवश्यकतानुसार, प्रचलित दिशा-निर्देशों जैसे एएसयू औषधियों हेतु उत्तम नैदानिक पद्धति दिशा-निर्देशों (जीसीपी-एएसयू), जैव-चिकित्सा अनुसंधान हेतु नैतिक दिशा-निर्देशों (आईसीएमआर) और पारंपरिक औषधियों हेतु विश्व स्वास्थ्य संगठन के दिशा-निर्देशों आदि को अपनाया जाता है। इसके अलावा, एकीकृत चिकित्सा में अनुसंधान के लिए आईसीएमआर नेश्रल एथिकल गाइडलाइंस फॉर बायोमेडिकल एंड हेल्थ रिसर्च इन्वॉल्विंग ह्यूमन पार्टिसिपेंट्स, 2017 में एक परिशिष्ट भी वर्ष 2025 में प्रकाशित किया गया है।

आयुष मंत्रालय, आयुर्ज्ञान योजना के नाम से एक केंद्रीय क्षेत्र योजना कार्यान्वित कर रहा है। इस योजना में अन्य बातों के साथ-साथ, (i) आयुष में अनुसंधान एवं नवाचार तथा ii) आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान घटक शामिल हैं। आयुष में अनुसंधान एवं नवाचार और आयुर्वेद जीव विज्ञान एकीकृत स्वास्थ्य अनुसंधान घटकों के तहत, संगठनों/संस्थानों को आयुष चिकित्सा पद्धतियों में नैदानिक अनुसंधान सहित अनुसंधान अध्ययन के लिए वित्तीय सहायता प्रदान की गई है। वित्तीय वर्ष 2022-23 से 2025-26 की अवधि के दौरान, आयुर्ज्ञान योजना के

आयुष में अनुसंधान एवं नवाचार घटक के तहत, आयुष फॉर्मूलेशनों पर की गई अनुसंधान गतिविधियों के प्रकाशनों की संख्या संलग्न **विवरण-I** में दी गई है।

इसके अलावा, भारत सरकार ने, वैज्ञानिक तर्ज पर आयुष पद्धति में अनुसंधान करने, उसके समन्वय, निरूपण, विकास और बढ़ावा देने के लिए आयुष मंत्रालय के तहत शीर्ष संगठनों के रूप में केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, केंद्रीय यूनानी चिकित्सा अनुसंधान परिषद, केंद्रीय होम्योपैथी अनुसंधान परिषद, केंद्रीय सिद्ध अनुसंधान परिषद और केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद की स्थापना की है। मुख्य अनुसंधान गतिविधियों में औषधीय पादप अनुसंधान (मेडिको-एथनो बॉटनिकल सर्वेक्षण, फार्माकोग्नॉसी और कृषि), दवा मानकीकरण, औषधीय अनुसंधान, नैदानिक अनुसंधान, साहित्यिक अनुसंधान और प्रलेखन तथा जनजातीय स्वास्थ्य देखभाल अनुसंधान कार्यक्रम शामिल हैं। ये अनुसंधान गतिविधियां, देश भर में स्थित इसके परिधीय संस्थानों/इकाइयों के माध्यम से और विभिन्न विश्वविद्यालयों, अस्पतालों और संस्थानों के सहयोग से भी की जाती हैं। पिछले तीन वर्षों के दौरान आयुष मंत्रालय के तहत अनुसंधान परिषदों द्वारा प्रकाशित आयुष फॉर्मूलेशनों पर नैदानिक साक्ष्य का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद ने नैदानिक परीक्षणों के माध्यम से 40 रोग स्थितियों के लिए 182 शास्त्रीय आयुर्वेद फार्मूलेशनों की नैदानिक प्रभावकारिता और सुरक्षा के वैज्ञानिक प्रमाण सृजित किए हैं। अध्ययनों के शोध परिणामों को व्यापक प्रसार के लिए इंडेक्स्ड मेडिकल जर्नल में प्रकाशित किया गया है। सीसीआरएस, औषधि विकास की व्यवस्थित प्रक्रिया के माध्यम से नए औषध-योगों (कोडित औषधियों) का वैज्ञानिक सत्यापन भी कर रहा है, जैसे औषधि मानकीकरण और गुणवत्ता नियंत्रण, नैदानिक-पूर्व सुरक्षा/विषाक्तता अध्ययन और जैविक गतिविधि अध्ययन (जैसा उपयुक्त हो) तथा आवश्यकतानुसार नैदानिक परीक्षण। सीसीआरएस ने आयुष दृष्टिकोण और औषधियों के सत्यापन/अनुसंधान के लिए तीन दिशानिर्देश विकसित किए हैं:

1. आयुर्वेदिक फार्मूलेशनों के औषधि विकास हेतु सामान्य दिशानिर्देश।

2. आयुर्वेदिक फॉर्मूलेशनों की सुरक्षा/विषाक्तता मूल्यांकन हेतु सामान्य दिशानिर्देश।
3. आयुर्वेदिक उपचारों के नैदानिक मूल्यांकन हेतु सामान्य दिशानिर्देश।

इसके अलावा, आयुष अनुसंधान पोर्टल, जो वैश्विक स्तर पर आयुष पद्धतियों का साक्ष्य आधारित अनुसंधान डेटा का भंडार है, में किए गए 7243 नैदानिक परीक्षणों का डेटा है।

निम्नलिखित बीमारियों के लिए, आयुर्वेद, यूनानी, सिद्ध तथा होम्योपैथी के साथ योग के एकीकरण हेतु मानक उपचार दिशानिर्देश (एसटीजी) प्रकाशित किए गए हैं:

- क. वर्ष 2024 में प्रकाशित सामान्य मस्कुलोस्केलेटल विकारों के प्रबंधन पर मानक उपचार दिशानिर्देशों में ऑस्टियोआर्थराइटिस, रुमेटॉइड गठिया, सर्वाइकल स्पोण्डिलोसिस, लम्बर स्पोण्डिलोसिस, फाइब्रोमाअल्जिया, एडेसिव कैप्सुलिटिस पर एसटीजी शामिल हैं:
- ख. वर्ष 2025 में प्रकाशित चयापचय विकारों के प्रबंधन पर मानक उपचार दिशानिर्देशों में मधुमेह मेलेटस, डिस्लिपिडेमिया, गाउट, नॉन-अल्कोहलिक फैटी लीवर रोग और मोटापे पर एसटीजी शामिल हैं।

अध्ययन पूरा होने पर और डेटा विश्लेषण, सहकर्मि समीक्षा तथा नैतिक एवं विनियामक मानकों के अनुपालन की अपेक्षित प्रक्रियाओं के बाद, अनुसंधान परिणाम प्रकाशित किए जाते हैं। विभिन्न परिषदों और राष्ट्रीय संस्थानों के तहत संचालित अनुसंधान परियोजनाएं अपने-अपने अध्ययन की समय-सीमा का पालन करती हैं। पूर्ण नैदानिक अध्ययनों के नतीजे, स्थापित वैज्ञानिक पद्धति के अनुसार, सहकर्मि-समीक्षित पत्रिकाओं में प्रस्तुत किए जाते हैं।

इसके अलावा, भारत सरकार ने आयुष औषधियों हेतु वैज्ञानिक परीक्षण, मानकीकरण और उपचार प्रोटोकॉल को सुदृढ़ करने के लिए निम्नलिखित कदम उठाए हैं: -

1. भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएम एंड एच), जो आयुष मंत्रालय का अधीनस्थ कार्यालय है, आयुर्वेद, सिद्ध, यूनानी एवं होम्योपैथी (एएसयू एंड एच) औषधियों के लिए फॉर्मूलरी विनिर्देश और भेषजसंहिता मानक

निर्धारित करता है जो एएसयू एंड एच औषधियों की गुणवत्ता (पहचान, शुद्धता और ताकत) का पता लगाने के लिए आधिकारिक संग्रह के रूप में काम आते हैं। औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और औषधि नियम 1945 के अनुसार, एएसयू एंड एच औषधियों के विनिर्माण हेतु इन गुणवत्ता मानकों का अनुपालन अनिवार्य है। एएसयू एंड एच औषधियों के परीक्षण या विश्लेषण के प्रयोजन के लिए, पीसीआईएमएंडएच, भारतीय चिकित्सा एवं होम्योपैथी के लिए केंद्रीय औषधि प्रयोगशाला के रूप में भी कार्य करता है। इसके अलावा, पीसीआईएम एंड एच द्वारा औषधि नियामक प्राधिकरणों, राज्य औषधि विश्लेषकों आदि को, एएसयू एंड एच औषधियों की गुणवत्ता बनाए रखने हेतु प्रयुक्त प्रयोगशाला तकनीकों और विधियों पर प्रशिक्षण दिया जाता है।

2. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों में आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी तथा होम्योपैथी औषधियों के लिए विशेष नियामक प्रावधान हैं। आयुर्वेद, सिद्ध, सोवा-रिग्पा तथा यूनानी औषधियों से संबंधित प्रावधान, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 के अध्याय IV-क और अनुसूची-I तथा औषधि नियम, 1945 के नियम 151 से 169, अनुसूची-ड (I), न एवं न-क में निहित हैं। इसके अलावा, औषधि नियम, 1945 के नियम 2घघ, 30कक, 67 (ग-ज), 85 (क से ठ), 106-क, अनुसूची-ट, अनुसूची-ड-I, होम्योपैथिक औषधियों से संबंधित हैं।
3. इसके अलावा, विनिर्माताओं के लिए यह अनिवार्य है कि वे सुरक्षा और प्रभाविकता के प्रमाण के साथ, विनिर्माण इकाइयों और औषधियों के लाइसेंस हेतु निर्धारित अपेक्षाओं का पालन करें, आयुर्वेद, सिद्ध, यूनानी औषधियों और होम्योपैथी औषधियों के लिए क्रमशः औषधि नियम, 1945 की अनुसूची-न तथा अनुसूची-ड-I के अनुसार उत्तम विनिर्माण पद्धतियों (जीएमपी) का अनुपालन करें और संबंधित भेषजसंहिताओं में निर्धारित औषधियों के गुणवत्ता मानकों का भी पालन करें।

4. औषधि परीक्षण प्रयोगशालाओं को आयुर्वेद, सिद्ध, सोवा-रिग्पा तथा यूनानी औषधियों की पहचान, शुद्धता, गुणवत्ता और क्षमता के ऐसे परीक्षण करने के लिए औषधि नियम, 1945 के नियम 160क से ज के अंतर्गत मान्यता दी जा रही है। आज की स्थिति के अनुसार, विनिर्माताओं के लिए औषधि नियम, 1945 के प्रावधानों के तहत 108 निजी प्रयोगशालाओं को अनुमोदित किया गया है या लाइसेंस दिया गया है। राज्यों/संघ राज्य क्षेत्रों की 34 औषधि परीक्षण प्रयोगशालाएं, वैध नमूनों के लिए आयुर्वेद, सिद्ध, सोवा-रिग्पा तथा यूनानी औषधियों एवं कच्चे माल की गुणवत्ता का परीक्षण कर रही हैं।
5. औषधि निरीक्षक अपने अधिकार क्षेत्र के तहत आने वाली विनिर्माण फर्मों या बिक्री की दुकानों से औषधियों के नियमित रूप से नमूने एकत्र करते हैं और उन्हें गुणवत्ता परीक्षण के लिए औषधि नियंत्रण विभाग के तहत औषधि परीक्षण प्रयोगशाला में भेजते हैं और यदि कोई नमूना 'मानक गुणवत्ता का नहीं' पाया जाता है, तो समुचित कार्रवाई शुरू की जाती है जिसके तहत बाजार से उत्पादों की बिक्री को रोक दिया जाता है और औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके तहत बनाए गए नियमों के अनुसार उचित कानूनी कार्रवाई की जाती है।

विवरण-I

वित्तीय वर्ष 2022-23 से 2025-26 की अवधि के दौरान, आयुर्ज्ञान योजना के आयुष में अनुसंधान एवं नवाचार के घटक के तहत आयुष फॉर्मूलेशनों पर की गई अनुसंधान गतिविधियों के प्रकाशनों की संख्या निम्न प्रकार है:-

क्र. सं.	पद्धति	प्रकाशनों की संख्या
1.	आयुर्वेद	12
2.	सिद्ध	08
3.	यूनानी	08
4.	होम्योपैथी	06

विवरण -II

पिछले तीन वर्षों के दौरान आयुष मंत्रालय के तहत अनुसंधान परिषदों द्वारा प्रकाशित आयुष फॉर्मूलेशनों पर नैदानिक साक्ष्य का ब्यौरा निम्न प्रकार है:-

क्र. सं.	पद्धति	पिछले तीन वर्षों में प्रकाशित नैदानिक साक्ष्यों की संख्या
1.	आयुर्वेद	72
2.	सिद्ध	27
3.	यूनानी	115
4.	होम्योपैथी	156

BIOSAFETY LABS

5545. SHRI BASTIPATI NAGARAJU:

SHRI LAVU SRIKRISHNA DEVARAYALU:

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

- (a) the number of Biosafety Level-3 (BSL-3) and Biosafety Level-4 (BSL-4) laboratories sanctioned and those currently operational in the Country, State-wise and district-wise in Andhra Pradesh;
- (b) whether the Government has allocated and released funds for the establishment of such laboratories and if so, the details thereof, State-wise and year-wise;
- (c) the details of research studies currently being undertaken by such laboratories, State-wise and district-wise in Andhra Pradesh;

- (d) the current status and outcomes of such research studies along with the funds released/utilised for the same since inception, State-wise and year-wise;
- (e) the details of the major viruses being researched and the key advancements achieved through such research in the areas of epidemic preparedness and viral diseases management by such laboratories; and
- (f) whether the Government has taken steps to expand the network of BSL-3 and BSL-4 laboratories in the Country and if so, the details thereof along with the targets proposed and the timeline likely to be taken for the same?

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

(a) to (f) : Department of Health Research (DHR) has sanctioned 167 Viral Research and Diagnostic Laboratories (VRDLs) under the Central Sector Scheme “Establishment of a Network of Laboratories for Managing Epidemics and Natural Calamities”. Out of these, 11 regional level VRDLs are Bio-Safety Level-3 (BSL-3) laboratories. Their details are given in the enclosed **Statement**. Under the scheme Rs. 176.55 Crore has been allocated for regional VRDL labs since inception. All these labs are reporting diagnosis on the NIE portal. In Andhra Pradesh two State level and seven Medical college level labs have been approved.

Under the Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) scheme, two BSL-4 Laboratories at National Institute of

One Health (NIOH) Nagpur (Maharashtra) and ICMR-NIV East Zone at Dibrugarh (Assam) have been approved. In addition, BSL-3 Laboratories have been approved for Zonal NIVs at Jammu (Jammu and Kashmir), Jabalpur (Madhya Pradesh) and Bengaluru (Karnataka), NIOH Nagpur (Maharashtra) and National Institute of Translational Virology and AIDS Research (ICMR-NITVAR) Pune (Maharashtra). Besides, 05 VRDLs have been inducted for upgradation to Biosafety Level 3 (BSL-3) laboratories.

National Centre for Disease Control (NCDC) has informed that under the PM-ABHIM scheme, a network of specialized 10 BSL-3 laboratories has been approved for it. These also include one BSL-3 at NCDC Branch, Mangalagiri, Andhra Pradesh. Under the scheme, Rupees 30 Crore has been allocated for each BSL-3 lab of NCDC.

The state-wise details of BSL-3 Labs in VRDL, ICMR, NCDC and Department of Biotechnology (DBT) networks are given in the enclosed **Statement.**

These laboratories undertake research, diagnostic and surveillance activities for viral and other infectious diseases of public health importance. In addition, they participate in operational research, outbreak investigations, and validation of diagnostic assays. ICMR has informed that it has supported development of IgG ELISA diagnostic kits for Chandipura virus, Rapid LAMP assay for Monkeypox virus, A colorimetric isothermal (RT-LAMP) assay for Nipah virus, Pan-DENV molecular point-of-care assay for all dengue

serotypes, CRISPR/Cas-based isothermal assays for dengue and chikungunya and Multiplex RT-PCR for Enteric Viruses among others. DBT has informed that in these labs research has been undertaken on research and development work on transboundary animal diseases; zoonotic diseases; next generation universal influenza vaccines and Mycobacterium tuberculosis using Non-Human Primates (Rhesus Monkeys) and mice experimental models; SARS-CoV2; Dengue virus and Chikungunya virus.

STATEMENT

Regional Laboratories approved under VRDL Network of DHR

Sr No	State/UT	Name
1	Assam	ICMR-Regional Medical Research Centre, Dibrugarh
2	Bihar	All India Institute of Medical Sciences (AIIMS), Patna
3	Chandigarh	Post Graduate Institute of Medical Education and Research, (PGIMER), Chandigarh
4	Delhi	All India Institute of Medical Sciences (AIIMS), New Delhi
5	Himachal Pradesh	All India Institute of Medical Sciences (AIIMS), Bilaspur
6	Kerala	Government Medical College, Kozhikode
7	Madhya Pradesh	All India Institute of Medical Sciences (AIIMS), Bhopal
8	Odisha	ICMR-Regional Medical Research Centre, Bhubaneswar
9	Puducherry	Jawaharlal Institute of Postgraduate Medical Education and Research, (JIPMER) Puducherry
10	Rajasthan	All India Institute of Medical Sciences (AIIMS), Jodhpur
11	West Bengal	ICMR - National Institute for Research in Bacterial Infections, Kolkata

BSL-3 Laboratories with ICMR

S. No.	State	Name of Institute	Level	Total fund released
1	Maharashtra	ICMR-NIV Pune	BSL-4 & BSL-3	Rs. 25 Crore
2	Telangana	ICMR-NARFBR, Hyderabad	ABSL-3	Rs. 20 Crore
3	Tamil Nadu	ICMR-NIRT, Chennai	BSL-3	Rs.17 Crore
4	Tamil Nadu	ICMR-NIRT Thiruvallur campus	BSL-3	Rs.17 Crore
5	Kerala	ICMR-NIV Field Unit Kerala	BSL-3	Rs.17 Crore

BSL-3 Laboratories sanctioned under NCDC, DoHFW

S.No.	State	Sites for BSL-3 labs
1	Andhra Pradesh	Mangalagiri
2	Karnataka	Hubli
3	Haryana	Rohtak
4	Jharkhand	Deoghar
5	Himachal Pradesh	Kasauli
6	Maharashtra	Nagpur
7	Maharashtra	Mumbai
8	Uttar Pradesh	Varanasi
9	Rajasthan	Jaipur
10	Gujarat	Surat

BSL-3 Laboratories under Department of Biotechnology (DBT)

Institutions

S. No.	State	No. of BSL-3 facilities
1.	Delhi	04

2.	Haryana	03
3.	Karnataka	01
4.	Kerala	01
5.	Odisha	01
6.	Telangana	02
7.	West Bengal	01

उच्च न्यायालयों में न्यायाधीशों के स्वीकृत और रिक्त पद

5546. श्री निलेश ज्ञानदेव लंके:

श्री ससिकांत सेंथिल:

श्री ज्ञानेश्वर पाटील:

श्री संदिपनराव आसाराम भुमरे:

डॉ. शिवाजी बंडाप्पा कालगे:

श्रीमती कलाबेन मोहनभाई देलकर:

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

- (क) पूरे देश में उच्चतम न्यायालय, मद्रास उच्च न्यायालय सहित उच्च न्यायालयों और अधीनस्थ न्यायालयों में न्यायाधीशों की स्वीकृत संख्या कितनी है और रिक्त पदों का ब्यौरा क्या है;
- (ख) मध्य प्रदेश, महाराष्ट्र तथा दादरा और नगर हवेली में स्वीकृत संख्या की तुलना में वर्तमान में कार्यरत न्यायाधीशों और न्यायिक अधिकारियों की संख्या कितनी है;
- (ग) लंबित मामलों पर इन रिक्तियों के प्रभाव का ब्यौरा क्या है;
- (घ) उच्च न्यायालयों के समन्वय से इन रिक्तियों को शीघ्रता से भरने के लिए उठाए जा रहे कदमों का ब्यौरा क्या है;
- (ङ) रिक्तियों को भरने के लिए 'अखिल भारतीय न्यायिक सेवा' के गठन की स्थिति का ब्यौरा क्या है ?

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

(क) से (ड): उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों की नियुक्ति भारत के संविधान के अनुच्छेद 124, 217 और 224 के अधीन तथा तारीख 6 अक्तूबर, 1993 के उच्चतम न्यायालय के निर्णय (द्वितीय न्यायाधीश मामला) और तारीख 28 अक्तूबर, 1998 की उनकी सलाहकार राय (तृतीय न्यायाधीश मामला) के अनुसरण में 1998 में तैयार की गई प्रक्रिया ज्ञापन (एमओपी) में अधिकथित प्रक्रिया के अनुसार की जाती है। उच्चतम न्यायालय और उच्च न्यायालयों में स्वीकृत संख्या, कार्यरत संख्या और रिक्तियों से संबंधित जानकारी संलग्न **विवरण** में दी गई है।

उच्चतर न्यायपालिका में रिक्तियों को भरना कार्यपालिका और न्यायपालिका के बीच एक निरंतर, एकीकृत और सहयोगात्मक प्रक्रिया है। इसके लिए राज्य और केंद्र दोनों स्तरों पर विभिन्न संवैधानिक प्राधिकारियों से परामर्श और अनुमोदन की आवश्यकता होती है। प्रक्रिया ज्ञापन के अनुसार, उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति के प्रस्तावों को आरंभ करने की जिम्मेदारी भारत के मुख्य न्यायाधीश की होती है, जबकि उच्च न्यायालयों में न्यायाधीशों की नियुक्ति के प्रस्तावों को आरंभ करने की जिम्मेदारी संबंधित उच्च न्यायालय के मुख्य न्यायाधीश की होती है, जो उच्च न्यायालय के दो वरिष्ठतम कनिष्ठ न्यायाधीशों के परामर्श से ऐसा करते हैं। प्रक्रिया ज्ञापन के अनुसार उच्च न्यायालयों को रिक्ति होने से कम से कम 06 महीने पहले सिफारिशें करना आवश्यक है। तथापि, इस समय सीमा का पालन शायद ही कभी किया जाता है। उच्च न्यायालयों में नियुक्तियों के लिए, प्रक्रिया ज्ञापन के अनुसार संबंधित राज्य सरकार के विचार प्राप्त किए जाते हैं। सिफारिशों पर ऐसी अन्य रिपोर्टों के आलोक में भी विचार किया जाना होता है जो विचाराधीन नामों के संबंध में सरकार के पास उपलब्ध हो सकती हैं। उच्च न्यायालय कॉलेजियम, राज्य सरकारों और भारत सरकार की सिफारिशों को फिर सलाह के लिए उच्चतम न्यायालय कॉलेजियम को भेजा जाता है। केवल उन्हीं व्यक्तियों को उच्च न्यायालय के न्यायाधीश

के रूप में नियुक्त किया जाता है जिनके नामों की सिफारिश उच्चतम न्यायालय कॉलेजियम द्वारा की गई है। तारीख 23 मार्च, 2026 तक न्यायाधीशों की 1122 की स्वीकृत संख्या के विरुद्ध विभिन्न उच्च न्यायालयों में 803 न्यायाधीश कार्यरत हैं और न्यायाधीशों के 319 पद रिक्त हैं। इन रिक्तियों के विरुद्ध उच्च न्यायालय के न्यायाधीशों की नियुक्ति के 130 प्रस्ताव सरकार और उच्चतम न्यायालय कॉलेजियम के बीच प्रक्रिया के विभिन्न प्रक्रमों पर हैं।

कार्यपालिका और न्यायपालिका के बीच इस निरंतर, एकीकृत और सहयोगात्मक प्रक्रिया के माध्यम से वर्ष 2025 के दौरान विभिन्न उच्च न्यायालयों में 157 न्यायाधीशों की नियुक्ति की गई।

इसके अतिरिक्त, जिला और अधीनस्थ न्यायालयों में न्यायिक अधिकारियों के रिक्त पदों को भरना संबंधित उच्च न्यायालयों और राज्य सरकारों की जिम्मेदारी है। संवैधानिक ढांचे के अनुसार संविधान के अनुच्छेद 233 और 234 के साथ पठित अनुच्छेद 309 के परंतुक के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकार, उच्च न्यायालय के परामर्श से न्यायिक अधिकारियों की नियुक्ति और भर्ती के संबंध में नियम और विनियम तैयार करती है। माननीय उच्चतम न्यायालय ने मलिक मज़हर सुल्तान वाले मामले में जनवरी 2007 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।

न्यायालयों में मामलों की लंबितता कई कारकों के कारण उत्पन्न होती है, जिनमें न्यायाधीशों की कमी के अलावा अंतर्वलित तथ्यों की जटिलता, साक्ष्य की प्रकृति, हितधारकों जैसे कि न्यायालय, अन्वेषण अधिकरणों, साक्ष्य और वादकारियों का सहयोग, भौतिक बुनियादी ढांचे की उपलब्धता, सहायक न्यायालय कर्मचारी आदि सम्मिलित हैं। मामलों का निपटारा न्यायपालिका के अनन्य अधिकार क्षेत्र के अधीन है।

संविधान का अनुच्छेद 312 अखिल भारतीय न्यायिक सेवा की स्थापना का उपबंध करता है, जिसमें जिला न्यायाधीश के पद से नीचे का कोई भी पद सम्मिलित नहीं होगा।

अखिल भारतीय न्यायिक सेवा के गठन के लिए एक व्यापक प्रस्ताव तैयार किया गया था और इसे नवंबर, 2012 में सचिवों की समिति द्वारा अनुमोदित किया गया था। इस प्रस्ताव को अप्रैल, 2013 में आयोजित मुख्यमंत्रियों और उच्च न्यायालयों के मुख्य न्यायाधीशों के सम्मेलन में एक कार्यसूची मद के रूप में सम्मिलित किया गया था और यह विनिश्चय किया गया था कि इस मुद्दे पर और विचार-विमर्श तथा विचार करने की आवश्यकता है। प्रस्ताव पर राज्य सरकारों और उच्च न्यायालयों के विचार मांगे गए थे। अखिल भारतीय न्यायिक सेवा के गठन पर राज्य सरकारों और उच्च न्यायालयों के बीच राय में भिन्नता थी।

जिला न्यायाधीशों के पद पर भर्ती में सहायता के लिए एक न्यायिक सेवा आयोग के गठन और सभी स्तरों पर न्यायाधीशों/न्यायिक अधिकारियों की चयन प्रक्रिया की समीक्षा से संबंधित मामले को भी मुख्य न्यायाधीशों के सम्मेलन की कार्यसूची में शामिल किया गया था, जो 03 और 04 अप्रैल, 2015 को आयोजित किया गया था। इसमें यह संकल्प लिया गया कि जिला न्यायाधीशों की नियुक्ति के लिए रिक्तियों को शीघ्रता से भरने हेतु मौजूदा प्रणाली के भीतर उपयुक्त तरीके विकसित करने का कार्य संबंधित उच्च न्यायालयों पर छोड़ दिया जाए। उच्च न्यायालयों और राज्य सरकारों से प्राप्त विचारों के साथ अखिल भारतीय न्यायिक सेवा के गठन का प्रस्ताव तारीख 05 अप्रैल, 2015 को आयोजित मुख्यमंत्रियों और उच्च न्यायालयों के मुख्य न्यायाधीशों के संयुक्त सम्मेलन की कार्यसूची में भी सम्मिलित किया गया था। तथापि, इस मामले में कोई प्रगति नहीं हुई।

अखिल भारतीय न्यायिक सेवा स्थापित करने के प्रस्ताव पर पात्रता, आयु, चयन मानदंड, योग्यता, आरक्षण आदि के बिंदुओं पर तत्कालीन विधि और न्याय मंत्री की अध्यक्षता में तारीख 16 जनवरी 2017 को विधि और न्याय राज्य मंत्री, भारत के महान्यायवादी, भारत के महा सलिसिटर, न्याय विभाग, विधि कार्य विभाग और विधायी विभाग के सचिवों की उपस्थिति में एक बैठक में पुनः चर्चा की गई थी। मार्च, 2017 में संसदीय परामर्शदात्री समिति और तारीख 22

फरवरी, 2021 को अनुसूचित जाति/अनुसूचित जनजाति के कल्याण पर संसदीय समिति की बैठक में भी अखिल भारतीय न्यायिक सेवा की स्थापना पर विचार-विमर्श किया गया था।

30 तारीख अप्रैल, 2022 को आयोजित मुख्यमंत्रियों और उच्च न्यायालयों के मुख्य न्यायाधीशों के संयुक्त सम्मेलन की कार्यसूची में अखिल भारतीय न्यायिक सेवा के मुद्दे को सम्मिलित करने का प्रस्ताव था। हालाँकि, इसे सम्मेलन की कार्यसूची में सम्मिलित नहीं किया जा सका। प्रमुख हितधारकों के बीच मौजूदा वैचारिक मतभेद को देखते हुए, वर्तमान में अखिल भारतीय न्यायिक सेवा स्थापित करने के प्रस्ताव पर कोई सर्वसम्मति नहीं है।

विवरण

तारीख 20.03.2026 तक उच्चतम न्यायालय और उच्च न्यायालयों में न्यायाधीशों की स्वीकृत संख्या, कार्यरत संख्या और रिक्ति:

		स्वीकृत संख्या	कार्यरत संख्या	रिक्तियां
क.	उच्चतम न्यायालय	34	33	1
ख.	उच्च न्यायालय			
1	इलाहाबाद	160	109	51
2	आंध्र प्रदेश	37	34	3
3	बंबई	94	79	15
4	कलकत्ता	72	42	30
5	छत्तीसगढ़	22	15	7
6	दिल्ली	60	44	16
7	गुवाहाटी	30	24	6
8	गुजरात	52	35	17
9	हिमाचल प्रदेश	17	12	5
10	जम्मू और कश्मीर और लद्दाख	25	14	11
11	झारखंड	25	13	12
12	कर्नाटक	62	45	17
13	केरल	47	39	8
14	मध्य प्रदेश	53	41	12
15	मद्रास	75	52	23
16	मणिपुर	5	3	2
17	मेघालय	4	4	0
18	उड़ीसा	33	19	14
19	पटना	53	37	16

20	पंजाब और हरियाणा	85	58	27
21	राजस्थान	50	39	11
22	सिक्किम	3	3	0
23	तेलंगाना	42	28	14
24	त्रिपुरा	5	4	1
25	उत्तराखंड	11	10	1
	कुल	1122	803	319

IMPACT OF THE KERALA CLINICAL ESTABLISHMENTS ACT, 2018

5547. SHRI V. K. SREEKANDAN:

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

- (a) whether it is a fact that the Indian Medical Association (IMA) has expressed strong concern over the impact of the Kerala Clinical Establishments (Registration and Regulation) Act, 2018 on small hospitals and clinics in the State of Kerala;
- (b) if so, the details thereof;
- (c) whether the IMA has urged the State Government to implement the Act in such a manner that the interests of small hospitals and clinics are protected and if so, the details thereof;
- (d) whether it is also a fact that only consultation clinics have been exempted from the provisions of the Act according to IMA; 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): The State Government of Kerala has enacted the Kerala Clinical Establishments (Registration and Regulation) Act, 2018 to provide for the registration and regulation of clinical establishments rendering services in the State of Kerala. '*Health*' being a State subject, the responsibility to address concern expressed by Indian Medical Association over the impact of the Kerala Clinical Establishments (Registration and Regulation) Act, 2018 on small hospitals and clinics in the State of Kerala lies with the State Government of Kerala.

INDIA-US TRADE DEAL

5548. SUSHRI SAYANI GHOSH:

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

- (a) the list of agricultural commodities and food products that India has agreed or proposed to import from the United States under the India–United States trade deal, including quantities, tariff concessions, tariff-rate quotas or other preferential terms, product-wise;
- (b) whether pulses were initially included and subsequently excluded from the proposed import commitments under the India–US trade negotiations, if so, the details thereof;
- (c) whether any commitments have been made with respect to imports of oilseeds, edible oils, dairy products, maize, soybean, animal feed, genetically modified crops or processed agricultural products, if so, the details thereof; and

- (d) whether the Government has assessed the likely impact of such agricultural imports on domestic farmers' incomes, Minimum Support Price (MSP) operations and price stability of sensitive crops, if so, the details thereof?

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

(a) to (d) : India and the United States announced a trade deal on 2nd February 2026. The Joint Statement of 7 February 2026 noted that both sides have agreed on a framework for an Interim Trade Agreement, reaffirming their commitment to ongoing negotiations towards a comprehensive Bilateral Trade Agreement (BTA). The framework aims to promote reciprocal and mutually beneficial trade, enhance market access, and strengthen supply chain resilience.

Under the framework, both sides have agreed to expand preferential market access, establish rules of origin, and address non-tariff barriers, including in areas such as medical devices, ICT goods and agricultural products. It also includes cooperation on standards, digital trade, economic security, and technology, alongside efforts to enhance supply chain resilience, and reflects a shared commitment to deepen trade in advanced technologies.

The agreed framework safeguards India's core sensitivities, particularly in agriculture and dairy, while enhancing export competitiveness, especially in labour-intensive sectors, creating opportunities for MSMEs and industry, and

expanding cooperation in areas such as technology, energy and manufacturing.

Limited and calibrated tariff concessions have been offered on select agricultural products through quota-based mechanisms, phased concessions and partial duty reductions, keeping in view domestic demand-supply gaps. The quotas are within existing import levels so as to avoid adverse impact on domestic farmers.

The Agreement has been designed to protect domestic sensitivities while creating new export opportunities. The Government of India has taken into account the interests of farmers while formulating its approach.

GROWTH RATE OF ULTRA PROCESSED FOODS

5549. DR. SAMBIT PATRA:

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

- (a) whether the Government has undertaken or proposes to undertake any study to ascertain the increasing consumption growth rate of ultra processed foods in the Country, if so, details thereof;
- (b) whether the Government proposes to conduct a study to identify the relationship between increasing consumption of such foods and the increase in obesity and other non-communicable diseases, if so, the details thereof;

- (c) the steps taken/proposed to be taken by the Government to create awareness amongst the masses against consumption of ultra processed foods and in favour of healthy food habits; and
- (d) whether the Government is likely to formulate a policy in consultation with all stakeholders to ensure that access to and availability of ultra processed food are regulated at public places such as educational institutions, railway stations, airports, hospitals etc. to protect the health of the countrymen, 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) : Indian Council of Medical Research (ICMR) has informed that no specific study has been conducted to ascertain the growth in consumption of ultra-processed foods (UPFs) in the country. However, available evidence from sources such as the Household Consumption Expenditure Survey (HCES) 2022–23 and 2023–24 of the Ministry of Statistics and Programme Implementation (MoSPI), the ICRIER–WHO (2023) report, and published scientific literature indicate increasing trends in the consumption of processed and ultra-processed food items in India. The Government continues to address these risks through nutrition, health promotion, and regulatory measures. The Government has taken several initiatives some of which are outlined below:

- i. ICMR-NIN Dietary Guidelines for Indians (2024) (<https://www.nin.res.in/dietaryguidelines2024.html>), specifically have dedicated Guidelines 15 and 17 to restrict consumption of UPFs and High Fat, Sugar and Salt (HFSS) foods and read food labels.
- ii. In order to enable consumers to make informed choices while selecting the food articles, Food Safety and Standards Authority of India (FSSAI) has directed the mention of nutritional information on the labels w.r.t salt, sugar and fat through the Food Safety and Standards (Labelling and Display) Regulations, 2020
- iii. Development of Front-of-Pack Labeling (FOPL) to provide clear warning signs on unhealthy packaged foods is being actively pursued by FSSAI.
- iv. FSSAI has notified the Food Safety and Standards (Safe Food and Balanced Diets for Children in School) Regulations, 2020 outlining the responsibilities of school authorities to ensure the availability of safe and nutritious food on school premises while also promoting balanced diets in and around school campuses.
- v. Eat Right certificates are awarded to ensure food safety and hygiene in the establishments where food is prepared or served, so far over 12,000 certifications have been awarded for schools, railway stations, campus, street food hubs etc. under Eat Right India movement

- vi. To address the adverse effects of consuming foods high in fat, salt, and sugar, FSSAI has undertaken the campaign called 'Aaj se Thoda Kam' to promote moderate consumption. It encourages consumers to gradually reduce their intake of fat, salt, and sugar through dietary modifications.
- vii. The FSSAI has carried out an awareness campaign across its social media platforms to raise awareness. As a part of this campaign, a wide range of creative, videos, and reels have been disseminated to engage audiences and convey critical messages on health in a relatable and impactful manner. These informational and awareness videos are also available on FSSAI's YouTube channel to ensure wider accessibility.
- viii. The NCERT, UGC, and MOHFW have advised schools, educational institutes and work places to display sugar and fat boards to increase awareness.

FINANCIAL ASSISTANCE FOR CHILD CARE INSTITUTIONS

5550. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:

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

- (a) whether financial assistance is being enhanced for Child Care Institutions to improve security, monitoring and rehabilitation services for rescued minor victims, if so, the details thereof;

- (b) whether any awareness campaigns have been conducted in schools and communities to educate parents and children about risks of trafficking and kidnapping, if so, the details thereof;
- (c) whether a centralised digital tracking system for missing children is being effectively monitored to prevent interstate trafficking and repeated victimisation, if so, the details thereof;
- (d) whether any periodic social audits have been conducted to assess the effectiveness of child protection schemes in preventing kidnapping and exploitation, if so, the details thereof;
- (e) whether the Ministry proposes a comprehensive national strategy focusing on prevention, protection, rehabilitation and long-term empowerment of women and children vulnerable to abduction and trafficking; and
- (f) if so, the details thereof?

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

(a) : Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' in all States and Union Territories on predefined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances including orphan children. The scheme provides institutional care and non-institutional care. Child Care Institutions (CCIs) established under the Mission Vatsalya scheme provide, *inter-alia*, age-appropriate education, access to

vocational training, recreation, health care, counselling etc. Under Non-Institutional Care Service, support is provided through Sponsorship, Foster Care, Adoption and After Care.

During revision of centrally sponsored schemes in 15th Finance Commission, financial norms were appropriately increased to ensure basic needs, care, protection, development, treatment, rehabilitation and social re-integration of children living in Child Care Institutions.

(b) : The TrackChild Portal is implemented with support and involvement of various stakeholders namely Ministry of Home Affairs, Ministry of Railways, State Governments/ UT Administrations, Child Welfare Committees, Juvenile Justice Boards, National Legal Services Authority, etc. Advisories have been issued to all States and UTs including Director General of Police of all States & UTs and other stakeholders regarding providing information of missing children on the TrackChild portal.

Under Mission Vatsalya, States and Union Territories are supported to conduct awareness and capacity-building programmes for strengthening child protection systems at the grassroots level. Further, the Ministry also organizes zonal conferences and sensitization/dissemination workshops under Mission Vatsalya Scheme to create awareness and strengthen implementation among stakeholders.

(c) : This Ministry has developed an integrated unified Mission Vatsalya Portal in consultation and coordination with States and UTs. The TrackChild portal for Missing/Found Children, and Khoya-Paya application for Missing/Sighted

Children have been integrated with this unified Mission Vatsalya Portal. The TrackChild portal is implemented with support and involvement of various stakeholders namely Ministry of Home Affairs, Ministry of Railways, State Governments and UT Administrations, Child Welfare Committees, Juvenile Justice Boards, National Legal Services Authority, etc. Standard operating procedure have been issued in this regard. Advisories have also been issued to all States and UTs including Director General of Police of all States & UTs and other stakeholders regarding implementation of TrackChild. It is also integrated with the Crime and Criminal Tracking & Network Systems (CCTNS) of the Ministry of Home Affairs which allows interoperability in terms of matching of F.I.Rs of missing children with data base of TrackChild to trace and match missing children by the State and UT police concerned. Further, through Khoya Paya module any citizen can report about any missing or sighted children.

Further, This Ministry has directed all State and UT Governments to appoint designated nodal officers for Missing children at State Level and District levels. The details of these nodal officers have been uploaded on Mission Vatsalya portal.

(d) : Under the JJ Act 2015 (Sections 27-30), the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind. They are also mandated to monitor the function of the Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards are empowered to take decisions

regarding the welfare of children in conflict with law (Sections 04-09). At the national and state level, the JJ Act provides the National/State Commissions for Protection of Child Rights to monitor the implementation of the Act (Section 109).

The Ministry regularly follows up with the State and Union Territory Governments and various advisories have been issued so as to ensure the effective implementation of Mission Vatsalya Scheme.

(e) and (f): Section 143 of BNS defines trafficking as recruiting, transporting, harbouring, transferring, or receiving a person for exploitation using various coercive means. The section outlines severe punishments for trafficking, with higher penalties for trafficking multiple persons or children. Further, Section 144 of BNS, 2023, deals with the exploitation of trafficked persons, including sexual exploitation. The section outlines different punishments for exploiting trafficked children and adults including women, with distinct terms of imprisonment and fines. Section 95 of BNS related to hiring, employing or engaging a child etc.to commit an offence, Section 99 of BNS related to buying a child for the purposes of prostitution are also relevant in the context of human trafficking. Additionally, the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 also recognizes trafficking as a cognizable and non-bailable offence.

'Police' and 'Public Order' are the "State" subjects under the Seventh Schedule to the Constitution of India. The responsibility for preventing and countering the crime of human trafficking, therefore, primarily vests with

respective States and Union Territories, who are competent to deal with such offences under extant provisions of law.

However, the Government of India supplements the efforts of the States and Union Territories by providing them guidelines on preventing and countering the crime of human trafficking, in the form of various advisories issued from time to time. Some of the initiatives of the Central Government are as under:

- i. The Government has provided financial assistance to all States and Union Territories, for upgrading/ setting up Anti Human Trafficking Units (AHTUs) covering all Districts of the States and UTs. Currently, 827 AHTUs are functional including 807 in States and UTs, 15 in Border Security Forces (BSF) and 5 in Sashastra Seema Bal (SSB). SSB has also established dedicated helpline number 1903.
- ii. The Ministry of Home Affairs also provides financial assistance to the States and UTs in holding 'State level conferences' and Judicial Colloquiums', which are aimed at sensitizing the Police/ Law officers of the States and UTs about the latest initiatives/ developments relevant in addressing the issue of human trafficking in a focused and efficient manner.
- iii. A national level communication platform - Crime Multi Agency Centre (Cri MAC) was launched by Ministry of Home Affairs (MHA) on March 12, 2020 for online sharing of information on crime & criminals on 24x7 basis among various Law Enforcement Agencies (LEAs) and ensure

seamless flow of information between them. It facilitates dissemination of information about significant crimes including human trafficking cases across the country on a real time basis and enables inter-State coordination.

- iv. The Government has mandated the National Investigation Agency (NIA) to investigate cases of human trafficking having inter-state, national and international ramifications.
- v. 14,653 Women Help Desks (WHDs) have been established in Police Stations with financial assistance under Nirbhaya Fund focus on making the Police Stations more women friendly and approachable.
- vi. Investigation Tracking System for Sexual Offences (ITSSO), an online analytical tool, has been launched to monitor and track police investigations in sexual offences as per Criminal Law (Amendment) Act 2018 (now included in BNSS). It enables a regular review by the States and UTs concerned to monitor the progress of case investigation.
- vii. National Database on Sexual Offenders (NDSO) is a database available exclusively to police. It was Launched on 20.09.2018 to facilitate investigation & tracking of sexual offenders, which allows Investigating Officers to track habitual sex offenders along with initiating preventive measures against sexual offences.
- viii. National Database of Human Trafficking Offenders (NDHTO), facilitates the LEAs to search the trafficker's portfolio which provides crime history, personal details, movement, court actions, appeals, visitors, etc.

Trafficker's data search provides details for prevention/detection and investigation of such crimes.

The Government of India is committed to enhancing inter-agency collaboration at the national and international levels and strengthening public awareness campaigns to prevent trafficking. The NIA, in conjunction with the new criminal laws and the Immoral Traffic (Prevention) Act, 1956 (ITPA), coupled with the initiatives of the Ministry of Women and Child Development constitute a more robust framework for handling trafficking offences.

जेएसवाई के अंतर्गत संस्थागत प्रसव को शामिल किया जाना

5551. श्रीमती डिम्पल यादव:

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

- (क) क्या यह सच है कि उत्तर प्रदेश के मैनपुरी जिले में दीर्घकाल से मिल रही केंद्रीय सहायता के बावजूद जननी सुरक्षा योजना (जेएसवाई) के अंतर्गत संस्थागत प्रसव की दर लगभग 62 प्रतिशत पर स्थिर है;
- (ख) यदि हां, तो इसके क्या कारण हैं और इस समस्या का समाधान करने के लिए स्थापित जिला स्तरीय जवाबदेही तंत्र क्या है;
- (ग) राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 (एनएफएस-5) के बाद मैनपुरी में महिलाओं और बच्चों में एनीमिया की मौजूदा स्थिति क्या है और राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और एनीमिया मुक्त भारत (एमबी) अभियान के कार्यान्वयन के बावजूद इसकी उच्च दर के क्या कारण हैं;

(घ) पिछले तीन वर्षों के दौरान आयरन-फोलिक एसिड (आईएफए) की गोलियों और फोर्टिफाइड चावल की आपूर्ति, उपयोग और लंबित मांग का ब्यौरा क्या है और सरकार द्वारा आपूर्ति अंतर को पाटने के लिए उठाए गए कदम क्या हैं; और

(ङ) इस संबंध में व्यवहार परिवर्तन संप्रेषण प्रक्रिया (बीसीसी), जागरूकता अभियानों, की गई स्वतंत्र संपरीक्षाओं और गैर-निष्पादित अभिकरणों/अधिकारियों के विरुद्ध की गई कार्रवाई के महत्वपूर्ण परिणाम क्या हैं?

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

(क) और (ख) : उत्तर प्रदेश राज्य द्वारा दी गई जानकारी के अनुसार, जननी सुरक्षा योजना (जेएसवाई) के तहत उत्तर प्रदेश के मैनपुरी जिले में संस्थागत प्रसव का कवरेज वित्त वर्ष 2024-25 में 79% और चालू वित्त वर्ष 2025-26 (अनंतिम - फरवरी, 2026 तक) में 82% बताया गया है।

(ग) : राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण 5 (2019-21) के अनुसार, उत्तर प्रदेश के मैनपुरी जिले में 15-49 वर्ष की महिलाओं में एनीमिया का प्रसार 57.8% है और बच्चों में यह प्रसार 70.7% है।

(घ) स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस) के अनुसार, पिछले तीन वर्षों में सभी आयु वर्ग की महिलाओं और 6-59 माह की आयु के बच्चों में आयरन फोलिक एसिड कवरेज का ब्यौरा संलग्न **विवरण** में दिया गया है।

एनीमिया मुक्त भारत (एमबी) अभियान का प्रभावी कार्यान्वयन सुनिश्चित करने के लिए, राज्यों/संघ राज्य क्षेत्रों से उनकी वार्षिक कार्यक्रम कार्यान्वयन योजनाओं में प्राप्त प्रस्तावों के आधार पर राष्ट्रीय स्वास्थ्य मिशन के माध्यम से धनराशि अनुमोदित की जाती है। इसके अतिरिक्त, एनीमिया को नियंत्रित करने के हस्तक्षेपों में डिजिटल हस्तक्षेप, सक्रिय समीक्षा और एनीमिया से पीड़ित लाभार्थियों की निगरानी, क्षेत्रीय स्तर पर आशा कर्मियों और एएनएम द्वारा अनुवर्ती कार्रवाई और आईसीसी गतिविधियां शामिल हैं। समग्र देश में पोषण संबंधी हस्तक्षेपों में

सहायता करने और उन्हें सुदृढ़ करने के लिए नियमित राष्ट्रीय स्तर की समीक्षाएं, सहायक पर्यवेक्षण दौरे और राज्यों/संघ राज्य क्षेत्रों के संयुक्त समीक्षा मिशन आयोजित किए जाते हैं।

गेहूं आधारित पोषण कार्यक्रम (डब्ल्यूबीएनपी) और किशोरियों के लिए योजना (एसएजी) के तहत, उपभोक्ता कार्य के मंत्रालय के खाद्य एवं सार्वजनिक वितरण विभाग द्वारा राज्यों/संघ राज्य क्षेत्रों को सामान्य चावल के बदले फोर्टिफाइड चावल आवंटित किया जा रहा है। इससे महिलाओं और बच्चों में आयरन, फोलिक एसिड और विटामिन बी-12 जैसे सूक्ष्म पोषक तत्वों की कमी से होने वाले कुपोषण और एनीमिया का मुकाबला करने में मदद मिलती है। भारत सरकार ने विभिन्न केंद्रीय खाद्य सुरक्षा योजनाओं को शामिल करते हुए, चावल फोर्टिफिकेशन पहल को चरणबद्ध तरीके से बढ़ाया है।

- चरण I (2021-22): इसमें एकीकृत बाल विकास सेवा (आईसीडीएस) और प्रधानमंत्री पोषण शक्ति निर्माण (पीएम-पोषण) शामिल थे, जिसके तहत लगभग 17.51 लाख मीट्रिक टन फोर्टिफाइड चावल लिया गया।
- चरण II (2022-23): इसमें चरण एक के साथ-साथ 291 आकांक्षी और उच्च बोझ वाले जिलों में लक्षित सार्वजनिक वितरण प्रणाली (टीपीडीएस) शामिल थी, जिसके तहत लगभग 136 लाख मीट्रिक टन फोर्टिफाइड चावल लिया गया।
- चरण III (2023-24): चरण II के साथ-साथ देश के शेष जिलों में टीपीडीएस के अंतर्गत लगभग 322 लाख मीट्रिक टन फोर्टिफाइड चावल वितरण किया गया।

(ड) : सरकार जनसंचार माध्यमों सहित सूचना, शिक्षा एवं संचार (आईईसी) और व्यवहार परिवर्तन संप्रेषण प्रक्रिया (बीसीसी) रणनीतियों के माध्यम से जागरूकता बढ़ाती है और महिलाओं को योजना के लाभों और पात्रता के बारे में सूचित करने के लिए रेडियो, टेलीविजन, सोशल मीडिया और स्थानीय भाषाओं का उपयोग करते हुए बहु-चैनल संप्रेषण अभियान चलाती है। मापनीय परिणाम सेवा उपयोग में वृद्धि और संस्थागत प्रसव में सुधार हैं।

योजना के कार्यान्वयन की निगरानी आवधिक क्षेत्रीय/राज्य स्तरीय समीक्षा बैठकों, राज्यों/संघ राज्य क्षेत्रों में क्षेत्र भ्रमण, पीआईपी मूल्यांकन, मध्यावधि समीक्षा (एमटीआर) और सामान्य समीक्षा मिशनों (सीआरएम) के आयोजन द्वारा की जाती है।

विवरण

पिछले तीन वर्षों के लिए आयरन फोलिक एसिड की कवरेज का ब्यौरा

क्रम संख्या	भारत	आयरन फोलिक एसिड की कवरेज वित्तीय वर्ष 2023-2024 (%)	वित्तीय वर्ष 2024-2025 के लिए आयरन फोलिक एसिड की कवरेज (%)	वित्तीय वर्ष 2025-2026 के लिए आयरन फोलिक एसिड की कवरेज (दिसंबर, तीसरी तिमाही तक) (%)
1	6-59 माह के बच्चे	39.3%	45.1%	46.9%
2	गर्भवती महिलाएं	95%	95%	95%
3	स्तनपान कराने वाली माताएं	65.5%	71.6%	70.9%

स्रोत: स्वास्थ्य प्रबंधन सूचना प्रणाली (एचएमआईएस)

SOCIO-ECONOMIC EMPOWERMENT OF WOMEN

5552. MD. RAKIBUL HUSSAIN:

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

- (a) whether the Government has implemented various schemes/initiatives for the socio-economic empowerment, skill development and livelihood support of women in Dhubri district, if so, the details thereof;

- (b) the details of said schemes being implemented by the Ministry including programmes related to women's welfare, self-reliance and economic empowerment as listed on the official website of the Ministry of Women and Child Development;
- (c) the number of beneficiaries from the said district who have availed benefits under these schemes during the last five years, scheme-wise;
- (d) whether the Government has taken initiatives to promote awareness and outreach activities among women in rural and remote areas of Dhubri district so that they may avail themselves of the benefits of various welfare schemes; and
- (e) if so, the details thereof?

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

(a) to (e): The Government gives utmost priority to the safety, security and empowerment of women in the country. 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 placed under three verticals, viz. (1) Mission Shakti, for

safety, protection and empowerment of women; (2) Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators in the country; and (3) Mission Vatsalya, for protection and welfare of children in difficult circumstances.

(1) Mission Shakti: The 'Mission Shakti' aims at strengthening interventions for women's 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.

- **One Stop Centres (OSCs)-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on 20.03.2026, 926 OSCs are operational in the country which have assisted over 13.37 lakh women in the country. Further, 36 OSCs are operational in Assam including one

OSC in Dhubri district and over 33 thousand women have been assisted through these OSCs in the State of Assam as on date.

- **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services. Women Helpline is operational in 35 States/ Union Territories and also integrated with Emergency Response Support System ERSS-112. Till 28th February, 2026, WHLs have assisted over 99.09 lakh women in the country.
- **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public. The scheme is implemented in all the districts of the country.
- **Nari Adalat-** Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based violence by negotiation, mediation, and reconciliation with mutual

consent for accessible justice. Presently, Nari Adalat is being run on pilot basis in 50 Gram Panchayats in the State of Assam and UT of Jammu & Kashmir and 10 Gram Panchayats in the State of Sikkim, Uttar Pradesh and Mizoram.

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).

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** The PMMVY is a Centrally Sponsored Maternity Benefit 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. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl. Benefits amounting to Rs. 20,144 crores have been extended to approximately 4.28 crore women across the country through this scheme since inception of the scheme (01.01.2017) till 23.03.2026. The details of beneficiaries paid under the scheme in the Dhubri district of Assam during the last five financial years and current financial year are as under:

	Year	Beneficiaries Paid
Dhubri	2020-21	4,558
	2021-22	17,282
	2022-23	19,490
	2023-24	6,367
	2024-25	9,902
	2025-26* (as on 23.03.2026)	9,382

In order to promote awareness and outreach of the PMMVY, the Ministry runs special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis. At field functionary level, various Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities such as Prabhat Pheri, Nukkad Natak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes are conducted.

- **Shakti Sadan-** 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 w.e.f. 01.04.2022 and known as 'Shakti Sadan Scheme', which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women in such difficult situations, to enable them to overcome the adverse circumstances. Presently, 419 Shakti

Sadans are functional across the country and 26 Shakti Sadans are functional in the State of Assam including in the district of Dhubri.

7. **Sakhi Niwas-** Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, is a demand driven Centrally Sponsored Scheme. The scheme aims to promote availability of safe and conveniently located accommodation for working women in urban, semi-urban and also in rural areas where employment opportunity for women exists. Presently, 560 Sakhi Niwas are functional across the country and 10 Sakhi Niwas are functional in the State of Assam.
- **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years). As on 23.03.2026, 50 AWCCs are operational in the State of Assam.
- **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW (Hub for Empowerment of Women) which functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.

The SANKALP centres engage in widespread outreach and awareness, through organising awareness activities, camps and

campaigns, in convergence with Beti Bachao Beti Padhao (BBBP). This approach improves awareness generation and access to government schemes by ensuring the dissemination of targeted IEC materials, organizing local awareness campaigns, and conducting gender sensitization programs across schools, colleges, and public forums. The SANKALP centres have also been provided with facility of vehicle as well as additional financial allocation for conducting awareness campaigns on women-centric issues to ensure wider outreach of women-centric activities.

SANKALP: HEW is being implemented in all States/UTs except the State of West Bengal. As on date, total 35 State SANKALP: HEWs and 742 District SANKALP: HEWs are functional including in the district of Dhubri. The number of beneficiaries in Assam under Mission Shakti during the last five years is **11,46,393**.

(2) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for the overall planning and policy under the scheme whereas its day to day implementation falls under the ambit of State Government and UT administration.

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services are provided to the eligible beneficiaries i.e. Supplementary Nutrition, Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz.,

Immunization, Health Check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure.

The State/UT and district wise data on beneficiaries under Mission Poshan 2.0 is available on Poshan Tracker at the link: <https://www.poshantracker.in/statistics>.

(3) 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 Ministry of Rural Development is implementing the Pradhan Mantri Awaas Yojana-Gramin (PMAY-G) w.e.f. 1st April 2016 to provide assistance to eligible rural households for the construction of Pucca houses with basic amenities to achieve the objective of "Housing For All" in rural areas. Under the PMAY-G, the initial target was to provide assistance for the construction of 2.95 crore houses during FY 2016-17 to 2023-24. The Government of India

approved the implementation of the scheme during FY 2024-25 to 2028-29 to provide assistance for the construction of 2 crore additional houses.

Under the PMAY-G, the targets are allocated by the Ministry to the States/UTs by considering them as a unit and further distribution of targets to the Districts/ Blocks/ GPs is done by the State Government/ UT Administration themselves. The Ministry has allocated cumulative target of 29.88 lakh houses to Assam against which the State has given sanctions to 29.09 lakh houses and 21.47 lakh houses are already completed, as of 23.03.2026. Further, the State Government has fixed target of 1.63 lakh houses in Dhubri district against which houses have been sanctioned to 1.61 lakh beneficiaries, 1st instalment of assistance released for 1.55 lakh beneficiaries, 2nd instalment to 1.35 lakh beneficiaries and 1.14 lakh houses are already completed, as of 23.03.2026.

The PMAY-G guidelines provide that allotment of the house shall be made in the name of a woman or jointly in the name of the husband and wife, except in the case of a widower/unmarried/separated person/transgender. Further, in order to ensure empowerment of women, an advisory has been issued stating that all the houses under PMAY-G should include names of women members of the household in sanction details/ownership details (either solely or in joint ownership) and that the female member (s) may be added as secondary owner in the sanction letters where the initial sanction has already been given in the name of the male member.

Under the PMAY-G, the Awaas SAKHI (Support Application for Knowledge, Help and Innovation) is an innovative mobile application developed to enhance access to PMAY-G by bringing essential information and resources in one place. Through the application, beneficiaries can gain awareness about the scheme, obtain answers to their queries and determine their eligibility for the scheme, equipping them with knowledge to make informed decisions.

Further, Awaas Sakhi paves the way towards active involvement of beneficiaries and their community in the house construction process by making available house design typologies, locally available BIS certified materials and trained rural masons. Awaas Sakhi, in the essence of its name, aims to provide Help, enable access to Knowledge and promote Innovation in PMAY-G. The application makes essential information and tools available at the fingertips of the beneficiaries enabling them to take full advantage of the scheme and achieve their dream of owning a secure and resilient house.

Under the PMAY-G, community-based participatory monitoring system is also in place utilizing the services of the Self-Help Group (SHG) network under National Rural Livelihood Mission (NRLM). The services of NGOs and Civil Society Organizations are also utilized for creating awareness about the programme and to monitor the progress and quality of the construction of the house.

The Ministry of Rural Development is also implementing the National Social Assistance Programme (NSAP), which is a social security programme

for the most vulnerable sections of our society, covering both rural and urban areas. It includes all categories of beneficiaries who live below the poverty line (BPL). Under the programme, financial assistance in the form of a pension ranging from Rs. 200 to Rs. 500 per month is provided to the elderly, widows, and persons with disabilities who live below the poverty line (BPL) and meet the eligibility criteria prescribed in the NSAP guidelines.

Although all sub-schemes under NSAP cover women beneficiaries, Indira Gandhi National Widow Pension Scheme (IGNWPS) is 100% women-oriented scheme under which the eligible age is 40 years and the pension amount is Rs. 300/- per month. After attaining the age of 80 years, the beneficiary will get Rs. 500/- per month.

The States/UTs are encouraged to provide top-up amount of at least an equivalent amount to the assistance provided by the Central Government so that the beneficiaries could get a decent level of assistance. At present, the States/UTs are adding top-up amount ranging from ₹200/- to ₹ 3700/- per month per beneficiary under widow pension scheme.

Funds under NSAP schemes are disbursed to the States/UTs based on the number of digitized beneficiaries or their fixed State/UT cap, whichever is lower. As per NSAP guidelines, States/UTs are responsible for further disbursement of benefits to beneficiaries at Village/Block/Ward/District level. The number of beneficiaries under IGNWPS during the last five years in Assam is as under:

2020-21	2021-22	2022-23	2023-24	2024-25
1,37,463	1,21,181	1,19,955	1,19,955	1,19,955

NSAP guidelines stipulates to ensure wide and continuous publicity about the entitlements under different schemes of NSAP and the procedure for claiming them through posters, brochures, media and other means. Further 1% of the administrative expenses may be earmarked for Information, Education & Communication (IEC)- awareness generation activities.

Further, Rural Skills Division of the Ministry of Rural Development is also implementing the following two welfare schemes in the field of skill development for rural poor youth for their gainful employment with a view to eradicate poverty in the country under the umbrella scheme of Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM). A brief on the Schemes is as under:

(1) Deen Dayal Upadhyaya Grameen Kaushalya Yojana (DDU-GKY): DDU-GKY is a placement-linked skill development program for rural poor youth in the age group of 15-35 years. It empowers the rural poor youth with employable skills and facilitates their participation in regular labour markets, thus providing them with jobs having regular monthly wages at or above the minimum wages. DDU-GKY guideline provides social inclusion of SC/ST (50%), Women (33%), and PwDs (5%).

The number of beneficiaries from Dhubri District who have availed the benefits of DDU-GKY scheme in the last 5 years is provided below -

FY	Trained	Placed	Women Trained	Women Placed
2021-22	120	54	39	15
2022-23	419	185	117	61
2023-24	196	195	123	92
2024-25	277	44	271	41
2025-26 (upto 28.02.2026)	88	191	88	191

Further, under DDU-GKY, the following initiatives have been taken to promote awareness and outreach activities:

- Community-based mobilisation: Awareness drives are conducted through Self-Help Groups (SHGs) under ASRLM, involving village-level meetings, counselling sessions, and mobilisation camps to sensitise women about DDU-GKY opportunities.
- IEC and outreach activities: Use of Information, Education and Communication (IEC) materials such as pamphlets, posters, and local campaigns in vernacular languages to improve programme visibility in remote areas.
- Involvement of local institutions: Collaboration with Gram Panchayats, community resource persons, and block-level mission units to reach out to eligible women beneficiaries.
- Special mobilisation drives for women: Focused efforts to encourage participation of women, particularly from vulnerable and marginalised groups, ensuring their inclusion in training programmes.

- Counselling and handholding support: Pre-enrolment counselling, career guidance, and post-placement support are provided to address socio-cultural barriers and improve retention.
- Engagement of PIAs: Project Implementing Agencies (PIAs) are mandated to undertake targeted mobilisation and awareness campaigns, especially in underserved and remote areas.

These measures collectively aim to improve participation of women in DDU-GKY and ensure equitable access to skill training and sustainable livelihoods in Dhubri district.

(2) Rural Self Employment Training Institutes (RSETIs):

- Rural Self Employment Training Institutes (RSETI) is a poverty alleviation programme under Deendayal Antyodaya Yojana – National Rural Livelihoods Mission (DAY-NRLM) that promotes sustainable livelihoods through skill development with a mandate of minimum 70% settlement. Functioning as a strategic arm of the Skill India Mission and adhering to common norms of Ministry of Skill Development and Entrepreneurship (MSDE).
- RSETIs operates through a three-way partnership among the Ministry of Rural Development, State/UT Governments, and Sponsor Banks. Banks establish at least one RSETI in each lead district to provide fully funded by MoRD, largely residential, short-term National Skills Qualifications Framework (NSQF) aligned training to rural youth (18–50 years) with a

focus on self-employment and micro-enterprise development, along with credit linkage and two years of handholding support.

- The Scheme ensures inclusive participation of women, SC/STs, minorities, PwDs, SHG members and through convergence with various government schemes and departments, training programmes are extended to beneficiaries identified under NRLM, PMEGP, DAY-NULM, MUDRA, PMAY-G and MGNREGA and other livelihood and entrepreneurship promotion initiatives, thereby enhancing employability, reducing distress migration, and strengthening rural livelihoods.

The number of beneficiaries from Dhubri District who have availed the benefits of **RSETI** scheme in the last 5 years is provided below -

FY	Total		Women (Out of total)	
	Trained	Settled	Trained	Settled
2021-22	604	334	554	334
2022-23	711	582	666	537
2023-24	939	690	885	642
2024-25	1304	928	1200	827
2025-26 (up to 28.02.2026)	869	725	841	725

Under RSETI, Dhubri RSETI conducts regular awareness and mobilisation activities in coordination with banks, State Rural Livelihood Missions and local administration to identify and motivate rural women for skill development and self-employment programmes. In this regard, the Director

and Faculty of RSETI conduct five Entrepreneurship Awareness Programmes (EAPs) every month across the district.

These activities include village-level awareness camps, counselling sessions, and interaction with Self-Help Groups (SHGs) to enhance participation of women in training programmes. These programmes are aimed at mobilising rural unemployed women, creating awareness about RSETI training programmes, self-employment opportunities, and facilitating access to various government welfare schemes and credit linkages.

The Ministry of Skill Development and Entrepreneurship (MSDE) is also implementing the following schemes for the socio-economic empowerment, skill development and livelihood support of women:

(1) Pradhan Mantri Kaushal Vikas Yojana (PMKVY): Ministry of Skill Development and Entrepreneurship (MSDE) is implementing its flagship scheme Pradhan Mantri Kaushal Vikas Yojana (PMKVY), since 2015, for imparting skill development training through Short-Term Training (STT) and up-skilling and re-skilling through Recognition of Prior Learning (RPL) to youth across the country including Dhubri District with aim to enhance the employability of the youth to access employment opportunities by equipping them with industry relevant skills

Under PMKVY, a total of 26468 candidates have been trained/ oriented in Dhubri District till 31.12.2025 out of which 16736 are females. Gender-wise, FY-wise details of candidates trained/ oriented under PMKVY in Dhubri District till 31.12.2025 is given in the enclosed **Statement**.

(2) Craftsmen Training Scheme (CTS): Directorate General of Training (DGT), under the Ministry of Skill Development and Entrepreneurship (MSDE), implements the Craftsmen Training Scheme (CTS) through a network of Industrial Training Institutes (ITIs) for skilling the youth of the country including women.

In ITIs, craftsmen training is provided in 169 NSQF aligned trades. Each trade has a dedicated course curriculum. The duration of training: six months, one and two years. The training courses under CTS are designed to impart basic skills and knowledge in the respective trades so as to prepare trainees for wage employment and self-employment

At present, there are 14,688 ITIs established in the country, out of which, 3,345 are Government and 11,343 are Private ITIs. In Dhubri district of Assam only 1 ITIs is functioning.

A total number of 67,07,804 trainees have been trained in ITIs under CTS from session 2021-22 to 2025-26. In Dhubri District of Assam there are 34 trainees have been trained in ITIs under CTS from session 2021-22 to 2025-26.

Directorate General of Training under Ministry of Skill Development & Entrepreneurship is imparting vocational training in 169 NSQF compliant courses for both women & men through a network of Industrial Training Institutes (ITIs) and National Skill Training Institutes (NSTIs) under Craftsmen Training Scheme across the country. Out of the 169 trades, following 07 trades are women-centric.

S.No.	Name of Trade	Entry Qualification	NSQF Level	Duration
1.	Dress Making	Passed 08 th class examination	Level – 2.5	One year
2.	Sewing Technology	Passed 8 th class examination	Level – 2.5	One year
3.	Surface Ornamentation Techniques (Embroidary)	Passed 8 th class examination	Level – 2.5	One year
4.	Computer Aided Embroidery & Designing	Passed 10 th class examination or its equivalent	Level – 3.5	One year
5.	Fashion Design and Technology	Passed 10 th class examination or its equivalent	Level – 3.5	One year
6.	Cosmetology	Passed 10 th class examination or its equivalent	Level – 3.5	One year
7.	Spa Therapy	Passed 10 th class examination or its equivalent	Level – 3.5	One year

To increase employability of youths including Women, Directorate General of Training (DGT) under Ministry of Skill Development & Entrepreneurship (MSDE) has revised the syllabus of subject 'Employability Skills' in Craftsmen Training Scheme (CTS) courses. The areas covered for development of soft skills and entrepreneurial skills such as Entrepreneurship, Basic English Skills, Communication Skills, Essential Digital Skills, and Financial & Legal Literacy.

(3) Jan Shikshan Sansthan (JSS) Scheme: The Jan Shikshan Sansthan (JSS) Scheme under the Skill India Programme aims to provide skill training in a non-formal mode at the doorsteps of the beneficiary with 100% grant from the Government of India. The objective of the scheme is to increase the household income by promoting self/wage employment through skill

development training. The target beneficiaries of the scheme are non-literates, persons having rudimentary level of education and school dropouts up to class 12th in the age group of 15-45 years. The priority groups are women (83%), SCs, STs, OBCs and minorities in the rural areas and urban low-income areas.

Presently, there is only one JSS active in Dhubri District. Total number of beneficiaries trained in JSS Dhubri under JSS scheme from FY 2021-22 till 31st December 2025 is 4,680.

The JSS scheme adopts a community-based mobilisation approach to reach women from rural and remote areas. Mobilisation of beneficiaries is undertaken at the grassroots level through door-to-door surveys, village meetings, community awareness programmes and interaction with Self-Help Groups (SHGs), Joint Liability Groups (JLGs), Panchayati Raj Institutions and local community organisations. These outreach activities enable identification and mobilisation of women from SC, ST, minority, economically weaker sections and other vulnerable groups, particularly in rural and underserved areas.

The effectiveness of this approach is reflected in the participation pattern under the scheme, wherein women constitute more than 80–83% of total beneficiaries trained under JSS, indicating strong outreach among women from socio-economically disadvantaged backgrounds. The scheme's doorstep training model, flexible training hours and locally relevant trades further facilitate participation of women, including those from rural areas.

(4) National Apprenticeship Promotion Scheme (NAPS): The Government of India launched 'National Apprenticeship Promotion Scheme' (NAPS) in August, 2016 with the objective to promote apprenticeship training and to increase the engagement of apprentices. Since 2022-23, the scheme continues as NAPS-2 and implemented throughout the country, including women. NAPS-2 aims to promote apprenticeship training in the country, by providing partial stipend support to the apprentices engaged under the Apprentice Act, 1961, undertaking capacity building of the apprenticeship ecosystem, and providing advocacy assistance to the stakeholders. Accordingly, the scheme facilitates a partial stipend support limited to 25% of stipend paid, up to a maximum of Rs.1,500 per month, per apprentice during the training period. The stipend support by Gol is being paid through Direct Benefit Transfer (DBT) to the bank account of apprentice. Under apprenticeship training, as per the provision of the Apprentices Act, 1961, it is not obligatory on the part of the employer to hire apprentices on completion of the training.

While women-centric trades are actively promoted, establishments are encouraged to create inclusive and safe training environments as mandated under the Apprentices Act, 1961. Section 14 of the Apprentices Act explicitly applies critical safety and welfare provisions to apprentices during training. If the apprentice is in a factory, the relevant chapters (III, IV & V) of the Factories Act, 1948 apply to them as if they were workers. If the apprentice is in a mine, the relevant provisions of the Mines Act, 1952 apply, again treating them as if

they were regular employees. This means that safety measures, fitness for work, welfare facilities, and other protective norms apply to apprentices identically to formal workers. While the Apprentices Act does not separately address gender or sexual harassment, apprentices—regardless of gender—are covered under the broader Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 (POSH Act). Section 15 of the Act governs working hours, prohibits unauthorized overtime, and mandates leave/holiday entitlements similar to employees. For apprentices of age eighteen and above, training will be during normal working hours of the establishment. For those apprentices under the age of 18, working hours will be between 8.00 AM and 6.00 PM. However, concerned apprenticeship adviser may permit exceptions.

In apprenticeship stakeholder engagements, engaging female apprentices is being emphasised. Further, since June 2022, Pradhan Mantri National Apprenticeship Mela (PMNAM) facilitates candidates to avail opportunities in Apprenticeship training and facilitates establishment to identify potential candidates and in selection of Apprentices. The event is conducted every month on the 2nd Monday, in at least 1/3rd of the districts of each State, including Assam.

The details of apprentices engaged nationwide, within the state of Assam, and specifically in the Dhubri district under NAPS-2 during last five financial years are as follows:

S. No.	Heads	Total Apprentices engaged under NAPS-2 during last five financial years	Women Apprentices engaged under NAPS-2 during last five financial years
1	PAN India	35,53,948	7,50,229
2	Assam (All districts)	40,095	16,806
3	Dhubri district, Assam	1,404	710

STATEMENT

Gender-wise, FY-wise details of candidates trained/oriented under PMKVY in Dhubri District till 31.12.2025:

FY	Female	Male	Transgender	Total Trained / Oriented
2015-16	841	1,100		1,941
2016-17	0	76		76
2017-18	870	323		1,193
2018-19	689	450		1,139
2019-20	3,321	1,004	1	4,326
2020-21	5,236	4,817	4	10,057
2021-22	534	374		908
2022-23	200	178		378
2023-24	2,174	636		2,810
2024-25	2,728	672		3,400
2025-26	143	97		240
Total	16,736	9,727	5	26,468

CURRENT NUMBER OF PENDING CASES IN COURTS

5553. DR. PRABHA MALLIKARJUN:

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

- (a) the current number of pending cases in the Supreme Court, High Courts, and subordinate courts and the average duration of cases pending beyond standard timelines, State-wise;
- (b) the measures undertaken by the Government to expedite disposal of cases, including digitization of court processes, e-courts and alternative dispute resolution mechanisms;
- (c) the initiatives taken to strengthen judicial infrastructure, including recruitment of judges, capacity building and modernizing court facilities; and
- (d) the future plans proposed to further reduce case backlog, improve access to justice and enhance transparency and efficiency in the judicial system?

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

(a) : As per information available on the National Judicial Data Grid (NJDG), the current number of pending cases in the Supreme Court, High Courts and subordinate courts, State-wise is given in the enclosed **Statement-I and Statement-II**. However, the information regarding average duration of cases pending is not centrally maintained.

(b) to (d) : The disposal of the cases is within the exclusive domain of judiciary. However, the Government is fully committed for speedy disposal of cases and reducing pendency as mandated under Article 21 of the Constitution. The Government has taken several initiatives to provide an ecosystem for faster

disposal of cases by the judiciary which, inter-alia, includes amalgamation of latest technologies for increasing access to justice and greater transparency under the e-Courts Mission Mode Project and supplementing of the resources of the State Governments/UTs for providing suitable infrastructure facilities for the District and Subordinate Judiciary under the Centrally Sponsored Scheme for Development of Infrastructure Facilities for Judiciary.

- i. The Government has demonstrated its commitment in modernizing judiciary with advanced digital infrastructure by significantly increasing the budget of Phase III (2023–2027) to ₹7,210 crore. This phase envisions transforming Indian courts into Digital and Paperless Courts by digitizing legacy and current case records, expanding video conferencing to all courts, jails, and hospitals, and extending online courts beyond traffic violations. It also aims for universal saturation of eSewaKendras, creation of a state-of-the-art cloud-based data repository for storing digitized court records and applications, and deployment of emerging technologies such as Artificial Intelligence (AI) and Optical Character Recognition (OCR) for case analysis and forecasting.
- ii. Currently, over 660.36 crore pages of court records have been digitized, and 2,444 eSewaKendras have been established to enhance citizen service delivery. Courts have conducted over 3.97 crore hearings through video conferencing facilities. Approximately 1.07 cr. cases have been filed electronically through the eFiling platform. Live streaming of

court proceedings has expanded to four additional High Courts, Uttarakhand, Calcutta, Telangana, and Meghalaya, making it 11. All eCourts portals are now hosted on the NIC's cloud infrastructure, and district court websites have been migrated to the Secure, Scalable, and Sugamya Website as a Service (S3WAAS) platform.

- iii. The Digital Justice System under the e-Courts Mission Mode Project has expedited and simplified judicial processes and has also improved transparency and accessibility in the justice delivery system.
- iv. The primary responsibility for the development of infrastructure facilities for District and Subordinate Courts in the States/UTs, rests with the State/UT Governments. However, to augment the resources of the State /UT Governments, the Union Government has been implementing a Centrally Sponsored Scheme for the Development of Infrastructure Facilities for District and Subordinate Courts by providing financial assistance to the State/UT Governments in the prescribed fund sharing between Center and States since 1993-94. As on 28.02.2026, Rs. 770.53 crore were allocated and Rs. 629.66 crore were utilized for judicial infrastructure development across the country.
- v. The Government has been filling up vacancies of Judges in the Supreme Court of India and the High Courts from time to time. From 01.05.2014 to 28.02.2026, 72 Judges have been appointed in the Supreme Court. 1164 new Judges were appointed and 820 Additional Judges were made permanent in the High Courts during the same

period. The sanctioned strength of Judges of the High Courts has increased from 906 in May, 2014 to 1122 till date.

- vi. Arrears Committees have been set up in all 25 High Courts and the District Courts as well to clear cases pending for more than five years.
- vii. The Government has also amended The Negotiable Instruments (Amendment) Act, 2018, The Commercial Courts (Amendment) Act, 2018, The Specific Relief (Amendment) Act, 2018, The Arbitration and Conciliation (Amendment) Act, 2019 and The Criminal Laws (Amendment) Act, 2018 with a view to reduce pendency.
- viii. Alternate Dispute Resolution methods have been promoted. The Commercial Courts Act, 2015 was amended in August, 2018 making Pre-institution Mediation and Settlement (PIMS) mandatory in case of commercial disputes. Amendment to the Arbitration and Conciliation Act, 1996 has been made by the Arbitration and Conciliation (Amendment) Act 2015 for expediting the speedy resolution of disputes by prescribing timelines.
- ix. Lok Adalat is an important Alternative Disputes Resolution Mechanism available to common people, where the disputes/ cases pending in the court of law or at pre-litigation stage are settled/ compromised amicably. Under The Legal Services Authorities (LSA) Act, 1987, an award made by a Lok Adalat is deemed to be a decree of a civil court and is final and binding on all parties and no appeal lies against it before any court.

National Lok Adalats are organized simultaneously in all Taluks, Districts and High Courts on a pre-fixed date.

- x. Further, the Department of Legal Affairs, Ministry of Law and Justice, has framed the 'Directive for the Efficient and Effective Management of Litigation by Government of India', which is an integrated approach in reinforcing the goal of good governance and ensuring public welfare and timely dispensation of justice. The Directive seeks to introduce effective measures to simplify legal processes, prevent unnecessary litigation, address inconsistencies in notifications and orders, minimize unwarranted appeals, streamline inter-departmental coordination in litigation, ensure greater public accountability in arbitration matters, and establish a strong Knowledge Management System (KMS) to improve overall efficiency. The Department of legal Affairs, Ministry of Law and Justice has also developed the Legal Information Management and Briefing System (LIMBS), a web-based portal designed to effectively monitor court cases involving the Union of India. These measures are to proactively take action towards disposal of all pending court cases.

STATEMENT-I

Pending cases in Supreme Court and High Courts, as on 23.03.2026

Supreme Court of India		92,782
Sr No.	Name of High Court	
1	Allahabad High Court	12,26,330
2	Bombay High Court	6,61,117
3	Calcutta High Court	2,04,056

4	Gauhati High Court	64,594
5	High Court for State of Telangana	2,36,629
6	High Court of Andhra Pradesh	2,48,497
7	High Court Of Chhattisgarh	75,698
8	High Court of Delhi	1,26,567
9	High Court of Gujarat	1,73,544
10	High Court of Himachal Pradesh	1,04,305
11	High Court of Jammu and Kashmir	43,401
12	High Court of Jharkhand	72,517
13	High Court of Karnataka	3,31,468
14	High Court of Kerala	2,47,843
15	High Court of Madhya Pradesh	4,76,166
16	High Court of Manipur	6,054
17	High Court of Meghalaya	1,795
18	High Court of Punjab and Haryana	4,18,842
19	High Court Of Rajasthan	6,75,503
20	High Court of Sikkim	301
21	High Court of Tripura	1,385
22	High Court of Uttarakhand	60,951
23	Madras High Court	5,55,779
24	Orissa High Court	1,63,660
25	Patna High Court	2,18,570
	Total	63,95,572

Source: National Judicial Data Grid (NJDG)

STATEMENT-II

Pending cases in Subordinate Courts, as on 23.03.2026

Sr No.	State	Total
1	Andaman and Nicobar	8,667
2	Andhra Pradesh	9,23,640

3	Arunachal Pradesh	15,600
4	Assam	5,78,163
5	Bihar	37,09,244
6	Chandigarh	99,845
7	Chhattisgarh	4,62,014
8	Delhi	16,86,426
9	Goa	61,780
10	Gujarat	15,60,074
11	Haryana	14,90,023
12	Himachal Pradesh	5,98,819
13	Jammu and Kashmir	3,52,352
14	Jharkhand	5,71,746
15	Karnataka	22,61,280
16	Kerala	17,91,465
17	Ladakh	1,629
18	Lakshadweep	567
19	Madhya Pradesh	20,91,722
20	Maharashtra	59,61,061
21	Manipur	14,191
22	Meghalaya	16,671
23	Mizoram	7,318
24	Nagaland	3,946
25	Odisha	18,16,722
26	Puducherry	36,414
27	Punjab	9,25,788
28	Rajasthan	25,96,147
29	Sikkim	2,319
30	Tamil Nadu	17,59,825
31	Telangana	9,90,868
32	The Dadra And Nagar Haveli And Daman And Diu	8,285

33	Tripura	56,318
34	Uttar Pradesh	1,19,49,059
35	Uttarakhand	3,01,345
36	West Bengal	39,22,188
	Total	4,86,33,521

Source: National Judicial Data Grid (NJDG)

BUDGET FOR NATIONAL MENTAL HEALTH PROGRAMME

5554. SHRI VIJAY KUMAR HANSDAK:

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

- (a) the details of the budget allocated and funds released to States/UTs for the implementation of the District Mental Health Programme during the period from FY 2021-22 to FY 2025-26, year-wise and State/UT-wise;
- (b) the status of the 25 Centres of Excellence sanctioned under the National Mental Health Programme (NMHP) along with the details of the number of students enrolled and staff vacancies since FY 2021-22, speciality-wise, year-wise and institution-wise;
- (c) whether the Government has undertaken or proposes to undertake any evaluation of the implementation status of the NMHP and if so, the details thereof and if not, the reasons therefor; and
- (d) the details of State-run mental health hospitals modernised under the NMHP during the last five years including details of upgrades undertaken and expenditure incurred, State/UT-wise 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) to (d) : Health being a State subject, the primary responsibility for strengthening the healthcare system rests with the respective State/UT Governments. However, to address the burden of mental disorders, the Government of India is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme (DMHP) component of the NMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels for all including elderly, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the district level.

The details of funds allocated and utilized under the District Mental Health Programme (DMHP) between FY 2021-22 and FY 2025-26, year-wise and State/UT-wise is given in the enclosed **Statement-I**.

Under National Mental Health Programme (NMHP), 25 Centres of Excellence (CoEs) have been sanctioned/strengthened across various States/UTs for capacity building in mental health manpower development

covering four disciplines i.e. Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing.

Across 25 Centres of Excellence (CoEs), a total of 286 postgraduate (PG) seats have been increased, comprising 70 seats in Psychiatry, 77 in Clinical Psychology, 85 in Psychiatric Social Work, and 54 in Psychiatric Nursing.

The Ministry provides technical guidance and financial assistance to States/UTs for optimal utilization of these seats and filling up faculty vacancies through regulatory bodies. During the period from FY 2021–22 to 2025–26, a total of 1,501 students were enrolled across these disciplines, including 361 in Psychiatry, 464 in Clinical Psychology, 391 in Psychiatric Social Work, and 285 in Psychiatric Nursing.

The Government has undertaken an evaluation of the implementation status of the NMHP. The evaluation was conducted by the Development Monitoring and Evaluation Office of NITI Aayog. The Department of Expenditure, Ministry of Finance entrusted Development Monitoring and Evaluation Office (DMEO), NITI Aayog to conduct the comprehensive evaluation of Health Sector and its associated Centrally Sponsored Schemes (CSS). The DMEO published the study “Evaluation study of Centrally Sponsored Schemes of Health Sector (Package 07)” in September 2025.

The details of CoE supported under NMHP, year-wise and State/UT-wise, and the details of funds released to CoE are given in the enclosed **Statement -II.**

STATEMENT -I

State/UT-wise details of funds allocated and utilized for the District Mental Health Programme under the Flexible Pool for Non-Communicable Diseases from F.Y. 2021-2022 to F.Y. 2024-25:

S. No.	State/UT	2021-22		2022-23		2023-24		2024-25	
		SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure	SPIP Approval	Expenditure
1	Andaman and Nicobar Islands	25.60	0.41	22.55	0.71	24.20	-	11.15	1.80
2	Andhra Pradesh	1184.53	460.01	1395.32	103.13	1,251.20	1,025.50	897.01	661.57
3	Arunachal Pradesh	69.30	67.86	242.00	172.84	229.00	42.33	198.50	44.14
4	Assam	367.03	257.48	388.42	214.49	420.94	256.40	475.96	352.63
5	Bihar	628.75	40.79	187.50	18.51	197.75	32.02	274.68	58.25
6	Chandigarh	0.00	0.00	0.00	0.00	-	-	-	-
7	Chhattisgarh	602.72	488.49	1063.65	840.62	949.15	524.70	955.93	239.70
8	Dadra & Nagar Haveli and Daman & Diu	0.54	0.18	15.44	0.24	9.15	0.05	3.00	3.50
9	Delhi	0.00	0.54	0.00	0.00	-	-	97.00	-
10	Goa	47.35	30.09	44.40	32.93	44.40	32.59	44.40	36.28
11	Gujarat	794.74	350.30	834.85	394.45	834.85	798.52	876.96	648.17
12	Haryana	174.92	122.67	130.97	62.79	133.47	86.05	157.41	122.63
13	Himachal Pradesh	57.51	2.93	53.00	10.62	39.00	26.18	18.00	9.79
14	Jammu and Kashmir	197.50	91.88	145.00	40.45	145.00	38.79	150.50	31.95
15	Jharkhand	124.71	122.60	220.74	151.80	215.12	165.32	153.07	124.65
16	Karnataka	1165.46	803.08	1713.24	761.14	1,186.75	1,050.57	712.62	618.04

17	Kerala	692.90	411.30	872.65	412.91	847.40	349.53	684.40	276.38
18	Ladakh	21.00	28.31	116.89	138.42	53.50	40.31	63.10	50.55
19	Lakshadweep	14.60	1.19	17.03	2.89	17.88	0.67	15.50	5.13
20	Madhya Pradesh	236.65	221.80	247.54	158.72	317.30	224.11	400.34	251.63
21	Maharashtra	327.75	585.44	992.00	377.68	831.25	356.36	1,105.13	265.95
22	Manipur	281.64	50.65	396.04	52.10	366.04	95.65	399.40	186.62
23	Meghalaya	213.80	174.98	174.40	87.24	164.16	97.41	179.20	114.77
24	Mizoram	57.50	22.77	60.30	20.75	63.30	28.96	63.30	11.61
25	Nagaland	252.47	233.91	161.61	28.56	160.04	45.78	140.92	126.48
26	Odisha	474.25	243.21	513.82	336.77	517.00	411.81	386.87	269.11
27	Puducherry	67.09	6.08	52.59	14.22	52.59	23.98	62.10	14.97
28	Punjab	199.90	49.92	293.00	7.10	293.00	293.00	726.50	1.71
29	Rajasthan	529.49	175.97	402.40	154.50	402.40	220.75	379.28	585.07
30	Sikkim	103.60	30.96	48.27	25.24	48.27	26.75	48.99	40.09
31	Tamil Nadu	564.26	428.62	1464.70	128.73	2,909.40	373.34	2,654.47	1,741.66
32	Telangana	0.00	0.00	254.75	132.25	238.25	16.59	193.50	193.50
33	Tripura	66.00	30.89	69.10	33.11	54.40	23.72	53.00	39.89
34	Uttar Pradesh	2232.43	240.75	2763.83	1477.41	3,248.08	1,613.03	2,701.02	887.17
35	Uttarakhand	50.14	71.62	60.90	25.99	56.55	22.02	50.89	21.50
36	West Bengal	464.36	131.14	555.82	236.10	575.14	223.01	428.30	202.19

STATEMENT -II**Details of Centres of Excellence (CoE) supported under NMHP**

Sr. No.	State/UT	Name Of the Institute	Year of Approval	Funds released upto FY 2023-24 (in Rs. crore)	Funds released in F.Y. 2024-25 (in Rs. crore)
1	Andhra Pradesh	Hospital for Mental Care, Vishakhapatnam	2017-18	10.00	-
2	Delhi	IHBAS, Delhi	2010-11	5.28	-
3	Delhi	Dr RML Hospital, Delhi	2016-17	5.93	-
4	Gujarat	Hospital for Mental Health, Ahmedabad	2009-10	27.60	0.12
5	Goa	Institute of Psychiatry & Human Behaviour, Goa	2015-16	17.06	1.89
6	Haryana	State Mental Health Institute, Rohtak	2009-10	26.36	-
7	Himachal Pradesh	Dr. Rajendra Prasad Govt Medical College, Kangra	2016-17	27.63	0.67
8	Jammu & Kashmir	Psychiatric Diseases Hospital, Govt. Medical College, Srinagar	2009-10	28.84	-
9	Karnataka	Dharwad Institute of Mental Health and Neurosciences, Dharwad	2015-16	8.28	-
10	Kerala	IMHANS, Kozikode	2010-11	30.00	-
11	Madhya Pradesh	Gwalior Mansik Arogyasala, Gwalior	2015-16	4.75	-
12	Madhya	Mental Hospital, MGM Medical College, Indore	2015-16	6.00	-

	Pradesh				
13	Maharashtra	Maharashtra Institute of Mental Health, Pune	2011-12	30.00	-
14	Odisha	SCB Medical College Hospital , Cuttack	2010-11	27.78	2.22
15	Chandigarh	Govt. Medical College & Hospital, Sec-32 , Chandigarh	2010-11	19.75	-
16	Punjab	Institute of Mental Health , Amritsar	2015-16	4.76	-
17	Rajasthan	SP Medical College, Bikaner	2016-17	12.00	-
18	Rajasthan	SMS Medical College, Jaipur	2016-17	6.00	-
19	Telangana	Institute of Mental Health, Hyderabad	2009-10	17.40	-
20	Telangana	Kakatiya Medical College, Warangal	2017-18	12.00	-
21	Uttar Pradesh	Institute of Medical Sciences, BHU, Varanasi	2017-18	26.16	-
22	Uttar Pradesh	King George's Medical University, Lucknow	2015-16	5.77	-
23	Uttar Pradesh	Institute of Mental Health & Hospital Agra, Agra	2009-10	28.81	-
24	West Bengal	Institute of Psychiatry , Kolkata	2009-10	24.90	-
25	West Bengal	Calcutta National Medical College, Kolkata	2017-18	18.32	-

STATUS OF e-COURTS MISSION MODE PROJECT PHASE-III

5555. SHRI BALABHADRA MAJHI:

SHRI TEJASVI SURYA:

SHRI SUDHEER GUPTA:

SHRI SUKHJINDER SINGH RANDHAWA:

SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:

SHRI ANOOP PRADHAN VALMIKI:

SHRI ALOK SHARMA:

SHRI PRAVEEN PATEL:

SHRI RAMESH AWASTHI:

SHRI P. P. CHAUDHARY:

SHRI LUMBARAM CHOUDHARY:

SHRI SHANKAR LALWANI:

SHRI BHOJRAJ NAG:

SHRI RAVINDRA VASANTRAO CHAVAN:

SHRI MANISH JAISWAL:

SHRI SATISH KUMAR GAUTAM:

SHRI NABA CHARAN MAJHI:

DR. HEMANG JOSHI:

SHRI MADHAVANENI RAGHUNANDAN RAO:

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

- (a) the current status of Phase-III of the e-Courts Project, sanctioned with an outlay of Rs.7,210 crore and the targets achieved for the digitization of legacy judicial records so far, including Punjab;
- (b) the details of the "Digital-Native" ecosystem being developed to generate court records digitally, thereby reducing the reliance on physical scanning;

- (c) the number of e-Sewa Kendras established across district court complexes to bridge the digital divide for litigants and lawyers lacking high-speed internet access, particularly in Pali District Court;
- (d) whether the Government is piloting Artificial Intelligence (AI) tools for automated case-law research and "Virtual Evidence Rooms" to expedite the trial process;
- (e) if so, the details thereof; and
- (f) the total number of virtual hearings conducted by the Indian judiciary since the transition to a permanent hybrid hearing model along with India's global ranking in this domain?

**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 e-Courts Mission Mode Project is being implemented in a phased manner across the country with the objective of strengthening the use of Information and Communication Technology (ICT) in the judicial system. The Phase III (2023-27) of the e-Courts Project with a financial outlay of Rs. 7,210 crore is under implementation at present. Over the years, the e-Courts project has seen continued progress through expansion of e-filing, e-payments, increased adoption of virtual and hybrid hearings, digitisation of court records, strengthening of Case Information System and enhanced public access to case information

through the NJDG etc. Some key initiatives and achievements contributing to the development of a digital ecosystem under the eCourts Mission Mode Project, as on 31.01.2026, are as under:

- (i) 30 Virtual Courts have been established to enable online adjudication of traffic challans. Virtual Courts have received 10.13 crore challans and challans amounting to Rs. 1002.73 crore were paid.
- (ii) Video Conferencing Rules have been implemented in all the High Courts and District Courts.
- (iii) Video Conferencing (VC) facilities have been expanded across 3,240 court complexes and 1,272 jails. Courts have conducted over 3.97 crore hearings through video conferencing, facilitating remote hearings of undertrials, witnesses and lawyers.
- (iv) Live streaming of court proceeding is operational in 11 High Courts.
- (v) E-filing and e-payments systems have been implemented to allow online filing of cases and digital payment of court fees and fines. Approximately 1.07 crore cases have been filed through the e-filing platform and the e-payments system has processed transactions for court-fee worth Rs. 1,404 crore and fine worth Rs. 75 crore.
- (vi) NJDG provides public access to case data, statistics of courts across the country and has been upgraded with an improved dashboard, functioning as a monitoring tool, to identify, manage & reduce pendency of cases.

- (vii) Case Information System (CIS) 4.0 has been implemented in all courts, with enhanced usability, privacy safeguards and integration with national platforms such as NJDG, e-filing, virtual courts and Interoperable Criminal Justice System (ICJS).
- (viii) The S3WaaS (Secure, Scalable and Sugamya Website as a Service) platform hosts 730 District Court websites, ensuring secure and accessible web infrastructure.
- (ix) Real-time digital services have expanded significantly, with case updates being sent to lawyers and litigants through SMS Push and Pull (over 4 lakh SMS sent daily), email (over 6 lakh sent daily) and the multilingual e-Courts services portal (with 35 lakh hits daily).
- (x) The e-Courts Services mobile app (3.59 crore downloads) provides the lawyers and litigants relevant information about case status, cause lists etc.
- (xi) The JustIS app (22,133 downloads) is a management tool for the judges assisting them to effectively organise and monitor their judicial business.
- (xii) 48 e-Sewa Kendras are functional across all the High Courts and 2,396 e-Sewa Kendras across the District Courts.
- (xiii) The National Service and Tracking of Electronics Processes (NSTEP) system has been implemented for electronic service and tracking of summons and notices using mobile-based and GPS-enabled delivery

mechanisms. Under NSTEP, the courts have processed 7.40 crore e-processes.

- (xiv) Digital Courts 2.1 is a customized application for paperless Courts (pilot stage) with facility of translation and transcription using AI. It enables judges to access all case related documents, pleadings, and evidence digitally, marking a significant leap toward a paperless court ecosystem

Under eCourts Phase-III, over 660.36 crore pages of court records including 94.71 cr. pages by the Punjab & Haryana High Court have been digitized to ensure faster retrieval, secure storage and seamless digital workflows.

- (c) : Total 2,444 e-Sewa Kendras are functional across all 28 High Court jurisdictions (48 e-Sewa Kendra in High Courts and 2,396 in District Courts).

As per the information provided by the High Court of Rajasthan, an e-Sewa Kendra has been established at the District Court Complex in Pali.

- (d) and (e) : Under eCourts Project Phase III, an amount of Rs. 53.57 crore has been earmarked for the component 'Future Technological Advancements' to integrate modern technologies like Artificial Intelligence (AI) etc. An AI based software tool called Legal Research Analysis Assistant [LegRAA] has been developed to aid judges in legal research and document analysis. Another AI based tool called Digital Courts 2.1 has been designed to assist Judges and Judicial Officers by providing a single window for managing all case-related information and tasks. The platform includes voice-to-text (ASR-SHRUTI) and

translation (PANINI) functionalities to assist the judges with order and judgment dictation.

(f) : Since introduction of hybrid hearing model, Courts have conducted over 3.97 crore hearings through video conferencing, facilitating remote hearings of undertrials, witnesses and lawyers, positioning India as a global leader in virtual hearing.

जीसीसी देशों में हिरासत में लिए गए भारतीय नागरिकों को कांसुलर सहायता प्रदान करना

5556. सुश्री इकरा चौधरी:

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या मंत्रालय को पिछले पांच वर्षों के दौरान खाड़ी सहयोग परिषद (जीसीसी) देशों में निवारक निरोध में लिए गए नागरिकों हेतु उनके परिवारजनों या संसद सदस्यों की ओर से कांसुलर सहायता प्रदान किए जाने के लिए कोई अनुरोध प्राप्त हुआ है और यदि हां, तो इस पर देशवार क्या कार्रवाई की गई है;
- (ख) उक्त अवधि के दौरान कांसुलर सहायता प्रदान किए गए मामलों की संख्या कितनी है और भारतीय बंदियों को किस प्रकार की विधिक, चिकित्सा और मानवीय सहायता प्रदान की गई है;
- (ग) क्या सरकार द्वारा जीसीसी देशों में निवारक निरोध में लिए गए भारतीय नागरिकों के मामलों में संबंधित देशों की सरकारों से क्षमादान, सजा में कमी, दया याचिका या भारत में प्रत्यावर्तन के लिए अनुरोध किए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है, और
- (घ) सरकार द्वारा इस संबंध में तैयार किए गए किसी दिशानिर्देश या मानक परिचालन प्रक्रियाओं का ब्यौरा क्या है?

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

(क) से (घ) : मंत्रालय को माननीय संसद सदस्यों के साथ-साथ विदेशों में हिरासत में लिए गए भारतीय नागरिकों के परिवार के सदस्यों से विदेशी कारागारों में कोंसली पहुंच और उनके कल्याण के संबंध में अनुरोध प्राप्त होते हैं। मंत्रालय के पास उपलब्ध जानकारी के अनुसार, जीसीसी देशों में भारतीय कैदियों जिसमें अभियोगाधीन भी शामिल हैं, की संख्या 5548 (बहरीन-303, कुवैत-379, ओमान-99, कतर-870, सऊदी अरब-2478 और यूएई-1419) है।

माननीय संसद सदस्यों और परिवार के सदस्यों के अनुरोध के आधार पर, साथ ही उनके सामान्य कांसुलर कार्यों के दौरान, मिशन/ केंद्र, जेलों में भारतीय नागरिकों की सुरक्षा और कल्याण सुनिश्चित करने के लिए कांसुलर पहुंच की कार्रवाई करते हैं। पिछले पांच वर्षों के दौरान जीसीसी देशों की जेलों में भारतीय नागरिकों को दी गई कोंसली पहुंच के आंकड़े **विवरण** में संलग्न हैं।

जैसे ही किसी भारतीय मिशन/ केंद्र को किसी भारतीय नागरिक की हिरासत/गिरफ्तारी की सूचना मिलती है, वह तुरंत स्थानीय विदेश कार्यालय और अन्य संबंधित स्थानीय अधिकारियों से संपर्क करता है ताकि हिरासत में लिए गए/ गिरफ्तार किए गए भारतीय नागरिक तक कोंसली पहुंच प्राप्त कर मामले के तथ्यों का पता लगाया जा सके और उसकी भारतीय राष्ट्रियता की पुष्टि की जा सके तथा उसका कल्याण सुनिश्चित किया जा सके। विदेशों की जेलों में भारतीय कैदियों के अधिकारों की रक्षा सुनिश्चित करने के लिए मिशन/ केंद्र सतर्क रहते हैं।

विदेशों में कैद भारतीयों को हर संभव कोंसली सहायता प्रदान करने के अलावा, भारतीय मिशन/केंद्र आवश्यकतानुसार कानूनी सहायता प्रदान करने में भी मदद करते हैं। मिशन/केंद्र उन देशों में वकीलों का एक स्थानीय पैनल भी रखते हैं जहां भारतीय समुदाय बड़ी संख्या में है। संबंधित भारतीय दूतावास द्वारा सुविधाएं प्रदान करने के लिए किसी भी भारतीय कैदी से कोई शुल्क नहीं

लिया जाता है। विदेशों में भारतीय मिशन/ केंद्र में 'भारतीय समुदाय कल्याण कोष' (आईसीडब्ल्यूएफ) बनाया गया है, ताकि प्रवासी भारतीय नागरिकों को संकट की स्थिति में, साधन परीक्षण के आधार पर पात्र मामलों में सहायता प्रदान की जा सके। आईसीडब्ल्यूएफ के तहत दी जाने वाली सहायता में भारतीय कैदियों को कानूनी सहायता के लिए आर्थिक सहायता के साथ-साथ स्वदेश वापसी के लिए यात्रा दस्तावेज़/हवाई टिकट देना शामिल है।

विदेशी कारागारों में भारतीय नागरिकों की रिहाई और उन्हें स्वदेश वापस लाने के मुद्दे को विदेशों में स्थित भारतीय मिशन/ केंद्र संबंधित स्थानीय अधिकारियों के साथ नियमित रूप से उठाते रहते हैं। विदेशों में स्थित मिशन/ केंद्र कानून प्रवर्तन एजेंसियों से भी संपर्क करते हैं, ताकि जाँच और न्यायिक कार्यवाही यथाशीघ्र पूरी हो सके। सरकार इस मुद्दे को कोंसली बातचीत और विदेशी अधिकारियों के साथ अन्य परामर्शों के दौरान भी उठाती है। इसके अलावा, सरकार अपने विदेशों में स्थित मिशन/ केंद्र के माध्यम से और उच्च-स्तरीय दौरों के दौरान, विदेशों में भारतीय कैदियों को क्षमादान या उनकी सज़ा कम करने के मामले को भी उठाती है और उसका अनुसरण करती है।

भारत ने कई देशों के साथ कैदियों के स्थानान्तरण की संधियाँ भी की हैं, जिसके अंतर्गत किसी अपराध के लिए दोषी पाए गए व्यक्ति को जेल की सज़ा काटने के लिए उसके अपने देश स्थानांतरित किया जा सकता है। अब तक, भारत ने 31 देशों के साथ 'सज़ा पाए व्यक्तियों के स्थानान्तरण (टीएसपी) करार पर हस्ताक्षर किए हैं, जिनमें बहरीन, कुवैत, कतर, सऊदी अरब और संयुक्त अरब अमीरात (यूएई) शामिल हैं।

विवरण

पिछले पाँच वर्षों में जीसीसी देशों की जेलों में बंद भारतीय कैदियों को प्राप्त कोंसली पहुँच से संबंधित आँकड़े:

देश	उन मामलों की संख्या जिनमें कांसुलर पहुँच प्रदान की गई	टिप्पणी
सऊदी अरब	3427	हिरासत में लिए गए उन भारतीय नागरिकों की संख्या, जिन्हें 2021 से 2025 तक कोंसली पहुँच प्रदान की गई।
कुवैत	272	हिरासत में लिए गए उन भारतीय नागरिकों की संख्या, जिन्हें 2023 से 2025 तक कोंसली पहुँच प्रदान की गई।
कतर	1192	हिरासत में लिए गए उन भारतीय नागरिकों की संख्या, जिन्हें 2024 से 2025 तक कोंसली पहुँच प्रदान की गई।
बहरीन	34	2021से 2025 तक हिरासत में लिए गए भारतीय नागरिकों से मिलने के लिए मिशन अधिकारियों द्वारा किए गए जेल दौरों की संख्या
ओमान	48	2021से 2025 तक हिरासत में लिए गए भारतीय नागरिकों से मिलने के लिए मिशन अधिकारियों द्वारा किए गए जेल दौरों की संख्या
यूएई		दूतावास/कोंसलावास नियमित रूप से विभिन्न जेलों में बंद भारतीयों से मिलने की अनुमति की मांग करते हैं। अधिकारी हर महीने औसतन 14 बार जेल का दौरा करते हैं। हर दौरे पर कई कैदियों तक कोंसली पहुँच की मांग की जाती है।

WELFARE OF SEAFARERS

5557. SHRI K. E. PRAKASH:

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

- (a) whether the Government has taken note of reports that several Indian-flagged merchant vessels and over a thousand Indian seafarers are stranded in the Persian Gulf due to the ongoing conflict in West Asia, if so, the details thereof;
- (b) whether incidents linked to the conflict have resulted in casualties among Indian seafarers serving on foreign-flagged vessels, if so, the details thereof;
- (c) the measures taken by the Government to ensure the safety, communication and possible evacuation of Indian seafarers operating in the region, if so, the details thereof; and
- (d) whether the Government is coordinating with naval and international authorities to secure safe passage for Indian ships and crew in affected maritime routes, if so, the details thereof?

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

(a) : Yes, the Government has taken note of reports regarding Indian-flagged merchant vessels and Indian seafarers operating in the Persian Gulf region in view of the evolving security situation in West Asia. This Ministry along with Ministry of External Affairs (MEA) and Indian Missions in the region are closely

monitoring the situation. Continuous communication is being maintained with shipping companies and Indian seafarers to assess their safety and operational status.

(b) : Yes, the details are given in the enclosed **Statement**.

(c) : Directorate General of Shipping (DGS), a subordinate office of this Ministry, has undertaken measures to ensure the safety, communication, and preparedness of Indian seafarers in the region. Multiple advisories (Nos. 01/2026, 08/2026, 09/2026, 10/2026, 11/2026 and 14/2026) have been issued covering, inter alia, avoidance of deployment of Indian seafarers to Iran, strict compliance with advisories of the Ministry of External Affairs and the Embassy of India, Tehran, enhanced vigilance and security drills, voyage-specific risk assessments, implementation of Ship Security Plans, mandatory reporting protocols, and registration with the Embassy of India, Tehran. Seafarers have also been advised to limit unnecessary movement, follow local safety protocols, and coordinate for safe repatriation, along with measures to prevent dissemination of unverified information.

A 24×7 Quick Response Team and control room have been established in DGS to monitor the situation, provide assistance, and coordinate repatriation. Coordination is maintained with Indian missions, Indian Navy, maritime security agencies, IFC-IOR, ship owners and international authorities. The situation is being closely monitored and necessary steps are being taken to ensure safety,

security and welfare of Indian seafarers. The DGS has convened high-level meetings with shipping companies, RPSL agencies, maritime unions and other stakeholders, and continuous advisories have been issued to approximately 7.4 lakh registered Indian seafarers.

(d) : Yes, this Ministry and DGS are actively coordinating with naval and international authorities to ensure safety and security of Indian ships and crew in the affected maritime routes. Information-sharing mechanisms have been strengthened, and close liaison is being maintained with maritime security agencies, including the Indian Navy and international coordination centres, such as, IFC-IOR, to facilitate safe passage and to respond promptly to any emerging threats.

STATEMENT

The details of incidents/casualties among Indian seafarers serving on foreign-flagged vessels are as follows:

Sr. No.	Name of Vessel	Date of incident	No. of casualties	No. of missing seafarers	No. of injured seafarers
01	LCT Ayeh (Flag: UAE)	28.02.2026	-	-	01
02	MT SKYLIGHT (Flag: Palau)	01.03.2026	01	01	01
03	MT MKD Vyom (Flag: Marshall Islands)	01.03.2026	01	-	-

04	Tug Mussafah 2 (Flag: UAE)	06.03.2026	-	-	02
05	MT Safesea Vishnu (Flag: Marshall Islands)	12.03.2026	01	-	-
Total			03	01	04

उत्तर प्रदेश में उर्वरक सब्सिडी का वितरण

5558. श्रीमती रुचि वीरा:

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

- (क) क्या सरकार ने उत्तर प्रदेश के बिजनौर जिले में खेती की लागत को नियंत्रित करने के लिए सब्सिडी पर निर्भर रहने वाले विशेषकर सीमांत किसानों, बटाईदारों और सहकारी समितियों के सदस्यों के संदर्भ में उर्वरक सब्सिडी वितरण की प्रभावशीलता और पहुंच की समीक्षा की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) सब्सिडी वितरण को पॉइन्ट ऑफ सेल प्रमाणीकरण, लेनदेन सत्यापन और लाभार्थी पहचान के साथ जोड़ने के लिए सरकार द्वारा कार्यान्वित डिजिटल प्रणालियों और सत्यापन प्रक्रियाओं का ब्यौरा क्या है;
- (ग) प्रमाणीकरण विफलताओं, भुगतान में देरी और सब्सिडी से संबंधित किसानों की शिकायतों को हल करने के लिए सरकार द्वारा बैंकों, कृषि विभागों और स्थानीय संस्थाओं के साथ किस प्रकार का समन्वय किया जाता है; और
- (घ) क्या सरकार ने यह आकलन किया है कि सब्सिडी वितरण में किए गए सुधारों से देश में पारदर्शिता एवं वहनीयता में ठोस सुधार हुआ है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) : 'उर्वरकों में प्रत्यक्ष लाभ अंतरण' प्रणाली के अंतर्गत, विभिन्न उर्वरक ग्रेडों पर 100% सब्सिडी उर्वरक निर्माता/आयातकों को लाभार्थियों को की गई वास्तविक बिक्री के आधार पर जारी की जाती है, जो प्रत्येक खुदरा विक्रेता की दुकान पर स्थापित पीओएस उपकरणों के माध्यम से आधार प्रमाणीकरण के पश्चात दर्ज की जाती है। सभी किसानों, जिसमें सीमांत किसान भी शामिल हैं, को सब्सिडी प्राप्त दरों पर उर्वरक उपलब्ध कराए जा रहे हैं। उर्वरक कंपनियां पीओएस पर दर्ज बिक्री के आधार पर साप्ताहिक सब्सिडी दावे सृजित/प्रस्तुत करती हैं, जिन्हें दावों की पूर्णता के अध्यधीन प्रथम-आगत-प्रथम-निर्गत आधार पर क्रमवार संसाधित किया जाता है, ताकि प्रभावी निगरानी, समयबद्ध निपटान तथा कुशल निधि प्रबंधन सुनिश्चित किया जा सके।

सीमांत किसान, बटाईदार तथा सहकारी समितियों के सदस्य पहले से ही भारत सरकार से डीबीटी प्रणाली के माध्यम से सब्सिडी युक्त उर्वरकों का लाभ प्राप्त कर रहे हैं, जिसकी निगरानी उर्वरक (नियंत्रण) आदेश, 1985 के अनुसार उत्तर प्रदेश राज्य द्वारा किया जाता है।

(ख) : उर्वरकों में प्रत्यक्ष लाभ अंतरण 'इंटीग्रेटेड फर्टिलाइजर्स मैनेजमेंट सिस्टम' नामक डिजिटल प्लेटफॉर्म के माध्यम से लागू किया जा रहा है। डीबीटी पीओएस (PoS) एप्लिकेशन पॉइंट ऑफ सेल उपकरण पर संचालित होता है, जिसमें अंतर्निर्मित L-1 फिंगरप्रिंट स्कैनर होता है। पीओएस बिक्री के समय, सबसे पहले कंपनी एवं बेचे जाने वाले उत्पाद की मात्रा का पीओएस स्तर पर चयन किया जाता है। इसके पश्चात खरीदार का आधार आधारित प्रमाणीकरण किया जाता है और खुदरा विक्रेता द्वारा किसान को उर्वरक बेचा जाता है। बेची गई मात्रा संबंधित उर्वरक कंपनियों की इकाइयों से मैप की जाती है। पीओएस के माध्यम से देशभर में हुई बिक्री के आधार पर उर्वरक कंपनी की प्रत्येक इकाई के लिए साप्ताहिक आधार पर एक एकल डीबीटी बिल तैयार किया जाता है।

(ग) : साप्ताहिक डीबीटी बिलों को आईएफएमएस पर संसाधित एवं अनुमोदित किया जाता है तथा संबंधित उर्वरक कंपनियों को भुगतान के लिए पीएफएमएस के माध्यम से राशि जारी की जाती है।

उर्वरक विभाग ने प्रत्येक राज्य के लिए एक राज्य स्तरीय समन्वयक नियुक्त किया है, जो उर्वरकों में डीबीटी के क्रियान्वयन के परिचालन प्रबंधन की निगरानी करता है। इसमें राज्य सरकारों, उर्वरक कंपनियों तथा पीओएस विक्रेताओं जैसे हितधारकों के साथ समन्वय स्थापित कर तकनीकी समस्याओं का समाधान भी शामिल है।

देश भर में उर्वरकों की पर्याप्त और समय पर उपलब्धता सुनिश्चित करने के लिए प्रत्येक मौसम में निम्नलिखित कदम उठाकर भारत सरकार और उत्तर प्रदेश राज्य सहित अन्य राज्य सरकारों के बीच समन्वय बनाए रखा जाता है -

- (i) प्रत्येक फसल मौसम के शुरू होने से पहले, कृषि और किसान कल्याण विभाग (डीए एंड एफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है।
- (ii) कृषि एवं किसान कल्याण विभाग द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को उर्वरक पर्याप्त मात्रा में आवंटित करता है और उपलब्धता की लगातार निगरानी करता है।
- (iii) देश भर में सभी प्रमुख सब्सिडी प्राप्त उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक निगरानी प्रणाली (आईएफएमएस) नामक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।
- (iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांग-पत्र भेजकर आपूर्तियों को कारगर बनाने के लिए विनिर्माताओं और आयातकों के साथ समन्वय करें।

- (v) कृषि एवं किसान कल्याण विभाग और उर्वरक विभाग द्वारा राज्य के कृषि अधिकारियों के साथ संयुक्त रूप से नियमित साप्ताहिक वीडियो कॉन्फ्रेंस आयोजित की जाती है और राज्य सरकारों द्वारा दिए गए संकेत के अनुसार उर्वरक भेजने के लिए सुधारात्मक कार्रवाई की जाती है।

(घ) : उर्वरकों में डीबीटी के अंतर्गत पारदर्शिता सुनिश्चित करने हेतु, किसान को एसएमएस के माध्यम से बिल (इनवॉइस) भेजा जाता है, जिसमें खरीदी गई उर्वरकों की मात्रा, किसान द्वारा देय शुद्ध एमआरपी तथा भारत सरकार द्वारा वहन की गई सब्सिडी का विवरण होता है। उर्वरकों की वहनीयता सुनिश्चित करने के लिए उर्वरक विभाग नीम-लेपित यूरिया हेतु यूरिया मूल्य निर्धारण नीति तथा एनपीकेएस उर्वरकों के लिए पोषक तत्व आधारित सब्सिडी स्कीम लागू करता है, जिनका समय-समय पर मूल्यांकन किया जाता है।

आयुष सेवाओं की गुणवत्ता

5559. श्री राजेश रंजन:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या देश के ग्रामीण और सुदूर क्षेत्रों तक सुलभ और गुणवत्तापूर्ण सेवाएं प्रदान करने के उद्देश्य से चलाई जा रही आयुर्वेद, योग, प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी (आयुष) सहित विभिन्न योजनाओं का अपेक्षित लाभ नहीं पहुंचा है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (ग) सरकार द्वारा इन योजनाओं का प्रभावी कार्यान्वयन, आवश्यक अवसंरचना की उपलब्धता, योग्य चिकित्सकों की नियुक्ति और दवाओं की नियमित आपूर्ति सुनिश्चित करने के लिए अब तक उठाए गए कदम क्या हैं; और

(घ) क्या सरकार का इन योजनाओं की जांच और मूल्यांकन करके कमियों को दूर करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) : आयुष मंत्रालय राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और विभिन्न आयुष पद्धतियों जैसे आयुर्वेद, योग, प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी की सेवाओं तक पहुंच में सुधार करके ग्रामीण और दूरदराज के क्षेत्रों सहित पूरे देश में प्रभावी और समान स्वास्थ्य देखभाल सेवाएं प्रदान करने के उनके प्रयासों का समर्थन कर रहा है। एनएएम के तहत, राज्य/संघ राज्य क्षेत्र सरकारों को आयुष अवसंरचना के विकास, आयुष चिकित्सकों सहित योग्य कर्मचारियों की नियुक्ति, आयुष स्वास्थ्य देखभाल फेसिलिटीज/अस्पतालों को दवाओं की आपूर्ति और साथ ही आयुष सार्वजनिक स्वास्थ्य कार्यक्रमों के कार्यान्वयन के लिए सहायता दी जा रही है। इस संबंध में, राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके एनएएम दिशानिर्देश के मौजूदा प्रावधानों के अनुसार वित्तीय सहायता प्राप्त की जा सकती है। एनएएम के तहत, विभिन्न आयुष उपचारों के माध्यम से समुदाय को स्वास्थ्य सेवा प्रदान करने के लिए विभिन्न अनुमोदित गतिविधियों/ कार्यक्रमों के कार्यान्वयन के लिए राज्य/संघ राज्य क्षेत्र सरकारों को केंद्रीय हिस्सेदारी के रूप में कुल 5670.82 करोड़ रुपये जारी किए गए हैं। 2014-15 से 2024-25 तक एनएएम के तहत जारी किए गए अनुदान की राज्य/संघ राज्य क्षेत्र-वार स्थिति **विवरण** में संलग्न है।

इसके अलावा, सरकार योजना के कार्यान्वयन में कमियों का पता लगाने और उन्हें दूर करने के लिए, एनएएम के तहत विभिन्न गतिविधियों की प्रगति की विभिन्न तरीकों से नियमित निगरानी और मूल्यांकन कर रही है, जो इस प्रकार हैं:

- i. राज्य/ संघ राज्य क्षेत्र सरकारों से नियमित अंतराल पर गतिविधि-वार भौतिक/वित्तीय प्रगति की जानकारी एकत्र करना।
- ii. आयुष मंत्रालय की केंद्रीय टीम द्वारा समय-समय पर क्षेत्र का दौरा करना, विभिन्न गतिविधियों के कार्यान्वयन की वास्तविक प्रगति का विश्लेषण करना जिसके लिए राज्य सरकार ने व्यय की रिपोर्ट दी है और उपयोगिता प्रमाण पत्र प्रस्तुत किया है।
- iii. कार्यान्वयन की स्थिति का आकलन करने और आगे की राह तय करने के लिए माननीय मंत्री/ सचिव की अध्यक्षता में राज्यों/संघ राज्य क्षेत्रों के साथ क्षेत्रीय समीक्षा बैठकें।
- iv. भौतिक और वित्तीय प्रगति की विस्तृत समीक्षा के लिए राज्यों/संघ राज्य क्षेत्रों के साथ आमने-सामने बैठक आयोजित की जाती है।
- v. नीति आयोग द्वारा तीसरे पक्ष के माध्यम से राज्य/संघ राज्य क्षेत्रों में फील्ड दौरे करके एनएएम योजना के कार्यान्वयन/प्रगति का मध्यावधि मूल्यांकन।

विवरण

2014-15 से 2024-25 तक एनएएम के तहत जारी किए गए अनुदान की राज्य/संघ राज्य क्षेत्र-वार स्थिति

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	जारी किया गया केंद्रीय हिस्सा (लाख रु. में)
1	अंडमान और निकोबार द्वीप समूह	3172.52
2	आंध्र प्रदेश	10075.24
3	अरुणाचल प्रदेश	6516.88
4	असम	20423.24
5	बिहार	8091.86
6	चंडीगढ़	2206.70
7	छत्तीसगढ़	13935.89
8	दादरा और नगर हवेली और दमन और दीव	1583.43

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	जारी किया गया केंद्रीय हिस्सा (लाख रु. में)
9	दिल्ली	726.31
10	गोवा	2935.58
11	गुजरात	16127.16
12	हरियाणा	15477.57
13	हिमाचल प्रदेश	17896.15
14	जम्मू और कश्मीर	26191.38
15	झारखंड	16864.86
16	कर्नाटक	26519.45
17	केरल	35572.42
18	लद्दाख	497.32
19	लक्षद्वीप	1942.25
20	मध्य प्रदेश	41182.19
21	महाराष्ट्र	13356.21
22	मणिपुर	9504.66
23	मिजोरम	5934.86
24	मेघालय	7296.64
25	नागालैंड	9240.38
26	ओडिशा	11079.39
27	पुदुचेरी	3050.48
28	पंजाब	6902.92
29	राजस्थान	41834.61
30	सिक्किम	4332.60
31	तमिलनाडु	28587.15
32	तेलंगाना	12280.61
33	त्रिपुरा	5731.19
34	उत्तर प्रदेश	104006.92
35	उत्तराखंड	17405.14
36	पश्चिम बंगाल	18600.73
	कुल	567082.88

प्रधानमंत्री-जनमन योजना के अंतर्गत मोबाइल चिकित्सा इकाइयाँ

5560. डॉ. राजेश मिश्रा:

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

- (क) क्या सरकार ने प्रधानमंत्री-जनमन योजना के अंतर्गत सीधी संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले सीधी, सिंगरौली और बेओहारी क्षेत्रों में स्थित जनजातीय बस्तियों में स्वास्थ्य सेवाएँ प्रदान करने के लिए मोबाइल चिकित्सा इकाइयाँ (एमएमयू) तैनात की हैं;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और अब तक इन मोबाइल चिकित्सा इकाइयों द्वारा कवर की गई जनजातीय बस्तियों की संख्या कितनी है;
- (ग) क्या उक्त मोबाइल चिकित्सा इकाइयों के माध्यम से नैदानिक परीक्षण और दवाएँ उपलब्ध कराई जा रही हैं और यदि हाँ, तो किए जा रहे नैदानिक परीक्षणों और उपलब्ध कराई जा रही विशिष्ट दवाओं का ब्यौरा क्या है;
- (घ) क्या इन मोबाइल चिकित्सा इकाइयों के संचालन के बाद जनजातीय आबादी के स्वास्थ्य परिणामों में कोई गुणात्मक सुधार दर्ज किया गया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या सरकार ने इस संबंध में कोई व्यापक जागरूकता अभियान या प्रचार उपाय किए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ङ) : दुर्गम भूभाग वाले और अल्पसेवित दूरस्थ गांवों में स्वास्थ्य सेवाएं पहुंचाने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत मोबाइल चिकित्सा इकाइयों (एमएमयू) को सहायता प्रदान की जाती है। एनएचएम के तहत, स्वास्थ्य परिचर्या सेवाओं तक पहुंच को सुदृढ़ बनाने के लिए जनजातीय/पहाड़ी/दुर्गम क्षेत्रों के लिए नियमों में ढील दी गई है। मैदानी जिलों में 2 मोबाइल चिकित्सा

इकाइयों की तुलना में जनजातीय और दुर्गम क्षेत्रों में प्रति जिला अधिकतम 4 मोबाइल चिकित्सा इकाइयों की अनुमति दी जाती है।

जनजातीय कार्य मंत्रालय द्वारा 15 नवंबर, 2023 को शुरू किए गए प्रधानमंत्री जनजातीय आदिवासी न्याय महा अभियान (पीएम-जनमन) के तहत, विशेष रूप से कमजोर जनजातीय समूहों (पीवीटीजी) वाले क्षेत्रों में एनएचएम मानकों में छूट देकर इसे प्रति जिला 10 मोबाइल चिकित्सा इकाइयों तक किया गया है। एमएमयू पोर्टल के अनुसार, दिनांक 18.02.2026 तक पीएम-जनमन के तहत 815 एमएमयू पूरे देश में जनजातीय क्षेत्रों में बुनियादी स्वास्थ्य सेवाएं प्रदान करने के लिए संचालित हैं। मध्य प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, सीधी संसदीय क्षेत्र सहित 21 जिलों के 87 ब्लॉकों के 1268 पीवीटीजी गांवों को पीएम-जनमन के तहत 66 एमएमयू द्वारा कवर किया गया है।

सार्वजनिक स्वास्थ्य केंद्रों में आने वाले मरीजों को आवश्यक दवाएं और नैदानिक परीक्षण उपलब्ध कराने के लिए सरकार ने एनएचएम के तहत निःशुल्क दवा सेवा पहल और निःशुल्क निदान सेवा पहल शुरू की है। मध्य प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, उक्त मोबाइल चिकित्सा इकाइयों के माध्यम से 13 परीक्षण और 65 दवाएं उपलब्ध कराई जा रही हैं।

जनजातीय स्वास्थ्य परिचर्या पर समय-समय पर डेटा संग्रह करने के लिए विभिन्न तंत्र और सर्वेक्षण एजेंसियां मौजूद हैं। राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) देश भर के सभी उच्च-भार वाले जनजातीय जिलों में स्वास्थ्य परिणामों में हुए प्रमुख परिवर्तनों का विवरण प्रदान करता है। भारत की जनगणना जनजातीय क्षेत्रों सहित जनसंख्या और परिवारों का विवरण प्रदान करती है। राष्ट्रीय नमूना सर्वेक्षण विभिन्न सामाजिक-आर्थिक विषयों पर घरेलू सर्वेक्षण प्रदान करता है। एनएफएचएस-5 के प्रमुख संकेतकों की राज्यवार सूची नीचे दिए गए लिंक से प्राप्त की जा सकती है:

<https://www.nfhsiips.in/nfhsuser/publication.php>

स्वास्थ्य शिविर जैसी आउटरीच पहल और आशा कर्मियों द्वारा समुदाय के लोगों को जुटाने की गतिविधियां भी दूरदराज के इलाकों सहित दुर्गम क्षेत्रों में आवश्यक स्वास्थ्य सेवाएं प्रदान करने और जागरूकता फैलाने के लिए कार्यान्वित की जाती हैं।

MEDICAL COLLEGE IN KOLHAPUR

5561. SHRI SHAHU SHAHAJI CHHATRAPATI:

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

- (a) whether the upgraded Government Medical College in Kolhapur has enhanced, specialized Healthcare services available to the public and if so, the details thereof;
- (b) the number of patients served annually before and after upgradation along with the impact on referral rates from nearby districts and regional catchment areas;
- (c) whether the Government has conducted patient satisfaction surveys or quality audits at the Government Medical College, Kolhapur along with the key findings of such audits;
- (d) the measures taken by the Government to address gaps identified thereto;
- (e) whether any new research labs or clinical trial infrastructure is proposed at Government Medical College, Kolhapur and if so, the details thereof along with the funding allocated and the expected timeline for completion;

- (f) the details of the Central and State funding committed for upgradation of the Government Medical College, Kolhapur along with the expenditure incurred so far; and
- (g) whether any delays have occurred in release of funds or execution of works in this regard and if so, the details thereof?

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

(a) and (b) : As informed by the State Government of Maharashtra, the super-specialty services including Cardiology, Neurosurgery, Hematology, Neonatology, Respiratory ICU and Nephrology have been operationalized in the institution. In addition, advanced diagnostic facilities such as high-end MRI and CT scan are fully functional.

There is a total increase of 1,75,916 patients in Out-Patient Department (OPD) from 1,80,113 patients in 2024 to 3,56,029 patients in 2025. This growth has also led to increased referrals from adjoining districts such as Sangli, Satara and Ratnagiri and nearby districts.

(c) and (d) : Patient satisfaction is regularly monitored through the 'Mera Aspataal' portal, along with feedback registers and suggestion boxes maintained in each ward, which are periodically reviewed by the respective Heads of Departments. Further, to address these concerns, several remedial measures have been

initiated, including the implementation of a digital token system for streamlined OPD services and efforts to fill vacant nursing and support staff positions.

(e) to (g) : A proposal for establishing a Multi-Disciplinary Research Unit (MRU) and an advanced Viral Research and Diagnostic Laboratory (VRDL) has been submitted to the Government of Maharashtra.

Further, under Central Sector Scheme 'Human Resource Development for Emergency Medical Services' (HRDEMS) provides for setting up and equipping of National Emergency Life Support (NELS) Skill Centers in Government Medical Colleges /Autonomous Institutes in States/UTs for imparting skill-based trainings on emergency life support for different categories of health functionaries including doctors, nurses and paramedicals working in emergency departments and those providing pre - hospital care.

One such National Emergency Life Support (NELS) Skill Center has been sanctioned for Government Medical College, Kolhapur for which an amount of Rs. 1.4 Crore has been released in FY 2025-26.

आयुष्मान आरोग्य मंदिरों में उपचार पर हुआ व्यय

5562. श्री रामवीर सिंह बिधूड़ी:

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

(क) अब तक देश में आयुष्मान आरोग्य मंदिरों में उपचार पर सरकार द्वारा किए गए व्यय का राज्य-वार ब्यौरा क्या है;

(ख) देश भर में कितने आयुष्मान आरोग्य मंदिर स्थापित किए जाने की संभावना है; और

(ग) आयुष्मान आरोग्य मंदिर में कार्यरत कर्मचारियों के लिए निर्धारित योग्यता संबंधी आवश्यकताएं क्या हैं और वहां किस प्रकार की सुविधाएं प्रदान की जाती हैं?

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

(क) से (ग) : फरवरी 2018 में, भारत सरकार ने देशभर में मौजूदा उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) का सुदृढ़ीकरण करके 1,50,000 आयुष्मान आरोग्य मंदिर (एएएम) स्थापित करने की घोषणा की है। राज्यों/संघ राज्य क्षेत्रों द्वारा एएएम पोर्टल पर दी गई जानकारी के अनुसार, देश में कुल 1.84 लाख एएएम परिचालित हैं।

एएएम शहरी, ग्रामीण और जनजातीय बहुल क्षेत्रों में प्राथमिक स्वास्थ्य परिचर्या सेवाओं के 12 पैकेज प्रदान करते हैं, जिनमें प्रजनन और शिशु परिचर्या सेवाएं, संक्रामक रोग, गैर-संक्रामक रोग (एनसीडी), उपशामक परिचर्या और जराचिकित्सा परिचर्या, सामान्य मानसिक विकारों, तंत्रिका संबंधी स्थितियों (मिर्गी, डिमेंशिया) और मादक द्रव्यों के सेवन संबंधी विकारों (तंबाकू, शराब, ड्रग्स) का प्रबंधन, मुख स्वास्थ्य, ईएनटी परिचर्या और बुनियादी आपातकालीन परिचर्या शामिल हैं। विस्तारित सेवाओं के पूरक के रूप में, देश भर में सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में 300 औषधि और 97 नैदानिक सुविधाएं, प्राथमिक स्वास्थ्य केंद्र-एएएम में 172 औषधि और 63 नैदानिक सुविधाएं और एसएचसी-एएएम में 106 औषधि और 14 नैदानिक सुविधाएं प्रदान कर औषधि और नैदानिक सुविधाओं की अनिवार्य सूची का विस्तार किया गया है।

राज्य कार्यक्रम कार्यान्वयन योजनाओं (एसपीआईपी) का अनुमोदन और वर्ष 2024-25 में एनएचएम के तहत एएएम के संचालन के लिए राज्य/संघ राज्य क्षेत्र-वार व्यय संलग्न **विवरण** में दिया गया है।

एएएम-एसएचसी में सामुदायिक स्वास्थ्य अधिकारी (सीएचओ) एक नर्स (जीएनएम या बीएससी) या आयुर्वेद प्रैक्टिशनर होता है, जिसे इग्नू/अन्य राज्य जन स्वास्थ्य/चिकित्सा विश्वविद्यालयों के माध्यम से सामुदायिक स्वास्थ्य में छह माह के प्रमाण पत्र कार्यक्रम में प्रशिक्षित और प्रमाणित किया गया हो, ताकि उसे जन स्वास्थ्य और प्राथमिक स्वास्थ्य परिचर्या सेवाएं प्रदान करने में दक्षता प्राप्त हो सके। एकीकृत बीएससी नर्सिंग/पोस्ट बेसिक बीएससी नर्सिंग कार्यक्रम (सामुदायिक स्वास्थ्य कार्यक्रम के साथ एकीकृत) वाले नर्सिंग स्नातकों को भी सामुदायिक स्वास्थ्य अधिकारी के पद के लिए चुना जाता है। एएएम-पीएचसी में, चिकित्सा अधिकारी और अन्य पीएचसी कर्मचारियों की योग्यता भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के अनुसार है। एएएम के लिए परिचालन दिशानिर्देश निम्नलिखित लिंक पर देखे जा सकते हैं:

<https://nhsrcindia.org/sites/default/files/2021-03/Operational%20Guidelines%20For%20Comprehensive%20Primary%20Health%20Care%20through%20Health%20and%20Wellness%20Centers.pdf>

विवरण

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत आयुष्मान आरोग्य मंदिरों के संचालन हेतु वित्तीय वर्ष 2024-25 के लिए राज्य/संघ राज्य क्षेत्र-वार एसपीआईपी अनुमोदन और व्यय:

लाख रु. में

क्र.सं.	राज्य	2024-25	
		एसपीआईपी अनुमोदन	व्यय
1	अंडमान एवं निकोबार द्वीप समूह	59.13	6.91
2	आंध्र प्रदेश	7,912.25	7,154.33
3	अरुणाचल प्रदेश	5,641.73	1,012.74
4	असम	7,807.13	5,090.39
5	बिहार	6,588.81	7,987.20

6	चंडीगढ़	177.82	94.58
7	छत्तीसगढ़	7,296.47	2,791.10
8	दादरा एवं नगर हवेली दमन और दीव	27.44	26.43
9	दिल्ली	0.00	45.87
10	गोवा	353.11	122.88
11	गुजरात	20,988.58	5,958.37
12	हरियाणा	10,529.50	4,786.87
13	हिमाचल प्रदेश	3,934.48	937.80
14	जम्मू और कश्मीर	3,218.48	1,469.04
15	झारखंड	10,572.72	8,402.34
16	कर्नाटक	2,970.04	4,460.33
17	केरल	3,756.14	3,545.14
18	लक्षद्वीप	14.00	1.13
19	मध्य प्रदेश	27,564.85	14,223.25
20	महाराष्ट्र	21,122.26	3,082.61
21	मणिपुर	1,796.43	606.72
22	मेघालय	1,586.66	1,953.89
23	मिजोरम	574.09	76.09
24	नागालैंड	1,053.65	545.70
25	ओडिशा	15,178.49	8,879.13
26	पुदुचेरी	242.48	131.81
27	पंजाब	3,207.89	1,076.51
28	राजस्थान	7,498.70	3,981.50
29	सिक्किम	38.69	24.14
30	तमिलनाडु	163.70	137.89
31	तेलंगाना	3,454.81	1,265.06
32	त्रिपुरा	639.65	447.88
33	उत्तर प्रदेश	107,535.86	20,668.89
34	उत्तराखंड	4,523.07	2,048.07
35	पश्चिम बंगाल	16,173.90	7,502.92
36	लद्दाख	912.02	557.41

नोट: 1. एसपीआईपी की स्वीकृति और व्यय राज्य/संघ राज्य क्षेत्रों द्वारा प्रस्तुत उपलब्ध वित्तीय प्रबंधन रिपोर्टों के अनुसार हैं और अनंतिम हैं।

2. व्यय में केंद्र द्वारा जारी की गई राशि, राज्य द्वारा जारी की गई राशि और वर्ष के प्रारंभ में अव्यतित राशि का व्यय शामिल है।

ENFORCEMENT MEASURES AGAINST BLACK MARKETING

5563. SHRI RAJESH VERMA:

SHRIMATI DAGGUBATI PURANDESWARI:

SHRI ARUN BHARTI:

SHRIMATI SHAMBHAVI:

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

- (a) whether the Government has undertaken strict enforcement measures against fertilizer hoarding in February, 2026, if so, the details thereof and if not, the reasons therefor;
- (b) whether over five thousand licences were cancelled for malpractices related to hoarding, black marketing or diversion of fertilizers, if so, the details thereof;
- (c) whether inspections and monitoring mechanisms were strengthened to prevent such malpractices in the future, if so, the details thereof and if not, the reasons therefor;
- (d) whether consultations have been held with State authorities, fertilizer manufacturers and distributors to ensure compliance, if so, the details thereof and if not, the reasons therefor; and
- (e) the expected impact of these enforcement measures on fertilizer availability, prices and agricultural support to farmers?

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) : In order to address the issues such as diversion, hoarding and black-marketing, fertilizers are declared as an essential commodity under the Essential Commodities (EC) Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is also sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

However, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with the State Governments, is regularly monitoring the enforcement action taken by State Governments against the cases of black marketing, hoarding, sub-standard and diversion on weekly basis and regularly pursuing with the State Governments to strictly implement the enforcement action against the defaulters.

Accordingly, as per information received from the DA&FW, since April 2025, 4,66,415 raids have been conducted with 16,246 show cause notices issued, 6,802 licenses suspended/cancelled and 821 FIRS registered against defaulters to curd these malpractices. Further, during the month of February, 2026, with

respect to hoarding cases, 28 show cause notices were issued, 2 licenses were suspended/cancelled and 2 FIRS were registered against defaulters.

(e) : The availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the country during the ongoing Rabi 2025-26 season. The information regarding requirement, availability and sales of these fertilizers during the said season is as under:

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE RABI 2025-26 (Till 18.03.26)				
fig. in LMT				
S. No.	PRODUCT	ALL INDIA		
		Requirement	Availability	DBT Sales
1	UREA	191.72	249.17	196.42
2	DAP	52.72	74.55	52.74
3	MOP	15.17	18.98	11.03
4	NPKS	80.34	114.66	66.35

Further in order to ensure availability of Urea at affordable price, under the Urea Subsidy Scheme, it is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of Urea is Rs.242 per bag (exclusive of charges towards Neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

Besides, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, the subsidy is provided to manufacturer/ importer on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure 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 P&K fertilizers annually / bi-annually to ensure affordable supply of P&K fertilizers to the farmers. Further, to ensure affordability, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2025 and Rabi 2025-26 seasons.

CONTRIBUTION OF INDIA'S SKILLED MEDICAL PROFESSIONALS

5564. SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL:

SHRIMATI SUPRIYA SULE:

PROF. VARSHA EKNATH GAIKWAD:

SHRI SANJAY DINA PATIL:

SHRI BHASKAR MURLIDHAR BHAGARE:

DR. AMOL RAMSING KOLHE:

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

- (a) whether the Government recognises the contribution of India's skilled medical professionals and advanced healthcare infrastructure in delivering high-quality treatment across specialised fields such as cardiology, oncology, organ transplantation, orthopaedics and neurosciences, if so, the details thereof;
- (b) whether it is a fact that Maharashtra, as a leading healthcare hub, has benefited from targeted initiatives to strengthen tertiary and quaternary care services in public and private hospitals, if so, the details thereof;
- (c) whether advanced technologies, digital health platforms and quality assurance mechanisms are being promoted in Maharashtra to improve patient outcomes, clinical efficiency and continuity of care, if so, the details thereof;
- (d) whether any steps have been taken by the Government to enhance training, skill upgradation and retention of medical professionals in the State to meet the growing demand for specialised care, if so, the details thereof; and
- (e) whether the Government proposes further support for integrating digital health solutions and modern treatment protocols across hospitals in the State to reinforce its role as a centre for advanced and affordable healthcare and if so, the details thereof?

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

(a) to (e) : The Government recognises the significant contribution of India's skilled medical professionals and robust healthcare infrastructure in delivering high-quality, affordable care across specialised fields. The Government duly recognised the invaluable contribution and selfless service of healthcare workers during the COVID-19 pandemic, wherein doctors, nurses, paramedics and frontline workers played a critical role in managing the crisis. The Government also provided financial protection through schemes such as the Pradhan Mantri Garib Kalyan Package Insurance Scheme for Health Workers Fighting COVID-19, offering insurance cover to frontline workers. In addition, efforts were made to ensure adequate supply of personal protective equipment (PPE), capacity building, and prioritisation of healthcare workers in vaccination drives, thereby acknowledging their dedication and safeguarding their well-being.

Ayushman Bharat is a flagship scheme of the Government of India aimed at achieving Universal Health Coverage by providing accessible and affordable healthcare. It has two key components: Health and Wellness Centres (HWCs) for delivering comprehensive primary care, and Pradhan Mantri Jan Arogya Yojana (PM-JAY), which offers health insurance coverage of up to ₹5 lakh per family per year for secondary and tertiary hospitalisation to economically vulnerable families.

The scheme focuses on reducing out-of-pocket expenditure, improving access to quality healthcare services, and strengthening the overall public health system.

Further, the primary responsibility of strengthening public healthcare system lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs including State of Maharashtra to create and strengthen quality healthcare infrastructure, training and skill upgradation for healthcare workers, etc in remote areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. The details are available in public domain at:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=55&lid=68>

In addition to the National Health Mission, Government of India is implementing the schemes like Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Fifteenth Finance Commission (FC-XV) Health Sector Grants, Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), 'Establishment of new medical colleges attached with existing district/referral hospitals', etc in States/UTs including Maharashtra to improve the healthcare infrastructure and service delivery in backward and under-served regions:

The Government promotes adoption of advanced technologies and digital health platforms under the **Ayushman Bharat Digital Mission (ABDM)**.

Initiatives include creation of digital health IDs, electronic health records, telemedicine services, and hospital information systems to improve continuity of care. Quality assurance mechanisms such as **National Quality Assurance Standards (NQAS)** and accreditation frameworks are implemented to enhance patient outcomes and clinical efficiency.

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. Under the ABDM, specific measures have been instituted to ensure data quality, patient consent, and interoperability in the digital health ecosystem.

States/UTs have been supported to put in place a robust IT enabled supply chain management system like Drugs and Vaccines Distribution Management Systems (DVDMS). To facilitate the monitoring of supply chain management activity.

Under NHM, several targeted measures are undertaken to enhance training, skill upgradation and retention of medical professionals in the country including Maharashtra with measures such as Hard Area Allowance for specialist doctors, flexibility to States to offer negotiable salaries including “You Quote We Pay”, non-monetary incentives like preferential admission in postgraduate courses and multi-skilling of doctors through training in Comprehensive

Emergency Obstetric and Newborn Care (CEmONC) and Life Saving Anaesthesia Skills (LSAS).

राजस्थान के आंगनवाड़ी केंद्र

5565. श्री अमरा राम:

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

- (क) वर्तमान में राजस्थान के सीकर जिले में संचालित आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की संख्या कितनी है और ऐसे केंद्रों की संख्या कितनी है जो अपने स्वयं के भवनों के बिना कार्य कर रहे हैं;
- (ख) एडब्ल्यूसी-वार इन केंद्रों में तैनात आंगनवाड़ी कार्यकर्ताओं और सहायिकाओं की वर्तमान संख्या कितनी है और लाभार्थियों के रूप में पंजीकृत महिलाओं और बच्चों की संख्या कितनी है;
- (ग) केंद्र सरकार द्वारा आंगनवाड़ी कार्यकर्ताओं और सहायिकाओं के मानदेय में अंतिम बार किस तिथि को वृद्धि की गई थी; और
- (घ) क्या मानदेय में और वृद्धि करने का कोई प्रस्ताव विचाराधीन है और यदि हां, तो उस प्रस्ताव को कब तक अंतिम रूप दिए जाने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं?

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

- (क) से (घ) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, पात्र लाभार्थियों को छह सेवाएं प्रदान की जाती हैं, जिनमें पूरक पोषण (एसएनपी), प्री-स्कूल अनौपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं शामिल हैं। इन छह सेवाओं में से तीन, अर्थात् टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं, स्वास्थ्य से संबंधित हैं और राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

ये सेवाएं आंगनवाड़ी केंद्र के माध्यम से पात्र पंजीकृत लाभार्थियों को प्रदान की जाती हैं। प्रत्येक आंगनवाड़ी केंद्र में एक आंगनवाड़ी कार्यकर्त्री और एक आंगनवाड़ी सहायिका होती हैं, जो स्थानीय समुदाय की मानद कार्यकर्ता होती हैं और स्वेच्छा से बाल देखभाल और विकास के क्षेत्र में अपनी सेवाएं प्रदान करके स्थानीय समुदाय की सहायता करते हैं।

आंगनवाड़ी कार्यकर्त्रियां (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाएं (एडब्ल्यूएच) स्थानीय समुदाय की "मानद कार्यकर्ता" हैं जो समुदाय की मदद के लिए बाल देखभाल और विकास के क्षेत्र में अपनी सेवाएं देने के लिए स्वेच्छा से आगे आती हैं जिसके लिए उन्हें मानदेय दिया जाता है जिसे समय-समय पर बढ़ाया जाता है। दिनांक 1 अक्टूबर, 2018 से, भारत सरकार ने आंगनवाड़ी केंद्रों में कार्यरत आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये से बढ़ाकर 4,500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये से बढ़ाकर 2,250 रुपये प्रति माह कर दिया है। यह राशि केंद्र तथा राज्यों और संघ राज्य क्षेत्रों के बीच निर्धारित लागत हिस्सेदारी अनुपात के अनुसार दी जाती है। इसके अतिरिक्त, राज्य तथा संघ राज्य क्षेत्र अपने संसाधनों से इन कार्यकर्त्रियों और सहायिकाओं को अतिरिक्त मौद्रिक प्रोत्साहन और टॉप-अप भी दे रहे हैं, जो राज्यवार भिन्न-भिन्न होते हैं।

इसके अलावा, आंगनवाड़ी कार्यकर्त्रियों को 500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह का प्रदर्शन-आधारित प्रोत्साहन प्रदान किया जाता है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत, आंगनवाड़ी कार्यकर्त्रियों को कुशल निगरानी और सेवा प्रदायगी के लिए स्मार्टफोन प्रदान करके तकनीकी रूप से सशक्त बनाया गया है। पोषण ट्रैकर एक मोबाइल फोन एप्लिकेशन है, जिसमें आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले भौतिक रजिस्ट्रों को डिजिटल बनाया है। इससे उनके कार्य की गुणवत्ता में सुधार हुआ है और साथ ही वे आंगनवाड़ी में चल रही सभी गतिविधियों की तत्समय समय निगरानी कर पाती हैं।

आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रोत्साहित करने के लिए निम्नलिखित विभिन्न पहल की गई हैं जिनमें:

- (i) पदोन्नति: मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी सहायिकाओं द्वारा भरे जाने हैं तथा पर्यवेक्षकों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरे जाने हैं, बशर्ते कि वे अन्य मानदण्डों को पूरा करती हों।
- (ii) अवकाश: 20 दिन का वार्षिक अवकाश और 180 दिनों का सवैतनिक मातृत्व अवकाश तथा गर्भपात/गर्भस्राव पर एक बार 45 दिनों का सवैतनिक अवकाश।
- (iii) राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रोत्साहित करें कि वे प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत स्वयं को नामांकित करवाएं। यह योजना वृद्धावस्था सुरक्षा सुनिश्चित करने के लिए देश में असंगठित क्षेत्रों हेतु एक स्वैच्छिक और अंशदायी पेंशन योजना है।
- (iv) सामाजिक सुरक्षा बीमा योजनाएं: 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) के अंतर्गत 2.00 लाख रुपये का जीवन बीमा (जीवन जोखिम, किसी भी कारण से मृत्यु) और 18-59 वर्ष की आयु समूह की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री सुरक्षा बीमा योजना के अंतर्गत 2.00 लाख रुपये (दुर्घटनागत मृत्यु और स्थायी पूर्ण

विकलांगता)/1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना बीमा प्रदान किया गया है।

(v) सेवानिवृत्ति तिथि: राज्यों और संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं के संबंध में एक समान सेवानिवृत्ति तिथि अर्थात् प्रत्येक वर्ष के 30 अप्रैल को अपनाएं।

(vi) वित्तीय वर्ष 2024-25 के बजट में की गई घोषणा के अनुपालन में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये की वार्षिक स्वास्थ्य देखरेख कवरेज दी गई है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 एक केंद्र प्रायोजित योजना है। केंद्र सरकार योजना के नीति और आयोजना के लिए जिम्मेदार है और राज्य सरकारें तथा संघ राज्य क्षेत्र प्रशासन दिन-प्रतिदिन के कार्यक्रम कार्यान्वयन के लिए जिम्मेदार हैं।

राजस्थान राज्य के सीकर जिले में सरकारी वाले भवनों में संचालित आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की संख्या, बुनियादी ढांचे, क्षेत्रीय कार्यकर्ताओं और लाभार्थियों का विवरण पोषण ट्रैकर के सार्वजनिक डैशबोर्ड <https://www.poshantracker.in/statistics> पर उपलब्ध है।

INDIANS FACING EXPLOITATIVE CONDITIONS ABROAD

5566. THIRU DR. S. JAGATHRAKSHAKAN:

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

- (a) the number of complaints received by the Government regarding exploitative employment conditions faced by Indian nationals overseas during the last five years, year-wise and country-wise;
- (b) the number of Indian nationals repatriated to India following such complaints, year-wise and country-wise;
- (c) the number of cases pending as on date, country-wise and the reasons for pendency; and
- (d) whether the Government has any standard operating procedures in case of such incidents 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) to (c) : As per information available, year-wise and country-wise data of labour-related complaints/grievances received from Indian workers abroad as well as complaints/grievances resolved by Indian Missions/Posts abroad during the last five years, is given in the enclosed **Statement-I**. Year-wise and country-wise data of Indian workers repatriated/deported in the last five years is given in the enclosed **Statement-II**.

(d) : The Government of India accords highest priority to the safety, protection and wellbeing of Indian workers abroad. There are established channels to enable them to reach out to the Embassy/Consulate in case they need any assistance.

They can contact the Embassy/Consulate through walk-in, email, multilingual 24x7 emergency numbers, WhatsApp number, grievance redressal portal like MADAD/CPGRAMS/eMigrate, and social media etc. There are dedicated Labour Wings for handling such matters, where there is a sizeable number of Indian migrant workers. Pravasi Bharatiya Sahayata Kendras have been set up in key locations such as New Delhi, Dubai, Riyadh, Jeddah and Kuala Lumpur to provide guidance and counselling to the Indian workers. 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. On receipt of any complaint or grievance from Indian nationals including labourers, the Embassy/Consulate pro-actively takes it up with the concerned Foreign Employer (FE) and, if needed, the work place of the aggrieved worker is also visited. The issues are also taken up with the local Labour Department and other concerned authority of the host country for redressal.

Further, as additional safeguard for protection and safety of the female workers (including domestic sector workers), Government has authorized only State run Recruiting Agencies (RAs) to recruit Indian female workers holding ECR category passports for overseas employment in Gulf and other notified ECR Countries through the e-Migrate Portal. Moreover, there is a minimum age criteria of 30 years for female workers holding ECR category passport for overseas employment to protect them against exploitation.

The Missions/Posts also utilize the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian nationals in distress abroad on a means-tested basis. Under ICWF, the major assistance/facilitation like Boarding & Lodging, Air Passage to India, Legal Assistance, Emergency Medical Care, Transportation of Mortal Remains to India, etc., are rendered on priority basis.

STATEMENT-I

The details of labour-related complaints/grievances received from Indian workers abroad as well as complaints/grievances resolved by Indian Missions/Posts abroad during the last five years:

S. No.	Name of the Country	Name of the Mission/Post	Number of complaints received from Indian migrant workers relating to employment issues, including non-payment of wages, passport confiscation, contract violations, harassment by Employer etc.									
			Cases received	Cases resolved	Cases received	Cases resolved	Cases received	Cases resolved	Cases received	Cases resolved	Cases received	Cases resolved
			2021		2022		2023		2024		2025	
1	Afghanistan	EOI, Kabul	0	0	0	0	0	0	0	0	0	0
2	Albania	EOI, Tirana	0	0	0	0	0	0	0	0	1	1
3	Algeria	EOI, Algiers	8	8	4	4	4	4	7	7	3	3
4	Angola	HCI, Luanda	12	12	10	10	12	12	8	8	8	8
5	Argentina	EOI, Buenos Aires	0	0	0	0	0	0	0	0	0	0
6	Armenia	EOI, Yerevan	0	0	0	0	1	1	0	0	2	2
7	Australia	HCI, Canberra	0	0	0	0	0	0	0	0	0	0
8		CGI, Melbourne	0	0	0	0	0	0	0	0	0	0
9		CGI, Sydney	0	0	0	0	0	0	0	0	0	0
10		CGI, Perth	0	0	0	0	0	0	0	0	0	0
11		CGI, Brisbane	0	0	0	0	0	0	1	1	0	0

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64		CGI, Marseille	0	0	0	0	0	0	0	0	0	0
65		CGI, Saint Denis (Reunion Island)	0	0	0	0	0	0	0	0	0	0
66	Gabon	HCI, Libreville	0	0	0	0	0	0	0	0	0	0
67	Georgia	EOI, Tbilisi	0	0	0	0	0	0	0	0	0	0
68	Germany	EOI, Berlin	0	0	0	0	0	0	0	0	0	0
69		CGI, Frankfurt	0	0	0	0	0	0	0	0	0	0
70		CGI, Hamburg	0	0	0	0	0	0	0	0	0	0
71		CGI, Munich	0	0	0	0	0	0	0	0	0	0
72	Ghana	HCI, Accra	0	0	0	0	0	0	0	0	0	0
73	Greece	EOI, Athens	0	0	0	0	0	0	0	0	0	0
74	Guatemala	EOI, Guatemala City	0	0	0	0	0	0	0	0	0	0
75	Guyana	HCI, Georgetown	0	0	0	0	0	0	0	0	2	0
76	Hungary	Eoi Budapest	0	0	0	0	0	0	0	0	0	0
77	Iceland	EOI, Reykjavik	0	0	0	0	0	0	0	0	0	0
78	Indonesia	EOI, Jakarta	0	0	0	0	0	0	0	0	1	0
79		CGI, Medan	0	0	0	0	0	0	0	0	0	
80		CGI, Bali	0	0	0	0	0	0	0	0	3	3
81	Iran	EOI, Tehran	0	0	0	0	0	0	0	0	0	0
82		CGI, Bandar	0	0	0	0	0	0	3	0	4	0

		Abbas										
83		CGI, Zahedan	0	0	0	0	0	0	0	0	0	0
84	Iraq	EOI, Baghdad	0	0	0	0	0	0	0	0	0	0
85		CGI, Erbil	0	0	0	0	0	0	0	0	1	1
86	Ireland	EOI, Dublin	0	0	0	0	0	0	0	0	0	0
87	Israel	EOI, Tel Aviv	0	0	0	0	0	0	0	0	0	0
88	Italy	EOI, Rome	0	0	0	0	0	0	0	0	4	4
89		CGI, Milan	0	0	0	0	0	0	0	0	0	0
90	Jamaica	HCI, Kingston	0	0	0	0	0	0	0	0	0	0
91	Japan	EOI, Tokyo	0	0	0	0	0	0	0	0	0	
92		CGI, Osaka Kobe	0	0	0	0	0	0	0	0	0	0
93		CGI, Fukuoka	0	0	0	0	0	0	0	0	0	0
94	Jordan	EOI, Amman	0	0	0	0	118	118	23	23	43	43
95	Kazakhstan	EOI, Astana	0	0	0	0	0	0	0	0	0	0
96		ROI, Almaty	0	0	0	0	0	0	0	0	0	0
97	Kenya	HCI, Nairobi	0	0	0	0	5	5	8	8	10	10
98		AHCI, Mombasa	0	0	0	0	0	0	0	0	0	0
99	Kuwait	EOI, Kuwait	4339	2910	5660	3820	7820	4517	3728	2055	4081	2608
100	Kyrgyzstan	EOI, Bishkek	0	0	0	0	75	75	90	90	105	105
101	Lao PDR	EOI, Vientiane	25	25	81	74	252	244	590	560	1477	1487

102	Latvia	EOI, Riga	0	0	0	0	0	0	0	0	0	0
103	Lebanon	EOI, Beirut	0	0	0	0	0	0	0	0	0	0
104	Liberia	EOI, Monrovia	0	0	0	0	0	0	0	0	0	0
105	Libya	EOI, Tripoli	0	0	0	0	0	0	0	0	0	0
106	Lithuania	EOI, Vilnius	--	--	--	--	0	0	0	0	0	0
107	Madagascar	EOI, Antananarivo	0	0	0	0	0	0	0	0	0	0
108	Malawi	HCI, Lilongwe	0	0	0	0	0	0	1	0	1	0
109	Malaysia	HCI, Kuala Lumpur	2021	2021	982	982	1648	1648	2794	2744	2532	2519
110	Maldives	HCI, Male	203	203	184	184	549	518	1190	826	855	855
111	Mali	EOI, Bamako	0	0	0	0	0	0	0	0	0	0
112	Malta	HCI, Malta	0	0	0	0	0	0	0	0	0	0
113	Mauritania	EOI, Nouakchott	0	0	0	0	0	0	1	1	0	0
114	Mauritius	HCI, Port Louis	0	0	0	0	0	0	0	0	0	0
115	Mexico	EOI, Mexico City	0	0	0	0	0	0	0	0	0	0
116	Mongolia	EOI, Ulaanbaatar	0	0	0	0	0	0	0	0	0	
117	Morocco	EOI, Rabat	0	0	0	0	0	0	0	0	0	0
118	Mozambique	HCI, Maputo	0	0	0	0	0	0	0	0	0	0
119	Myanmar	EOI, Yangon	0	0	399	338	83	89	203	147	1863	1594

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154	Saudi Arabia	EOI, Riyadh	1128	1126	1947	1941	2279	2250	2223	1999	2198	1660
155		CGI, Jeddah	650	650	456	456	798	798	630	615	679	665
156	Senegal	EOI, Dakar	0	0	0	0	0	0	0	0	0	0
157	Serbia	EOI, Belgrade	1	1	5	5	3	3	12	12	34	34
158	Seychelles	HCI, Victoria, Mahe	19	19	31	31	58	58	42	42	46	46
159	Sierra Leone	EOI, Freetown	0	0	4	4	3	3	18	18	27	27
160	Singapore	HCI, Singapore	30	30	35	35	29	29	46	46	53	53
161	Slovakia	EOI, Bratislava	0	0	0	0	0	0	0	0	0	0
162	Slovenia	EOI, Ljubljana	0	0	0	0	0	0	0	0	0	0
163	South Africa	HCI, Pretoria	0	0	0	0	0	0	0	0	0	0
164		CGI Johannesburg	0	0	0	0	0	0	0	0	0	0
165		CGI Durban	0	0	0	0	0	0	0	0	0	0
166		CGI, Cape Town	0	0	0	0	0	0	0	0	0	0
167	South Korea	EOI, Seoul	0	0	0	0	0	0	0	0	0	0
168	South Sudan	EOI, Juba	5	5	4	4	3	3	5	4	4	2
169	Spain	EOI, Madrid	0	0	0	0	0	0	0	0	0	0
170		CGI, Barcelona	0	0	0	0	0	0	0	0	0	0
171	Sri Lanka	HCI, Colombo	121	121	35	35	108	108	221	221	167	167
172		AHCI, Kandy	0	0	0	0	1	1	0	0	5	5

[illegible]

[illegible]

[illegible]

STATEMENT-II**The country-wise details of Indian workers repatriated/deported in the last five years**

Sl. No.	Name of the Country	Name of the Mission/Post	Number of Indian citizens deported and repatriated to India				
			2021	2022	2023	2024	2025
1	Afghanistan	EOI, Kabul	0	0	0	0	0
2	Albania	EOI, Tirana	0	0	0	0	0
3	Algeria	EOI, Algiers	0	0	0	1	2
4	Angola	HCI, Luanda	0	0	0	0	0
5	Argentina	EOI, Buenos Aires	0	0	0	0	0
6	Armenia	EOI, Yerevan	0	44	64	206	1086
7	Australia	HCI, Canberra	14	31	37	33	6
8		CGI, Melbourne	7	9	19	27	34
9		CGI, Sydney	0	2	7	28	16
10		CGI, Perth	3	3	18	4	7
11		CGI, Brisbane	0	0	0	1	4
12	Austria	EOI, Vienna	10	33	94	66	74
13	Azerbaijan	EOI, Baku	0	0	0	0	0
14	Bahrain	EOI, Bahrain	0	0	0	0	0
15	Bangladesh	HCI, Dhaka	89	290	110	112	198
16		AHCI, Chittagong	0	0	0	0	0
17		AHCI, Khulna	0	0	0	0	0
18		AHCI, Rajshahi	0	0	0	0	0

19		AHCI, Sylhet	0	0	0	0	0
20	Belarus	EOI, Minsk	26	65	605	671	92
21	Belgium	EOI, Brussels	8	10	19	5	4
22	Belize	Eol Mexico city	0	0	0	0	0
23	Bhutan	EOI, Thimphu	2,168	617	0	0	1
24		CGI, Phuntsholing	0	0	0	0	0
25	Bolivia	EOI, La Paz	0	0	0	0	Nil
26	Botswana	HCI, Gaborone	0	0	0	0	0
27	Brazil	EOI, Brasilia	0	0	0	0	
28		CGI, Sao Paulo	0	0	0	0	0
29	Brunei	HCI, Brunei Darussalam	0	0	0	0	0
30	Bulgaria	EOI, Sofia	0	0	1	1	2
31	Burkina Faso	EOI, Ouagadougou	0	0	0	0	0
32	Cabo Verde	EOI, Praia	0	0	0	0	0
33	Cambodia	EOI, Phnom Penh	0	44	207	982	1300
34	Cameroon	HCI, Yaounde	0	0	0	0	0
35	Canada	HCI, Ottawa	10	47	64	42	75
35		CGI, Toronto	27	38	60	63	270
36		CGI, Vancouver	31	72	112	50	130
37	Chad	EOI, N'Djamena	0	0	0	0	0
38	Chile	EOI, Santiago	0	0	0	0	0
39	China	EOI, Beijing	5	6	4	9	14

40		CGI, Shanghai	3	2	12	15	6
41		CGI, Guangzhou	1	6	21	26	8
42		CGI, Hong Kong	123	165	207	201	330
43	Colombia	EOI, Bogota	0	0	0	60	30
44	Comoros	Eol, Antananarivo	0	0	0	0	0
45	Cote D'Ivoire	EOI, Abidjan	0	0	0	0	0
46	Croatia	EOI, Zagreb	1	17	9	15	6
47	Cuba	EOI, Havana	0	0	1	0	0
48	Cyprus	EOI, Nicosia	46	96	173	183	164
49	Czech Republic	EOI, Prague	0	0	0	0	0
50	DR Congo	EOI, Kinshasa	0	0	0	1	1
51	Denmark	Eol Copenhagen	9	15	19	27	25
52	Djibouti	EOI, Djibouti	0	0	0	0	0
53	Dominican Republic	EOI, Santo Domingo	0	0	0	0	0
54	Ecuador	EOI, Quito	0	0	0	0	0
55	Egypt	EOI, Cairo	0	0	0	1	1
56	Equatorial Guinea	EOI, Malabo	0	0	0	0	0
57	Eritrea	EOI, Asmara	0	0	0	0	0
58	Estonia	EOI, Tallinn	0	0	0	16	3
59	Eswatini	HCI, Mbabane	0	0	0	0	0
60	Ethiopia	EOI, Addis Ababa	6	8	14	73	54
61	Fiji	HCI, Suva	0	0	0	0	0
62	Finland	EOI, Helsinki	0	0	0	3	2

63	France	EOI, Paris	0	0	0	0	0
64		CGI, Marseille	NA	NA	NA	NA	5
65		CGI, Saint Denis (Reunion Island)	0	0	0	2	0
66	Gabon	HCI, Libreville	0	0	0	0	0
67	Georgia	EOI, Tbilisi	0	0	0	0	155
68	Germany	EOI, Berlin	0	0	0	79	45
69		CGI, Frankfurt	21	28	21	15	13
70		CGI, Hamburg	5	16	23	31	33
71		CGI, Munich	36	57	79	73	75
72	Ghana	HCI, Accra	13	23	24	10	8
73	Greece	EOI, Athens	10	31	15	31	38
74	Guatemala	EOI, Guatemala City	0	0	0	0	4
75	Guyana	HCI, Georgetown	0	0	0	11	4
76	Hungary	Eol Budapest	10	60	20	25	50
77	Iceland	EOI, Reykjavik	0	0	0	0	0
78	Indonesia	EOI, Jakarta	0	0	0	0	11
79		CGI, Medan	0	0	0	0	0
80		CGI, Bali	5	Nil	20	20	10
81	Iran	EOI, Tehran	0	0	0	0	0
82		CGI, Bandar Abbas	0	0	0	0	0
83		CGI, Zahedan	0	0	0	0	0
84	Iraq	EOI, Baghdad	16	17	37	81	128

85		CGI, Erbil	0	0	0	0	0
86	Ireland	EOI, Dublin	0	0	0	2	5
87	Israel	EOI, Tel Aviv	0	0	71	135	197
88	Italy	EOI, Rome	1	2	2	6	9
89		CGI, Milan	3	3	4	8	10
90	Jamaica	HCI, Kingston	0	0	0	3	3
91	Japan	EOI, Tokyo	34	32	50	55	59
92		CGI, Osaka Kobe	2	1	8	5	20
93		CGI, Fukuoka	0	0	0	0	0
94	Jordan	EOI, Amman	24	28	59	79	61
95	Kazakhstan	EOI, Astana	0	0	9	31	5
96		ROI, Almaty	0	0	36	30	36
97	Kenya	HCI, Nairobi	0	0	1	17	1
98		AHCI, Mombasa	1	1	7	10	8
99	Kuwait	EOI, Kuwait	2910	3820	4517	2055	2608
100	Kyrgyzstan	EOI, Bishkek	0	0	0	0	42
101	Lao PDR	EOI, Vientiane	3	74	244	558	1501
102	Latvia	EOI, Riga	0	0	0	0	2
103	Lebanon	EOI, Beirut	4	3	1	5	3
104	Liberia	EOI, Monrovia	1	0	0	0	0
105	Libya	EOI, Tripoli	0	0	0	0	0
106	Lithuania	EOI, Vilnius	0	0	0	1	4
107	Madagascar	EOI, Antananarivo	0	0	0	0	0

108	Malawi	HCI, Lilongwe	2	4	4	6	9
109	Malaysia	HCI, Kuala Lumpur	2386	1600	2830	4053	4207
110	Maldives	HCI, Male'	16	30	117	194	150
111	Mali	EOI, Bamako	0	0	0	0	0
112	Malta	EOI, Malta	0	0	0	0	3
113	Mauritania	EOI, Nouakchott	0	0	0	1	0
114	Mauritius	HCI, Port Louis	18	19	23	32	69
115	Mexico	EOI, Mexico City	0	0	0	0	0
116	Mongolia	EOI, Ulaanbaatar	0	0	0	0	0
117	Morocco	EOI, Rabat	0	0	0	0	0
118	Mozambique	HCI, Maputo	0	0	0	0	0
119	Myanmar	EOI, Yangon	0	338	89	147	1594
120		CGI, Mandalay	0	0	0	0	0
121		CGI, Sittwe	0	0	0	0	0
122	Namibia	HCI, Windhoek	0	0	0	0	0
123	Nepal	EOI, Kathmandu	0	0	0	0	0
124		CGI, Birgunj	0	0	0	0	0
125	Netherlands	EOI, The Hague	0	0	0	0	0
126	New Zealand	EOI, Wellington	9	20	19	20	6
127		CGI, Auckland	0	0	0	0	34
128	Niger	EOI, Niamey	0	0	0	0	0
129	Nigeria	HCI, Abuja	0	0	0	0	1
130		CGI, Lagos	0	0	0	0	0

131	North Korea	EOI, Pyongyang	0	0	0	0	0
132	Norway	EOI, Oslo	0	0	0	0	0
133	Oman	EOI, Muscat	1391	1927	4111	3035	2241
134	Pakistan	HCI, Islamabad	0	0	0	0	0
135	Palestine	ROI, Ramallah	0	0	0	0	0
136	Panama	EOI, Panama	0	0	0	215	79
137	Papua New Guinea	HCI, Port Moresby	0	0	1	1	0
138	Paraguay	EOI, Asuncion	0	0	0	0	0
139	Peru	EOI, Lima	0	0	0	0	0
140	Phillipines	EOI, Manila	0	0	15	12	18
141	Poland	EOI, Warsaw	11	76	56	46	73
142	Portugal	EOI Lisbon	0	0	0	0	0
143	Qatar	EOI, Doha	803	1170	1414	1136	796
144	Republic of Congo	EOI, Brazzaville	0	0	0	0	0
145	Republic of Guinea	EOI, Conakry	0	0	0	0	0
146	Romania & Moldova	EOI, Bucharest	13	41	27	17	28
147	Russia	Eol, Moscow	0	0	0	35	284
148		CGI, St. Petersburg	0	0	13	47	7
149		CGI, Vladivostok	0	0	0	0	1
150		CGI, Kazan	0	0	0	0	0
151		CGI, Yekaterinaburg	0	0	0	0	0
152	Rwanda	HCI, Kigali	0	0	1	0	0
153	Sao Tome and	EOI, Sao Tome and	0	0	0	0	0

	Principe	Principe					
154	Saudi Arabia	EOI, Riyadh	10264	28056	29592	5235	4335
155		CGI, Jeddah	12,104	6746	7542	8831	5235
156	Senegal	EOI, Dakar	0	0	0	0	0
157	Serbia	EOI, Belgrade	7	68	2	5	10
158	Seychelles	HCI, Victoria, Mahe	0	0	0	0	0
159	Sierra Leone	EOI, Freetown	0	0	0	0	0
160	Singapore	HCI, Singapore	22	16	21	13	15
161	Slovakia	EOI, Bratislava	12	2	0	8	27
162	Slovenia	EOI, Ljubljana	1	2	0	0	0
163	South Africa	HCI, Pretoria	0	0	0	0	0
164		CGI Johannesburg	0	0	0	0	0
165		CGI Durban	18	20	25	8	9
166		CGI, Cape Town	6	13	13	10	17
167	South Korea	EOI, Seoul	5	7	4	0	0
168	South Sudan	EOI, Juba	0	0	0	0	0
169	Spain	EOI, Madrid	2	3	7	4	1
170		CGI, Barcelona	NA	NA	NA	0	0
171	Sri Lanka	HCI, Colombo	0	0	0	0	0
172		AHCI, Kandy	0	0	0	0	0
173		CGI, Jaffna	45	3	1	6	2
174		CGI, Hambantota	0	0	0	0	0
175	Sudan	EOI, Khartoum	0	0	3961	0	0

176	Suriname	EOI, Paramaribo	0	0	1	1	1
177	Sweden	EOI, Stockholm	3	1	27	16	13
178	Switzerland	EOI, Berne	1	0	2	2	0
179		CGI Geneva	16	38	33	50	24
180	Syria	EOI, Damascus	0	0	0	0	0
181	Taiwan	India Taipei Association	6	6	8	6	6
182	Tajikistan	EOI, Dushanbe	0	0	0	0	0
183	Tanzania	HCI, Dar-e-Salaam	0	0	0	0	0
184		CGI, Zanzibar	0	0	1	0	0
185	Thailand	EOI, Bangkok	256	586	967	647	2044
186		COI, Chiangmai	0	19	17	0	1602
187	Timor Leste	EOI, Dili	0	0	0	0	0
188	Togo	EOI, Lome	6	5	2	9	1
189	Trinidad & Tobago	HCI, Port of Spain	0	0	0	3	0
190	Tunisia	EOI, Tunis	0	3	2	0	0
191	Turkiye	EOI, Ankara	0	0	0	0	0
192		CGI, Istanbul	9	23	9	13	6
193	Turkmenistan	EOI, Ashgabat	0	0	0	0	0
194	UAE	EOI, Abu Dhabi	602	972	992	1051	1713
195		CGI, Dubai	2163	5103	6354	11067	12174
196	Uganda	HCI, Kampala	0	0	0	0	0

197	Ukraine	EOI, Kyiv	21	13	11	5	5
198	United Kingdom	HCI, London	9	40	98	110	156
199		CGI, Birmingham	0	10	75	33	70
200		CGI, Edinburgh	0	0	0	0	1
201		CGI, Manchester	0	0	0	0	0
202		CGI, Belfast	NA	NA	NA	NA	0
203	Uruguay	EOI, Buenos Aires	0	0	0	0	0
204	USA	EOI, Washington	805	862	617	1368	3414
205	Uzbekistan	EOI, Tashkent	0	0	0	0	7
206	Venezuela	EOI, Caracas	0	0	0	14	0
207	Vietnam	EOI, Hanoi	29	54	204	118	148
208		CGI, Ho Chi Minh City	0	0	0	0	0
209	Yemen	EOI, Riyadh	0	0	0	0	0
210	Zambia	HCI, Lusaka	0	0	0	0	0
211	Zimbabwe	EOI, Harare	0	0	2	0	0

TELE-LAW PROGRAMME IN YSR KADAPA DISTRICT**5567. SHRI Y. S. AVINASH REDDY:**

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

- (a) the total number of Common Service Centres (CSCs) operated by the Village Level Entrepreneurs (VLEs) at the Gram Panchayat level for the implementation of the Tele-Law 19 Programme in YSR Kadapa District, Andhra Pradesh;
- (b) whether the Tele-Law platform has been integrated with the Nyaya Bandhu (Pro Bono Legal Services) platform to facilitate legal representation in courts for the eligible beneficiaries under Section 12 of the Legal Services Authorities (LSA) Act, 1987; and
- (c) if so, the details thereof?

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

(a) to (c): A total Number of 13,361 Common Service Centres (CSCs) are operational in the State of Andhra Pradesh. It includes 557 CSCs operational in YSR Kadapa District, where Tele-Law services are being delivered through Village Level Entrepreneurs (VLEs) at the Gram Panchayat level.

In 2023, the Tele-Law platform was integrated with Nyaya Bandhu (Pro Bono Legal Services) platform to facilitate legal representation in courts to the

eligible beneficiaries covered under Section 12 of the Legal Services Authorities Act, 1987. Through the Tele- Law App, beneficiaries may consult with a panel lawyer on seeking further legal advice and assistance from Nyaya Bandhu Pro Bono advocate. With support from the VLEs and Panel Lawyers engaged in pre-litigation advice under Tele-Law, awareness about the Nyaya Bandhu is being spread to the citizens in their regional language at the CSCs and via Helpline Toll-free number 14454. This seamless integration aims to create a mechanism for delivering legal advice and assistance to needy beneficiaries across the country.

VISA FOR FOREIGN WORKERS IN US

5568. SHRI BALASHOWRY VALLABHANENI:

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

- (a) whether it has come to the notice of the Government that a Bill has been introduced in the US Congress to change H-1B and L-1 Visas for foreign workers, if so, the details thereof;
- (b) the impact of the above Bill on the Indian techies;
- (c) to what extent the proposed Bill, if it becomes law, impact the Indian professionals in the US on Work Visa; and
- (d) the details of Firewall launched by the US's Labour Department?

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) : The Government has taken note of the introduction of a Bill titled “H-1B and L-1 Visa Reform Act of 2025” (S. 2928) in the United States Senate on 29 September 2025. The Bill has been referred to the Senate Judiciary Committee. As per the latest available information (as of 21 March 2026), it remains at the “Introduced” stage with no hearings, markup, or further legislative progress.

The Bill seeks to amend the Immigration and Nationality Act to reform the H-1B (specialty occupation) and L-1 (intra-company transferee) visa programmes with the stated objectives of curbing fraud, abuse, outsourcing, and displacement of American workers. Key proposals include higher wage thresholds, mandatory recruitment of U.S. workers, a 50% cap on H-1B/L-1 workers in companies with more than 50 employees, stricter definitions of “specialty occupation” and “specialized knowledge”, shorter maximum stay periods for H-1B, and enhanced enforcement powers.

The proposed changes, if enacted into law, could (a) raise hiring costs and make it harder for U.S. employers to sponsor or renew visas for less experienced or mid-level tech workers; (b) shift some of the work back to India or to other countries, and (c) make it difficult to obtain permanent residency because it limits the maximum time one could hold a H-1B visa.

“Project Firewall” is an enforcement initiative launched by the US Department of Labor’s Wage and Hour Division on 19 September 2025. Key features include audits and investigations in cases of suspected displacement of US workers, inadequate recruitment, wage violations, or misrepresentation and enhanced penalties, including back wages, civil fines, and debarment from the H-1B programme. The initiative is aimed at strengthening compliance with the existing H-1B visa programme rules to protect wages and job opportunities of highly skilled American workers. As of March 2026, the initiative remains active with a large number of ongoing investigations. It enforces existing regulations rather than introducing new statutory changes.

Government of India continues to engage with the US side at various levels on all aspects of skilled worker mobility to safeguard the interests of Indian professionals while respecting the immigration policies of the United States.

OPENING OF CGHS WELLNESS CENTRE IN NAINITAL

5569. SHRI JAI PRAKASH:

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

- (a) whether the Government is considering opening a CGHS Wellness Centre at Nainital in the State of Uttarakhand to facilitate a large number of CGHS beneficiaries; and

(b) if so, the time by which the said CGHS Wellness Centre is likely to become 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) and (b) : Government has approved additional CGHS Wellness Centres across the country including Nainital.

Necessary instructions have been issued for finalization of accommodation and for encadrement of the newly created posts.

'सघन' मिशन इंद्रधनुष के घटक

5570. श्री विजय बघेल:

श्री जसवंतसिंह सुमनभाई भाभोर:

श्री पी. पी. चौधरी:

श्री भोजराज नाग:

श्री लावू श्रीकृष्णा देवरायालू:

श्री कृष्ण प्रसाद टेन्नेटी:

श्री खगेन मुर्मु:

डॉ. भोला सिंह:

श्री विष्णु दयाल राम:

श्री नव चरण माझी:

श्रीमती स्मिता उदय वाघ:

श्री बलभद्र माझी:

श्री बिभु प्रसाद तराई:

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

- (क) देश में, विशेष रूप से गुजरात के दाहोद, महाराष्ट्र के जलगांव जिले और ओडिशा के नवरंगपुर संसदीय निर्वाचन क्षेत्र में "छूटे हुए" (लेफ्ट-आउट) और "बीच में छूटे हुए" (ड्रॉप्ड-आउट) बच्चों और गर्भवती महिलाओं को कवर करने के लिए शुरू किए गए 'सघन' मिशन इंड्रधनुष (आईएमआई) 6.0 की मुख्य विशेषताएं और कवरेज लक्ष्य क्या हैं;
- (ख) प्रत्येक टीकाकरण कार्यक्रम का डिजिटल रजिस्टर बनाए रखने में 'यू-विन' डिजिटल प्लेटफॉर्म की क्या भूमिका है और पिछले तीन वर्षों के दौरान बुलंदशहर जिले सहित उक्त राज्यों और जिलों में टीकाकरण की स्थिति की वास्तविक-समय-निगरानी (रीयल-टाइम ट्रैकिंग) सुनिश्चित करने में इसकी प्रभावशीलता क्या है;
- (ग) न्यूमोकोकल कंजुगेट वैक्सीन (पीसीबी) और रोटोवायरस वैक्सीन जैसे नए टीकों का ब्यौरा क्या है, जिन्हें सफलतापूर्वक सभी राज्यों/संघ राज्यक्षेत्रों में विस्तारित किया गया है और उनकी कवरेज कितनी है;
- (घ) बिना आयात निर्भरता के विस्तारित सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी) की आवश्यकताओं को पूरा करने के लिए भारत की स्वदेशी टीका निर्माण क्षमता की वर्तमान स्थिति क्या है;
- (ङ) क्या सरकार देश में स्वदेशी रूप से चिकनपॉक्स (वेरिसेला) के टीके का निर्माण करती है;
- (च) यदि हां, तो उत्पादन क्षमता सहित तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;
- (छ) क्या सरकार ने उक्त टीके के घरेलू उत्पादन को बढ़ावा देने पर विचार किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ज) नागपुर में राष्ट्रीय एक स्वास्थ्य संस्थान (एनआईओएच) की स्थापना की वर्तमान स्थिति क्या है और यह मिशन जनजातीय क्षेत्रों में जूनोटिक रोगों की रोकथाम में किस प्रकार सहायता कर सकता है?

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

(क) : अब तक आईएमआई 5.0 सहित मिशन इंद्रधनुष के बारह चरण आयोजित किए जा चुके हैं, जिसके तहत देश भर में कुल 5.46 करोड़ बच्चों और 1.32 करोड़ गर्भवती महिलाओं को टीका लगाया जा चुका है।

(ख) : यू-विन सार्वभौमिक टीकाकरण कार्यक्रम के तहत 11 टीकों के प्रशासन की निगरानी सहित सभी टीकाकरण सेवाओं का रिकॉर्ड रखने के लिए स्वास्थ्य और परिवार कल्याण मंत्रालय का राष्ट्रीय डिजिटल प्लेटफॉर्म है। यह एक ही डिजिटल प्लेटफॉर्म पर टीकाकरण सेवाओं के राष्ट्रीय कोष के रूप में कार्य करता है, जिसमें नाम-आधारित ट्रैकिंग की सुविधा है और इसका उपयोग टीकाकरण सत्रों और सभी टीकाकरण सेवाओं की कुशल योजना बनाने के लिए किया जाता है। नियमित फॉलो-अप के लिए ऐसे बच्चों को पोर्टल पर डिजिटल रूप से चिह्नित किया जाता है और एसएमएस अलर्ट के माध्यम से उनकी निर्धारित खुराक सुनिश्चित की जाती है। जो लाभार्थी टीका के लिए उपस्थित नहीं होते हैं, उनकी सूची स्वचालित रूप से तैयार की जाती है ताकि अगले सत्र में आवश्यक टीकाकरण सुनिश्चित किया जा सके। यह टीकाकरण के तहत मैपिंग और चिह्नित करने की एक सतत प्रक्रिया है। बुलंदशहर सहित उक्त राज्यों और जिलों के लिए पिछले तीन वर्षों में यू-विन में आयोजित टीकाकरण सत्रों का ब्यौरा संलग्न **विवरण-I** में दिया गया है।

(ग) : सार्वभौमिक टीकाकरण कार्यक्रम के अंतर्गत, न्यूमोकोकल कंजुगेट वैक्सीन (पीसीवी) और रोटावायरस वैक्सीन (आरवीवी) का दायरा राष्ट्रीय स्तर पर बढ़ाया गया है और सभी पात्र लाभार्थियों को प्रदान किया गया है। इन दोनों टीकों के कवरेज का ब्यौरा संलग्न **विवरण-II** में दिया गया है।

(घ) : सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी) के अंतर्गत सभी टीकों का विनिर्माण देश के भीतर ही किया जाता है।

(ङ) से (छ) : सीडीएससीओ (केंद्रीय औषधि मानक नियंत्रण संगठन) से प्राप्त जानकारी के अनुसार, चिकनपॉक्स (वेरिसेला) वैक्सीन का विनिर्माण भारत में मेसर्स ज़ाइडस लाइफ साइंस लिमिटेड और मेसर्स बायोमेड प्राइवेट लिमिटेड द्वारा किया जाता है। ये दोनों टीके सीडीएससीओ (केंद्रीय औषधि मानक नियंत्रण संगठन) द्वारा अनुमोदित हैं। हालांकि, चिकनपॉक्स वैक्सीन सार्वभौमिक टीकाकरण कार्यक्रम का हिस्सा नहीं है।

(ज) : नागपुर स्थित नेशनल इंस्टीट्यूट ऑफ वन हेल्थ (एनआईओएच) का उद्देश्य भारत में जूनोटिक रोगों की रोकथाम और नियंत्रण करना है। यह संस्थान सहयोगात्मक अनुसंधान, स्वास्थ्य चुनौतियों के लिए समन्वित प्रतिक्रियाओं और निगरानी सुदृढ़ करने एवं क्षमता निर्माण विशेष रूप से जनजातीय आबादी के लिए, पर केंद्रित है।

विवरण-I

यू-विन में राज्यवार कुल प्रतिरक्षण सत्र

राज्य	29 अक्टूबर - 31 दिसंबर 2024	जनवरी - दिसंबर 2025	जनवरी 2026 से अब तक
गुजरात	9605	54700	12626
महाराष्ट्र	141319	941559	246816
ओडिशा	55558	332770	88244
उत्तर प्रदेश	476093	2930690	630311
कुल	682575	4259719	977997

यू-विन में जिलेवार कुल प्रतिरक्षण सत्र

राज्य	जिला	29 अक्टूबर - 31 दिसंबर 2024	जनवरी - दिसंबर 2025	जनवरी 2026 से अब तक
गुजरात	दाहोद	0	0	0
महाराष्ट्र	जलगांव	4131	27068	7233
ओडिशा	नबरंगपुर	2400	15071	3723
उत्तर प्रदेश	बुलंदशहर	8161	50201	10954
कुल		14692	92340	21910

नोट: यू-विन को अधिकारिक रूप से 29 अक्टूबर, 2024 को आरंभ किया गया था।

विवरण-II

न्यूमोकोकल कॉन्जुगेट वैक्सीन (पीसीवी) और रोटावायरस वैक्सीन (आरवीवी) का कवरेज

स्रोत: एचएमआईएस

न्यूमोकोकल कंजुगेट वैक्सीन (पीसीवी)	पीसीवी1 (% में)	पीसीवी2(% में)	पीसीवी बूस्टर (में %)
2024-25	95.6	93.4	96.1
रोटावायरस वैक्सीन (आरवीवी)	आरवीवी 1 (% में)	आरवीवी 2 (% में)	आरवीवी 3 (% में)
2024-25	94.2	91.0	91.7

बाल स्वास्थ्य प्रभाग का कामकाज

5571. श्रीमती अनिता नागरसिंह चौहान:

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

- (क) क्या बाल स्वास्थ्य प्रभाग (चाइल्ड हेल्थ डिवीजन) देश में नवजात, शिशु और किशोर स्वास्थ्य सेवाओं को सुदृढ़ करने के उद्देश्य से मंत्रालय के अंतर्गत कार्य कर रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) उक्त प्रभाग द्वारा कार्यान्वित किए जा रहे प्रमुख कार्यक्रमों और योजनाओं का ब्यौरा क्या है और देश में, विशेष रूप से मध्य प्रदेश में और विशिष्ट रूप से संसदीय निर्वाचन क्षेत्र संख्या 24 रतलाम-झाबुआ-अलीराजपुर के अंतर्गत उक्त कार्यक्रमों और योजनाओं से लाभान्वित बच्चों की कुल संख्या कितनी है;
- (ग) क्या कुपोषण, टीकाकरण, जन्मजात रोगों की जांच और बाल मृत्यु दर को कम करने के लिए कोई विशेष पहल की गई है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) क्या उक्त संसदीय निर्वाचन क्षेत्र में अतिरिक्त संसाधनों, मोबाइल हेल्थ यूनिट्स (एमएचयू), विशेषज्ञ डॉक्टरों की नियुक्ति और विशेष प्रशिक्षण कार्यक्रमों के आयोजन के माध्यम से बाल स्वास्थ्य सेवाओं की पहुंच बढ़ाने का प्रस्ताव है; और
- (ङ) 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) : स्वास्थ्य मंत्रालय में बाल स्वास्थ्य प्रभाग की स्थापना राष्ट्रीय स्वास्थ्य मिशन की प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य और पोषण (आरएमएनसीएच+एन) रणनीति के अंतर्गत बाल स्वास्थ्य कार्यक्रमों के कार्यान्वयन के माध्यम से बाल उत्तरजीविता, स्वास्थ्य और विकास में सुधार लाने तथा नवजात, शिशु और पांच वर्ष से कम आयु के बच्चों की मृत्यु दर और रुग्णता को कम करने के उद्देश्य से की गई है।

(ख) : मध्य प्रदेश राज्य सहित पूरे देश में बच्चों के स्वास्थ्य परिणामों में सुधार लाने के लिए किए गए कार्यकलापों का विवरण निम्नानुसार है:

- जननी सुरक्षा योजना (जेएसवाई) के तहत नकद प्रोत्साहन के माध्यम से संस्थागत प्रसव को बढ़ावा देना;
- जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके) के तहत गर्भवती माताएं और एक वर्ष तक के बीमार शिशु सार्वजनिक स्वास्थ्य संस्थाओं में मुफ्त उपचार के साथ-साथ मुफ्त परिवहन, जांच, दवाएं, रक्त और उपभोग्य सामग्रियों की सुविधा के हकदार हैं;
- बीमार और छोटे शिशुओं को विशेष देखभाल प्रदान करने के लिए जिला और उप-जिला स्तर पर नवजात गहन परिचर्या इकाइयों (एनआईसीयू)/विशेष नवजात परिचर्या इकाइयों (एसएनसीयू) और नवजात स्थिरीकरण इकाइयों (एनबीएसयू) की स्थापना;
- शिशु पालन प्रथाओं में सुधार के लिए आशा कर्मियों द्वारा प्रदान की जाने वाली गृह आधारित नवजात परिचर्या (एचबीएनसी) और गृह आधारित छोटे बच्चों की परिचर्या (एचबीवाईसी);
- शीघ्र स्तनपान शुरू करने और शुरुआती छह महीनों तक केवल स्तनपान को बढ़ावा देने के लिए माताओं का पूर्ण स्नेह कार्यक्रम (एमएए);
- बच्चों में डायरिया प्रबंधन के लिए डायरिया रोकथाम के अभियान के तहत ओआरएस और जिंक का प्रचार-प्रसार;
- निमोनिया को सफलतापूर्वक समाप्त करने के लिए सामाजिक जागरूकता और कार्रवाई (एसएएनएस)के तहत निमोनिया की शीघ्र जांच, पहचान और प्रबंधन;
- सार्वभौमिक टीकाकरण कार्यक्रम के तहत, बच्चों को 12 टीका-निवारक रोगों से बचाने के लिए 11 टीके उपलब्ध कराना;

- इसके अतिरिक्त, राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) बच्चों के स्वास्थ्य की जांच और जन्मजात विकारों, बीमारियों, कमियों और विकास में देरी के लिए प्रारंभिक अंतःक्षेप सेवाएं प्रदान करता है ताकि जीवन की गुणवत्ता में सुधार हो सके।

विभिन्न बाल स्वास्थ्य योजनाओं के तहत लाभान्वित बच्चों का ब्यौरा संलग्न **विवरण** में दिया गया है।

(ग) : कुपोषण को दूर करने के लिए, महिला एवं बाल विकास मंत्रालय मिशन सक्षम आंगनवाड़ी और पोषण 2.0 को लागू करता है, जो एक एकीकृत पोषण सहायता कार्यक्रम है। इसका उद्देश्य 6 महीने से 6 वर्ष की आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं को पूरक पोषण प्रदान करना है, जिसमें बेहतर पोषण सामग्री, फोर्टिफाइड खाद्य पदार्थ और आंगनवाड़ी सेवाओं के सुदृढीकरण पर बल दिया गया है।

सार्वभौमिक टीकाकरण कार्यक्रम (यूआईपी) के तहत, सरकार सार्वजनिक स्वास्थ्य केंद्रों में बच्चों और गर्भवती महिलाओं को 12 टीका-निवारक रोगों (वीपीडी) के विरुद्ध 11 टीके मुफ्त में उपलब्ध कराती है।

राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत एक कार्यक्रम है, जिसका उद्देश्य जन्म से 18 वर्ष की आयु तक के बच्चों में जन्मजात दोष, रोग, कमियां और विकासात्मक विलंब (4डी) की शीघ्र पहचान और प्रबंधन करना है। जिन बच्चों में स्वास्थ्य संबंधी समस्याएं पाई जाती हैं, उन्हें प्रारंभिक अंतःक्षेप सेवाएं और अनुवर्ती देखभाल प्रदान की जाती है।

(घ) और (ङ) : राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, मध्य प्रदेश राज्य सहित राज्यों और संघ राज्य क्षेत्रों को स्वास्थ्य सेवाओं की पहुंच और बाल स्वास्थ्य परिणामों में सुधार के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है। इसमें दुर्गम और अल्पसेवित क्षेत्रों में मोबाइल मेडिकल यूनिट (एमएमयू) की व्यवस्था, विशेषज्ञ और संविदा आधार पर स्वास्थ्य कर्मचारियों की नियुक्ति,

स्वास्थ्य अवसंरचना का सुदृढीकरण और मातृ एवं शिशु स्वास्थ्य सेवाओं में सुधार के लिए स्वास्थ्य सेवा प्रदाताओं की क्षमता निर्माण शामिल है।

राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत किसी विशेष क्षेत्र, जिसमें रतलाम-झाबुआ-अलीराजपुर संसदीय क्षेत्र भी शामिल है, को दी जाने वाली सहायता राज्य सरकार द्वारा अपनी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्रस्तुत प्रस्ताव के आधार पर और मानदंडों के अनुसार अनुमोदन के अध्यक्षीन प्रदान की जाती है।

विवरण

विभिन्न बाल स्वास्थ्य योजनाओं के तहत लाभान्वित बच्चों का ब्यौरा

कार्यक्रम/योजना का नाम	विवरण	लाभार्थियों की संख्या वित्तीय वर्ष 25-26 (फरवरी 2026 तक)			
		मध्य प्रदेश	अलीराजपुर	झाबुआ	रतलाम
आरबीएसके (राष्ट्रीय बाल स्वास्थ्य) कार्यक्रम	आरबीएसके मोबाइल हेल्थ टीमों द्वारा जांच किए गए बच्चों की संख्या	10224333	81123	121026	112936
यूआईपी (सार्वभौमिक टीकाकरण कार्यक्रम)	सार्वभौमिक टीकाकरण कार्यक्रम के तहत पूरी तरह से टीका लगाए गए बच्चों की संख्या	1684692	17494	33124	31452
एचबीएनसी (गृह आधारित नवजात शिशु देखभाल)	लाभार्थियों की संख्या- नवजात शिशु (आशा कार्यक्रम-एचबीएनसी के तहत)	1017413	14688	28552	20850
एचबीवाईसी (गृह आधारित युवा बाल देखभाल)	लाभार्थियों की संख्या- शिशु (आशा प्रोग्राम- एचबीवाईसी के तहत)	3274530	53141	78753	68335
एसएनसीयू (विशेष नवजात देखभाल इकाई)	एसएनसीयू में इलाज किए गए लाभार्थियों-नवजात शिशुओं की संख्या	129256	1911	2506	1906
एनबीएसयू (नवजात स्थिरीकरण इकाई)	एनबीएसयू में इलाज करा रहे लाभार्थियों-नवजात शिशुओं की संख्या	43080	383	1400	714
पीआईसीयू (बाल गहन)	पीआईसीयू में इलाज करा रहे	110253	334	1279	1896

चिकित्सा इकाई)	लाभार्थियों - बच्चों की संख्या				
एनआरसी (पोषण पुनर्वास केंद्र)	एनआरसी में भर्ती लाभार्थियों की संख्या	75222	1396	1721	1477
एएमबी (आयुष्मान भारत)	एनीमिया मुक्त भारत कार्यक्रम के तहत आईएफए अनुपूरण के लिए लाभार्थियों की संख्या (6 महीने से 19 वर्ष बच्चे और किशोर)	12861837	213581	290817	230631
एनडीडी (राष्ट्रीय कृमि मुक्ति दिवस)	नेशनल डीवॉर्मिंग डे प्रोग्राम के तहत एल्बेंडाजोल लेने वाले लाभार्थियों की संख्या (1 से 19 साल के बच्चे और किशोर)	28336002	357712	621733	570501
वीएस (विटामिन ए अनुपूरण)	विटामिन ए अनुपूरण के तहत लाभार्थियों की संख्या (9 महा से 5 साल के बच्चे)	7080051	71670	135815	138016
माँ (माँ का पूर्ण स्नेह)	नवजात और बाल पोषण की उचित प्रथाओं पर आशाकर्मियों द्वारा परामर्शित गर्भवती और स्तनपान कराने वाली माताओं की संख्या	2485688	33303	2990	6132
आरकेएसके	एएफएचसी के अंतर्गत कुल पंजीकृत आरकेएसके ग्राहक	554744	11475	20610	6670

रासायनिक उर्वरकों के उपयोग को कम करना

5572. श्री सुखजिंदर सिंह रंधावा:

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

- (क) रासायनिक उर्वरकों के उपयोग को कम करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं; और
- (ख) नाइट्रोजनयुक्त उर्वरकों के अत्यधिक उपयोग को रोकने के लिए किए जा रहे उपायों सहित उक्त उर्वरकों के उपयोग से होने वाले नुकसान का 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) : सरकार मृदा स्वास्थ्य एवं उर्वरता स्कीम के माध्यम से उर्वरकों के संतुलित एवं विवेकपूर्ण उपयोग को बढ़ावा देती है। यह स्कीम वर्ष 2014-15 से लागू है, जिसके अंतर्गत सभी कृषक जोतों के लिए मृदा स्वास्थ्य कार्ड (Soil Health Cards - SHCs) प्रदान किए जाते हैं, ताकि उत्पादकता एवं मृदा उर्वरता में सुधार हेतु संतुलित एवं समेकित पोषक तत्व प्रबंधन को प्रोत्साहित किया जा सके। मृदा नमूनों का परीक्षण निर्धारित मानक प्रक्रियाओं के अनुसार किया जाता है तथा इनमें pH, विद्युत चालकता (Electrical Conductivity), जैविक कार्बन (Organic Carbon), उपलब्ध नाइट्रोजन, फॉस्फोरस, पोटैश, सल्फर एवं सूक्ष्म पोषक तत्वों (जिंक, तांबा, लोहा, मैंगनीज एवं बोरॉन) जैसे मानकों का विश्लेषण किया जाता है।

किसानों के खेतों की मृदा स्वास्थ्य की डायग्नोस्टिक जांच समय-समय पर की जाती है, ताकि प्रत्येक 3 वर्ष में कम से कम एक बार मृदा स्वास्थ्य कार्ड जारी किए जा सकें। वर्ष 2014-15 से अब तक देशभर में कुल 25.93 करोड़ मृदा स्वास्थ्य कार्ड तैयार/वितरित किए जा चुके हैं। देश में कुल 8313 मृदा परीक्षण प्रयोगशालाएं (1267 स्थिर मृदा परीक्षण प्रयोगशालाएं, 168 मोबाइल मृदा परीक्षण प्रयोगशालाएं, 6197 छोटी मृदा परीक्षण प्रयोगशालाएं तथा 681 ग्राम स्तरीय मृदा परीक्षण प्रयोगशालाएं) स्थापित की गई हैं।

उपरोक्त राज्य स्तरीय मृदा परीक्षण प्रयोगशालाओं के अतिरिक्त, स्कूल मृदा स्वास्थ्य कार्यक्रम के अंतर्गत देश में 1020 स्कूल मिनी मृदा परीक्षण प्रयोगशालाएं भी स्थापित की गई हैं। इस स्कीम के अंतर्गत प्रारंभ से अब तक ₹2085.52 करोड़ की राशि जारी की जा चुकी है। साथ ही, देशभर में 93,781 किसान प्रशिक्षण, 6.80 लाख प्रदर्शन (डेमोंस्ट्रेशन) तथा मृदा स्वास्थ्य कार्ड की अनुशंसाओं पर 7,425 किसान मेले/अभियान आयोजित किए गए हैं। इसके अतिरिक्त, इस योजना के अंतर्गत सूक्ष्म

पोषक तत्वों (Micronutrients) के प्रोत्साहन एवं वितरण के तहत 13,51,166 हेक्टेयर क्षेत्र को भी आच्छादित किया गया है।

राष्ट्रीय उत्पादकता परिषद (एनपीसी), नई दिल्ली द्वारा वर्ष 2017 में किए गए एक अध्ययन, जिसका शीर्षक "भारत में एसएचसी की तेजी से प्रदायगी के लिए मृदा परीक्षण अवसंरचना" है, में मध्य प्रदेश राज्य सहित 19 राज्यों के 76 जिलों, में 170 मृदा परीक्षण प्रयोगशालाओं और 1,700 किसानों को शामिल किया गया है। इस अध्ययन में पाया गया कि मृदा स्वास्थ्य कार्ड (एसएचसी) की अनुशंसाओं के अनुसार उर्वरक और सूक्ष्म पोषक तत्वों के उपयोग से रासायनिक उर्वरक के उपयोग में 8-10% की कमी आई। एसएचसी के अनुसार उर्वरकों और सूक्ष्म पोषक तत्वों के प्रयोग से फसल की उपज में कुल मिलाकर 5-6% की वृद्धि हुई। राष्ट्रीय कृषि विस्तार प्रबंधन संस्थान (मैनेज), हैदराबाद द्वारा मृदा स्वास्थ्य और उर्वरता स्कीम (नवम्बर 2017) का एक प्रभाव अध्ययन किया गया। इससे पता चला है कि लगभग 62.8% किसान एसएचसी अनुशंसाओं का पालन करते हैं। जिसके परिणामस्वरूप प्रति एकड़ उर्वरक उपयोग में 4-10% की कमी और अधिकांश फसलों की उपज में वृद्धि हुई। अध्ययन में धान में यूरिया के उपयोग में 9% की कमी और डीएपी/एसएसपी में 7% की कमी के साथ-साथ पोटेशियम के उपयोग में 20% की वृद्धि देखी गई। धान और कपास में उर्वरक उपयोग विशेष रूप से यूरिया और डीएपी में पर्याप्त गिरावट आई जिसके परिणामस्वरूप प्रति इकाई क्षेत्र में खेती की लागत में कमी आई।

आर्थिक कार्य संबंधी मंत्रिमंडल समिति (सीसीईए) ने 28 जून, 2023 को "धरती माता की उर्वरता की बहाली, जागरूकता सृजन, पोषण और सुधार के लिए प्रधान मंत्री कार्यक्रम (पीएम-प्रणाम)" को अनुमोदित किया। इस पहल का उद्देश्य उर्वरकों के सतत और संतुलित उपयोग को बढ़ावा देना, वैकल्पिक उर्वरकों को अपनाना, आर्गेनिक खेती को बढ़ावा देना और संसाधन संरक्षण प्रौद्योगिकियों को लागू करके

धरती माता के स्वास्थ्य को संरक्षित रखने के लिए राज्यों और संघ राज्य क्षेत्रों द्वारा शुरू किए गए जन आंदोलन का सहयोग करना है।

सभी राज्यों/संघ-राज्य क्षेत्रों को पीएम-प्रणाम स्कीम के अंतर्गत शामिल किया गया है। पीएम-प्रणाम स्कीम के तहत, पिछले तीन वर्षों में रासायनिक उर्वरकों (यूरिया, डीएपी, एनपीके, एमओपी की औसत खपत की तुलना में, किसी दिए गए वित्तीय वर्ष में इनकी खपत में कमी लाने के लिए राज्य/संघ राज्य क्षेत्रों को प्रोत्साहन राशि देने का प्रावधान है, जो बचाई गई उर्वरक सब्सिडी के 50% के समतुल्य है। राज्यों को प्रदान की जाने वाली 95% अनुदान राशि में से 65% पूंजीगत व्यय (कैपेक्स) परियोजनाओं के लिए निर्धारित है, जिसे प्राथमिकता के आधार पर केंद्र प्रायोजित स्कीमों में योगदान के रूप में उपयोग किया जाना है और शेष 30% राशि अन्य गतिविधियों के लिए शर्त रहित है, जिसमें सूचना, शिक्षा एवं संचार (आईईसी) संबंधी पहलें भी शामिल हैं।

फॉस्फेटयुक्त और पोटेशियुक्त (पीएंडके) उर्वरकों के मामले में, सरकार ने 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। इस नीति के तहत, सब्सिडी वाले पीएंडके उर्वरकों पर उनमें निहित पोषक तत्वों जैसे नाइट्रोजन (एन), फास्फोरस (पी), पोटेशियम (के) और सल्फर (एस) की मात्रा के आधार पर उत्पादक /आयातक को वार्षिक/ छमाही आधार पर तय सब्सिडी की एक निश्चित राशि प्रदान की जाती है। पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम, जिंक और बोरॉन जैसे सूक्ष्म पोषक तत्वों के साथ संपुष्टीकरण पर अतिरिक्त सब्सिडी के साथ-साथ एनपीके ग्रेड उर्वरकों के विकल्पों (बास्केट) को बढ़ावा देकर मिट्टी के संतुलित उर्वरीकरण को प्रोत्साहित करती है।

इसके अतिरिक्त, सरकार ने 1451.84 करोड़ रुपये (वित्त वर्ष 2023-24 से 2025-26) के कुल परिव्यय के साथ गोबरधन स्कीम के तहत संयंत्रों में उत्पादित किण्वित ऑर्गेनिक खाद (एफओएम)/तरल किण्वित ऑर्गेनिक खाद (एलएफओएम) जैसे मृदा में कार्बन वर्धकों और फॉस्फेट

समृद्ध ऑर्गेनिक खाद (पीआरओएम) जैसे ऑर्गेनिक उर्वरकों के संवर्धन हेतु सीबीजी संयंत्रों/बाजार विपणन कंपनियों को 1500 रुपये प्रति मीट्रिक टन की दर से बाजार विकास सहायता (एमडीए) अनुमोदित की है जिसमें रिसर्च गैप फंडिंग आदि के लिए 360 करोड़ रुपये की कार्पस निधि भी शामिल है। सरकार की इन पहलों से रासायनिक उर्वरकों के असंतुलित उपयोग को दूर करने की उम्मीद है जिससे रासायनिक उर्वरकों के उपयोग में कमी आएगी।

भारतीय कृषि अनुसंधान परिषद द्वारा देश के विभिन्न कृषि-परिस्थिती जलवायु क्षेत्रों में स्थित 17 स्थानों पर किए गए दीर्घकालिक अध्ययनों से मृदा स्वास्थ्य एवं फसल उत्पादकता पर संतुलित पोषक तत्वों के उपयोग के प्रभाव का प्रमाण मिलता है। अध्ययनों के अनुसार, अनुशंसित एनपीके (100% एनपीके) के प्रयोग से केवल नाइट्रोजन उपयोग की तुलना में फसल उत्पादन में लगभग 20–30 प्रतिशत वृद्धि होती है, जबकि समेकित पोषक तत्व प्रबंधन (100% एनपीके + गोबर खाद) से नियंत्रण प्लॉट की तुलना में उत्पादकता में 30–50 प्रतिशत तक की वृद्धि होती है। दीर्घकाल में, समेकित पोषक तत्व प्रबंधन के अंतर्गत मृदा ऑर्गेनिक कार्बन का स्तर सर्वाधिक पाया गया, जो केवल नाइट्रोजन उपयोग की तुलना में लगभग 0.1–0.3 प्रतिशत अंक अधिक है, जो बेहतर मृदा स्वास्थ्य का संकेत देता है। इसके अतिरिक्त, सूक्ष्मजीव जैव-भार कार्बन भी केवल रासायनिक उर्वरकों की तुलना में समेकित पोषक तत्व प्रबंधन के अंतर्गत 20–40 प्रतिशत अधिक पाया गया। इसके विपरीत, केवल नाइट्रोजन के निरंतर उपयोग से समय के साथ फसल उत्पादन में गिरावट तथा मृदा गुणों में हास देखा गया है।

इसके अतिरिक्त, अखिल भारतीय समन्वित अनुसंधान परियोजना-मृदा परीक्षण फसल प्रतिक्रिया (AIRP-STCR) के अंतर्गत प्रमुख फसलों के लिए मृदा परीक्षण आधारित संतुलित उर्वरक अनुशंसा समीकरण विकसित किए गए हैं, ताकि मृदा उर्वरता एवं किसानों के संसाधनों के आधार पर स्थान-विशिष्ट पोषक तत्व प्रबंधन सुनिश्चित किया जा सके। समन्वित कार्यक्रमों के माध्यम से प्रशिक्षण,

प्रदर्शन (डेमोंस्ट्रेशन) एवं जागरूकता गतिविधियों के जरिए संतुलित उर्वरीकरण एवं समेकित पोषक तत्व प्रबंधन को भी बढ़ावा दिया जा रहा है। समग्र रूप से, संतुलित एवं समेकित पोषक तत्वों का उपयोग मृदा उर्वरता बनाए रखने, फसल उत्पादकता बढ़ाने तथा पर्यावरणीय स्थिरता सुनिश्चित करने के लिए अत्यंत आवश्यक है।

e-SEVA KENDRAS

5573. SHRI JASHUBHAI BHILUBHAI RATHVA:

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

- (a) the salient features of e-Seva Kendras;
- (b) the details of the achievements made thereunder in the country so far;
- (c) the details of the facilities being provided through these Kendras in the country;
- (d) the details of such e-Seva Kendras set up by the Government so far, State-wise; and
- (e) the details of the funds sanctioned, allocated and utilised for the setting up of e-Seva Kendras so far including the target set in this regard, State/UTs-wise?

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

(a) to (c) : e-Sewa Kendras have been established under the eCourts Mission Mode Project as a One-Stop Digital Centre for the common litigant /advocates to cater to their eCourt related digital needs. The salient features of e-Sewa Kendras and facilities provided are as under:

- (i) Serve as facilitation centres established in the court complexes to bridge the digital divide for litigants and advocates and provide guided assistance for accessing the various online services under the eCourts ecosystem, ensuring that citizens who lack adequate digital resources are not excluded.
- (ii) Facilitate adoption of e-filing, online payments (i.e. e-payment of court fees, fines and penalties), and virtual court services across all High Court jurisdictions including support for these services such as assistance with scanning of documents etc.
- (iii) Assist citizens in obtaining case status, cause lists, orders and judgments available on the eCourts portal and assist litigants and advocates during court hearings conducted through video conferencing.
- (iv) Provide guidance on free legal services available from the District Legal Services Authority and High Court Legal Services Committee.
- (v) Enable litigants and advocates to access various digital judicial services without requiring advanced technological resources or digital literacy.

(vi) Act as an effective bridge between the judiciary and those sections of the population who do not possess adequate digital infrastructure, thereby advancing the eCourts Phase-III objective of 'access and inclusion'.

(d) : e-Sewa Kendras have been established in the jurisdictions of all High Courts, covering District and Subordinate Courts across the States and Union Territories. e-Sewa Kendras are functional in all 28 High Court jurisdictions, with a total of 2,444 centres operational (48 in High Courts and 2,396 in District Courts). The State/UT-wise details of eSewa Kendras as on 31.01.2026 are given in the enclosed **Statement**.

(e) : Under eCourts Project Phase III, provision has been made for establishment of e-Sewa Kendras across court complexes with a financial outlay of ₹394.48 crore and a target of establishing centres in approximately 4,400 court complexes across the country. Funds are released to all High Courts on the recommendation of eCommittee, Supreme Court of India. A total of ₹257.35 crore has been sanctioned and ₹169.56 crore has been utilised as on date under the eCourts project for establishing e-Sewa Kendras across all States and UTs.

STATEMENT

Status of implementation of e-Sewa Kendras as on 31.01.2026

S. No.	High Court	Functioning e-Sewa Kendras in High Courts (A)	Functioning e-Sewa Kendras in District Courts (B)	Total (A+B)
1	Allahabad	2	111	113
2	Andhra Pradesh	4	34	38

3	Bombay	3	351	354
4	Calcutta	1	44	45
5	Chhattisgarh	1	23	24
6	Delhi	1	13	14
7	Gauhati – Arunachal Pradesh	1	29	30
8	Gauhati – Assam	2	78	80
9	Gauhati – Mizoram	1	8	9
10	Gauhati – Nagaland	1	11	12
11	Gujarat	1	195	196
12	Himachal Pradesh	1	22	23
13	Jammu & Kashmir	2	25	27
14	Jharkhand	2	62	64
15	Karnataka	3	75	78
16	Kerala	1	161	162
17	Madhya Pradesh	3	229	232
18	Madras	7	310	317
19	Manipur	1	21	22
20	Meghalaya	1	16	17
21	Orissa	1	183	184
22	Patna	1	92	93
23	Punjab & Haryana	1	123	124
24	Rajasthan	2	17	19
25	Sikkim	1	10	11
26	Telangana	1	98	99
27	Tripura	1	16	17
28	Uttarakhand	1	39	40
	Total	48	2,396	2,444

Source: eCommittee, Supreme Court of India

STATUS OF EAT RIGHT INITIATIVES

5574. SHRI KARTICK CHANDRA PAUL:

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

- (a) the details of Eat Right India initiatives, including Eat Right Schools and Eat Right Campus programmes, implemented in West Bengal;
- (b) the number of schools, colleges and institutions certified under Eat Right initiatives in West Bengal, district-wise;
- (c) the number of schools and institutions certified specifically within the Kolkata Municipal Corporation limits;
- (d) the amount of funds allocated and utilised for Eat Right initiatives in West Bengal during the last three years, year-wise;
- (e) whether the Government has conducted any monitoring, inspection or evaluation to ensure compliance with food safety and junk food restrictions in and around schools in Kolkata, if so, the details thereof; and
- (f) the steps taken or proposed to be taken by the Government to strengthen awareness, certification and enforcement under Eat Right programmes in West Bengal?

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

(a) to (f) : Food Safety and Standards Authority of India (FSSAI) is mandated to lay 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 implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

FSSAI carries out a nation-wide 'Eat Right India' movement to focus on preventive and promotive healthcare through social and behavioural change. This initiative is built on three core pillars - Eat Safe, Eat Healthy and Eat Sustainable. It is a collective effort of all stakeholders to transform the food ecosystem of the country with a tagline 'Sahi Bhojan Behtar Jeevan' (Right food, Better life). Under this initiative, there is Eat Right Certification Programme which involves self-assessment, third-party audits, training of food handlers via Food Safety Training and Certification (FoSTaC), and promoting nutritious food, with certifications awarded for compliance. It promotes safe, healthy, and sustainable food environments in campuses including schools.

Eat Right School programme aims at creating awareness about food safety, nutrition & hygiene among school children, and through them among the community at large. Since, food habits are developed early in life, adequate coverage of food and nutrition both in curriculum and extracurricular activities at the school level is essential. Total 156 schools in West Bengal are certified as

Eat Right School. Similarly, Eat Right Campus is also implemented to promote safe, healthy, and sustainable food practices, ensure balanced meals, and raise awareness across campus, including Hospitals, Institution, Workplaces, Jails, Colleges, University etc. Total 196 Eat Right Campuses are certified in West Bengal. The details of schools and Campus certified under Eat Right initiatives in West Bengal, district-wise is given in the enclosed **Statement-I** and in Kolkata is given in the enclosed **Statement-II**.

FSSAI provides financial and technical supports to the states for strengthening awareness, certification and enforcement activities. Funds allocated for last 03 years and utilized by the State of West Bengal is as under:

The amount of funds allocated and utilised for Eat Right initiatives in West Bengal		
Year	Funds allocated in Rs.	Funds utilised in Rs.
2022-23	78.978 Lakh	78.978 Lakh
2023-24	167.279 lakh	167.279 lakh
2024-25	162.41 lakh	162.41 lakh

STATEMENT-I

The district-wise details of the number of schools and campuses certified under the Eat Right India initiatives in West Bengal:

S. No.	District	No. of Eat Right schools	No. of Eat Right Campus
1.	Bankura	05	08
2.	Bardhaman	--	06
3.	Basirhat Health District	--	03
4.	Birbhum	--	02

5.	Bishnupur Health District	--	03
6.	Burdwan	--	04
7.	Cooch Behar	11	03
8.	Dakshin Dinajpur	01	--
9.	Darjeeling	09	15
10.	Diamond Harbour Health District	--	05
11.	Haora	--	01
12.	Hooghly	10	02
13.	Howrah	02	14
14.	Jalpaiguri	03	08
15.	Koch Bihar	--	02
16.	Kalimpong	02	--
17.	Kolkata	36	31
18.	Malda	16	10
19.	Murshidabad	11	11
20.	Nadia	04	08
21.	Nandigram Health District	--	05
22.	North Twenty Four Parganas	06	18
23.	Paschim Mednipur	--	01
24.	Purba Bardhaman	05	10
25.	Purba Medinipur	09	10
26.	Puruliya	04	02
27.	South 24 Parganas	17	14
28.	Uttar Dinajpur	05	--
	Total	156	196

STATEMENT-II

Details of the number of schools and institutions certified specifically within the Kolkata Municipal Corporation limits:

S. No.	District/ Sub- District	No. of Eat Right schools	No. of Eat Right Campus
1.	Kolkata (Kolkata Municipal Corporation)	30	22

RATIONALIZATION OF FERTILIZER SUBSIDY**5575. PROF. SOUGATA RAY:****SHRI KISHORI LAL:**

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

- (a) whether the Government has increased the subsidy on fertilizers in view of rising global prices of raw materials, if so, the details thereof; and
- (b) whether the Government proposes to rationalize fertilizer subsidy to ensure benefits reach small and marginal farmers?

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) : 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 (P&K) fertilizers, Government has implemented Nutrient Based Subsidy (NBS) Policy w.e.f. 01.04.2010. Under the policy, a fixed amount of subsidy, decided on annual/bi-annual basis, is provided

to manufacturer / importer on subsidized P&K fertilizers depending on their nutrient content i.e. Nitrogen (N), Phosphorus (P), Potassium (K) and Sulphur (S). The Government monitors international prices of key fertilizers and raw materials and fluctuations, if any, are subsumed while fixing NBS rates for P&K fertilizers to ensure affordable supply of P&K fertilizers to the farmers. Further, to ensure affordability, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2025 and Rabi 2025-26 seasons. The NBS policy is uniformly applicable across the country and fertilizers at subsidized rates are provided to all buyers including small and marginal farmers. Details of nutrient wise NBS subsidy rates for last four seasons are given in the enclosed **Statement**.

Further, the Government has implemented Direct Benefit Transfer (DBT) in Fertilizers across all States/UTs with effect from March, 2018. Under the DBT system, the sale of subsidized fertilizers to the buyer is done on the basis of Aadhaar authentication of through Point of Sale (PoS) devices installed at Fertilizers retail shop. The subsidy is paid to the Fertilizers Companies on weekly basis on the basis of PoS sale. This is to ensure that the benefit of subsidized

fertilizers reached to all farmers across the nation including small and marginal farmers.

STATEMENT

Details of nutrient wise NBS subsidy rates (in Rs. Per Kg)

Nutrients	2024-25 Kharif	2024-25 Rabi	2025 Kharif	2025-26 Rabi
N	47.02	43.02	43.02	43.02
P	28.72	30.80	43.60	47.96
K	2.38	2.38	2.38	2.38
S	1.89	1.76	2.61	2.87

STATUS OF YOGA AND NATUROPATHY RESEARCH CENTRE

5576. SHRI P. V. MIDHUN REDDY

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

- (a) the current status of support provided by Government for the proposed Yoga and Naturopathy Research Centre at Amaravati, Andhra Pradesh including the scheme/component, grant-in-aid sanctioned and date of approval;
- (b) whether any operationalisation timeline has been fixed for the Centre covering civil works, equipment, recruitment and commencement of activities, if so, the milestones and completion schedule and if not, the reasons for delay;
- (c) the number of AYUSH research and innovation centres approved in other States during the last two years along with their commissioning status and the comparative progress of Andhra Pradesh;

- (d) whether the Government has issued guidelines to the State on staffing, research protocols and monitoring of the project; and
- (e) if so, the details thereof including the advisories issued, Key Performance Indicators (KPIs) used and review mechanism adopted in this regard?

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

(a) and (b) : Presently, there is no proposal to set up Yoga and Naturopathy Research Centre at Amaravati, Andhra Pradesh.

(c) : Ministry of Ayush has an apex body namely Central Council for Research in Yoga & Naturopathy (CCRYN) for research and development in the Yoga and Naturopathy systems. Under this organization, Central Research Institute for Yoga and Naturopathy (CRIYN) has been approved in Kasargod, Kerala during the last two years. Furthermore, in last two years, 7 Collaborative Centre for Mind Body Intervention through Yoga (CCMBIY) have been established at AIIMS Bibinagar (Telangana), AIIMS Jodhpur (Rajasthan), AIIMS Bhopal (Madhya Pradesh), AIIMS Delhi, AIIMS Jajjhar (Harayana), Nimhans, Bengaluru (Karnataka) and Svayasa, Bengaluru (Karnataka)

(d) and (e) : Question does not arise, in view of part (a) and (b) above.

ALTERNATE DISPUTE RESOLUTION MECHANISMS IN WARANGAL**5577. DR. KADIYAM KAVYA:**

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

- (a) whether Alternative Dispute Resolution (ADR) mechanisms, including Lok Adalats, Permanent Lok Adalats and Mediation Centres, have been strengthened in Warangal district of Telangana during the last three years, if so, the details thereof;
- (b) the number of Lok Adalats conducted in Warangal during the last three years, along with the total number of cases referred, settled and the value of settlements achieved, year-wise;
- (c) whether any additional judicial infrastructure, mediation facilities or digital platforms have been introduced in Warangal to expedite dispute resolution, if so, the details thereof; and
- (d) the awareness and outreach initiatives undertaken to promote ADR mechanisms among citizens, litigants and legal practitioners in Warangal district?

**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) : Alternative Dispute Resolution (ADR) mechanisms, including Lok Adalats, Permanent Lok Adalats and Mediation Centres, have been significantly

strengthened in Warangal District of Telangana State. The Government has taken several steps to strengthen infrastructure and expedite dispute resolution in Warangal District, including establishment of Mediation Centres in court premises, introduction of virtual/online Lok Adalats, establishment of six (06) Community Mediation Centres for resolving conflicts and promoting harmony and deployment of dedicated trained mediators and panel advocates. The details of Lok Adalats conducted in Warangal District during the last three years are as follows:

Year	No. of Lok Adalats Conducted	Cases Referred	Cases Settled	Settlement Amount
2023	04	99216	99216	14,49,71,829/-
2024	04	71740	71740	17,32,74,868/-
2025	06	339454	339454	26,58,80,671/-
Total		510410	510410	58,41,27,368/-

Further, awareness and outreach programmes are being organized every month by the District Legal Services Authority in the Warangal district including programmes related to various schemes of the National Legal Services Authority. A Mobile Van has also been provided to District Legal Services Authority, Warangal for conducting Legal Awareness Camps in remote/agency villages.

उज्जैन-आलोट में स्वास्थ्य सुविधाओं का विकास

5578. श्री अनिल फिरोजिया:

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

- (क) वर्ष 2019 से आज की तिथि तक उज्जैन-आलोट लोक सभा निर्वाचन क्षेत्र में केंद्र सरकार की स्वास्थ्य योजनाओं के अंतर्गत स्वीकृत/आवंटित निधियों का वर्ष-वार ब्यौरा क्या है;
- (ख) क्या सरकार इस निर्वाचन क्षेत्र में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबीपीएमजेएवाई) के अंतर्गत लाभान्वित परिवारों और उपचार प्राप्त करने वाले रोगियों की संख्या का डेटा रखती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या केंद्र सरकार द्वारा इस संसदीय निर्वाचन क्षेत्र में नए स्वास्थ्य एवं कल्याण केंद्रों (एचडब्ल्यूसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) की स्थापना या जिला अस्पतालों के उन्नयन के लिए कोई योजना स्वीकृत की गई है;
- (घ) यदि हां, तो उक्त निधियों से उक्त क्षेत्रों में स्थापित अस्पतालों, स्वास्थ्य केंद्रों, स्वास्थ्य एवं कल्याण केंद्रों या अन्य स्वास्थ्य बुनियादी ढांचे की संख्या कितनी है और उनकी वर्तमान स्थिति क्या है;
- (ङ) क्या उक्त संसदीय निर्वाचन क्षेत्र में हीमोफीलिया जैसी गंभीर और दुर्लभ बीमारियों के उपचार के लिए डॉक्टरों, दवाओं और चिकित्सा उपकरणों की उपलब्धता बढ़ाने हेतु केंद्र सरकार द्वारा कोई विशेष योजना या कार्यक्रम कार्यान्वित किया जा रहा है; और
- (च) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो क्या सरकार का भविष्य में ऐसी कोई योजना शुरू करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (च) : उज्जैन-आलोट लोकसभा क्षेत्र सहित मध्य प्रदेश राज्य के लिए वित्त वर्ष 2019-20 से वित्त वर्ष 2024-25 तक राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत और प्रधानमंत्री-आयुष्मान

भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत आरंभ से वित्त वर्ष 2024-25 तक केंद्र द्वारा निर्गत राशि का ब्यौरा संलग्न **विवरण** में दिया गया है।

आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी पीएम-जेएवाई) सरकार की एक प्रमुख योजना है, जो भारत की आर्थिक रूप से कमजोर 40% आबादी वाले लगभग 55 करोड़ लाभार्थियों (12.37 करोड़ परिवारों) को माध्यमिक और विशिष्ट स्तर के उपचार हेतु अस्पताल प्रवेश के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य बीमा कवर प्रदान करती है। हाल ही में, वय वंदना कार्ड के साथ एबी पीएम-जेएवाई के तहत 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों तक उनकी सामाजिक-आर्थिक स्थिति पर ध्यान दिए बिना इस योजना का विस्तार किया गया है। पीएम-जेएवाई डैशबोर्ड के अनुसार, दिनांक 24.03.2026 तक की स्थिति के अनुसार, उज्जैन लोकसभा संसदीय निर्वाचन क्षेत्र में 11,76,580 कार्ड सहित मध्य प्रदेश में कुल 4.46 करोड़ आयुष्मान कार्ड जारी किए गए हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) उज्जैन-आलोट लोकसभा संसदीय निर्वाचन क्षेत्र सहित पूरे देशभर में स्वास्थ्य अवसंरचना, स्वास्थ्य सुविधा केंद्रों में मानव संसाधन, गुणवत्तापूर्ण स्वास्थ्य सेवाओं की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर सार्वजनिक स्वास्थ्य प्रणाली के सुदृढ़ीकरण के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान की जाती है। मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को मंजूरी दी जाती है।

फरवरी 2018 में, भारत सरकार ने दिसंबर, 2022 तक देश भर में मौजूदा उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके 1,50,000 आयुष्मान आरोग्य मंदिर (एएम) [पूर्ववर्ती आयुष्मान भारत स्वास्थ्य एवं आरोग्य केंद्र (एबी-एचडब्ल्यूसी)] स्थापित करने

की घोषणा की है। राज्यों/संघ राज्य क्षेत्रों द्वारा एएएम पोर्टल पर दी गई जानकारी के अनुसार, दिनांक 28.02.2026 तक की स्थिति के अनुसार, मध्य प्रदेश में 12,708 एएएम सहित देशभर में कुल 1.84 लाख एएएम संचालित हैं।

हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) (अवसंरचना एवं मानव संसाधन) एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट की गई स्वास्थ्य परिचर्या प्रशासनिक आंकड़ों पर आधारित है। मध्य प्रदेश सहित पूरे देश में स्वास्थ्य अवसंरचना की उपलब्धता का विवरण एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता 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

भारत सरकार महाराष्ट्र सहित ग्रामीण और दूरस्थ क्षेत्रों की सेवा प्रदायगी में सुधार के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय प्रदान करती है। एनएचएम के तहत, विशेषज्ञ डॉक्टरों के लिए दुर्गम क्षेत्र भत्ता, राज्यों को "यू कोट वी पे" सहित बातचीत से निर्धारित वेतन देने की सुविधा, स्नातकोत्तर पाठ्यक्रमों में वरीयता प्राप्त प्रवेश जैसे गैर-मौद्रिक प्रोत्साहन और व्यापक आपातकालीन प्रसूति एवं नवजात शिशु देखभाल (सीईएमओएनसी) और जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) में प्रशिक्षण के माध्यम से चिकित्सकों के बहु-कौशल विकास जैसे उपायों का समर्थन किया जाता है ताकि ऐसे क्षेत्रों में विशेषज्ञों की कमी को दूर किया जा सके।

सार्वजनिक स्वास्थ्य सुविधा केंद्रों में आने वाले रोगियों के लिए अनिवार्य औषधियों की उपलब्धता सुनिश्चित करने और ओओपीई को कम करने के लिए सरकार ने एनएचएम के तहत निःशुल्क औषधि सेवा पहल शुरू की है। इसमें एसएचसी स्तर पर 106 औषधियों, पीएचसी स्तर पर 172 औषधियों, सीएचसी स्तर पर 300 औषधियों, एसडीएच स्तर पर 318 औषधियों और जिला अस्पतालों में 381

औषधियों के लिए राज्यों/संघ राज्य क्षेत्रों को वित्तीय सहायता शामिल है। एंटी-हीमोफिलिया फैक्टर VII, VIII और IX तथा एक्टिवेटेड प्रोथ्रोम्बिन कॉम्प्लेक्स कॉन्संट्रेट (एपीसीसी) को दवाओं की उपलब्धता की समस्या के समाधान के लिए उप-जिला अस्पताल (एसडीएच) और जिला अस्पताल (डीएच) में एनएचएम की अनिवार्य औषधि सूची में शामिल किया गया है।

विवरण

मध्य प्रदेश में वित्त वर्ष 2019-20 से वित्त वर्ष 2024-25 तक एनएचएम और पीएम-एबीएचआईएम के तहत केंद्र द्वारा निर्गत राशि :

(करोड़ रु. में)

वित्त वर्ष	एनएचएम के तहत निर्गत राशि	पीएम-एबीएचआईएम के तहत निर्गत राशि
2019-20	1,728.73	-
2020-21	2,377.14	-
2021-22	2,295.66	22.85
2022-23	2,582.10	98.70
2023-24	2,545.68	228.52
2024-25	2,430.91	63.19

नोट: उपरोक्त निर्गम केंद्र सरकार द्वारा दिए गए अनुदानों से संबंधित हैं और इनमें राज्य सरकार का हिस्सा शामिल नहीं है।

FAST TRACK COURTS AND FAST TRACK SPECIAL COURTS

5579. SUSHRI S. JOTHIMANI:

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

- (a) the total number of Fast Track Courts (FTCs) and Fast Track Special Courts (FTSCs) operational across the country for handling cases related to sexual offences and crimes against women and children, State-wise;
- (b) the number of such courts functioning in Tamil Nadu, and whether the State has sought additional FTCs based on case pendency and demand, if so, the status thereof;
- (c) whether the Government has conducted any review or evaluation of the performance of FTCs, including case disposal rates and conviction rates, and if so, the key findings;
- (d) whether there are challenges related to judicial vacancies, inadequate infrastructure, or funding that are impacting the effectiveness of these courts across States, if so, the details thereof; and
- (e) whether the Government proposes to expand the number of FTCs under centrally sponsored schemes and increase budgetary allocations for their efficient functioning, if so, the details thereof?

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

(a) to (e) : The Fast Track Courts (FTCs) are set up by the States/UTs in consultation with the respective High Courts, as per their requirements and availability of resources. In this regard, the 14th Finance Commission

recommended the setting up of 1800 Fast Track Courts (FTCs) during the period 2015–2020 for expeditious trial of specific categories of cases including heinous crimes, cases involving women, children, senior citizens, persons with disabilities, individuals afflicted with terminal illnesses, and property-related cases pending for more than five years. As per information received from the High Courts, 862 FTCs are functional across 21 State/UTs including 73 FTCs in Tamil Nadu as on 31.01.2026. The State/UT-wise details of functional Fast Track Courts (FTCs), is given in the enclosed **Statement-I**. No central assistance to the States is being provided for setting up of these Fast Track Courts. Central government has not conducted any third-party evaluation of the FTCs in recent past. There is no proposal with the Central government to expand the number of FTCs under centrally sponsored schemes.

Further, a Centrally Sponsored Scheme for the establishment of Fast Track Special Courts (FTSCs), including exclusive POCSO (ePOCSO) Courts was launched in October, 2019. These courts are dedicated to the time-bound trial and disposal of pending cases related to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act, 2012. The Scheme has been extended twice, with the latest extension up to 31st March 2026, for establishment of 790 courts. As per the information made available by the High Courts, as of 31.01.2026, 774 FTSCs, including 398 exclusive POCSO (e-POCSO) Courts were functional in 29 States/UTs. The State/UT-wise details of functional Fast

Track Special Courts (FTSCs), including exclusive POCSO courts, are given in the enclosed **Statement-II**. The number of FTSCs required to be established is determined at the time of approval of the Scheme.

The impact of the FTSCs Scheme has been assessed through third-party evaluations conducted during the extensions of the Scheme. The evaluation reports underscored the positive impact of the Scheme and recommended its continuation.

There are several reasons that lead to delay in disposal of cases in courts which, inter-alia, include availability of physical infrastructure, complexity of facts involved, quality of investigation, nature of evidence, co-operation of stake holders viz. bar, investigation agencies, legal representation, forensic support, witnesses and litigants and proper application of rules and procedures.

STATEMENT - I

The State/UT-wise details of functional Fast Track Courts (FTCs)

(As on 31.01.2026)

Sl. No.	Name of the States/UTs	Functional FTCs
1	Andhra Pradesh	21
2	Assam	14
3	Chhattisgarh	27
4	Delhi	26
5	Goa	4
6	Gujarat	54
7	Haryana	6
8	Himachal Pradesh	3
9	Jammu & Kashmir	8
10	Jharkhand	41

11	Maharashtra	105
12	Manipur	1
13	Mizoram	2
14	Puducherry	1
15	Punjab	7
16	Sikkim	2
17	Tamil Nadu	73
18	Tripura	2
19	Uttar Pradesh	373
20	Uttarakhand	4
21	West Bengal	88
	TOTAL	862

STATEMENT-II

The State/UT-wise details of functional Fast Track Special Courts (FTSCs)

(As on 31.01.2026)

Sl. No.	States/UTs	Functional Courts	
		FTSCs including exclusive POCSO	exclusive POCSO
1	Andhra Pradesh	16	16
2	Assam	17	17
3	Bihar	54	48
4	Chandigarh	1	0
5	Chhattisgarh	15	11
6	Delhi	16	11
7	Goa	1	0
8	Gujarat	35	24
9	Haryana	18	14
10	Himachal Pradesh	6	3
11	J&K	4	2
12	Karnataka	30	16

13	Kerala	55	14
14	Madhya Pradesh	67	56
15	Maharashtra	37	0
16	Manipur	2	0
17	Meghalaya	5	5
18	Mizoram	3	1
19	Nagaland	1	0
20	Odisha	44	23
21	Puducherry	1	1
22	Punjab	12	3
23	Rajasthan	45	30
24	Tamil Nadu	20	20
25	Telangana	36	0
26	Tripura	3	1
27	Uttarakhand	4	0
28	Uttar Pradesh	218	74
29	West Bengal	8	8
	TOTAL	774	398

FUNCTIONING OF ONE STOP CENTRES

5580. SHRI RAHUL GANDHI:

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

- (a) whether numerous One Stop Centres (OSCs) remain locked, non-functional/fail to operate round-the-clock as mandated, if so, the details thereof;
- (b) the number of women who have sought assistance and shelter at OSCs and the number of cases of crimes against women registered during the last five years, State-wise and year-wise;

- (c) the number of operational OSCs and new OSCs opened during the last five years, State-wise and year-wise;
- (d) the details of the funds released/utilised for OSCs during the said period, State-wise and year-wise indicating the reasons for under-utilisation;
- (e) the details of the sanctioned versus filled posts in OSCs including Administrators, Case Workers, Counsellors, Medical Officers and Police, State-wise; and
- (f) whether the Ministry has examined complaints of mismanagement/violation of operational guidelines, if so, the details thereof along with the action taken thereon?

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

(a) to (f) : One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. Since inception, i.e. 1st April, 2015 up to 31st December, 2025, over 13.37 lakh women have been assisted in the country. The details of State and UT-wise operational OSCs are given in the enclosed **Statement -I** and State

and UT-wise operational OSCs during the last five years are given in the enclosed **Statement-II**.

The National Crime Records Bureau (NCRB) compiles and publishes statistical data on crimes in its publication "Crime in India". The latest published report pertains to the year 2023 and is available at its website <https://ncrb.gov.in/en/crime-india>.

The overall implementation of the OSC scheme lies with the State Governments and UT Administrations. Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). The details of State-wise and year-wise funds released under OSC scheme during the last five years are given in the enclosed **Statement-III**.

As per the Mission Shakti guidelines, the Central Government provides 100% financial assistance to States/ UTs for appointment/hiring 13 manpower resources including 1 Centre Administrator, 2 Case Workers, 1 Psycho-social Counsellor, 1 Para Legal Personnel/ Lawyer, 1 Para Medical Personnel, 1 Office Assistant with computer knowledge, 3 Multi-purpose Staff/Cook and 3 Security Guards/Night Guards at each OSC.

Once in a year, the Programme Approval Board (PAB) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives and effective delivery of services to women and

children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States and UTs from time to time.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme and its components relating to One Stop Centres (OSCs) have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness and sustainability of the scheme as satisfactory.

STATEMENT-I

The details of number of One Stop Centres (OSCs) made operational across the country are as under:

SL	State/ UTs	Number of operational OSCs
1	Andaman and Nicobar Islands	3
2	Andhra Pradesh	36
3	Arunachal Pradesh	25
4	Assam	36
5	Bihar	50
6	Chandigarh	1
7	Chhattisgarh	42
8	Dadra and Nagar Haveli and Daman and Diu (DNH&DD)	3
9	Delhi	11
10	Goa	2
11	Gujarat	36
12	Haryana	22
13	Himachal Pradesh	13
14	Jammu and Kashmir	20

15	Jharkhand	26
16	Karnataka	42
17	Keralam	14
18	Ladakh	2
19	Lakshadweep	1
20	Madhya Pradesh	57
21	Maharashtra	67
22	Manipur	16
23	Meghalaya	13
24	Mizoram	13
25	Nagaland	17
26	Odisha	34
27	Puducherry	4
28	Punjab	23
29	Rajasthan	52
30	Sikkim	6
31	Tamil Nadu	59
32	Telangana	36
33	Tripura	10
34	Uttar Pradesh	96
35	Uttarakhand	14
36	West Bengal	24
	Total	926

STATEMENT -II

The details of State and UT-wise and year-wise operational OSCs during the last five years:

S. No.	State/UT	2021-22	2022-23	2023-24	2024-25	2025-26 till 24.03.2026
1	ANDHRA PRADESH	-	-	6	7	10
2	ARUNACHAL PRADESH	1	-	4	-	1
3	ASSAM	-	1	2	-	-

4	BIHAR	-	1	3	2	11
5	CHHATTISGARH	-	-	1	1	14
6	DELHI	-	-	2	-	-
7	GUJARAT	1	1	1	-	1
8	HARYANA	-	1	-	-	-
9	HIMACHAL PRADESH	-	-	1	-	-
10	JAMMU AND KASHMIR	2	-	-	-	-
11	JHARKHAND	-	-	-	-	2
12	KARNATAKA	1	3	2	6	3
13	KERALAM	-	-	1	-	-
14	LADAKH	-	1	-	-	-
15	MADHYA PRADESH	-	-	10	-	-
16	MAHARASHTRA	2	1	3	10	15
17	MEGHALAYA	-	-	1	-	1
18	MIZORAM	-	-	1	2	2
19	NAGALAND	-	-	-	-	6
20	ODISHA	-	-	1	-	4
21	PUNJAB	-	-	1	-	-
22	RAJASTHAN	-	1	2	1	13
23	SIKKIM	-	-	2	-	-
24	TAMIL NADU	4	1	10	1	10
25	TELANGANA	1	-	-	3	-
26	TRIPURA	-	-	-	-	2
27	UTTAR PRADESH	7	10	13	7	11
28	UTTARAKHAND	-	-	1	-	-
29	WEST BENGAL	1	20	-	2	1
	Total	20	41	68	42	107

STATEMENT -III

Details of State-wise and year-wise funds released under OSC scheme during the last five years:

(Amount in Lakhs)

S. No.	State/UT	2020-21	2021-22	2022-23	2023-24	2024-25
1	Andaman and Nicobar Islands	38.59	58.22	15.2	135.99	-
2	Andhra Pradesh	205.05	249.57	72.96	605.58	189.07
3	Arunachal Pradesh	514.14	369.45	40.39	847.7	757.4
4	Assam	642.14	650.63	129.61	1755.48	282.76
5	Bihar	709.66	555.17	-	-	-
6	Chandigarh	33.84	15.00	49.22	16.8	19.04
7	Chhattisgarh	353.21	526.86	304.63	882.44	945.91
8	Dadra and Nagar Haveli and Daman and Diu	40.01	45.01	-	50.39	57.14
9	Delhi	189.05	184.69	138.56	184.78	314.29
10	Goa	30.01	30.01	-	-	54.89
11	Gujarat	875.17	997.46	386.76	1166.26	857.38
12	Haryana	398.44	385.35	186.75	594.68	419.06
13	Himachal Pradesh	204.05	180.05	18.9	403.15	47.22
14	Jammu and Kashmir	218.84	323.09	-	335.96	470.88
15	Jharkhand	697.25	506.78	-	-	-
16	Karnataka	729.09	513.88	130.88	1054.13	921.81
17	Keralam	243.06	234.41	139.28	-	400.01
18	Ladakh-UT	65.45	30.01	-	33.6	38.1
19	Lakshadweep	7.50	15.00	-	16.8	-
20	Madhya Pradesh	1057.05	921.41	261.55	820.48	2225.83
21	Maharashtra	646.20	561.35	69.37	1539.69	-
22	Manipur	501.94	396.59	543.29	268.77	304.77
23	Meghalaya	211.62	276.22	232.77	321.56	228.58
24	Mizoram	172.64	280.33	178.05	283.45	563.26

25	Nagaland	329.91	528.92	197.41	545.83	647.55
26	Odisha	931.55	739.31	614.67	1084.95	818.62
27	Puducherry	72.02	67.24	18.25	-	-
28	Punjab	490.61	385.31	-	389.01	438.10
29	Rajasthan	566.87	941.85	129.59	883.59	752.03
30	Sikkim	66.02	80.80	77.48	126.09	114.29
31	Tamil Nadu	1066.60	520.38	697.43	1158.88	1059.64
32	Telangana	793.39	945.98	1392.65	1217.41	256.42
33	Tripura	162.04	135.75	18.21	-	-
34	Uttar Pradesh	2288.33	1396.79	347	1812.71	1801.43
35	Uttarakhand	273.09	263.17	153.33	436.75	53.8
36	West Bengal	198.90	227.32	28.41	-	641.93

Note:- Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS).

ARTIFICIAL INTELLIGENCE IN HEALTHCARE SYSTEM

5581. SHRI ADHIKARI DEEPAK (DEV):

SHRI JANARDAN SINGH SIGRIWAL:

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

- (a) whether the Government has initiated programmes or initiatives to integrate Artificial Intelligence (AI) into the healthcare system for diagnostics, treatment planning and patient care across the country and if so, the details thereof;
- (b) whether the Government has formulated any regulatory framework, guidelines or national policy for the ethical, safe and regulated use of AI in the healthcare system including diagnostics, treatment planning and patient data management and if so, the details thereof;

- (c) whether the Government has launched any pilot projects or collaborations with the private sector/AI companies in Government hospitals for applications such as predictive analytics and telemedicine and if so, the details thereof;
- (d) whether there are any safeguards in place to ensure patient safety, data privacy, algorithmic transparency, accountability and to address issues of bias, skill development and infrastructure requirements for AI adoption and if so, the details thereof; and
- (e) the details of funds allocated, timeline for scaling up AI integration in public healthcare and the monitoring mechanism to evaluate its impact on service delivery?

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

(a) to (e) : The Ministry of Health and Family Welfare is leveraging artificial intelligence (AI) to drive transformative change in public health services across India. The Ministry of Health has designated AIIMS Delhi, PGIMER Chandigarh and AIIMS Rishikesh as 'Centre of Excellence (CoE) for Artificial Intelligence'. The key objective of AI initiative of 'Center of Excellence' is to promote development and use of AI-based solutions in Health.

The Ministry has collaborated with key organizations such as the Central Tuberculosis Division, National Centre for Disease Control, CDAC-Mohali, ICMR,

MeitY, and others for a variety of AI projects. Further, the Ministry has collaborated with Wadhvani AI, to provide technical support to the three CoEs and other governmental institutions.

Several AI solutions have been developed, including the Clinical Decision Support System (CDSS) in e-Sanjeevani, Media Disease Surveillance under Integrated Disease Surveillance Program (IDSP)) a Diabetic Retinopathy (DR identification solution) and AI solutions, 'Cough Against Tuberculosis' (CATB) for TB Screening among others. Some of these AI applications are operational in collaboration with central and state health institutions.

The Ministry has launched the 'Strategy for AI in Healthcare in India' (SAHI) and the 'Benchmarking Open Data Platform for Health AI' (BODH). SAHI is a national guidance framework to enable the safe, ethical, evidence-based, responsible and inclusive adoption of artificial intelligence across India's healthcare system. 'Benchmarking Open Data Platform for Health AI' (BODH) provides a structured mechanism for testing and benchmarking AI solutions before deployment at scale.

Further, safeguards for data privacy, consent and AI accountability are ensured through data anonymization, user consents and human in the loop approach with adherence to applicable standards and government policies, including AI Governance guidelines by MeitY, ethical guidelines for application of AI in biomedical research and healthcare by ICMR, Information Technology Act

2000, Digital Personal Data Protection Act and Rules framed thereunder, and cybersecurity guidelines by the Department of Health and Family Welfare.

AWARENESS CAMPAIGNS & SCHOOL OUTREACH

5582. SHRIMATI BHARTI PARDHI:

SHRI NARESH GANPAT MHASKE:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI ATUL GARG:

SHRI RAVINDRA DATTARAM WAIKAR:

DR. SHRIKANT EKNATH SHINDE:

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

- (a) whether awareness campaigns and school-based outreach programmes are being conducted by the Government to promote vaccine uptake in the country, if so, the details thereof and if not, the reasons therefor;
- (b) the steps taken or proposed to be taken by the Government to train healthcare personnel for the nationwide rollout; and
- (c) the expected impact of this initiative on cervical cancer prevention, adolescent health outcomes and public health goals?

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 a preventive intervention to reduce cervical cancer incidence, the nationwide free HPV vaccination campaign was launched on 28th February 2026

for approximately 1.2 crore eligible beneficiary girls aged 14 years across all 36 States and Union Territories . The extensive training on HPV vaccination for medical and paramedical staff across all 36 States/UTs in the country has been completed. Awareness generation to promote the uptake of various vaccines like HPV, Td (Tetanus adult Diphtheria) are being conducted through use of IEC materials such as radio jingles, posters, banners, myth-busting digital content and social media platforms to provide accurate information and address misconceptions. The vaccines are administered free of cost at all designated government health facilities.

PRADHAN MANTRI KISAN SAMRUDDHI KENDRAS IN TAMIL NADU

5583. DR. KALANIDHI VEERASWAMY:

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

- (a) the total number of Pradhan Mantri Kisan Samruddhi Kendras (PMKSKs) converted from existing fertilizer retail outlets, State-wise including Tamil Nadu;
- (b) the total financial outlay, allocation and actual expenditure incurred on the rebranding and conversion of retail fertilizer shops into PMKSKs during the last three financial year, year-wise;
- (c) whether any independent evaluation has been conducted to assess that PMKSKs have improved farmers' access to fertilizers, seeds, soil testing services and agri-input advisories, if so, the details thereof;

- (d) whether instances of fertilizer shortages, delayed supply or uneven distribution have been reported in PMKSKs during the last three years, if so, the details thereof;
- (e) the number of PMKSKs equipped with functional soil testing facilities and trained personnel to provide scientific advisories; and
- (f) whether the Government proposes to enhance transparency in allocation of fertilizers, digital monitoring of stocks and accountability mechanisms to prevent diversion or black marketing, if so, the details thereof?

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

(a) : As per Integrated Fertilizer Management System (iFMS) , a total of 1,47,111 PMKSKs have been converted from existing fertilizer retail outlets across India. The State-wise details of PMKSKs across India, including Tamil Nadu, as on 23 March 2026, is given in the enclosed **Statement-I**.

(b) : The Department of Fertilizers, vide Notification No. 15011/19/2017-DBT dated 15.11.2022, conveyed to all fertilizer companies that the conversion of existing retail shops into PMKSKs are being done by the fertilizer companies through the existing retailer margin of Rs. 50 per MT being given by the Government of India.

(c) : Government of Tamil Nadu has not conducted any independent evaluation to assess that PMKSKs have improved farmers' access to fertilizers, seeds, soil testing services and agri-input advisories

(d): The availability of fertilizers viz. Urea, DAP, MOP and NPK has remained adequate in the State of Tamil Nadu, during the last three FYs i.e. 2022-23, 2023-24 and 2024-25. The information regarding requirement, availability and sales of these fertilizers during the said period is given in the enclosed **Statement-II**.

(e) : Out of the total PMKSKs, about 4,119 centres have been equipped with:

- i. Soil testing facilities (including mini soil testing kits/labs)
- ii. Trained personnel to provide scientific nutrient and crop advisory services

(f) : The Integrated Fertilizer Management System (iFMS) was launched in June 2016 which is a comprehensive, all-integrated system covering all functionalities in the fertilizer supply chain. This comprehensive system covers the entire supply chain, meticulously capturing transactional data from raw material procurement, imports to fertilizer production and transportation via rail or road from plants, rake houses, ports to district warehouses, and finally sale at PoS enabled retailers, everything aligned with monthly supply plans at district level and the movement of fertilizers is being captured in real time. Various modules under iFMS have been developed to ensure capture and maintain the fertilizers movement and sale data accurately in a secured manner.

In order to prevent diversion and thereby ensure affordable and to uninterrupted fertilizer availability farmers, Department of Fertilizers has put a ceiling of 50 bags of subsidized fertilizers per buyer per month i.e. 300 bags of subsidized fertilizers per season. Additionally, a monthly list of 'Top 20 buyers' of each district is made available in the iFMS log-in of respective district magistrates for taking necessary action at their end.

Besides, Department of Fertilizers has also developed a dashboard which can be accessed by authorized users at <https://urvarak.nic.in>. The dashboard is developed to facilitate easy monitoring by various Stake holders viz. State Agriculture Departments, District Collectors and State Marketing Federations. The State Governments are also monitoring the availability and supply of fertilizers through iFMS and e-Urvarak Dashboard portals." Further, any suspicious sale through PoS machine, beyond official hours is also being monitored by the respective State Government officials.

In order to address the issues of hoarding, diversion and black-marketing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State

Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

STATEMENT-I

State-wise details of PMSKSs across India, including Tamil Nadu, as on 23 March 2026:

S. No	States/UTs	No of PMSKSs Developed
1.	Andaman and Nicobar Islands	0
2.	Andhra Pradesh	4861
3.	Arunachal Pradesh	2
4.	Assam	2217
5.	Bihar	13151
6.	Chandigarh	0
7.	Chhattisgarh	3068
8.	Dadra and Nagar Haveli	1
9.	Daman and Diu	0
10.	Delhi	37
11.	Goa	25
12.	Gujarat	5889
13.	Haryana	4442
14.	Himachal Pradesh	808
15.	Jammu and Kashmir	1941
16.	Jharkhand	2522
17.	Karnataka	6563
18.	Kerala	1819
19.	Lakshadweep	0
20.	Madhya Pradesh	8044
21.	Maharashtra	15439

22.	Manipur	22
23.	Meghalaya	0
24.	Mizoram	3
25.	Nagaland	2
26.	Odisha	3164
27.	Puducherry	40
28.	Punjab	4038
29.	Rajasthan	9116
30.	Sikkim	0
31.	Tamil Nadu	7795
32.	Telangana	5487
33.	Tripura	270
34.	Uttar Pradesh	34003
35.	Uttarakhand	647
36.	West Bengal	11695
	Total	147111

STATEMENT-II**The details of requirement, availability & sales of fertilizers during 2022-23 to 2024-25 in Tamil Nadu**

Fig. in LMT													
S. No	State	UREA			DAP			MOP			NPKS		
		Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales	Requirement	Availability	DBT Sales
1	2024-25	10.91	12.61	10.92	2.70	2.98	2.56	2.24	2.56	1.94	10.54	10.19	8.49
2	2023-24	10.23	11.86	10.11	2.95	3.22	2.71	2.45	2.05	1.63	7.30	10.19	7.94
3	2022-23	9.96	11.38	10.05	2.73	3.49	2.76	2.53	1.85	1.65	6.45	9.19	7.38

सार्वजनिक क्षेत्र के रक्षा उपक्रमों और आयुध निर्माणियों में संविदा कर्मचारी

5584. श्री अजेन्द्र सिंह लोधी:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि:

- (क) वर्तमान में सार्वजनिक क्षेत्र के रक्षा उपक्रमों (डीपीएसयू) और आयुध निर्माणी इकाइयों में कार्यरत संविदा कर्मचारियों की श्रेणी-वार कुल संख्या कितनी है;
- (ख) क्या सरकार के पास ऐसे संविदा कर्मचारियों का ब्यौरा है, जो पूर्व में आयुध निर्माणी इकाइयों में स्थायी पदों पर कार्यरत थे और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार को इस बात की जानकारी है कि जोखिमपूर्ण उत्पादन इकाइयों में कार्यरत संविदा कर्मचारियों हेतु पर्याप्त चिकित्सा सुविधाएं, जोखिम भत्ता, आकस्मिक अवकाश और पदोन्नति के पर्याप्त अवसर नहीं हैं;
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इन कर्मचारियों के कल्याण और सेवा संबंधी शर्तों में सुधार लाने के लिए क्या कदम उठाए जा रहे हैं; और
- (ङ) विगत दस वर्षों के दौरान डीपीएसयू में स्वीकृत पदों, भरे हुए पदों और रिक्त पदों का वर्ष-वार ब्यौरा क्या है?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क) : दिनांक 13.03.2026 की स्थिति के अनुसार पूर्ववर्ती आयुध निर्माणी बोर्ड (ओएफबी) से बनाए गए 07 नए रक्षा संबंधी सार्वजनिक क्षेत्र के उपक्रमों (डीपीएसयू) में संविदा कर्मचारियों (निश्चित अवधि) की कुल संख्या 11,863 है।

(ख) : चूंकि पूर्ववर्ती आयुध निर्माणी बोर्ड दिनांक 01.10.2021 से अस्तित्व में नहीं है इसलिए ऐसे कोई भी संविदा कर्मचारी नहीं हैं जो आयुध निर्माणी बोर्ड में स्थायी पदों पर कार्यरत थे।

(ग) और (घ) : संविदा कर्मचारी जो जोखिमपूर्ण उत्पादन इकाइयों में कार्यरत हैं, को रोजगार संबंधी सभी लाभ जैसे, चिकित्सा अवकाश, आकस्मिक अवकाश, जोखिम भत्ता आदि इस संबंध में मौजूदा सरकारी नियमावली एवं दिशानिर्देशों के अनुसार प्राप्त होते हैं।

(ड.) : रक्षा क्षेत्र के सार्वजनिक उपक्रमों में पिछले दस वर्षों के दौरान स्वीकृत पदों, भरे हुए पदों एवं रिक्तियों का विवरण इस प्रकार है:

रक्षा क्षेत्र के सार्वजनिक उपक्रम	वर्ष (31 मार्च की स्थिति के अनुसार)	स्वीकृत पद	भरे हुए पद	रिक्त पद
09 पुराने रक्षा क्षेत्र के सार्वजनिक उपक्रम	2016	69251	63660	5591
	2017	67149	61303	5846
	2018	65490	59304	6186
	2019	59638	56953	2685
	2020	57381	54292	3089
	2021	55054	51791	3263
	2022	52738	49345	3393
	2023	51171	47408	3763
	2024	49894	46197	3697
	2025	48350	44844	3506

रक्षा क्षेत्र के सार्वजनिक उपक्रम	वर्ष	स्वीकृत पद	टिप्पणियां
07 नए रक्षा क्षेत्र	2025-26	58903	आयुध निर्माणी बोर्ड के निगमीकरण के

के सार्वजनिक उपक्रम	(28.08.2025 की स्थिति के अनुसार)		फलस्वरूप, 07 नए रक्षा क्षेत्र के सार्वजनिक उपक्रमों (एमआईएल, एवीएनएल, एडब्ल्यूईआईएल, वाईआईएल, आईओएल, टीसीएल, जीआईएल) ने 01.10.2021 से कार्य करना प्रारंभ किया था। पूर्ववर्ती आयुध निर्माणी बोर्ड के केंद्र सरकार के कर्मचारी इन रक्षा क्षेत्र के सार्वजनिक उपक्रमों में मानित प्रतिनियुक्ति आधार पर पदस्थ हैं। अतः, इस स्तर पर कोई रिक्ति सुनिश्चित नहीं है।

INCREASE OF MENTAL HEALTH DISORDERS

5585. DR. ANGOMCHA BIMOL AKOIJAM:

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

- (a) whether the Government has taken note of the increase in mental health disorders among women and children affected by the ongoing crisis in Manipur, if so, the details thereof;
- (b) the details of the mental-health support, counselling, trauma care and psycho-social services provided for women and children in affected areas and relief camps; and
- (c) the steps taken by the Government to strengthen mental-healthcare services for women and children affected by violence and displacement?

THE MINISTER 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 National Mental Health Survey (NMHS-I) was conducted in 2015-16. In the NMHS-I the data did not separately capture the prevalence of mental health disorders among children and women due to prolonged displacement, disruption of education and exposure to violence.

The State of Manipur has informed that a systemic mechanism has been put in place for diagnosis, counselling, and therapeutic support of Internally Displaced Persons (IDPs) and the following comprehensive measures have been taken to address the situation.

- The State mental health team and district mental health support teams have been constituted under the State Health Department.
- The teams comprise of Psychiatrists, Clinical Psychologists, Psychiatric Social Workers, Psychiatric Nurses of National Mental Health Programme (NMHP), and counsellors from various NHM programs such as Rastriya Bal Swasthya Karyakram (RBSK), Rastriya Kishore Swasthya Karyakram (RKSK), and the Family Planning programme across the hill and valley districts of Manipur.
- The team regularly conducts scheduled visits and continues to do so as per requirement. As of 10th March, 2026, 1040 visits to IDP relief camps have been done by mental health teams.
- To strengthen the capacity of the health care providers, training and workshops for District Mental Health Programme (DMHP) staff and other

Mental Health professionals of Manipur have been held in collaboration with SAMVAD NIMHANS.

MENTAL HEALTH STATUS OF YOUNG ADULTS

5586. DR. RAJ KUMAR CHABBEWAL:

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

- (a) whether the Government has taken note of international studies and surveys indicating that young adults in India rank low in mental health and well-being indices compared to their global counterparts and if so, the details thereof and if not, the reasons therefor;
- (b) whether the Government has conducted any independent assessment or nationwide survey regarding the mental health status of young adults in the country and if so, the details thereof, State/UT-wise;
- (c) the steps taken/proposed to be taken by the Government to strengthen mental health services for young adults under the National Mental Health Programme and the Tele-MANAS initiative; and
- (d) whether the Government proposes to introduce targeted mental health interventions in universities and colleges and if so, the details thereof?

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

(a) to (d) : The Global Mind Health 2025 report was carried out by Sapien Labs, a U.S.-based non-profit research organization. It forms part of the organization's wider Global Mind Project, which examined survey responses from nearly one million internet users across 84 countries to evaluate mental well-being through the Mind Health Quotient (MHQ). The authors of the Global Mental Health report have acknowledged several important limitations of the report:

- i. The trends are not likely to be reflective of offline populations who typically live in a different context and therefore country level trends may differ substantially from the Global Mind trends.
- ii. Sampling bias: The data reflects internet-enabled, language-proficient, and self-selecting individuals willing to complete a 15-minute survey.
- iii. Cultural variability: Responses may be influenced by language interpretation and cultural perceptions of mental health, affecting direct cross-country comparisons.

Therefore, the country specific figures mentioned in the report cannot be treated as generalizable in a robust- manner to the whole population of youth in the country

The Government conducted the National Mental Health Survey (NMHS), 2015-16 of India through the National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru in 12 States of the country, as per which the prevalence of mental disorders in adults over the age of 18 years is about

10.6%. The Summary of the National Mental Health Survey 2015-16 is available on the website of the Ministry (https://mohfw.gov.in/sites/default/files/National%20Mental%20Health%20Survey%2C%202015-16%20-%20Summary%20Report_0.pdf).

The Government has taken the following steps in order to strengthen mental health infrastructure under the National Mental Health Programme:

- The District Mental Health Programme (DMHP) was introduced as component of the NMHP in 1996, The DMHP has been sanctioned for implementation in 767 districts for which support is provided to States/UTs through the National Health Mission. Facilities made available under DMHP at the Community Health Centre (CHC) and Primary Health Centre (PHC) levels, inter- alia, include outpatient services, assessment, counselling/ psycho-social interventions, continuing care and support to persons with severe mental disorders, drugs, outreach services, ambulance services etc. In addition to above services there is a provision of 10 bedded in-patient facility at the District level.
- The Government has launched a “National Tele Mental Health Programme” (NTMHP) on 10th October, 2022, that functions as the digital arm of the District Mental Health Programme to provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7 tele-

mental health counselling services. For this, a toll-free number (14416) has been set up across the country.

- As on 03.03.2026, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 34.34 lakh calls have been handled on the helpline number since inception.
- The Rashtriya Kishor Swasthya Karyakram (RKSK) of the Ministry of Health & Family Welfare through its interventions viz. Adolescent Friendly Health Clinics (AFHC), Peer Education Programme and Adolescent Health and Wellness Days (AH&WD) creates awareness on mental health issues and provides counselling services. Peer Educators form groups of 15-20 boys and girls in the community and conduct weekly one to two hour participatory sessions on adolescent health including mental health and wellbeing

Ministry of Education, on its part, is guided by National Education Policy 2020 (NEP 2020) which emphasises the need to create awareness about students' mental health and wellbeing and to ensure that the learning environments are engaging and supportive. It inter alia provides for availability of professional and career counselling, and counselling system for handling stress and emotional adjustment.

University Grants Commission (UGC) has issued Guidelines for Promotion of Physical Fitness, Sports, Student's Health, Welfare, Psychological and Emotional Well-being at Higher Education Institutions in April 2023, which provide for promoting physical fitness and sports activities for students; creating safeguards against academic pressure, peer pressure, behavioral issues, stress, career concerns, depression and other issues on the mental health of students; to teach positive thinking & emotions in the student community; and to promote a positive and supportive network for students.

The Ministry, in July 2023, has also circulated a broad framework for emotional and mental well-being of students in HEIs with direction to all Centrally Funded Institutions to develop institutional mechanism to address the emotional and mental wellbeing of students in HEIs.

As the Information received from Department of Higher Education, an Integrated approach for Promoting Positive Mental Health, Resilience, and Wellbeing has been conceptualized under the Malaviya Mission Teacher Training Programme. The goal is to empower faculty to address student mental health concerns for early intervention. Under this integrated approach, so far, 2,700 faculty from over 160 Centrally Funded Institutions have participated in 38 online capacity building sessions since May 2024 including 88 faculty from Centrally Funded Institutions of Odisha. Annual National Wellbeing Conclaves are also organized for Centrally Funded Institutions, which brings together institutional

leaders, faculty, students, and mental health professionals to share best practices and strengthen campus wellbeing ecosystems.

DELAY IN NPRD ASSISTANCE

5587. DR. BYREDDY SHABARI:

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

- (a) the mechanism in place to ensure timely follow-up, communication and guidance to patients after completing registration under the National Policy of Rare Diseases (NPRD) through nodal officers and Centres of Excellence (CoEs);
- (b) the details of representations received regarding delays in processing applications and lack of communication after registration and the action taken by the Government thereon; and
- (c) whether the Government proposes to establish additional Centres of Excellence for Rare Diseases so that patients do not have to travel long distances for consultation and treatment in the country, particularly in Andhra Pradesh 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) : Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by rare diseases in India, the National Policy for Rare Diseases (NPRD), 2021 provides financial and medical assistance for treatment of patients suffering from identified rare diseases in the designated Centers of Excellence (CoEs). A dedicated Rare Disease Committee (RDC) has been constituted in each CoE with the Nodal Officer for Rare Diseases being the Member Secretary of the RDC. The Nodal Officer and the RDC are responsible for regular counselling, scheduling Out Patient Department (OPD) visits, monthly reviews and providing updates to ensure proper guidance to patients.

(b) : In case of representations received regarding delays in processing applications, the concerned CoEs are directed to comply with the extant guidelines of the NPRD.

(c) : The Government has been identifying more CoEs across the country to increase accessibility and availability of treatment. Since the inception of NPRD, the number of CoEs has increased from 8 to 15, including 2 CoEs in the North-east India so that the patients do not have to travel long distances for consultation and treatment. Centre for DNA Fingerprinting and Diagnostics (CDFD, Hyderabad), Centre for Human Genetics (CHG, Bengaluru) and Institute Of Child Health and Hospital for Children (ICH & HC, Chennai) are the CoEs which are in close proximity for catering patients from Andhra Pradesh.

AYUSH FORMULATIONS IN PMBJP**5588. SHRI BRIJMOHAN AGRAWAL:**

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

- (a) the total number of Ayush formulations currently included in the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) product basket and the steps taken to expand the said range;
- (b) whether the Ministry has established specific quality control and standardization criteria for small-scale Ayush manufacturers to facilitate their participation in the PMBJP procurement process, if so, the details thereof;
- (c) the measures being taken to address regional disparities in the availability of generic Ayush medicines, particularly in forest-rich and tribal-dominated States like Chhattisgarh;
- (d) whether there is a proposal to synchronize the National Essential Medicines List for Ayush with the PMBJP procurement cycle to ensure a steady supply of classical formulations, if so, the details thereof;
- (e) the details of the monitoring mechanism to track the price difference and savings provided to citizens through generic Ayush products compared to branded alternatives; and
- (f) the total number of PMBJP kendras in country and also share detailed list for Chhattisgarh?

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) Scheme, 5 Ayurvedic products have been added in the product basket, which are being made available through selected Jan Aushadhi Kendras (JAKs) at affordable rates. The products are Chyawanprash Special 500 gm, Chyawanprash Special 1000 gm, Triphala, Shilajit and Ashwagandha.

The product basket has been reviewed from time to time by a committee to evaluate the market demand of existing and newly launched/off-patent medicines, based on feedback and analysis from JAKs, citizens and market reports.

(b) : With a view to ensure quality of medicines including Ayurvedic products available at JAKs so that health of patients is not compromised, concrete mechanisms have been put in place to ensure continuous inspection, testing and standardisation, including the following:

- (i) *Supply only from WHO Good Manufacturing Practices (GMP) certified plants:* Only plants that are certified as WHO-GMP compliant by the Central Drugs Standard Control Organisation (CDSCO) after direct inspection are eligible for supply.
- (ii) *Distribution only after 100% pre-testing of all medicine batches:* Samples are drawn from 100% of batches supplied at PMBI's warehouses for

testing anonymously, and medicines are dispatched for supply to JAKs only after the quality test is passed.

(iii) *Testing only at labs compliant with Good Laboratory Practices (GLP):*

Samples are tested only at labs accredited and periodically inspected by the National Accreditation Board for Testing and Calibration Laboratories (NABL) and, in addition, assessed by PMBI for GLP compliance.

Ministry of Ayush has informed that following steps have been taken by the Government for quality control and standardization criteria for small-scale Ayush manufacturers:-

- The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurveda, Siddha, Sowa-Rigpa, Unani, and Homoeopathy drugs. Provisions related to Ayurveda, Siddha, Sowa-Rigpa, Unani Drugs are contained in Chapter IVA and Schedule- I of the Drugs and Cosmetics Act, 1940 and Rules 151 to 169, Schedules E(I), T & TA of the Drugs Rules, 1945. Further, second schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness,

compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.

- Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), sub-ordinate organization under Ministry of Ayush, lays down the formulary specifications and pharmacopoeial standards for Ayurveda, Siddha, Unani and Homoeopathy (ASU&H) drugs which serves as official compendia for ascertaining the quality (identity, purity and strength) of the ASU&H drugs. As per the Drugs & Cosmetics Act, 1940 and rules there under, the compliance to this quality standards are mandatory for manufacturing of ASU&H drugs.
- PCIM&H also acts as the Appellate Drugs testing Laboratory for testing or analysis of ASU&H Drugs. In addition, it conducts capacity-building trainings at regular intervals for the standardization, quality control, and testing or analysis of ASU&H drugs for Drug Regulatory Authorities, Drug Analysts, and other relevant stakeholders, with a focus on laboratory techniques and methodologies essential for ensuring the quality of ASU&H drugs.
- Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out such tests of identity, purity, quality and strength of Ayurvedic, Siddha and Unani drugs

as may be required under the provisions of these rules, on behalf of licensee for manufacture of Ayurvedic, Siddha and Unani drugs. As on date, 34 State Drug Testing Laboratories have been supported for strengthening their infrastructural and functional capacity. Further, 108 laboratories are approved or licensed under the provisions of Drugs Rules, 1945 for quality testing of Ayurvedic, Siddha and Unani drugs and raw materials.

- Ministry of Ayush has established an Ayush vertical in the Central Drugs Standard Control Organisation (CDSCO), which includes the posts of 1 Deputy Drugs Controller, 4 Assistant Drugs Controllers, and 4 Drug Inspectors. Drug Inspectors posted in Ayush vertical, inspect various manufacturing units in coordination with the licensing authorities/drug inspectors of the respective States/Union Territories for ensuring safety and quality of Ayush medicines.
- Ministry of Ayush is implementing a Central Sector Scheme “Ayush Oushadhi Gunavatta evam Utpadan Samvardhan Yojana” (AOGUSY) since 2021-22 with total budget outlay of Rs. 122.00 crores for five years. The scheme has inter alia one of the component to strengthen and upgrade the Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards like WHO-GMP and NABL respectively.

(c) : With a view to ensure accessibility and availability of affordable medicines at Jan Aushadhi Kendras across the country including State of Chhattisgarh, the following measures are in place:

- i. An end-to-end information-technology-enabled supply chain system consisting currently of five warehouses and 41 distributors across the country, is in place.
- ii. Since September 2024, stocking by Jan Aushadhi Kendras (JAKs) of 200 commonly used medicines, consisting of the 100 top-selling medicines in the product basket and 100 fast-selling medicines in the market, is incentivised with JAK owners being eligible to receive monthly incentive based on the stocks that they maintain of these medicines.
- iii. In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by the scheme implementing agency {Pharmaceuticals and Medical Devices Bureau of India (PMBI)} and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process through automation.

M/o Ayush has informed that National Ayush mission inter alia make provision for supply of essential Ayush drugs in Ayush hospitals and dispensaries in states and UTs.

(d) : As per information provided by Ministry of Ayush, to ensure safe, effective, and accessible care, a consolidated list of essential formulations was developed in line with WHO policy, leading to the publication of the Essential Drug List (EDL) of ASU&H. With evolving disease patterns and public health needs, the list was revised into the National List of Essential Ayush Medicines (NLEAM), based on criteria such as availability, usage, evidence, safety, and cost-effectiveness, through extensive stakeholder consultation. This harmonized list supports rational selection, procurement, and supply of quality medicines across all levels of healthcare, helps to prevent shortages, promotes cost-effective resource use, and serves as a reference for both public and private sectors, while also encouraging research and revalidation of classical formulations.

(e):The Government launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme to make quality generic medicines available at affordable prices to all. Under the scheme, dedicated outlets known as Jan Aushadhi Kendras are opened across the country to provide medicines including ayurvedic product available under PMBJP product basket at rates that are about 50% to 80% cheaper than those of branded medicines.

During the past 11 years, total savings of ₹ 40,000 crores by way of reduced “Out-of-Pocket Expenditure” on medicines on account of use of Janaushadhi Products including Ayurvedic products.

(f) : Under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme, a total of 18,646 Jan Aushadhi Kendras are opened across the country as on 28.02.2026, of which 352 JAKs are opened in the State of Chhattisgarh. The district-wise list of JAKs opened is given in the enclosed **Statement**.

STATEMENT

District-wise number of JAKs opened in the State of Chhattisgarh as on 28.02.2026:

Sl. No.	District Name	Number of Kendras
1	Bastar	11
2	Bilaspur	20
3	Dakshin Bastar Dantewada	2
4	Dhamtari	10
5	Durg	61
6	Janjgir-Champa	10
7	Jashpur	9
8	Uttar Bastar Kanker	4
9	Kabirdham	7
10	Korba	12
11	Koriya	3
12	Mahasamund	11
13	Raigarh	12
14	Raipur	42
15	Rajnandgaon	19
16	Surguja	5
17	Bijapur	3
18	Narayanpur	3
19	Sukma	1
20	Kondagaon	7
21	Balodabazar-Bhatapara	22
22	Gariyaband	7

23	Balod	8
24	Mungeli	8
25	Surajpur	7
26	Balrampur-Ramanujganj	7
27	Bemetara	10
28	Gaurela-Pendra-Marwahi	5
29	Khairagarh-Chhuikhadan-Gandai	7
30	Manendragarh-Chirmiri-Bharatpur(M C B)	6
31	Mohla-Manpur-Ambagarh Chowki	4
32	Sakti	5
33	Sarangarh-Bilaigarh	4
Total		352

STATUS OF WORKING WOMEN HOSTELS IN ANDHRA PRADESH

5589. SHRI TANGELLA UDAY SRINIVAS:

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

- (a) the number of Working Women Hostels sanctioned, constructed and presently operational in Andhra Pradesh and the details of the facilities available in the said hostels, district-wise and year-wise;
- (b) the details of the funds allocated, released/utilised under the said scheme in the State during the last five years, year-wise and district-wise;
- (c) whether any proposal for their upgradation/expansion is under consideration, if so, the details thereof;
- (d) the current status of proposals submitted by the said State during the last five years including the number of proposals approved, pending/rejected along with reasons therefor;

- (e) the details of the sanctioned capacity/actual occupancy of these hostels during the last three years, year-wise; and
- (f) whether any review, inspection/independent assessment has been conducted regarding their functioning, safety, accessibility and overall condition, if so, the details thereof?

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

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

At present 23 Sakhi Niwas (WWH) are operational in the State. The details of the functional Sakhi Niwas are given in the enclosed **Statement-I**.

Further, Thirty new proposals for setting up Sakhi Niwas (WWH) on a rental mode were received from the Government of Andhra Pradesh during the

Financial Year 2024–25, and the same were approved by the Programme Approval Board (PAB). The State has informed that the establishment of 30 Sakhi Niwas are under process.

During the last five years, an amount of Rs. 89.02 lakh has been sanctioned to the State through SNA or SNA SPARSH (Mother Sanction).

The State Government has informed that the functional hostels are provided with facilities including rooms with beds, toilets, drinking water, CCTV cameras, Wi-Fi connectivity, and security arrangements.

Also, Ministry of Finance (MoF), Department of Expenditure (DoE) in August, 2024 has allocated Rs.5,000/- crores to 28 States under Part (X) (Construction of Working Women Hostels) of Special Assistance to States for Capital Investment (SASCI) Scheme for construction of working women hostels. Under this Scheme, Rs.172.00 crore has been allocated to the government of Andhra Pradesh and State Govt. has submitted 03 proposals for construction of hostels in Vishakhapatnam District at the total cost of Rs.172.00 crore. The proposals of State government have been approved by DoE and 1st instalment of Rs.113.52 crore released by DoE to the State Government during 2024-25. Details of proposals approved under the Scheme are given in the enclosed **Statement-II.**

The Ministry continuously monitors the progress of implementation of Scheme through physical and virtual meetings with State/UTs, field visit by the

officials of the Ministry and through digital mode and takes appropriate measures and issues advisories to States and UTs from time to time.

STATEMENT-I

The details of the functional Sakhi Niwas

Sl. No	District	Address	Capacity
1	Working Women Hostel, NTR District	Door No: 29 - 16 - 3, C.V.R Compound, Gopalreddy Road Vijayawada -2	60
2	Working Women Hostel, Srikakulam	Badurlapeta, Near Collector Office, Srikakulam	50
3	Working Women Hostel, Vizianagaram	B.C. Colony, Opp District Court, V.T. Agraharam, Vizianagaram	45
4	Working Women Hostel, Vishakapatnam – 1	Door No.51-8-40, Near Eenadu Rythu Bazaar, Seethammadhara, Visakhapatnam, 530013	75
5	Working Women Hostel, Vishakapatnam – 2	Door No.51-8-40, Near Eenadu Rythu Bazaar, Seethammadhara, Visakhapatnam, 530013	50
6	Working Women Hostel, Raja-mahendravararam	Opposite SKR Women's College, Danavaipeta, Rajamahendravararam	60
7	Working Women Hostel, Eluru	J.V R Nagar, beside ACB office, Eluru	60
8	Working Women Hostel, Guntur	Mahila Pranganam Campus, Guntur	60
9	Working Women Hostel, Nellore	Police Colony, Dargamitta, Nellore 524004	60
10	Working Women Hostel, Kurnool	Near Silver Jubilee College, 50/706-D, B-Camp, Kurnool	60
11	Working Women Hostel, Tirupati	D.No.1-5-599/KI, Revenue Ward, Balaji Colony, Tirupathi	50
12	Working Women Hostel, Visakhapatnam	APWCFC Location – 38-28-10, Near R&B office, FCI nagar, Marripalem-530018	50
13	Working Women Hostel,	APWCFC,	50

	Ananthapuram -	Service Home Compound, Beside APSPDCL, 515001	
14	Working Women Hostel, Kadapa	APWCFC, Ramaraju Palle,	100
15	Working Women Hostel, Prakasam	APWCFC, Edulurudonka, Santha-nuthalapadu Mandal,	100
16	Working Women Hostel, Rajahmundry,	APWCFC, - Bommuru,	100
17	Working Women Hostel, Tirupathi	APWCFC, Tiruchanur, Tirupathi Rural	100
18	Working Women Hostel, Nellore	APWCFC, Vedayapalem, Gandhinagar,	100
19	Working Women Hostel, Visakhapatnam	APWCFC Location - Pineapple Colony , Mudasarlova,	100
20	Working Women Hostel, Guntur	APWCFC, Hyderabad Town, Guntur	100
21	Working Women Hostel, Srikakulam	APWCFC Location - Etcherla, Srikakulam	100
22	Working Women Hostel, Satya-vedu MandaL, Chittoor	APWCFC, Madanapalem Village in Satyavedu Manda, Chittoor	100
23	Working Women Hostel, Vijayanagaram	APWCFC, C.T. Agraharam, Vijayanagaram	100
		TOTAL	1730

STATEMENT-II

Details of WWHs approved under SASCI in Andhra Pradesh

Proposed Location	Name of the District	No. of WWH approved	Amount approved (In crores)
Mudasarlova	Vishakhapatnam	01	90.54
Madhurawada	Vishakhapatnam	01	51.08
Gajuwaka	Vishakhapatnam	01	30.38
Total		03	172.00

DIGITISATION OF COURTS IN TAMIL NADU**5590. SHRI G. SELVAM:****SHRI C. N. ANNADURAI:****SHRI NAVASKANI K.:**

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

- (a) whether the Government has reviewed the progress of digitisation of courts in Tamil Nadu under the e-Courts Mission Mode Project and if so, the extent to which it has improved access to justice and efficiency of court functioning;
- (b) the number of district and subordinate courts in the State that have been enabled with e-filing, virtual hearings, digital records, and video-conferencing facilities during the last three years;
- (c) whether the introduction of digital services has reduced pendency, improved transparency, and facilitated easier access for litigants and advocates, particularly in remote districts, if so, the details thereof;
- (d) the amount of funds allocated, released, and utilised for strengthening digital infrastructure and capacity building of courts in Tamil Nadu; and
- (e) the steps being taken to expand digital court services, enhance user-friendly platforms, and ensure that the benefits of technology-enabled justice delivery reach all sections of society across the State?

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

(a) to (e) : The e-Courts Mission Mode Project is being implemented in a phased manner across the country with the objective of strengthening the use of Information and Communication Technology (ICT) in the judicial system. The Department of Justice in close coordination with eCommittee of Supreme Court of India is implementing the e-Courts Project in a decentralized manner through the respective High Courts including the High Court of Madras.

The details of fund allocated and released to and utilized by the High Court of Madras under Phase III of the eCourts project, are as under:

(Rs. in crores)

Financial Year	Allocated /Released	Utilized
2023-24	90.69	90.69
2024-25	91.74	91.74
2025-26	113.19	66.65*

*As on 18.03.2026

In addition to the funds released to High Court of Madras, expenditure has been incurred centrally on various components of eCourts project. In this regard, Rs. 185.06 crore have been released to NIC for software development and technical support, Rs 54.79 crore to BSNL for WAN (Wide Area Network) connectivity across the country, Rs 7.51 crore to eCommittee, SCI under change management and capacity building, Rs 0.28 crore to IIT Madras for development

of e-Learning platform, and Rs 9.71 crore for miscellaneous expenditure (salary, office expenses, publicity, etc).

As per information provided by the High Court of Madras, 1,325 courts have been enabled with e-filing, virtual hearing and video conferencing facilities in the State of Tamil Nadu. Scanning of case records has been completed in 825 courts. More than 39.21 crore pages of court records have been digitised so far. E-filing has been implemented for most case types and 24.31 lakh cases have been e-filed till 31.01.2026. More than 20.23 lakh virtual hearings have been conducted till 31.01.2026. In addition, 317 eSewa Kendras have been set up across the State to enhance access to justice for citizens in remote areas. An AI based tool called Digital Courts 2.1 has been developed to assist Judges and Judicial Officers in managing the court in paperless manner by providing a single window for all case-related information and tasks. The platform includes voice-to-text (ASR-SHRUTI) and translation (PANINI) functionalities to assist the judges with order and judgment dictation.

The digital interventions under the eCourts project have enhanced efficiency in the justice delivery system through improved case management, e-filing, hearing through video conferencing, real-time monitoring of pendency and disposal, and facilitating faster service of court processes. The adoption of digital platforms, data analytics and interoperable systems is contributing to better utilisation of judicial resources, faster resolution of disputes and improved access

to justice for litigants.

The facilities created under eCourts project have significant impact on judicial performance with 169% increase in annual case institution (from 0.98 crore to 2.64 crore) and 207% increase in annual case disposal (from 0.81 crore to 2.49 crore) by the courts in the country between 2014 and 2025.

IMPACT OF NICOTINE REPLACEMENT THERAPY

5591. SHRI APPALANAIDU KALISETTI:

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

- (a) the current availability of Nicotine Replacement Therapy (NRT) products including the number and types of formulations approved and marketed along with their price range in the country, brand-wise and State/UT-wise;
- (b) whether NRT products are accessible in public health facilities under the National Tobacco Control Programme and the status of stock availability, procurement and distribution in Government hospitals and cessation centres during the last five years, if so, the details thereof;
- (c) the number of individuals who have used NRT by Government programmes and estimated number who purchased NRT through private channels, year-wise since 2019;

- (d) whether any assessment has been conducted regarding the effectiveness and quit- success rates of NRT and key findings, if so, the details thereof; and
- (e) whether the Government is considering adopting alternate cessation-support techniques, in addition to NRT, to improve quit outcomes and if so, the details thereof?

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

(a) : The Central Drugs Standard Control Organization (CDSCO), Ministry of Health and Family Welfare has approved Nicotine Replacement Therapy (NRT) products such as Nicotine Transdermal patch, Nicotine Polacrilex Gum, Nicotine Polacrilex Lozenges and Nicotine Polacrilex Orally disintegrating stripes for using as aid for smoking cessation. The Nicotine formulations containing up to 2 mg of nicotine are exempted from requirement of sale license issued by State Licensing Authority (SLA).

The prices of drugs are regulated as per provisions of the Drugs (Prices Control) Order, 2013 (DPCO, 2013) across the country. The National Pharmaceutical Pricing Authority (NPPA) under Department of Pharmaceuticals fixes ceiling prices of scheduled formulation listed in Schedule-I of DPCO, 2013. Since Nicotine is listed in Schedule-I of DPCO, 2013, NPPA has fixed ceiling price

for NRT products which is applicable to all scheduled formulation (whether branded or generic) sold across the country to all the States/UTs. The fixed ceiling prices of the NRT products are as under:-

S. No	Medicines	Strength	Unit	Ceiling Price (in ₹)
1	Nicotine (for nicotine replacement therapy)	Lozenge 2mg	1 Lozenges	8.06
2	Nicotine (for nicotine replacement therapy)	Gum 2 mg	1 Gum	8.74
3	Nicotine (for nicotine replacement therapy)	Gum 4 mg	1 Gum	10.83
4	Nicotine (for nicotine replacement therapy)	Lozenge 4mg	1 Lozenges	9.92
5	Nicotine (for nicotine replacement therapy)	Oral Dosage forms 2mg Pastille	1 Pastille	7.24
6	Nicotine (for nicotine replacement therapy)	Oral Dosage forms 4mg Pastille	1 Pastille	7.97

(b) to (d) : The Tobacco Cessation Centers offer comprehensive cessation services by way of counselling and pharmacological interventions wherein NRT is provided free of cost. As per Global Adult Tobacco Survey (GATS), 2016–17, 4.1% of smokers and 3.2% of smokeless tobacco users who tried to quit, used pharmacotherapy, including NRT.

(e) : The National Tobacco Control Program (NTCP) provides evidence-based cessation support (pharmacological and behavioral therapy) to strengthen tobacco-dependence treatment. It also aims to boost tobacco cessation by

enhancing counseling services through tobacco cessation centers, National Quitline services, and building capacity of healthcare providers to offer behavioral interventions.

DUCHENNE MUSCULAR DYSTROPHY (DMD) IN CHILDREN

5592. SHRI DEEPENDER SINGH HOODA:

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

- (a) whether the Government has data on the number of children who have died due to Duchenne Muscular Dystrophy (DMD) during the last five years, if so, the details thereof, year-wise and State/UT-wise and if not, the reasons therefor;
- (b) the estimated number of children suffering from DMD in the country, State/UT-wise; and
- (c) whether the Government has prepared any time-bound roadmap to address DMD in the country, including milestones such as the availability of affordable treatment and the establishment of treatment centres and if so, the details thereof?

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

(a) and (b) : As per the data obtained from the National Registry for Rare and Other Inherited Disorders (NRROID) maintained by the Indian Council of Medical Research (ICMR), since 2019, around 4749 Duchenne Muscular Dystrophy (DMD) patients have been enrolled in 23 centers across the country. A total of 184 DMD patients are reported as deceased in the Registry. State/UT-wise distribution of this data is given in the enclosed **Statement**.

(c) : DMD is categorized as a rare disease under the National Policy for Rare Diseases (NPRD), 2021 framed by the Ministry of Health and Family Welfare. Health being a State subject, the primary responsibility of providing healthcare services is that of the State Governments. However, to mitigate the challenges posed by rare diseases in India, the policy provides financial and medical assistance for treatment of patients suffering from identified rare diseases in the designated Centers of Excellence (CoEs). Following measures have already been taken to address the DMD issue:

- The limit of financial assistance provided by NPRD for treatment of rare disease has increased from ₹20 lakhs to ₹50 lakhs per patient. Rare Disease Committee of the CoEs decides treatment and fund allocation after clinical examination on case-to-case basis.
- Since the inception of the NPRD, the number of CoEs has increased from 8 to 15 and the number of rare diseases covered under the policy has increased from 51 to 63.

- The Ministry of Finance provides exemption from Basic Customs Duty (BCD) and Integrated Goods and Services Tax (IGST) on most of the drugs, medicines and Food for Special Medical Purposes (FSMP), subject to extant rules.
- Some Made-in-India drugs have become available at 1/10th of the price of the imported Reference Listed Drug (RLD) as NITI Aayog constituted a Committee for 'Drugs and Dosage Forms for Rare Diseases: Engagement with Manufacturers' to fast track indigenous development and marketing of identified orphan drugs by engaging with domestic manufacturers.
- The Department of Pharmaceuticals has initiated implementation of 'Production Linked Incentive' scheme for pharmaceuticals which provides financial incentives to the manufacturers selected for domestic manufacturing of various product categories, including rare disease medicines.

STATEMENT

State/UT-wise number of DMD Patients enrolled in the NRROID since 2019

State/UTs	No. of patients
Uttar Pradesh	911
Karnataka	547
West Bengal	428
Tamil Nadu	342
Bihar	300
Delhi	286

Andhra Pradesh	255
Rajasthan	219
Madhya Pradesh	209
Telangana	201
Haryana	197
Kerala	153
Maharashtra	149
Punjab	147
Gujarat	77
Odisha	58
Jharkhand	51
Himachal Pradesh	44
Assam	42
Jammu Kashmir	33
Uttarakhand	31
Chhattisgarh	25
Tripura	15
Chandigarh	13
Puducherry	7
Ladakh	3
Manipur	3
Nagaland	2
Mizoram	1
Grand Total	4749

Source: National Registry for Rare and Other Inherited Disorders (NRROID) maintained by Indian Council of Medical Research.

State/UT-wise distribution of deceased DMD patients in the NRROID since 2019:

State/UTs	No. of patients
Karnataka	77
West Bengal	25
Andhra Pradesh	24
Uttar Pradesh	11
Assam	7
Bihar	7
Tamil Nadu	5
Telangana	5
Haryana	4
Kerala	4
Maharashtra	4
Rajasthan	3
Punjab	2
Chhattisgarh	1
Delhi	1
Jharkhand	1
Madhya Pradesh	1
Odisha	1
Tripura	1
Total	184

Source: National Registry for Rare and Other Inherited Disorders (NRROID) maintained by Indian Council of Medical Research.

IMPLEMENTATION OF AB-PMJAY IN MAU DISTRICT, UTTAR PRADESH

5593. SHRI RAJEEV RAI:

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

- (a) the number of beneficiary cards issued to eligible families in Mau district including the Ghosi constituency in the State under Ayushman Bharat–PMJAY during 2024–26;
- (b) the number of hospitals empanelled in the district and the number of hospital admissions authorised under the scheme during the said period;
- (c) the total amount of claims and amount paid for treatments availed by beneficiaries from Mau district during 2024–26;
- (d) whether any assessment has identified enrolment or coverage gaps in the district; and
- (e) whether the Government proposes to expand coverage to additional categories such as senior citizens in areas like Ghosi, if so, the details thereof?

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

(a) : As on 28.02.2026, the district-wise details of the number of Ayushman cards created under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in districts under Ghosi Lok Sabha constituency during the financial year 2024–25 and 2025–26 are as under:

District	Number of eligible families (in lakh)	Number of Ayushman Cards created (in lakh)
Mau	1.48	7.01
Ballia	2.47	9.80

(b) and (c) : A total of 58 hospitals are empanelled under AB-PMJAY in Mau district of Uttar Pradesh and 59,371 hospital admissions have been authorised under the scheme during the financial year 2024–25 and 2025–26. As on 28.02.2026, a total of Rs. 113.09 crore claims have been submitted out of which Rs. 89.71 crore have been paid to empanelled hospitals in the Mau district of Uttar Pradesh during the financial year 2024–25 and 2025–26.

(d) and (e) : AB-PMJAY provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families constituting bottom 40% of India's population. Additionally, in March 2024, approximately 37 lakh families of Accredited Social Health Activists (ASHA), Anganwadi Workers (AWW) and Anganwadi Helpers (AWH) were included under the scheme. In October 2024, the scheme was further expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status.

As on 24.03.2026, a total of 43.64 lakh beneficiary families have been included under the expanded coverage for senior citizens aged 70 years and above, and an additional 5.28 lakh beneficiary families of ASHA, AWH, and AWW

have been included in Uttar Pradesh that includes the Ghosi Lok Sabha constituency.

एकीकृत बाल विकास सेवा योजना की वर्तमान स्थिति

5594. श्री सनातन पांडेय:

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

- (क) एकीकृत बाल विकास सेवा (आईसीडीएस) योजना की वर्तमान स्थिति क्या है;
- (ख) बच्चों में कुपोषण से निपटने के लिए कार्यान्वित किए गए उपायों का ब्यौरा क्या है;
- (ग) बच्चों में रोग प्रतिरोधक क्षमता बढ़ाने के लिए कार्यान्वित किए गए उपायों का ब्यौरा क्या है;
- (घ) उत्तर प्रदेश में आईसीडीएस के अंतर्गत आवंटित, संवितरित और उपयोग की गई निधि का जिला-वार ब्यौरा क्या है; और
- (ड.) संबंधित सूचना को जनता तक और अधिक प्रभावी ढंग से पहुंचाने के लिए किए जा रहे उपायों का ब्यौरा क्या है?

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

(क) से (ड.) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 का उद्देश्य पोषण सामग्री और प्रदायगी में कार्यनीतिक बदलाव के माध्यम से बच्चों, किशोरियों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं में कुपोषण की चुनौतियों का समाधान करना है, साथ ही स्वास्थ्य, तंदुरुस्ती और प्रतिरक्षा को बढ़ावा देने वाली पद्धतियां विकसित और उन्हें प्रोत्साहित करने के लिए एक समन्वित व्यवस्था का निर्माण करना है। पोषण 2.0 के उद्देश्य इस प्रकार हैं:

- देश के मानव पूंजी विकास में योगदान देना;
- कुपोषण की चुनौतियों का समाधान करना;

- सतत स्वास्थ्य और तंदुरुस्ती के लिए पोषण संबंधी जागरूकता और अच्छी खान-पान की आदतों को बढ़ावा देना; और
- प्रमुख कार्यनीतियों के माध्यम से पोषण संबंधी कमियों को दूर करना।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, पात्र लाभार्थियों को छह सेवाओं का एक पैकेज प्रदान किया जाता है, जिनमें पूरक पोषण (एसएनपी), विद्यालय-पूर्व (प्री स्कूल) अनौपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं शामिल हैं। इन छह सेवाओं में से तीन अर्थात् टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं, स्वास्थ्य से संबंधित हैं तथा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

ये सेवाएं देश भर में पात्र पंजीकृत लाभार्थियों अर्थात् 6 वर्ष तक की आयु के बच्चों, गर्भवती महिलाओं तथा स्तनपान कराने वाली माताओं और राज्यों के आकांक्षी जिलों तथा उत्तर पूर्वी क्षेत्र के सभी जिलों में 14 से 18 वर्ष की आयु वर्ग की किशोरियों को आंगनवाड़ी केंद्र के माध्यम से प्रदान की जाती हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के अंतर्गत कार्यशील आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की राज्यवार संख्या और उनमें पंजीकृत लाभार्थियों की संख्या लिंक: <https://www.poshantracker.in/statistics> पर उपलब्ध है।

‘पोषण ट्रैकर’ एप्लिकेशन को निगरानी के एक महत्वपूर्ण साधन के रूप में आरंभ किया गया है, जो सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। पोषण ट्रैकर के अंतर्गत प्रौद्योगिकी का उपयोग बच्चों में ठिगनापन, दुबलापन और अल्प वजन की व्याप्तता की निरंतर पहचान के लिए किया जा रहा है। इसने आंगनवाड़ी सेवाओं जैसे-आंगनवाड़ी केंद्रों का खुलना, बच्चों की दैनिक उपस्थिति, ईसीसीई

गतिविधियाँ, बच्चों की वृद्धि की निगरानी, पका हुआ गर्म भोजन (एचसीएम)/घर ले जाने वाला राशन (टीएचआर - कच्चा राशन नहीं), वृद्धि माप आदि के लिए लगभग तत्समय आंकड़ों के संग्रह की सुविधा प्रदान की है। यह एप्लिकेशन प्रमुख व्यवहारों और सेवाओं पर परामर्श वीडियो भी प्रदान करता है जो प्रसव, प्रसवोत्तर देखरेख, स्तनपान और पूरक आहार पर संदेशों के प्रसार में सहायक होते हैं। पोषण ट्रैकर एप्लिकेशन के उपयोग के संबंध में आंगनवाड़ी कार्यकर्त्रियों के लिए नियमित रूप से क्षेत्र स्तरीय प्रशिक्षण/कार्यशालाएँ आयोजित की जाती हैं। पोषण ट्रैकर में आंगनवाड़ी कार्यकर्त्रियों के लिए स्वयं सीखने वाले वीडियो भी शामिल हैं, जो डिजिटल मॉड्यूल के माध्यम से निरंतर क्षमता निर्माण और कार्यस्थल पर सीखने को सुगम बनाते हैं।

महिला एवं बाल विकास मंत्रालय ने सेवा प्रदायगी की अंतिम लाभार्थी तक ट्रैकिंग के उद्देश्य से घर ले जाने वाले राशन के वितरण के लिए पोषण ट्रैकर एप्लिकेशन में चेहरे की पहचान प्रणाली (एफआरएस) तैयार की है ताकि यह सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रैकर में पंजीकृत लक्षित लाभार्थी को ही मिले।

सक्षम आंगनवाड़ी और मिशन पोषण 2.0 के अंतर्गत गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को घर ले जाने वाले राशन (टीएचआर) की निर्बाध रूप से आपूर्ति सुनिश्चित करने के लिए पोषण ट्रैकर में नॉमिनी मॉड्यूल आरंभ किया गया है। यदि किसी कारणवश पंजीकृत लाभार्थी (गर्भवती महिला, स्तनपान कराने वाली माता और किशोरी) एफआरएस के माध्यम से अपना टीएचआर प्राप्त करने के लिए आंगनवाड़ी केंद्र नहीं जा पाती हैं, तो वे अपनी ओर से टीएचआर प्राप्त करने के लिए किसी व्यक्ति को नामित कर सकती हैं। नॉमिनी को केवल एक बार ई-केवाईसी प्रक्रिया से गुजरना होगा। लेकिन, लाभार्थी की ओर से टीएचआर प्राप्त करने के लिए हर बार चेहरे का मिलान किया जाएगा। नॉमिनी निर्धारित करने के बाद भी, यदि नॉमिनी ने टीएचआर प्राप्त नहीं किया है, तो लाभार्थी आंगनवाड़ी केंद्र से टीएचआर प्राप्त कर सकती हैं।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, वित्तीय वर्ष 2025-26 के दौरान योजना के विभिन्न घटकों के कार्यान्वयन हेतु उत्तर प्रदेश राज्य को 1,79,387.84 लाख रुपये की धनराशि जारी की गई है। इसके अतिरिक्त, वित्तीय वर्ष 2025-26 के दौरान एसएनए स्पर्श योजना के तहत उत्तर प्रदेश राज्य को 90,505.32 लाख रुपये की मूल स्वीकृति जारी की गई है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 केंद्र प्रायोजित योजना है। इसकी नीति एवं आयोजना के लिए केंद्र सरकार जिम्मेदार है, जबकि राज्य सरकारें और संघ राज्य क्षेत्र प्रशासन कार्यक्रम के दैनिक कार्यान्वयन के लिए जिम्मेदार हैं। इसके अतिरिक्त, मंत्रालय लाभार्थियों को सेवाओं की निर्बाध आपूर्ति सुनिश्चित करने के लिए राज्यों और संघ राज्य क्षेत्रों के साथ निरंतर संपर्क और वीडियो कॉन्फ्रेंस के माध्यम से योजना के कार्यान्वयन की निगरानी भी करता है।

जन-आंदोलन के रूप में सामुदायिक जुटाव और जागरूकता अभियान चलाकर लोगों को पोषण संबंधी पहलुओं के बारे में जागरूक किया जाता है। क्षेत्रीय भाषाओं में वीडियो, पैम्फलेट, फ्लायर आदि के रूप में आईईसी सामग्री तैयार की जाती हैं, जो महत्वपूर्ण विषयों पर आधारित होती हैं। विभिन्न मंत्रालयों/विभागों और अन्य हितधारकों के सहयोग से प्रत्येक आंगनवाड़ी केंद्र में महीने में दो बार सामुदायिक कार्यक्रम, पोषण माह और पोषण पखवाड़ा आयोजित करके सामाजिक और व्यवहारिक परिवर्तन लाए जाते हैं।

पोषण अभियान और एकीकृत बाल विकास सेवा के अंतर्गत लाभार्थी

5595. श्री हरीश चंद्र मीना:

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

- (क) राजस्थान के टोंक और सवाई माधोपुर जिलों में एकीकृत बाल विकास सेवा (आईसीडीएस) और पोषण अभियान के अंतर्गत बच्चों, किशोरियों और महिलाओं सहित कितने लाभार्थियों को शामिल किया गया है;
- (ख) क्या उक्त जिलों में महिलाओं और बच्चों में कुपोषण, बौनापन, अल्पवज़न और रक्ताल्पता चिंता का विषय बना हुआ है और यदि हां, तो इन चुनौतियों से निपटने के लिए पोषण संबंधी सप्लीमेंट्स और स्वास्थ्य संबंधी कार्यक्रमों सहित किए जा रहे विशिष्ट उपायों का ब्यौरा क्या है;
- (ग) उक्त जिलों में विशेषकर अवसंरचना, कर्मचारी स्तर, प्रशिक्षित कार्मिकों की उपलब्धता और आवश्यक कार्यात्मक सुविधाओं के संदर्भ में आंगनवाड़ी केंद्रों (एडब्ल्यूसी) की वर्तमान स्थिति क्या है; और
- (घ) सरकार द्वारा उक्त जिलों में आईसीडीएस और पोषण अभियान के प्रभावी कार्यान्वयन को सुनिश्चित करने के लिए पोषण संबंधी परिणामों में सुधार लाने, सेवा प्रदाय को सुदृढ़ करने और निगरानी तंत्र को बढ़ाने के लिए उठाए गए कदमों का ब्यौरा क्या है?

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

(क) से (घ) : मिशन सक्षम आंगनवाड़ी एवं पोषण 2.0 एक केंद्र प्रायोजित मिशन है, जिसके अंतर्गत राजस्थान राज्य सहित पूरे देश में 6 वर्ष से कम आयु के बच्चे, गर्भवती महिलाएं, स्तनपान कराने वाली माताएं और किशोरियां (पूर्वोत्तर राज्यों और आकांक्षी जिलों में 14-18 वर्ष की आयु वर्ग के) लाभार्थी हैं। मिशन के अंतर्गत विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। इस व्यापक मिशन में आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों के लिए योजनाएं शामिल हैं।

राजस्थान के टोंक और सवाई माधोपुर जिलों में पोषण अभियान के अंतर्गत लाभार्थियों (बच्चों, किशोरियों और महिलाओं सहित) की संख्या पोषण ट्रैकर के सार्वजनिक डैशबोर्ड <https://www.poshantracker.in/statistics> पर उपलब्ध है। इस लिंक में उक्त जिलों के आंगनवाड़ी केंद्रों विशेष रूप से बुनियादी ढांचे और कर्मचारियों की संख्या के संदर्भ में, का विवरण भी दिया गया है।

पोषण केवल भोजन करने तक सीमित नहीं है, इसके लिए पोषक तत्वों का उचित पाचन, अवशोषण और चयापचय (मेटाबोलिज्म) की आवश्यकता होती है। यह प्रक्रिया स्वच्छता, शिक्षा तथा स्वच्छ पेयजल की सुलभता जैसे कारकों से प्रभावित होती है। चूंकि कुपोषण के लिए भोजन, स्वास्थ्य, पानी, स्वच्छता, शिक्षा इत्यादि सहित बहुक्षेत्रीय दृष्टिकोण की आवश्यकता होती है, इसलिए कुपोषण के मुद्दे का मिलकर प्रभावी ढंग से समाधान करना महत्वपूर्ण है। पोषण 2.0 के तहत 18 से अधिक मंत्रालयों/विभागों के परस्पर तालमेल से कुपोषण की चुनौती का समाधान किया जा रहा है। देश भर में, विशेष रूप से राजस्थान राज्य में, महिलाओं और बच्चों में कुपोषण, बौनापन, दुबलापन और एनीमिया से निपटने के लिए पूरक पोषण और स्वास्थ्य संबंधी पहलों सहित किए जा रहे विशिष्ट उपायों का विवरण नीचे दिया गया है:

- मिशन पोषण 2.0 के तहत, सामुदायिक सहभागिता, जागरूकता अभियान, व्यवहार परिवर्तन और प्रचार-प्रसार जैसी गतिविधियों के माध्यम से कुपोषण को कम करने और स्वास्थ्य, तंदुरुस्ती और रोग प्रतिरोधक क्षमता में सुधार के लिए एक नई कार्यनीति बनाई गई है। यह आयुष पद्धतियों के माध्यम से मातृ पोषण, शिशु और छोटे बच्चों के पोषण संबंधी मानदंडों, गंभीर तीव्र कुपोषण (एसएएम)/मध्यम तीव्र कुपोषण (एमएएम) के उपचार और तंदुरुस्ती पर केंद्रित है ताकि दुबलापन, बौनापन, एनीमिया और अल्प वजन की व्याप्तता को कम किया जा सके।

- बच्चों (6 माह से 6 वर्ष तक), गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में निहित पोषण मानदंडों के अनुसार पूरक पोषण प्रदान किया जाता है। इन मानदंडों को जनवरी 2023 में संशोधित किया गया था। पुराने मानदंड मुख्य रूप से कैलोरी-विशिष्ट थे; तथापि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं, जिसमें गुणवत्तापूर्ण प्रोटीन, लाभदायक वसा और सूक्ष्म पोषक तत्वों (कैल्शियम, जस्ता, लोहा, आहारीय फोलेट, विटामिन ए, विटामिन बी6 और विटामिन बी12) का प्रावधान है। राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 (एनएफएसए) के अनुसार गंभीर रूप से कुपोषित (एसएएम) बच्चों को अतिरिक्त पूरक पोषण प्रदान किया जाता है।
- इसके अलावा, महिला एवं बाल विकास मंत्रालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने संयुक्त रूप से बच्चों में गंभीर तीव्र कुपोषण की रोकथाम और उपचार के लिए 'बच्चों में कुपोषण प्रबंधन प्रोटोकॉल' जारी किया है।
- आहार विविधता और स्थानीय पौष्टिक उत्पादों के सेवन को प्रोत्साहित करने के लिए आंगनवाड़ी केन्द्रों में पोषण वाटिकाएं तैयार की गई हैं।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जीवन चक्र दृष्टिकोण में प्रजनन, मातृ, नवजात, बाल, किशोर स्वास्थ्य एवं पोषण (आरएमएनसीएच+एन) कार्यनीति को कार्यान्वित करता है, जिसमें बच्चों, किशोरियों और महिलाओं की पोषण स्थिति में सुधार करने के लिए पहल शामिल हैं, जैसा कि नीचे उल्लेख किया गया है:

- मध्यम और गंभीर तीव्र कुपोषण (एमएएम और एसएएम) से पीड़ित 5 वर्ष से कम आयु के चिकित्सा संबंधी जटिलताओं वाले बच्चों को अस्पताल में भर्ती करके चिकित्सा और

पोषण संबंधी देखरेख प्रदान करने के लिए सार्वजनिक स्वास्थ्य सुविधाओं में पोषण पुनर्वास केंद्र (एनआरसी) स्थापित किए जाते हैं। उपचारात्मक देखरेख के अलावा, बच्चों के लिए समय पर, पर्याप्त और उचित पोषण पर विशेष ध्यान दिया जाता है; साथ ही माताओं और देखरेख करने वालों को उनकी आयु के अनुसार संपूर्ण देखरेख तथा पोषण संबंधी पद्धतियों में कौशल विकसित करने पर भी जोर दिया जाता है।

- स्तनपान के कवरेज में सुधार के लिए माताओं का पूर्ण स्नेह (एमएए) कार्यक्रम कार्यान्वित किया गया है, जिसमें स्तनपान की शीघ्र शुरुआत और पहले छह महीनों तक केवल स्तनपान शामिल है, जिसके बाद उचित आयु-अनुकूल आहार पद्धतियों पर परामर्श दिया जाता है।
- स्तनपान प्रबंधन केंद्र: व्यापक स्तनपान प्रबंधन केंद्र (सीएलएमसी) ऐसी सुविधाएं हैं जो नवजात गहन चिकित्सा इकाइयों और विशेष नवजात शिशु देखरेख इकाइयों में भर्ती बीमार, समय से पहले जन्मे और कम वजन वाले शिशुओं को सुरक्षित, पाश्चुरीकृत दाता मानव दूध उपलब्ध कराने के लिए स्थापित की गई हैं। स्तनपान प्रबंधन इकाई (एलएमयू) स्वास्थ्य सुविधा के भीतर माताओं द्वारा स्तनपान कराने की सहायता प्रदान करने के लिए स्थापित की जाती हैं, जिसमें माता के अपने स्तन के दूध का संग्रह, भंडारण और वितरण शामिल है, ताकि उसका सेवन उसके शिशु द्वारा किया जा सके।
- एनीमिया मुक्त भारत (एमबी) कार्यनीति को छह लाभार्थी आयु समूहों - बच्चों (6-59 महीने), बच्चों (5-9 वर्ष), किशोरों (10-19 वर्ष), गर्भवती और स्तनपान कराने वाली माताएं और प्रजनन आयु समूह (15-49 वर्ष) की महिलाओं में सुदृढ़ संस्थागत तंत्र के जरिए छह पहलों के कार्यान्वयन के माध्यम से एनीमिया को कम करने के लिए कार्यान्वित किया गया है।

- राष्ट्रीय कृमिनाशक दिवस (एनडीडी) के तहत, स्कूलों और आंगनवाड़ी केंद्रों के माध्यम से दो चरणों (फरवरी और अगस्त) में एकनिश्चित दिन में एल्बेंडाजोल की गोलियां दी जाती हैं ताकि सभी बच्चों और किशोरों (1-19 वर्ष) में मिट्टी से फैलने वाले कृमि संक्रमण (एसटीएच) को कम किया जा सके। गर्भवती महिलाओं को भी कृमिनाशक गोलियां (दूसरी तिमाही में एक खुराक) दी जाती हैं और प्रजनन आयु की महिलाओं को दो खुराक दी जाती हैं। ग्राम स्वास्थ्य स्वच्छता और पोषण दिवस (वीएचएसएनडी) मातृ एवं शिशु स्वास्थ्य सेवाओं के प्रावधान और महिला एवं बाल विकास मंत्रालय के समन्वय से पोषण सहित मातृ एवं शिशु देखरेख के बारे में जागरूकता फैलाने के लिए मनाया जाता है।

मंत्रालय ने आंगनवाड़ी केंद्रों की सभी गतिविधियों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की परिभाषित संकेतकों पर निगरानी और ट्रैकिंग के लिए 'पोषण ट्रैकर' नामक डिजिटल एप्लिकेशन शुरू किया है। इससे आंगनवाड़ी सेवाओं के लिए लगभग तत्समय (रियल टाइम) में डेटा संग्रह सुलभ हो गया है। इस एप्लिकेशन की मदद से मंत्रालय और राज्य एवं संघ राज्य क्षेत्र बच्चों के स्वास्थ्य एवं पोषण की स्थिति सहित विभिन्न मापदंडों पर योजना के कार्यान्वयन की समीक्षा कर सकते हैं और आवश्यक सुधार कर सकते हैं। अंतिम लाभार्थी तक सेवा प्रदायगी की ट्रैकिंग के लिए, मंत्रालय ने घर ले जाने वाले राशन के वितरण के लिए पोषण ट्रैकर एप्लिकेशन में चेहरे की पहचान प्रणाली तैयार की है ताकि यह सुनिश्चित किया जा सके कि लाभ केवल एप्लिकेशन में पंजीकृत इच्छित लाभार्थी को ही मिले। इसके अलावा, आधार के जरिए ट्रैकिंग से लाभार्थियों की सही पहचान, डेटा लीक होने की रोकथाम में मदद मिली है।

POSHAN ABHIYAAN IN TAMIL NADU

5596. SHRI MALAIYARASAN D.:

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

- (a) the details of the initiatives taken to improve nutritional status of and children, adolescent girls and mothers under POSHAN Abhiyaan in Tamil Nadu;
- (b) the number of Anganwadi centres strengthened/upgraded under the said Mission including the quality of services provided therein;
- (c) the details of the measures being implemented to monitor malnutrition rates, service delivery and beneficiary satisfaction;
- (d) the details of the steps taken to increase awareness among communities about the importance of nutrition; and
- (e) the details of the efforts proposed to coordinate POSHAN Abhiyaan with health, sanitation and education programmes for better outcomes?

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 (Mission Poshan 2.0) is a Centrally Sponsored Mission wherein children under 6 years of age, Pregnant women, Lactating mothers and Adolescent girls (age 14-18 years, in Northeastern States and Aspirational Districts) are the beneficiaries covered in the whole country including the state of Tamil Nadu. The responsibility for implementation of various activities under the Mission lies with the States and UTs. The umbrella Mission has subsumed Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent girls.

The details of the initiatives taken to improve nutritional status of children, adolescent girls and mothers under Mission Poshan 2.0 in the country including the State of Tamil Nadu are as below:

- Under Mission Poshan 2.0, a new strategy has been made for reduction in malnutrition and for improved health, wellness and immunity through activities like community engagement, outreach, behavioural change and advocacy. It focuses on Maternal Nutrition, Infant and Young Child Feeding Norms, treatment of Severe Acute Malnutrition (SAM)/ Moderate Acute Malnutrition (MAM) and wellness through AYUSH practices to reduce prevalence of wasting, stunting, anaemia and being underweight.
- Supplementary Nutrition is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (age 14-18 years) in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. Greater emphasis is being laid on the use of millets at least once a week for preparation of Hot Cooked Meal and Take-Home ration at Anganwadi Centers.
- Further, Ministries of Women & Child Development and Health & Family Welfare have jointly released the 'Protocol for Management of Malnutrition in Children' to prevent and treat severely acute malnutrition in children.

- Poshan Vatikas have been developed at AWCs to encourage diet-diversity and consumption of wholesome local produce.
- Under Mission Poshan 2.0, additional nutrition is provided in the form of Take-Home Ration (THR) to the SAM Children. The State Government of Tamil Nadu has implemented “Uttachathai Uruthi Sei” scheme to reduce malnutrition among children. Under this scheme, mothers of malnourished children below six months of age are provided with Nutri Kits to help improve the child’s nutritional status.
 - Mothers of severely malnourished children receive two Nutri Kits.
 - Mothers of moderately malnourished children receive one Nutri Kit.

Further, there is a provision of Saksham Anganwadi Centres in the Mission which refers to an upgraded and modern version of the traditional Anganwadi Centre equipped with modern digital software and hardware infrastructure including internet/wifi connectivity, LED screens, water purifier/installation of RO machines and smart learning aids, audio-visual aids, child-friendly learning equipment and artwork (educational painting, practice board for children, information board). 2 lakh AWCs have been approved for five years under Mission Poshan 2.0 for upgradation as Saksham Anganwadi Centres, till now 1,03,940 AWCs have been upgraded.

The Ministry has launched 'Poshan Tracker' digital application, an ICT based governance tool, for monitoring and tracking of all activities in the Anganwadi Centers (AWC), Anganwadi Workers (AWWs) and beneficiaries on defined indicators including nutrition. It has facilitated near real time data collection for Anganwadi Services. The application has enabled the Ministry and States & UTs to review the implementation of the scheme on various parameters including health and nutrition status of the children and to make course corrections. For last mile tracking of Service Delivery, Facial Recognition System (FRS) has been introduced in Poshan Tracker Application and to ensure that benefit is given only to the intended beneficiary registered in the application. Aadhaar based tracking has enabled proper identification of beneficiaries, prevention of leakages and elimination of ghost entries.

Also, Poshan Tracker has a web-based facility to raise grievances related to Mission Poshan 2.0 and Pradhan Mantri Matru Vandana Yojana (PMMVY) schemes. Further, through the Poshan Helpline (1515) which is an integral part of Mission Poshan 2.0, a beneficiary can raise a concern about the services offered. The helpline is available in 17 languages.

One of the major activities undertaken under the Mission is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada celebrated in the

months of September and March-April respectively. Also, 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. A total of 9.8 crore CBEs and more than 150 crore Jan Andolan activities have been conducted since 2018 through 15 Jan Andolans. To effectively address the issue of malnutrition, cross cutting convergence has been ensured amongst more than 18 Ministries/Departments to adopt a multi-sectoral approach involving dimensions of food, health, water, sanitation and education.

आंगनवाड़ी कार्यकर्ताओं और आंगनवाड़ी सहायिकाओं के समक्ष कठिनाइयां

5597. श्री सतपाल ब्रह्मचारी:

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

- (क) क्या मंत्रालय को इस बात की जानकारी है कि सोनीपत लोक सभा निर्वाचन क्षेत्र में आंगनवाड़ी कार्यकर्ताओं (एडब्ल्यूडब्ल्यू) और आंगनवाड़ी सहायिकाओं (एडब्ल्यूएच) को उनके मानदेय, प्रशिक्षण और कार्य सुविधाओं के संबंध में कठिनाइयों का सामना करना पड़ रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) वर्तमान में उक्त निर्वाचन क्षेत्र में कुल कितनी आंगनवाड़ी कार्यकर्ता और सहायिकाएँ कार्यरत हैं और रिक्त पदों का ब्यौरा क्या है;
- (ग) क्या सरकार ने उनके मानदेय, सामाजिक सुरक्षा कवरेज, प्रशिक्षण और समग्र कार्य दशाओं में वृद्धि करने के लिए कोई विशेष उपाय किए हैं, और

(घ) क्या राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) ने आंगनवाड़ी कार्यकर्ताओं से संबंधित शिकायतों और कठिनाइयों के निवारण के लिए कोई विशिष्ट पहल आरंभ की है या निगरानी तंत्र स्थापित किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) : आंगनवाड़ी कार्यकर्त्रियां और आंगनवाड़ी सहायिकाएँ स्थानीय समुदाय से आई मानद कार्यकर्त्रियां हैं जो स्थानीय समुदाय की सहायता करने के उद्देश्य से बाल देखरेख और विकास के क्षेत्र में अपनी सेवाएँ देने के लिए स्वेच्छा से आगे आती हैं, जिसके लिए उन्हें मानदेय दिया जाता है। इस मानदेय में समय-समय पर वृद्धि की जाती है। दिनांक 1 अक्टूबर, 2018 से, भारत सरकार ने आंगनवाड़ी केंद्रों में कार्यरत आंगनवाड़ी कार्यकर्त्रियों का मानदेय 3,000 रुपये से बढ़ाकर 4,500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं का मानदेय 1,500 रुपये से बढ़ाकर 2,250 रुपये प्रति माह कर दिया है। यह राशि केंद्र और राज्यों तथा संघ राज्य क्षेत्रों के बीच निर्धारित लागत हिस्सेदारी अनुपात में दी जाती है। इसके अतिरिक्त, राज्य तथा संघ राज्य क्षेत्र अपने संसाधनों से इन कार्यकर्त्रियों और सहायिकाओं को अतिरिक्त मौद्रिक प्रोत्साहन और टॉप-अप भी दे रहे हैं, जो राज्यवार भिन्न-भिन्न होते हैं।

इसके अलावा, आंगनवाड़ी कार्यकर्त्रियों को 500 रुपये प्रति माह और आंगनवाड़ी सहायिकाओं को 250 रुपये प्रति माह का कार्य निष्पादन आधारित प्रोत्साहन प्रदान किया जाता है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, आंगनवाड़ी कार्यकर्त्रियों को कुशल निगरानी और सेवा प्रदायगी के लिए स्मार्टफोन उपलब्ध कराकर तकनीकी रूप से समर्थ बनाया गया है। पोषण ट्रैकर जो एक मोबाइल फोन एप्लिकेशन है, में आंगनवाड़ी कार्यकर्त्रियों द्वारा उपयोग किए जाने वाले भौतिक रजिस्ट्रों को डिजिटल कर दिया गया है। इससे उनके काम की गुणवत्ता में सुधार

होता है और साथ ही वे आंगनवाड़ियों में चल रही सभी गतिविधियों की तत्समय (रियल टाईम) निगरानी कर पाती हैं।

आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं को प्रोत्साहित और प्रेरित करने के लिए निम्नलिखित विभिन्न पहलें की गई हैं:

- (i) पदोन्नति: मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं के लिए पदोन्नति के अवसर बढ़ाए गए हैं। आंगनवाड़ी कार्यकर्त्रियों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी सहायिकाओं द्वारा भरने होते हैं तथा पर्यवेक्षकों के 50% पद 5 वर्ष का अनुभव रखने वाली आंगनवाड़ी कार्यकर्त्रियों की पदोन्नति द्वारा भरने होते हैं, बशर्ते कि वे अन्य मानदण्डों को पूरा करती हों।
- (ii) अवकाश: 20 दिन का वार्षिक अवकाश और 180 दिनों का सवैतनिक मातृत्व अवकाश तथा गर्भपात/गर्भस्राव पर एक बार 45 दिनों का सवैतनिक अवकाश।
- (iii) राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों से अनुरोध किया गया है कि वे पात्र आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रोत्साहित करें कि वे प्रधानमंत्री श्रम योगी मानधन (पीएम-एसवाईएम) पेंशन योजना के अंतर्गत स्वयं को नामांकित करवाएं। यह योजना वृद्धावस्था सुरक्षा सुनिश्चित करने के लिए देश में असंगठित क्षेत्रों हेतु एक स्वैच्छिक और अंशदायी पेंशन योजना है।
- (iv) सामाजिक सुरक्षा बीमा योजनाएं: 18 से 50 वर्ष की आयु वर्ग की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री जीवन ज्योति बीमा योजना (पीएमजेजेबीवाई) के अंतर्गत 2.00 लाख रुपये का जीवन बीमा (जीवन जोखिम, किसी भी कारण से मृत्यु) और 18-59 वर्ष की आयु समूह की आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को प्रधानमंत्री सुरक्षा

बीमा योजना के अंतर्गत 2.00 लाख रुपये (दुर्घटना में मृत्यु और स्थायी पूर्ण विकलांगता)/1.00 लाख रुपये (आंशिक लेकिन स्थायी विकलांगता) का दुर्घटना बीमा प्रदान किया गया है।

- (v) सेवानिवृत्ति की तारीख: राज्यों और संघ राज्य क्षेत्रों से अनुरोध किया गया है कि वे उचित मानव संसाधन नियोजन सुनिश्चित करने के लिए आंगनवाड़ी कार्यकर्त्रियों और आंगनवाड़ी सहायिकाओं के संबंध में एक समान सेवानिवृत्ति की तारीख अर्थात् प्रत्येक वर्ष के 30 अप्रैल को अपनाएं।
- (vi) वित्तीय वर्ष 2024-25 के बजट में की गई घोषणा के अनुपालन में सभी आंगनवाड़ी कार्यकर्त्रियों और सहायिकाओं को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत 5 लाख रुपये का वार्षिक स्वास्थ्य देखरेख कवरेज दिया गया है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत दिनांक 10 मई 2023 को पोषण भी पढ़ाई भी (पीबीपीबी) पहल आरंभ की गई, जिसका उद्देश्य जन्म से 6 वर्ष तक के बच्चों के लिए आंगनवाड़ी प्रणाली के माध्यम से प्रारंभिक अधिगम को बढ़ावा देना है। एक दो स्तरीय कैस्केडेड प्रशिक्षण मॉडल कार्यान्वित किया जा रहा है, जिसमें सावित्रीबाई फुले राष्ट्रीय महिला एवं बाल विकास संस्थान (एसपीएन आईडब्ल्यूसीडी) के माध्यम से राज्य स्तरीय मास्टर प्रशिक्षकों (एसएलएमटी) को प्रशिक्षित किया जा रहा है, जो आगे फील्ड में आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित करते हैं। आंगनवाड़ी कार्यकर्त्रियों को प्रारंभिक बाल्यावस्था देखरेख और शिक्षा (ईसीसीई) पेडागॉगी और पोषण सेवाओं की प्रदायगी में प्रशिक्षित किया गया है। इस प्रशिक्षण का उद्देश्य गुणवत्तापूर्ण ईसीसीई प्रदान करने में आंगनवाड़ी कार्यकर्त्रियों की क्षमता का निर्माण करना है।

दिनांक 16 मार्च, 2026 तक, पोषण भी पढ़ाई भी (पीबीपीबी) कार्यक्रम के पहले चरण में 41,648 राज्य स्तरीय मास्टर ट्रेनर (एसएलएमटी) और 10,40,590 आंगनवाड़ी कार्यकर्त्रियों को प्रशिक्षित किया जा चुका है।

मिशन सक्षम आंगनवाड़ी और पोषण 2.0 केंद्रीय प्रायोजित योजना है। इसकी नीति एवं आयोजना की जिम्मेदारी केंद्र सरकार की है, जबकि योजना के दैनिक कार्यक्रम के कार्यान्वयन की जिम्मेदारी राज्य सरकारों और संघ राज्य क्षेत्र के प्रशासनों की है।

पोषण ट्रैकर के अनुसार, फरवरी 2026 तक हरियाणा राज्य के सोनीपत जिले में कुल 1,249 आंगनवाड़ी कार्यकर्त्रियां और 1,135 आंगनवाड़ी सहायिकाएं पदस्थ हैं। सभी राज्यों और संघ राज्य क्षेत्रों में पदस्थ आंगनवाड़ी कार्यकर्त्रियों के जिलावार आंकड़े पोषण ट्रैकर के पब्लिक डैशबोर्ड: <https://www.poshantracker.in/statistics> पर उपलब्ध हैं।

राष्ट्रीय महिला आयोग (एनसीडब्ल्यू) अपने अधिदेश के अनुसार महिलाओं के अधिकारों के हनन से संबंधित शिकायतों के साथ-साथ महिलाओं की सुरक्षा और संरक्षा से संबंधित मुद्दों की जांच करता है। यद्यपि, ऐसी शिकायतें व्यापक श्रेणियों के अंतर्गत दर्ज की जाती हैं, लेकिन एनसीडब्ल्यू विशेष रूप से आंगनवाड़ी कार्यकर्त्रियों द्वारा दर्ज की गई शिकायतों से संबंधित आंकड़े नहीं रखता है।

GRIEVANCE REDRESSAL MECHANISMS

5598. SHRI ARVIND DHARMAPURI:

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

- (a) whether the Government has any dedicated grievance redressal mechanism or platform, apart from the MADAD portal, through which Members of Parliament can raise issues concerning citizens from their constituencies,

including matters related to passport services, overseas employment or distress situations abroad;

- (b) if so, the details of such mechanisms including the process for registering grievances and the authorities responsible for handling them;
- (c) whether any timelines or service standards have been prescribed for the disposal of grievances submitted through such channels and if so, the details thereof; and
- (d) the number of grievances received from Members of Parliament during the last five years and their disposal status, State-wise?

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

(a) to (d) : Apart from the MADAD portal, the Government has other grievance redressal portals like CPGRAMS (Centralised Public Grievance and Monitoring System) & eMigrate portal, through which Indian nationals, including Members of Parliament, can raise issues related to passport services, overseas employment or distress situations abroad.

The CPGRAMS portal is managed by Department of Administrative Reforms and Public Grievances (DARPG). The grievances on the portal can be raised directly from general public and also references from various Government offices such as President's Secretariat, Prime Minister's Office, Cabinet

Secretariat, etc. Further, such concerns can also be raised via email, post, or telephone.

As per directives given by DARPG, the disposal/redressal/resolution of grievances should be completed in the prescribed timeline of 21 days. The grievances received by MEA on CPGRAMS portal pertain mainly to Indian Missions/Posts abroad regarding repatriation of Indian nationals stuck in foreign countries, job & payment of pending salary/benefits related issues abroad, stranded Indians in foreign land, Indian nationals facing harassment in foreign countries, lost/stolen passports, visa/immigration issues, death cases and transportation of mortal remains from foreign countries to India. In such cases, our Missions/Posts have to coordinate with the host Government to resolve the issues of Indian nationals. Hence, disposal of such grievances sometimes take longer period of time. However, Ministry regularly monitors and sends reminders on such pending grievances to all the Missions/Posts for timely redressal/disposal at their end.

The details on grievances received on the CPGRAMS portal during the last five years are tabled below:

Year	Grievances Received	Grievances Resolved	Pending
2021	19896	19523	373
2022	18066	16999	1067
2023	21739	20232	1507

2024	17865	17080	785
2025	21602	20476	1126

Indian emigrant workers or intending workers can register their grievances through the eMigrate portal. Family members, friends or any concerned person, including the Members of Parliament from respective constituencies can also register grievances on their behalf on eMigrate portal.

Once the grievance/complaint with all necessary details is registered on the eMigrate portal, a system generated Grievance Reference Number (GR) is communicated to the complainant/grievant for future reference. The grievance is then forwarded online to the jurisdictional Protector of Emigrants (PoE) office for resolution under the provisions of the Emigration Act, 1983. In case of a complaint/grievance against an unregistered/illegal Recruiting Agent, the matter is forwarded by the jurisdictional PoE to the concerned State Law Enforcement Agency/Police authorities for appropriate action under the provisions of the Bharatiya Nyaya Sanhita. Where the grievance is related to a Foreign Employer the registered GR is forwarded to the concerned Indian Mission/Post for resolution.

The details on grievances received on the eMigrate portal during the last five years are tabled below:

Year	Grievances Received	Grievances Resolved	Pending

2021	2526	2368	158
2022	2364	2108	256
2023	2411	2067	344
2024	2373	1547	826
2025	2719	1236	1483

PROMOTION OF MARITIME HERITAGE AND CULTURE

5599. SHRI NARESH GANPAT MHASKE:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI ATUL GARG:

SHRI RAVINDRA DATTARAM WAIKAR:

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

- (a) whether the Government is promoting maritime heritage and culture to raise awareness about shipping history of the country, State-wise including Maharashtra and Uttar Pradesh, if so, the details thereof;
- (b) the objectives of such initiatives in fostering interest in maritime careers and marine industries;
- (c) whether any assessments have been made on benefits for local communities, tourism and skill development, if so, the details thereof and if not, the reasons therefor;
- (d) the mechanisms put in place to monitor the effectiveness of maritime awareness programmes; and

- (e) the expected impact on industry participation, heritage conservation and economic opportunities in coastal regions of the country?

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

(a) : Ministry of Ports, Shipping and Waterways (MoPSW) has envisaged development of a National Maritime Heritage Complex (NMHC) at Lothal, Gujarat to showcase India's maritime heritage. The development plan of the NMHC includes individual coastal States pavilions including Maharashtra to present their maritime heritage and culture and also an inland waterways pavilion to depict the cultural and historical significance of river navigation system including those in Uttar Pradesh.

(b) : The NMHC is intended to promote awareness of maritime heritage, provide a platform for exhibitions and stakeholders engagement and facilitate dissemination of knowledge relating to maritime activities and related sectors with a view to fostering interest in maritime careers and marine industries.

(c) : As per projections, the NMHC has the potential to generate 22,000 jobs including 15,000 direct and 7,000 indirect jobs across sectors such as construction and infrastructure, tourism and hospitality, transportation, local trade and ancillary services. The project also includes development of a maritime research institute for maritime research and training for skill development in maritime sector.

(d) : The NMHC society has been constituted and an institutional mechanism has been placed to monitor the effectiveness of the programmes undertaken by it. The mechanism consists of Governing Council headed by Minister in-charge of MoPSW, Steering Committee headed by Secretary of MoPSW and NMHC Board headed by Director General of NMHC Society.

(e) : The project is envisaged to promote industry participation through partnerships including Public-Private Partnership (PPP) mode while supporting heritage conservation and facilitating economic activity. It is expected to contribute to livelihood opportunities particularly through promotion of tourism and local crafts and services, thereby supporting inclusive development.

DISTRIBUTION OF UREA IN ANDHRA PRADESH

5600. DR. GUMMA THANUJA RANI:

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

- (a) the extent of urea supply shortfalls reported during the current fertilizer season, State-wise including Andhra Pradesh;
- (b) the allocation made by the Government along with the stock position and distribution status of urea in Andhra Pradesh during the last six months;
- (c) whether complaints/representations have been received from State authorities or farmer organisations regarding shortages, rationing or price-related issues, if so, the details thereof; and

- (d) the steps taken by the Union Government to ensure timely availability of urea and other fertilizers in the State?

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

(a) to (d) : Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Andhra Pradesh:

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

- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- (v) Regularly coordinate with the Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.
- (vi) The distribution of fertilizers within the State at district level is done by the concerned State government.

In view of above, it is submitted that the availability of Urea has remained adequate across the States, including the State of Andhra Pradesh, during the ongoing Rabi 2025-26 season. The State-wise information regarding requirement, availability and sales of Urea during the said season is given in the enclosed **Statement**.

Further, the mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at the State level. The distribution of fertilizers within the State at district/block level is done by the State Government. Moreover, as per Fertilizer Control Order (FCO)- 1985, State Governments are adequately empowered to take action against persons/companies involved in black-marketing/over-pricing, hoarding, diversion of fertilizers. Accordingly, any complaint received in the Department regarding these issues, through the

CPGRAMS portal –an online platform for grievance redressal – is sent to the concerned State Government for necessary action.

STATEMENT

STATE WISE REQUIREMENT, AVAILABILITY & SALES OF UREA DURING THE RABI

2025- 26 (Till 22.03.26):

(fig. in LMT)

S. No	State	UREA		
		Requirement	Availability	DBT Sales
1	Andaman and Nicobar Islands	0.00	0.01	0.00
2	Andhra Pradesh	9.07	11.29	9.19
3	Arunachal Pradesh	0.00	0.01	0.00
4	Assam	1.58	2.61	2.09
5	Bihar	13.22	16.66	14.23
6	Chandigarh	0.00	0.00	0.00
7	Chhattisgarh	2.86	4.65	2.38
8	Dadra and Nagar Haveli	0.00	0.00	0.00
9	Daman and Diu	0.00	0.00	0.00
10	Delhi	0.15	0.14	0.11
11	Goa	0.01	0.01	0.01
12	Gujarat	13.52	15.53	13.37
13	Haryana	11.37	14.19	11.45
14	Himachal Pradesh	0.32	0.59	0.42
15	Jammu and kashmir	0.62	1.27	0.63
16	Jharkhand	1.16	1.72	1.25
17	Karnataka	7.25	10.12	7.02
18	Kerala	0.60	0.71	0.52
19	Lakshadweep	0.00	0.00	0.00

20	Madhya Pradesh	22.93	28.17	23.89
21	Maharashtra	10.83	15.97	10.91
22	Manipur	0.09	0.09	0.07
23	Meghalaya	0.01	0.01	0.01
24	Mizoram	0.00	0.01	0.01
25	Nagaland	0.01	0.01	0.01
26	Odisha	1.78	3.24	1.75
27	Puducherry	0.08	0.08	0.07
28	Punjab	14.71	18.85	14.77
29	Rajasthan	14.91	20.23	16.62
30	Sikkim	0.00	0.00	0.00
31	Tamil Nadu	6.27	7.42	6.10
32	Telangana	9.94	11.76	10.92
33	Tripura	0.09	0.12	0.07
34	Uttarakhand	0.97	1.29	1.00
35	Uttar Pradesh	39.42	50.45	39.24
36	West Bengal	7.96	11.96	8.31
	All India	191.72	249.17	196.42

1.Primary Indicator of comfortable availability: Availability > Requirement

2.Secondary Indicator of comfortable availability: Availability > Sales

PRODUCTION LINKED INCENTIVE SCHEME FOR PHARMACEUTICALS

5601. SHRI BHARTRUHARI MAHTAB:

SHRI HARIBHAI PATEL:

SHRIMATI APARAJITA SARANGI:

SHRI CHANDRA PRAKASH CHOUDHARY:

SHRI KRISHNA PRASAD TENNETI:

SHRI NABA CHARAN MAJHI:

SHRI MADHAVANENI RAGHUNANDAN RAO:

SHRI BIBHU PRASAD TARAI:

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

- (a) the progress made under the PLI Scheme for Bulk Drugs in reducing India's import dependency on critical Key Starting Materials (KSMs) and Active Pharmaceutical Ingredients (APIs);
- (b) the details of the forty-one identified products for which domestic manufacturing capacities have been successfully established under the greenfield project model;
- (c) the status of the three Bulk Drug Parks being developed in Himachal Pradesh, Gujarat, and Andhra Pradesh and the common infrastructure facilities provided therein, State-wise;
- (d) whether the PLI Scheme for Pharmaceuticals has incentivized the production of high-value goods such as bio-pharmaceuticals, complex generics and patented drugs, if so, the details thereof; and
- (e) the total cumulative investment attracted and the number of direct and indirect employment opportunities generated in the pharmaceutical sector since the launch of the said schemes, 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) and (b) : The status of implementation of Production Linked Incentive (PLI) Scheme for promotion of domestic manufacturing of critical Key Starting Materials

(KSMs) / Drug Intermediates (DIs) and Active Pharmaceutical Ingredients (APIs) in India (*commonly known as “PLI scheme for Bulk Drugs”*) is as follows:

- i. Till December 2025, investment of ₹4,814 crore has been made against an investment commitment of ₹4,329.95 crore in greenfield projects.
- ii. Total capacity amounting to 91,077 metric tonnes per annum is committed for 33 subscribed products as against originally envisaged capacity of 82,270 metric tonnes per annum for 41 products identified (List of 41 products is given in the enclosed **Statement**). Further, manufacturing capacity of 56,800 metric tonnes per annum has been created for 28 critical KSMs, DIs, and APIs till December, 2025. The scheme has resulted in cumulative sales of ₹2,720 crore, including exports of ₹527.96 crores.

(c) : Department of Pharmaceuticals is implementing a scheme, namely the scheme for Promotion of Bulk Drug Parks, with a budgetary outlay of ₹3,000 crore, under which three bulk drug parks have been approved and are at various stages of development in the States of Andhra Pradesh, Gujarat and Himachal Pradesh, through their respective State implementing agencies. The total project cost of these parks is over ₹6,306.68 crore, with Central assistance to the tune of ₹1,000 crore each for creation of common infrastructure facilities. These parks envisage land and utilities such as power, water, effluent treatment plant, steam, solid waste management and warehouse facilities at a subsidised rate to bulk drug or API manufacturers for units set up in the park. The State implementing

agencies of the States concerned have also offered fiscal incentives in the form of capital subsidy on fixed capital investment, interest subsidy, State Goods and Services Tax reimbursement, exemption of stamp duty and registration charges, etc. Further, the scheme provides for applicants for allotment of land in the parks to set up units for manufacturing products prioritised in the PLI Scheme for Bulk Drugs to have priority in land allotment.

(d) : The Production Linked Incentive (PLI) scheme aims to enhance India's manufacturing capabilities by increasing investment and production in the pharmaceuticals sector and contributing to product diversification to high-value goods in the pharmaceutical sector and incentivises production of high-value medicines such as biopharmaceuticals, complex generic drugs, patented drugs or drugs nearing patent expiry, auto-immune drugs, anti-cancer drugs, etc.

(e) : The total cumulative investment attracted and the number of direct and indirect employment opportunities generated in the pharmaceutical sector since the launch of the said schemes, year- wise is given below:

	Cumulative investment (in crore ₹) till				Employment (Nos.) opportunities generated till			
	March 2023	March 2024	March 2025	December 2025	March 2023	March 2024	March 2025	December 2025
PLI Scheme for Bulk Drugs	2,374.93	3,721.44	4,554.25	4,814.10	2,163	3,538	4,490	4,896
PLI Scheme for Pharmaceuticals	20,647	29,268	37,306.65	42,694.89	46,357	70,362	93,532	1,13,300

STATEMENT

Name of Products covered under PLI Scheme for Bulk Drugs

S. No.	Name of Products
1.	Penicillin G
2.	7-ACA
3.	Clavulanic Acid
4.	Erythromycin Thiocyanate (TIOC)
5.	Betamethasone
6.	Dexamethasone
7.	Prednisolone
8.	Rifampicin
9.	Clindamycin Base
10.	Streptomycin
11.	Tetracycline
12.	Neomycin
13.	Gentamycin
14.	Para Amino Phenol
15.	1,1 Cyclohexane Diacetic Acid (CDA)
16.	Dicyandiamide (DCDA)
17.	2-Methyl-5-Nitro-Imidazole (2-MNI)
18.	Meropenem
19.	Atorvastatin
20.	Olmesartan
21.	Valsartan
22.	Losartan
23.	Levofloxacin
24.	Sulfadiazine
25.	Ofloxacin
26.	Norfloxacin
27.	Artesunate
28.	Telmisartan
29.	Aspirin
30.	Levetiracetam
31.	Carbidopa
32.	Ritonavir
33.	Lopinavir
34.	Acyclovir
35.	Carbamazepine

36.	Oxcarbazepine
37.	Vitamin B6
38.	Levodopa
39.	Vitamin B1
40.	Diclofenac Sodium
41.	Ciprofloxacin

IMPLEMENTATION OF ABDM IN CACHAR DISTRICT

5602. SHRI PARIMAL SUKLABAIDYA:

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

- (a) the progress achieved under the Ayushman Bharat Digital Mission (ABDM) in the State of Assam, particularly in the Cachar district including the total number of ABHA IDs created and linked with healthcare facilities during the last three years;
- (b) whether the Silchar Medical College and Hospital has been fully integrated with the ABDM digital health ecosystem including the Health Information Exchange (HIE), Electronic Medical Records (EMR) and telemedicine services and if so, the details thereof;
- (c) the steps taken by the Government to ensure interoperability and standardisation of hospital information systems across Government hospitals in Cachar district under the Mission;
- (d) whether Artificial Intelligence (AI)-based tools are being deployed in public healthcare institutions in Assam, particularly at Silchar Medical College and

Hospital, for diagnostics, fraud detection, disease surveillance and population health management, if so, the details thereof; and

- (e) the safeguards and regulatory mechanisms put in place to ensure data privacy, transparency, ethical use of AI and protection of patient information under the ABDM framework in Assam?

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

(a) to (e) : The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. The progress of ABHA numbers created, health facilities registered on Health Facility Registry (HFR), health professionals registered on Health Professional Registry (HPR), health facilities linking digital health records and digital health records linked in Assam, including Cachar district, as on 23rd March 2026, for the last three years is given in the enclosed **Statement**.

The Silchar Medical College and Hospital has been integrated with ABDM and uses an ABDM enabled HMIS (Hospital Management Information System) – NIC eHospital. As on 24 March 2026, a total of 82,921 health records have been linked by the facility using Health Information Exchange (HIE) under ABDM.

ABDM enables interoperability by establishing common health data standards and developing registries for individuals, health facilities, healthcare professionals, and other necessary components. This allows various digital health systems across both public and private healthcare ecosystems to exchange data across healthcare providers, even when they use different digital platforms. Silchar Medical College and Hospital has been empanelled under the Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB PM-JAY). AI and ML-based triggers are used for identifying potential misuse in the claims raised under AB PM-JAY by various empanelled hospitals, including Silchar Medical College and Hospital.

‘Privacy by Design’ is one of the key guiding principles of ABDM, and there is no centralised repository of health data. ABDM facilitates secure data exchange between the intended stakeholders on the ABDM network after the patient’s consent. Further, prior to integration with ABDM, digital health applications are validated in a Sandbox environment, and they undergo security audits like WASA (Web Application Security Audit) to ensure data security.

In addition, the Ministry of Health and Family Welfare has launched the ‘Strategy for AI in Healthcare in India’ (SAHI) and the ‘Benchmarking Open Data Platform for Health AI’ (BODH) on 17th February 2026 during the India AI impact summit. SAHI is a national guidance framework to enable the safe, ethical, evidence-based, responsible and inclusive adoption of artificial intelligence across

India's healthcare system. 'Benchmarking Open Data Platform for Health AI' (BODH) provides a structured mechanism for testing and benchmarking AI solutions before deployment at scale.

STATEMENT

Details of ABHAs created, health facilities registered on HFR, health professionals registered on HPR, health facilities linking digital health records and digital health records linked in Assam, including Cachar district for the last three years

State/ District	Indicator	2023-24	2024-25	2025-2026 (as on 23.03.2026)	Total
Assam	ABHA numbers Created	63,91,485	18,36,524	35,97,525	1,18,25,534
	Health Facilities Registered (HFR)	257	5,615	5,848	11,720
	Healthcare Professionals Registered (HPR)	11,782	8,689	4,486	24,957
	Health Facilities Linking Digital Health Records	79	3,085	4,111	4,695
	Health Records Linked	1,08,649	6,50,482	20,13,251	27,72,382
Cachar District (Assam)	ABHA numbers Created	3,67,236	60,751	1,22,429	5,50,416
	Health Facilities Registered (HFR)	14	87	548	649
	Healthcare Professionals Registered (HPR)	1,022	172	134	1,328

	Health Facilities Linking Digital Health Records	5	142	282	292
	Digital Health Records Linked	12,899	78,532	1,50,831	2,42,262

AVAILABILITY OF MEDICAL SEATS IN TAMIL NADU

5603. SHRI ARUN NEHRU:

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

- (a) the details of the undergraduate and postgraduate medical seats in Government and private medical colleges in the country during the last five years, State/UT-wise along with the current number of seats available to students from Tamil Nadu, district-wise;
- (b) whether any representations have been received by the Government regarding irregularities, delays or denial of benefits under centrally sponsored health schemes such as Ayushman Bharat–PMJAY, PMSSY and National Health Mission in respect of beneficiaries or institutions located in the Perambalur Lok Sabha Constituency; and
- (c) if so, the nature of such complaints, the action taken thereon, and whether any audit, enquiry or corrective measures have been initiated by the Government to ensure transparent and effective implementation of these schemes in the said Constituency, if so, the details thereof?

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

(a) : As informed by the National Medical Commission (NMC), the total no. of Under-Graduate (UG) and Post-Graduate (PG) Seats across the country during the last five (05) year is as under:

Sl. No.	Academic Year	Under-Graduate (UG) Seats	Post- Graduate (PG) Seats
1	2021-22	92065	47419
2	2022-23	99463	50293
3	2023-24	109115	55006
4	2024-25	117756	59194
5	2025-26	128976	68175

The State/UT-wise detail of UG and PG Seats for the last five years are given in the enclosed **Statement**.

(b) and (c) : As informed by the Government of Tamil Nadu, no grievance regarding irregularities, delay, or denial of benefits under centrally sponsored health schemes, including Ayushman Bharat–PMJAY and the National Health Mission, have been reported for beneficiaries in the Perambalur Lok Sabha Constituency.

However, as per guidelines issued by the Ministry of Health and Family Welfare from time to time, empanelled hospitals are required to provide treatment to eligible beneficiaries for the specialities for which they are empanelled. Any denial of treatment may attract appropriate action, including de-empanelment, in accordance with extant provisions. Beneficiaries may lodge grievances through the Central Grievance Redressal Management System (CGRMS) portal or via the National Call Centre helpline 14555. Grievances are addressed through the prescribed three-tier redressal mechanism.

STATEMENT

State/UT-wise Under Graduate (UG) and Post-Graduate (PG) Seats for the last five Years:

Sl. No.	Name of the State/UT	Under-Graduate (UG) Seats					Post-Graduate (PG) Seats				
		2021-22	2022-23	2023-24	2024-25	2025-26	2021-22	2022-23	2023-24	2024-25	2025-26
1	Andaman & Nicobar Island	100	114	114	114	114	00	00	00	0	13
2	Andhra Pradesh	5260	5585	6485	6785	7215	2631	2778	3581	3700	4206
3	Arunachal Pradesh	50	50	50	100	100	00	0	00	0	23
4	Assam	1100	1250	1550	1650	1975	741	741	741	749	799

5	Bihar	2540	2565	2765	2995	3545	1091	1158	1237	1385	1623
6	Chandigarh	150	150	150	150	150	569	571	587	587	587
7	Chhattisgarh	1565	1915	2005	2455	2455	496	558	591	691	832
8	Dadra & Nagar Haveli	150	177	177	177	177	00	00	00	26	46
9	Delhi	1472	1497	1497	1498	1396	2926	2933	2953	2973	3033
10	Goa	180	180	180	200	200	129	131	137	156	159
11	Gujarat	5650	6450	7150	7250	7525	2359	2466	2923	3191	3881
12	Haryana	1660	1835	2185	2185	2710	686	723	902	904	1122
13	Himachal Pradesh	870	920	920	920	970	333	344	358	364	400
14	Jammu & Kashmir	1085	1147	1339	1347	1676	606	616	662	664	808
15	Jharkhand	880	930	1055	1055	1255	250	264	264	273	289
16	Karnataka	10145	10995	11745	12396	13944	5770	5986	6462	7051	8442
17	Kerala	4255	4505	4655	4755	5404	1710	1820	1949	2095	2263
18	Madhya Pradesh	4105	4180	4800	5200	5725	1731	1944	2353	2665	3189
19	Maharashtra	9870	10145	10845	11846	12824	5310	5763	6087	6501	7187
20	Manipur	375	525	525	525	525	226	244	258	258	270
21	Meghalaya	50	50	50	200	200	35	37	37	37	37
22	Mizoram	100	100	100	100	100	00	00	00	0	10

23	Nagaland	00	00	100	100	100	00	00	00	00	00
24	Orissa	2100	2325	2525	2725	3025	1038	1206	1237	1257	1554
25	Puducherry	1530	1630	1830	1830	1873	846	920	1036	1077	1155
26	Punjab	1550	1750	1800	1701	1899	738	754	796	835	980
27	Rajasthan	4680	5075	5575	6506	7330	2779	2980	3296	3657	4136
28	Sikkim	150	150	150	150	150	31	34	34	34	34
29	Tamil Nadu	10675	11075	11700	12050	13050	4706	4935	5147	5418	6369
30	Telangana	5440	6840	8490	9065	9540	2465	2697	3122	3406	3997
31	Tripura	225	225	225	400	450	83	85	91	97	113
32	Uttar Pradesh	8828	9153	9903	12475	13425	3472	3797	4233	5025	6114
33	Uttarakhand	1125	1150	1150	1350	1450	1800	1814	1835	1926	2088
34	West Bengal	4150	4825	5325	5501	6499	1862	1994	2097	2192	2416

AVAILABILITY OF FERTILIZERS IN PUNJAB

5604. DR. AMAR SINGH:

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

- (a) whether the Government has made any assessment regarding fertilizer availability, distribution efficiency and timely delivery during peak sowing

seasons, if so, the details thereof, district-wise particularly in Fatehgarh Sahib including Sirhind and Khamano blocks;

- (b) the details of Government monitoring of urea, DAP and complex fertilizer supply including allocation and stock position for Punjab, district-wise;
- (c) whether the Government has examined issues of black marketing and uneven distribution; and
- (d) if so, the measures taken/proposed to be taken by the Government for strengthening point-of-sale tracking, inspections and farmer facilitation?

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

(a) and (b) : The following Steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers across the States including the State of Punjab:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- ii. On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

- iii. The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Management System (iFMS).
- iv. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.
- v. The distribution of fertilizers within the State is done by the respective State Government.

In view of the above, the availability of fertilizers i.e. Urea, DAP, MOP and NPKS has remained adequate in the State of Punjab during the ongoing Rabi 2025-26 season. The information regarding requirement, availability and sales of these fertilizers in the State during the period 01.10.2025 to 22.03.2026 is as under:

FERTILIZER POSITION IN PUNJAB				Fig. in LMT
Sr. No.	Product	Requirement	Availability	DBT Sales
1	UREA	14.71	18.85	14.77
2	DAP	4.47	5.74	4.19
3	MOP	0.57	0.67	0.28
4	NPKS	1.49	0.99	0.62
1. Primary Indicator of comfortable availability: Availability > Requirement				
2. Secondary Indicator of comfortable availability: Availability > Sales				

Further, the State Government of Punjab has informed that it regularly assesses fertilizer availability across all districts to ensure efficient distribution and

timely delivery during peak sowing seasons. According to the State Government's (iFMS) portal ID, the projected requirement for the Fatehgarh Sahib district for the 2025-26 period is 77,000 MT of Urea and 23,000 MT of DAP. As on 24.03.2026, 79,005 MT of Urea and 20,500 MT of DAP has been made available in the district.

Further, as informed by the State, the current district-wise stock positions for the State are given in the enclosed **Statement -I**.

(c) and (d) : In order to address the issues of black-marketing, fertilizers are declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in such malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding this malpractice is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, the details regarding enforcement measures taken by the States, as informed by them, from 01.04.2025 to 06.03.2026, to curb such malpractices is given in the enclosed **Statement-II**.

Further, following initiatives have been undertaken by D/o Fertilizers across the States for strengthening point-of sale tracking;

- (i) Availability of top urea buyers report to States at District level for examination and subsequent action as per FCO 1985.

- (ii) Availability of report for sales occurred beyond official hours.
- (iii) Pan India upgradation of POS Devices to L1 fingerprint scanner POS to restrict fake transactions.
- (iv) Implementation and monitoring of Geo Tagging of L1 POS devices for sales transaction.

STATEMENT-I

District-wise Stock and availability of Urea and DAP As On 24.03.2026 (Fig. in MT):

DISTRICT	PRODUCT GROUP NAME	TOTAL AVAILABILITY IN RABI SEASON 2025-26
Amritsar	Urea	112514
	DAP	25513
Barnala	Urea	61363
	DAP	16679
Bathinda	Urea	129652
	DAP	38722
Faridkot	Urea	61165
	DAP	17627
Fatehgarh Sahib	Urea	46742
	DAP	12340
Fazilka	Urea	92947
	DAP	31366
Firozepur	Urea	104425
	DAP	27330
Gurdaspur	Urea	90829
	DAP	22914

Hoshiarpur	Urea	50202
	DAP	18060
Jalandhar	Urea	102115
	DAP	45303
Kapurthala	Urea	57775
	DAP	25983
Ludhiana	Urea	138534
	DAP	49007
Mansa	Urea	93788
	DAP	21432
Moga	Urea	93665
	DAP	27281
Muktsar	Urea	115475
	DAP	32025
Nawanshahr	Urea	30300
	DAP	9594
Pathankot	Urea	10086
	DAP	3178
Patiala	Urea	119007
	DAP	28444
Rupnagar	Urea	27525
	DAP	11646
Sangrur	Urea	169203
	DAP	46874
S.A.S Nagar	Urea	16969
	DAP	5212
Tarn Taran	Urea	92526
	DAP	26713
State-Total	Urea	1816805
	DAP	543212

STATEMENT-II

**Action taken by the State Government to check black marketing, hoarding, quality check, diversion etc.
from 01.04.2025 to 06.03.2026:**

		Black Marketing			Hoarding			Sub Standard Quality			Diversion			Conviction with details*	Total		
States	No. of Inspections / raids	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered		Show cause notice issued	No. of licenses cancelled/ suspended	FIR registered
Andhra Pradesh	23898	80	10	9	207	11	19	380	0	0	19	4	12	NIL	686	25	40
Arunachal Pradesh	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Assam	5284	12	6	1	59	0	0	46	1	0	27	0	0	NIL	144	7	1
Bihar	24751	1283	845	122	7	0	0	6	0	0	0	0	0	NIL	1296	845	122
Chhattisgarh	7118	297	13	4	29	1	0	145	5	0	24	0	0	NIL	495	19	4
Dadar & Nagar	0	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Delhi	395	0	0	1	0	0	0	3	0	0	0	3	0	NIL	3	3	1

Goa	619	544	180	6	10	0	0	32	1	0	16	0	0	NIL	602	181	6
Gujarat	17933	56	3	1	25	0	0	146	2	0	19	4	13	NIL	246	9	14
Haryana	5181	68	16	10	25	21	5	51	12	6	14	6	6	NIL	158	55	27
Himachal Pradesh	25	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Jammu & Kashmir	5613	154	46	2	36	3	0	73	2	0	8	0	0	NIL	271	51	2
Jharkhand	759	57	20	11	32	4	0	2	0	0	1	1	0	NIL	92	25	11
Karnataka	9709	368	25	1	243	5	0	258	14	2	96	6	11	NIL	965	50	14
Kerala	1735	0	0	0	0	0	0	53	0	0	4	0	4	NIL	57	0	4
Madhya Pradesh	6207	0	0	93	0	0	0	759	44	4	748	160	15	NIL	1507	204	112
Maharashtra	50288	16	0	16	0	0	0	1906	1404	46	1	73	2	NIL	1923	1477	64
Manipur	3	0	0	0	0	0	0	0	0	0	1	0	0	NIL	1	0	0
Meghalaya	757	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0
Mizoram	39	4	0	0	0	0	0	0	0	0	4	0	0	NIL	8	0	0
Nagaland	81	14	0	14	0	0	0	101	0	0	2	64	1	NIL	117	64	15
Odisha	8149	4	3	2	0	0	0	55	1	1	2204	112	4	0	2263	116	7
Puducherry	56	0	0	0	0	0	0	0	0	0	0	0	0	NIL	0	0	0

Punjab	6844	37	1	1	20	0	1	330	103	4	5	0	6	NIL	392	104	12
Rajasthan	12004	652	118	48	74	41	34	519	1	2	27	22	27	NIL	1272	182	111
Tamil Nadu	22392	14	0	8	6	8	0	33	25	0	112	17	1	NIL	165	50	9
Telangana	145170	7	11	3	4	2	0	139	0	0	4	0	5	NIL	154	13	8
Tripura	865	0	0	0	9	0	0	0	0	0	0	0	0	NIL	9	0	0
Uttar Pradesh	45387	2562	2981	185	164	139	13	171	175	20	88	7	15	3	2985	3302	233
Uttarakhand	585	0	0	0	0	0	0	0	0	0	43	0	0	NIL	43	0	0
West Bengal	58993	0	0	0	0	0	0	306	0	0	0	0	0	NIL	306	0	0
Total	460840	6229	4278	538	950	235	72	5514	1790	85	3467	479	122	3	16160	6782	817

VACCINE MANUFACTURERS AND USE OF DOMESTIC HPV VACCINES**5605. DR. BACHHAV SHOBHA DINESH:**

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

- (a) the details of the Human Papillomavirus (HPV) vaccines programme approved and the age cohorts targeted under the programme;
- (b) the names of vaccine manufacturers whose products are being procured or used, including details of any domestically produced HPV vaccines such as those developed with participation of Indian companies;
- (c) whether any international organisations, partners or foundations such as the Bill and Melinda Gates Foundation, Gavi or WHO have provided technical support, funding or collaboration in the planning, introduction or implementation of the HPV vaccination programmes, if so, the details thereof;
- (d) whether the Government is aware of any judicial inquiries, regulatory investigations, parliamentary probes or civil litigation conducted anywhere in the world concerning HPV vaccines or their manufacturers and if so, the details and the outcomes thereof; and
- (e) the current coverage achieved, programme targets and timelines for achieving nationwide vaccination goals against cervical cancer?

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 Nationwide free HPV vaccination campaign was launched on 28th February 2026 for approximately 1.2 crore eligible beneficiary girls aged 14 years across all 36 States and Union Territories. The vaccine is administered free of cost at government health facilities, including Ayushman Arogya Mandirs- Primary Health Centres (PHCs), Community Health Centers (CHCs), Sub-District Hospitals (SDH)/District Hospitals (DHs) & Government Medical Colleges (GMCs) in presence of medical officer. Training of medical and paramedical staff across all 36 States/UTs in the country has been completed. HPV vaccination is voluntary and parental consent is mandatory before administration of vaccine. The Vaccine manufactured by Merck Sharp Dhome (MSD) has been secured as kind support from GAVI, the Vaccine Alliance. The 72nd Parliamentary Standing Committee covers various issues concerning HPV vaccine related matters. As on 24th March 2026, a total of 5,03,008 girls have been administered the HPV vaccine.

PROGRESS OF THE SAGARMALA PROGRAMME

5606. SHRI BALRAM NAIK PORIKA:

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

- (a) the progress on the Sagarmala Programme, including new port projects, modernisation of existing ports and capacity addition achieved during the last three years;
- (b) the funds allocated and utilised, along with private investment attracted;
- (c) the development of inland waterways (National Waterways 1, 2, and others) with cargo movement statistics and reduction in logistics cost; and
- (d) the details of employment generated and coastal community development schemes being implemented?

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

(a) and (b) : Sagarmala is a central sector scheme of Ministry of Ports, Shipping and Waterways with the target to promote port-led development in the country under which, the Ministry provides financial assistance for the projects under 5 pillars, namely port modernization, port connectivity, port-led industrialization, coastal community development, and coastal shipping & inland water transport. So far, 129 projects have been sanctioned for financial assistance under Sagarmala scheme. Details of projects including funds allocation and funds released under Sagarmala scheme is given in the enclosed **Statement-I**.

(c) : The Government has undertaken various initiatives for development of inland waterways, including National Waterway (NW) 1, NW 2 and other NWs. These initiatives include development of fairways, terminals, navigation aids, River

Information System (RIS), night navigation facilities, and promotion of multimodal connectivity. Development of NWs is expected to enable modal shift of cargo / passenger transportation from road and rail to waterways, thereby reducing overall logistics costs, easing congestion, lowering fuel consumption and reducing carbon emissions. The statistics of cargo movement on NWs is given in the enclosed **Statement-II**.

(d) : Skill development under Sagarmala scheme has been implemented through convergence with DDU-GKY to train coastal youth for maritime sector employment. Centre of Excellence in Maritime and Shipbuilding (CEMS) has been established to provide industry-relevant training and certification. The number of beneficiaries trained, certified and placed during last five years under Sagarmala-DDUGKY convergence program and CEMS are given in the enclosed **Statement-III** and **Statement-IV** respectively. The initiatives have led to measurable improvements in employability and livelihoods with over 9,583 candidates trained and 4,270 placed under Sagarmala-DDU-GKY convergence since 2015. These efforts have supported transition from informal to formal employment in maritime sectors. Complementary interventions such as fishing harbour development, coastal tourism, and CEMS training have enhanced income opportunities and increased participation of traditional coastal communities. In addition, development and operations of NWs has generated employment by way

of contractual engagements, construction activities, and direct & indirect jobs in logistics and allied sectors.

STATEMENT-I

The details of 129 projects funded under Sagarmala scheme

Sl. No.	Project Name	Location	Project Pillar	Status	Project Cost (₹ crore)	MoPSW Share (₹ crore)	Fund Released (₹ crore)
1	Providing separate approach way for cargo movement in Havelock jetty at Havelock	Havelock	Coastal Shipping and IWT	Completed	10.91	10.91	10.91
2	Construction of coastal Berth at VPT	Visakhapatnam	Coastal Shipping and IWT	Completed	43.00	30.00	30.00
3	Construction of grade separator from H-7 area to Port connectivity Road by passing Convent Junction - Visakhapatnam Port	Visakhapatnam	Port Connectivity	Completed	46.34	23.17	23.17
4	2 to 4 laning of port road connectivity to NH – 5 - Phase II	Visakhapatnam	Port Connectivity	Completed	77.00	20.00	20.00
5	DDUGKY Phase I Andhra Pradesh	Andhra Pradesh	Coastal Community Development	Completed	0.28	0.14	0.14
6	Centre of Excellence in Maritime and Shipbuilding - CEMS - AP - 18 out of 24 Labs in AP	Visakhapatnam	Coastal Community Development	Completed	574.00	36.76	36.76
7	Construction of fishing harbour at Juvvaladinne in Nellore District of Andhra Pradesh	Juvvaladinne	Coastal Community Development	Completed	288.00	69.14	69.14

8	Improvement of Kakinada Anchorage Ports infrastructure in East Godavari district, Andhra Pradesh	Kakinada	Port Modernization	Completed	73.34	36.67	36.67
9	Recycling/Reuse of Sewage Treated Water from Sewerage Infrastructure Development Corporation of Goa Ltd (SIDCGL) located at Katembaina	Mormugao	Port Modernization	Completed	3.18	3.18	3.02
10	Road circulation plan for ease of movement of break bulk cargo at Mormugao	Mormugao	Port Connectivity	Completed	19.35	9.67	9.67
11	Full rake wagon handling line with paving 30m wide at Mormugao	Mormugao	Port Connectivity	Completed	17.65	8.82	8.82
12	Removal of 2 No.s Mooring of Spiral in the area of Cruise Berth - Mormugao	Mormugao	Port Modernization	Completed	13.87	6.94	6.94
13	2nd Full rake handling line RD 8A with 30m paving	Mormugao	Port Connectivity	Completed	6.59	3.30	3.30
14	Construction of an Up-Ramp at MPT Railway yard Baina.	Mormugao	Port Connectivity	Completed	21.99	11.09	11.09
15	Construction of 12m wide concrete road connecting berth 5 6 7 8 & 9 to new entry / exit road	Mormugao	Port Connectivity	Completed	9.51	4.81	4.81

16	Balance Portion 4 Lane road connectivity to NH17 - for Mormugao Port	Mormugao	Port Connectivity	Completed	719.00	85.00	83.80
17	Installation of 3 MWp Solar Power Plant with Virtual Net Metering on Turnkey Basis	Mormugao	Port Modernization	Completed	11.91	5.95	5.95
18	Coastal jetty at Navlakhi for cement	Navlakhi	Coastal Shipping and IWT	Completed	108.00	41.30	20.65
19	Capital Dredging work of Ro-Pax Ferry services between Gogha and Dahej in Gulf of Cambay.	Dahej	Coastal Shipping and IWT	Completed	208.85	104.42	99.18
20	Construction of RoRO/ Ro-Pax Facility at Hazira	Hazira	Coastal Shipping and IWT	Completed	98.42	48.42	48.42
21	Upgradation of Dredging of Ghogha Channel, Turning Circle and Approach Channel to achieve depth of 7 meter".	Ghogha	Coastal Shipping and IWT	Completed	62.49	45.81	45.81
22	Third stage expansion including modernisation of the existing fishing harbour of Malpe in Udupi District in Karnatak	Malpe	Coastal Community Development	Completed	50.00	7.94	7.94
23	Modernisation of the existing fishing harbour at Amadalli in Uttara Kannada	Amadalli	Coastal Community Development	Completed	19.00	4.69	4.69
24	DDUGKY Phase I Karnataka	Karnataka	Coastal Community Development	Completed	1.53	0.76	0.76

25	Installation of Fire Fighting Equipment at Karwar Port in Karnataka	Karwar	Port Modernization	Completed	18.21	9.10	8.65
26	Refurbishment and Capacity enhancement of Coastal liquid terminal -COT and NTB at CoPT	Cochin	Port Modernization	Completed	19.27	14.45	14.45
27	Construction of Multipurpose Coastal Berth at Kollam	Kollam	Coastal Shipping and IWT	Completed	18.50	7.24	7.24
28	Construction of Fishing Harbour at Thalai in Kannur District in Kerala	Thalai	Coastal Community Development	Completed	35.00	6.90	6.90
29	Construction of Mini Fishing Harbour Chettuva in Thrissur District in Kerala	Chettuva	Coastal Community Development	Completed	30.00	4.68	4.68
30	Reconstruction of South Coal Berth at Cochin Port for handling chemicals	Cochin	Port Modernization	Completed	19.30	10.55	10.55
31	Development of RORO facilities for handling propylene and other cargo at Cochin Port	Cochin	Coastal Shipping and IWT	Completed	12.46	12.46	11.84
32	Passenger Jetty at Janjira Fort, Raigad District	Janjira	Coastal Shipping and IWT	Completed	121.23	55.41	52.63
33	Construction of break water at Mandwa	Mandwa	Coastal Shipping and IWT	Completed	72.14	30.00	30.00

34	Ro Ro service at Mandwa -Phase 2 of Mandwa port development	Mandwa	Coastal Shipping and IWT	Completed	63.00	27.51	27.51
35	Construction of Ro-Ro jetties at Vasai	Vasai	Coastal Shipping and IWT	Completed	6.73	3.33	3.33
36	Construction of approach jetty and sloping berth jetty and approach road to facilitate Ro Ro jetty at Bhayander, Maharashtra	Bhayander	Coastal Shipping and IWT	Completed	7.25	3.54	3.54
37	Construction of Ro Rojetty atNarangi(Virar)' in Maharashtra.	Virar	Coastal Shipping and IWT	Completed	6.75	3.40	3.40
38	Construction of jetties at Ghodbunder	Ghodbunder	Coastal Shipping and IWT	Completed	7.40	3.70	3.70
39	Construction of Ro Ro Jetty at Malvan Passenger Jetty at Sindhudurg Port in Maharashtra	Malvan	Coastal Shipping and IWT	Completed	10.63	4.84	4.84
40	Dredging in the Navigational Channel for Ro-Ro Pax Services at Mandwa	Mandwa	Coastal Shipping and IWT	Completed	16.54	8.27	8.27
41	Stage II expansion of Mirkawada Fishing Harbour in RatnagiriDistrict	Ratnagiri	Coastal Community Development	Completed	75.00	17.95	17.95
42	DDUGKY Phase I Maharashtra	Maharashtra	Coastal Community Development	Completed	5.50	2.18	2.18

43	Centre of Excellence in Maritime and Shipbuilding -CEMS - Maharashtra-6 out of 24 Labs in Maharashtra	Mumbai	Coastal Community Development	Completed	191.00	12.48	12.48
44	Construction of passenger boat landing jetty at KanhojiAngre Island	KanhojiAngre	Coastal Shipping and IWT	Completed	7.68	3.84	3.84
45	Construction of Coastal Berth at JNPT	Jawaharlal Nehru Port	Coastal Shipping and IWT	Completed	143.00	25.00	25.00
46	Construction of Fishing Harbor at Karanja, Raigad district, Maharashtra	Karanja	Coastal Community Development	Completed	149.80	68.51	68.27
47	Construction of Tourism jetty at Belapur, Maharashtra.	Belapur	Coastal Shipping and IWT	Completed	6.50	4.05	4.05
48	Construction of tourism Jetty at Veldur, Distt.- Ratnagiri, Maharashtra	Veldur	Coastal Shipping and IWT	Completed	7.06	3.45	3.45
49	Construction of Ro-Ro Jetty at AmbadaveShigwan in Raigad District".	AmbadaveShigwan	Coastal Shipping and IWT	Completed	7.37	3.44	3.44
50	'Construction of Approach road to Kharwadeshwari Jetty in District Palghar, Maharashtra.	Palghar	Port Connectivity	Completed	15.00	7.50	7.50
51	Construction of Third Chemical Berth at Pirpau, MbPT	Mumbai	Port Modernization	Completed	161.00	140.46	140.46

52	SCADA and PLC automation system at Marine Oil Terminal at Mumbai Port	Mumbai	Port Modernization	Completed	22.77	22.77	22.77
53	DDUGKY Phase I Odisha	Odisha	Coastal Community Development	Completed	3.72	1.84	1.84
54	Capital Dredging for Puducherry Port	Puducherry	Port Modernization	Completed	27.65	27.45	27.45
55	Development and Operation of a full-fledged Truck Parking Terminal adjacent to NH7A opposite to Fisheries college at V. O .Chidambaranar	Thoothukudi	Port Modernization	Completed	23.69	10.00	10.00
56	Coastal berth with dredged depth of 10.0m to handle vessels up to 15000 DWT -length 150m at VoCPT	Thoothukudi	Coastal Shipping and IWT	Completed	36.00	29.99	29.99
57	Coastal Cargo Berth at ChPT	Chennai	Coastal Shipping and IWT	Completed	80.00	30.08	30.08
58	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	Cuddalore	Port Modernization	Completed	135.00	67.50	67.50
59	Development of paved storage yard at Chennai Port for handling export cargo	Chennai	Port Modernization	Completed	51.46	25.73	25.73

60	Construction of Bunker berth at Chennai Port	Chennai	Port Modernization	Completed	44.00	22.00	22.00
61	Construction of a fishing harbour at Poompuhar in Nagapattinam District in Tamil Nadu	Nagapattinam	Coastal Community Development	Completed	148.00	37.00	37.00
62	Expansion of fishing harbour at Chinnamuttomin Kanyakumari District in Tamil Nadu	Kanyakumari	Coastal Community Development	Completed	74.00	18.38	18.38
63	DDUGKY Phase I Tamil Nadu	Tamil Nadu	Coastal Community Development	Completed	2.94	0.59	0.59
64	Construction of widening the Korampallam Surplus course bridge and rail over bridge - RoB including widening of road from western boundary to TTPS	Thoothukudi	Port Connectivity	Completed	41.55	20.00	20.00
65	Dredging the dock basin for coastal cargo berth at VOCPT -Dredging in front of dedicated coastal berth	Thoothukudi	Port Modernization	Completed	98.00	20.89	20.89
66	National Technology Centre for Ports, Waterways and Coasts (NTCPWC) at IIT Madras.	Chennai	Coastal Community Development	Completed	77.03	39.67	39.67
67	Fishing harbor at Mookaiyur in Ramanathapuram district in Tamil Nadu	Mookaiyur	Coastal Community Development	Completed	113.90	28.48	28.48

68	Construction of fish landing centre at Kunthukal in Ramanathapuram District of Tamil Nadu.	Kunthukal	Coastal Community Development	Completed	74.00	18.50	16.65
69	Modern elevated steel bridge for safe transport of tourists from Vivekananda Rock to Thiruvalluvur statue	Kanyakumari	Port Connectivity	Completed	37.00	15.53	15.53
70	Development of Buffer Parking yard for Trailers / Trucks at the backup areas of Berth No. 24B(BD-II) in Chennai Port Authority	Chennai	Port Modernization	Completed	49.06	39.42	39.42
71	RoB cum Flyover at Ranichak level crossing at KoPT	Kolkata	Port Connectivity	Completed	127.80	50.00	50.00
72	Improvement of road connectivity to facilitate trade and port users at KoPT	Kolkata	Port Connectivity	Completed	13.52	6.76	6.76
73	Upgradation of the track 10-12-14-16-18-19-20-21-22 and 23 at EJC yard of KoPT	Kolkata	Port Connectivity	Completed	47.00	14.00	14.00
74	Upgrade of existing rail network at Kolkata Dock System	Kolkata	Port Connectivity	Completed	9.00	4.00	4.00
75	2nd Railway Line from Durgachak take off point to 'A' cabin at Durgachak at HDC	Haldia	Port Connectivity	Completed	117.00	20.00	20.00

76	Improvement of road connectivity to facilitate trade and port users at KoPT, Phase-2	Kolkata	Port Connectivity	Completed	87.91	20.04	20.04
77	Design, Engineering & Construction for Rehabilitation of No.7, NSD Old Berth including Development of Backyard at N.S. Dock of KDS - SMP, Kolkata'	Kolkata	Port Modernization	Completed	80.74	80.74	80.74
78	Anti erosion work on the left bank of river Hooghly/ Bhagirathi Block & P.S. Kalyani, Nadia district, Kolkata (WB)	Kolkata	Coastal Shipping and IWT	Completed	16.63	16.63	16.63
79	DDUGKY Phase II Andaman & Nicobar Islands	Andaman & Nicobar Island	Coastal Community Development	Under Implementation	7.09	2.30	2.30
80	Development of Sea Port Terminal at Havelock SwarajDweep	Havelock	Coastal Shipping and IWT	Under Implementation	48.99	48.99	22.38
81	Modernisation of Visakhapatnam Fishing Harbour	Visakhapatnam	Coastal Community Development	Under Implementation	178.51	50.00	40.00
82	DDUGKY Phase II Andhra Pradesh	Andhra Pradesh	Coastal Community Development	Under Implementation	5.98	5.98	5.98
83	Augmentation of Firefighting facilities at Berth no. 8 of MgPA on Turnkey basis	Mormugao	Port Modernization	Under Implementation	17.76	8.88	7.10

84	International & Domestic Cruise Terminal and Ferry Terminal at Mormugao Port, Goa	Mormugao	Coastal Shipping and IWT	Under Implementation	87.44	43.72	41.42
85	Construction of Ro-Ro/ Ro-Pax facility at Muldwarka	Muldwarka	Coastal Shipping and IWT	Under Implementation	90.49	45.25	8.16
86	DDUGKY Phase II Gujarat	Gujarat	Coastal Community Development	Under Implementation	10.85	7.32	3.62
87	NMHC	Lothal	Coastal Community Development	Under Implementation	573.12	223.76	223.76
88	Construction of fishing harbor at Mangrol (Phase-III), Junagarh, Gujarat.	Mangrol	Coastal Community Development	Under Implementation	158.00	12.50	11.25
89	Occupational Safety and Health Training in Alang	Alang	Coastal Community Development	Under Implementation	30.00	30.00	22.28
90	DDUGKY Phase II Karnataka	Karnataka	Coastal Community Development	Under Implementation	2.18	0.55	0.55
91	Development of Fishing Harbour at Kulai	Kulai	Coastal Community Development	Under Implementation	196.51	98.25	49.13
92	Development of existing fish landing center at HejamadiKodi in Udupi district of Karnataka."	Hejamadi	Coastal Community Development	Under Implementation	138.60	34.65	32.92
93	Construction of coastal cargo berth at Old Mangaluru Port	Mangaluru	Coastal Shipping and IWT	Under Implementation	65.00	25.00	23.75
94	DDUGKY Phase II Kerala	Kerala	Coastal Community Development	Under Implementation	25.46	10.16	7.57
95	"Modernization and up-gradation of Cochin Fishing Harbour".	Cochin	Coastal Community Development	Under Implementation	169.17	50.00	47.50
96	DDUGKY Phase II Maharashtra	Maharashtra	Coastal Community Development	Under Implementation	15.11	8.58	5.04

97	Modernization of existing Fishing Harbor at Sassoon Dock, Mumbai	Sassoon	Coastal Community Development	Under Implementation	92.52	23.13	11.56
98	Development of Fishing Harbour at Mallet Bunder, Mazgaon	Mumbai	Coastal Community Development	Under Implementation	96.60	48.30	45.89
99	Construction of Ro-Pax jetty and Terminal at Mora, Distt. Raigad, Maharashtra	Mora	Coastal Shipping and IWT	Under Implementation	82.92	41.46	20.73
100	Development of Ro-Ro Service at Rewas	Rewas	Coastal Shipping and IWT	Under Implementation	21.66	10.83	5.53
101	Construction of fishing harbour at Anandwadi (Deogad) in Sindhudurg District	Anandwadi	Coastal Community Development	Under Implementation	88.44	12.50	11.25
102	Construction of Approach Jetty and sloping berth jetty and Approach Road to facilitate Ro-Ro Jetty at Manori, Maharashtra	Manori	Coastal Shipping and IWT	Under Implementation	6.59	3.29	3.13
103	Construction of jetty at Arnala fort- Tal Vasai- Dist. Thane.	Arnala	Coastal Shipping and IWT	Under Implementation	9.94	4.97	4.72
104	Up-gradation/modernization of International Cruise Terminal at Indira Dock, Mumbai	Mumbai	Coastal Shipping and IWT	Under Implementation	363.30	139.15	132.19
105	Tourism Jetty at Kashid in Raigad District	Kashid	Coastal Shipping and IWT	Under Implementation	99.82	49.91	47.41
106	DDUGKY Phase II Odisha	Odisha	Coastal Community Development	Under Implementation	22.83	2.27	1.86

107	Ro-pax Jetty and allied infrastructure connecting Kaninali in Bhadrak District & Talchua in Kendrapada District".	Bhadrak	Coastal Shipping and IWT	Under Implementation	136.98	50.30	40.24
108	Modernization and upgradation of Paradip Fishing Harbour"	Paradip	Coastal Community Development	Under Implementation	99.75	49.88	39.90
109	Construction of fishing harbor at Chandipur (Balaramagadi) in Balasore district, Odisha.	Chandipur	Coastal Community Development	Under Implementation	49.94	12.49	11.86
110	Ro-pax Jetty and allied infrastructure connecting Balugaon in Khurda District & Krishnaprasad Gada in Puri District".	Khurda	Coastal Shipping and IWT	Under Implementation	37.02	18.51	14.81
111	DDUGKY Phase II Puducherry	Puducherry	Coastal Community Development	Under Implementation	2.22	2.22	2.17
112	Upgradation of Nagapattinam Port Infrastructure for the passenger ferry service from Nagapattinam (India) to Kankesanthurai (Sri Lanka)	Nagapattinam	Coastal Shipping and IWT	Under Implementation	10.47	10.47	7.00
113	Creation of Berthing facilities for the tourist vessels at Agni Theertham, Tamil Nadu'.	Rameshwaram	Coastal Shipping and IWT	Under Implementation	7.58	7.58	7.21

114	Creation of additional berthing facilities for the tourist vessels at VilloondiTheertham, Tamil Nadu'.	Rameshwaram	Coastal Shipping and IWT	Under Implementation	3.66	3.66	0.73
115	DDUGKY Phase II Tamil Nadu	Tamil Nadu	Coastal Community Development	Under Implementation	10.67	3.66	3.37
116	Modernization and up-gradation of Chennai Fishing Harbour".	Chennai	Coastal Community Development	Under Implementation	97.95	48.97	44.39
117	Development of Passenger jetty at Kanyakumari	Kanyakumari	Coastal Shipping and IWT	Under Implementation	20.00	10.00	9.50
118	Setting up of Centre for Inland and Coastal Maritime Technology (CICMT) at Indian Institute of Technology, Kharagpur	Kharagpur	Coastal Community Development	Under Implementation	69.20	69.20	49.89
119	Development of River Cruise terminal and river tourism facility along with riverfront beautification works at KDS, SMP, Kolkata'	Kolkata	Coastal Shipping and IWT	Under Implementation	75.82	37.91	18.96
120	Augmentation of Firefighting facilities at Pir Pau Terminal of Mumbai Port	Mumbai	Port Modernization	Under Implementation	52.69	26.34	25.03
121	Construction of Approach road to Narangi Jetty	Narangi	Port Connectivity	Under Implementation	29.41	14.70	13.97

122	Construction of four EXIM Godowns and concrete roads around EXIM Godowns at Chennai Port	Chennai	Port Connectivity	Under Implementation	54.34	27.17	21.74
123	Development of paved storage yard at marshalling yard and JD (east) back up area for handling EXIM cargoes	Chennai	Port Modernization	Under Implementation	45.90	22.95	21.80
124	Smart Lighting on Willingdon Island	Cochin	Port Modernization	Under Implementation	2.01	2.01	0.00
125	2.3 MWp roof mounted grid connected solar power plant at Khidderpre Dock-II	Kolkata	Port Modernization	Under Implementation	30.7	15.35	7.68
126	Extension and Improvement of Loading Platform of full rake No.8 and modification to railway infrastructure for Handling two rakes simultaneously at Line No. 08 and 8A at Mormugao Port	Mormugao	Port Modernization	Under Implementation	12.58	12.58	2.52
127	Revamping/upgradation of 6 (Six) roads in port operational areas of KDS under SMPA	Kolkata	Port Modernization	Under Implementation	19.35	9.67	9.19
128	Creation of additional birthing and Land side facilities at Chellanam Fishing Harbor in Kerala	Chellanam	Coastal Community Development	Under Implementation	7.65	6.88	1.32
129	Revamping of Bascule Bridge at Kolkata Port	Kolkata	Port Connectivity	Under Implementation	117.54	41	20.50

STATEMENT-II

Details of cargo movement on various national waterways (NWs) from 2020-21 to 2024-25(in million tons):

National Waterways (NW)	2020-21	2021-22	2022-23	2023-24	2024-25
NW-1 (Ganga-Bhagirathi-Hooghly River System Haldia-Allahabad)	9.21	10.93	13.17	12.82	16.38
NW-2 (Brahmaputra river (Dhubri-Sadiya))	0.31	0.43	0.63	0.59	0.90
NW-3 (West Coast Canal)	0.73	1.70	3.23	3.29	3.49
NW-4 (Krishna Godavari River Systems)	6.83	11.23	8.42	4.30	10.40
NW-5 (East Coast Canal And Matai river/BrahmaniKharsua-Dhamra Rivers/Mahanadi delta rivers)		0.01	0. 40	0.64	0.38
NW-8 (Alappuzha-Changanassery Canal)			0.03	0.04	0.04
NW-9 (Alappuzha-Kottayam Athirampuzha Canal)			0. 02	0.02	0.03
NW-14 (Baitarni River)				0.00	
NW-16 (Barak River)	0.00	0.01	0.01	0.00	0.18
NW-23 (BudhaBalanga)			0.03	0.02	0.02

NW-27 (Cumberjua River)					
NW-31 (Dhansiri/Chathe)				0.01	0.00
NW-40 (Ghaghra River)					
NW-44 (Ichamati River)	0.28	0.82	0.46	0.48	0.49
NW-47 (Jalangi River)					
NW-48 (Jawai-Luni-Rann Of Kutch River)					2.40
NW-53 (Kalyan-Thane-Mumbai Waterway, Vasai creek And Ulhas River)					2.70
NW-57 (Kopili River)					
NW-64 (Mahanadi River)		0.01	0.45	0.67	0.40
NW-86 (Rupnarayan River)	0.00	0.00	0.09	0.10	0.14
NW-94 (Sone River)				1.16	0.97
NW-97 (Sunderbans Waterway)	3.86	6.10	5.47	5.19	
Sub Total (National Waterways	21.22	31.24	32.41	29.34	44.91
Maharashtra Waterways					
NW- 10 (Amba River)	17.69	20.23	28.54	30.17	29.69
NW-83 (Rajpuri Creek)	0.21	0.23	0.24	0.45	0.27
NW-85 (Revadanda Creek-Kundalika River System)	1.08	0.70	0.50	0.99	0.82

NW-91 (Shastri River - Jaigad Creek System)	9.23	22.45	33.87	37.05	32.64
Total Maharashtra Waterways	28.21	43.61	63.15	68.66	63.41
Goa Waterways					
NW-68 (Mandovi River)	4.00	2.62	2.54	2.42	2.80
NW-111 (Zuari River)	4.46	1.96	0.39	1.10	1.32
Total Goa Waterways	8.46	4.58	2.93	3.52	4.16
Gujarat Waterways					
NW-73 (Narmada River)	0.08	0.05	0.04	0.06	0.0
NW- 100 (Tapi River)	25.63	29.32	27.62	31.46	33.31
Total Gujarat Waterways	25.71	29.37	27.66	31.51	33.36
Grand Total Million Tonnes	83.61	108.79	126.15	133.03	145.84

STATEMENT-III

State-Wise Candidates Trained/Certified/Placed under Sagarmala DDUGKY Convergence Program in Last 5 Years:

FY	2021-22			2022-23			2023-24			2024-25			2025-26 (till 17.03.2026)		
State/UT	Trained	Certified	Placed	Trained	Certified	Placed	Trained	Certified	Placed	Trained	Certified	Placed	Trained	Certified	Placed
Andaman & Nicobar Islands	0	0	0	0	0	0	70	61	0	105	23	24	55	95	14
Andhra Pradesh	368	213	229	1409	288	858	743	1767	857	61	0	0	0	0	0
Gujarat	212	0	5	180	205	122	232	73	249	392	187	150	0	113	151
Karnataka	0	0	0	0	0	0	50	0	0	0	0	0	0	0	0
Kerala	0	0	6	0	0	2	0	0	4	663	368	245	371	287	277
Maharashtra	0	0	0	0	0	0	66	91	0	661	487	264	208	34	142
Odisha	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Puducherry	0	0	0	0	0	0	62	26	12	145	79	65	173	190	91
Tamil Nadu	117	53	130	53	25	28	151	18	88	158	95	168	0	110	17
Total	697	266	371	1642	518	1010	1374	2036	1210	2185	1239	916	807	829	692

STATEMENT -IV**Candidates Trained by CEMS in Last 5 Years**

State	Trained	Certified	Placed
Maharashtra	100	100	75
Karnataka	25	25	21
Tamil Nadu	125	125	102
Andhra Pradesh	1763	1763	1466
West Bengal	81	81	0
Total	2094	2094	1664

बिहार के भागलपुर में आयुष अस्पताल और औषधालय**5607. श्री अजय कुमार मंडल:**

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या भागलपुर संसदीय निर्वाचन क्षेत्र में आयुष अस्पतालों/औषधालयों की स्थापना करने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) आयुष्मान भारत के साथ आयुष सेवाओं के एकीकरण की वर्तमान स्थिति क्या है;
- (ग) सरकार द्वारा आयुष चिकित्सकों और पराचिकित्सा कर्मचारियों की उपलब्धता सुनिश्चित करने के लिए क्या कदम उठाए गए हैं; और
- (घ) औषधीय पौधों की खेती को प्रोत्साहित करने के लिए किसानों को दी जा रही सहायता का ब्यौरा क्या है?

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

(क) : जन स्वास्थ्य राज्य का विषय होने के कारण, बिहार के भागलपुर संसदीय निर्वाचन क्षेत्र में आयुष अस्पतालों/औषधालयों की स्थापना संबंधित राज्य सरकार के कार्य क्षेत्र में आती है। हालांकि, राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना के तहत, 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पताल के साथ-साथ आयुष औषधालय की स्थापना के लिए वित्तीय सहायता का प्रावधान है। तदनुसार, राज्य सरकार एनएएम दिशानिर्देशों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है।

(ख) : आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी-पीएमजेवाई) में आयुष पैकेज शामिल नहीं हैं।

(ग) : चूंकि सार्वजनिक स्वास्थ्य राज्य का विषय है, इसलिए आयुष चिकित्सकों और पराचिकित्सा कर्मचारियों की उपलब्धता सुनिश्चित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। हालांकि, एनएएम के तहत, राज्य/संघ राज्य क्षेत्र सरकारों को उनके एसएएपी में प्राप्त प्रस्तावों के अनुसार, 50/30/10 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना, मौजूदा आयुष अस्पतालों के उन्नयन, आयुष्मान आरोग्य मंदिर (आयुष), आयुष जन स्वास्थ्य कार्यक्रम आदि गतिविधियों के अंतर्गत आयुष चिकित्सकों और पराचिकित्सा कर्मचारियों सहित जनशक्ति सहायता के लिए समर्थन दिया जा रहा है।

(घ) : बिहार राज्य में औषधीय पादपों की खेती को प्रोत्साहित करने के लिए, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, जाधवपुर विश्वविद्यालय, कोलकाता, पश्चिम बंगाल में स्थित अपने क्षेत्रीय सह सुविधा केंद्र (पूर्वी क्षेत्र) के माध्यम से गुणवत्ता रोपण सामग्री (क्यूपीएम) प्रदान करता है,

उत्तम कृषि पद्धतियों, उत्तम क्षेत्र संग्रहण प्रथाओं और फसलोपरांत प्रबंधन पर प्रशिक्षण कार्यक्रम आयोजित करता है।

DETAILS OF CENTRAL FUNDS FOR WCD

5608. SHRI RAJU BISTA:

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

- (a) the details of the funds allocated under various schemes of the Ministry in West Bengal since 2019, year-wise;
- (b) the details of utilisation of these funds by the said State, scheme-wise and year-wise;
- (c) the details of infrastructure created/strengthened in the said State during the said period under the said schemes including new Anganwadi Centres sanctioned/ operationalised, Anganwadi Centres upgraded to Saksham Anganwadi, One Stop Centres, Child Care Institutions, Specialised Adoption Agencies and Women Helpline facilities, district-wise;
- (d) the details of new Anganwadi Centres, Saksham Anganwadi upgrades, One Stop Centres, Child Protection Units and other facilities established in Darjeeling and Kalimpong districts since 2019; and
- (e) the total number of beneficiaries covered under these schemes in the said State during the said period, district-wise?

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

(a) and (b) : The details of the funds released under various schemes of the Ministry in West Bengal since 2019 are given in the enclosed **Statement -I**.

(c) : The details of infrastructure established under the schemes of the Ministry in West Bengal are given in the enclosed **Statement-II**

(d) : The details of infrastructure established under the schemes of the Ministry in the districts of Darjeeling and Kalimpong are given in the enclosed **Statement-III**

(e) : The details of beneficiaries covered under the schemes of the Ministry in the state of West Bengal are enclosed as **Statement-IV**.

STATEMENT-I

Year-wise details of funds released under the schemes of the Ministry to the State of West Bengal Since 2019:

(Rs. in crores)

SR. No.	Financial Year	Mission Saksham Anganwadi & Poshan 2.0	Mission Vatsalya	Mission Shakti
1.	2019-20	1,165.26	28.15	88.64
2.	2020-21	1,066.64	43.76	3.55
3.	2021-22	668.35	39.70	167.04
4.	2022-23	1,227.59	26.64	63.50
5.	2023-24	1,237.56	57.42	7.20

6.	2024-25	1,513.80	70.18	6.42
7.	2025-26	1,029.28	25.55	6.90

STATEMENT-II

Details of infrastructure established under the schemes of the Ministry in West Bengal:

Sr. No.	Scheme	Infrastructure	Number
1.	Mission Saksham Anganwadi & Poshan 2.0	Operational Anganwadi Centres	1,19,194
		AWCs for upgradation to Saksham AWCs	5,359
2.	Mission Vatsalya	Functional Child Care Institutions	207
3.	One Stop Centre(OSC)	Operational OSCs	24
4.	Shakti Sadan	Functional Shakti Sadan	36

STATEMENT-III

Details of infrastructure established under the schemes of the Ministry in the districts of Darjeeling and Kalimpong:

Sr. No.	Scheme	Infrastructure	Darjeeling	Kalimpong
1.	Mission Saksham Anganwadi & Poshan 2.0	Operational Anganwadi Centres	3,246	639
2.	One Stop Centre(OSC)	Operational OSCs	2	1

STATEMENT-IV

Details of beneficiaries covered under the schemes of the Ministry in the State of West Bengal:

Mission	Scheme	Category	Number of Beneficiaries
Mission Saksham Anganwadi & Poshan 2.0 (as on 28.02.2026)		Pregnant Women	4,77,181
		Lactating Mothers	4,78,584
		Children (0-6 years)	68,76,742
Mission Vatsalya (in FY 2024-25)		Beneficiaries in Institutional Care	7,615
		Beneficiaries in Non-Institutional Care	4,125
Mission Shakti	One Stop Centre (as on 31.12.2025)	Women assisted	10,500
	Pradhan Mantri Matru Vandana Yojana (as on 22.03.2026)	Beneficiaries paid	16,38,000
	Shakti Sadan (FY 2019-20 to FY 2024-25)	Beneficiaries in Shakti Sadan	8,486

AWCs WITH POOR MOBILE CONNECTIVITY

5609. SHRIMATI PRIYANKA GANDHI VADRA:

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

- (a) whether the Government has received complaints from Anganwadi Workers (AWWs) in areas with poor mobile connectivity regarding their inability to upload details on the POSHAN Tracker app, if so, the details thereof;

- (b) whether the Government has taken action to identify Anganwadis in areas of poor mobile connectivity and rectify the problem, especially in Wayanad Parliamentary Constituency;
- (c) whether the Government is considering making exceptions in such areas to ensure that children and pregnant women are not wrongfully denied nutritional supplements, if so, the details thereof; and
- (d) whether the Government is taking initiatives to improve mobile connectivity at Anganwadis located in such areas, if so, the details thereof?

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

(a) to (d) : Mission Saksham Anganwadi and Poshan 2.0 is an umbrella scheme under the Ministry of Women and Child Development (MoWCD) to strengthen nutrition services and address the challenge of malnutrition in the country. It is a Centrally Sponsored scheme where the responsibility for implementation of various activities lies with the States and UTs. This Mission includes beneficiaries: children under 6 years of age, pregnant women, lactating mothers and adolescent girls (age 14-18 years in Aspirational Districts and North-Eastern region) in the country.

The 'Poshan Tracker' digital application has been rolled out as an ICT based governance tool for monitoring and tracking of all activities in the Anganwadi Centres (AWCs), Anganwadi Workers (AWWs) and beneficiaries on

defined indicators. It has facilitated near real time data collection for Anganwadi Services. It has substantially reduced the administrative work by simplifying manual data entry in physical registers and reducing operational challenges. The frontline functionaries are equipped with smartphones to enter the data related to services available under the Mission Poshan 2.0. An amount of ₹2000 per annum is provided to all AWWs across the country as internet connectivity charges.

To support AWWs and address network-related issues such as low or no internet connectivity, the Poshan Tracker application has been specifically designed to allow data entry in offline mode. Reporting of daily activities like - opening of AWCs, daily attendance of children, THR and Hot Cooked Meal (HCM) distribution, activities conducted at AWC (Pre-school education, Personal Hygiene sessions) etc. are available in offline mode, independent of server availability. This creates ease of living for the beneficiaries to avail the Anganwadi Services and ease of doing business for AWWs to ensure uninterrupted service delivery. Block and District coordinators provide on-ground handholding support to AWWs and supervisors for effective usage of the Poshan Tracker Application and resolution of technical glitches.

The Department of Telecommunications (DoT) is further ensuring stable broadband/internet connectivity and addressing disparities in telecom penetration in rural & remote areas and bridging the digital divide through the Digital Bharat Nidhi (DBN) in the country. Key initiatives include:

- i. The BharatNet project provides broadband to Gram Panchayats (GPs) and villages (on demand).
- ii. Various schemes for high-speed internet/broadband and mobile services (including 4G) in remote areas, such as the North-East, Islands, LWE (Left-Wing Extremism)- affected regions, Aspirational Districts, and border villages.
- iii. Further, under Amended BharatNet Program (ABP) priority has been given to cover Government institutions including schools, PHCs, Anganwadi centres, Panchayat offices etc.

कार्यस्थलों पर सुरक्षित हॉस्टल और शिशुगृह

5610. श्री बाबू सिंह कुशवाहा :

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

- (क) क्या सरकार को इस बात की जानकारी है कि उत्तर प्रदेश के जौनपुर जिले के ग्रामीण क्षेत्रों में महिलाओं की कार्य भागीदारी में वृद्धि के बावजूद कार्यस्थलों पर सुरक्षित हॉस्टल और शिशुगृह जैसी सुविधाओं की कमी है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या उक्त निर्वाचन क्षेत्र में कामकाजी महिलाओं के लिए सुरक्षित हॉस्टल और शिशुगृह स्थापित करने के लिए मिशन शक्ति के अंतर्गत कोई योजना कार्यान्वित की जा रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

- (घ) क्या सरकार को इस बात की जानकारी है कि उक्त जिले के ग्रामीण क्षेत्रों में कुपोषण चिंता का विषय बना हुआ है;
- (ङ) यदि हां, तो इन्हें कम करने के लिए कार्यान्वित किए जा रहे कार्यक्रमों का ब्यौरा क्या है और आंगनवाड़ी केन्द्रों के सुदृढीकरण के लिए सरकार द्वारा क्या कदम उठाए गए हैं; और
- (च) क्या सरकार का उक्त जिले में आंगनवाड़ी केन्द्रों की संख्या में वृद्धि करने और पोषण संबंधी सेवाओं की निगरानी के लिए डिजिटल निगरानी करने प्रणाली लागू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (च) : मिशन शक्ति के अंतर्गत सखी निवास योजना [कामकाजी महिला छात्रावास (डब्ल्यूडब्ल्यूएच)] एक मांग-आधारित केंद्र प्रायोजित योजना है, जिसमें राज्य/संघ राज्य क्षेत्र स्थानीय आवश्यकताओं के अनुसार अपनी आवश्यकताओं का आकलन करते हैं और उनके प्रस्तावों को राज्य/संघ राज्य क्षेत्रों के साथ चर्चा के बाद कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा अनुमोदित किया जाता है। इस योजना का उद्देश्य शहरी, अर्ध-शहरी और यहां तक कि ग्रामीण क्षेत्रों में भी कामकाजी महिलाओं और उच्च शिक्षा एवं प्रशिक्षण प्राप्त कर रही महिलाओं के लिए सुरक्षित और सुविधाजनक आवास की उपलब्धता को बढ़ावा देना है, जहां महिलाओं के लिए रोजगार के अवसर मौजूद हैं, साथ ही बच्चों के लिए डे केयर की सुविधा भी उपलब्ध कराना है। इस योजना में किराये के आवास के लिए निधि प्रदान की जाती है।

वर्तमान में, उत्तर प्रदेश राज्य में सखी निवास योजना के तहत 8 सखी निवास कार्यशील हैं और जौनपुर जिले में कोई भी सखी निवास कार्यशील नहीं है।

इसके अतिरिक्त, वित्त मंत्रालय के व्यय विभाग ने अगस्त 2024 में राज्यों को पूंजी निवेश हेतु विशेष सहायता योजना के भाग (X) (कामकाजी महिला छात्रावासों का निर्माण) के तहत 28 राज्यों को

कामकाजी महिला छात्रावासों के निर्माण के लिए 5,000 करोड़ रुपये आवंटित किए हैं। इस योजना के तहत, उत्तर प्रदेश सरकार को 382.00 करोड़ रुपये आवंटित किए गए हैं और राज्य सरकार ने गाजियाबाद जिले में 1, लखनऊ जिले में 3 और गौतम बुद्ध नगर जिले में 4 छात्रावासों के निर्माण के लिए कुल 382.00 करोड़ रुपये की लागत से 8 प्रस्ताव प्रस्तुत किए हैं। राज्य सरकार के प्रस्तावों को व्यय विभाग द्वारा अनुमोदित कर दिया गया है और व्यय विभाग द्वारा 2024-25 के दौरान राज्य सरकार को 251.83 करोड़ रुपये की पहली किस्त जारी कर दी गई है।

15वें वित्त आयोग के कार्यकाल के दौरान, महिला एवं बाल विकास मंत्रालय ने सभी राज्यों और संघ राज्य क्षेत्रों के लिए 1 अप्रैल 2022 से बच्चों को डे-केयर सुविधा और सुरक्षा प्रदान करने के लिए मिशन शक्ति के सामर्थ्य वर्टिकल के तहत आंगनवाड़ी केंद्र-सह-क्रेच -पालना की शुरुआत की है।

राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के साथ प्रतिवर्ष आयोजित होने वाली कार्यक्रम अनुमोदन बोर्ड (पीएबी) की बैठकों में राज्यों/संघ राज्य क्षेत्रों को अधिक आंगनवाड़ी केंद्र-सह-क्रेच खोलने के लिए प्रस्ताव प्रस्तुत करने के लिए प्रोत्साहित किया जाता है। पीएबी की 2025-26 की बैठक में, आंगनवाड़ी केंद्र-सह-क्रेच के अंतर्गत उत्तर प्रदेश राज्य से कोई प्रस्ताव प्राप्त नहीं हुआ।

कुपोषण की चुनौतियों से निपटने के लिए, आंगनवाड़ी सेवाएं, पोषण अभियान और किशोरियों (आकांक्षी जिलों और पूर्वोत्तर क्षेत्र में 14-18 वर्ष की आयु वर्ग की) के लिए योजना को सक्षम आंगनवाड़ी और पोषण 2.0 मिशन के अंतर्गत शामिल किया गया है। यह केंद्र प्रायोजित मिशन है, जिसके विभिन्न कार्यों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों की है। यह मिशन देश के सभी राज्यों और संघ राज्य क्षेत्रों में क्रियान्वित किया जा रहा है, जिसमें उत्तर प्रदेश राज्य का जौनपुर जिला भी शामिल है।

इस मिशन के अंतर्गत, राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 की अनुसूची-II में निहित पोषण मानदंडों के अनुसार, 6 महीने से 6 वर्ष तक के बच्चों, गर्भवती महिलाओं, स्तनपान कराने वाली

माताओं और किशोरियों को पूरक पोषण प्रदान किया जाता है। इन मानदंडों को जनवरी 2023 में संशोधित किया गया था। पुराने मानदंड मुख्य रूप से कैलोरी-आधारित थे; हालांकि, संशोधित मानदंड आहार विविधता के सिद्धांतों पर आधारित पूरक पोषण की मात्रा और गुणवत्ता दोनों के संदर्भ में अधिक व्यापक और संतुलित हैं, जो गुणवत्तापूर्ण प्रोटीन, स्वस्थ वसा और सूक्ष्म पोषक तत्वों (कैल्शियम, जिंक, आयरन, आहार फोलेट, विटामिन ए, विटामिन बी6 और विटामिन बी12) की उपलब्धता सुनिश्चित करते हैं। अत्यधिक कुपोषित बच्चों को राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 के अनुसार अतिरिक्त पूरक पोषण प्रदान किया जाता है।

मंत्रालय ने 12 सितंबर 2022 की अधिसूचना के माध्यम से एकीकृत पोषण सहायता कार्यक्रम-सक्षम आंगनवाड़ी और पोषण (2.0), नियम 2022 जारी किए, ताकि राष्ट्रीय खाद्य सुरक्षा अधिनियम, 2013 के प्रावधानों के तहत प्रत्येक गर्भवती महिला और स्तनपान कराने वाली माता के लिए प्रसव के बाद छह माह तक और छह माह से छह वर्ष की आयु वर्ग के प्रत्येक बच्चे के लिए निर्दिष्ट अधिकारों को विनियमित किया जा सके।

आहार विविधता और पौष्टिक स्थानीय उत्पादों के सेवन को प्रोत्साहित करने के लिए, आंगनवाड़ी केन्द्रों में पोषण वाटिकाएँ विकसित की गई हैं। पोषण वाटिकाएँ विभिन्न सर्वेक्षणों में बार-बार सामने आई आहार विविधता की कमी को पूरा करने में सहायक होती हैं, क्योंकि ये वर्ष भर विभिन्न प्रकार के फल, मेवे, जड़ी-बूटियाँ, औषधीय पौधे और सब्जियाँ उपलब्ध कराती हैं। पोषण वाटिका की अवधारणा को शुरू करने का मुख्य उद्देश्य समुदाय के सदस्यों को अपने घरों के बैकयार्ड में स्थानीय खाद्य फसलों की कृषि करने के लिए प्रोत्साहित करना है।

इस मिशन के अंतर्गत, सामुदायिक जुटाव और जागरूकता अभियान प्रमुख गतिविधियों में से एक है, जिसका उद्देश्य लोगों को पोषण संबंधी पहलुओं के बारे में शिक्षित करना है, क्योंकि अच्छे पोषण की आदतें अपनाने के लिए व्यवहारिक परिवर्तन हेतु निरंतर प्रयासों की आवश्यकता होती है।

राज्य और संघ राज्य क्षेत्र सितंबर और मार्च-अप्रैल में मनाए जाने वाले पोषण माह और पोषण पखवाड़े के दौरान जन आंदोलन के अंतर्गत नियमित रूप से जागरूकता गतिविधियाँ आयोजित करते हैं और उनकी रिपोर्ट प्रस्तुत करते हैं। समुदाय आधारित कार्यक्रम (सीबीई) पोषण संबंधी आदतों में परिवर्तन लाने में एक महत्वपूर्ण कार्यनीति साबित हुए हैं और सभी आंगनवाड़ी कार्यकर्त्रियों को प्रति माह दो समुदाय आधारित कार्यक्रम आयोजित करना अनिवार्य है। 2018 से फरवरी 2026 तक कुल 9.8 करोड़ समुदाय आधारित कार्यक्रम आयोजित किए गए हैं और 2018 से अब तक 15 जन आंदोलनों के माध्यम से 150 करोड़ से अधिक जन आंदोलन गतिविधियाँ संचालित की गई हैं।

‘पोषण ट्रैकर’ एप्लिकेशन को एक महत्वपूर्ण प्रशासनिक उपकरण के रूप में शुरू किया गया है। पोषण ट्रैकर सभी आंगनवाड़ी केंद्रों, आंगनवाड़ी कार्यकर्त्रियों और लाभार्थियों की निर्धारित संकेतकों पर निगरानी और ट्रैकिंग की सुविधा प्रदान करता है। पोषण ट्रैकर के अंतर्गत प्रौद्योगिकी का उपयोग बच्चों में बौनापन, दुबलापन और अल्पवजन की व्याप्तता की गतिशील पहचान के लिए किया जा रहा है। इसने आंगनवाड़ी सेवाओं जैसे कि आंगनवाड़ी केंद्रों का खुलना, बच्चों की दैनिक उपस्थिति, ईसीसीई गतिविधियाँ, बच्चों की वृद्धि की निगरानी, पका हुआ गर्म भोजन (एचसीएम)/टेक होम राशन (टीएचआर - कच्चा राशन नहीं) प्रदान करना, वृद्धि मापन इत्यादि के लिए लगभग तत्समय में डेटा संग्रह की सुविधा प्रदान की है। पोषण ट्रैकर एप्लिकेशन <https://www.poshantracker.in> पर उपलब्ध है।

सेवा प्रदायगी की अंतिम चरण की ट्रैकिंग के लिए, महिला एवं बाल विकास मंत्रालय (एमडब्ल्यूसीडी) ने पोषण ट्रैकर एप्लिकेशन में चेहरे की पहचान प्रणाली (एफआरएस) विकसित की है ताकि टेक होम राशन के वितरण को सुनिश्चित किया जा सके और यह भी सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रैकर में पंजीकृत लक्षित लाभार्थी को ही मिले।

पोषण ट्रैकर में नामांकित व्यक्ति मॉड्यूल शुरू किया गया है ताकि लाभार्थियों (गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों) को टेक होम राशन (टीएचआर) की निर्बाध आपूर्ति सुनिश्चित की जा सके। यदि किसी कारणवश पंजीकृत लाभार्थी आंगनवाड़ी केंद्र जाकर एफआरएस के माध्यम से अपना टीएचआर प्राप्त करने में असमर्थ हैं, तो वे अपनी ओर से किसी नामांकित व्यक्ति को अपना टीएचआर प्राप्त करने के लिए नोमिनेट कर सकता है।

सक्षम आंगनवाड़ी और पोषण 2.0 के तहत, 6 वर्ष से कम आयु के बच्चों के रचनात्मक, सामाजिक, भावनात्मक, संज्ञानात्मक और बौद्धिक विकास को प्रोत्साहित करने के लिए बेहतर पोषण प्रदायगी हेतु दो लाख चयनित आंगनवाड़ी केंद्रों (प्रति वर्ष 40,000 आंगनवाड़ी केंद्र) को सुदृढ़ और उन्नत बनाया जा रहा है। यह कार्य शिक्षा विकास कार्यक्रमों के साथ समन्वय स्थापित करते हुए किया जा रहा है। इसके अंतर्गत, भारतनेट के माध्यम से जहां भी संभव हो, इंटरनेट/वाईफाई कनेक्टिविटी, एलईडी स्क्रीन, जल शोधक/आरओ मशीन की स्थापना, स्मार्ट शिक्षण सहायक उपकरण, ऑडियो-विजुअल सहायक उपकरण और बाल-अनुकूल शिक्षण उपकरण, कलाकृति (शैक्षिक चित्रकला, बच्चों के लिए अभ्यास बोर्ड, सूचना बोर्ड) और दीवार पेंटिंग (क्लीनिंग, सैंडिंग, रिपेयरिंग) सहित बेहतर बुनियादी ढांचे के साथ अधिक सेवाएं प्रदान की जा रही हैं। इनमें से 1,03,940 आंगनवाड़ी केंद्रों को 09.03.2026 तक सक्षम आंगनवाड़ी केंद्रों में उन्नत किया जा चुका है।

शिक्षा मंत्रालय के स्कूल शिक्षा एवं साक्षरता विभाग के समन्वय से, सरकारी प्राथमिक विद्यालयों में आंगनवाड़ी केंद्रों की सहस्थापना हेतु दिशानिर्देश 3 सितंबर, 2025 को संयुक्त रूप से जारी किए गए हैं। इनका उद्देश्य ईसीसीई और मूलभूत साक्षरता एवं संख्या ज्ञान (एफएलएन) सेवाओं को सुदृढ़ करना है। जिन स्थानों पर आंगनवाड़ी केंद्रों की सहस्थापन संभव नहीं है, वहां उन्हें निकटतम प्राथमिक विद्यालय से जोड़ा जाएगा।

इसके अलावा, प्रधानमंत्री जनमन और धरती आबा जनजातीय ग्राम उत्कर्ष अभियान के तहत जनजातीय आबादी के लक्षित विकास और उत्तरी सीमावर्ती क्षेत्रों पर विशेष ध्यान केंद्रित करते हुए वाइब्रेंट विलेज प्रोग्राम (वीवीपी) - चरण-I के अंतर्गत आंगनवाड़ी केंद्रों के निर्माण के लिए कई अन्य पहलें भी की गई हैं।

साथ ही, राज्यों और संघ राज्य क्षेत्रों को परामर्श दिया गया है कि वे आंगनवाड़ी केंद्रों के निर्माण के लिए विभिन्न योजनाओं जैसे सांसद स्थानीय क्षेत्र विकास योजना (एमपीएलएडीएस), ग्रामीण अवसंरचना विकास कोष (आरआईडीएफ), पंचायती राज संस्थाओं के लिए वित्त आयोग अनुदान, अल्पसंख्यक मामलों के मंत्रालय के बहुक्षेत्रीय विकास कार्यक्रम (एमएसडीपी) आदि से निधि जुटाना जारी रखें।

हिमाचल प्रदेश में श्वसन संबंधी बीमारियों के मामले

5611. डॉ. राजीव भारद्वाज:

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

- (क) क्या सरकार को हिमाचल प्रदेश के कांगड़ा और चम्बा जिलों में श्वसन संबंधी बीमारियों में वृद्धि के संबंध में शिकायतें/रिपोर्टें प्राप्त हुई हैं;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या तम्बाकू और शराब के बढ़ते सेवन के कारण उक्त जिलों में कैंसर के मामलों में भी वृद्धि हुई है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ) : स्वास्थ्य राज्य का विषय होने के कारण, स्वास्थ्य सेवाएं प्रदान करने की प्राथमिक जिम्मेदारी राज्य सरकारों की है। तथापि, भारत में गैर-संचारी रोगों (एनसीडी) से उत्पन्न चुनौतियों को कम करने के लिए, स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू) देश भर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। हिमाचल प्रदेश राज्य सरकार ने सूचित किया है कि कांगड़ा और चंबा जिलों में श्वसन संबंधी रोगों और कैंसर के मामलों में वृद्धि दर्शाने वाला कोई विशिष्ट डेटा उपलब्ध नहीं है।

कैंसर एक बहुकारक रोग है, जिसमें तंबाकू और शराब का सेवन कई प्रकार के कैंसर के लिए महत्वपूर्ण जोखिम कारक माने जाते हैं। भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) के राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम के अनुसार, हिमाचल प्रदेश राज्य में कैंसर के मामलों का अनुमानित प्रसार (सभी स्थानों, स्त्री-पुरुष दोनों में) 2023 के 7,959 से बढ़कर 2024 में 8,001 और 2025 में 8,041 है।

AVAILABILITY OF UREA IN ANDHRA PRADESH

5612: SHRI MADDILA GURUMOORTHY:

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

- (a) whether the Government has reviewed the instances of localized shortages, distribution gaps and availability issues of urea reported in Andhra Pradesh during the recent Rabi season;
- (b) if so, the corrective measures taken to ensure that such shortages do not recur during the upcoming Kharif season;

- (c) whether the Government ensure adequate urea availability in Andhra Pradesh for April-May, particularly in the district of Tirupati which has high urea consumption ahead of Kharif, through assessed demand and timely supply measures, if so, the details thereof; and
- (d) whether the Government has taken steps to improve affordability and awareness of alternatives such as nano urea and organic fertilizers, if so, the details thereof?

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

(a) and (b) : The mandate of D/o Fertilizers is to ensure adequate availability of fertilizers at State level. However, the distribution of fertilizers within the State at district level is done by the concerned State government.

In this regard, the availability of fertilizers has remained adequate in the State of Andhra Pradesh during the ongoing Rabi 2025-26 season. The information regarding requirement, availability and sales of these fertilizers during the period 01.10.2025 to 22.03.2026 is as under:

FERTILIZER POSITION IN ANDHRA PRADESH DURING RABI 2025-26 (TILL 22/03/26)				
FIG. IN MT				
S.No	Product	Pro rata Requirement From 01/10/25 to 22/03/26	Availability From 01/10/25 to 22/03/26	Sales From 01/10/25 to 22/03/26
1	UREA	9.07	11.29	9.19
2	DAP	2.18	3.74	2.83

3	MOP	0.96	1.33	0.90
4	NPKS	9.30	12.46	8.85
Source: iFMS				

Further, the State government of Andhra Pradesh has informed that issues at district level were promptly addressed using the available stocks at AP Markfed, thereby ensuring smooth and uninterrupted distribution of fertilizers.

Besides, the State has also informed that following corrective measures are taken for the upcoming Kharif season for ensuring adequate availability of fertilizers:

- (i) The distribution of approved quantities across districts shall be based on the average consumption recorded over the preceding three years duly taking into the present crop-wise requirement.
- (ii) It is planned to maintain 1.50 LMTs of all grades fertilizer buffer stocks during lean months of April to May in buffer godowns by APMARKFED for uninterrupted supplies to farmers through Cooperatives and RSKs during peak season particularly Urea and DAP.
- (iii) Through proposed iFMS integration with AP State farmer's data base, farmers will be given fertilizers based on their land holding size (Pattadar Passbook / e-Crop data) & soil health cards recommendations only.
- (iv) A Letter has been issued to all the district Collectors to strictly monitor the Urea & DAP sales during lean crop season especially at private traders and

instructions have been given to maintain buffer stocks at Wholesale godowns.

- (c) The availability of Urea has remained adequate in the State of Andhra Pradesh during the period April – May in 2026. During this period, 4.30 LMT of Urea was made available in the State against the requirement of 1.05 LMT and the sales were only 0.84 LMT.

Further, as informed by the State, the availability of Urea remained adequate in Andhra Pradesh during the said period, including in Tirupati district. The current stock of Urea in the district as on 24.03.2026 is 6,599 MT.

(d) : In order to promote the use of Nano Fertilizers among farmers across the country, the following measures have been undertaken:

- i. Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Fertilizers are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Fertilizers has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. For ease in application and utilization of Nano fertilizers like Nano Urea through foliar application, initiatives such as innovative spraying options like 'Kisan Drones' and distribution of battery operated Sprayers at retail

points are undertaken. For this purpose, pilot training and custom hiring spraying services through Village Level Entrepreneurs are actively promoted.

- v. Department of Fertilizers (DoF) in collaboration with fertiliser companies, has launched Maha Abhiyan to promote the adoption of Nano DAP across all 15 Agro-climatic zones of the country through consultations & field-level demonstrations. Under the guidance of Indian Council of Agriculture Research (ICAR) and the supervision of ICAR-Krishi Vigyan Kendras (KVKs), IFFCO had conducted 2,500 Nano DAP Farmer Field Trials during Kharif and Rabi 2024–25 and 2,938 Nano DAP Farmer Field Trials during Kharif and Rabi 2025-26 (till 23.03.2026) across 15 Agro-Climatic Zones (ACZs) of the country.
- vi. Additionally, DoF in collaboration with fertiliser companies, has initiated a nationwide campaign for field-level demonstrations and awareness programmes on Nano Urea Plus in 100 districts. IFFCO had conducted 448 Nano Urea Farmer Field Trials during Kharif and Rabi 2024–25 and 484 Nano Urea Farmer Field Trials during Kharif and Rabi 2025-26 (till 23.03.2026) across 15 Agro-Climatic Zones (ACZs) of the country under the guidance of Indian Council of Agriculture Research (ICAR) and the supervision of ICAR-Krishi Vigyan Kendras (KVKs).

In addition to this, Kisan Sangoshthis are conducted by the fertilizer companies for extensive field interaction with farmers, local farmer cooperatives, panchayats etc. 24 Fertilizer Marketing Companies (FMCs) conducted 17,108 Camps/Kisan Sangoshthis across the Country during February 2025 to February 2026 . For promotion of FOM/LFOM/PROM under PM-PRANAM by the Fertilizer companies. This initiative focuses on critical areas such as balanced use of fertilizers, integrated nutrient management (INM), promotion of organic farming, and soil health improvement. Awareness activities for farmers include demonstrations on the application of FOM, LFOM, PROM, Potash Derived from Molasses (PDM). These camps also feature technical sessions on appropriate fertilizer dosages, crop-specific application techniques, and the benefits of organic inputs. The program aims to enhance farmers understanding of INM, encourage adoption of balanced nutrient practices, and strengthen outreach and credibility through demonstration plots and interactive farmer engagement. The Government is regularly coordinating with State and Union Territory Governments to support and promote their efforts under this scheme.

Further, The Government has approved Market Development Assistance (MDA) Scheme (FY 2023-24 to 2025-26) under which assistance @ Rs. 1500/MT is being provided to CBG plants/Fertilizer Marketing Companies for promotion of soil carbon enhancers, viz., Fermented Organic Manure (FOM)/Liquid Fermented

Organic Manure (LFOM) and organic fertilizer, viz., Phosphate Rich Organic Manure (PROM) produced at plants under GOBARdhan initiative."

Following measures are taken up for promotion of FOM/LFOM/PROM:

- i. 125 KVKs collaborating with nearby CBG plants to ensure farmers' access to information about FOM/LFOM and to facilitate the availability of FOM for awareness and demonstration activities.
- ii. D/o Fertilizers entrusted HURL and RCF to attach Agriculture Extension Officers with CBG/BG Plants to facilitate them with promotion of FOM/LFOM/PROM and to resolve issues.
- iii. Conduct farmer trainings, demonstrations, and awareness programs on the benefits and application methods of organic fertilizers.
- iv. Ensure availability and supply of organic & waste-derived fertilizers through marketing channels and dealer networks.
- v. Facilitate capacity building by providing technical guidance to farmers for adopting sustainable nutrient practices.
- vi. 25 Fertilizer Marketing Companies (FMCs) conducted 17,108 Kisan Sangoshthi across the Country during February 2025 to February, 2025

Above initiatives of the Government are expected to address the imbalanced use of chemical fertilizers thereby reducing chemical fertilizer use.

Besides, Organic farming is being promoted through Paramparagat Krishi Vikas Yojana (PKVY) in all the States/UTs except North Eastern States and

Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) for the North Eastern States since 2015-16. Both schemes stress on end-to-end support to farmers engaged in organic farming i.e. from production to processing, certification and marketing. Primary focus of the schemes is to form organic clusters, with preference to small and marginal farmers, to create a supply chain. Both the schemes are implemented through States /UT Governments.

Under PKVY, assistance of Rs. 31,500 per ha is provided over 3 years for promotion of organic farming. Out of this, assistance of Rs. 15,000 per ha is provided to farmers through Direct Benefit Transfer for on- farm /off –farm organic inputs including organic compost. Financial assistance of Rs. 4,500/ha is provided over 3 years for marketing, packaging, branding, value addition etc. Rs. 3,000/ha for 3 years is provided for certification. Assistance is also provided @Rs. 9,000/ha in 3 years for training, awareness & capacity building.

Achievements of PKVY Scheme since its inception (as on 31.12.2025):

- 18.84 lakh hectares area has been covered.
- 33.94 lakh farmers benefited from the scheme.
- Since 2015-16, a total of ₹2548.99 crore (central share) has been released under PKVY Scheme (as of 31.12.2025).

Achievement of PKVY in Andhra Pradesh (as on 31.12.2025):

- 524769 hectares of land have been converted to organic farming.
- 1129931 farmers have benefitted under the scheme.

- Since 2015–16, a total of ₹ 38437.49 lakhs (Central share) has been released to Andhra Pradesh under the PKVY scheme (as on 31.12.2025).
- During 2025–26, an allocation of ₹2946 lakhs was made to Andhra Pradesh under the PKVY scheme, out of which ₹2946 lakhs (Central share) has been released (as on 31.12.2025).

Furthermore, State has informed that the Government of Andhra Pradesh is promoting Nano-fertilizers by duly conducting field demos, trainings, and promotion of drone spraying to increase nutrient use efficiency and decrease reliance on chemical fertilizers. Besides, they are also promoting Organic fertilizers like Liquid Fermented Organic manure (LFOM), Fermented Organic manure (FOM) and Phosphate Rich Organic manure (PROM). The details of utilization of these alternative fertilizers during Rabi 2025-26 season (as on 24.03.2026), as informed by the State, is as under:

PARTICULARS	UTILIZED DURING RABI 2025-26
Nano Urea(In bottles)	308228
Nano DAP (In bottles)	98640
FOM/LFOM/PROM (in MTs)	11599

ALLOCATION AND UTILISATION OF NIRBHAYA FUND IN ASSAM

5613. SHRI GAURAV GOGOI:

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

- (a) the details of the funds allocated, sanctioned, released/ utilised under the Nirbhaya Fund in Assam during the last five years, year-wise:

- (b) the details of initiatives approved in the said State under the Fund including One Stop Centres, Women Help Desks, Emergency Response Support System (112), CCTV surveillance, safe transport and other women safety interventions, project-wise;
- (c) the current status of the implementation of said projects, indicating whether the sanctioned projects are functional/operational, if so, the details thereof;
- (d) the details of the monitoring/evaluation mechanisms in place to ensure timely completion and effective utilisation of funds, particularly in rural and remote areas of the said State; and
- (e) whether any new projects have been proposed/approved to strengthen women's safety infrastructure in the said State under the said Fund, if so, the details thereof?

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

(a) to (c) : The projects/ schemes that are specifically aimed at ensuring safety and security of women and girls are considered for funding under Nirbhaya Fund. Upto the financial year 2025-26, a total amount of Rs 139.51Crore has been released and utilized out of the Nirbhaya fund for the State of Assam.

The Central Government gives highest priority to ensure the safety and security of women and has undertaken various interventions in this regard. Under Nirbhaya Fund, the One Stop Centre (OSC) provides integrated support and

assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on 31.12.2025, 926 OSCs are operational in the country and more than 13.37 lakh women have been assisted. Whereas, 36 OSC's are operational in the State of Assam and 33869 women have been assisted.

Emergency Response Support System (ERSS-112), a pan-India, single, internationally recognised number has been established for various emergencies, with computer aided dispatch of field resources to the location of distress. It has been operationalised in all 36 States and UTs of the country and since its official launch in February 2019, ERSS has handled over 56 crore calls by through its nation-wide Centres and 52 Lakh users have downloaded the 112 India mobile application.

Government has provided financial assistance to States and UTs for implementation of projects through Ministry of Road Transport and Highways for safety of women in public transport such as customisation, deployment and management of State-wise AIS-140 vehicle tracking platform. Under this project, an amount of Rs. 7.89 Cr. has been released to State of Assam for implementation of the project.

Women Help Desks (WHDs) have been set up in Police Stations in all States and UTs to make police stations more women friendly and approachable,

as they are the first point of contact for any woman walking into a police station. WHDs have already been set up in 15,049 Police Stations across the country. Out of these, 14,363 WHDs are headed by women police officers. Whereas, 320 WHDs have been set up in the State of Assam and all are headed by women police officers.

To ensure the justice delivery to victims of heinous sexual offences, Government has also provided financial assistance for setting up Fast Track Special Courts (FTSCs) including exclusive Protection of Children from Sexual Offences (e-POCSO) courts. As on 31.01.2026, a total of 774 FTSCs including 398 exclusive POCSO (e-POCSO) courts are operational in the country, which have disposed of over 3.71 lakh cases. Whereas, 17 e-POCSO courts are operational in the State of Assam and have disposed of 10160 cases since inception.

In addition, other women safety interventions under Nirbhaya Fund such as Central Victim Compensation Fund (CVCF), Cyber Crime Prevention against Women & Children (CCPWC), Strengthening DNA analysis, cyber forensic & related facilities in State Forensic Science Laboratories (SFSLS) and setting up, and strengthening Anti-Human Trafficking Units, are implemented by Ministry of Home Affairs.

(d) and (e) : The Empowered Committee (EC) constituted under the framework for Nirbhaya Fund initially appraises and recommends the proposals for funding

under Nirbhaya Fund. The projects/ schemes under Nirbhaya Fund are demand driven and have staggered implementation schedule. Upon appraisal of a project/ scheme by the EC, the Ministry and Department concerned takes approval of the Competent Financial Authority (CFA) as per the laid down procedure and release fund to the implementing agencies for implementation of the scheme/ project, as per the requirement. The EC also broadly reviews the physical and financial status of approved projects from time to time, in conjunction with the Ministries/ Departments/ Implementing Agencies concerned. Further, implementing agencies both at Central and State Government levels also review the progress of implementation at their level.

OPERATIONAL GAPS IN AYUSHMAN BHARAT - PMJAY

5614. CAPTAIN BRIJESH CHOWTA:

SHRI RAJIV PRATAP RUDY:

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

- (a) whether the Government is aware of the issues of low package rates under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) discouraging private hospital empanellment, resulting in denial of treatment in certain cases, if so, the details thereof;
- (b) whether there is any proposal to increase emergency treatment codes and address the exclusion of specialities such as Neurology and mandatory

referral requirements that are causing hardship to patients, if so, the details thereof along with the corrective steps proposed to be taken by the Government in this regard;

- (c) whether any actions has been taken by the Government to resolve issues such as face authentication failures, OTP problems, conversion from BPL to APL ration cards, non-linkage with Kutumb ID affecting beneficiary access, if so, the details thereof;
- (d) whether the Government is aware of the inadequate availability of specialist doctors in district hospitals, and the denial of referrals for cancer, other critical treatments under the scheme and if so, the remedial measures proposed to be taken by the Government in this regard; and
- (e) whether any steps are being taken by the Government to revise package rates, expand emergency coverage, streamline verification systems and strengthen grievance redressal mechanisms to ensure uninterrupted treatment to all beneficiaries under the scheme, if so, the details thereof?

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

(a) to (e) : Since the launch of the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme in September 2018, the health benefit packages have been revised from time to time. Initially, the scheme included 1391

packages, but the latest Health Benefit Package 2022, now comprises 1,961 packages across 27 specialties including procedures related to Neurosurgery.

Further, the latest Health Benefit Package 2022 provides comprehensive bundled packages covering the entire treatment cycle. This includes pre-hospitalization expenses for up to 3 days (covering diagnostics, premedication and consultation), complete hospitalization including medical, surgical treatment, anesthesia and implants (where applicable), and post-hospitalization care up to 15 days including drug expenses and follow-up care, thereby ensuring cashless, standardized and quality treatment under AB-PMJAY.

The referral mechanism is not mandatory under AB-PMJAY, however, some states follow a referral system based on their respective state-specific guidelines as flexibility in implementation is available to the states under the scheme.

Under AB-PMJAY, Aadhaar-based authentication is mandatory for creation of Ayushman cards and availing treatment. The authentication can be carried out through multiple modes, including Aadhaar OTP, face authentication, fingerprint scan and iris scan. In case of face authentication failure, the operator/beneficiary may use another mode of authentication.

Further, National Health Authority, in coordination with State Health Agencies, continuously addresses operational concerns related to beneficiary identification and verification to ensure seamless services under the scheme.

Under the scheme, a Centralized Grievance Redressal Management System (CGRMS) has been established, along with a 24×7 toll-free helpline (14555), to facilitate grievance redressal. Beneficiaries can register their grievances through the CGRMS portal or toll-free helpline number. Under AB-PMJAY, such grievances are monitored through a three-tier grievance redressal mechanism at the District, State, and National level. At each level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

IMPACT OF ONLINE GAMING ON CHILDREN

5615. SHRI PRABHAKAR REDDY VEMIREDDY:

SHRI MAGUNTA SREENIVASULU REDDY:

SHRI PUTTA MAHESH KUMAR:

SHRI G. M. HARISH BALAYOGI:

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

- (a) whether the Government has undertaken any study/survey regarding the impact of online gaming on children, especially those under the age of 13;
- (b) if so, the details regarding the impact of the same on children along with steps undertaken to address issues of gaming addiction among children;
- (c) whether the Government has considered setting up centres for deaddiction from gaming for young adults, especially children;

- (d) if so, the details thereof including list of centres proposed, sanctioned and set up along with the fund allocated, released/utilised during the last five years in the country, State-wise including Andhra Pradesh;
- (e) whether the Government has undertaken any steps to increase awareness of the dangers of online gaming and its addiction among children; and
- (f) if so, the details thereof and if not, the reasons therefor?

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

(a) and (b) : The Government is cognizant of the risks posed by online gaming and potential harms like addiction. The policies of the Central Government are aimed at ensuring an Open, Safe and Trusted and Accountable Internet for its users.

To address various socio-economic concerns in online games like addiction, the Central Government, after extensive consultations with relevant stakeholders, has notified the Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 ("IT Rules, 2021") in exercise of the powers given under the IT Act. The IT Rules, 2021 cast specific due diligence obligations on intermediaries, including social media intermediaries, with respect to the information that is not to be hosted, displayed, uploaded, published, transmitted, stored or shared on the platforms. Intermediaries are required not to host, store or publish any information violative of any law for the time being in

force. Intermediaries are required to ensure their accountability that includes their expeditious action towards removal of the unlawful information categorised under the IT Rules, 2021 or on the basis of grievances received against any information that, among other things, is harmful to child or that is relating or encouraging money laundering or gambling.

Government has introduced GST at the rate of 28% in online gaming from 1st October, 2023. The supplier of online money gaming shall obtain a single registration under the Simplified Registration Scheme referred to in the Integrated Good and Services Tax Act, 2017 ("IGST Act").

The suppliers of offshore online money gaming are also being regulated under the IGST Act. The Directorate General of GST Intelligence Headquarters ("DGGI") is empowered as appropriate government/agency under the IT Act and the IGST Act to direct intermediaries to block unregistered offshore online money gaming platforms violating the IGST Act.

Further, the IT Act has provisions to issue blocking orders to intermediaries for blocking access to specific information/ link in the interest of sovereignty and integrity, defence of India, security of the State, friendly relations with foreign States or public order or for preventing to the incitement to the commission of any cognizable offence relating to above following the due process as envisaged in the Information Technology (Procedure and Safeguards for Blocking for Access of Information for Public) Rules, 2009.

Additionally, the Ministry of Electronics & Information Technology has issued 1410 blocking directions related to online betting/gambling/gaming websites (including mobile applications) between the year 2022- 25 (till February, 2025).

(c) and (d): "Betting and gambling" is a State subject under entry 34 of the List II (State List) of the Seventh Schedule of the Indian Constitution and State legislations define betting and gambling related offences. Therefore, as per the provisions of article 246 read with article 162 of the Constitution, State Legislatures have power to legislate on matters related to betting and gambling, including online gaming.

Further, "Police" and "Public Order" are State subjects as per the Seventh Schedule of the Constitution of India. The States/UTs are primarily responsible for the prevention, detection, investigation and prosecution of crimes including for action on offences related to online gaming through their Law Enforcement Agencies (LEAs).

(e) and (f) : The Ministry of Information and Broadcasting (MIB) has issued advisory to all private satellite television channels on "Advertisements on Online Games, Fantasy Sports, etc.", advising all broadcasters that the guidelines issued by the Advertising Standards Council of India (ASCI) be complied with and that the advertisements broadcast on television adhere to the same. The guidelines includes that no gaming advertisement may depict any person under the age of

18 years, or who appears to be under the age of 18, engaged in playing game of online gaming for real money winnings, or suggest that such persons can play these games, and that every gaming advertisement must carry the disclaimer in line with ASCI code in print/static media as well as audio/video forms indicating that this game involves an element of financial risk and may be addictive. MIB has also issued advisories prohibiting advertisements (including surrogate) of betting and gambling platforms.

Further, the Ministry of Education has issued an advisory for parents & teachers on 27th September, 2021 on overcoming online gaming downsides. Subsequently, the Ministry of Education on 10th December, 2021 has issued an advisory to Parents, Teachers on Children's safe online gaming. The advisory has indicated that playing online games leads to a serious gaming addiction which has been considered as a gaming disorder. It has further warned that playing online games with no restriction and self-limits leads many players to become addicted and are eventually diagnosed with gaming disorder. Advisory to parents and teachers has been recommended for wider circular and educating them for necessary action ensuring effective use in overcoming all online gaming downsides with the associated mental and physical stress to children.

The Ministry of Home Affairs (MHA) has established the Indian Cyber Crime Coordination Centre("I4C") to provide a framework and eco-system for LEAs to deal with cyber-crimes in a comprehensive and coordinated manner.

MHA has also launched the National Cyber Crime Reporting Portal (<https://cybercrime.gov.in>) to enable the public to report all types of cyber-crimes. Cyber crime incidents reported on this portal are routed to the respective State/UT law enforcement agency for further handling as per the provisions of law. The portal has distinct mechanisms for registering complaints related to financial frauds.

A tollfree Helpline number '1930' has also been operationalised to get assistance in lodging online complaints.

BLACK MARKETING OF FERTILIZERS IN HARYANA

5616. SHRI DHARAMBIR SINGH:

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

- (a) whether instances of black marketing, hoarding or overpricing of DAP, NPK or other fertilizers have been reported in rural mandis of Bhiwani–Mahendergarh in the State of Haryana during the last three years, if so, the details thereof;
- (b) the number of inspections conducted and violations detected in Haryana, district-wise;
- (c) the penal action taken against erring dealers or distributors under the Essential Commodities Act or Fertilizer Control Order;

- (d) whether a real-time monitoring mechanism exists to track fertilizer stock and retail prices in the said State, district-wise; and
- (e) the corrective measures taken to ensure timely and affordable fertilizer availability to farmers in water-stressed South Haryana?

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

(a) to (c) : In order to address the issues such as diversion, hoarding and black-marketing, fertilizers are declared as an essential commodity under the Essential Commodities (EC) Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaint received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Accordingly, as per information received from the State government of Haryana, 1 license has been cancelled in Mahendargarh district in the year 2025-26. Further, the details regarding district-wise inspections and penal actions against erring dealers, as informed by the State, is given in the enclosed **Statement**.

(d) : The State government has informed that it has implemented an online system through the Integrated Fertilizer Management System (iFMS), which enables real-time tracking of fertilizer stock positions at wholesalers and retailers, as well as monitoring of sales transactions. District-wise data is regularly monitored by State Government, in coordination with D/o Fertilizers to ensure adequate availability of fertilizers at prescribed rates.

(e) : Following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country, including the State of Haryana:

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

- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- (v) Regularly coordinate with the Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.
- (vi) The distribution of fertilizers within the State at district level is done by the concerned State government.

Further, in order to ensure availability of Urea at affordable price, under the Urea Subsidy Scheme, it is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of Urea is Rs.242 per bag (exclusive of charges towards Neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

Besides, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, the subsidy is provided to manufacturer/ importer on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure 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 P&K fertilizers annually / bi-annually to ensure affordable supply of P&K fertilizers to the farmers. Further, to ensure affordability, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2025 and Rabi 2025-26 seasons.

Moreover, State government has informed that it has undertaken corrective measures to ensure timely and affordable availability of fertilizers to farmers in water-stressed South Haryana by integrating the Government of India's Integrated Fertilizer Management System (iFMS) with the State's Meri Fasal Mera Byora (MFMB) portal. This integration has enhanced transparency, enabled targeted distribution to genuine farmers, and curbed leakages and misuse of subsidized fertilizers, thereby rationalizing consumption patterns. Consequently, there has been a reduction in the consumption of major and other fertilizers, resulting in significant subsidy savings for the Government of India.

STATEMENT**Inspection conducted and violations detected in Haryana form 01.04.2025 to 24.03.2026**

Distt.	No. of Inspections	Black Marketing			Hoarding			Diversion		
		Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered	Show cause notice issued	No. of licenses cancelled/suspended	FIR registered
Ambala	25	0	0	0	0	0	0	0	0	0
Bhiwani	1972	0	0	0	0	0	0	0	0	0
Charkhi Dadri	150	0	0	0	0	0	0	0	0	0
Faridabad	398	0	0	0	0	0	0	0	0	0
Fatehabad	7	0	0	0	0	4	2	0	0	0
Gurgaon	10	8	5	0	0	0	0	2	0	0
Hisar	149	29	22	6	0	0	0	0	0	0
Jhajjar	0	0	0	0	0	0	0	0	0	0
Jind	40	0	0	0	0	0	0	0	0	0
Kaithal	4	0	0	0	0	0	0	0	0	0
Karnal	167	0	0	0	11	28	0	0	0	0
Kurukshetra	293	3	3	3	0	0	0	0	0	0
Mahendragarh	423	0	1	0	0	0	0	0	0	0

Mewat	17	0	0	0	0	0	0	2	2	2
Palwal	49	0	0	0	0	0	0	0	0	0
Panchkula	31	0	0	0	0	0	0	0	0	0
Panipat	62	0	0	0	0	0	1	0	0	0
Rewari	17	0	1	0	0	4	0	0	0	0
Rohtak	75	0	0	0	0	0	0	0	0	0
Sirsa	19	3	5	0	2	9	0	4	0	1
Sonipat	48	0	0	0	0	0	1	0	0	1
Yamunanagar	154	0	0	0	3	3	6	0	0	11
Total	4110	43	37	9	16	48	10	8	2	15

बीबीपी योजनाओं के अंतर्गत निधि का वितरण

5617. श्री कुलदीप इंदौरा:

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

- (क) क्या संसदीय समिति की रिपोर्ट के अनुसार वर्ष 2016 और 2019 के बीच 'बेटी बचाओ बेटी पढ़ाओ' (बीबीबीपी) योजना के अंतर्गत जारी की गई निधि का लगभग 79 प्रतिशत मीडिया समर्थन और जागरूकता अभियानों पर खर्च किया गया था;
- (ख) यदि हां, तो इसके क्या कारण हैं और यह सुनिश्चित करने के लिए क्या कदम उठाए गए हैं कि योजना के आवंटन का एक बड़ा हिस्सा बालिकाओं की शिक्षा, स्वास्थ्य, सुरक्षित परिवहन और अवसंरचना पर खर्च किया जाए न कि प्रचार पर;
- (ग) क्या सरकार ने जागरूकता अभियानों के साथ-साथ जमीनी स्तर पर ठोस परिणाम सुनिश्चित करने के लिए 'मिशन शक्ति' के अंतर्गत कार्यक्रमों पर होने वाले व्यय का कोई स्वतंत्र मूल्यांकन किया है; और
- (घ) यदि हां, तो सरकार द्वारा बालिकाओं की शिक्षा पूरी होने के बाद उनके लिए कौशल विकास और रोजगार के अवसरों को बढ़ाने के लिए उठाए जा रहे कदमों का ब्यौरा क्या है?

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

- (क) से (ग) : बेटी बचाओ बेटी पढ़ाओ योजना बाल लिंग अनुपात (सीएसआर) और उससे जुड़े बालिका सशक्तीकरण के मुद्दों का समाधान करने में सहायक है। यह योजना विभिन्न हितधारकों को सूचित, प्रभावित, प्रेरित, शामिल करके और सशक्त बनाकर बालिका के प्रति मानसिकता और व्यवहार में परिवर्तन लाने का प्रयास करती है। बीबीबीपी योजना को 15वें वित्त आयोग की अवधि अर्थात् वर्ष 2021-22 से 2025-26 में संशोधित किया गया है और अब यह मिशन शक्ति की संबल उप योजना का एक घटक है। बीबीबीपी का विस्तार बुनियादी स्तर पर प्रभाव डालने वाली गतिविधियों पर अधिक खर्च को प्रोत्साहित करने वाले बहुक्षेत्रीय कार्यक्रमों के माध्यम से देश के सभी जिलों को शामिल करने के लिए किया गया है।

बीबीबीपी के अंतर्गत इन पहलों ने उत्कृष्ट प्रभाव स्थापित किया है और यह सरकारी एजेंसियों, मीडिया, नागरिक समाज एवं व्यापक पैमाने पर जनता सहित विभिन्न हितधारकों को एकत्रित करके एक नीतिगत पहल से एक राष्ट्रीय आंदोलन में बदल गया है। इस आंदोलन का उद्देश्य न केवल जन्म के समय लिंग अनुपात और लिंग आधारित भेदभाव से संबंधित तत्काल चिंताओं दूर करना है, बल्कि बालिकाओं को महत्व देने एवं उनके अधिकारों तथा अवसरों को सुनिश्चित करने की दिशा में एक सांस्कृतिक बदलाव को बढ़ावा देना भी है।

मंत्रालय की योजनाओं, जिनमें मिशन शक्ति व्यापक योजना और बेटी बचाओ बेटी पढ़ाओ से संबंधित इसके घटक शामिल हैं, का दो बार तृतीय-पक्ष मूल्यांकन नीति आयोग के माध्यम से वर्ष 2020 और 2025 में किया गया है। इन अध्ययनों में योजना की प्रासंगिकता, प्रभावशीलता और निरंतरता को संतोषजनक पाया गया है।

(घ) : सरकार देश में बालिकाओं की सुरक्षा, संरक्षा और सशक्तीकरण को सर्वोच्च प्राथमिकता देती है। इस उद्देश्य के लिए सरकार ने बालिकाओं के शैक्षिक, सामाजिक और आर्थिक सशक्तीकरण के लिए बहुआयामी दृष्टिकोण अपनाया है।

समग्र शिक्षा प्री-स्कूल से कक्षा 12 तक स्कूली शिक्षा के लिए एकीकृत योजना है, जो राष्ट्रीय शिक्षा नीति 2020 और शिक्षा का अधिकार अधिनियम, 2009 के कार्यान्वयन का समर्थन करती है। यह प्रारंभिक बाल्यवस्था देखरेख और शिक्षा, मूलभूत साक्षरता एवं संख्यात्मकता, समग्र तथा समावेशी पाठ्यक्रम, सीखने के परिणामों को बढ़ाने, सामाजिक एवं लैंगिक अंतर को पाटने के साथ सभी शिक्षा स्तरों पर समानता और समावेश सुनिश्चित करने पर जोर देती है।

कस्तूरबा गांधी बालिका विद्यालय (केजीबीवी) योजना बारहवीं कक्षा तक बालिकाओं के लिए आवासीय स्कूली शिक्षा सुविधाएं प्रदान करके स्कूली शिक्षा में लैंगिक और सामाजिक वर्ग के भेदभाव को कम करने का प्रयास करती है। इस योजना के तहत, अनुसूचित जाति (एससी), अनुसूचित जनजाति (एसटी), अन्य पिछड़ा वर्ग (ओबीसी), अल्पसंख्यक समुदायों और बीपीएल परिवारों की 10-18 वर्ष की आयु वर्ग की बालिकाओं को शामिल किया जाता है।

विज्ञान ज्योति कार्यक्रम लैंगिक संतुलन में सुधार के लिए बालिकाओं को एसटीईएम (विज्ञान, प्रौद्योगिकी, इंजीनियरिंग, गणित) क्षेत्रों में शिक्षा और करियर बनाने के लिए प्रोत्साहित करता है। यह कक्षा IX से कक्षा XII तक मेधावी बालिकाओं को लक्षित करता है और इसमें छात्र-अभिभावक परामर्श, करियर परामर्श, अतिरिक्त शैक्षणिक सहायता कक्षाएं, टिकरिंग क्रियाकलाप, विशेष व्याख्यान, वैज्ञानिक संस्थानों, प्रयोगशालाओं, उद्योगों एवं विज्ञान शिविर और कार्यशालाओं में जाना शामिल है।

बालिकाओं की आर्थिक स्वतंत्रता सुनिश्चित करने के उद्देश्य से सरकार ने कौशल विकास एवं व्यावसायिक प्रशिक्षण प्रदान करने हेतु 'स्किल इंडिया मिशन' की शुरुआत की है। सरकार ने प्रधानमंत्री कौशल विकास योजना के अंतर्गत देशभर में प्रधानमंत्री कौशल केंद्र भी स्थापित किए हैं। प्रधानमंत्री कौशल विकास योजना (पीएमकेवीवाई) के तहत महिलाओं को कौशल एवं व्यावसायिक प्रशिक्षण प्रदान किया जाता है।

सरकार ने देश में रोजगार के अवसरों को बढ़ाने के लिए कई पहल/उपाय किए हैं, जिनमें महिलाओं के लिए भी रोजगार के अवसर शामिल हैं, जैसे प्रधानमंत्री मुद्रा योजना (पीएमएमवाई), स्टैंड-अप इंडिया योजना, स्टार्टअप इंडिया, प्रधानमंत्री रोजगार सृजन कार्यक्रम (पीएमईजीपी), दीन दयाल उपाध्याय ग्रामीण कौशल्य योजना (डीडीयू-जीकेवाई), ग्रामीण स्वरोजगार और प्रशिक्षण संस्थान (आरएसईटीआई), उत्पादन से जुड़ा प्रोत्साहन आदि।

दीनदयाल अंत्योदय योजना - राष्ट्रीय ग्रामीण आजीविका मिशन (डे- एनआरएलएम) के तहत महिला स्वयं सहायता समूह रोजगार और स्वरोजगार के लिए ग्रामीण परिदृश्य में बदलाव ला रहे हैं। इसी प्रकार, राष्ट्रीय शहरी आजीविका मिशन (एनयूएलएम) शहरी क्षेत्रों के लिए है।

सरकार महिलाओं की रोजगार क्षमता में सुधार लाने के लिए नमो ड्रोन दीदी, लखपति दीदी, विज्ञान और इंजीनियरिंग में महिलाएं – केआईआरएएन (वाइज-किरन), सर्व-पावर (अन्वेषणात्मक अनुसंधान में महिलाओं के लिए अवसरों को बढ़ावा देना) आदि जैसी महिला केंद्रित योजनाएं भी कार्यान्वित कर रही है।

UNDERTRIAL PRISONERS IN VARIOUS PRISONS**5618. SHRI SHYAMKUMAR DAULAT BARVE:**

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

- (a) whether the Government is aware that the number of undertrial prisoners in various prisons across the country has been continuously increasing, due to which many prisoners remain in jail for a long period without a final decision in their cases;
- (b) if so, the total number of undertrial prisoners in the country, as on date, State/UT-wise;
- (c) whether the Government is considering any concrete plan to reduce the number of undertrial prisoners and to ensure speedy disposal of such cases; and
- (d) if so, the details thereof?

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

(a) and (b) : National Crime Records Bureau (NCRB) compiles prison statistics reported to it by the States and Union Territories (UTs) and publishes the same in its annual publication "Prison Statistics India". As per the latest published data for the year 2023, State/UT wise number of undertrial prisoners confined in jails of the country as on 31.12.2023 are given in the enclosed **Statement**. These data are readily available on National Crime Records Bureau website: <https://www.ncrb.gov.in/uploads/files/PSI-20231.pdf> .

(c) and (d) : ‘Prisons and Prisoners’ is a State-list subject under Entry 4 of List II of the Seventh Schedule to the Constitution of India. Therefore, the administration and management of prisons and prisoners is the responsibility of respective State Governments. Central Government has also been supplementing the efforts of State Governments in this regard.

With the objective of providing financial assistance to poor prisoners, who are unable to pay the fine imposed on them or are unable to secure bail due to financial constraints, the Government is implementing a Scheme named “Support to Poor Prisoners”. The guidelines and SOP for implementation of the Scheme, has provision for bail assistance amounting upto Rs. 1 lakh, prescribing timelines for case processing, and simplification of procedures for drawal and utilisation of funds. For implementation of the Scheme, the Ministry of Home Affairs (MHA) had provided an annual financial outlay of Rs. 20 crore for three financial years i.e. 2023-24, 2024-25 and 2025-26.

Further, National Legal Services Authority (NALSA) has taken initiatives for establishment of Under Trial Review Committees (UTRCs) in all the districts to recommend for release of eligible undertrial prisoners and convicts. Quarterly meetings are held by UTRCs across the country. The number of undertrial prisoners recommended by UTRCs and released during last three years are as under:

Year	No. of UTPs/ Convicts recommended for bail/ release	No. of inmates released pursuant to UTRCs recommendations
2023	73,274	34,232

2024	53,594	25,982
2025	40,434	22,523
Total	1,67,302	82,737

In addition to the above, Government has taken initiatives to operationalize bail reforms for reducing the number of undertrial prisoners in the country. Section 479 (1) of the Bharatiya Nagarik Suraksha Sanhita (BNSS) provides that *“Where a person has, during the period of investigation, inquiry or trial under this Sanhita of an offence under any law (not being an offence for which the punishment of death or life imprisonment has been specified as one of the punishments under that law) undergone detention for a period extending up to one-half of the maximum period of imprisonment specified for that offence under that law, he shall be released by the Court on bail.”*

The Proviso under Section 479 (1) of the BNSS provides further relief to first time offenders/undertrial prisoners and provides that *“where such person is a first-time offender (who has never been convicted of any offence in the past), he shall be released on bond by the Court, if he has undergone detention for the period extending up to one-third of the maximum period of imprisonment specified for such offence under that law”*.

STATEMENT

The State/UT wise total number of Undertrial Prisoners in the Country as on 31.12.2023:

S.	State/UT	Total
1	Andaman & Nicobar Islands	168
2	Andhra Pradesh	5,568
3	Arunachal Pradesh	188
4	Assam	7,546
5	Bihar	46,529
6	Chandigarh	718
7	Chhattisgarh	11,520
8	Dadra & Nagar Haveli and Daman & Diu	134
9	Delhi	17,834
10	Goa	476
11	Gujarat	11,549
12	Haryana	19,292
13	Himachal Pradesh	1,827
14	Jammu & Kashmir	4,568
15	Jharkhand	13,584
16	Karnataka	11,723
17	Kerala	6,064
18	Ladakh	42
19	Lakshadweep	3
20	Madhya Pradesh	22,964
21	Maharashtra\$	32,438
22	Manipur	416
23	Meghalaya	881
24	Mizoram	1,247
25	Nagaland	432
26	Odisha	14,778
27	Puducherry	304
28	Punjab	24,503
29	Rajasthan	17,263
30	Sikkim	171
31	Tamil Nadu	12,351
32	Telangana	3,799

33	Tripura	847
34	Uttar Pradesh	73,491
35	Uttarakhand	4,398
36	West Bengal	20,294
	Total	3,89,910

Source: Prison Statistics India 2023 Report by National Crime Records Bureau, Ministry of Home Affairs.

PATENTS FOR AYURVEDIC MEDICINES

5619. SHRI ANUP SANJAY DHOTRE:

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

- (a) whether the Government is aware of the importance of patenting Ayurvedic medicines and if so, what measures are being taken to prioritize this process, if so, the details thereof;
- (b) whether there are any valid reasons for the apparent lack of emphasis on patenting Ayurvedic medicines and if so, the details thereof;
- (c) the total number of Ayurvedic medicines that have been approved after obtaining patents during the last three years;
- (d) whether any proposals for patent approval are pending by the Government in this regard and if so, the details thereof along with the reasons for these delays therefor;
- (e) the steps being taken by the Government to address these delays and ensure timely patent approval for Ayurvedic medicines; and
- (f) the initiatives undertaken by the Government to promote Ayurveda globally and what are the key features of these initiatives?

THE MINISTER 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) : Patenting an invention provides the patent holder exclusive right to prevent others from making, using, selling or importing the patented product without consent. Patent applications are granted only after substantive examination to determine compliance with the requirements of novelty, inventive step and industrial applicability under the Patents Act, 1970. The examination process follows a two-tier system, wherein applications are examined by an Examiner and subsequently reviewed by the Controller. The Act also provides for pre-grant opposition by any person and post-grant opposition by any interested person, thereby ensuring that only genuine and quality patents are granted. Due to the robust examination and grant process in filings in Office of Controller General of Patents, Designs and Trademarks (CGPD TM), the number of patents granted in comparison to filings remains moderate.

Recognizing the importance of patenting Ayurvedic medicines, the Office of CGPD TM released the Guidelines for Examination of Ayush Related Inventions in September 2025 to provide clarity and consistency in the filing and examination of patent applications relating to Ayush i.e. Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa, and Homoeopathy and non-codified healthcare systems. These guidelines complement the existing guidelines for

processing patent applications relating to traditional knowledge and biological material issued in 2012.

In recent years, the Department has undertaken several targeted measures to strengthen the patent system in the country, particularly for startups, MSMEs and educational institutions. Major initiatives include:

- (i) 80% fee reduction across the patent lifecycle for Startups, MSMEs and Educational Institutions.
- (ii) Introduction of Expedited Examination under Rule 24C of the Patents Rules, 2003 (as amended) for eligible categories such as Startups, MSMEs, female applicants, Government departments/institutions/PSUs and applicants selecting India as the International Searching Authority (ISA).
- (iii) Implementation of the Start-ups Intellectual Property Protection (SIPP) Scheme (2016), providing pro bono facilitation for filing and processing of IP applications. The scheme has been expanded to include innovators, creators and educational institutions.
- (iv) Rules have been further simplified and streamlined and made the procedure more user friendly for creating a conducive environment for innovation and patent protection in India.
- (v) Time limit to submit request for examination has been reduced to 31 months from 48 months to fast-track the patent examination process,

- (vi) Compliance burden for foreign filing and Working Statements have been further reduced.
- (vii) 'Certificate of Inventorship' has been introduced to enhance patenting ecosystem in India by formally recognizing efforts of the inventors in the patented inventions; and
- (viii) The process has been completely digitized and made online to make the system more compact, time bound, transparent and easier to use by applicants.
- (ix) The IP Office has robust Redressal Mechanism which has been further strengthened to ensure the prompt, fair, and transparent resolution of complaints and concerns.
- (x) The sanctioned strength of Patent Examiners and Controllers has been increased to 1,433 as on 31.01.2026.

As a result, patent filings in last three years increased considerably in the field of Ayurveda, and 11,244 patent applications have been filed of which 2,661 applications have been disposed of including 1,261 patents granted.

(f) : The Ministry of Ayush is implementing the central sector scheme for Promotion of International Cooperation for AYUSH (IC Scheme). Under this scheme the Ministry provides support to Indian Ayush drug Manufacturers/ Ayush Service providers to give boost to the export of Ayush products and services; facilitates the International promotion, development and recognition of Ayush systems of medicine; foster interaction of stakeholders and market development of Ayush at international level; promote academics and research

through the establishment of Ayush Academic Chairs in foreign countries and holding training workshop/symposiums for promoting and strengthening awareness and interest about Ayush Systems of Medicine at international level including Ayurveda. Under the IC Scheme 27 Country to Country MoUs, 16 Ayush Chair MoUs and 54 Institute to Institute level MoUs have been signed.

Ministry of Ayush encourages following certifications of Ayush products as per the details furnished below:-

- An Ayush vertical has been created in Central Drugs Standard Control Organization (CDSCO) to strengthen regulatory measures ensuring safety and quality of Ayush drugs. Further, CDSCO issues WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs having compliance to such standards.
- Quality Certifications Scheme implemented by the Quality Council of India (QCI) for grant of AYUSH standard and premium mark to Ayurvedic, Siddha and Unani products on the basis of third-party evaluation of quality in accordance with the status of compliance to domestic and international standards.

Further, Ayush Quality Mark for Ayush products and services for Global standards have been launched during WHO Global Summit in December 2025. This certification scheme strengthens consumer trust in Ayush products and services by ensuring internationally accepted standards of quality, safety, and efficacy.

MISSION SHAKTI IMPLEMENTATION

5620. SHRI B. Y. RAGHAVENDRA:

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

- (a) whether the Government is implementing the umbrella scheme Mission Shakti for ensuring safety, protection and empowerment of women in the country, if so, the details thereof;
- (b) the details of facilities such as One Stop Centre Scheme and Women Helpline Scheme established under the said scheme since its inception, State-wise including Karnataka, district-wise;
- (c) the number of women who have availed services under these facilities in the said State during the last five years; and
- (d) the details of the funds allocated, released/utilised under Mission Shakti in the said State during the said period?

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

(a) to (c) : The Government gives utmost priority to the safety, security, health, education, nutrition, rehabilitation and empowerment of women and children and has adopted multi-pronged approach to address their educational, social and economic empowerment across the country.

Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals

'sambal' for safety and security of women and 'Samarthya' for empowerment of women across the country including the state of Karnataka.

One Stop Centre (OSC) is a component of the Sambal vertical under the umbrella Mission Shakti. It provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides **services** like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, 926 One Stop Centres have been made operational across the country and since inception, i.e. 1st April, 2015 to 31st December, 2025, over 13.37 lakh women have been assisted in the country. As on date, 42 OSCs are operational in the State of Karnataka and over 38 thousand women have been assisted thorough these OSCs in the State. The details of State and UT-wise operational One Stop Centres (OSCs) across the country are given in the enclosed **Statement -I** and the district-wise operational OSCs in the State of Karnataka are given in the enclosed **Statement -II**.

Women Helpline (181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. Since inception till 28th February, 2026, over 99.09 lakh women have been assisted in the country, out of which over 96 thousand women have been assisted in the State of Karnataka through Women Helpline. State Government of West Bengal is not implementing Women Helpline.

(d) : Mission Shakti is a Centrally Sponsored Scheme and funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). Fund released/expenditure under Mission Shakti for the State of Karnataka for 2021-22 is 155.38 Crore, for 2022-23 is 158.50 Crore, for 2023-24 is 144.84 Crore, for 2024-25 is 174.92 Crore, and for 2025-26 is 65.18 Crore.

STATEMENT-I

State and UT-wise details of operational Oner Stop Centre is as under

SL	State/ UTs	Number of operational OSCs
1	Andaman and Nicobar Islands	3
2	Andhra Pradesh	36
3	Arunachal Pradesh	25
4	Assam	36
5	Bihar	50
6	Chandigarh	1
7	Chhattisgarh	42
8	Dadra NHDD	3
9	Delhi	11
10	Goa	2
11	Gujarat	36
12	Haryana	22
13	Himachal Pradesh	13
14	Jammu and Kashmir	20
15	Jharkhand	26
16	Karnataka	42
17	Keralam	14
18	Ladakh	2
19	Lakshadweep	1
20	Madhya Pradesh	57

21	Maharashtra	67
22	Manipur	16
23	Meghalaya	13
24	Mizoram	13
25	Nagaland	17
26	Odisha	34
27	Puducherry	4
28	Punjab	23
29	Rajasthan	52
30	Sikkim	6
31	Tamil Nadu	59
32	Telangana	36
33	Tripura	10
34	Uttar Pradesh	96
35	Uttarakhand	14
36	West Bengal	24
	Total	926

STATEMENT -II

District-wise operational OSCs in the State of Karnataka is as under

SL	District	Number of Operational OSC
1	Bagalkote	1
2	Ballari	1
3	Belagavi	2
4	Bengaluru Rural	1
5	Bengaluru Urban	5
6	Bidar	1
7	Chamarajanagar	1
8	Chikkamagaluru	1
9	Chitradurga	1
10	Dakshina Kannada	1
11	Davanagere	1
12	Dharwad	2
13	Gadag	1
14	Hassan	1

15	Haveri	1
16	Kalaburagi	1
17	Kodagu	1
18	Kolar	1
19	Koppal	1
20	Mandya	1
21	Mysuru	2
22	Raichur	1
23	Bengaluru South	1
24	Shivamogga	2
25	Tumakuru	2
26	Vijayanagara	2
27	Vijayapura	1
28	Yadgir	1
29	Udupi	1
30	Chikkaballapura	1
31	Uttara Kannada	2
	Total	42

बिहार में कैंसर के मामले

5621. श्री सुधाकर सिंह:

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

- (क) क्या सरकार ने विगत तीन वर्षों के दौरान बिहार राज्य में विशेषकर ग्रामीण क्षेत्रों में दर्ज किए गए कैंसर के मामलों में चिंताजनक वृद्धि का संज्ञान लिया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार का कैंसर का शीघ्र पता लगाने के लिए प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) और जिला अस्पतालों में कैंसर की जांच और शीघ्र पता लगाने संबंधी केन्द्रों की स्थापना करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इस संबंध में क्या कदम उठाए गए हैं/उठाए जाने का विचार है;

- (ग) क्या बिहार के बक्सर, कैमूर और रोहतास जिलों में कैंसर का शीघ्र पता लगाने/जांच के लिए सरकारी स्वास्थ्य देखभाल सुविधाएं उपलब्ध हैं और यदि हां, तो ऐसे केन्द्रों का ब्यौरा क्या है और उनमें उपलब्ध कराए जाने वाले नैदानिक परीक्षणों के प्रकार क्या हैं; और
- (घ) सरकार द्वारा उक्त जिलों में ऐसे जांच केन्द्रों की स्थापना के लिए क्या ठोस कदम उठाए गए हैं/उठाए जाने का विचार है?

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

(क) : आईसीएमआर – राष्ट्रीय कैंसर रजिस्ट्री कार्यक्रम के अनुसार, वर्ष 2023 से 2025 के दौरान देश में कैंसर के मामलों की अनुमानित संख्या में वृद्धि हो रही है और बिहार राज्य से संबंधित विवरण नीचे संलग्न हैं:

बिहार में कैंसर के मामलों की अनुमानित संख्याएँ - सभी क्षेत्र - (2023-2025) – स्त्री-पुरुष दोनों के लिए			
वर्ष	2023	2024	2025
अनुमानित संख्याएँ	112180	115123	118136

(ख) से (घ) : स्वास्थ्य और परिवार कल्याण विभाग राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत राष्ट्रीय गैर-संचारी रोगों की रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत देश भर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। यह कार्यक्रम कैंसर सहित गैर-संचारी रोगों (एनसीडी) के लिए अवसंरचनात्मक ढांचे को सुदृढ़ करने, मानव संसाधन विकास, स्क्रीनिंग, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर केंद्रित है।

सामान्य गैर-संचारी रोगों (एनसीडी) की रोकथाम, नियंत्रण और स्क्रीनिंग के लिए जनसंख्या आधारित पहल पूरे देश में शुरू की गई है। इस पहल के अंतर्गत, 30 वर्ष से अधिक आयु के व्यक्तियों को सामान्य एनसीडी की स्क्रीनिंग के लिए लक्षित किया गया है।

एनपी-एनसीडी के अंतर्गत, 770 जिला एनसीडी क्लीनिक और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं, और वर्तमान में देश भर में कुल 479 डे केयर कैंसर सेंटर (डीसीसीसी) कार्यशील हैं। इसके अतिरिक्त, वित्तीय वर्ष 2025-26 के लिए, स्वास्थ्य और परिवार कल्याण विभाग ने देश भर में 297 डीसीसीसी की स्थापना को मंजूरी दी है। बिहार राज्य में, वर्तमान में 17 डे केयर कैंसर सेंटर उपलब्ध हैं और वित्तीय वर्ष 2025-26 के दौरान बक्सर और रोहतास सहित 21 अतिरिक्त केंद्रों की स्थापना को मंजूरी दी गई है।

IMPLEMENTATION OF MISSION SHAKTI SUB-SCHEMES

5622. SHRI GANESH SINGH:

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

- (a) the current status of the implementation of Mission Shakti (2021–26), separately for its two sub-schemes Sambal (Safety and Security) and Samarthya (Empowerment), including the number of One Stop Centres, women helplines, hostels, crèches and training initiatives operational;
- (b) the details of the funds allocated/released/utilised under the said Mission along with key outcomes such as beneficiaries covered, services delivered and grievance redressal timelines, State-wise and district-wise;
- (c) whether the Government has conducted any impact assessment to measure improvements in women's safety, access to support services, livelihood outcomes and participation in skilling and employment under the said Mission, if so, the details thereof; and

(d) the current status of the implementation of said Mission in Madhya Pradesh, district-wise specifically the coverage and outcomes in Satna district under both Sambal and Samarthya components?

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

(a) to (d) : Mission Shakti aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals 'Sambal' for safety and security of women and 'Samarthya' for empowerment of women. Mission Shakti is Centrally Sponsored Scheme and the implementation lies with the State Governments and UT Administrations.

Sambal has components of One Stop Centre (OSC), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat (Nari Adalat). Samarthya has components of Shakti Sadan, Sakhi Niwas, Pradhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. Since inception, i.e. 1st April, 2015 up to 31st December, 2025, over 13.37 lakh women have been assisted in the country. Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-

emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country. Since inception till 28th February, 2026, over 99.09 lakh women have been assisted through Women Helpline in the country. Beti Bachao Beti Padhao (BBBP) Scheme was launched to help address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public. Nari Adalat is a pilot initiative aimed at empowering women by ensuring justice and to offer services such as alternate dispute resolution, grievance redressal, counselling, evidence-based decision-making, pressure group tactics, negotiation, mediation, and reconciliation at Gram Panchayat level.

Pradhan Mantri Matru Vandana Yojana (PMMVY) is a maternity benefit scheme under which cash incentives flow to beneficiaries through Direct Benefit Transfer (DBT) mode for the first child and the second girl child. Shakti Sadan is an integrated relief and rehabilitation home for women in distress situations, including trafficked women. Sakhi Niwas provides safe and conveniently located accommodation for working women. SANKALP: Hub for Empowerment of Women (HEW) facilitates inter-sectoral convergence of schemes and programmes meant for women at the national, State/UT, and district levels.

Mission Shakti is a Centrally Sponsored Scheme and overall implementation of the Scheme lies with the State Government and UT Administration. Funds are being released on the basis of guidelines of Department of Expenditure, prescribed for Single Nodal agency (SNA) or SNA SPARSH of the Public Financial Management System (PFMS). Fund released/expenditure under Mission Shakti for FY 2022-23 is Rs.2335.25 Crore, for FY 2023-24 is Rs.1514.54, for FY 2024-25 is Rs.1832.88. The details of women assisted/beneficiaries across the country and in the State of Madhya Pradesh including Satna district since inception under Mission Shakti are given in the enclosed **Statement**.

Further, once in a year, the Programme Approval Board (PAB) monitors with States and UTs the progress of activities under the scheme and reviews status of achievement of objectives, effective delivery of services to women and children including rural and marginalized communities. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States/UTs from time to time.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness and sustainability of the scheme as satisfactory.

STATEMENT

The details of women assisted/beneficiaries across the country and in the State of Madhya Pradesh including Satna district since inception under Mission Shakti are as under:

SL	Scheme	Women assisted/beneficiaries across country since inception	Women assisted/beneficiaries in Madhya Pradesh including Satna district
1	One Stop Centre	13,37,399	1,43,720
2	Women Helpline	99,09,494	3,26,807
3	Beti Bachao Beti Padhao (BBBP)*	NA	NA
4	Nari Adalat**	NA	NA
5	PMMVY	42,847,079	48,21,434
6	Shakti Sadan	1,15,594	8,094
7	Sakhi Niwas	5,33,432	1078
8	Palna***	41,607	NA
9	SANKALP: HEW	4,45,805	17,175

* BBBP is implemented in all the districts of Madhya Pradesh, however scheme focuses on creating behavioral and social change. Hence, the number of beneficiaries not measurable.

** Nari Adalat is implemented on pilot basis in the States of Assam, Mizoram, Sikkim, Uttar Pradesh and Union Territory of Jammu & Kashmir.

*** No Palna is operational in the State of Madhya Pradesh.

UN CONVENTION ON THE LAW OF THE SEA

5623. SHRI KOTA SRINIVASA POOJARY:

SHRI KRISHNA PRASAD TENNETI:

DR. SANJAY JAISWAL:

SHRI BIBHU PRASAD TARAI:

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

- (a) the status of the MAHASAGAR (Mutual and Holistic Advancement for Security and Growth Across Regions) initiative in fostering high-level maritime cooperation among Indian Ocean littoral States;
- (b) the steps taken by the Government to ensure a rules-based order in the Indo-Pacific in strict adherence to the UN Convention on the Law of the Sea (UNCLOS);
- (c) the details of recent White Shipping Information Sharing agreements signed to enhance Maritime Domain Awareness (MDA) and combat non-traditional threats like piracy and "dark shipping";
- (d) whether the Government has proposed a formal "Blue Economy Partnership Framework" for the BIMSTEC region to promote sustainable deep-sea mining and ocean conservation, if so, the details thereof; and
- (e) the diplomatic measures taken to address the challenges posed by "dual-use" maritime infrastructure being developed by extra-regional powers in India's extended neighborhood?

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

(a) : India has fostered strong bilateral and multilateral partnerships with key partners and like-minded countries in the Indo-Pacific and beyond to ensure Security and Growth for all in the Region (SAGAR). Expanding on this strategic vision, Hon'ble Prime Minister outlined the MAHASAGAR doctrine i.e. "Mutual and Holistic Advancement for Security and Growth Across Regions" in March

2025 in Mauritius. While SAGAR focuses on security and growth within the Indian Ocean Region (IOR), MAHASAGAR expands this vision to cover the broader Global South. MAHASAGAR encompasses the ideas of trade for development, capacity building for sustainable growth, and mutual security for a shared future.

In line with MAHASAGAR initiative, India continues its commitment to the well-being and progress of nations in the region as a first responder and net security provider in the region. Government of India is committed to strengthening maritime cooperation in the Indian Ocean Region (IOR) and beyond, to ensure a favorable and positive maritime environment. India also participates in regional frameworks to promote maritime cooperation and exchanges in the region.

In line with this vision, India has been focusing on development assistance, capacity building initiatives, economic cooperation, connectivity, HADR support and defence & maritime security cooperation, with an aim to assist countries in the region on sustainable socio-economic development.

(b) : India consistently maintains that the United Nations Convention On the Law of the Sea, 1982 (UNCLOS) is the legal basis for maritime rights, freedoms and dispute settlement, including in the Indo-Pacific. India signed the agreement under the UNCLOS on the Conservation and Sustainable Use of Marine Biological Diversity of Areas beyond National Jurisdiction (BBNJ Agreement) on 25 September 2024. This reflects India's commitment to comprehensive, UNCLOS-consistent ocean governance that extends beyond

national jurisdiction to the high seas- a concrete step towards a rules-based maritime order, including in the Indo-Pacific region.

(c) : India has signed White Shipping Information Sharing (WSIE) agreements with five countries in the last five years.

(d) : Government of India has not made any formal proposal in respect of a BIMSTEC Blue Economy Partnership Framework.

(e) : The Government of India continues to carefully monitor any developments having a bearing on India's security and economic interests, and takes all necessary measures to safeguard them.

INDIAN CITIZENS STUCK IN WEST ASIAN COUNTRIES

5624. SHRIMATI MALA ROY

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

- (a) whether Indian citizens are stuck in the West Asian countries due to current war; and
- (b) if so, the details thereof indicating the number of such standard Indian State-wise and country-wise?

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

(a) and (b) : More than 1 crore Indian nationals are residing in countries in West Asia and the Gulf region. Details of country-wise Indian population residing in these countries are given in the enclosed **Statement**.

Due to the prevailing situation in West Asia, Indian nationals visiting the region or transiting through it, including tourists, students, pilgrims etc., faced difficulties on account of airspace closures and flight cancellations. Indian Embassies in the region have facilitated the travel of these Indian nationals to India by regular as well as non-scheduled commercial flights. Till 21 March 2026, over 3.75 lakh Indian passengers have travelled from these countries to India.

STATEMENT

Country-wise Indian population residing in West Asian countries

Sl. No.	Name of country	No. of Indian nationals currently residing (approximately)
1.	Iran	9,000
2.	Israel	42,000
3.	Bahrain	3,15,000
4.	UAE	43,26,248
5.	Kuwait	10,59,179
6.	Saudi Arabia	27,47,551
7.	Iraq	25,000
8.	Yemen	4,000
9.	Qatar	8,30,000
10.	Oman	6,74,950
11.	Lebanon	1500
12.	Palestine	10
13.	Jordan	17900
14.	Syria	50
Total		1,00,52,388

SALE OF SUB-STANDARD MEDICINES

5625. SHRI ABDUL RASHID SHEIKH:

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

the measures being taken to stop manufacturing & sale of sub-standard medicines 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):

The manufacturing, sale and distribution of drugs in the country are regulated under the provisions of Drugs & Cosmetics Act, 1940 and rules thereunder. The regulatory control over the manufacture, sale and distribution of drugs in the country is exercised through a system of licensing and inspection by the State Licensing Authorities (SLAs). Compliance with the conditions of licence granted under the said Act and Rules is mandatory for manufacture, sale and distribution of drugs in the country. SLAs are legally empowered to take action against violation of provisions of the said Act and Rules.

Central Drugs Standard Control Organisation (CDSCO) and Ministry of Health and Family Welfare have taken following measures in recent years to stop manufacturing & sale of sub-standard medicines in the country:

- (i) In order to assess the regulatory compliance of drug manufacturing premises in the country, the CDSCO along with State Drugs Controllers (SDCs) have conducted Risk-Based Inspections of more than 960

premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities.

- (ii) Further, more than 1100 cough syrup manufacturers and 380 blood centres have been subjected to intense audit in coordination with State authorities. Increased market surveillance sampling of syrup formulations by Central and State drugs regulators has also been done.
- (iii) List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Adulterated by the Central Drugs Testing Laboratories is uploaded and available on the website of CDSCO under the heading of Drug Alert (www.cdsc.gov.in) and actions initiated as per provisions of the Drugs and Cosmetics Act, 1940 and rules thereunder.
- (iv) The Central Government has amended the Drugs Rules 1945 vide G.S.R. 922 (E) dated 28.12.2023 to revise the schedule M to the said rules related to Good Manufacturing Practices and requirements of premises, plant and equipment for pharmaceutical products. Revised Schedule M has become effective for the drug manufacturers with turnover > Rs. 250 crores from 29.06.2024 and for manufacturers having turnover of less than Rs. 250 Cr from 01.01.2026.
- (v) In February 2024, CDSCO published regulatory guidelines for the sampling of drugs, cosmetics, and medical devices by Central and State Drugs Inspectors. These guidelines provide a structured approach to

ensure the quality and efficacy of products available in the market through uniform drug sampling methodology.

- (vi) An online portal, SUGAM labs is in place since September 2023 for integrating the drug testing labs of the CDSCO. It automates the entire workflow for testing of Medical Products (Drugs, Vaccine, Cosmetics & Medical devices) to meet the quality specification and tracing the testing status in the laboratories.
- (vii) The Drugs Rules, 1945 have been amended in year 2023 to mandate that manufacturers of the top 300 drug formulation brands listed in Schedule H2 shall print or affix a Bar Code or QR Code on the primary packaging label, or on the secondary label where space is insufficient, to store data readable through software applications for authentication. Similarly, the Rules have also been amended to require that every Active Pharmaceutical Ingredient (bulk drug), whether manufactured or imported, shall bear a QR Code on each level of packaging containing data readable through software applications to facilitate tracking and tracing.
- (viii) In addition to the existing requirements of testing the raw materials, the Indian Pharmacopoeia Commission, Ghaziabad has issued an amendment to Indian Pharmacopoeia (IP) 2022, to also mandate the testing for DEG and Ethylene Glycol (EG) in oral liquids at finished product stage before market release.

- (ix) Central government is providing regular residential, regional training and workshops to officials of CDSCO and State Drug Regulatory Authorities on Good Manufacturing Practices. In the Financial Year 2023-24 CDSCO has trained 22854 persons while in Financial Year 2024-25, 20551 persons have been trained.

SUPPLY OF GENERIC MEDICINES

5626. SHRI VISHNU DATT SHARMA:

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

- (a) whether the Government is implementing the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) nationwide to ensure affordable generic medicines for poor households;
- (b) whether Jan Aushadhi Kendras (JAKs) have been established and are fully functional in the districts of Katni, Panna and town of Khajuraho in the Khajuraho Lok Sabha Constituency of Madhya Pradesh;
- (c) the number of Kendras, average monthly sales and stock-out instances reported during the last year;
- (d) the measures taken to ensure uninterrupted availability of essential medicines, especially for chronic diseases and TB/NCD patients;
- (e) whether the coverage/supply remains inadequate in the said districts, if so, the reasons therefor along with the corrective actions taken in this regard; and

- (f) the plan to expand PMBJP coverage, strengthen supply chains and create local employment through Kendras in the said districts?

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

(a) : The Government launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme to make quality generic medicines available at affordable prices to all. Under the scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) are opened across the country to provide medicines at rates that are about 50% to 80% cheaper than those of branded medicines. As of 28.02.2026, a total of 18,646 Jan Aushadhi Kendras have been opened across the country under the scheme.

(b) : A total of 38 Jan Aushadhi Kendras (JAKs) are functional in the Khajuraho Lok Sabha Constituency of Madhya Pradesh including 9 JAKs in Katni district, 4 JAKs in Panna district and 25 JAKs in the Chhatarpur district. These Kendras are established and made functional after obtaining initial approval from Pharmaceuticals and Medical Devices Bureau of India (PMBI) and obtaining of requisite license from State Drug Licensing Authorities.

(c) : A total of 4142 Jan Aushadhi Kendras have been opened and total sales of Rs. 2022.47 Crore at MRP have been made, across the country during the last financial year i.e F.Y. 2024-25.

No major incidents have been reported for stock-out during the last financial year.

(d) and (e) : The product basket under the Pradhan Mantri Bhartiya Janaushadhi Pariyojna has 2,110 medicines and 315 surgicals, medical consumables and devices, covering all major therapeutic groups, such as cardiovascular, anti-cancer, anti-diabetic, anti-infectives, anti-allergic and gastro-intestinal medicines and nutraceuticals. Almost all generic medicines included in the National List of Essential Medicines, except lab reagents and vaccines, are part of the product basket.

Currently, more than 850 medicines for chronic diseases and NCD patients are available in the PMBI product basket. For anti- tuberculosis (TB) medicines, TB Mukh Bharat Abhiyan was launched in the year 2021 and registration of all TB patients was done under a separate campaign by the Ministry of Health and Family Welfare with the aim of providing free medicines. PMBI surveyed more than 100 JAKs and decided not to include anti-TB medicines due to low demand and the free availability under the aforementioned campaign.

With a view to ensure accessibility and availability of medicines at JAKs, the following measures are in place:

- i. An end-to-end information-technology-enabled supply chain system consisting currently of five warehouses and 41 distributors across the country, is in place.
- ii. Since September 2024, stocking by Jan Aushadhi Kendras (JAKs) of 200 commonly used medicines, consisting of the 100 top-selling medicines in the product basket and 100 fast-selling medicines in

the market, is incentivised with JAK owners being eligible to receive monthly incentive based on the stocks that they maintain of these medicines.

- iii. In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by the scheme implementing agency {Pharmaceuticals and Medical Devices Bureau of India (PMBI)} and demand for the same is forecasted on an ongoing basis. Further, steps have been taken to digitise the forecasting method to augment the procurement process through automation.

(f) : The Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme serves as a robust avenue for self-employment, offering sustainable and consistent income while creating employment across multiple levels. To expand the coverage of the scheme, the Government has set a target to increase in the total number of JAKs opened across the country to 25,000 by end of March 2027.

The Government has adopted a franchise-like model for opening of JAKs by inviting online applications from individual entrepreneurs, non-governmental organisations, societies, trusts, firms, private companies, etc. Any individual having D. Pharma. or B. Pharma. qualification either herself/himself or any individual or organisation who has employed a person with such qualification as a pharmacist for obtaining drug licence from the State Licensing Authority concerned is eligible to open a Jan Aushadhi Kendra. Online applications have been invited from all districts of the country, including

all districts of state of, Madhya Pradesh through the website www.janaushadhi.gov.in.

IMPACT OF GLOBAL CONFLICTS ON INDIA

5627. DR. NAMDEO KIRSAN:

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

- (a) whether the recent geopolitical developments including the Russia-Ukraine war, conflict in West Asia and sanctions imposed by Western countries, have had any impact on India's diplomatic and economic relations with affected countries, if so, the details thereof;
- (b) the details of the steps taken by the Government to safeguard the country's strategic and energy interests amid global tensions;
- (c) whether the Government has raised concerns with countries like the United States regarding the impact of sanctions on India's petroleum imports from Russia and Iran, if so, the details thereof; and
- (d) the measures taken by the Government to ensure safety and repatriation of Indian nationals including students and workers, from conflict zones during the last year?

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

- (a) to (c) : The Government constantly monitors all geopolitical developments having a bearing on India's national interests and responds appropriately to

their impact, with a view to safeguarding India's interests at bilateral, regional and global levels.

India has been consistently advocating for the resolution of conflicts through dialogue and diplomacy and has called for de-escalation as well as prioritising the safety of civilians. The Government has also stated its readiness to contribute to efforts aimed at mitigating and resolving conflicts through diplomacy and dialogue.

The Government considers energy security to be among its top priorities and has taken all necessary steps to ensure access to affordable energy for the people of India. The Government pursues a multi-pronged strategy that includes diversifying supply sources, enhancing domestic production of oil & gas, expanding the adoption of alternative energy sources, advancing the energy transition and engaging with partner countries, including the United States, to ensure uninterrupted access to affordable energy.

Further, the Government has constituted an Inter Ministerial Group (IMG) on Supply Chain Resilience to address concerns—including the impact on India's external trade, shipping routes and logistics chains—stemming from the evolving geopolitical situation. The IMG has held review meetings on a regular basis, established a dedicated communication channel for exporters, and compiled daily situation and action reports for a coordinated response. The Government's response has focused on coordinated trade facilitation, logistics support, customs simplification, maritime monitoring, and engagement

with concerned stakeholders to reduce the impact of disruption on India's exports, including exports to the wider Gulf region.

Furthermore, attacks on commercial vessels in and around the Red Sea and the Gulf threaten freedom of navigation and impact our trade. The Indian Navy has been deployed in the region under 'Operation Sankalp' to enhance maritime security, proactively respond to any contingency and ensure the protection of Indian-flagged merchant vessels, Indian seafarers and Indian cargo.

(d): The Government accords the highest priority to the safety, security and well-being of Indian nationals abroad. It has engaged with all relevant players including governments of other countries, to facilitate safe return of stranded Indian nationals. The Government's actions include issuance of appropriate advisories through Indian Missions/Posts abroad, operating 24x7 helplines and engaging with Indian nationals through social media platforms.

SAFETY AND PROTECTION OF WOMEN IN FILM INDUSTRY

5628. SHRI ANTO ANTONY:

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

- (a) whether the Government has taken any specific steps to ensure the safety and protection of women working in the film industry, if so, the details thereof;

- (b) whether there has been an increase in cases of harassment against women in the said industry during the last five years, if so, the details thereof;
- (c) the number of cases registered relating to harassment of women in the said industry during the last five years, year-wise;
- (d) whether the Government has constituted any committees during the last five years to examine issues relating to women in the said industry, if so, the details thereof; and
- (e) whether any action has been taken by the Government on the recommendations of such committees, if so, the details thereof?

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

(a) to (e) : The Central Government gives highest priority to ensuring safety and security of women and has taken several legislative and policy interventions. Keeping this in view, the Government has enacted “The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013” (PoSH Act) which aims 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. The Act casts an 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) where the number of employees/ workers is more than ten. 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.

The responsibility of the implementation of the Act at District and State levels rests with the appropriate Government to monitor the implementation of the Act and maintain data on the number of cases filed and disposed of in respect of all cases of sexual harassment at workplace, which are established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by the State.

Under the Mission Shakti Scheme of Ministry of Women and Child Development a holistic and victim-centric approach is adopted to strengthen safety, security and empowerment of women. Key initiatives of the Scheme include:

- i. One Stop Centre Scheme: Operational since 2015 to provide integrated services such as medical aid, legal assistance, temporary shelter, police facilitation and psycho-social counselling. 926 One Stop Centers (OSCs) are operational across the country and have assisted over 13.37 lakh women up to 31 December, 2025.
- ii. Women Help Desks: 15,049 set up in police stations, of which 14,363 are headed by women police officers.

- iii. Women Helpline-181 and Emergency Response Support System (ERSS-112) providing emergency and support services. The Women Helpline has handled over 2.88 crore calls and assisted over 99.09 lakh women.

The Government, through institutions like the National Commission for Women (NCW) and its counterparts in States have been spreading awareness through seminars, workshops, audio- visual, print and electronic media etc. to sensitize the people about the safety and security of women and also about various provisions of the legislation and policies etc. Employers are required to organize workshops and awareness programs at regular intervals for sensitizing the employees with the provisions of the Act and orientation programmes for members of the Internal Committee in the manner as may be prescribed.

The Ministry has launched the 'Mission Shakti Portal' with all functional features on January 22, 2025. This Portal aims to enhance accessibility of various government services for women, establish quality mechanisms for rescue, protection, and rehabilitation, and build the capacity of functionaries and duty holders under various schemes and legislations. Further, the SHe-Box Portal provides a centralised platform to file and track complaints related to workplace sexual harassment under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.

PORT POLLUTION CONTROL MECHANISMS

5629. SHRI SRIBHARAT MATHUKUMILLI:

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

- (a) whether Government has conducted a comprehensive assessment of air, water, and coastal pollution arising from port-operations, including emissions from cargo handling, ship berthing, dredging, storage of bulk cargo like coal, and movement of heavy vehicles within and around major and non-major ports;
- (b) whether mandatory environmental compliance standards currently applicable to ports include requirements on dust suppression systems, enclosed conveyor mechanisms, treatment of ballast water and oily waste, control of dredging discharge, and continuous air and water quality monitoring, if so, the details thereof;
- (c) whether independent environmental audits and real-time pollution monitoring systems are mandated for all ports and whether such data is publicly accessible;
- (d) whether Government proposes to introduce uniform national environmental operating protocols for ports, including penalties for non-compliance; and
- (e) the steps taken to mitigate health and ecological impacts on nearby residents and marine biodiversity due to port-related pollution?

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

(a) to (e) : Central Pollution Control Board (CPCB) / State Pollution Control Boards (SPCBs) periodically monitor air and water quality at ports and conduct regular environmental audits. All the ports adhere to the International Convention for the Prevention of Pollution from Ships (MARPOL) and hence, strictly comply to all the environmental related guidelines. Further, project-specific Environmental Clearances (EC) are taken by the Major Ports.

ECs granted by the Ministry of Environment, Forest and Climate Change (MoEFCC) to port projects stipulate specific terms and conditions relating to environmental protection and monitoring. These conditions are applicable during both the construction and operational phases of the project.

Independent environmental audits and real-time periodic monitoring are mandated as per the norms of the MoEFCC. All the data related to critical environmental parameters are regularly submitted to regulatory authorities.

The Indian Ports Act, 2025 provides a framework for regulation of environmental aspects at ports, including obligations relating to pollution prevention, preparation of port waste reception and handling facilities. Further, Ministry has issued “Harit Sagar” – Green Port Guidelines to promote an environmentally sustainable ecosystem at ports, including measures for reducing carbon footprint and promoting cleaner fuels and green technologies.

Steps to mitigate health and ecological impacts include project-specific Environmental Impact Assessment (EIA) / Environmental Management Plan

(EMP) appraisal, Coastal Regulation Zone (CRZ) /Island Coastal Regulation Zone (ICRZ) clearance, dust suppression and covered cargo handling for dusty materials, regular air and water quality monitoring, environmentally managed dredging and disposal, facilities for ship-generated waste, ballast water compliance, periodic environmental audits with disclosure, etc. Ports also take mitigation measures like covered coal handling, mechanised dust control etc. to reduce emissions.

IMPLEMENTATION OF PM-CARES FOR CHILDREN SCHEME

5630. SHRI HANUMAN BENIWAL:

ADV. CHANDRA SHEKHAR:

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

- (a) the number of children identified and supported under the PM-CARES for Children Scheme in Rajasthan and Uttar Pradesh since its inception, district-wise;
- (b) the details of benefits provided to such children including financial assistance, education support, health insurance and residential care; and
- (c) whether any gaps/delays have been reported in identification, documentation/delivery of benefits to eligible children in the said State, if so, the details thereof?

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

(a) to (c) : The Hon'ble Prime Minister announced PM CARES for Children scheme on 29.05.2021 to support children who lost both parents or surviving parent or legal guardian or adoptive parents due to COVID-19 pandemic during 11.03.2020 to 05.05.2023. The objective of the Scheme is to ensure comprehensive care and protection to Children in a sustained manner and enable their well-being through health insurance, empower them through education and equip them for self-sufficient existence with financial support till 23 years of age.

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. Children below the age of 18 years, who are staying with their relatives, receive Rs. 4000/- per month under the Mission Vatsalya Scheme of this Ministry. The children staying in child care institutions are provided boarding and lodging facilities on govt. cost.

Further, scholarship of Rs.20,000/- are provided to all school going children of class I to XII. Children are also assisted in obtaining education loan for Professional courses / Higher Education in India. All children have been enrolled under Ayushman Bharat Pradhan Mantri - Jan Arogya Yojna (AB PM-

JAY) with a health insurance cover of Rs.5 lakh. The coverage of health insurance is provided till they attain the age of 23 years.

The district wise number of children identified and supported under the PM-CARES for children Scheme in Rajasthan and Uttar Pradesh since its inception, is given in the enclosed **Statement-I and Statement-II** respectively.

STATEMENT-I

District wise number of children identified and supported under the PM-CARES for children Scheme in Rajasthan since its inception:

RAJASTHAN					
Sl. No.	Districts	No. of Beneficiaries	Sl. No.	Districts	No. of Beneficiaries
1	Ajmer	9	16	Hanumangarh	5
2	Alwar	3	17	Jaipur	16
3	Banswara	7	18	Jhalawar	5
4	Baran	4	19	Jhunjhunu	9
5	Barmer	6	20	Jodhpur	9
6	Bharatpur	4	21	Karauli	5
7	Bhilwara	10	22	Kota	17
8	Bikaner	5	23	Nagaur	30
9	Bundi	4	24	Pali	10
10	Chittorgarh	2	25	Pratapgarh	3
11	Churu	6	26	Rajsamand	6
12	Dausa	6	27	Sawai Madhopur	2
13	Dholpur	2	28	Sikar	11
14	Dungarpur	7	29	Sirohi	2
15	Ganganagar	1	30	Tonk	2
			31	Udaipur	2
Total Beneficiaries: 210					

STATEMENT-II

District wise number of children identified and supported under the PM-CARES for children Scheme in Uttar Pradesh since its inception:

UTTAR PRADESH					
Sl. No.	Districts	No. of Beneficiaries	Sl. No.	Districts	No. of Beneficiaries
1	Agra	9	34	Jaunpur	4
2	Aligarh	15	35	Jhansi	5
3	Ambedkar Nagar	3	36	Kannauj	4
4	Amroha	7	37	Kanpur Dehat	1
5	Auraiya	2	38	Kanpur Nagar	22
6	Ayodhya	11	39	Kasganj	2
7	Azamgarh	4	40	Kaushambi	6
8	Baghpat	6	41	Kheri	3
9	Bahraich	1	42	Kushi nagar	6
10	Ballia	1	43	Lalitpur	7
11	Balrampur	2	44	Lucknow	38
12	BaraBanki	15	45	Maharajganj	13
13	Bareilly	4	46	Mahoba	2
14	Basti	5	47	Mathura	9
15	Bhadohi	3	48	Meerut	23
16	Bijnor	9	49	Mirzapur	6
17	Budaun	3	50	Moradabad	10
18	Bulandshahr	14	51	Muzaffarnagar	9
19	Deoria	9	52	Pratapgarh	3
20	Etah	6	53	Prayagraj	13
21	Etawah	1	54	Rae Bareli	4
22	Farrukhabad	8	55	Rampur	9
23	Firozabad	8	56	Saharanpur	6
24	Gautam Buddha Nagar	8	57	Sambhal	3
25	Ghaziabad	16	58	Sant Kabeer Nagar	4
26	Ghazipur	7	59	Shahjahanpur	4
27	Gonda	5	60	Shamli	4

28	Gorakhpur	11	61	Shravasti	4
29	Hamirpur	1	62	Siddharth Nagar	8
30	Hapur	11	63	Sitapur	6
31	Hardoi	5	64	Sonbhadra	2
32	Hathras	1	65	Unnao	3
33	Jalaun	3	66	Varanasi	10
Total Beneficiaries: 467					

SANCTIONING OF AIIMS FOR KERALA

5631. SHRI KODIKUNNIL SURESH:

ADV. ADOOR PRAKASH:

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

- (a) whether the Union Government has received proposals from the State Government of Kerala for the establishment of an All India Institute of Medical Sciences (AIIMS) in the State;
- (b) if so, the details of the proposals received including the locations suggested by the State Government and the current status of their consideration;
- (c) whether the Union Government proposes to sanction an AIIMS for Kerala without any further delay, considering the long standing demand and the fact that proposals have already been submitted by the State Government;
- (d) if so, the details thereof along with the likely timeline for approval and establishment of the same;

- (e) if not, the reasons for the delay in sanctioning an AIIMS for Kerala despite repeated requests and the steps taken by the Union Government to address the matter; and
- (f) whether the Union Government is aware that the State of Kerala desperately needs an institute of excellence like AIIMS which could also serve as a research centre in view of occurrence of rare viral diseases reported in the State, if so, the details thereof?

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

(a) to (f) : Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims to correct regional imbalances in the availability of affordable and reliable tertiary healthcare services in different parts of the country and to augment facilities for quality medical education. In 2016, the State Government of Kerala identified and proposed four sites at following locations for establishment of AIIMS in the State: (i) Kinaloor in Kozhikode district, (ii) Kattakada Taluk in Thiruvananthapuram district, (iii) Kottayam district and (iv) Ernakulam district. In 2025, the State Government of Kerala has informed about identification of land in Kinaloor, Kozhikode district for establishment of AIIMS. However, the proposal for establishment of AIIMS in Kerala has not been approved.

Further, for strengthening and upgrading of tertiary healthcare facilities in Kerala, under another component of PMSSY, the upgradation of following

Government Medical Colleges have been approved by way of construction of Super Speciality Blocks (SSBs) on Centre-State cost sharing basis: (i) Trivandrum Medical College, Trivandrum (ii) TD Medical College, Alappuzha (iii) Kozhikode Medical College, Kozhikode. In addition, upgradation of Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST), Trivandrum has also been approved by way of construction of Super Specialty Block (SSB) on cost sharing basis between Ministry of Health & Family Welfare and Department of Science and Technology, Government of India.

MEDICAL NEGLIGENCE IN WEST BENGAL

5632. SHRI SAUMITRA KHAN:

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

- (a) whether the Government has data regarding the total number of cases reported in connection with medical negligence resulting in loss of life and other physical disabilities/disorders in the State of West Bengal during the last ten years;
- (b) if so, the details thereof, district-wise and year-wise;
- (c) whether there is a centralised mechanism for the collection and maintenance of data on medical negligence cases filed in the said State and if so, the details thereof;
- (d) the details of the existing rules, regulations and guidelines governing the procedure for processing of such cases in the said State; and
- (e) whether the Government has formulated any stringent guidelines to

address incidents of medical negligence in the State and if so, the details thereof?

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

(a) to (e) : National Medical Commission Act, 2019 empowers State Medical Council (SMC)/Ethics and Medical Registration Board (EMRB) to take disciplinary action in respect of any professional or ethical misconduct by a registered medical practitioner in accordance with the regulations/guidelines framed under the Act. Accordingly, the NMC forwards the complaint to concerned State Health Departments and SMCs for appropriate action.

The Act provides for an opportunity of hearing to the RMP before taking any action against him. Provision for an appeal against the decision of SMC/EMRB has also been made.

Further, the rules framed under clause (d)(i) of sub-section (2) of Section 33 of the Bengal Medical Act, 1914, deal with the conduct of enquiries in complaint cases of the West Bengal Medical Council (WBMC). Additionally, the WBMC has informed that from 2016 to date, a total of 849 complaints of medical negligence have been received/reported.

बेटी बचाओ बेटी पढ़ाओ योजना

5633. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे:

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

(क) महाराष्ट्र में बेटा बचाओ बेटा पढ़ाओ योजना के अंतर्गत अब तक जिला-वार कितनी बालिकाएं लाभान्वित हुई हैं:

(ख) क्या उक्त योजना के कार्यान्वयन में किसी प्रकार की बाधाओं का सामना करना पड़ रहा है; और

(ग) 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 (ग) : बेटा बचाओ बेटा पढ़ाओ योजना बाल लिंग अनुपात (सीएसआर) और बालिका सशक्तीकरण से जुड़े मुद्दों का समाधान करने में सहायता करती है। यह योजना विभिन्न हितधारकों को सूचित, प्रभावित, प्रेरित, शामिल करके और सशक्त बनाकर बालिका के प्रति मानसिकता और व्यवहार में परिवर्तन लाने का प्रयास करती है। 15वें वित्त आयोग की अवधि में, मिशन शक्ति के संबल वर्टिकल के एक घटक के रूप में बीबीबीपी का विस्तार, बुनियादी स्तर पर प्रभाव डालने वाली गतिविधियों पर अधिक खर्च को प्रोत्साहित करने वाले बहुक्षेत्रीय कार्यक्रमों के माध्यम से महाराष्ट्र के सभी जिलों सहित देश के सभी जिलों को शामिल करने के लिए किया गया है। बीबीबीपी, सरकारी एजेंसियों, मीडिया, नागरिक समाज एवं व्यापक पैमाने पर जनता सहित विभिन्न हितधारकों को एकत्रित करके एक नीतिगत पहल से एक राष्ट्रीय आंदोलन में परिवर्तित हो गई है।

बीबीबीपी का मुख्य उद्देश्य देशभर में बालिका के प्रति लोगों की सोच में व्यवहारिक और सामाजिक परिवर्तन लाना है। बीबीबीपी की प्रकृति ऐसी है कि लाभार्थियों की संख्या का सटीक आकलन संभव नहीं है।

बेटा बचाओ बेटा पढ़ाओ केंद्र प्रायोजित योजना है और केंद्र सरकार राज्यों तथा संघ राज्य क्षेत्रों को 100% वित्तीय सहायता प्रदान करती है। इस योजना का समग्र कार्यान्वयन राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों के अधीन है।

इसके अतिरिक्त, वर्ष में एक बार, कार्यक्रम अनुमोदन बोर्ड (पीएबी) राज्यों और संघ राज्य क्षेत्रों के साथ मिलकर इस योजना के अंतर्गत चलाई जा रही गतिविधियों की प्रगति की निगरानी करता है और उद्देश्यों की प्राप्ति तथा महिलाओं एवं बच्चों को प्रभावी सेवाएं प्रदान करने की स्थिति की समीक्षा करता है। इसके अतिरिक्त, मंत्रालय के अधिकारी समय-समय पर बैठकों, वीडियो कॉन्फ्रेंसिंग और राज्यों एवं संघ राज्य क्षेत्रों के क्षेत्रीय दौरों के माध्यम से इस योजना की निरंतर समीक्षा करते हैं।

मंत्रालय की योजनाओं, जिनमें मिशन शक्ति व्यापक योजना और बेटी बचाओ बेटी पढ़ाओ से संबंधित इसके घटक शामिल हैं, का दो बार तृतीय-पक्ष मूल्यांकन नीति आयोग के माध्यम से वर्ष 2020 और 2025 में किया गया है। इन अध्ययनों में इस योजना की प्रासंगिकता, प्रभावशीलता और निरंतरता को संतोषजनक पाया गया है।

PROMOTION OF AYUSH SYSTEM OF MEDICINE

5634. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:

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

- (a) the details of the initiatives undertaken by the Government to promote the AYUSH systems of medicine including Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy in the State of Gujarat;
- (b) the details of the establishment and functioning of AYUSH hospitals, dispensaries and wellness centres in rural and urban areas of Gujarat, district-wise; and
- (c) the details of funds allocated and released for various projects and programmes of the Ministry in the State of Gujarat during the last five years, project-wise 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 Government through its various initiatives has been able to promote Ayush in the Country including in the State of Gujarat. With the view to fulfil the mandate of propagation of Ayush System of Healthcare, the Ministry of Ayush implements a Central Sector Scheme for Promotion of Information Education and Communication (IEC) in Ayush. This aims to reach out to all sections of the population across the country including in the State of Gujarat. Under this Scheme, Ministry organises National/ State level Arogya Fairs, Yoga Fests/ Utsavs, Ayurveda Parvs, celebrate important days of Ayush system, participate in Health fairs/ melas, Exhibitions etc, provide financial assistance for organising seminars, workshops, conferences and conduct multimedia campaigns etc. to create awareness among citizens regarding Ayush system of health care.

Further, Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Gujarat and providing financial assistance to them for overall development and promotion of Ayush systems of medicine including Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy, as per proposals received in the State Annual Action Plans (SAAPs) and in accordance with NAM guidelines.

(b) : Public Health being a State subject, the primary responsibility for establishment and functioning of Ayush hospitals, dispensaries and wellness centres in rural and urban areas, comes under the purview of the respective State/UT Government including Gujarat. Under NAM there is a provision for establishment of 10/30/50 bedded integrated Ayush Hospitals & New Ayush Dispensaries. The Government of India supports these efforts through NAM. Status of approved 10/30/50 bedded integrated Ayush Hospitals is as follows:

S. No.	Location	Systems	Beds	Approved Cost (₹ lakh)	Status
1	Surat	Ayurveda, Homoeopathy, Yoga	50	1500.00	Functional
2	Atkot	Ayurveda, Homoeopathy, Yoga	30	300.00	Construction not started

(c) : Under Information Education and Communication (IEC) scheme, the details of funds released for various programmes of the Ministry in the State of Gujarat during the last five years are given in the enclosed **Statement-I**.

Under the National Ayush Mission (NAM), grants-in-aid are being provided to States/UTs, including Gujarat, as per approved proposals. The details of funds released to Gujarat during the last five years are given in the enclosed **Statement-II**.

Under the Ayush and Public Health Component of Ayurswasthya Yojana, during the last 5 years, an amount of Rs.29.99 Lakhs have been released to Gujarat Ayurved University, Jamnagar for implementation of project titled 'Management of Pandu (Anemia) in adolescent girls and women of reproductive age group with Ayurvedic medicines in Jamnagar taluka of Jamnagar District' in the state of Gujarat.

STATEMENT-I

Programme details under IEC scheme in Gujarat during last five years

S. No.	Year	Event	Organization	Amount
1.	2021-22	Ayurveda Day at Jamnagar (Gujarat) on 2 November, 2021	ITRA	50,00,000/-
2.	2022-23	GAIS at Gandhinagar, Gujarat during 20-22 April, 2022	ITRA	9,83,75,682/-
3.	2023-24	Cow Based Global Investment Summit & Expo (Rajkot, Gujarat) during 24 to 28 May, 2023.	GCCI	6,00,000/-
4.	2025-26	World Homeopathy Day at Gandhi Nagar (Gujarat) on 10 th April, 2025	CCRH	2,12,00,000/-

STATEMENT -II**Funds released to Gujarat under NAM during last five years****(₹ in lakh)**

S. No.	Year	Funds Released
1	2020-21	244.011
2	2021-22	466.926
3	2022-23	1908.623
4	2023-24	2961.4215
5	2024-25	2623.103

ADMISSION IN SMVDIME**5635. 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 some students of the minority community had sought admission after clearing NEET and/a political party had protested against the admission of these students in Shri Mata Vaishno Devi Institute of Medical Excellence (SMVDIME);
- (b) if so, the details thereof; and
- (c) the reaction of the Government thereto?

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

(a) to (c) : The National Medical Commission (NMC) is an apex statutory body constituted by an Act of Parliament to regulate and oversee medical education across the country.

The NMC through its Medical Assessment and Rating Board (MARB), processes applications from medical colleges for starting new postgraduate (PG) courses and increasing seats in existing PG courses, in accordance with the NMC Act, 2019 and related regulations.

For Academic Year 2025–26, online applications were invited via public notices dated 05.12.2024 and 19.12.2024. In response, Shri Mata Vaishno Devi Institute of Medical Excellence, J&K applied for permission to establish a new medical college with 50 MBBS seats. After due evaluation, MARB, NMC granted a Letter of Permission (LoP) on 08.09.2025 for establishing the college with an annual intake of 50 MBBS seats for AY 2025–26.

Subsequently, upon receipt of several complaints against the college, the MARB conducted a surprise inspection. Based on the deficiencies observed by the inspection team and after due deliberations, the Board decided to withdraw the Letter of Permission, vide letter dated 06.01.2026.

Keeping in view the future of the students admitted by the college for the Academic Year 2025–26, the J&K Board of Professional Entrance Examinations (JKBOPEE) has issued notification dated 24.01.2026

accommodating the students in Government Medical Colleges within the UT of J&K.

VOTERS IN WEST BENGAL

5636. SHRIMATI RACHNA BANERJEE:

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

- (a) the total number of voters in West Bengal since 2000, year-wise and gender-wise;
- (b) the total number of voters that are aged 18 years; and
- (c) the total number of voters who were reported deceased between the 2019 Lok Sabha elections and the 2024 Lok Sabha elections?

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

(a) : As informed by the Election Commission of India (ECI), the total number of voters in West Bengal since 2000, year-wise and gender-wise is given in the enclosed **Statement**.

(b) : As informed by the ECI, 5,23,229 voters (as on 28.02.2026) are aged 18 years as per SIR 2026 conducted in West Bengal.

(c) : As informed by the ECI, total number of voters who were reported deceased between the 2019 Lok Sabha elections and the 2024 Lok Sabha elections are listed below:

Year	Death
Final Roll 2019	2,17,696
Final Roll 2020	1,56,342
Final Roll 2021	4,32,587
Final Roll 2022	4,02,712
Final Roll 2023	4,09,321
Final Roll 2024	5,47,757

STATEMENT

The total number of voters in West Bengal since 2000, year-wise and gender-wise:

SSR Year	Electoral Details			Total
SSR Year	Male	Female	Third Gender	Total
Final Roll 2000	NA			4,81,21,902
Final Roll 2001	2,53,49,781	2,33,05,044		4,86,54,825
Final Roll 2002	2,39,46,425	2,18,66,088		4,58,12,513
Final Roll 2003	NA			4,64,62,519
Final Roll 2004	2,47,66,453	2,26,25,973		4,73,92,426
Final Roll 2005	NA			4,80,88,259
Final Roll 2006	2,52,08,211	2,29,04,431		4,81,12,642
Final Roll 2007	2,59,94,303	2,34,64,491		4,94,58,794
Final Roll 2008	2,64,58,474	2,39,53,276		5,04,11,750
Final Roll 2009	2,74,88,528	2,48,74,147		5,23,62,675
Final Roll 2010	2,88,17,900	2,61,42,589		5,49,60,489
Final Roll 2011	2,94,20,589	2,66,71,384		5,60,91,973

Final Roll 2012	3,03,44,341	2,74,61,090	323	5,78,05,754
Final Roll 2013	3,14,11,300	2,86,03,165	402	6,00,14,867
Final Roll 2014	3,24,89,949	2,99,78,526	513	6,24,68,988
Final Roll 2015	3,31,06,069	3,06,29,238	608	6,37,35,915
Final Roll 2016	3,39,06,350	3,16,38,993	758	6,55,46,101
Final Roll 2017	3,45,92,448	3,24,43,796	1,017	6,70,37,261
Final Roll 2018	3,51,21,169	3,31,25,752	1,284	6,82,48,205
Final Roll 2019	3,57,83,463	3,39,75,979	1,426	6,97,60,868
Final Roll 2020	3,67,38,047	3,52,01,469	1,495	7,19,41,011
Final Roll 2021	3,73,66,306	3,59,27,084	1,590	7,32,94,980
Final Roll 2022	3,78,00,351	3,64,98,817	1,642	7,43,00,810
Final Roll 2023	3,82,36,507	3,69,70,071	1,799	7,52,08,377
Final Roll 2024	3,85,30,981	3,73,04,960	1,837	7,58,37,778
Final Roll 2025	3,87,93,743	3,76,00,611	1,811	7,63,96,165
Final Roll 2026 (SIR) As on 28.02.2026	3,28,10,872	3,16,40,585	1,152	6,44,52,609

INDIA-UAE STRATEGIC DEFENCE PARTNERSHIP

5637. SHRI ASADUDDIN OWAISI:

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

- (a) The details, scope and the operational framework of the proposed India-UAE Strategic Defence Partnership announced during the UAE President's visit on 19th January, 2026.

- (b) Whether the Government has assessed the implications of this defence agreement on India's bilateral ties with west asian countries like Saudi Arabia, Iran and other Gulf Cooperation Council countries, if so, the details thereof;
- (c) The details of the safeguards in place to protect approximately 10 million Indian diaspora in GCC nations;
- (d) The manner in which the Government plan to leverage this partnership for India's energy security; and
- (e) The manner in which the Government intend to protect India's key connectivity projects including Chabahar Port, the International North-South Transport Corridor and the India-Middle East-Europe Economic Corridor, amid increasing regional tensions?

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 Letter of Intent signed during the official visit of the President of the UAE provides for working towards a framework agreement for strategic defence partnership in order to expand the existing bilateral defence cooperation across a number of areas such as defence industrial cooperation, defence innovation, advanced technology in the area of defence, counter-terrorism, threats in the cyberspace domain and training.

The agreement builds upon existing defence cooperation between India and the UAE and seeks to strengthen it further.

India's relations with the countries in the Gulf and West Asia region are based on strong foundations of centuries-old people-to-people ties. These have deepened and attained strategic dimensions in different areas of trade, investments, defence, energy, and connectivity over the past decades.

(c) : The Government of India attaches the highest priority to the safety, security, welfare and well-being of the Indian diaspora in the Gulf region. The Ministry of External Affairs is in regular touch with the State Governments and Union Territories to share information and coordinate efforts. The Ministry has established a dedicated special control room to assist and support Indian nationals and their families. In view of the recent regional developments, the Government has undertaken efforts to facilitate the safe return of Indian nationals stranded in transit or on short-term visits following airspace closures.

Embassies and Consulates in the region have issued updated advisories, and are operating 24x7 helplines to address concerns and provide all possible assistance to seafarers, students, stranded Indians, and short-term visitors. Throughout this period, Government has maintained close contact with the relevant countries at the highest levels.

(d) and (e) : The Gulf and West Asia region remains critical for India's energy security and connectivity. The Government has ensured continuity of energy supplies through diversification of sources, enhanced domestic production, and sustained imports, while managing price volatility. Diplomatic efforts have facilitated continued movement of oil through key routes, including the Strait of Hormuz.

The Government maintains close oversight of initiatives such as the Chabahar Port, the International North-South Transport Corridor (INSTC), and the India-Middle East-Europe Economic Corridor, and continues to engage partners and all the relevant stakeholders in line with prevailing regional security conditions.

INSPECTION OF GOVERNMENT AYURVEDIC MEDICAL COLLEGES

5638. SHRI EATALA RAJENDER:

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

- (a) the number of Government Ayurveda Medical Colleges inspected by National Commission for Indian System of Medicine (NCISM) in the country during the last three years, State/UT-wise, especially in the Uttarakhand, Himachal Pradesh, Uttar Pradesh and West Bengal;
- (b) whether it is a fact that the 100 year old Rishikul Government Ayurvedic College in Uttarakhand was inspected by the NCISM, if so, the details thereof;
- (c) the details of the Bachelor of Ayurveda Medicine and Surgery (BAMS) professional-year exams date/month with result declaration date for BAMS batches (2021-22 onwards) till date by the Uttarakhand Ayurvedic University, BAMS batch-wise and year-wise along with the reasons for not following schedule of professional-year;
- (d) the steps taken by the NCISM to ensure that schedule of exam calendar prescribed by NCISM is strictly followed by the Universities;

- (e) the details of the funds, grants are allocated by the Union Government to State Government for promoting ayurvedic medicines during the said period, college-wise including Rishikul Government Ayurvedic College, Haridwar; and
- (f) whether the Government is aware of the dilapidated condition of 100 year old Rishikul Government Ayurvedic College, Haridwar and if so, the details thereof along with the remedial steps taken/proposed to be taken by the Government?

THE MINISTER 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 State/UT-wise number of Government Ayurveda Medical Colleges inspected by National Commission for Indian System of Medicine (NCISM) in the country during the last three years, including Uttarakhand, Himachal Pradesh, Uttar Pradesh and West Bengal is given in the enclosed **Statement-I.**

(b) : The details of inspection by the NCISM in Rishikul Govt. P.G. Ayurvedic College & Hospital, Haridwar, Uttarakhand is given in the enclosed **Statement-II.**

(c): The details of the Bachelor of Ayurveda Medicine and Surgery (BAMS) professional-year exams date/month with result declaration date for BAMS batches (2021-22 onwards) till date by the Uttarakhand Ayurvedic University, BAMS batch-wise and year-wise is given in the enclosed **Statement-III.**

(d) : NCISM has notified regulation namely National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022 under NCISM Act, 2020, wherein, under Section 9 (E) provision stipulated that University, Institution and College shall prepare Academic Calendar of that particular batch in accordance with the template of tentative Academic Calendar provided in these regulations and the same shall be circulated to students and hosted in respective websites and followed accordingly.

(e) and (f) : Ministry of Ayush is implementing the Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments including Uttarakhand and supporting their efforts for overall development & promotion of Ayush system including Ayurveda in the country. Under NAM, grant-in-aid is being provided to the State /UT Governments against their proposals received through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines. Accordingly, State/UT Governments including Uttarakhand may avail financial assistance by submitting suitable proposals through SAAPs. Under NAM, as per proposal received from State Government of Uttarakhand total Grant in aid of Rs.17405.142 lakhs have been released as Central share from 2014-15 to 2024-25. The College-wise release grants to State Government of Uttarakhand including Rishikul Govt. P.G. Ayurvedic College & Hospital, Haridwar is given in the enclosed **Statement-IV**.

With the view to fulfil the mandate of propagation of Ayush System of Healthcare, the Ministry implements a Central Sector Scheme for promotion of

Information, Education and Communication (IEC). Under this Scheme, the Ministry organises National/State level Arogya Fairs, Yoga Fests/Utsavs, Ayurveda Parvs, celebrate important days, Participate in Health fairs/melas, Exhibitions etc., Provide financial assistance for organising seminars, workshops, conferences and conduct multimedia campaigns etc., to create awareness among citizens regarding Ayush systems of medicine including Ayurveda. A National Level Arogya Fair was held at Dehradun, Uttarakhand during the financial year 2024-25.

STATEMENT-I

State/UT-wise Number of Government College inspected by the NCISM

S. No.	State/UT- Wise	Number of College Inspected		
		2023-24	2024-25	2025-26
1	Andhra Pradesh	2	2	2
2	Arunachal Pradesh	0	1	1
3	Assam	1	1	1
4	Bihar	2	2	2
5	Chhattisgarh	2	2	2
6	Delhi	3	4	3
7	Goa	1	3	3
8	Gujarat	8	7	5
9	Haryana	1	3	2
10	Himachal Pradesh	1	1	1
11	Jammu and Kashmir	1	1	2
12	Karnataka	4	4	4
13	Kerala	3	3	3
14	Madhya Pradesh	12	8	7
15	Maharashtra	6	6	6
16	Meghalaya	1	1	3

17	Odisha	4	3	3
18	Puducherry	1	1	1
19	Rajasthan	10	9	10
20	Tamil Nadu	1	1	1
21	Telangana	2	2	2
22	Uttar Pradesh	9	9	9
23	Uttarakhand	3	3	3
24	West Bengal	2	2	2
Total		80	79	78

STATEMENT-II

Details of the inspection in respect of Rishikul Govt. P.G. Ayurvedic College & Hospital Haridwar – 249401, Uttarakhand:

S. No.	Academic Year	Visitation Date	Permission granted Yes/No	Number of Seats	
				UG	PG
1	2023-24	11/May/2023 & 12 May/ 2023	Yes	75	68
2	2024-25	15/Feb/2024 & 16 Feb/2024	Yes	56	68
3	2025-26	24/Mar/2025 & 25 Mar/2025	Yes	75	68

STATEMENT -III

The details of the Bachelor of Ayurvedic Medicine and Surgery (BAMS) professional-year exams date/month, with result declaration date for BAMS batches (2021-22 onwards) till date by the Uttarakhand Ayurvedic University:

Academic calendar for Ayurveda UG Courses for 2021-22 Batch		
First professional BAMS		
1	University Examination	August, 2023
2	Result Declaration	20 th May, 2024
Second Professional BAMS		
3	University Examination	April- May, 2025
4	Result Declaration	10 th March, 2026
Academic calendar for Ayurveda UG Courses for 2022-23 Batch		
First professional BAMS		
5	University Examination	September - October, 2024
6	Result Declaration	November, 2025
Academic calendar for Ayurveda UG Courses for 2023-24 Batch		
First professional BAMS		
7	University Examination	July - August, 2025
8	Result Declaration	15 th May, 2026

STATEMENT-IV

The College-wise release grants to State Government of Uttarakhand including Rishikul Govt. P.G. Ayurvedic College & Hospital, Haridwar:

(Rs. In Lakhs)

Name of the Institutions	UG/PG	Fund Sanctioned/Released
Rishikul Govt. P.G. Ayurvedic College & Hospital, Haridwar	PG-Ayurveda	169.542
Uttarakhand Ayurveda University, Dehradun	UG-Ayurveda	50.00
Gurukul Ayurveda College, Haridwar	UG-Ayurveda	182.00
Govt. Homoeopathic Medical College, Hospital & Research Centre at Doiwala, Dehradun	UG-Homoeopathy	99.00

DEVELOPMENT OF NURSING SERVICES**5639. SHRI KESINENI SIVANATH:**

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

- (a) the number of proposals received and accepted under the Development of Nursing Services scheme in the country, State-wise;
- (b) the details regarding the physical progress of projects approved under this scheme along with the timelines fixed and the current status thereof, State-wise;
- (c) the details regarding the amount of funds sanctioned, released and utilised for the Development of the said scheme, year-wise and State-wise;

- (d) whether the Government proposes to extend or expand the scheme beyond the current period;
- (e) if so, the details regarding the planned expansion, targeted States and projected timelines; and
- (f) the measures taken by the Government to monitor and ensure quality implementation of the scheme across States in the country?

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

(a) to (f) : The Ministry of Health & Family Welfare administers a Central Sector Scheme of “Development of Nursing Services” for upgradation of existing Schools of Nursing into Colleges of Nursing. As per the scheme guidelines, a financial assistance of Rs. 7.00 crore per institution is provided for such upgradation. Under the scheme, 47 Schools of Nursing have been approved for upgradation during previous years.

The implementation of the approved projects is undertaken by the respective State Governments/UT Administrations. The Ministry monitors the progress of these projects through established financial and reporting mechanisms, including release of funds in stages, submission of Utilisation Certificates (UCs), and periodic review meetings with States/UTs, to ensure timely and quality implementation.

The continuation and expansion of the scheme is considered from time to time based on its evaluation, emerging healthcare requirements, and availability of resources.

The details of funds released to the 47 approved Schools of Nursing are given in the enclosed **Statement**.

STATEMENT

Details of Upgradation of School of Nursing into College of Nursing under Central Sector Scheme of Development of Nursing Services 2020-21 to 2025-26:

Sr No.	State	Name of Institute	Fund Released (Rs. in crore)	Year	UC Received (Rs. in crore)
1.	Manipur	1. GNM Training School Churachandpur, Manipur	2.25	2020-21	0
		2. GNM training school, thoubal, Manipur	2.19	2022-23	0
2.	Rajasthan	3. SON, Mahatma Gandhi Hospital, Jodhpur.	4.18	2018-19	3.24
		4. SON, PBM Hospital Bikaner,	1.78	2018-19	3.60
3.	Jammu & Kashmir	5. Principal GNM School, Udhampur,	3.75	2019-20	0
		6. Principal GNM School, Pulwama,	3.75	2019-20	0
		7. Principal GNM School, Kulgam,	3.75	2020-21	0
		8. Principal GNM School, Akhnoor,	3.75	2019-20	0
		9. Principal GNM School, Shopian,	3.75	2019-20	0
		10. Principal GNM School, Budgam,	3.75	2019-20	0

		11.Principal ANM School, Rajouri	3.75	2019-20	0
		12.Principal ANM School, Reasi	3.75	2019-20	0
		13.Principal ANMT School/ Dy CMO, Kathua,	3.75	2020-21	0
		14.Principal ANMT School/ Dy CMO, Doda	3.75	2020-21	0
4.	Arunachal Pradesh	15.Principal, State Nursing School, Naharlagun, Arunachal Pradesh	4.00	2021-22	4.00
			2.10	2023-24	2.10
		16.Principal, Government Nursing School, Pasighat, Arunachal Pradesh	4.00	2021-22	4.00
			2.10	2022-23	2.10
		17.Govt. ANM Nursing School, Aalo, Arunachal Pradesh	2.50	2023-24	2.50
			3.60	2024-25	3.60
		18.Govt. ANM Nursing School, Namsai, Arunachal Pradesh	2.9218	2023-24	2.9218
			3.1782	2024-25	3.1782
5.	Meghalaya	19.School of Nursing, Civil Hospital, Shillong, Meghalaya	2.00	2021-22	2.00
			4.10	2025-26	0
		20.School of Nursing, Theresa House Training Centre, Ganesh Das Govt. M.C.H Hospital, Shillong, Meghalaya	2.50	2022-23	2.50
			3.60	2025-26	0
6.	Tripura	21.Nurses Training Institute AGMC & GBP Hospital, Agartala,	1.71	2022-23	1.71
			1.7382	2023-24	1.20
7.	Nagaland	22.School of Nursing, Naga Hospital Authority Kohima-Upgradation school of Nursing into College of Nursing Nagaland	2.19	2022-23	0
		23.School of Nursing, IMDH, Mokokchung, Nagaland.	2.2025	2022-23	0

		24.27. School of Nursing, Dimapur, Nagaland	3.75	2022-23	0
8.	Telangana	25.Govt. College of Nursing, Secunderabad, Telangana	2.77375	2022-23	0
		26.Govt. School of Nursing Osmania General Hospital, Hyderabad, Telangana	2.77375	2022-23	0
		27.School of Nursing, MGM Hospital, Warangal	1.525	2023-24	0
		28.Govt. School of Nursing, Makloor, Nizamabad	1.525	2023-24	0
		29.Government School of Nursing, Bodhan, Nizamabad	1.525	2023-24	0
9.	Himachal Pradesh	30.GNM Training School, Bilaspur, HP	1.5375	2023-24	0
		31.GNM Training School, Tanda, HP	1.5375	2023-24	0
10.	Mizoram	32.School of Nursing, Lunglie, Mizoram	3.75	2023-24	3.75
			2.35	2024-25	0
		33.Govt. School of Nursing, Thingdawl, Kolasib, Mizoram	1.525	2024-25	0
11.	Maharashtra	34.Govt. School of Nursing, Satara	3.75	2019-20	3.20
		35.Govt. School of Nursing, Nashik	3.75	2019-20	3.20
		36.Govt. School of Nursing, Sindhudurg	3.75	2019-20	3.20
		37.School of Nursing Sh. CSM Gen. Hosp. Solapur	3.00	2024-25	0
		38.Vilashrao Deshmukh Govt. Med. College and Hospital, Latur	2.7134	2024-25	0
		39.Training College of Nursing & RCSM Govt. Med. College & Chatrapati Pramila Raje Ganesh Hospital, Kolhapur	2.7134	2024-25	0
		40.Training College of Nursing Gokuldas Tejpal Hospital, Mumbai	1.2318	2024-25	0

		41.School of Nursing, Shri Bhausahab Hire Government Medical College & Sarvopchar Rugnalaya Dhule	2.90	2025-26	0
		42.Training College of Nursing, Padmabhushan Vasantdada Patil, Government Hospital Sangli	2.24	2025-26	0
		43.Training School of Nursing Govt. Medical College & Hospital Akola	3.25	2025-26	0
		44.Training College of Nursing. Swami Ramanand Teerth Rural Government Medical College and Hospital Ambajogai District.	3.25	2025-26	0
12	Ladakh	45.GNM Training School, Kargil Ladakh	2.50	2025-26	0
13.	West Bengal	46.Nursing Training School, Malda Medical College & Hospital, Malda	2.00	2025-26	0
		1. GNM Training School Jhargram Govt. Medical College and Hospital	2.00	2025-26	0

BACKLOG OF EXECUTION PETITIONS

5640. SHRI BAPI HALDAR:

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

- (a) whether it is a fact that over 8.82 lakh execution petitions are pending in district courts and about 39 per cent are in Maharashtra, if so, pendency of execution petitions, State/UT-wise;
- (b) whether the Supreme Court has mandated all High Courts to establish a mechanism for deciding execution petitions within six months;
- (c) if so, the details of compliance with the Supreme Court's 6 month timeline, High Court-wise; and

(d) the average disposal time of execution petitions in the last five years, State/UT-wise?

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

(a) : The Supreme Court of India, in its proceedings dated 16.10.2025 in M.A. Nos. 1889–1891/2025 in CA No.3640-3642 of 2025, observed that as on that date, a total of 8,82,578 execution petitions were pending across the country. As on 18.03.2026, the pendency of execution petitions State/UT-wise is given in the enclosed **Statement**.

(b) : Yes, the Supreme Court of India has mandated expeditious disposal of execution petitions; in *Para 42.12* of *Rahul S. Shah v. Jinendra Kumar Gandhi*, it directed that execution proceedings to be completed within six months from the date of filing, which has been reiterated by the Apex court in its subsequent orders including *Bhoj Raj Garg v. Goyal Education and Welfare Society & Ors.*, *Special Leave Petition(C) Nos.19654 of 2022* as well as orders dated 06.03.2025 in *Civil Appeal Nos. 3640-3642 of 2025 (Periyammal (dead) through Lrs & Ors. V/s V. Rajamani & Anr. Etc.*

(c) and (d) : The details regarding compliance with the Supreme Court's 6 month timeline, High Court-wise is not centrally maintained. However, as per the information provided by some High Courts it is observed that pursuant to the Supreme Court' directions, the Orissa High Court, the Jharkhand High Court, the Gauhati High Court and the Bombay High court have issued

administrative instructions to subordinate courts for the disposal of execution petitions within six months. Further, the data regarding average disposal time of execution petitions in the last five years, State/UT-wise is not centrally maintained.

STATEMENT

Pendency of Execution Petitions, as on 18.03.2026

Sr No.	State	Count
1	Andaman and Nicobar	101
2	Andhra Pradesh	61,815
3	Arunachal Pradesh	109
4	Assam	4,576
5	Bihar	17,301
6	Chandigarh	1,311
7	Chhattisgarh	10,506
8	Delhi	14,118
9	Goa	1,372
10	Gujarat	13,178
11	Haryana	21,632
12	Himachal Pradesh	9,412
13	Jammu and Kashmir	6,639
14	Jharkhand	5,284
15	Karnataka	1,30,735
16	Kerala	79,886
17	Ladakh	45
18	Lakshadweep	36
19	Madhya Pradesh	55,247
20	Maharashtra	4,23,682
21	Manipur	503
22	Meghalaya	93

23	Mizoram	333
24	Nagaland	41
25	Odisha	8,092
26	Puducherry	1,321
27	Punjab	24,385
28	Rajasthan	18,761
29	Sikkim	78
30	Tamil Nadu	78,961
31	Telangana	35,747
32	The Dadra and Nagar Haveli and Daman And Diu	158
33	Tripura	802
34	Uttar Pradesh	29,247
35	Uttarakhand	1,464
36	West Bengal	26,494
	Total	10,83,465

Source: National Judicial Data Grid (NJDG)

DEATHS RELATED TO OBESITY

5641. DR. KAKOLI GHOSH DASTIDAR:

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

- whether the Government maintains data on deaths directly attributable to obesity or overweight and if so, the details thereof;
- the number of such deaths reported annually during the last five years, State/UT-wise and gender-wise;
- whether the Government tracks mortality from non-communicable diseases, such as cardiovascular diseases, diabetes and cancers, linked

to obesity and if so, the details thereof along with the States/UTs with the highest burden; and

(d) the measures taken or being taken by the Government to address the rising obesity- related mortality 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 (c) : Obesity is a major modified biological risk factor for non-communicable diseases (NCDs). As per the “Operational Guidelines National Programme for Prevention and Control of Non-communicable Diseases (2023-2030)”, published in 2023 by the Ministry of Health and Family Welfare, Government of India, Non-communicable Diseases (NCDs) are estimated to account for 63% of all deaths in country.

(d) : The Department of Health and Family Welfare provides technical and financial support to States and Union Territories across the country under the National Programme for Prevention and Control of Non Communicable Diseases (NP-NCD) as part of the National Health Mission (NHM). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs). Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 479 District Day Care Centres, and 6,410 NCD

clinics at Community Health Centres and 233 Cardiac Care Units have been set up.

A population-based initiative for the prevention, control and screening of common non-communicable diseases (NCDs) has been rolled out across the country. Under the initiative, persons over 30 years of age are targeted for their screening for the common NCDs.

Preventive aspect of NCDs is strengthened under comprehensive Primary Health Care through Ayushman Arogya Mandirs (AAM) by promotion of wellness activities and targeted communication at the community level. Food Safety and Standards Authority of India runs campaigns to promote healthy eating habits. Fit India and Khelo India movements are implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH.

IMPACT OF ABDM ON PATIENT CARE

5642. SHRI THARANIVENTHAN M. S.:

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

- (a) the total number of citizens enrolled under the Ayushman Bharat Digital Mission (ABDM) across the country, State-wise, particularly in Tamil Nadu;
- (b) the number of hospitals, clinics and health providers registered under ABDM and their geographical distribution;

- (c) whether the Government has evaluated the impact of ABDM on patient care, accessibility and efficiency of health services, especially in rural areas of the country, if so, the details thereof;
- (d) the steps taken by the Government to ensure data security, privacy and interoperability of health records under ABDM; and
- (e) the measures adopted by the Government to integrate ABDM with existing public health programmes, insurance schemes, and state health databases 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 (e) : The Ayushman Bharat Digital Mission (ABDM) was launched by the Government of India in September 2021 to support the development of an integrated, citizen-centric national digital health ecosystem. As on 22nd March, 2026, a total of 86,96,38,083 Ayushman Bharat Health Account (ABHA) have been created, including 1,99,21,643 ABHA in Tamil Nadu. Under ABDM, 4,85,760 facilities have been registered on the Health Facility Registry (HFR), 8,35,477 healthcare professionals have been registered on the Healthcare Professionals Registry (HPR), including 17,645 facilities under HFR and 24,845 professionals under HPR for the state of Tamil Nadu. The state-wise details of ABHAs created is given in the enclosed **Statement**.

A third-party evaluation study of the ABDM has been conducted and the key findings of the evaluation study are as under:

- i. ABDM has reduced waiting times, enabled cost savings, and improved service access, particularly benefiting women and underserved populations.
- ii. Considering the well-structured strategic foundation, robust digital infrastructure rollout, and effective stakeholder engagement across public and private sectors, ABDM has brought in efficiency in the health service delivery ecosystem.
- iii. ABDM has shown impact by enhancing healthcare efficiency, accessibility, and affordability, especially for underserved groups. Its interoperable infrastructure and cross-sectoral collaborations have driven systemic shifts, through broader integration and measurable health outcomes which are key to sustaining long-term success.

'Privacy by Design' is one of the key guiding principles of ABDM and there is no centralised repository of health data. ABDM facilitates secure data exchange between the intended stakeholders on the ABDM network after the patient's consent. Also, before integrating with ABDM, digital health applications are validated in a Sandbox environment, and they also undergo security audits like WASA (Web Application Security Audit) to ensure data security.

ABDM enables interoperability by establishing common health data standards and developing registries for individuals, health facilities, healthcare professionals, and other necessary components. This allows various digital health systems across both public and private healthcare ecosystems to

exchange data across healthcare providers, even when they use different digital platforms.

Technical support is provided for integration of any digital health solution with ABDM, including public health programs. Several national and state public health programme platforms including Pradhan Mantri Jan Arogya Yojana (PM-JAY), Nikshay portal, Reproductive and Child Health (RCH), Non-Communicable Diseases (NCD), Gujarat's TECHO, Uttar Pradesh's eKavach, Rajasthan's Pregnancy, Child Tracking and Health Services Management (PCTS) have been integrated with ABDM, enabling them to create, share and access inter-operable health records.

STATEMENT

State wise details of ABHAs created under ABDM

S. No.	State/UT	ABHAs Created
1.	Andaman And Nicobar Islands	468273
2.	Andhra Pradesh	49235505
3.	Arunachal Pradesh	545245
4.	Assam	23341419
5.	Bihar	62390948
6.	Chandigarh	1001131
7.	Chhattisgarh	25490248
8.	Delhi	10225376
9.	Dadar & Nagar Haveli and Daman & Diu	856736
10.	Goa	956592
11.	Gujarat	50412762
12.	Haryana	18293834
13.	Himachal Pradesh	6422516
14.	Jammu And Kashmir	11048515

15.	Jharkhand	17396572
16.	Karnataka	36856306
17.	Kerala	25854604
18.	Ladakh	410006
19.	Lakshadweep	108452
20.	Madhya Pradesh	57159490
21.	Maharashtra	69301627
22.	Manipur	1259887
23.	Meghalaya	1525257
24.	Mizoram	809305
25.	Nagaland	848316
26.	Odisha	41894494
27.	Puducherry	1205535
28.	Punjab	16960390
29.	Rajasthan	67116088
30.	Sikkim	465255
31.	Tamil Nadu	19963156
32.	Telangana	28503458
33.	Tripura	3194402
34.	Uttar Pradesh	149399915
35.	Uttarakhand	7492275
36.	West Bengal	50551713

Note - The above data does not include a total of 1,13,66,996 ABHA which was not populated according to State/UT name, as earlier capture of state and district information was not in mandatory fields during ABHA creation through demographic authentication. The state and district fields have been made mandatory since September 2023.

RAID ON UNLICENSED AYURVEDIC CLINIC

5643. SHRI TANUJ PUNIA:

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

- (a) whether the Government has received a report of the raid on an unlicensed Ayurvedic clinic and manufacturing unit in Dehradun in

February 2026 and if so, the details thereof along with the action taken against the persons involved;

- (b) the number of unlicensed Ayurvedic clinics or manufacturing units identified, since 2023 and the number of prosecutions or licence cancellations initiated, State/UT-wise and year-wise;
- (c) whether any review of inspection and pharmacovigilance mechanisms has been undertaken following such incidents and if so, the details thereof; and
- (d) the measures proposed to strengthen regulatory oversight 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) : Yes, as per the information received from the State Government of Uttarakhand, the Government is aware of the raid conducted in the matter. During the raid, the unlicensed medicines were seized and taken into custody by the Drug Inspectors and further action has been taken as per the provisions of Drugs and Cosmetics Act, 1940 and Rules made thereunder.

(b) : As per the information received from State/UT Governments, the number of unlicensed Ayurvedic clinics or manufacturing units identified, since 2023 and the number of prosecutions or licence cancellations initiated are given in the enclosed **Statement**.

(c) and (d) : The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurveda, Siddha, Sowa-Rigpa, Unani, and

Homoeopathy drugs. Provisions relating to Ayurveda, Siddha, Sowa-Rigpa and Unani Drugs are contained in Chapter IVA and Schedule- I of the Drugs and Cosmetics Act, 1940 and in Rules 151 to 169, Schedules E (I), T & TA of the Drugs Rules, 1945. Further, second schedule (4A) of the Drugs and Cosmetics Act, 1940 provides standards for Homoeopathic drugs and Rules 2dd, 30AA, 67 (C-H), 85 (A to I), 106-A, Schedule K, Schedule M-I of the Drugs Rules, 1945 pertain to Homoeopathic drugs. It is mandatory for the manufacturers to adhere to the prescribed requirements for licensing of manufacturing units & medicines including proof of safety & effectiveness, compliance with the Good Manufacturing Practices (GMP) as per Schedule T & Schedule M-I of Drugs Rules, 1945 and quality standards of drugs given in the respective pharmacopoeia.

Rule 160 A to J of the Drugs Rules, 1945 provides the regulatory guidelines for approval of Drug Testing Laboratory for carrying out such tests of identity, purity, quality and strength of Ayurveda, Siddha, Sowa-Rigpa and Unani drugs and raw materials used in their manufacture on behalf of licensee for manufacture for sale of Ayurveda, Siddha, Sowa-Rigpa and Unani drugs. As on date, 108 private laboratories are approved or licensed under the provisions of Drugs Rules, 1945. Further, there are 34 Drug Testing Laboratories of State/UTs for testing quality of Ayurveda, Siddha, Sowa-Rigpa and Unani drugs and raw materials including legal samples.

As prescribed in Drugs and Cosmetics Act, 1940 and Rules made thereunder, enforcement of the legal provisions pertaining to Quality Control

and issuance of drug license of Ayurveda, Siddha, Sowa-Rigpa, Unani and Homoeopathy drugs, is vested with the State/UT Drug Controllers/ Licensing Authorities appointed by the concerned State/ UT Government.

Drug Inspectors collect medicine samples regularly from manufacturing firms or sale shops within their jurisdiction and send them to Drug Testing Laboratory under Drug Control department for quality testing and if any sample is found to be 'Not of Standard Quality', appropriate action is initiated such as preventing the sale of the drugs from the market and appropriate legal actions as per Drugs and Cosmetics Act, 1940 and Rules made thereunder.

Ministry of Ayush has established an Ayush vertical in the Central Drugs Standard Control Organisation (CDSCO), which includes the posts of 1 Deputy Drugs Controller, 4 Assistant Drugs Controllers, and 4 Drug Inspectors. Drug Inspectors posted in Ayush vertical, inspect various manufacturing units including risk-based inspections in coordination with the licensing authorities/drug inspectors of the respective States/UTs for ensuring safety and quality of Ayush medicines.

Ministry of Ayush has implemented a Central Sector Scheme-Ayush Oushadhi Gunvatta evam Utpadan Samvardhan Yojana (AOGUSY), having one of the component as Pharmacovigilance for Ayurveda, Siddha, Unani, and Homoeopathy (ASU & H) Drugs with the objectives to keep vigilance over Ayush drugs, to reduce the instances of misleading advertisements and report adverse drug reactions. This Pharmacovigilance program has established a three-tier network of pharmacovigilance centers distributed throughout the

country with one National Pharmacovigilance Coordination Center (NPvCC), 5-Intermediary Pharmacovigilance Centers (IPvC) & 97 Peripheral Pharmacovigilance Centers (PPvC).

Ministry of Ayush has launched an IT enabled online portal “Ayush Suraksha” to track the reported Misleading Advertisements (MLAs)/Objectionable Advertisements (OAs) and Adverse Drug Reactions (ADRs) on 30th May 2025. The portal features a centralized dashboard for capturing of MLAs/OAs and tracking of suspected ADRs for prompt regulatory action and comprehensive data analysis.

STATEMENT

As per the information received from State/UT Governments, the details of the number of unlicensed Ayurvedic clinics or manufacturing units identified, since 2023 and the number of prosecutions or licence cancellations initiated, State/UT-wise and year-wise are as follows:

S. No.	States/UTs Governments	Details of the number of unlicensed Ayurvedic clinics or manufacturing units identified, since 2023.	The number of prosecutions or licence cancelled.
1.	Uttarakhand	03	02
2.	Gujarat	03	03
3.	Kerala	09	09
4.	Tripura	Nil	Nil
5.	Madhya Pradesh	Nil	Nil
6.	Maharashtra	Nil	Nil
7.	Mizoram	Nil	Nil
8.	Assam	Nil	Nil

9.	Himachal Pradesh	Nil	Nil
10.	Delhi	Nil	Nil
11.	Tamilnadu	Nil	Nil
12.	Puducherry	Nil	Nil

COOPERATION AMONG GLOBAL SOUTH COUNTRIES

5644. SHRI DUSHYANT SINGH:

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

- (a) the recent initiatives undertaken by India to strengthen multilateralism and promote cooperation among countries of the Global South, through platforms such as the G20, BRICS, SCO and the Voice of Global South Summit;
- (b) the objectives and strategic priorities guiding these initiatives, particularly in the context of evolving global governance structures and emerging geopolitical challenges;
- (c) the steps taken to ensure that the concerns of developing countries are adequately reflected in multilateral deliberations; and
- (d) the manner in which these initiatives contribute to addressing shared priorities of the Global South, including food, fertiliser and energy security, climate action, debt sustainability and inclusive development?

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 has undertaken significant initiatives to strengthen multilateralism and promote Global South cooperation through major multilateral platforms. During its G20 Presidency, India hosted the G20 Summit in New Delhi on 9-10 September 2023 under the theme 'One Earth, One Family, One Future', rooted in 'Vasudhaiva Kutumbakam'. At India's initiative, the African Union was admitted as a permanent member of the G20, marking a historic expansion of Global South representation in premier global governance forums. India assumed the BRICS Chairship on 1 January 2026 under the theme 'Building for Resilience, Innovation, Cooperation and Sustainability', with particular focus on a people-centric and humanity-first approach. India pioneered the Voice of Global South Summit (VOGSS) as a unique platform for developing countries to share perspectives and priorities, with three editions held (January 2023, November 2023, August 2024), each seeing participation of over 100 countries from Africa, Latin America, Asia, and the Pacific Islands. Inputs emanating from the first VOGSS contributed in framing outcomes on matters important to the Global South during India's G20 presidency. India also engages actively in the SCO framework, having hosted the SCO Summit on 4 July 2023 during its Chairship.

Through these engagements, India seeks a reinvigorated, inclusive multilateral order reflecting contemporary realities, including reform of international financial institutions, the UN Security Council, and other global governance structures for equitable developing country representation.

India continues to work with partners in amplifying the voice of the Global South. On food and fertiliser security, the G20 New Delhi Leaders' Declaration emphasised open, fair, and transparent agricultural trade, resilient supply chains, and sustainable practices. On energy security, India launched the Global Biofuel Alliance at the G20 New Delhi Summit, and continues advocating energy access through the International Solar Alliance and 'One Sun One World One Grid' initiative. India's G20 Presidency secured significant progress on climate finance for developing countries on concessional terms, culminating in the Green Development Pact with High-level Principles on LiFE. India also launched the Coalition for Disaster Resilient Infrastructure (CDRI) to promote resilience of infrastructure systems in developing countries to climate and disaster risks. On debt sustainability, India advocated reforms in Multilateral Development Banks, with the G20 agreeing on sustainable financing mechanisms to address developing country vulnerabilities. India championed Digital Public Infrastructure for inclusive development, with G20 decisions on global value chain mapping and digital certificate recognition benefiting MSMEs, and contributed \$25 million for DPI acceleration in the Global South.

INDIA-IRAN RELATIONS

5645. SUSHRI MAHUA MOITRA:

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

- (a) the rank and designation of Government official who signed the condolence book at the Iranian Embassy, Delhi after the death of Iranian President Hassan Rouhani in 2024;
- (b) the rank and designation of Government official who signed the condolence book at the Iranian Embassy, Delhi after the death of Ayatollah Khamenei; and
- (c) the reasons for the difference in the level of representation?

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) : Does not arise as Iran's President in 2024 was not Hassan Rouhani.
- (b) : Foreign Secretary had signed the condolence book at the Iranian Embassy, Delhi, on 5 March 2026 after the death of Ayatollah Khamenei.
- (c) : Does not arise.

एंटीबायोटिक दवाओं का दुरुपयोग और अति उपयोग

5646. श्री बृजेन्द्र सिंह ओला:

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

- (क) क्या सरकार को इस बात की जानकारी है कि देश में एंटीबायोटिक दवाओं की पैकेजिंग पर स्पष्ट चेतावनियां या प्रतीक न होने के कारण उनका दुरुपयोग और अत्यधिक उपयोग किया जा रहा है और यदि हां, तो तत्संबंधी राज्य-वार ब्यौरा क्या है;

- (ख) क्या सरकार का एंटीबायोटिक दवाओं की पैकेजिंग पर विशेष कोडिंग, कलर कोडिंग, अलग-अलग चिह्न, चेतावनियां या क्यूआर कोड लागू करने का विचार है ताकि रोगी और फार्मासिस्ट उन्हें अन्य दवाओं से अलग कर सकें और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या एंटीबायोटिक दवाओं के अत्यधिक या अनुचित उपयोग के कारण उनकी प्रभावशीलता कम हो रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) क्या सरकार ने एंटीबायोटिक दवाओं के दुरुपयोग के प्रतिकूल प्रभावों का आकलन करने के लिए कोई अध्ययन कराया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और ऐसे दुरुपयोग को रोकने के लिए क्या प्रयास किए गए हैं?

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

(क) से (घ) : एंटीबायोटिक्स, औषधि नियम, 1945 की अनुसूची एच और अनुसूची एच1 के अंतर्गत आते हैं और इन्हें केवल पंजीकृत चिकित्सा व्यवसायी (आरएमपी) के प्रिस्क्रिप्शन पर ही खुदरा बेचा जा सकता है।

औषधियों का विक्रय और वितरण पर विनियामक नियंत्रण राज्य सरकार द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरणों (एसएलए) द्वारा लाइसेंसिंग और निरीक्षण प्रणाली के माध्यम से किया जाता है। उल्लंघन की स्थिति में, एसएलए को औषधि और सौंदर्य प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत बनाए गए नियमों के प्रावधानों के अनुसार कार्रवाई करने का अधिकार है।

भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) द्वारा दी गई जानकारी के अनुसार, भारत में किए गए विभिन्न अध्ययनों से पता चलता है कि एंटीबायोटिक दवाओं का व्यापक रूप से अनुचित उपयोग हो रहा है, जिसमें बिना पर्चे के दवाओं की बिक्री, चिकित्सकों द्वारा अत्यधिक मात्रा में दवा लिखना, स्वयं उपचार करना और रोगियों द्वारा उपचार की अवधि पूरा नहीं

करना शामिल है। तथापि, आईसीएमआर ने यह निर्धारित करने के लिए कोई अध्ययन नहीं किया है कि क्या यह दुरुपयोग स्पष्ट चेतावनी चिह्नों की कमी के कारण है।

रोगाणुरोधी दवाओं के लिए लेबलिंग संबंधी अनिवार्यताएं औषधि नियम, 1945 के नियम 96 और 97 के अंतर्गत निर्धारित हैं। इसके अतिरिक्त, राज्य औषधि विनियामकों और अन्य हितधारकों को इन अनिवार्यताओं का कड़ाई से पालन करने और एंटीबायोटिक दवाओं के दुरुपयोग के प्रतिकूल प्रभावों के बारे में जनता के बीच जागरूकता बढ़ाने के लिए विभिन्न सूचना/एडवाइजरी/पत्र जारी किए गए हैं।

औषधि नियम, 1945 को वर्ष 2023 में नियम 96 के उप-नियम (6) को जोड़कर संशोधित किया गया है, जिसमें अनुसूची एच 2 में सूचीबद्ध शीर्ष 300 औषधि निर्माण ब्रांडों के विनिर्माताओं को प्रमाणीकरण के लिए सॉफ्टवेयर एप्लीकेशन के माध्यम से पठनीय डेटा संग्रहीत करने के लिए प्राथमिक पैकेजिंग लेबल पर, या द्वितीयक लेबल पर जहां स्थान अपर्याप्त है, बार कोड या क्यूआर कोड मुद्रित या चिपकाना अनिवार्य है, जिसमें कतिपय रोगाणुरोधी भी शामिल हैं।

आईसीएमआर की वार्षिक रिपोर्ट में जन स्वास्थ्य के लिए महत्वपूर्ण रोगजनकों में सामान्यतः उपयोग होने वाले रोगाणुरोधी दवाओं के प्रति प्रतिरोध के बढ़ते स्तर को दर्ज किया जा रहा है। टाइफाइड पैदा करने वाले ऑर्गनिज्म एस. टाइफी में फ्लोरोक्विनोलोन के प्रति 90% प्रतिरोध देखा गया है (आईसीएमआर की वार्षिक रिपोर्ट 2024-2025)। इसके अलावा, ई. कोलाई, क्लेबसिएला निमोनिया और स्टैफिलोकोकस ऑरियस जैसे रोगजनकों में व्यापक स्पेक्ट्रम रोगाणुरोधी दवाओं के प्रति प्रतिरोध में वृद्धि दर्ज की जा रही है, जो सबसे अधिक नुस्खे में लिखी जाने वाली दवाएं हैं (राष्ट्रीय रोगाणुरोधी खपत नेटवर्क (एनएसी-नेट) के तहत रोगाणुरोधी खपत की निगरानी के आंकड़े)।

SEA EROSION IN COASTAL AREAS

5647. SHRI ROBERT BRUCE C.:

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

- (a) the details and status of sea erosion in the coastal parts of Tirunelveli District of Tamil Nadu;
- (b) whether the Government has taken any steps to combat the said issue, if so, the details thereof; and
- (c) if not, the reasons therefor?

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

(a) to (c) : National Centre for Coastal Research (NCCR) under Ministry of Earth Sciences (MoES), has been undertaking periodic, pan India shoreline mapping once every 2-3 years using multi-decadal satellite data and field validation. As per shoreline changes assessment (1990-2022) of NCCR, about 39.23% of Tamil Nadu coastline is under erosion. District-wise erosion details including Tirunelveli are given in the enclosed **Statement**.

Ministry of Earth Sciences has informed that as per the request of Tamil Nadu government, NCCR has recently undertaken a study on climate change adaptation through eco-friendly solutions for rehabilitation of coastal habitat along Tamil Nadu coast. It has also prepared a Shoreline Management Plan (SMP) for the entire Tamil Nadu coast considering coastal processes, geomorphology, infrastructure, and socio-economic factors.

These reports have been submitted to the Department of Environment and Climate Change, Government of Tamil Nadu for appropriate action and

integration into coastal zone management and planning frameworks as per requirement.

STATEMENT

The District-wise details of erosion along Tamil Nadu coast over the period 1990-2022:

District name	Coastal length (km) *	Erosion	
		Km *	%
Tirunelveli	49.7	7.5	15.1
Tiruvallur	39.66	7.74	19.5
Chennai	43.94	17.64	40.1
Chengalpattu	73.58	49.42	67.2
Villupuram	33.6	18.96	56.4
Cuddalore	41.32	19.54	47.3
Mayiladuthurai	48.88	34.7	71.0
Nagapattinam	81.52	29.88	36.7
Thiruvarur	22.14	11.92	53.8
Thanjavur	43.42	14.22	32.7
Pudukkottai	43.28	15.28	35.3
Ramanathapuram	279.96	95.42	34.1
Thoothukudi	121.3	24.06	19.8
Kanniyakumari	69.18	42.68	61.7
Overall	991.48	388.96	39.2

*The length represents the coastal lengths for analysis purpose only

SHORTAGE OF AYUSH DOCTORS AND PHARMACISTS

5648. SHRI UMMEDA RAM BENIWAL:

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

- (a) whether there is an acute shortage of trained AYUSH doctors and pharmacists across the country, if so, the details thereof;

- (b) the number of vacant positions in Government hospitals and health centres;
- (c) whether the Government has delayed recruitment under the National AYUSH Mission; and
- (d) if so, the details thereof?

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

(a) to (d) : Public Health being a State subject, the primary responsibility to assess the number of vacant positions in Ayush facilities including Government hospitals & health centres to analyze status of availability of trained man-power including Ayush doctors and pharmacists across the country and conduct timely recruitment under the National Ayush Mission (NAM), lies with the respective State/UT Government. However, under NAM, the components for setting up of up to 10/30/50 bedded Integrated Ayush Hospitals, upgradation of exclusive standalone Ayush Hospitals, operationalization of Ayushman Arogya Mandir (Ayush) and Ayush Public Health Programmes inter-alia are having provision for deployment of man-power for various posts. Accordingly, State/UT Governments may avail the financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per the provisions of the NAM guideline.

सरकारी अस्पतालों में आवश्यक दवाओं की उपलब्धता

5649. श्री सुनील कुमार:

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

(क) क्या सरकार ने सरकारी अस्पतालों में आवश्यक दवाओं की उपलब्धता का आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के अंतर्गत बिहार में सस्ती दवाएं उपलब्ध कराने वाले केन्द्रों की संख्या कितनी है;

(ग) क्या बिहार के पश्चिमी चम्पारण जिले के नरकटियागंज और बगहा में नए केन्द्र खोलने का कोई प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या उक्त योजना के अंतर्गत दवाओं की अतिरिक्त श्रेणियों को शामिल करने का कोई प्रस्ताव है; और

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

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

(क) : स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा दी गई जानकारी के अनुसार, सार्वजनिक स्वास्थ्य केंद्रों में आने वाले रोगियों के लिए आवश्यक दवाओं की उपलब्धता सुनिश्चित करने और उनकी जेब से होने वाले खर्च (ओओपीई) को कम करने के लिए, सरकार ने राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत निःशुल्क औषधि सेवा पहल (एफडीएसआई) शुरू की है। इसके अंतर्गत, राज्यों/केंद्र शासित प्रदेशों को उनके समग्र संसाधन बजट के भीतर, उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में उनके द्वारा निर्धारित आवश्यकताओं के आधार पर सार्वजनिक स्वास्थ्य केंद्रों में निःशुल्क आवश्यक दवाएं उपलब्ध कराने के लिए वित्तीय सहायता प्रदान की जाती है।

स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने सार्वजनिक स्वास्थ्य केंद्रों पर उपलब्ध कराई जाने वाली आवश्यक औषधियों (ईएमएल) की सुविधावार सूची की सिफारिश की है, जिसमें कैंसर के इलाज के लिए इस्तेमाल होने वाली दवाएं भी शामिल हैं।

उप स्वास्थ्य केंद्र स्वास्थ्य एवं कल्याण केंद्र (एसएचसी-एचडब्ल्यूसी) - 106

प्राथमिक स्वास्थ्य केंद्र स्वास्थ्य एवं कल्याण केंद्र (पीएचसी-एचडब्ल्यूसी) - 172

सामुदायिक स्वास्थ्य केंद्र (सीएचसी) - 300

उप-जिला अस्पताल - 318

जिला अस्पताल (डीएचएस) -381

इस योजना के अंतर्गत औषधियों की खरीद, खरीद प्रणाली को सशक्त बनाने/स्थापित करने, गुणवत्ता आश्वासन, आपूर्ति श्रृंखला प्रबंधन और भंडारण, नुस्खे की जांच, 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 (औषधि और टीका वितरण प्रबंधन प्रणाली) की स्थापना के लिए सहायता उपलब्ध है। राष्ट्रीय स्तर पर आपूर्ति श्रृंखला प्रबंधन गतिविधियों की निगरानी को सुगम बनाने के लिए एक केंद्रीय डैशबोर्ड विकसित किया गया है। कुछ राज्यों ने उप-स्वास्थ्य केंद्रों तक डीवीडीएमएस पोर्टल का कार्यान्वयन कर दिया गया है, जबकि कई अन्य राज्य आवश्यक दवाओं की खरीद और उपलब्धता की वास्तविक स्थिति की सफल निगरानी के लिए ऐसा करने का प्रयास कर रहे हैं।

इसके अतिरिक्त, रसायन और उर्वरक मंत्रालय, औषध विभाग की प्रधानमंत्री भारतीय जनऔषधि परियोजना के तहत दिनांक 28.02.2026 की स्थिति के अनुसार देश भर में कुल 18,646 जन औषधि केंद्र (जेएके) खोले गए हैं, जिनमें से 2,370 जन औषधि केंद्र विशेष रूप से सरकारी अस्पतालों में खोले गए हैं ताकि ब्रांडेड दवाओं की तुलना में लगभग 50% से 80% वहनीय दरों पर दवाएं उपलब्ध कराई जा सकें।

(ख) : दिनांक 28.02.2026 की स्थिति के अनुसार इस योजना के तहत वहनीय दवाएं उपलब्ध कराने के लिए बिहार राज्य में कुल 1127 जन औषधि केंद्र खोले गए हैं।

(ग) : बिहार के पश्चिम चंपारण जिले से कुल 23 आवेदन (नरकटियागंज में 09 और बगहा में 14) प्राप्त हुए हैं। इन केंद्रों को भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) से प्रारंभिक अनुमोदन प्राप्त करने और राज्य औषधि लाइसेंसिंग प्राधिकरणों से आवश्यक लाइसेंस प्राप्त करने के बाद स्थापित और कार्यात्मक बनाया जाता है।

सरकार ने व्यक्तिगत उद्यमियों, गैर-सरकारी संगठनों, समितियों, ट्रस्टों, फर्मों, निजी कंपनियों आदि से ऑनलाइन आवेदन आमंत्रित करते हुए जेएके खोलने के लिए एक फ्रेंचाइजी मॉडल अपनाया है। कोई भी व्यक्ति जिसके पास डी. फार्मा या बी. फार्मा की योग्यता है, वह स्वयं या कोई भी व्यक्ति या संगठन जिसने संबंधित राज्य लाइसेंसिंग प्राधिकरण से औषधि लाइसेंस प्राप्त करने के लिए फार्मासिस्ट के रूप में ऐसी योग्यता वाले व्यक्ति को नियुक्त किया हो, जन औषधि केंद्र खोलने के लिए पात्र है। बिहार के पश्चिम चंपारण जिले सहित देश के सभी जिलों से www.janaushadhi.gov.in वेबसाइट के माध्यम से ऑनलाइन आवेदन आमंत्रित किए गए हैं।

(घ) और (ङ) : प्रधानमंत्री भारतीय जनऔषधि परियोजना के अंतर्गत उत्पाद सूची में 2,110 दवाएँ और 315 शल्य चिकित्सा सामग्री, चिकित्सा उपभोज्य वस्तुएँ और उपकरण शामिल हैं, जो हृदय वाहिका रोग, कैंसर-रोधी, मधुमेह-रोधी, संक्रमण-रोधी, एलर्जी-रोधी और गैस्ट्रो-इंटेस्टाइनल दवाएँ और पोषक तत्व जैसे सभी प्रमुख चिकित्सीय समूहों को कवर करते हैं। प्रयोगशाला अभिकर्मकों और टीकों को छोड़कर, राष्ट्रीय आवश्यक औषधि सूची में शामिल लगभग सभी जेनेरिक दवाएँ इस उत्पाद सूची का हिस्सा हैं।

मौजूदा और नए लॉन्च किए गए/पेटेंट-मुक्त दवाओं की बाजार मांग का मूल्यांकन करने के लिए, जेएके, नागरिकों और बाजार रिपोर्टों से प्राप्त प्रतिक्रिया और विश्लेषण के आधार पर, उत्पाद बास्केट की समय-समय पर एक समिति द्वारा समीक्षा की गई है।

HEALTH EMERGENCY PREPAREDNESS AND RESPONSE TRUST FUND**5650. SHRI LAVU SRIKRISHNA DEVARAYALU:****SHRI BASTIPATI NAGARAJU:**

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

- (a) the details of the funds allocated and utilised under the Health Emergency Preparedness and Response (HEPR) Trust Fund in India, year-wise since its inception;
- (b) the details regarding the list of activities undertaken and infrastructure created or funded through the HEPR Trust Fund;
- (c) whether projects have been approved under the said Trust Fund and if so, the details thereof including year-wise approvals since inception, State-wise and district-wise for Andhra Pradesh; and
- (d) the current physical progress of such projects along with the timelines likely to be taken for the completion of ongoing projects?

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

(a) to (d) : Government has approved a total of one million dollars budget for Indian Council of Medical Research (ICMR) under the World Bank supported Health Emergency Preparedness and Response (HEPR) trust fund project starting from year 2025-26. The following activities have been envisaged for enhancing innovation in ICMR through HEPR trust fund:

- (i) supporting ecosystem development to promote translation of promising research done by ICMR institutions to products and services accessible to vulnerable populations building on the MedTech Mitra initiative;
- (ii) supporting bio-repositories of ICMR bio- materials coming out of research;
- (iii) capacity building of ICMR scientists and staff in critical areas of market access for promising innovations arising out of its research.

There is no provision of physical infrastructure development in the HEPR Trust Fund Project. However, under the Viral Research and Diagnostic Laboratories (VRDL) Scheme of Department of Health Research (DHR), a total of 167 VRDLs have been approved in different States and Union Territories which undertake the task of research, surveillance and diagnosis of viral pathogens, thereby playing a significant role in health emergency preparedness and response. Among these, 9 VRDLs have been approved in the State of Andhra Pradesh.

CGHS BENEFICIARIES IN KERALA

5651 ADV. K. FRANCIS GEORGE:

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

- (a) the number of principal CGHS Cardholders and CGHS beneficiaries, separately, under each of the CGHS Wellness Centres in Kerala, centre-wise and district-wise;

- (b) the average number of beneficiaries visiting each of these centres per day based on the average of the last three months;
- (c) the number of sanctioned and actual strength of Medical Officers, Specialists, Pharmacists, Nurse and other supporting staff in the said State, centre-wise; and
- (d) the details of facilities available in the CGHS Wellness Centres in the State, centre-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) : The number of principal CGHS cardholders and CGHS beneficiaries, separately, under each CGHS Wellness Centre in Kerala, along with the average number of beneficiaries visiting these centres per day during the last three months, centre-wise and district-wise, are given in the enclosed **Statement-I**.

The sanctioned and actual strength of Medical Officers, Specialists, Pharmacists, Nurses and other supporting staff in the State, centre-wise, are given in the enclosed **Statement-II**.

CGHS Wellness Centres in Kerala provide facilities such as Out-Patient Department (OPD) services, referral to empanelled hospitals, indenting and supply of OPD medicines, receipt and processing of Medical Reimbursement Claims, and supply of medical devices such as CPAP/BiPAP machines, among other related services.

STATEMENT-I

The number of principal CGHS cardholders and CGHS beneficiaries, separately, under each CGHS Wellness Centre in Kerala, along with the average number of beneficiaries visiting these centres per day during the last three months:

	Kesavadasapura	Sasthamangala	Vanchiyoore	Ernakulam	Kozhikode	Kannur
Cards	10558	6274	9530	7179	3222	1600
Beneficiaries	25149	14377	21718	18177	7834	4086
Per day average Attendance	197	251	206	201	98	67

STATEMENT-II

The sanctioned and actual strength of Medical Officers, Specialists, Pharmacists, Nurses and other supporting staff in the State, centre-wise:

	Kesavadasapuram		Sasthamangalam		Vanchiyoor		Ernakulam		Kozhikode		Kannur	
	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
Medical Officer	3	3	3	3	3	3	2	2	2	2	2	2
Nursing Officer	1	1	1	1	1	1	1	1	1	1	1	1*
Pharmacists	3	3	3	2 + 1*	3	3	2	1 + 1*	2	2	2	2*
JHAA	0	0	0	0	0	0	1	1	1	1*	1	1*
MTS	1	1	1	1	1	1	0	0	0	0	0	0
Medical Attendent	1	1	1	1	1	1	0	0	0	0	0	0
LMA	1	1	1	1	1	1	0	0	0	0	0	0

*On Contract basis.

ANAEMIA MukT BHARAT**5652. DR. T. SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:**

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

- (a) whether it is a fact that under Anaemia MukT Bharat (AMB) the target is to achieve an annual 3 per cent reduction in prevalence of anaemia including among children, adolescent girls and pregnant women and if so, the details thereof;
- (b) the details of anaemia prevalence in Tamil Nadu among children aged 6–59 months, adolescent girls, women of reproductive age and pregnant women in the country;
- (c) the details of the funds released to Tamil Nadu under AMB and related programmes such as Weekly Iron and Folic Acid Supplementation (WIFS) and National Iron Plus Initiative (NIPI) during the last two years till date; and
- (d) the steps taken by the Government to support States in achieving anaemia reduction targets in high-prevalence districts?

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 (d) : The Government of India implements Anemia MukT Bharat (AMB) strategy to reduce prevalence of 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. These six interventions include Prophylactic Iron and Folic Acid supplementation (IFA Syrup provided biweekly to Children 6-59 months, IFA Pink tablets provided to Children 5-9 years, IFA Blue tablets provided to Adolescent 10-19 years, IFA Red tablets provided weekly to Women of Reproductive age group and IFA Red tablets daily for 180 days provided to pregnant women and lactating mothers), Deworming (Pregnant women provided albendazole tablet in second trimester and all children provided albendazole tablets during National Deworming Day), Intensified Behavioural Change Communication campaign, Testing for anemia and treatment as per anemia management protocols, Mandatory provision of IFA fortified food in public health programmes and Addressing non nutritional causes of anemia especially malaria, fluorosis and hemoglobinopathies.

Additional interventions include digital interventions, active review and monitoring anaemic beneficiaries with follow-up by ASHA, ANM at field level and IEC activities. Regular National level reviews, along with supportive supervision visits and Common Review Mission tours of the States/UTs are undertaken to support and strengthen the nutrition interventions across the country including districts with high prevalence of anemia.

(b) : As per National Family Health Survey 5 (2019-21), anaemia prevalence among children 6 to 59 months, adolescent girls, women of reproductive age and pregnant women in the state of Tamil Nadu and India is given in the enclosed **Statement.**

(c) : The States are provided funds by the National Health Mission based on the proposals received in their Annual Programme Implementation Plans. Under NHM, funds allocated to the State of Tamil Nadu to implement various activities under Anemia Mukht Bharat programme and Weekly Iron and Folic Acid Supplementation (WIFS) for the FY 2023-24 and FY 2024-25 is placed below.

Financial Year	SPIP Approvals towards Anaemia Mukht Bharat (AMB) and Weekly Iron and Folic Acid Supplementation (WIFS) under NHM (In Rs. Lakhs)
FY 2023-24	1296.58
FY 2024-25	782.89

STATEMENT

Anaemia prevalence among children 6 to 59 months, adolescent girls, women of reproductive age and pregnant women in the state of Tamil Nadu and India:

S. No.	Indicator	Tamil Nadu	India
1	Children age 6-59 months who are anaemic (<11.0 g/dl) (%)	57.4	67.1
2	All women age 15-19 years who are anaemic (%)	52.9	59.1
3	Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl) (%)	53.6	57.2
4	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl) (%)	48.3	52.2

राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा)

5653. श्री अरुण गोविल:

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

- (क) क्या सरकार ने महिलाओं, अनुसूचित जातियों, अनुसूचित जनजातियों, आपदा पीड़ितों, आर्थिक रूप से कमजोर तबकों/वर्गों और गरीबों को कानूनी सहायता प्रदान करने के लिए राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा) का गठन किया है ताकि निधि की कमी के कारण लोगों का कोई भी समूह न्याय प्राप्त करने से वंचित न रहे ;
- (ख) यदि हां, तो देश में कुल कितने जिले हैं जहां नालसा कार्य कर रहा है ;
- (ग) देश के कितने जिलों में अभी तक नालसा कार्य नहीं कर रहा है ;
- (घ) शेष जिलों में नालसा को कब तक शुरू किए जाने की संभावना है ;
- (ङ) इस प्राधिकरण के अधीन सेवारत वकीलों को प्रति मुकदमा दी जाने वाली पारिश्रमिक की दर क्या है; और
- (च) मेरठ संसदीय निर्वाचन क्षेत्र में पिछले पांच वर्षों के दौरान राष्ट्रीय विधिक सेवा प्राधिकरण से कितने लोग लाभान्वित हुए हैं ?

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

(क) से (घ): भारत सरकार ने विधिक सेवा प्राधिकरण अधिनियम की धारा 12 के तहत पात्र समाज के गरीब और हाशिए पर रहने वाले वर्गों, जिनमें महिलाएं, अनुसूचित जाति, अनुसूचित जनजाति, आपदा पीड़ित और आर्थिक रूप से कमजोर वर्ग शामिल हैं, को मुफ्त और सक्षम विधिक सेवाएं प्रदान करने हेतु विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के तहत राष्ट्रीय विधिक सेवा प्राधिकरण (नालसा) की स्थापना की है, ताकि यह सुनिश्चित किया जा सके कि आर्थिक या अन्य अक्षमताओं के कारण कोई भी नागरिक न्याय प्राप्त करने के अवसरों से वंचित न रहे और लोक अदालतों का आयोजन किया जा सके जिससे विधिक प्रणाली का इस प्रकार संचालन हो कि समान अवसरों के आधार पर न्याय को बढ़ावा मिल सके।

विधिक सेवा प्राधिकरण अधिनियम, 1987 की धारा 6 (1) के अनुसार, "प्रत्येक राज्य सरकार एक निकाय का गठन करेगी जिसे राज्य के लिए विधिक सेवा प्राधिकरण कहा जाएगा जो इस अधिनियम के तहत राज्य प्राधिकरण को प्रदत्त या सौंपे गए अधिकारों का प्रयोग करेगी और कार्यों का निष्पादन करेगी।"

विधिक सेवा प्राधिकरण अधिनियम, 1987 की धारा 9 (1) के अनुसार, "राज्य सरकार, उच्च न्यायालय के मुख्य न्यायाधीश के परामर्श से, इस अधिनियम के तहत जिला प्राधिकरण को प्रदत्त या सौंपे गए कार्यों का प्रयोग करने के लिए राज्य के प्रत्येक जिले के लिए जिला विधिक सेवा प्राधिकरण नामक एक निकाय का गठन करेगी।"

देश के हर कोने में नागरिकों तक पहुंचने के लिए, विधिक सेवा प्राधिकरणों को तालुक स्तर से लेकर उच्चतम स्तर तक स्थापित किया गया है। उच्चतम न्यायालय की विधिक सेवा समिति (एससीएलएससी) उच्चतम न्यायालय में कार्य करती है, जबकि 38 उच्च न्यायालय विधिक सेवा समितियां (एचसीएलएससी), 37 राज्य विधिक सेवा प्राधिकरण (एसएलएसए), 715 जिला विधिक सेवा प्राधिकरण (डीएलएसए) और 2475 तालुक विधिक सेवा समितियां (टीएलएससी) हैं।

(ड.) : नालसा ने राष्ट्रीय विधिक सेवा प्राधिकरण (निःशुल्क और सक्षम विधिक सेवाएं) विनियम, 2010 तैयार किए हैं। राष्ट्रीय विधिक सेवा प्राधिकरण (निःशुल्क और सक्षम विधिक सेवाएं) विनियम, 2010 के विनियम 14, जो पैनल अधिवक्ताओं को शुल्क के भुगतान का प्रावधान करता है, निम्नलिखित हैं:-

"14. पैनल अधिवक्ताओं को शुल्क का भुगतान - (1) पैनल अधिवक्ताओं को राज्य विनियमों के तहत अनुमोदित शुल्क की अनुसूची के अनुसार शुल्क का भुगतान किया जाएगा।

(2) राज्य विधिक सेवा प्राधिकरण और अन्य विधिक सेवा संस्थान विधिक सहायता मामलों में पैनल अधिवक्ताओं द्वारा प्रदान की गई विभिन्न प्रकार की सेवाओं के लिए भुगतान किए जाने वाले मानदेय का आवधिक पुनरीक्षण करेंगे।"

(च) : पिछले पांच वित्तीय वर्षों के दौरान उत्तर प्रदेश राज्य (मेरठ जिले सहित) में विधिक सेवा प्राधिकरण अधिनियम के तहत मुफ्त विधिक सेवाओं के माध्यम से लाभान्वित व्यक्तियों की संख्या का ब्यौरा निम्नानुसार है: -

वर्ष	लाभान्वित व्यक्ति
2021-22	1,32,629
2022-23	24,890
2023-24	29,079
2024-25	22,732
2025-26 (जनवरी, 2026 तक)	27,179

हालांकि, जिला और निर्वाचन क्षेत्रवार आंकड़े. नालसा द्वारा संधारित नहीं किए जाते हैं।

IMPLEMENTATION OF FAST TRACK SPECIAL COURTS FOR SEXUAL OFFENCES

5654. SHRI PUSHPENDRA SAROJ:

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

- (a) the Fast Track Special Courts sanctioned and operational during the last five years, year-wise and State-wise, particularly for Uttar Pradesh;
- (b) the number of cases pending before such courts and the reasons identified for delays in disposal in ministerial reviews;
- (c) the number of grievances and representations received regarding delays in the trial of cases under POCSO and other sexual offence laws, classified State-wise, particularly for Uttar Pradesh;

- (d) the key findings of performance monitoring reports regarding the adequacy of judges, infrastructure, and support staff; and
- (e) the corrective administrative and financial measures introduced to ensure the timely disposal of cases in Fast Track Special Courts?

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

(a) to (e) : A Centrally Sponsored Scheme to set up Fast Track Special Courts (FTSCs), including exclusive POCSO (ePOCSO) Courts was launched in October, 2019, for the expeditious trial and disposal of pending cases related to rape and offences under the Protection of Children from Sexual Offences (POCSO) Act, 2012. Initially, the Scheme was for the establishment of 1,023 FTSCs, including 389 exclusive POCSO Courts. The Scheme has been extended twice, with the current extension valid up to 31.03.2026 for establishment of 790 FTSCs.

As per the information made available by the High Courts, as of 31.01.2026, 774 FTSCs, including 398 exclusive POCSO (e-POCSO) Courts were functional in 29 States/UTs. This includes the State of Uttar Pradesh, where all the 218 FTSCs allocated under the Scheme have been operationalised. The State/UT-wise and Year-wise total number of Fast Track Special Courts sanctioned and operational during the last five years, are given in the enclosed **Statement**.

As per the information made available by the High Courts, 2,44,479 rape and POCSO cases are pending before the Fast Track Special Courts including the

exclusive POCSO courts. There are several reasons that lead to delay in disposal of cases in courts which, inter-alia, include availability of physical infrastructure, complexity of facts involved, nature of evidence, co-operation of stake holders viz. bar, investigation agencies, witnesses and litigants and proper application of rules and procedures. Other factors that lead to delay in disposal of cases include frequent adjournments.

To strengthen monitoring and improve outcomes under the FTSCs Scheme, regular review meetings are held through video conferencing with the States/UTs and the High Courts. The Hon'ble Minister of Law and Justice has also written to the Hon'ble Chief Ministers and Hon'ble Chief Justices of the High Courts emphasizing strict adherence to statutory timelines prescribed under the POCSO Act, 2012 and the Bharatiya Nagarik Suraksha Sanhita, 2023. In addition, the performance of FTSCs is a regular agenda item in the Inter-State Zonal Council meetings to improve inter-governmental coordination and expedite justice delivery.

The funds under the Scheme are released on the pattern of Centrally Sponsored Scheme (Central share: State share :: 60:40, 90:10) to cover the salaries of one Judicial Officer along with 7 support Staff per court and a Flexi Grant for meeting the day-to-day expenses. The funds are reimbursed to the States/UTs after receipt of the expenditure statements from them. During the current financial year, the allocated budget of Rs. 200.00 crore have been fully utilized by the States/UTs.

STATEMENT

State/UT-wise and Year-wise total number of Fast Track Special Courts sanctioned and operational during the last five years, under the FTSCs

Scheme:

Sl. No.	States/UTs	Sanctioned 1023 FTSCs	FY 2021-22 (as on 31.03.2022)	FY 2022-23 (as on 31.03.2023)	Sanctioned 790 FTSCs	FY 2023-24 (as on 31.03.2024)	FY 2024-25 (as on 31.03.2025)	FY 2025-26 (as on 31.01.2026)
			Functional FTSCs including ePOCSO	Functional FTSCs including ePOCSO		Functional FTSCs including ePOCSO	Functional FTSCs including ePOCSO	Functional FTSCs including ePOCSO
1	A&N	1	0	0	1	0	0	0
2	Andhra Pradesh	18	11	17	16	16	16	16
3	Arunachal Pradesh	3	0	0	0	0	0	0
4	Assam	27	16	17	17	17	17	17
5	Bihar	54	45	45	54	46	46	54
6	Chandigarh	1	1	1	1	1	1	1
7	Chhattisgarh	15	15	15	15	15	15	15
8	Delhi	16	16	16	16	16	16	16
9	Goa	2	1	1	1	1	1	1
10	Gujarat	35	35	35	35	35	35	35
11	Haryana	16	16	16	18	16	16	18
12	Himachal Pradesh	6	6	6	6	6	6	6
13	J&K	4	4	4	4	4	4	4
14	Jharkhand	22	22	22	0	22	22	0
15	Karnataka	31	24	31	30	31	30	30
16	Kerala	56	28	56	55	55	55	55
17	Madhya Pradesh	67	67	67	67	67	67	67
18	Maharashtra	138	39	38	38	15	4	37
19	Manipur	2	2	2	2	2	2	2
20	Meghalaya	5	5	5	5	5	5	5
21	Mizoram	3	3	3	3	3	3	3
22	Nagaland	1	1	1	1	1	1	1
23	Odisha	45	36	45	44	44	44	44
24	Puducherry	0	0	0	1	1	1	1
25	Punjab	12	12	12	12	12	12	12
26	Rajasthan	45	45	45	45	45	45	45

27	Tamil Nadu	14	14	14	23	14	14	20
28	Telangana	36	33	34	36	36	36	36
29	Tripura	3	3	3	3	3	3	3
30	Uttar Pradesh	218	218	218	218	218	218	218
31	Uttarakhand	4	4	4	7	4	4	4
32	West Bengal	123	0	0	16	3	6	8
	Total	1023	722	773	790	754	745	774

HOLISTIC DEVELOPMENT OF WOMEN AND ADOLESCENT GIRLS

5655. SHRI ZIA UR REHMAN:

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

- (a) whether the Government has conducted any assessment regarding dropout rates among adolescent girls and access to skill training programmes in western Uttar Pradesh;
- (b) if so, the details of steps taken to promote education continuity, nutrition support and livelihood opportunities for girls in the said region;
- (c) whether similar gender-related challenges exist in other parts of the country; and
- (d) if so, the details of national initiatives undertaken to ensure holistic development of women and adolescent girls in the country?

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

- (a) to (d) : In the 15th Finance Commission cycle, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers and

Adolescent Girls (14-18 years); Early Childhood Care and Education [3-6 years] and Anganwadi infrastructure including modern and upgraded Saksham Anganwadi have been reorganised under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) for effective implementation of the scheme.

Under the Mission, a package of six services are provided to the eligible beneficiaries i.e Supplementary Nutrition (SNP), Pre-school Non-formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure.

Supplementary Nutrition under the Scheme is served for a minimum of 300 days in a calendar year, i.e., on an average 25 days in a month in the form of Hot Cooked Meals (HCM) and Take Home Ration.

Scheme for Adolescent Girls (SAG) under Mission Poshan 2.0 aims to provide nutritional support to Adolescent Girls (AGs) [14-18 years] for improving their health and nutritional status in Aspirational Districts of all States and all districts of North Eastern States. There are two main components under the scheme. Under the nutrition component, supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients is provided to adolescent girls in the age group of 14-18 years for 300 days in a year. The non-nutrition component is based on convergence with different ministries for IFA

supplementation, health check-up and referral services, nutrition & health education, skilling etc.

MWCD in convergence with Ministry of Skill Development and Entrepreneurship (MSDE) is implementing NAVYA (Nurturing Aspirations through Vocational Training for Young Adolescent Girls), a special pilot project for skilling of Adolescent Girls (AGs) in the age group of 16-18 years and passed secondary level of school education pursuant to the Memorandum of Understanding (MoU) signed between MWCD with MSDE on 11th October, 2022 for bringing greater convergence in Skill Development Initiatives targeted at Young Girls especially in non-traditional skills.

Under NAVYA, 27 districts across 19 States and UT including Fatehpur and Sonbhadra districts of State of Uttar Pradesh have been selected for Skilling of Adolescent Girls (AGs). As on 20th March, 2026, a total of 813 AGs have completed their training in various selected districts across the country. Regular monitoring of NAVYA project is undertaken through VCs and sustained engagements with States and UT concerned.

भूतपूर्व सैनिकों के लिए कल्याण योजनाएं

5656. श्री अरूण कुमार सागर:

क्या रक्षा मंत्री यह बताने की कृपा करेंगे कि :

(क) सरकार द्वारा देश में भूतपूर्व सैनिकों के लिए कार्यान्वित की जा रही केन्द्रीय कल्याण योजनाओं का ब्यौरा क्या है;

- (ख) क्या इन योजनाओं के अंतर्गत भूतपूर्व सैनिकों के लिए पेंशन और स्वास्थ्य सुविधाओं के लिए कोई प्रावधान मौजूद हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) शाहजहांपुर संसदीय निर्वाचन क्षेत्र में कितने भूतपूर्व सैनिक इन योजनाओं से लाभान्वित हुए हैं;
- (घ) क्या सरकार ने भूतपूर्व सैनिक कल्याण योजनाओं के बारे में जागरूकता पैदा करने में किन्हीं समस्याओं की पहचान की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (ङ) क्या सरकार ने भूतपूर्व सैनिकों की स्थिति पर इन योजनाओं के प्रभाव के संबंध में कोई आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

रक्षा मंत्रालय में राज्य मंत्री (श्री संजय सेठ):

(क) और (ख) : सरकार केन्द्रीय सैनिक बोर्ड (केएसबी), पुनर्वासन महानिदेशालय (डीजीआर) और भूतपूर्व सैनिक अंशदायी स्वास्थ्य योजना (ईसीएचएस) के माध्यम से भूतपूर्व सैनिकों (ईएसएम) और उनके आश्रितों के लिए विभिन्न कल्याण योजनाएं संचालित करती है। केएसबी और डीजीआर द्वारा किए गए कल्याण उपायों के ब्यौरे संलग्न **विवरण-I** और **विवरण-II** में दिए गए हैं।

ईसीएचएस भारत और नेपाल में 456 पॉलिक्लिनिकों और 3144 पैनलबद्ध अस्पतालों के वृहत नेटवर्क के माध्यम से भूतपूर्व सैनिकों और अन्य पात्र लाभार्थियों को नकद रहित एवं बिना किसी उच्चतम सीमा के स्वास्थ्य देखभाल उपलब्ध कराता है।

(ग) : उत्तर प्रदेश राज्य के शाहजहांपुर निर्वाचन क्षेत्र में ईएसएम/विधवाओं की कुल संख्या 4,028 है, जो उनकी हकदारी के अनुसार विभिन्न कल्याण योजनाओं के अंतर्गत कवर किए गए हैं।

(घ) और (ङ) : केएसबी की कल्याण योजनाएं राज्य/संघ राज्य क्षेत्र में राज्य सैनिक बोर्डों (आरएसबी) और जिला सैनिक बोर्डों (जेडएसबी) के माध्यम से कार्यान्वित की जाती हैं। इन योजनाओं के बारे में प्रचार-प्रसार केएसबी, आरएसबी और जेडएसबी द्वारा उनके कार्यालयों में प्रमुखता से प्रदर्शित करने के माध्यम से और ईएसएम समुदाय के मध्य व्यापक प्रचार और जागरूकता के माध्यम से किया जाता है। इसके अलावा, डीजीआर भारतीय उद्योग परिसंघ और भारतीय वाणिज्य एवं उद्योग महासंघ के सहयोग

से और तीनों सेना मुख्यालयों की सहायता से पूरे भारत में भूतपूर्व सैनिकों के लिए नौकरी मेले आयोजित करता है। ईएसएम का कल्याण सुनिश्चित करने के लिए इन कल्याण योजनाओं की नियमित रूप से समीक्षा की जाती है।

विवरण-I

केएसबी और डीजीआर द्वारा किए गए कल्याण उपायों का ब्यौरा

1. सशस्त्र बल झंडा दिवस निधि के माध्यम से -

क्रम सं.	अनुदान	राशि (रुपए में)
1	निर्धनता अनुदान (65 वर्ष और इससे अधिक) (हवलदार रैंक तक के गैर-पेंशनभोगी)	8000/- रुपए प्रति माह
2	शिक्षा अनुदान (दो बच्चों तक) (i) स्नातक तक बालक/बालिकाएं (ii) पीजी के लिए विधवाएं (हवलदार रैंक तक के पेंशनभोगी/गैर-पेंशनभोगी) और दो बच्चों तक	2000/-रुपए प्रति माह
3	निःशक्त बच्चों के लिए अनुदान (जेसीओ रैंक तक के पेंशनभोगी/गैर-पेंशनभोगी)	3000/- रुपए प्रति माह
4	पुत्री के विवाह के लिए अनुदान (02 पुत्रियों तक) (हवलदार रैंक तक के पेंशनभोगी/गैर-पेंशनभोगी)	1,00,000/-रुपए
	विधवा पुनर्विवाह अनुदान (हवलदार रैंक तक के पेंशनभोगी/गैर-पेंशनभोगी)	
5	चिकित्सीय उपचार अनुदान	50,000/-रुपए (अधिकतम)

	(हवलदार रैंक तक के गैर-पेंशनभोगी)	
6	अनाथ संबंधी अनुदान (सभी रैंक के पेंशनभोगी/गैर-पेंशनभोगी) • विवाह हो जाने तक भूतपूर्व सैनिकों की पुत्रियां • वर्ष की आयु तक भूतपूर्व सैनिक का 21 एक पुत्र	3000/-रुपए प्रति माह
7	विधवाओं के लिए व्यावसायिक प्रशिक्षण अनुदान (हवलदार रैंक तक के पेंशनभोगी/गैर-पेंशनभोगी)	50,000/-रुपए (एकबारगी)
8	निम्न सूची अनुसार गंभीर बीमारियां:- एंजीयोप्लास्टी एवं एंजीयोग्राफी, सीएबीजी, ओपन हार्ट सर्जरी, वॉल्व रीप्लेसमेंट, पेसमेकर इम्प्लांट, सेरेब्रल स्ट्रोक, प्रोस्टेट सर्जरी, जॉइन्ट रीप्लेसमेंट और रीनल फेल्योरा अन्य बीमारियां: डायलिसिस और कैंसर उपचार (सभी रैंकों के गैर-पेंशनभोगी ईएसएम/विधवाओं/ईएसएम की पत्नी के आश्रितों पर लागू होता है)	अधिकारियों और पीबीओआर के लिए कुल व्यय का क्रमशः 75% और 90% (अधिकतम) 1.50 लाख रुपए तक। अधिकारियों तथा पीबीओआर के लिए कुल व्यय का क्रमशः 75% और 90%। कैंसर और डायलिसिस के लिए प्रतिवर्ष अधिकतम 75,000/- रुपए तक।
9	निःशक्त भूतपूर्व सैनिकों के लिए मॉडिफाइड स्कूटर अनुदान जेसीओ रैंक तक लागू: ऐसे भूतपूर्व सैनिक, जिनकी सेवा के बाद निःशक्तता 50% या उससे अधिक है	1,00,000 रुपए (10 वर्ष के बाद पुनः आवेदन)
10	जेसीओ रैंक तक आवास ऋण पर ब्याज सब्सिडी: युद्ध से शोक	अधिकतम 1,00,000

	संतप्त, युद्ध में निःशक्त हुए तथा शांतिकाल में हताहत हुए सैनिकों के मकानों के निर्माण हेतु एलआईसी/जीआईसी और हुडको सहित बैंक या सरकारी/सार्वजनिक क्षेत्र आदि द्वारा लिए गए ब्याज की 50% धनराशि की प्रतिपूर्ति की जाती है।	रुपए (एकबारगी)

2. **प्रधानमंत्री छात्रवृत्ति योजना:** पाठ्यक्रमों की सम्पूर्ण अवधि के लिए मेरिट के आधार पर वार्षिक रूप से पात्र बच्चों को कुल 5500 छात्रवृत्तियां प्रदान की जाती हैं। छात्रवृत्तियों की दरें निम्नवत हैं:-

(क) बालकों के लिए प्रतिमाह 2500/- रुपए।

(ख) बालिकाओं के लिए प्रतिमाह 3000/- रुपए।

3. **ईएसएम के पुनर्वास में संलग्न संस्थाओं को वित्तीय सहायता:-**

क्रम सं.	संगठन	सहायता/अनुदान की प्रमात्रा
1	पैरेप्लेजिक रीहैबिलिटेशन सेन्टर (i) किर्की (ii) मोहाली	स्थापना अनुदान (प्रतिवर्ष) (i) 1.20 करोड़ रुपए 30,000/- प्रतिवर्ष अप्रैल 2016 से प्रति संवासी (ii) 10 लाख रुपए (अप्रैल 2015 से)
2	अखिल भारतीय गोरखा भूतपूर्व सैनिक कल्याण संघ, देहरादून	12 लाख रुपए प्रति वर्ष (वित्त वर्ष 2026-27 से बढ़ाकर 18 लाख रु. प्रतिवर्ष कर दिया गया है)
3	चेशायर गृह (i) लखनऊ (ii) देहरादून	15,000/- रुपए प्रतिवर्ष प्रति संवासी

	(iii) दिल्ली	
4	समर स्मारक छात्रावास: 36 ऐसे डब्ल्यूएमएच हैं जो युद्ध विधवाओं/आरोप्य तथा अनारोप्य मामलों में युद्ध में निःशक्तजनों के बच्चों को आश्रय प्रदान कर रहे हैं।	1350/- रुपए प्रति बच्चा प्रतिमाह

4. भारत सरकार के नामिति के रूप में रक्षा कार्मिकों के बच्चों के लिए मेडिकल/डेंटल कॉलेजों में सीटों का आरक्षण: भारत सरकार के नामिति के रूप में रक्षा कार्मिकों के बच्चों के लिए स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा वित्त वर्ष 2025-26 के लिए केएसबी को एमबीबीएस की कुल 42 सीटें और बीडीएस पाठ्यक्रमों की 3 सीटें आवंटित की गई थी।

विवरण-II

केएसबी और डीजीआर द्वारा किए गए कल्याण उपायों का ब्यौरा

पुनर्वास अवसर

1. पुनर्वास महानिदेशालय तीनों सेनाओं के भूतपूर्व सैनिकों (ईएसएम) को लाभप्रद नौकरी और स्व-रोजगार दिलाने के लिए कई तरह की पुनर्वासन योजनाएं क्रियान्वित करता है। ये योजनाएं ईएसएम की स्वेच्छा, विहित अर्हता मानदंडों को पूरा करने और रिक्तियों की उपलब्धता के आधार पर दी जाती हैं।
2. पुनर्वास महानिदेशालय द्वारा संचालित पुनर्वास योजनाएँ
 - 2.1 ऑनलाइन रजिस्ट्रेशन के माध्यम से नियोजन सहायता: डीजीआर, डीजीआर पोर्टल पर ऑनलाइन रजिस्ट्रेशन के माध्यम से भूतपूर्व सैनिकों को नियोजन में मदद करता है। ईएसएम को सरकारी विभागों, सार्वजनिक क्षेत्र उपक्रमों (पीएसयू) और निजी क्षेत्र के संगठनों से मिली आवश्यकता के आधार पर प्रायोजित किया जाता है।

प्रायोजन, विज्ञापित पद स्थितियों के लिए ईएसएम द्वारा स्वैच्छिक आवेदन के आधार पर कार्यान्वित किया जाता है, जिससे पारदर्शिता और समान अवसर सुनिश्चित किए जाते हैं।

2.2 डीजीआर की पैनलबद्ध सुरक्षा सेवाएं योजना : इस योजना के तहत, डीजीआर अलग-अलग ईएसएम सुरक्षा एजेंसियों और राज्य ईएसएम निगमों को पैनल में शामिल करता है और प्रायोजन करता है ताकि वे अलग-अलग सरकारी मंत्रालयों/विभागों के तहत सार्वजनिक क्षेत्र के उपक्रमों, स्वायत्त निकायों, संगठनों और संस्थाओं, साथ ही निजी क्षेत्र के संगठनों को सुरक्षा सेवाएं दे सकें। यह योजना भारत सरकार, रक्षा मंत्रालय के वर्ष 1994 के आदेश के तहत लागू है, और यह राज्यों और संघ राज्यक्षेत्रों, सीमा क्षेत्रों और द्वीप राज्यक्षेत्रों में सरकारी संगठनों और संस्थाओं, सीपीएसयू/सीपीएसई, और स्वायत्त निकायों की सभी परिसंपत्तियों और संपत्तियों (महत्वपूर्ण, संवेदनशील और रणनीतिक परिसंपत्तियों सहित) की सुरक्षा भूतपूर्व सैनिकों द्वारा सुनिश्चित की जाती है। यह योजना सुरक्षा एजेंसियों के मालिकों के तौर पर ईएसएम (अधिकारियों) के बीच उद्यमिता को बढ़ावा देती है, साथ ही अन्य ईएसएम के लिए सुरक्षा कर्मचारियों के तौर पर बड़े पैमाने पर रोजगार के मौके भी पैदा करती है।

2.3 ईएसएम कोयला लदान और परिवहन योजना : यह योजना कोल इंडिया लिमिटेड (सीआईएल) और डीजीआर के बीच एक समझौता ज्ञापन (एमओयू) से चलती है। 30 जून 2020 से सीआईएल के एमओयू से एकतरफ़ा हटने के बाद यह योजना निलंबित रही। लगातार कोशिशों के बाद, 14 अक्टूबर 2025 को डीजीआर और सीआईएल के बीच एक संशोधित समझौता पर हस्ताक्षर किए गए, जिससे सीआईएल की अलग-अलग समनुषंगी कंपनियों में कोल लोडिंग और परिवहन

कंपनियों को चलाने के लिए भूतपूर्व सैनिकों को फिर से मौके मिले। इस योजना में ईएसएम अधिकारियों को निदेशक के तौर पर और अन्य रैंक के लोगों को टिपर मालिकों के तौर पर स्व-नियोजन शामिल है। विधवाओं/बच्चों और दिव्यांग ईएसएम को एक बार के निवेश के आधार पर मौद्रिक लाभ हेतु ईएसएम कंपनी से जोड़ा जाता है।

2.4 ईएसएम द्वारा आईजीएल/एमएनजीएल सीएनजी स्टेशनों का प्रबंधन : डीजीआर ने दिल्ली/एनसीआर में आईजीएल/सीएनजी स्टेशनों के प्रबंधन के लिए सेवानिवृत्त रक्षा अधिकारियों (ब्रिगेडियर और समकक्ष रैंक तक) का एक पैनल प्रदान करने के लिए इंद्रप्रस्थ गैस लिमिटेड (आईजीएल), नई दिल्ली के साथ एक समझौता किया है। इस योजना के तहत पंजीकृत योग्य ईएसएम अधिकारी आईजीएल से मिली आवश्यकता के अनुसार 1:2 के अनुपात में प्रायोजित किए जाते हैं। चयनित अधिकारियों को पांच साल के अनुबंध पर रखा जाता है, जिसे हर साल नवीकृत किया जा सकता है। माह का पारिश्रमिक लगभग 90,000/- रुपये है। ऐसी ही एक योजना वर्ष 2015 से महाराष्ट्र प्राकृतिक गैस लिमिटेड (एमएनजीएल) के साथ पुणे, महाराष्ट्र में चल रही है।

2.5 कंपनी स्वामित्व और कंपनी प्रचालित खुदरा आउटलेट (सीओसीओ) का प्रबंधन : पेट्रोलियम और प्राकृतिक गैस मंत्रालय (एमओपीएनजी) की नीति के अनुसार, सीओसीओ खुदरा आउटलेट सेवानिवृत्त सशस्त्र सेना अधिकारियों और 60 साल से कम उम्र के जेसीओ को अनुबंध के आधार पर ज़्यादा से ज़्यादा तीन साल के लिए प्रबंधन हेतु दिए जाते हैं। यह योजना पूरे भारत में चलती है। अधिकारियों का प्रायोजन डीजीआर करता है, जबकि जेसीओ को राज्य सैनिक बोर्ड (आरएसबी) के माध्यम से प्रायोजित किया जाता है। तेल विपणन कंपनियाँ सेल्स पर परफॉर्मैस-

बेस्ड इंसेंटिव के अलावा हर महीने 30,000 रुपये की फिक्स्ड सैलरी देती हैं। आईओसीएल, बीपीसीएल और एचपीसीएल की वेबसाइट पर डिटेल्ड पॉलिसी गाइडलाइंस मौजूद हैं।

- 2.6** एलपीजी / रिटेल आउटलेट डिस्ट्रीब्यूटरशिप (8% आरक्षण कोटा) के लिए डीजीआर पात्रता प्रमाण-पत्र निर्गम : डीजीआर, 8% आरक्षण कोटा के तहत तेल विपणन कंपनियों द्वारा विज्ञापित एलपीजी डिस्ट्रीब्यूटरशिप और पेट्रोल/डीज़ल रिटेल आउटलेट के आवंटन हेतु पात्रता प्रमाण-पत्र जारी करता है। पात्र श्रेणी में भूतपूर्व सैनिक, युद्ध विधवाओं, युद्ध में या सेवा के दौरान सेवा के कारण/बढ़े हुए कारणों से मारे गए लोगों की विधवाओं/आश्रितों और सेना से संबद्ध कारणों से निःशक्त हुए लोग शामिल हैं।
- 2.7** एनसीआर में मदर डेयरी मिल्क बूथ और सफल (फल और सब्जी) की दुकानों का आवंटन: यह योजना डीजीआर और मदर डेयरी के बीच एक एमओयू के तहत चलाई जाती है। पूरी तरह से सुसज्जित मिल्क बूथ और सफल फल और सब्जी की दुकानें एनसीआर में ईएसएम (अधिकारी रैंक से नीचे) को आवंटित की जाती हैं। ईएसएम को मदर डेयरी से मिली आवश्यकता के अनुसार डीजीआर 3:1 के अनुपात में प्रायोजित करता है। चयनित उम्मीदवारों दो हफ्ते का प्रशिक्षण दिया जाता है और आवंटन के समय 1,00,000 की प्रतिदेय प्रतिभूति राशि जमा करते हैं। मिल्क बूथ के लिए कम से कम 15,000 रुपये प्रतिमाह का सुनिश्चित कमीशन मिलता है, जबकि सफल बूथ के लिए पहले छह महीनों के लिए 45,000 रुपये प्रतिमाह का सुनिश्चित कमीशन मिलता है। ईएसएम को 60 साल की उम्र तक बूथ चलाने की इजाज़त है, जिसे दो और साल के लिए बढ़ाया जा सकता है।

- 2.8** डीजीआर तकनीकी सेवा योजना : इस योजना के तहत, डीजीआर, पैनलबद्ध राज्य भूतपूर्व सैनिक निगम के माध्यम से सरकारी प्रतिष्ठानों को तकनीकी जनशक्ति के तौर पर प्रशिक्षित भूतपूर्व सैनिक की सेवा प्रदान करता है। यह योजना सार्वजनिक क्षेत्र की ज़रूरतों के लिए ईएसएम की तकनीकी विशेषज्ञता और अनुशासन का उपयोग करती है।
- 2.9** भूतपूर्व सैनिकों के लिए प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी): पीएमबीजेपी का उद्देश्य प्रधानमंत्री भारतीय जन औषधि केंद्र (पीएमबीजेपी) नामक विशिष्ट आउटलेट के माध्यम से सस्ती गुणवत्तायुक्त जेनेरिक दवाइयाँ उपलब्ध कराना है। यह योजना औषध विभाग के अधीन भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) क्रियान्वित करता है। पीएमबीजेपी के तहत, जन औषधि केंद्र के स्वामी बेची गई हर दवा के एमआरपी पर 20% मार्जिन कमाते हैं, जिससे कमाई का एक बड़ा जरिया बनता है। इसके अलावा, पीएमबीआई से हर महीने 20,000 रुपये तक की खरीदारी पर 20% सामान्य प्रोत्साहन राशि दी जाती है।
- 2.10** डीजीआर भूतपूर्व सैनिक सेमिनार-सह-रोजगार मेला : डीजीआर तीनों सेना मुख्यालयों और सीआईआई/अलग-अलग राज्य मंडल और उद्योग निकाया की मदद से पूरे देश में भूतपूर्व सैनिक रोजगार मेले आयोजित करता है। ये रोजगार मेले नियोक्ता और भूतपूर्व सैनिकों के बीच सीधा अंतर्फलक प्रदान करते हैं, और इसमें मौके पर ही कौशल परीक्षण, साक्षात्कार और सार्वजनिक/निजी क्षेत्र में नौकरी के मौके शामिल होते हैं। वित्त वर्ष 2024-25 के दौरान 12 रोजगार मेले आयोजित किए गए, और वित्त वर्ष 2025-26 में 31 जनवरी 2026 तक 20 में से 14 रोजगार मेले आयोजित किए गए हैं।

- 3.** पुनर्वास प्रशिक्षण और कौशल प्रबंधन पाठ्यक्रम : प्रत्येक वर्ष लगभग 60,000 सशस्त्र सेनाओं के कार्मिक कम उम्र में सेवानिवृत्त हो जाते हैं और उन्हें अच्छे दूसरे करियर के अवसरों की ज़रूरत होती है। नागरिक जीवन में उनके आसानी से पारगमन करने के लिए, डीजीआर कई तरह के पुनर्वास प्रशिक्षण और कौशल विकास पाठ्यक्रम कराता है, जिनके ब्यौरे नीचे दिए गए हैं :-

- 3.1** प्रबंधन और पेशेवर पाठ्यक्रम : अधिकारियों के लिए प्रबंधन पाठ्यक्रम 24 हफ़्ते के लिए भारतीय प्रबंधन संस्थान (आईआईएम) और दूसरे बड़े बी-स्कूलों जैसे जाने-माने संस्थानों में करवाए जाते हैं। इसके अलावा, कर्नल और उससे ऊपर के रैंक के अधिकारियों के लिए भारतीय कॉर्पोरेट कार्य संस्थान (आईआईसीए), मानेसर में दो हफ़्ते का स्वतंत्र निदेशक कोर्स करवाया जाता है।
- 3.2** जेसीओ / ओआर और समकक्ष रैंक के लिए पुनर्वास पाठ्यक्रम : डीजीआर आईटी, प्रबंधन, सुरक्षा, उद्यमिता, कृषि-व्यवसाय और एआई, डेटा विज्ञान और ड्रोन प्रौद्योगिकी जैसी नई प्रौद्योगिकी जैसे अलग-अलग विषय में पुनर्वास पाठ्यक्रम कराता है। ये पाठ्यक्रम तीन से चार महीने के होते हैं और ये बड़े सरकारी/सरकारी स्वायत्त संस्थानों में कराए जाते हैं।
- 3.3** पात्रता : अधिकारियों के लिए सेवा के आखिरी चरण में अंतिम एक साल के अंदर और जेसीओ/ओआर के लिए अंतिम दो सालों में प्रशिक्षण आयोजित किए जाते हैं। सेवानिवृत्ति के उपरांत, अधिकारी तीन साल के अंदर प्रशिक्षण ले सकते हैं, जबकि जेसीओ/ओआर सेवानिवृत्ति के पांच साल बाद तक पात्र होते हैं।
- 3.4** सरकार से शुल्क / वित्तीय सहायता : अधिकारियों के लिए, पाठ्यक्रम शुल्क का 60% रक्षा मंत्रालय/डीजीआर और 40% संबंधित व्यक्ति देता है। जेसीओ/ओआर के लिए, पाठ्यक्रम शुल्क का 100% रक्षा मंत्रालय/डीजीआर

देता है। अधिकारियों, जेसीओ और ओआर की विधवाएं भी डीजीआर प्रायोजित कोई भी पाठ्यक्रम करने के लिए पात्र हैं।

आईसीएमआर का अनुसंधान अवलोकन

5657. श्रीमती मंजू शर्मा:

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

- (क) क्या सरकार ने विभिन्न रोगों की गंभीरता से निपटने के लिए भारतीय चिकित्सा अनुसंधान परिषद (आईसीएमआर) की विभिन्न प्रयोगशालाओं और अन्य स्वायत्त संस्थानों में नई अनुसंधान परियोजनाएं शुरू की हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इस संबंध में अब तक कुल कितनी धनराशि खर्च की गई है;
- (ख) विगत पांच वर्षों के दौरान आईसीएमआर और अन्य स्वायत्त संस्थानों द्वारा शुरू की गई सफल परियोजनाओं का ब्यौरा क्या है; और
- (ग) उक्त अनुसंधानों के माध्यम से विकसित उत्पादों के पर्याप्त उपयोग और इन परियोजनाओं के कार्यान्वयन में सरकार को पेश आ रही चुनौतियों 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) : भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) ने विभिन्न रोगों की गंभीरता को दूर करने के लिए अनुसंधान परियोजनाओं का समर्थन और वित्त पोषण किया है। ये परियोजनाएं आईसीएमआर संस्थानों के साथ-साथ देश भर के अन्य सरकारी और गैर-सरकारी चिकित्सा अनुसंधान संस्थानों में शुरू की गई हैं। पिछले 5 वर्षों में जारी की गई धनराशि लगभग 7140.39 करोड़ रुपए है।

पिछले पांच वर्षों में 6500 से अधिक अनुसंधान परियोजनाएं शुरू की गई हैं। 2020-2025 की प्रमुख उपलब्धियां नीचे सूचीबद्ध हैं:

1. कोविड-19 प्रतिक्रिया और कोवैक्सीन का विकास: आईसीएमआर ने कोवैक्सीन के विकास के लिए भारत बायोटेक इंडिया लिमिटेड के साथ भागीदारी की। इसने पृथक स्ट्रेन प्रदान किया, पशु अध्ययन और चरण I और II मानव नैदानिक परीक्षणों में प्रयोगशाला और तकनीकी सहायता प्रदान की और तीसरे चरण के मानव परीक्षणों के लिए तकनीकी, प्रयोगशाला और वित्तीय सहायता प्रदान की, जो राष्ट्रीय कोविड-19 टीकाकरण अभियान का हिस्सा था। वैक्सीन के विकास के अलावा, आईसीएमआर ने देश भर में एक प्रयोगशाला से 3,000 से अधिक परीक्षण का तेजी से विस्तार करके, समान पहुंच सुनिश्चित करके और प्रतिदिन 20 लाख से अधिक परीक्षणों की क्षमता बढ़ाकर भारत की महामारी प्रतिक्रिया का नेतृत्व किया। इसने स्वदेशी निदान, परीक्षण लागत को कम किया और INSACOG के माध्यम से वायरस आइसोलेशन और वेरिफेंट ट्रेकिंग का बीड़ा उठाया। इसने नीति का मार्गदर्शन करने के लिए वैश्विक-मानक नैदानिक परीक्षणों, राष्ट्रीय सीरोसर्वेक्षण और वास्तविक समय रजिस्ट्रियों का नेतृत्व किया। साक्ष्य-आधारित सलाह और समन्वित कार्रवाई के माध्यम से, आईसीएमआर ने संकट के दौरान भारत की वैज्ञानिक तत्परता, प्रतिक्रिया दक्षता और सार्वजनिक स्वास्थ्य लचीलेपन को सुदृढ़ किया।
2. क्षय रोग उन्मूलन और नवाचार: आईसीएमआर ने स्वदेशी नवाचारों और साक्ष्य-आधारित हस्तक्षेपों के माध्यम से टीबी उन्मूलन को उन्नत किया है।
 - i. तीन स्वदेशी हल्के, पोर्टेबल, लो-रेडिएशन हैंडहेल्ड एक्स-रे मशीनों को वैलिडेट किया, जिससे दूरदराज और कमजोर आबादी के बीच टीबी स्क्रीनिंग सक्षम हो सके। राष्ट्रीय 100 दिवसीय सघन टीबी अभियान में तैनात किया गया।

- ii. AI-आधारित एक्स-रे इंटरप्रिटेशन (DeepCXR) को एक स्क्रीनिंग टूल के रूप में प्रोग्रामेटिक उपयोग के लिए अनुमोदित किया गया है, जो NTEP को तेजी से और सटीक TB का पता लगाने की पेशकश करता है।
 - iii. CyTB त्वचा परीक्षण: 80% संवेदनशीलता और 72% विशिष्टता के साथ अव्यक्त टीबी संक्रमण के लिए एक कम लागत वाला स्वदेशी परीक्षण, पारंपरिक ट्यूबरकुलिन परीक्षणों से बेहतर प्रदर्शन करता है और मंहंगे IGRA के लिए एक किफायती विकल्प प्रदान करता है।
 - iv. PathoDetect™ मॉलिक्यूलर टेस्ट उच्च संवेदनशीलता और विशिष्टता के साथ टीबी और दोहरी दवा प्रतिरोध (आरआईएफ और आईएनएच) का पता लगाता है, जिससे बड़े पैमाने पर तेजी से, एक साथ निदान और दवा-प्रतिरोध का पता लगाया जाता है।
 - v. संशोधित BPaL रेजिमेन पर आईसीएमआर के नैदानिक परीक्षण से पता चला है कि डब्ल्यूएचओ द्वारा अनुशंसित 6 महीने के बीपीएल आहार में 300 मिलीग्राम लाइनज़ोलिड समान रूप से प्रभावी है, लेकिन कम दुष्प्रभावों के साथ, एमडीआर-टीबी उपचार के लिए पूर्णता दर में सुधार करता है।
 - vi. Quantiplus® एमटीबी किट, फर्स्ट ओपन आरटी-पीसीआर टीबी टेस्ट, 86% संवेदनशीलता और 96% विशिष्टता के साथ मान्य है, जो कोविड-19 नेटवर्क से 20,000+ मौजूदा आरटी-पीसीआर मशीनों का लाभ उठा सकता है, प्रभावशाली ढंग से टीबी आणविक परीक्षण पहुंच का विस्तार कर सकता है।
3. चिकित्सा उपकरण, निदान, टीके और चिकित्सा शास्त्र: आंतरिक नेटवर्क के साथ-साथ आईआईटी के साथ सहयोग ने कई चिकित्सा प्रौद्योगिकियों का विकास हुआ है, जिनमें निम्नलिखित शामिल हैं:

- i. पोर्टेबल डायग्नोस्टिक डिवाइस: मोबिलैब, एक पोर्टेबल रक्त परीक्षण उपकरण, और हीमोक्यूआर, हीमोग्लोबिन का पता लगाने के लिए एक पेपर-आधारित पॉइंट-ऑफ-केयर डिवाइस है।
 - ii. एआई-समर्थकृत उपकरण: टीबी निदान के लिए हैंडहेल्ड एक्स-रे डिवाइस और सेरेब्रो, एक गैर-इनवेसिव मस्तिष्क चोट निदान उपकरण।
 - iii. फर्स्ट इन द वर्ल्ड ओपन सिस्टम तपेदिक के लिए आरटी-पीसीआर किट जिसका उपयोग किसी भी पीसीआर मशीन पर किया जा सकता है।
 - iv. पीओसी डायग्नोस्टिक किट: टीबी, मलेरिया और स्क्रब टाइफस जैसी बीमारियों के लिए CRISPR-CAS तकनीक का उपयोग करके पॉइंट-ऑफ-केयर डायग्नोस्टिक किट का विकास। अन्य किटों में सिलिकोसिस, एमपॉक्स, और चिकनगुनिया के लिए किट शामिल हैं।
 - v. उच्च जोखिम वाले न्यूरोब्लास्टोमा के लिए आइसोट्रेटिनॉइन (13-सीआईएस-रेटिनोइक एसिड) का बाल चिकित्सा सूत्रीकरण
 - vi. एक्यूट लिम्फोब्लास्टिक ल्यूकेमिया (ALL) के लिए 6-मर्केप्टोप्यूरिन (PREVALL) का ओरल सस्पेंशन पाउडर अपने अंतरराष्ट्रीय कॉम्पैरेटर की दसवाँ हिस्सा कीमत पर।
 - vii. ओरल हैजा टीके (ओसीवी) Euvichol-Plus की इम्यूनोजेनेसिटी और सुरक्षा अध्ययन: भारत में उपयोग के लिए लाइसेंस प्रदान किया गया।
4. भारत उच्च रक्तचाप नियंत्रण पहल (आईएचसीआई): 26 राज्यों के 150 जिलों में 20,000 से अधिक सरकारी अस्पतालों और स्वास्थ्य केंद्रों में लागू इस कार्यक्रम ने 34 लाख से अधिक उच्च रक्तचाप और 14 लाख मधुमेह रोगियों का प्रबंधन किया। ऐप ने 24 महीनों में रक्तचाप नियंत्रण दर को 32% से बढ़ाकर 46% कर दिया है। IHCI को 2022 में 2022 UN इंटरएजेंसी टास्क फोर्स और WHO स्पेशल प्रोग्राम ऑन प्राइमरी हेल्थ केयर अवार्ड से

सम्मानित किया गया था। आईएचसीआई दवा आहार के विश्लेषण ने सभी राज्य प्रोटोकॉल में उच्च रक्तचाप के लिए पहली पंक्ति के उपचार के रूप में Amlodipine 5 मिलीग्राम को शामिल किया।

5. ड्रोन के उपयोग के माध्यम से स्वास्थ्य सेवा प्रणाली में क्रांति लाना: आईसीएमआर की i-Drone परियोजना ने दुर्गम इलाकों में लॉजिस्टिक चुनौतियों पर काबू पाने के लिए ड्रोन तकनीक का उपयोग करके टीकों, चिकित्सा आपूर्ति और नैदानिक नमूनों का कुशलतापूर्वक परिवहन करके दूरदराज के क्षेत्रों में स्वास्थ्य सेवा वितरण में क्रांति ला दी है। इस पहल ने रक्त आधान, इंटरऑपरेटिव पैथोलॉजी और कॉर्नियल प्रत्यारोपण जैसे महत्वपूर्ण स्वास्थ्य देखभाल हस्तक्षेपों तक भी विस्तार किया है, जिससे परिवहन के समय में काफी कमी आई है और रोगी के परिणामों में सुधार हुआ है।
6. दूरस्थ सेटिंग में STEMI रोगी देखभाल: भारतीय आयुर्विज्ञान अनुसंधान परिषद ने छह जिलों में STEMI ACT परियोजना लागू की है। एसटी-सेगमेंट एलिवेशन मायोकार्डियल रोधगलन (STEMI) एक प्रकार का दिल का दौरा है। परियोजना का उद्देश्य यह जांचना था कि क्या एक जिले में हब (मेडिकल कॉलेज) और स्पोक (जिला अस्पताल [DH], उप-जिला अस्पताल [SDH], और सामुदायिक स्वास्थ्य केंद्र [CHCs]) के नेटवर्क का निर्माण चिकित्सक-आधारित टेली-ईसीजी-निर्देशित थ्रोम्बोलाइटिक थेरेपी मॉडल के माध्यम से STEMI रोगियों में थ्रोम्बोलाइटिक दरों में सुधार कर सकता है। STEMI परियोजना से पता चला है कि एक फार्माको-इनवेसिव दृष्टिकोण (एक उच्च तृतीयक देखभाल सुविधा में एंजियोग्राफी और एंजियोप्लास्टी के साथ संयुक्त दूरस्थ सुविधा में STEMI रोगियों में एक प्रारंभिक थ्रोम्बोलिसिस) का उपयोग दूरस्थ सेटिंग में STEMI रोगियों की देखभाल करने के लिए किया जा सकता है।

मुख्य चुनौती, नवीन उत्पादों के प्रभावी विकास और उपयोग के लिए शिक्षा जगत, सरकार और उद्योग के बीच साझेदारी स्थापित करने में है। इन चुनौतियों से निपटने के लिए, आईसीएमआर ने तीन पहल शुरू की हैं: मेडटेक मित्र (उत्पादों के विनियमन अनुरूप विकास के लिए मेडटेक इनोवेटर्स की सहायता के लिए), पेटेंट मित्र (पेटेंट और प्रौद्योगिकी हस्तांतरण दाखिल करने के लिए) और इंटेन्ट (विनियमन के अनुरूप नैदानिक मूल्यांकन के लिए)। ये विनियमन अनुरूप उत्पादों के विकास के दौरान आने वाली सभी चुनौतियों का सामना करने के लिए शोधकर्ताओं और नवप्रवर्तकों का समर्थन कर रहे हैं। इस प्रकार अनुसंधान विकसित उत्पादों के पर्याप्त उपयोग और कार्यान्वयन को मजबूत किया जा सके।

TESTING LABS ESTABLISHED IN KARNATAKA

5658. SHRI P. C. MOHAN:

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

- (a) the details of testing laboratories established or upgraded in Karnataka;
- (b) the steps taken/proposed to be taken by the Government to strengthen surveillance, testing capacity and enforcement against food adulteration in urban centres such as Bengaluru; and
- (c) whether the Government proposes to introduce stricter norms aligned with international standards for Fast Moving Consumer Goods (FMCG) and packaged food products to ensure higher quality and safety for consumers and the details thereof?

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

(a) to (c) : Food Safety and Standards Authority of India (FSSAI) is mandated to lay 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 implementation and enforcement of the Food Safety and Standards (FSS) Act, 2006 is a shared responsibility between the Central and State Governments.

While the FSSAI, is responsible for laying down science-based standards and ensuring overall coordination, the State Food Safety Authorities are primarily responsible for enforcement at the field level.

Surveillance drives, monitoring, regulatory inspection and random sampling of various food products including packaged food products under Fast-Moving Consumer Goods (FMCG) are conducted by the officials of Food Safety Departments of the respective States/UTs and Regional Offices of FSSAI to check compliance with the quality and safety parameters and other requirements as laid down under FSS Act, 2006, and regulations made thereunder. If any deviations from the standards or violations to the FSSR are observed, the defaulting Food Business Operators (FBOs) have been subjected to regulatory actions, including punitive measures, as stipulated under the FSS Act, 2006 and rules and regulations made thereunder.

FSSAI has established a network of food testing laboratories across India for the analysis of food to ensure the compliance with the quality and safety standards. As on date, there are 252 National Accreditation Board for Testing and Calibration Laboratories (NABL) notified for analysis of food samples and 24 Referral Food Laboratories for the analysis of appellate samples. In the State of Karnataka, FSSAI has notified 20 primary laboratories including 3 State Food Testing Laboratories (SFTLs) at Belagavi, Mysuru and Bangalore and 2 referral food testing laboratories (Details are given in the enclosed **Statement**).

FSSAI has also provided funds for Mobile Food Testing Laboratory (MFTL) referred to as “Food Safety on Wheels” (FSW) to States/UTs. It is an important means to combat adulteration as FSWs are equipped with basic infrastructure for on the spot testing of adulteration in various food commodities. Currently, 1 MFTL is deployed in State of Karnataka for on the spot testing of common adulterants.

FSSAI extends financial and technical assistance to States/UTs for strengthening of food safety infrastructure in the country. The support includes the following:

- Strengthening Enforcement and Compliance such as Licensing and Registration
- Inspections and Audits, Sampling and Testing of Enforcement and Surveillance Samples
- Consumer Grievance Redressal

- Capacity Building for Officers.
- Strengthening of Food Testing Ecosystem such as High End/ Basic equipment for labs
- Promotion of FSSAI initiatives such as Eat Right Campus, Eat Right School
- Flexi Assistance such as Hiring of vehicles for undertaking inspection and sampling by Food Safety Officers (FSOs) and Designated Officers (DOs)

FSSAI has developed Risk Based Inspection System (RBIS) where frequency of inspection is decided based on risk associated with Food businesses and issued guidelines. The RBIS categorizes Food Business Operators (FBOs) based on risk profile and scale of operations. Inspections are conducted through the Food Safety Compliance System (FoSCoS) to ensure systematic allocation and documentation.

FSSAI has notified Food Safety and Standards (Food Products Standards and Food Additives) Regulation, 2011 which specifies the Food Products standards of various food products including packaged food products under Fast-Moving Consumer Goods (FMCG). The food safety standards are made based on the scientific opinion provided by independent risk assessment bodies i.e. Scientific Panels and Scientific Committee and are harmonized with internationally accepted Codex standards.

STATEMENT

List of FSSAI Notified Primary Food Testing Laboratories

S. No.	Name and Address of the Laboratory
1.	Auriga Research Limited, Bengaluru No. 136,6th Cross, 2nd Stage, Yeshwanthpur Industrial Subhurb, Bangalore-560022, Karnataka
2.	Ganesh Consultancy & Analytical Services, Mysore No. 294/A, Hebbal Industrial Area, Mysore-570016
3.	Shiva Analyticals (India) Private Limited, Bengaluru Plot No24 D (P) & 34 D, KIADB Industrial Area Bangalore, Hoskote-562114, Karnataka
4.	TUV SUD South Asia Private Limited, Bengaluru No. A-151, 2nd C Main Road, Peenya Industrial Estate, II Stage, Bangalore-560058
5.	TUV India Pvt. Limited (TUV- NORD Group) (Laboratory Division), Bangalore No-8 Commerce, 2nd Floor, III- Main Road, Rajajinagar, 6th Block, Opp. KSSIDC IT Park, Rajajinagar Industrial Estate, Bangalore-560044
6.	Vimta Labs Limited, 1st & 2nd Floor, #1047, Rukmini Plaza, 20th Main, 5th Block, West of Chord Road, Rajaji Nagar, Bangalore-560010, Karnataka
7.	ALS Testing Services India Private Limited, Bengaluru
8.	Eureka Analytical Services Pvt. Ltd., Bangalore, AB Square, #617, 5th Main, OMBR Layout, Kasturi Nagar Main Road, Banaswadi, Bengaluru, Karnataka-560043
9.	Sneha Test House, Bengaluru No. 8 & 28, 4th Cross, Maruthi Nagar, Chandra Layout, Bengaluru, Karnataka
10.	Divisional Food Laboratory, Vaccin Institute Campus, Tilakwadi, Belgaum, Belgavi, Karnataka
11.	Divisional Food Laboratory, Umar Khayyam Road, Tilak Nagar, Mysuru, Karnataka-570001
12.	SMS Labs Services Pvt. Ltd., Bengaluru No. 376, 1st and 2nd Floor, TNRTS, 1st Main Jagatjyothi Layout, Nagadevanahalli, Bengaluru, Karnataka

13.	Institute for Analysis of Pharma, Dairy, Food and Cultures (IADFAC), Bengaluru 8, Siddivinayaka Complex, Nagarabhavi 2ndStage, 2ndBlock, Near BDAComplex, 80 Feet Ring Road, Bengaluru
14.	State Food Laboratory, Bengaluru Public Health Institute, Sheshadri Road, Bengaluru, Karnataka
15	Eurofins Analytical Services India Private Limited, Bengaluru 501/1, Doddanakundi Industrial Area 2, Hoodi, Whitefield, Bangalore-560048
16	Shriram Institute for Industrial Research, Bengaluru Plot No. 14/15, Sadarmangala Industrial Area, Whitefield Road, Bangalore-560048
17	Bangalore Analytical Research Centre Pvt. Ltd., Bengaluru, Survey No 57, Vijayaraja Estate, Chokkanahalli, Jakkur Post, Bengaluru, Karnataka
18	Vsix Analytical Labs Private Limited., Bengaluru 77 (502/503), 2nd Floor, 21st-'D' Cross, Muthurayaswamy Layout, Sriganthakaval, Sunkadakatte, Bengaluru-560091, Karnataka
19	Environmental Laboratory (Unit of Mineral Engineering Services), Bangalore #948, 2nd Cross, St. Thomas Town Post, Kammanahalli Main Road, Bangalore-560084, Karnataka
20	Robust Materials Technology Pvt. Ltd., Bengaluru No. 94, 2nd Floor, Thirumala Complex, Nagarabhavi Main Road, NGEF Layout, Nagarabhavi, Bengaluru-560072

List of Referral Food Testing Laboratories

S. No.	Name of Referral Laboratories
1.	Indian Institute of Horticultural Research, Bangalore Hessaraghatta Lake Post, Bangalore - 560089
2.	Food Safety and Analytical Quality Control Laboratory, Mysore C/o. Central Food Technological Research Institute, Mysore - 570013

FERTILIZER MANUFACTURING UNITS IN BIHAR**5659. SHRI JANARDHAN SINGH SIGRIWAL:**

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

- (a) the number of fertilizer manufacturing units operational in Bihar, location-wise;
- (b) whether the Government proposes to establish new fertilizer manufacturing units/nano-fertilizer plants to enhance self-sufficiency in Bihar and if so, the details thereof along with the timeline for their establishment;
- (c) whether steps have been taken to revive closed fertilizer plants in Bihar through public-private partnerships/central funding and if so, the details thereof, location-wise;
- (d) whether the operational and upcoming plants are meeting local demand for urea and other fertilizers for agriculture in Bihar and if so, the details thereof; and
- (e) the details of production capacity, employment generation, investment made and future expansion plans for fertilizer plants in Bihar along with challenges, if any, being faced in their functioning?

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) : With regard to urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-

sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) at Gorakhpur in Uttar Pradesh, Sindri in Jharkhand and Barauni in Bihar, respectively. The Barauni unit has started Urea production on 18.10.2022 and has added urea production capacity of 12.7 LMTPA.

Further, the Government of India is not directly involved in the setting up of Nano Fertilizer Plants. Overall, 10 Nano Urea plants have been setup by PSUs and other Fertilizer Companies across the country. The total production capacity of all these Nano Urea plants presently in operation is 43.58 crore bottles (500 ml each) per annum. Similarly, Fertilizer Companies have setup 3 Nano DAP plants with a total production capacity of 7.64 crore bottles (500 ml each) per annum across the country.

Also, a unit of M/s Indian Potash Limited manufactures SSP and is situated at Muzaffarpur, Bihar.

The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business

dynamics. Similarly, establishing of new manufacturing facility is business decision of the companies.

आयुष शिक्षा का मानकीकरण

5660. श्री विनोद लखमशी चावड़ा:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) के सहयोग से विकसित की जा रही पारंपरिक दवाओं के वैश्विक ज्ञान की स्थिति क्या है; और
- (ख) सरकार द्वारा अंतर्राष्ट्रीय मानकों को पूरा करने और भारतीय आयुष पेशेवरों की वैश्विक प्रचार-प्रसार को सुविधाजनक बनाने के लिए आयुष शिक्षा के मानकीकरण के लिए क्या उपाय किए गए हैं?

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

(क) : विश्व स्वास्थ्य संगठन (डब्ल्यूएचओ) ने पारंपरिक, पूरक और एकीकृत चिकित्सा के लिए दुनिया का सबसे व्यापक डिजिटल ज्ञान भंडार, अर्थात् पारंपरिक चिकित्सा वैश्विक लाइब्रेरी (टीएमजीएल) को स्थापित किया है। इस पहल का नेतृत्व मुख्य रूप से डब्ल्यूएचओ द्वारा इस डोमेन में साक्ष्य-आधारित जानकारी को समेकित और प्रसारित करने के एक वैश्विक प्रयास के रूप में किया जा रहा है।

टीएमजीएल को औपचारिक रूप से दिसंबर 2025 में नई दिल्ली, भारत में आयोजित पारंपरिक चिकित्सा पर दूसरे डब्ल्यूएचओ ग्लोबल समिट के दौरान जारी किया गया था। इस मंच की परिकल्पना वैश्विक ज्ञान विनिमय को बढ़ावा देने, मानकीकरण को बढ़ावा देने और दुनिया भर में पारंपरिक चिकित्सा पद्धतियों की विश्वसनीयता और स्वीकृति बढ़ाने के लिए एक प्रमुख संसाधन के रूप में की गई है।

आयुष मंत्रालय इस पहल के संदर्भ में डब्ल्यूएचओ को अपना सहयोग दे रहा है और इसके साथ जुड़ा हुआ है। डब्ल्यूएचओ द्वारा संबंधित हितधारकों के परामर्श से इस ज्ञान भंडार को और विकसित तथा क्रियान्वित किया जा रहा है।

(ख) : आयुष मंत्रालय आयुष के क्षेत्र में अंतर्राष्ट्रीय सहयोग को बढ़ावा देने के लिए केंद्रीय क्षेत्रीय योजना (आईसी योजना) का कार्यान्वयन कर रहा है। इस योजना के तहत मंत्रालय भारतीय आयुष औषधि निर्माताओं/आयुष सेवा प्रदाताओं को आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए सहायता प्रदान करता है; आयुष चिकित्सा पद्धतियों के अंतर्राष्ट्रीय प्रचार, विकास और मान्यता को सुगम बनाता है; हितधारकों के मध्य बातचीत को बढ़ावा देता है और अंतर्राष्ट्रीय स्तर पर आयुष बाजार विकसित करने को बढ़ावा देता है; विदेश में आयुष अकादमिक पीठों की स्थापना और प्रशिक्षण कार्यशालाओं/संगोष्ठियों के आयोजन के माध्यम से शिक्षाविदों और अनुसंधान को बढ़ावा देता है ताकि अंतर्राष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों के बारे में जागरूकता और रुचि को बढ़ावा दिया जा सके।

आयुष मंत्रालय ने वैश्विक स्तर पर आयुष चिकित्सा पद्धतियों के प्रचार/सहयोग के लिए 27 देश-से-देश स्तर समझौता ज्ञापनों, 16 आयुष पीठ समझौता ज्ञापनों और 54 संस्थान-से-संस्थान स्तर के समझौता ज्ञापनों पर हस्ताक्षर किए हैं और अंतर्राष्ट्रीय आयुष फेलोशिप/छात्रवृत्ति कार्यक्रम के तहत भारत में मान्यता प्राप्त आयुष संस्थानों में, आयुष पाठ्यक्रमों का अध्ययन करने के लिए विदेशी नागरिकों को 104 स्लॉट्स पर छात्रवृत्ति प्रदान की है।

TRANSPORTATION OF GOODS THROUGH PORTS

5661. SHRI BAJRANG MANOHAR SONWANE:

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

- (a) whether the Government is taking steps to promote transportation of goods through ports and inland waterways in order to reduce logistics costs and improve efficiency in the country, if so, the details thereof, State-wise;
- (b) whether the Government has any proposal to strengthen port connectivity and logistics infrastructure for facilitating export of agricultural and industrial products;
- (c) if so, the details thereof and the projects that have been proposed/under implementation in Maharashtra particularly from the Marathwada region; and
- (d) the manner in which the said initiatives are expected to benefit farmers, industries and employment generation in the concerned regions?

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

(a) : The Government has taken various measures such as the construction of new berths, terminals, parking plazas, mechanization/ modernization/ optimization of existing berths and terminals, expansion of hinterland connectivity through rail and road, elimination of manual Forms, facilitation of Direct Port Delivery and Entry, installation of Container Scanners, e-delivery orders/ invoice/payments, RFID-based gate automation system, fairway development, jetties, multi-modal terminals, navigation improvements, policy incentives including a 35% subsidy for inland transport, extension of tonnage tax to inland vessels, creation of cargo hubs, operationalization of Indo-Bangladesh Protocol routes, etc. to reduce logistics costs and improve the efficiency of major ports and inland waterways.

(b) to (d) : Sagarmala programme of the Government of India has a dedicated pillar of port connectivity, which focuses on the last mile, and immediate hinterland connectivity of the ports to minimize overall logistics costs. Further, Department for Promotion of Industry and Internal Trade (DPIIT) has prepared a Comprehensive Port Connectivity Plan (CPCP) in 2022 by reviewing connectivity of the operational ports and identified the ports, which needed improvement of road and/ or rail connectivity with nearby economic hubs. A total of 157 road connectivity projects and 124 rail connectivity projects have been identified for implementation to provide last mile port connectivity including in the state of Maharashtra where 2 rail and 8 road port connectivity projects have been completed and 32 projects are under various stages of implementation and planning. The details of these connectivity projects are given in the enclosed **Statement**.

Improved road and rail connectivity between ports and their hinterland enable farmers to access larger domestic and international markets, reduce transportation time and costs, and minimize post-harvest losses, thereby enhancing their incomes. Industries benefit from efficient movement of raw materials and finished goods, leading to lower logistics costs, improved competitiveness, and increased investment opportunities. Additionally, these projects generate direct employment during construction and indirect employment through growth in logistics, warehousing, and allied sectors, contributing to overall regional economic development and livelihood enhancement.

STATEMENT**Port Connectivity projects under Sagarmala Programme for state of Maharashtra:**

Sl. No.	Name of Project	Project Category	Port	Status
1	Rail connectivity for the BMCTPL-PSA fourth terminal	Rail	JNPT	Completed
2	Development of DFC-compliant Common Rail Yard (Parts I & II), including ROB modification	Rail	JNPT	Completed
3	6 laning of Pune-Satara section of NH 4	Road	JNPT	Completed
4	JNPT - 6 to 8 laning of NH-4B- SH-54 and Amra Marg	Road	JNPT	Completed
5	Flyover at JNPT Y Junction	Road	JNPT	Completed
6	Upgrading SH 92- 96- 97 from NH17 to North and South banks of Dighi Port	Road	Dighi	Completed
7	Construction of flyover near North Gate Complex on container road in JN Ports	Road	JNPT	Completed
8	ONGC Bridge Extension work inside JNPT holding yard	Road	JNPT	Completed
9	Evacuation road for Container Terminal -330m extension to DPW terminal at JNPT	Road	JNPT	Completed
10	Construction of approach road to Kharwadeshwari Jetty in District Palghar, Maharashtra	Road	Palghar	Completed
11	3rd line rail connectivity from Jasai to JNPT	Rail	JNPT	Under Implementation
12	Vadhavan port rail connectivity to trunk line between Vangaon and	Rail	Vadhavan	Under Implementation

	Dahanu Station.			
13	2 to 4 laning of Panvel to Indapur section of NH 17 - Phase 3	Road	JNPT	Under Implementation
14	Construction of approach road to Ro-RO jetty at Karanja	Road	Karanja	Under Implementation
15	Madkhol-Sankeshwar	Road	Redi	Under Implementation
16	Construction of approach road to Narangi Jetty	Road	Virar	Under Implementation
17	Dedicated goods line between Wadala and Kurla for freight movement from MbPT	Rail	Mumbai	Under Planning
18	Railway line from Uran commercial loading terminal to port (Karanja Terminal Logistics)	Rail	Karanja	Under Planning
19	Rail connectivity from Redi Port to Sawantwadi Road Station of Konkan Railway	Rail	Redi	Under Planning
20	Rail connectivity from Ratnagiri to Jaigad (Angre Port)	Rail	Jaigad - Angre	Under Planning
21	Rail connectivity from Vaibhavwadi to Kolhapur	Rail	Jaigad - JSW	Under Planning
22	Rail connectivity from Dighi port (Agardanda) to Roha	Rail	Dighi	Under Planning
23	Rail connectivity from JSW Dolvi/Pen station to JSW Dharamtar Port	Rail	Dharamtar	Under Planning
24	Rail connectivity from Indo Energy (Sanegaon) to Roha	Rail	Revdanda	Under Planning
25	Rail Connectivity from Bharat Freight (Dharamtar) to Apta	Rail	Dharamtar	Under Planning
26	108 KM, 6 Lane Road, Connecting Port to Pune from Indapur	Road	Rajpuri/Dighi	Under Planning
27	12 Kms 4 Lane Road Connecting Both Ports to Pune	Road	Rajpuri/Dighi	Under Planning
28	20 kms 4 Lane road from DIGHI to	Road	Rajpuri/Dighi	Under Planning

	Agardanda Terminal Access			
29	3 Grade Separators at Kolad, Indapore&Mangaon	Road	Rajpuri/Dighi	Under Planning
30	4 Lane (Bitumen Road), Connecting Roha to Both Terminals	Road	Rajpuri/Dighi	Under Planning
31	Bridge over creek near Waral, Connecting Both Terminal Access Road	Road	Rajpuri/Dighi	Under Planning
32	Connectivity of Vadhavan to NH 8 through Tarapur-Boisar or Chinchani-Vangaon or Dahanu	Road	Vadhavan	Under Planning
33	Linking of NH-4 and NH-8 by-passing Mumbra	Road	JNPT	Under Planning
34	New alignment proposed - 12 kms. Karanja Ro-Ro jetty to JNPT road (SH-348)	Road	Karanja	Under Planning
35	Separate alignment is proposed for connectivity road from Mandwa to Alibaug	Road	Mandwa	Under Planning
36	Strengthening and expansion of Dharamtar Port to Wadkhali	Road	Dharamtar (Alibag)	Under Planning
37	Upgradation of existing road connectivity's (NH548A &NH753F) from 2 lane to 6 lane till NH66 to both sides (Agardanda side &Dighi side)	Road	Rajpuri/Dighi	Under Planning
38	Upgradation of road from Korlai to Kolad and Korlai to Vadkal	Road	Korlai	Under Planning
39	Upgradation of two lane to four lane- 54 kmsVijaydurga to Talere	Road	Vijaydurg	Under Planning
40	Upgradation Sanegaon to Wakan and Sanegaon to Kolad	Road	Revdanda - Sanegaon	Under Planning
41	Upgradation/ expansion of 25 kms. SH-123 from Redi Port to Satara to 4 lane road	Road	Redi	Under Planning
42	Upgradation/ expansion of 42 kms.	Road	Jaigad	Under Planning

SH-164 from Jaigad to Nivali to 4 lane road			

पारंपरिक चिकित्सा सुविधाओं की स्थिति

5662. श्री आदित्य यादव:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या सरकार उत्तर प्रदेश के बदायूं जिले में विभिन्न कार्यक्रमों के अंतर्गत अर्हताप्राप्त आयुष चिकित्सकों की उपलब्धता सहित पारंपरिक चिकित्सा सुविधाओं की वर्तमान स्थिति से अवगत है और यदि हां, तो तत्संबंधी ब्यौरा क्या है,
- (ख) क्या उक्त जिले में बुनियादी जड़ी-बूटी चिकित्सा उपकरणों और इसके अवसंरचनात्मक सहयोग सहित आयुष औषधालयों में सुधार करने की आवश्यकता है;
- (ग) क्या सरकार का जिले में योग और आयुर्वेद को बढ़ावा देने, स्थानीय जड़ी-बूटी संसाधनों के बेहतर उपयोग और समग्र स्वास्थ्य दृष्टिकोणों सहयोग प्रदान करने के लिए प्राथमिक स्वास्थ्य देखभाल में आयुष के एकीकरण के लिए अतिरिक्त योजनाओं को लागू करने का विचार है;
- (घ) यदि हां, तो भर्ती, वित्तपोषण और एकीकरण योजनाओं के ब्यौरे सहित उक्त जिले में आयुष अवसंरचना को बढ़ाने के लिए सरकार द्वारा उठाए गए कदमों के साथ तत्संबंधी ब्यौरा क्या है; और
- (ङ) 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 (ङ) : सार्वजनिक स्वास्थ्य राज्य का विषय होने के कारण, बुनियादी जड़ी-बूटी आधारित औषधि, उपकरण और इसके अवसंरचनात्मक सहयोग सहित आयुष औषधालयों में सुधार, योग और

आयुर्वेद का संवर्धन, स्थानीय हर्बल संसाधनों के बेहतर उपयोग, समग्र स्वास्थ्य दृष्टिकोण का समर्थन करने के लिए प्राथमिक स्वास्थ्य देखभाल में आयुष के एकीकरण और उत्तर प्रदेश के बदायूं जिले में भर्ती की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार के कार्यक्षेत्र में आती है। हालांकि, आयुष मंत्रालय आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए राज्य/संघ राज्य क्षेत्रों की सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है। मंत्रालय, एनएएम के तहत, राज्य/संघ राज्य क्षेत्रों की सरकारों द्वारा प्रस्तुत राज्य वार्षिक कार्य योजनाओं (एसएएपी) के सापेक्ष एनएएम दिशानिर्देशों के प्रावधान के अनुसार, विभिन्न गतिविधियों के लिए उन्हें वित्तीय सहायता प्रदान करके उनके प्रयासों का समर्थन करता है। मिशन अन्य बातों के अलावा निम्नलिखित गतिविधियों के लिए प्रावधान करता है: -

- (i) मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य और कल्याण केंद्रों का संचालन, जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) के रूप में पुनः नामित किया गया है।
- (ii) प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं की सह-संस्थापना।
- (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 (किराए पर/जर्जर आवास) 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 वाले एकीकृत आयुष अस्पतालों (आईएच) की स्थापना।
- (vi) सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक दवाओं की आपूर्ति।

- (vii) आयुष सार्वजनिक स्वास्थ्य कार्यक्रम।
- (viii) उन राज्यों में नए आयुष महाविद्यालयों की स्थापना जहां सरकारी क्षेत्र में आयुष शैक्षणिक संस्थानों की उपलब्धता अपर्याप्त है।
- (ix) आयुष स्नातक-पूर्व संस्थानों और आयुष स्नातकोत्तर संस्थानों का अवसंरचनात्मक विकास/पीजी/फार्मसी/पैरा-मेडिकल पाठ्यक्रमों को शामिल करना।

राज्य सरकार, एनएएम दिशानिर्देशों के अनुसार राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है।

उत्तर प्रदेश राज्य सरकार द्वारा दी गई सूचना के अनुसार, बदायूं जिले में 26 आयुर्वेद, 12 होम्योपैथी, 06 यूनानी औषधालय स्थापित किए गए हैं और 21 आयुर्वेद चिकित्सा अधिकारी, 08 होम्योपैथी चिकित्सा अधिकारी और 07 यूनानी चिकित्सा अधिकारी नियुक्त किए गए हैं।

एनएएम के तहत, समग्र स्वास्थ्य दृष्टिकोण में प्राथमिक स्वास्थ्य देखभाल का समर्थन करने के लिए एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार बदायूं जिले में आयुष औषधालयों को उन्नत करके 21 आयुष्मान आरोग्य मंदिर (आयुष) [एएएम(आयुष)] को अनुमोदित किया गया है और राज्य सरकार द्वारा दी गई सूचना के अनुसार सभी कार्यशील हैं। इन एएएम (आयुष) में अंशकालिक योग प्रशिक्षकों की भर्ती की जाती है, जिसके माध्यम से योग सत्र आयोजित किए जाते हैं। एएएम (आयुष) में हर्बल पादपों के औषधीय महत्व के बारे में लोगों को जागरूक करने के लिए हर्बल उद्यान भी स्थापित किए गए हैं। बदायूं जिले में 03 योग कल्याण केंद्र भी संचालित हैं। इन योग कल्याण केंद्रों में पूर्णकालिक योग प्रशिक्षकों की भर्ती की जाती है, जिनके माध्यम से योग सत्र आयोजित किए जाते हैं।

बदायूं जिले में मुख्यमंत्री आरोग्य मेला, वामा सारथी शिविर (यूपी पुलिस कल्याण संघ), आयुष आपके द्वार कार्यक्रम संचालित हैं, जिनके माध्यम से आयुष चिकित्सकों और चिकित्सा सहायक कर्मियों ने योग और आयुष को बढ़ावा देने के लिए आस-पास के गांवों में आयुष शिविरों का आयोजन किया।

बदायूं के जिला जेल में आउटरीच गतिविधियां और योग शिविर आयोजित किए जाते हैं। एएएम (आयुष) और योग कल्याण केंद्रों में कर्मचारियों की भर्ती का ब्यौरा निम्नलिखित है:

(i) एएएम (आयुष) - 41 अंशकालिक योग प्रशिक्षक (20 पुरुष और 21 महिला)।

(ii) योग कल्याण केंद्र - 03 पूर्णकालिक योग प्रशिक्षक और 03 योग सहायक।

हरित बंदरगाहों और समुद्री अवसंरचना का विकास

5663. श्री दामोदर अग्रवाल :

कैप्टन बृजेश चौटा :

श्री जनार्दन मिश्रा :

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

(क) गत दो वर्षों के दौरान प्रति टन कार्गो पर प्रमुख बंदरगाहों की कार्बन तीव्रता को कम करने पर

"हरित सागर" हरित बंदरगाह दिशानिर्देशों का क्या प्रभाव पड़ा है;

(ख) ग्रीन टग ट्रांजिशन प्रोग्राम (जीटीटीपी) के अंतर्गत पारंपरिक डीजल चालित हार्बर टर्म्स को हाइब्रिड

एवं विद्युत विकल्पों से प्रतिस्थापित करने में अब तक क्या प्रगति हुई है;

(ग) राष्ट्रीय हरित हाइड्रोजन मिशन के अंतर्गत समर्पित ग्रीन हाइड्रोजन / अमोनिया केन्द्रों के रूप में

विकसित किए जा रहे तीन प्रमुख पत्तनों-दीनदयाल, पारादीप और वीओ चिदंबरनार सहित पत्तनों

का अद्यतन ब्यौरा क्या है;

(घ) मंगलुरु सहित प्रमुख पत्तनों पर शोर-टू-शिप पावर (एस2एसपी) सुविधाओं की स्थिति क्या है और

बर्थ पर रहते हुए विदेशी और घरेलू जलयानों के लिए तटीय शक्ति का उपयोग करने के लिए क्या

अनिवार्य लक्ष्य निर्धारित किए गए हैं;

(ङ) वर्ष 2026 तक पर्यावरण की दृष्टि से सुरक्षित पोत पुनर्चक्रण के लिए हांगकांग कन्वेंशन के अनुरूप

होने के लिए शिपयार्ड्स को प्रदान किए गए प्रोत्साहनों का ब्यौरा क्या है; और

(च) क्या मंगलुरु बंदरगाह को राष्ट्रीय हरित हाइड्रोजन मिशन में शामिल करने की कोई योजना है?

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

(क) और (ख) : महापत्तनों ने कई पहले शुरू की हैं, जैसे कि पारंपरिक डीजल संचालित टर्म्स से इलेक्ट्रिक / हाइब्रिड टर्म्स में परिवर्तन के लिए ग्रीन टग ट्रांजिशन प्रोग्राम (जीटीटीपी) का कार्यान्वयन, पत्तनों पर नवीकरणीय ऊर्जा को अपनाना, पत्तन उपकरण का विद्युतीकरण, वाहन और रेलवे पटरियां, शून्य उत्सर्जन ट्रक की तैनाती और "हरित सागर" हरित पत्तन दिशानिर्देशों के तहत, तट पर ऊर्जा आपूर्ति प्रणाली की स्थापना, जिसके परिणामस्वरूप महापत्तनों पर कार्बन तीव्रता में कमी आई हैं। जीटीटीपी के तहत, चार महापत्तनों, अर्थात् दीनदयाल पत्तन, जवाहरलाल नेहरू पत्तन, विशाखापत्तनम पत्तन और वी.ओ. चिदंबरनार पत्तन ने इलेक्ट्रिक टर्म्स के लिए कार्य आदेश दे दिया है।

(ग) से (च) : नवीन एवं नवीकरणीय ऊर्जा मंत्रालय (एमएनआरई) ने राष्ट्रीय हरित हाइड्रोजन मिशन के तहत देश में हरित हाइड्रोजन पारिस्थितिकी तंत्र के विकास को बढ़ावा देने के लिए तीन (03) महापत्तनों अर्थात् गुजरात में दीनदयाल पत्तन प्राधिकरण, ओडिशा में पारादीप पत्तन प्राधिकरण और तमिलनाडु में वी.ओ.चिदंबरनार पत्तन प्राधिकरण को ग्रीन हाइड्रोजन हब के रूप में मान्यता प्रदान की है। ग्रीन हाइड्रोजन हब के रूप में विकसित होने वाले इन पत्तनों द्वारा शुरू की गई पहलों का ब्यौरा विवरण के रूप में संलग्न है। सभी महापत्तन, छोटे क्राफ्ट जैसे पत्तन क्राफ्ट को 'शोर टू शिप पावर' सुविधाएँ प्रदान कर रहे हैं। पोतों के सुरक्षित और पर्यावरण की दृष्टि से अनुरूप पोत पुनर्चक्रण के लिए, हांगकांग अंतर्राष्ट्रीय कन्वेंशन के तहत, 2026 तक, फेरस स्क्रेप डेवलपमेंट फंड (एफएसडीएफ) के माध्यम से 109 जहाज पुनर्चक्रण यार्डों को 53.39 करोड़ रुपये की राशि प्रदान की गई है।

विवरण

ग्रीन हाइड्रोजन हब के रूप में विकसित किए जाने वाले तीन महापत्तनों द्वारा शुरू की गई पहलों का ब्यौरा निम्नानुसार है:-

(i) दीनदयाल पत्तन प्राधिकरण:

- 1 एमडब्ल्यू इलेक्ट्रोलाइजर- आधारित हरित हाइड्रोजन (जीएच₂) संयंत्र की शुरुआत।
- बायो मैथेनॉल बंकरिंग प्रचालन के लिए कांडला पत्तन हेतु 6 (7 के लिए प्रगतिशील) पत्तन रेडीनेस स्तर (पीआरएल) की प्राप्ति।
- हरित हाइड्रोजन/ हरित अमोनिया परियोजनाओं के विकास के लिए विकासकर्ताओं को 3,400 एकड़ भूमि का आबंटन।
- दीनदयाल पत्तन ने 3.5 मिलियन टन प्रतिवर्ष की क्षमता की एक जेटी विकसित की है जो पत्तन पर हरित अमोनिया की हैंडलिंग के लिए भी संगत है।

(ii) वी.ओ.चिदंबरनार पत्तन प्राधिकरण

- पत्तन ने हरित हाइड्रोजन/ हरित अमोनिया परियोजनाओं के विकास के लिए 205.72 एकड़ की भूमि आबंटित की है।
- पत्तन ने अप्रैल, 2025 में एक 10 एनएम₃ क्षमता के साथ पाइलेट हरित हाइड्रोजन संयंत्र की शुरुआत की है।
- पत्तन, 2x750 क्यूबिक मीटर की क्षमता के साथ एक हरित मैथेनॉल बंकरिंग सुविधा भी विकसित कर रहा है।

(iii) पारादीप पत्तन प्राधिकरण:

सरकार ने, पारादीप पत्तन प्राधिकरण पर सार्वजनिक- निजी- भागीदारी के माध्यम से हरित हाइड्रोजन/ हरित अमोनिया हैंडलिंग जेटी के विकास की मंजूरी दी है। परियोजना की अनुमानित लागत 797.17 करोड़ रु. है, जिसकी कार्गो हैंडलिंग क्षमता 4 मिलियन टन प्रतिवर्ष है।

PROMOTION OF YOGA AND NATUROPATHY SYSTEMS

5664. SHRI A. MANI:

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

- (a) whether the National and International conferences and awareness programmes are being organised every year to popularise and promote Yoga and Naturopathy systems in the country in connection with the observance of Naturopathy Day during the last six years and if so, the details thereof;
- (b) whether any such conferences, workshops, public outreach programmes or awareness campaigns have been conducted to encourage the adoption of Yoga and Naturopathy among the public, students and healthcare practitioners in the State of Tamil Nadu and if so, the details thereof;
- (c) whether district-level events, training programmes or awareness activities have been organized in rural or backward districts including the Dharmapuri district as part of the efforts to popularize Yoga and Naturopathy practices and if so, the details thereof;
- (d) whether local Yoga institutions, naturopathy centres and AYUSH practitioners from Dharmapuri district have been involved in such programmes and if so, the details thereof; and
- (e) the steps taken by the Government to further expand awareness and participation in Yoga and Naturopathy systems in Tamil Nadu, particularly in districts such as Dharmapuri?

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

(a) : Yes, National and International conferences and awareness programmes are being organised every year to popularise and promote Yoga and Naturopathy systems in the country in connection with the observance of Naturopathy Day during the last six years. Details of such programs is given in the enclosed **Statement-I.**

(b) : Ministry of Ayush promotes Yoga 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. These bodies conduct programs such as Naturopathy Day conferences, International Day of Yoga outreach, and academic collaborations which includes participation from institutions and practitioners from Tamil Nadu along with other States. These programmes include scientific sessions, student participation, public awareness lectures and practical workshops aimed at promoting Yoga and Naturopathy adoption. The details of International Day of Yoga(IDY) countdown programs conducted in the state of Tamil Nadu is given in the enclosed **Statement -II.**

(c) and (d): The three autonomous bodies namely MDNIY, CCRYN and NIN regularly conduct awareness and promotion activities on Yoga and Naturopathy. Apart from this, Ministry of Ayush has been celebrating International Day of Yoga

throughout the Nation since 2014. As part of these celebrations and activities, all the state governments including district administration undertake various programs to spread awareness and popularity for adoption, propagation and practice of Yoga.

(e) : Central Council for Research in Yoga & Naturopathy (CCRYN) in collaboration with local institutes, conducts yoga camps, awareness programmes, workshops, outreach activities, observance of International Day of Yoga and Naturopathy Day to promote Yoga and Naturopathy across the country, including Tamil Nadu. These initiatives help increase public awareness and participation in districts such as Dharmapuri.

STATEMENT-I

Details of National and International conferences relating to observance of Naturopathy Day:

Year	Conference/Event	Venue	Dates
2026	National Conference on Naturopathy Sub theme : Samyog	Central Research Institute of Yoga and Naturopathy (CRIYN), Deverekhana, Jajjhar, Haryana	5–6 February 2026
2025	Naturopathy Day celebrations	OPD/ Wellness Centres/ CRIYN	18 November 2025
2024	International Conference on Naturopathy (7th Naturopathy Day)	Central Research Institute of Yoga and Naturopathy, Nagamangala, Karnataka	18 November 2024

2023	International Conference on Naturopathy (6th Naturopathy Day)	University of Patanjali, Haridwar, Uttarakhand	17–19 November 2023
2022	International Conference on Yoga & Naturopathy (5th Naturopathy Day)	MIT Art, Design and Technology University, Pune, Maharashtra	18–19 November 2022
2021	National Conference / Awareness programmes	Virtual mode	November 2021
2020	Scientific meetings and awareness programmes	Virtual/Hybrid mode	November 2020

STATEMENT-II

Details of International Day of Yoga (IDY) countdown Programmes

conducted in the state of Tamil Nadu:

S. No.	Years	Venue	Organisations
1.	2023	Tiruchirappalli, Tamil Nadu	Seethal Lakshmi Ramaswamy College, Melachinthamani, Tamil Nadu
		Melakottaiyur, Tamil Nadu	Tamil Nadu of Physical education & sports University, Dept. of Yoga, Chennai, Tamil Nadu
2.	2024	Chennai, Tamil Nadu	Tamil Nadu of Physical Education & Sports University, Chennai, Tamil Nadu

		Kanyakumari	Shree Ramakrishna Medical College of Naturopathy and YS, Kanyakumari
		Kanchipuram	Krishnamacharya Yoga Mandiram, Chennai
		Dindigul	GTN Medical College of Naturopathy and YS Centre, Dindigul
		Ammamet, Salem	N. S. Yoga & Nature Cure Hospital, Ammapet, Salem
3.	2025	Gandhigram, Dindigul	The Gandhigram Rural Institute, Gandhigram, Chinnalapatti, Tamil Nadu
		Kattankulathur, Chenglepet.	SRM Institute of Science & Technology, University Building, (Main Campus) Kattankulathur, Chengalpattu District, Tamil Nadu
		Perundurai, Erode, Tamil Nadu	Kongu Naturopathy and Yoga Medical College Hospital, Thoppupalayam, Perundurai, Erode, Tamil Nadu
		Salem, Tamil Nadu	N. S. Yoga & Nature Cure Hospital, Salem-636001, Tamil Nadu

GRAM NYAYALAYA IN PATIYALI TEHSIL OF KASGANJ

5665. SHRI DEVESH SHAKYA:

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

- (a) whether the Government is aware that the proposal to convert the Gram Nyayalaya located in Patiyali Tehsil of Kasganj district in Uttar Pradesh into a Civil Court is pending, if so, the reasons therefor;
- (b) whether it is also true that the Hon'ble High Court of Allahabad has directed that land be made available for the said court, but the matter has been delayed due to the pendency of land allocation at the level of the Kasganj district administration; and
- (c) if so, the details of the information received by the Union Government from the State Government and the district administration in this regard and the present status of the land allotment?

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

(a) to (c) : As per the Gram Nyayalaya Act, 2008, the State Government, after consultation with the High Court, may, by notification, establish one or more Gram Nyayalayas for every Panchayat at intermediate level or a group of contiguous Panchayats at intermediate level in a district or where there is no Panchayat at intermediate level in any State, for a group of contiguous Gram Panchayats. The Act, therefore, does not make setting up of Gram Nyayalayas mandatory. Further, establishment or conversion of District Courts, Civil Courts or Subordinate Courts in

the State falls within the jurisdiction of respective High Courts, who take decision in the matter in consultation with the State Governments concerned.

As per information provided by the High Court of Allahabad, the matter for acquisition of 4.615 hectare of land parcel in Patiyali Tehsil for conversion of Gram Nyayalaya into Civil Court rests with the High Court of Allahabad.

REFORM OF COURT AND TRIBUNAL FEE STRUCTURE

5666. SHRI PARSHOTTAMBHAI RUPALA:

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

- (a) whether the Government, in consultation with State Governments and the judiciary, is considering replacing the existing uniform court fee regime with a rational, graded fee structure linked to the nature and valuation of cases, while ensuring complete exemption from court fees for Divyang persons and economically weaker sections in matters relating to their own rights; and
- (b) whether the Government proposes to extend such a reformed fee structure to tribunals as well, in order to improve cost efficiency, discourage frivolous litigation, and reduce the avoidable financial burden on the public exchequer?

**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) : Fees taken in all courts except the Supreme Court fall under Entry 3 of the State List (List II) of the Seventh Schedule. Being a State subject, only the

States are competent to enact or amend the law concerning the Court fees payable in High Court and other Courts subordinate thereto having jurisdiction in any State. Similarly, the fee structures for Tribunals are governed by their respective parent Acts and Rules. However, the Government is committed to ensuring Access to Justice for all. Under the Legal Services Authorities Act, 1987, person with disability and individuals weaker sections are entitled to free legal services, which includes payment of process fees, expenses of witnesses and all other charges such as court fees, stamp duty etc. payable or incurred in connection with any legal proceedings in appropriate cases provided that Court Fees will be payable only after an application moved before the concerned Court for suing as an indigent has been disposed of and orders of the Court obtained thereon.

भारतीय नागरिकों की आपातकालीन निकासी

5667. श्री राजकुमार रोट

क्या विदेश मंत्री यह बताने की कृपा करेंगे कि:

- (क) पिछले दस वर्षों के दौरान विदेशों में युद्धों/आपात स्थितियों के समय भारतीय नागरिकों की सुरक्षित निकासी के लिए संचालित किए गए ऑपरेशनों का ब्यौरा क्या है;
- (ख) रूस-युक्रेन और यू.एस.ए.-इजराइल-ईरान संघर्षों सहित ऐसे देशों से भारत वापस लाए गए भारतीय छात्रों, श्रमिकों और अन्य नागरिकों की संख्या कितनी है;
- (ग) सरकार या संबंधित एजेंसियों द्वारा प्रति यात्री लिए गए शुल्क का ऑपरेशन-वार ब्यौरा क्या है;
- (घ) क्या सरकार के संज्ञान में यह बात आई है कि आपातकालीन निकासी के दौरान कुछ मामलों में उच्च शुल्क लिए जाने या आर्थिक रूप से कमजोर नागरिकों को पर्याप्त **प्राथमिकता** न मिलने

के संबंध में शिकायतें प्राप्त हुई हैं और यदि हां, तो इस संबंध में सरकार द्वारा क्या कार्रवाई की गई है; और

(ड.) क्या सरकार का भविष्य में ऐसी आपात स्थितियों में विदेशों में रहने वाले भारतीय छात्रों और श्रमिकों की निःशुल्क या राजसहायता देकर निकासी सुनिश्चित करने के लिए कोई नीति तैयार करने का विचार 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) से (ग) : सरकार विदेशों में भारतीय नागरिकों की सुरक्षा और कल्याण को सर्वोच्च प्राथमिकता देती है। पिछले दस वर्षों में सरकार ने युद्धों/संघर्षों/आपात स्थितियों के दौरान भारतीय नागरिकों को निकालने के लिए अनेक अभियान चलाए हैं। प्रत्येक ऑपरेशन/निकासी का संदर्भ और आधार अलग-अलग होता है। निकासी/ऑपरेशनों का ब्यौरा और निकाले गए भारतीय नागरिकों की संख्या **विवरण** में संलग्न है। अमेरिका-इजराइल-ईरान संघर्ष के दौरान, सरकार ने 21 मार्च 2026 तक पश्चिम एशिया और खाड़ी क्षेत्र से वाणिज्यिक उड़ानों (गैर-अनुसूचित उड़ान संचालन सहित) के माध्यम से 3.75 लाख से अधिक भारतीय यात्रियों की वापसी में सहायता की है।

(घ) और (ड) : सरकार को मौजूदा स्थिति के दौरान भारतीय नागरिकों के लिए उपलब्ध कराए गए विभिन्न संपर्क माध्यमों के ज़रिए पूछताछ प्राप्त हुई है। विदेश मंत्रालय के विशेष नियंत्रण कक्ष में प्राप्त की गई पूछताछ में परिवार/मित्रों/संबंधियों से संपर्क करने में सहायता से लेकर उपलब्ध यात्रा विकल्पों की जानकारी, सीमा पार यात्रा की सुविधा, स्थिति का अद्यतन, गलत सूचनाओं का सत्यापन आदि शामिल हैं। इन प्रश्नों को क्षेत्र में स्थित संबंधित भारतीय दूतावासों और कोंसलावास को त्वरित कार्रवाई के लिए भेजा जा रहा है। सरकार स्थानीय परिवहन, सीमा पार आवागमन, पारगमन वीजा आदि की सुविधा प्रदान करके भारतीय यात्रियों को उपलब्ध वाणिज्यिक उड़ानों में यात्रा करने में सहायता कर रही है। सरकार प्रत्येक आपात स्थिति का समाधान जमीनी स्थिति और परिस्थितियों के अनुसार करती है और

विदेश में भारतीयों की सुरक्षा और कल्याण सुनिश्चित करने के लिए उचित कार्रवाई की जाती है।

विवरण

विगत 10 वर्षों में सरकार द्वारा की गई निकासी/ऑपरेशन का ब्यौरा

वर्ष	ऑपरेशन संबंधी देश और नाम	निकाले गए भारतीय नागरिकों की कुल संख्या
2015	नेपाल ऑपरेशन मैत्री	3975
2015	यमन ऑपरेशन राहत	6688 (1947 विदेशी नागरिकों सहित)
2016	दक्षिण सूडान ऑपरेशन संकट मोचन	156 (कुछ विदेशी नागरिकों सहित)
2018	यमन ऑपरेशन निस्तार (भारतीय नौसैनिक ऑपरेशन)	38
2020	मालदीव, ईरान और श्रीलंका ऑपरेशन समुद्र सेतु (भारतीय नौसेना ऑपरेशन)	3992
2020-2022	वंदे भारत मिशन (वैश्विक)	3.20 करोड़ (1.594 करोड़ लोग उतरे और 1.608 करोड़ लोग चढ़े)
2021	अफ़ग़ानिस्तान ऑपरेशन देवी शक्ति	669 (इसमें 15 दूसरे विदेशी नागरिक और 206 अफ़ग़ान नागरिक शामिल हैं, जिनमें अफ़ग़ान हिंदू/सिख अल्पसंख्यक के सदस्य भी शामिल हैं)
2022	यूक्रेन ऑपरेशन गंगा	18,282
2023	सूडान ऑपरेशन कावेरी	4,097 (136 विदेशी नागरिकों सहित)
2023	इजराइल ऑपरेशन अजय	1,343 (14 ओसीआई कार्ड धारक और 20 विदेशी नागरिक शामिल हैं)

2024	हैती ऑपरेशन इंद्रावती	17
2024	कुवैट (मृत भारतीय नागरिकों की विशिष्ट मानवीय एयरलिफ्ट)	45 (पार्थिव शरीर)
2025	ईरान ऑपरेशन सिंधु	3597
2025	इजराइल ऑपरेशन सिंधु	818
2024-25	सीरिया	86
2022- 2025	इराक	135
2025	श्रीलंका (ऑपरेशन सागर बंधु - एचएडीआर ऑपरेशन)	424 (भारतीय वायुसेना के विशेष विमानों द्वारा निःशुल्क निकाले गए) और 2076 (वाणिज्य उड़ानों द्वारा सुविधा प्रदान की गई)

PROGRESS IN INFANT MORTALITY RATES

5668. ADV. CHANDRA SHEKHAR:

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

- whether the Government is concerned about the uneven progress in the decline of the Infant Mortality Rate (IMR) which has reached to 25 per 1000 live births and the Under-5 Mortality Rate (U5MR) which has reached 29 per 1000 as per SRS 2023 and "Children in India 2025" with persistently higher rates in certain states despite NHM investments, if so, the details thereof;
- the details of the recent Government data or preliminary NFHS-6 indicators on IMR/U5MR trends up to 2025, highlighting rural-urban and tribal gaps, State/UT-wise;

- (c) the manner in which India's mortality reduction compares globally; and
- (d) the corrective measures, enhanced 2026-27 funding for Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH+N) strategy, skilled birth attendance, emergency obstetric care and equity-focused interventions in underserved regions to ensure sustained and equitable gains?

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):

- Infant Mortality Rate (IMR) reduced from 39 per 1000 live births in 2014 to 25 per 1000 live births in 2023.
- Under 5 Mortality Rate (U5MR) reduced from 45 per 1000 live birth in 2014 to 29 per 1000 live births in 2023.

State/ UT wise IMR and U5MR are given in the enclosed **Statement-I** and **Statement-II** respectively.

The report of National Family Health Survey – 6 is not yet published.

(c) : As per the recently released United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) report, India achieved a 79% decline in under-five mortality (vs 61% globally), a 74% decline in Infant Mortality Rate (vs 56%

globally), and a 70% decline in neonatal mortality (vs 54% globally) during 1990-2024, reflecting the impact of sustained Government interventions under National Health Mission.

(d) : The Ministry of Health and Family Welfare (MoHFW) supports in implementation of Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH + N) strategy under National Health Mission (NHM) based on the Annual Program Implementation Plan (APIP) submitted by respective State /UT. The details of interventions to improve maternal and child health outcome all across the country including all the region to ensure sustained and equitable gains are as follows:

- Janani Suraksha Yojana (JSY) is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant women delivering in public health institutions to have free and no-expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet during the stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) provides pregnant women a fixed day, free of cost, assured and quality antenatal checkup by a Specialist/Medical Officer on the 9th day of every month.

- Extended PMSMA strategy focuses on quality antenatal care (ANC) for pregnant women, especially high-risk pregnant (HRP) women and individual HRP tracking with financial incentivization for the identified high-risk pregnant women and accompanying Accredited Social Health Activists (ASHAs) for extra 3 visits over and above the PMSMA visit.
- Surakshit Matritva Aashwasan (SUMAN) aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting a public health facility, to end all preventable maternal and newborn deaths.
- Optimizing Postnatal Care aims to strengthen the quality of post-natal care by laying emphasis on detection of danger signs in mothers and incentivization of ASHAs for prompt detection, referral & treatment of such high-risk postpartum mothers.
- The establishment of Special Newborn Care Units (SNCUs) and Newborn Stabilization Units (NBSUs) under Facility Based Newborn Care (FBNC) program to provide specialized care to sick and small newborns at district and sub-district levels, addressing neonatal health complications.
- 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.

- ASHAs conduct scheduled home visits under Home-Based Newborn Care (HBNC) and Home-Based Care of Young Children (HBYC), improving child-rearing practices and identifying sick newborns and young children for timely referral and care.
- Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- Nutrition Rehabilitation Centres (NRCs) are established at public health facilities where children with Severe Acute Malnutrition (SAM) and medical complications are admitted for treatment.
- Lactation Management Centres are established to ensure availability of Mother's Own Milk or safe, pasteurized Donor Human Milk for feeding of sick, preterm, low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
- The Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS) initiative targets pneumonia-related childhood morbidity and mortality through enhanced awareness and early intervention.
- STOP Diarrhoea campaign is implemented for promoting use of ORS and Zinc and for reducing morbidity and mortality due to childhood diarrhoea.

- Under the Universal Immunization Programme (UIP), the Government provides 11 vaccines against 12 Vaccine Preventable Diseases (VPDs) free of cost to children and pregnant women, in public health facilities.
- 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.

STATEMENT-I

Status of Infant Mortality Rate at National and State/ UT level

India	25
A&N Islands	9
Andhra Pradesh	19
Arunachal Pradesh	20
Assam	30
Bihar	23
Chandigarh	7
Chhattisgarh	37
Delhi	14
DNH & DD	9
Goa	6
Gujarat	20
Haryana	26
Himachal Pradesh	14
Jammu & Kashmir	14
Jharkhand	29
Karnataka	14

Kerala	5
Ladakh	4
Lakshadweep	9
Madhya Pradesh	37
Maharashtra	14
Manipur	3
Meghalaya	34
Mizoram	13
Nagaland	10
Odisha	30
Puducherry	7
Punjab	17
Rajasthan	29
Sikkim	6
Tamil Nadu	12
Telangana	18
Tripura	15
Uttar Pradesh	37
Uttarakhand	20
West Bengal	17
Source: Sample Registration System 2023 RGI Report https://censusindia.gov.in/nada/index.php/catalog/46172	
Unit: Per 1000 live births	

STATEMENT-II

Status of Under 5 Mortality Rate at National and State/ UT level

India	29
Andhra Pradesh	21
Assam	33
Bihar	27
Chhattisgarh	41
Delhi	16
Gujarat	23
Haryana	30

Himachal Pradesh	17
Jammu & Kashmir	15
Jharkhand	32
Karnataka	17
Kerala	8
Madhya Pradesh	44
Maharashtra	16
Odisha	35
Punjab	22
Rajasthan	34
Tamil Nadu	13
Telangana	22
Uttar Pradesh	42
Uttarakhand	23
West Bengal	18
Source: Sample Registration System, RGI Report https://censusindia.gov.in/nada/index.php/catalog/46172	
Note: Available for India & bigger States/UTs	
Unit: Per 1000 live births	

INCREASE OF SUDDEN CARDIAC ARREST

5669. SHRI ESWARASAMY K.:

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

- (a) whether the Government has taken note of reports indicating an increase in sudden deaths, including sudden cardiac arrests, among apparently healthy individuals in the age group of 18-45 years across the country and if so, the details thereof;
- (b) whether the Indian Council of Medical Research (ICMR) and All India Institute of Medical Sciences (AIIMS) have conducted or commissioned any studies to

examine the causes and risk factors associated with such sudden deaths and if so, the key findings thereof;

- (c) whether any lifestyle factors, pre-existing conditions, post-viral complications or other medical causes have been identified and if so, the details thereof; and
- (d) the steps taken/proposed to be taken by the Government to promote early cardiac screening, preventive health check-ups and public awareness campaigns on heart health, particularly targeting youth and working-age populations?

THE MINISTER 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) : Indian Council of Medical Research (ICMR) has informed that ICMR-National Institute of Epidemiology (NIE) conducted a study titled “Factors associated with unexplained sudden deaths among adults aged 18-45 years in India-A multicentric matched case-control study” at 47 tertiary care hospitals located across 19 States/Union Territories of India during May-August 2023. Cases were apparently healthy individuals without any known co-morbidity, who suddenly (<24 hours of hospitalization or seen apparently healthy 24 hours before death) died of unexplained causes during 1st October 2021-31st March 2023. Four controls were included per case matched for age, gender and neighbourhood. Information was collected regarding data on COVID-19 vaccination/infection, post-COVID-19 conditions, family history of sudden death, smoking, recreational drug

use, alcohol frequency, binge drinking and vigorous-intensity physical activity two days before death among the cases / interviewed controls. A total of 729 sudden death cases and 2916 controls were included in the analysis. It was observed that receipt of any dose of COVID-19 vaccine reduced the odds for unexplained sudden death. Receiving two doses of COVID-19 vaccine significantly reduced the odds of unexplained sudden death. Past COVID-19 hospitalization, family history of sudden death, binge drinking 48 hours before death/interview, use of recreational drug/substance and performing vigorous-intensity physical activity 48 hours before death/interview increased the odds of sudden death. Hence, the study observed that COVID-19 vaccination did not increase the risk of unexplained sudden death among young adults in India. Past COVID-19 hospitalization, family history of sudden death and certain lifestyle behaviours increased the likelihood of unexplained sudden death.

Further, in order to understand the reasons for heart attack, ICMR-National Institute of Epidemiology (ICMR-NIE) conducted another multicentric matched case-control study in 25 hospitals across India. Cases were patients aged 18-45 years admitted in the study hospitals with newly diagnosed Acute Myocardial Infarction (AMI) between October 2021 and January 2023. Controls were patients aged 18-45 years admitted in the same hospital for other causes, matched for time of hospitalization. Information was collected regarding the various risk factors. The study observed that hospitalization with AMI was associated with presence of any known comorbidity, family history of thrombotic events and ever been smoker.

All India Institute of Medical Sciences (AIIMS) New Delhi conducted a study “Establishing the cause in sudden unexplained deaths in young” using virtual autopsy & CT scan to understand the cause of death in young adult patients (aged 18 years to 45 years). The interim results have suggested that Myocardial Infarction (MI) remained main cause of sudden death and there has not been any shift in trend of causes of sudden deaths compared to previous years.

(d) : The Department of Health and Family Welfare provides technical and financial support to States and Union Territories under the National Programme for Prevention and Control of Non- Communicable Diseases (NP-NCD). The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs). Under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), 770 District NCD Clinics, 364 District Day Care Cancer Centres (DCCC), and 6,410 NCD clinics at Community Health Centres have been set up. Further 297 District Day Care Cancer Centre (DCCC) were approved for the Financial Year 2025-26 to ensure cancer care accessibility at district hospital level.

Further, a population-based initiative for prevention, control and screening for common NCDs including hypertension has been rolled out in the country under National Health Mission (NHM) as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening. To manage acute cardiac events a hub-and-spoke model has been

implemented. District hospitals and Community Health Centers (spokes) are equipped to provide initial thrombolysis and stabilization, while tertiary hospitals and medical colleges (hubs) offer advanced interventions. Ambulance services, telemedicine platforms and streamlined referral pathways further enhance access, especially in rural areas.

Government of India provides financial support under NHM for awareness generation activities for Non-Communicable Diseases (NCDs) including cardiovascular diseases to be undertaken by the States and Union Territories. The preventive aspect is strengthened under Comprehensive Primary Health Care through Ayushman Arogya Mandir, by promotion of wellness activities and targeted communication at the community level. Furthermore, healthy eating is also promoted through Food Safety & Standards Authority of India. Fit India movement is implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by Ministry of AYUSH.

संविधान और इसमें संशोधन

5670. श्री भाऊसाहेब राजाराम वाकचौरे :

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

- (क) भारत का संविधान पिछली बार कब प्रकाशित किया गया था और बाजार में उपलब्ध कराया गया था;
- (ख) क्या संविधान में कई संशोधन किए गए हैं और क्या भारत के संविधान का नवीनतम संस्करण आम जनता के लिए उपलब्ध नहीं है ;

- (ग) यदि हां, तो सभी संशोधनों को सम्मिलित करते हुए भारत के संविधान का नवीनतम संस्करण उपलब्ध कराने के लिए सरकार द्वारा क्या कदम उठाए गए हैं या उठाए जाने का प्रस्ताव है; और
- (घ) इस संबंध में विलंब के क्या कारण हैं ?

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

(क) : भारत के संविधान का द्विभाषी संस्करण अंतिम बार दिनांक 01 मई, 2024 को विधायी विभाग द्वारा प्रकाशित किया गया था और यह बाजार में उपलब्ध है।

(ख) : आज तक संविधान में एक सौ छह संशोधन किए गए हैं और जनसाधारण के लाभ के लिए विधायी विभाग की आधिकारिक वेबसाइट www.legislative.gov.in पर उपलब्ध हैं।

संविधान को असमिया, बोडो, गुजराती, कन्नड़, कश्मीरी, मैथिली, मलयालम, मराठी, नेपाली, उड़िया, पंजाबी, संस्कृत, तमिल, तेलुगु और संथाली भाषा में भी प्रकाशित किया गया है जिसमें एक सौ छहवें संशोधन तक के संशोधन सम्मिलित हैं। इसे पुस्तक के रूप में आधिकारिक वेबसाइट पर अपलोड किया गया है। संविधान का वर्चुअल अद्यतन संस्करण बंगाली और उर्दू भाषा में आधिकारिक वेबसाइट पर अपलोड किया गया है। मणिपुरी, डोगरी, सिंधी और कोंकणी में संविधान के 106वें संशोधन तक का अद्यतन संस्करण प्रक्रियाधीन है।

(ग) और (घ) : उपर्युक्त के मद्देनजर, लागू नहीं।

PM-KISAN SAMRIDDHI KENDRAS

5671. SHRI M. MALLESH BABU:

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

- (a) the total number of retail fertilizer shops successfully converted into PM-Kisan Samriddhi Kendras (PMKSKs) in the Kolar Lok Sabha Constituency in Karnataka as on February, 2026;
- (b) whether the said operational Kendras are equipped with real-time/"on-the-spot" soil health testing facilities and a farmer to receive a soil health recommendation after sample submission, if so, the details thereof;
- (c) the steps being taken by the Government to ensure that the said centres actively discourage the over-utilization of chemical fertilizers along with the acute water stress and the risk of groundwater nitrate contamination in the said district;
- (d) whether the Government has integrated Nano Urea & Nano DAP demonstration units at all PMKSKs to promote nutrient use efficiency among small and marginal farmers in the said district; and
- (e) the monitoring mechanism put in place to ascertain that the "One-Stop Shops" are providing the mandated technical consultancy and weather forecasting services or if they continue to function primarily as retail outlets?

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

(a) : In Kolar Lok Sabha Constituency, as on February 2026, out of 457 retail fertilizer shops, 178 retailer fertilizer shops have been converted into PM-Kisan Samriddhi Kendras (PMKSKs).

(b) : The retailer shops owned by M/s Coromandel International Limited and a very few retailer shops converted to PMKSKs by M/s Rashtriya Chemicals and Fertilizers are equipped with soil testing facilities and thereby the farmers are receiving soil health recommendations.

(c) : Under “PM-PRANAM Kisan Sangosti”, the fertilizer manufacturing companies in coordination with State Agriculture department, other line departments and fertilizer dealers are conducting meetings every month at Village, Gram Panchayat level. The ill effects of excess use of chemicals fertilizers especially nitrogenous fertilizers (Urea) causing ground water contamination and the use of alternative fertilizers are being imparted to the farmers.

(d) : Nano fertilizers, including Nano Urea and Nano DAP, are made available at PMKSKs by the concerned Fertilizer companies. The Fertilizer Companies also conduct Nano Urea and Nano DAP field demonstrations.

(e) : Few of the retailer shops owned by M/s Coromandel International Limited and few retailer shops converted to PMKSKs by M/s Rashtriya Chemicals and Fertilizers, M/s Paradeep Phosphates Limited, M/s Coromandel International Limited, M/s Fertilizers & Chemicals Travancore Ltd, M/s Greenstar Fertilizers Limited, M/s Southern Petrochemicals Industries Corporation are providing technical consultancy services at PMKSK's. Weather forecasting services are not under the scope of PMKSKs.

NATIONAL HEALTH FAIR**5672. SHRI RAVINDRA DATTARAM WAIKAR:****DR. SHRIKANT EKNATH SHINDE:****SHRI SHRIRANG APPA CHANDU BARNE:****SHRI ATUL GARG:****SHRI NARESH GANPAT MHASKE:**

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

- (a) whether the Government has organised initiatives such as National Health Fairs to promote public awareness about health and traditional medicinal resources particularly in Maharashtra, if so, the details thereof;
- (b) whether steps have been taken to encourage the preservation and cultivation of medicinal plants and traditional health practices;
- (c) if so, the details thereof and if not, the reasons therefor;
- (d) whether assessments have been made regarding the integrating medicinal plant conservation with mainstream healthcare programmes, if so, the details thereof and if not, the reasons for the same;
- (e) the details of the measures undertaken by the Government to involve communities and institutions in preservation efforts; and
- (f) the details of the expected impact on preventive healthcare, biodiversity and community health outcomes?

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

(a) : The Ministry of Ayush organized the National Arogya Fair to promote public awareness about health and traditional medicinal resources across India, including Maharashtra. Recently, a National Arogya Fair was held in Maharashtra from 25th to 28th February 2026. The National Medicinal Plants Board (NMPB), under the Ministry of Ayush, participated in the event through its Regional Cum Facilitation Centre (RCFC), Western Region, in collaboration with the State Medicinal Plants Board (SMPB), Maharashtra. A dedicated stall was set up to disseminate knowledge and promote awareness about Indian medicinal plants. The exhibition focused on enhancing public understanding of medicinal plants, strengthening documentation practices, and fostering greater stakeholder engagement within the Ayush ecosystem.

(b) and (c) : The National Medicinal Plants Board (NMPB), Ministry of Ayush under its “Central Sector Scheme on Conservation, Development and Sustainable Management of Medicinal Plants” have provided project based support to State Forest Departments for In-situ conservation/preservation of medicinal plants in their natural habitats by way of establishment of Medicinal Plants Conservation and Development Areas (MPCDAs).

(d) : No assessments have been made regarding integrating medicinal plant conservation with mainstream healthcare programmes. However, the National Medicinal Plants Board supported a demand and supply study through the Indian Council for Forestry Research and Education, Dehradun, entitled “Medicinal Plants in India: As assessment of their Demand and Supply” by G.S. Goraya & D.K. Ved

published in the year 2017. As per the study, the annual demand of herbs/medicinal plants in the country was estimated to be about 512000 Metric Ton in 2014-15. As per the study about 1178 medicinal plants species are recorded in practices of trade, out of which 242 species are traded in high volume with an estimate of more than 100 MT per annum. The study was published in 2017 and is available on the website of NMPB.

(e) : Under the above scheme, to promote rural livelihood, project based support is also provided through State Forest Departments to forest fringe communities (Joint Forest Management Committees/Panchayats/Van Panchayat/SHGs/BMCs etc.) for setting of local cluster for value addition, drying, warehousing and augmenting marketing infrastructure, etc. and generate livelihood. For sustainable harvesting and there by preservation of medicinal plants in wild, training on GFCPs is also provided to these communities through RCFCs of NMPB.

(f) : NMPB, Ministry of Ayush is supporting projects for research and development for medicinal plants activities and provision to support projects for species specific campaign to make awareness about health benefits.

INTEGRATION OF AYUSH HEALTHCARE CENTRES

5673. DR. ALOK KUMAR SUMAN:

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

- (a) whether any steps have been taken by the Government to integrate AYUSH services with primary healthcare centres, if so, the details thereof;

- (b) the number of AYUSH doctors deployed in Government hospitals;
- (c) whether standard treatment protocols have been developed, if so, the details thereof; and
- (d) the allocation of funds for AYUSH integration along with the outcome of such integration so far?

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

(a) to (d) : Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling choice to the patients for different systems of medicines under single window. The engagement of Ayush Doctors/paramedics and their training is supported by Ministry of Health & Family Welfare (MoHFW) under National Health Mission (NHM), while the support for Ayush infrastructure, equipment /furniture and medicines is provided by Ministry of Ayush under National Ayush Mission (NAM) as shared responsibilities.

Mainstreaming of Ayush has been taken up in 13,249 Ayush facilities co-located under NHM (6,302 PHCs, 3,191 CHCs, 475 DHs, 3281 other health facilities) as an initiative towards strengthening evidence-based integration of Ayush System and to scale up Ayush services across the country for providing health care services to the community. In addition to this Ayush doctors are also deployed for various allied programs like Rashtriya Bal Swasthya Karyakram

(RBSK), National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) as well as other Public Health Programmes and their services are being used as per the felt need by providing appropriate training and orientation. Also, a total of 24,183 Ayush doctors, 2,265 Ayush paramedics and 3,404 Ayush Pharmacists have been deployed in the States/UTs with NHM funding support. Details of number of hospitals where Ayush services are co-located, State/UT-wise is given in the enclosed **Statement**.

Further, to support evidence-based clinical practice and facilitate coordinated care, Standard Treatment Guidelines (STGs) for Ayush systems has been developed by the Ayush Vertical under the Directorate General of Health Services (DGHS), MoHFW for six common musculoskeletal disorders and five common metabolic disorders. Following their publication, national-level Master Trainer programmes have been conducted in collaboration with the Central Health Education Bureau to support capacity building and facilitate cascading training programmes across States and Union Territories.

STATEMENT

Number of hospitals where Ayush services are co-located, State/UT-wise

S. No	State/UTs	DH	CHC	Other than CHC at or above block level but below district level	PHC	Other health facilities above SC but below block level	Total
1	Bihar	36	0	0	0	1348	1384

2	Chhattisgarh	18	98	0	454	0	570
3	Himachal Pradesh	0	0	0	0	0	0
4	Jammu & Kashmir	13	14	0	373	571	971
5	Jharkhand	21	188	0	97	225	531
6	Madhya Pradesh	36	95	0	275	0	406
7	Odisha	0	351	0	886	0	1237
8	Rajasthan	2	56	4	127	1	190
9	Uttar Pradesh	91	691	0	687	31	1500
10	Uttarakhand	13	53	7	44	0	117
11	Arunachal Pradesh	16	34	0	50	5	105
12	Assam	18	7	4	71	500	600
13	Manipur	7	17	1	85	0	110
14	Meghalaya	11	25	0	54	0	90
15	Mizoram	12	9	1	10	38	70
16	Nagaland	9	20	0	9	0	38
17	Sikkim	4	1	0	4	0	9
18	Tripura	3	21	11	84	0	119
19	Andhra Pradesh	9	105	0	273	0	387
20	Goa	2	6	2	22	1	33
21	Gujarat	0	0	0	868	0	868
22	Haryana	22	102	0	106	5	235
23	Karnataka	20	190	139	163	0	512
24	Kerala	0	0	0	0	0	0
25	Maharashtra	23	238	0	20	0	281
26	Punjab	22	66	18	87	8	201
27	Tamil Nadu	37	388	0	475	0	900
28	Telangana	3	100	0	449	0	552
29	West Bengal	13	295	54	387	95	844
30	Andaman Nicobar Islands	3	4	0	20	0	27
31	Chandigarh	1	2	2	33	0	38
32	Dadra & Nagar Haveli and Daman & Diu	2	1	1	14	1	19
33	Delhi	0	0	0	0	208	208

34	Ladakh	2	7	0	32	0	41
35	Lakshadweep	2	3	0	4	0	9
36	Puducherry	4	4	0	39	0	47
TOTAL		475	3191	244	6302	3037	13249

SUPPLY OF NATURAL GAS

5674. SHRI T.M. SELVAGANAPATHI:

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

- (a) Whether it is true that natural gas supplies to fertilizer firms have been reduced by forty to sixty per cent, if so, the details thereof;
- (b) Whether it is a fact that the reduced level of natural gas supplies to fertilizer firms will affect fertilizer production in the Country, if so, the details thereof; and
- (c) Whether it is also a fact that the Country has enough fertilizer stocks to meet the upcoming Kharif season, 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) : Vide Gazette Notification dated 9th March, 2026, Government notified the Natural Gas (Supply Regulation) Order, 2026, under the Essential Commodities Act, 1955 due to Force Majeure because of ongoing issues in Middle East. Under this Order, fertilizer plants were designated as Priority Sector II, with gas supply to be ensured at 70% of their past six-month average consumption,

subject to operational availability. In implementation of the said order, Gas allocation to the Fertilizer units has been maintained at ~ 65% of their past six-month average consumption considering the operational availability.

To further augment supplies to the Fertilizer sector, an additional ~7.31 MMSCMD of Natural Gas has been procured through EPMC (Empowered Pool Management Committee) bidding process for the period 18th March 2026 to 31st March 2026. This has resulted in an increase in total gas availability to the Fertilizer sector to ~80% of their past six-month average consumption.

During the period starting from 1st March, 2026 to 24th March 2026, 13.55 LMT of Domestic Urea has been produced. Apart from that, DAP/NPKs and SSP has been produced to the tune of 7.62 LMT & 3.06 LMT respectively for the same period.

(c): Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers. Further, on the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

In view of the above, the current stocks of fertilizers in the country as on 23.03.2026 includes 53.08 LMT of Urea, 21.80 LMT of DAP, 7.98 LMT of MOP and 48.38 LMT of NPKs.

OPERATION OF MEDICAL STORES WITHOUT REGISTERED PHARMACISTS**5675. ADV. ADOOR PRAKASH:**

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

- (a) whether the Government has any proposal to allow medical stores to operate without the mandatory presence of a registered pharmacist;
- (b) if so, the details thereof and the reasons therefor;
- (c) whether the Government has taken note of the concerns raised in reports suggesting such as a move; and
- (d) if so, the details thereof along with the response of the Government thereto?

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

(a) to (d) : Under the Drugs and Cosmetics Act, 1940, and Rules thereunder the license for Sale and Distribution of drugs are granted by the State Licensing Authority appointed by the respective State Government. Licensee is required to comply with all the conditions of license. State Licensing Authorities are empowered to take action on violation of any conditions of such licenses. As per the conditions of license, sales of Drugs shall be effected only by or under the personal supervision of a registered pharmacist and no person can sale by retail the Schedule H, H1 and X drugs without prescription of Registered Medical Practitioner (RMP).

There are provisions under Rule 62A and 62B of Drug Rules, 1945 regarding grant of restricted licenses to persons in respect of drugs, whose sale does not require the supervision of a qualified person.

MODERNISATION OF INDIAN PORTS

5676. SHRI NAVEEN JINDAL:

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

- (a) the maximum size of ships that could enter Indian ports at present vis-a-vis global average;
- (b) whether the Government has taken any steps to strengthen and modernise port infrastructure across the Country to facilitate berthing of larger ships; and
- (c) if so, the details thereof?

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

(a) to (c) : At present, Indian ports with deep-draft facilities of up to 20 metres are capable of accommodating the world's largest cargo and container vessels, a capacity broadly comparable with major global ports. To further enhance this capability, Government has taken sustained steps to strengthen and modernise port infrastructure across the country, undertaking measures in capacity augmentation, mechanisation, deepening of drafts, and the development of offshore and outer harbours to facilitate the berthing of larger ships.

CENTRALLY SPONSORED SCHEMES IN ANDHRA PRADESH**5677. SHRI G. M. HARISH BALAYOGI:**

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

- (a) the details of all Central Sector and Centrally Sponsored Schemes being implemented by the Ministry in Andhra Pradesh, scheme-wise;
- (b) the number of beneficiaries (SC/ST/OBC) covered under the said schemes in the said State during the last three years, scheme-wise and district-wise, especially in Konaseema district;
- (c) the details of the funds allocated, released/utilised under the said schemes in Andhra Pradesh during the last three years, scheme-wise, year-wise and district-wise;
- (d) the details of infrastructure and institutional facilities created/strengthened under the said schemes in the said State during the said period, district-wise;
- (e) the details of capacity building/training/awareness programmes conducted for Anganwadi workers, child protection personnel and other stakeholders in Andhra Pradesh, including number of personnel trained, district-wise, especially in the said district; and
- (f) the details of the steps taken to strengthen implementation and outreach of women and child welfare schemes in the said State, particularly in the said district?

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

(a) to (f) : Various schemes implemented by the Ministry of Women & Child Development for welfare of women and children all over the country, including in Andhra Pradesh, have been reviewed and clubbed into three Umbrella Missions, viz. (1) Mission Saksham Anganwadi & Poshan 2.0 for improving nutrition & health indicators (2) Mission Shakti, for safety, protection and empowerment of women; and (3) Mission Vatsalya, for protection, care and welfare of children in difficult circumstances. Details of the schemes are as under:

(i) Saksham Anganwadi & Poshan 2.0 (Mission Poshan 2.0): In the 15th Finance Commission, components of nutritional support for children below the age of 6 years, pregnant women and lactating mothers, Adolescent Girls (14 – 18 years); Early Childhood Care and Education [3-6 years]; Anganwadi infrastructure including modern, upgraded Saksham Anganwadi, Poshan Abhiyaan and Scheme for Adolescent Girls have been reorganised under Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0).

Under Mission Saksham Anganwadi and Poshan 2.0, a package of six services are provided to the eligible beneficiaries i.e Supplementary Nutrition (SNP), Pre-school Non-Formal Education, Nutrition & Health Education, Immunization, Health Check-up, and Referral Services. Three of the six services, viz., Immunization, Health check-up and Referral Services are related to health and are provided through National Health Mission (NHM) & Public Health Infrastructure. Mission Saksham Anganwadi and

Poshan 2.0 is a Centrally Sponsored scheme. Central Government is responsible for the overall planning and policy under the scheme whereas its day-to-day implementation falls under the ambit of State Government or UT administration.

Further, Scheme for Adolescent Girls (SAG) was revised from 01.04.2022 onwards and was subsumed under Mission Saksham Anganwadi and Poshan 2.0. The Scheme aims at providing nutritional support to Adolescent Girls (AGs) [14-18 years] for improving their health and nutritional status under the nutrition component and providing them IFA supplementation, Health check-up and Referral Service, Nutrition & Health Education and Skilling etc. under non-nutrition component of the Scheme. The targeted beneficiaries under the Scheme are AGs in the age group of 14 to 18 years in Aspirational Districts and all North Eastern States.

(ii) 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.

- **One Stop Centres (OSCs)-** One Stop Centre (OSC) provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women.
- **Women Helpline (WHL)-** Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country.
- **Beti Bachao Beti Padhao (BBBP)-** Beti Bachao Beti Padhao (BBBP) Scheme was launched on 22nd January 2015 to help address Child Sex Ratio (CSR) and related issues of empowerment of girls and women over a life cycle continuum. Beti Bachao Beti Padhao (BBBP) scheme has transformed from policy initiative into national movement by mobilizing various stakeholders, including government agencies, media civil society and general public.
- **Nari Adalat-** Nari Adalat scheme provides a platform for alternative grievance redressal for women at the gram panchayat level. The Adalats are mandated to help women in distress at the panchayat level in resolving smaller issues relating to domestic violence, and other gender-based

violence by negotiation, mediation, and reconciliation with mutual consent for accessible justice.

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).

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)-** The PMMVY is a Centrally Sponsored Maternity Benefit 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. The eligible beneficiaries receive the remaining cash incentive, as per approved norms towards maternity benefit under Janani Suraksha Yojana after institutional delivery, so that on an average a woman gets ₹6,000/-. Cash incentive of ₹6,000/- is also provided under PMMVY to eligible beneficiaries for second child subject to the second child being a girl.
- **Shakti Sadan-** 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 w. e. f. 01.04.2022 and known as ‘Shakti Sadan Scheme’, which is an Integrated Relief and Rehabilitation Home-for women in distressful situations including trafficked women. It aims at creating a safe and enabling environment for the women

in such difficult situations, to enable them to overcome the adverse circumstances.

- **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 for implementation of the scheme 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.
 - **Palna-** Palna Scheme is implemented with the aim of expanding the outreach of crèches to ensure that women everywhere have the opportunity to work and do not drop out from workforce because of care responsibilities. Palna aims to provide day-care crèche facilities to the children (06 months – 06 years).
 - **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW (Hub for Empowerment of Women) which functions as a Project Monitoring Unit (PMU) for all components of Mission Shakti. It serves as a single window system to bridge the information and knowledge gap regarding schemes and facilities available for women as well as guide them to avail the benefits and entitlements.
- (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).

The details of district-wise beneficiaries or SC/ST/OBC beneficiaries are not maintained under the schemes of the Ministry. The details of beneficiaries covered under the schemes of the Ministry in Andhra Pradesh are given in the enclosed **Statement-I**.

Under the schemes of the Ministry, funds are released to the States and UTs for implementation of the scheme and funds are not directly released to the constituencies/ districts. The scheme-wise and year-wise details of the funds released under the schemes of the Ministry to the State of Andhra Pradesh during the last three years are given in the enclosed **Statement-II**.

The details of infrastructure and institutional facilities created/strengthened under the schemes of the Ministry in Andhra Pradesh are as under:

- Under Saksham Anganwadi and Poshan 2.0, two lakh selected AWCs (40,000 AWCs per year) are being strengthened and upgraded for improved nutrition delivery for stimulating the creative, social, emotional, cognitive and intellectual development of children under 6 years of age in convergence with education development programmes, providing / adding more services with better infrastructure including internet/wifi connectivity to be provided wherever possible through Bharat Net, LED screens, water purifier/installation of RO Machine and Early Childhood Care and Education with smart learning aids, audio-visual aids and child-friendly learning equipment's, Art Work (Educational painting, practice board for children, information board) and wall painting (cleaning, sanding, repairing). A total of 9958 AWCs have been approved and a total of Rs 59.74 crore have been allocated for upgradation of AWCs into Saksham Anganwadis to the State of Andhra Pradesh.
- Under Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM-JANMAN), a total of 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction in Particularly Vulnerable Tribal Groups (PVTG) areas. A total of 192 AWCs have been approved and a total of Rs.23.04 crore have been allocated for construction of AWCs under PM JANMAN to the State of Andhra Pradesh.
- Dharti Aaba Janjatiya Gram Utkarsh Abhiyan (DAJGUA) launched by the Ministry of Tribal Affairs (MoTA) focusses on convergence, outreach and

saturation in approximately, 63,843 villages. A total of 177 AWCs have been approved and a total of Rs 21.24 crore have been allocated for construction of AWCs under DAJGUA to the State of Andhra Pradesh.

The details of capacity building/training/awareness programmes conducted for Anganwadi workers, child protection personnel and other stakeholders in Andhra Pradesh are as under:

S. No.	Financial Year	Number of Participants Trained
1.	2022-23	178
2.	2023-24	341
3.	2024-25	1866

STATEMENT-I

Details of beneficiaries covered under the schemes of the Ministry in the State of Andhra Pradesh:

Mission	Scheme	Category	Number of Beneficiaries
Mission Saksham Anganwadi & Poshan 2.0 (as on 28.02.2026)		Pregnant Women	2,33,506
		Lactating Mothers	2,05,786
		Children (0-6 years)	21,39,899
		Adolescent Girls	7,847
Mission Vatsalya (FY 2024-25)		Beneficiaries in Institutional Care	2,152
		Beneficiaries in Non-Institutional Care	14,187
Mission Shakti	One Stop Centre (as on 31.12.2025)	Women assisted	47,313
	Women Helpline (as on 28.02.2026)	Women assisted	22,523

	Pradhan Mantri Matru Vandana Yojana (as on 22.03.2026)	Beneficiaries paid	19,77,000
	Shakti Sadan (During the last Three Years)	Beneficiaries in Shakti Sadan	6,426
	Sakhi Niwas (FY 2024-25)	Beneficiaries in Sakhi Niwas	750

STATEMENT-II

Scheme-wise and year-wise details of funds released under the schemes of the Ministry to the State of Andhra Pradesh during the last three years:

(Rs. in crores)

Sl. No.	Financial Year	Mission Saksham Anganwadi & Poshan 2.0	Mission Vatsalya	Mission Shakti
1.	2022-23	827.79	36.78	79.94
2.	2023-24	705.68	25.01	76.57
3.	2024-25	645.73	44.03	50.50

IMPLEMENTATION OF THE POSH ACT

5678. ADV. PRIYA SAROJ:

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

- (a) the number of Central Government offices where Internal Complaints Committees were not constituted within the statutory timeline under the POSH Act during the last five years, Ministry-wise;
- (b) the total number of complaints received, disposed/pending beyond the mandated 90-day inquiry period along with reasons recorded for delay;

- (c) the number of instances where annual compliance reports under the Act were not submitted by Ministries/attached offices;
- (d) the number of grievances received regarding improper constitution, conflict of interest/non-functioning of the said Committees, particularly relating to offices in Uttar Pradesh; and
- (e) the disciplinary/penal action taken against non-compliant authorities under Section 26 of the said Act?

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

(a) to (e) : 'The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013' (PoSH Act) mandates the Appropriate Government to monitor the implementation of the Act and maintain data on number of cases filed and disposed of under the Act.

The Ministry of Women and Child Development (MWCD), launched the Sexual Harassment Electronic Box (SHe-Box) Portal (<https://shebox.wcd.gov.in/>), as a digital governance initiative on August 29, 2024 for effective implementation of the PoSH Act. As on 25.03.2026, details of 2,223 Internal Committees (ICs) of Central Government offices, which includes Ministries, Departments and their attached offices, have been updated on the Portal.

SHe-Box Portal is only an IT aid to provide a centralized online system to facilitate dissemination of information about the Local Committees (LCs) constituted in districts and ICs constituted at workplaces with more than 10

employees, so that any aggrieved woman may file complaint in a secure and hassle-free manner and track its progress. However, as mandated under the PoSH Act, the Appropriate Governments are responsible for monitoring the implementation of the Act. As on 25.03.2026, a total of 334 complaints have been received since the launch of the Portal. Out of these, 128 complaints have been disposed of, while 152 complaints remain pending beyond 90 days.

To ensure accountability and statutory compliance under the Act, the Portal provides an option for ICs to upload their Annual Reports and confirm submission to the District Officers concerned as mandated under the Act. As on 25.03.2026, a total of 117 Annual Reports have been uploaded on the Portal by Central Government which includes Ministries, Departments and their attached offices.

The Portal serves as a single-window access platform for every woman, irrespective of her employment status (organised or unorganised sector, private or public), to register complaints related to sexual harassment of women at the workplace. The responsibility of the implementation of the Act at District and State levels rests with the Appropriate Government to monitor the implementation of the Act and maintain data on the number of cases filed and disposed of in respect of all cases of sexual harassment of women at workplace, which are established, owned, controlled or wholly or substantially financed by funds provided directly or indirectly by the State.

NUCLEIC ACID TESTING IN BLOOD BANKS**5679. SHRI DURAI VAIKO:**

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

- (a) whether the Government has taken note of the recent observations of the Hon'ble Supreme Court regarding the feasibility of making Nucleic Acid Testing (NAT) mandatory in blood banks to ensure safe blood transfusion, if so, the details thereof;
- (b) whether the Government proposes to introduce NAT screening for donated blood in all Government and private blood banks across the Country, if so, the details thereof, State-wise;
- (c) the number of blood banks currently equipped with NAT facilities, State-wise;
- (d) whether the Government has assessed the cost implications and feasibility of implementing NAT testing in all blood banks, particularly in Government hospitals, if so, the details thereof;
- (e) whether the Government maintains data on the number of persons affected due to the transfusion of contaminated blood, including infections such as HIV, Hepatitis B and Hepatitis C, during the last five years, year-wise; and
- (f) the steps taken or proposed to be taken by the Government to strengthen blood safety standards and prevent the transmission of infections through blood transfusion?

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

(a) : In Writ Petition(s) (Civil) No(s). 184/2026, the Hon'ble Supreme Court declined plea to make nucleic acid tests compulsory at blood banks, citing a lack of specialized knowledge regarding medical protocols and the associated economic impact on the state.

(b) to (d) : To prevent transfusion-transmitted infections, as per the National Standards for Blood Banks and Blood Transfusion Services guidelines 2022, 4th generation ELISA / Chemiluminescent Immunoassay (CLIA) is mandatory. The Government does not propose to introduce mandatory NAT screening for donated blood in all Government and private blood banks across the Country. At present, out of 1131 blood centres supported by Dte.GHS, 349 are equipped with NAT facilities. NAT is now available in prominent Institutes of National Importance (INIs), Central Government hospitals, as well as in leading state institutions.

(e) and (f): The data on the number of persons affected due to the transfusion of contaminated blood, including infections such as HIV, Hepatitis B and Hepatitis C, during the last five years is not maintained centrally. To strengthen blood safety standards and prevent the transmission of infections through blood transfusion, several guidelines have been issued from time to time.

RELATIONS WITH SOUTH AMERICAN COUNTRIES**5680. SUSHRI PRANITI SUSHILKUMAR SHINDE:**

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

- (a) the current status of India's bilateral relations with countries in Latin America and South America, including recent high-level visits, agreements and strategic partnerships;
- (b) India's trade and investment engagements with major Latin American and South American economies along with the details of key sectors and growth trends during the last three years;
- (c) the initiatives taken by the Government to strengthen cultural, educational and people-to-people ties with nations in the Latin American and South American regions;
- (d) the role of multilateral frameworks and India's engagement with regional organisations in the two regions, such as CELAC, Mercosur and others; and
- (e) the steps being taken to further enhance cooperation in areas such as energy, technology, agriculture, defence, climate action and sustainable development with Latin American and South American 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) : India shares warm and friendly relations with Latin American countries and has developed strong collaboration with them across political, economic, and cultural spheres. The partnership is marked by several high-level visits, including incoming visits by the Presidents/Prime Ministers of Chile, Paraguay, Jamaica and Brazil and Hon'ble Prime Minister Modi's visits to Guyana, Trinidad & Tobago, Argentina and Brazil, as well as multiple ministerial-level exchanges. India elevated its diplomatic relations to the level of Strategic Partnership with Brazil in 2006 and with Argentina in 2019. The focus areas of cooperation include trade and investment, digital technology and AI, health, education, critical minerals, space, nuclear energy, green energy, science and technology, training and capacity building, infrastructure development and diaspora engagement. In recent years, more than 50 MoUs have been signed between India and various Latin American countries.

(b) : India's total bilateral trade with the region stood at USD 47.81 billion (Exports- 20.92 bn; Imports- 26.90 bn) in 2024-25, and USD 47.79 billion (Exports- 18.11 bn; Imports- 29.68 bn) in 2025-26 (April-January). However, given the size of both markets, there remains considerable potential to expand trade and investment, especially in agriculture, organic chemicals, agrochemicals, energy and petroleum products, minerals and ores, pharmaceuticals and healthcare, digital technologies, auto parts, textiles, aerospace, iron and steel products.

Institutional frameworks such as the Joint Trade Committees with Argentina and the Trade Monitoring Mechanism with Brazil are contributing to the

strengthening of trade ties. India is negotiating expansion of the PTA with MERCOSUR, a Comprehensive Economic Partnership Agreement (CEPA) with Chile and a Free Trade Agreement (FTA) with Peru to boost trade and investment flows.

(c) : India shares deep-rooted cultural ties and strong people-to-people connections with Latin American countries. Several initiatives have been undertaken to further enhance these bonds, including the signing of cultural exchange agreements with countries such as Guyana, Antigua and Barbuda, Bolivia, Chile, and Colombia. The Indian Council for Cultural Relations (ICCR) has established cultural centres in Brazil, Guyana, Mexico, Suriname and Trinidad & Tobago where regular activities such as Yoga classes, Indian music and dance training, and courses in Hindi and Sanskrit are conducted. All Indian Missions in the region actively celebrate International Day of Yoga. India is also negotiating agreements with Latin American countries for the recognition of Ayurveda. In addition, scholarships under ICCR schemes and capacity-building opportunities through the ITEC programme are offered. Indian Missions regularly celebrate Indian festivals and organize a wide range of cultural activities, including Indian film festivals, dance and music performances, exhibitions, and academic outreach programmes at universities and cultural institutions across the region.

(d) : India actively collaborates with Latin American countries at regional and multilateral levels and shares strong and cordial relations across global platforms. Several countries have extended their support for India's permanent membership

in the United Nations Security Council. Countries in the region have also backed India's candidature in various UN bodies and have also joined in India-led international initiatives such as the International Solar Alliance (ISA), Coalition for Disaster Resilient Infrastructure (CDRI), Global Bio-Fuel Alliance (GBA) and International Big Cat Alliance (IBCA). India maintains regular engagement with key regional groupings such as CARICOM, CELAC, SICA and MERCOSUR. Hon'ble Prime Minister co-chaired the 2nd India-CARICOM Summit in November 2024 in Georgetown, Guyana. External Affairs Minister Co-Chaired India-CELAC and India-SICA (Central American Integration System) Foreign Ministers' Meeting in New York on 25th September 2025. India also continues to deepen its engagement with MERCOSUR countries.

(e) : India is actively working to enhance its engagement with Latin American countries across key domains such as energy, technology, agriculture, defence, climate action, and sustainable development. Meetings under key bilateral mechanisms, including Joint Commission Meetings (JCM) and Foreign Office Consultations (FOC), are held regularly to explore opportunities for cooperation in these and other sectors.

In the defence sector, India has signed MoUs with several countries in the region. It is actively promoting the export of defence equipment to countries in the region. India also extends ITEC training slots to personnel from these countries. In addition, regular visits and exchanges of defence delegations from India further contribute to strengthening institutional linkages and enhancing mutual

understanding. On the technological front, India is negotiating India STACK agreement with multiple countries, and expanding space cooperation through ISRO's partnerships with regional counterparts.

In the area of sustainable development, India has implemented several development partnership projects across the region through Lines of Credit, grants, and capacity-building initiatives, particularly in infrastructure, renewable energy, healthcare, and community development.

[Note: Latin American countries include South American countries.]

ASSISTANCE UNDER INDIAN COMMUNITY WELFARE FUND

5681. SHRI KUNDURU RAGHUVeer:

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

- (a) whether the Government is implementing the Indian Community Welfare Fund (ICWF) to provide financial and logistical support to Indian citizens facing distress abroad;
- (b) if so, the total amount allocated and utilized under ICWF during the last five years, country-wise and year-wise;
- (c) the number of cases in which assistance has been provided under ICWF for repatriation of mortal remains, emergency medical aid, legal assistance, shelter and air tickets for stranded Indians during the said period;

- (d) whether families from Telangana, particularly Nalgonda district, have approached Indian Missions seeking assistance under ICWF and if so, the details of support extended to them; and
- (e) whether the Government proposes to introduce a single-window digital mechanism to help families in India track the status of assistance and procedures in cases of distress or death of Indian citizens abroad, if so, the details thereof and if not, the reasons therefor?

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

(a) to (e) : ICWF, set up in 2009, is aimed at assisting Overseas Indians in times of distress in the most deserving case, on a means-tested basis. Since its inception, more than INR 758 crores have been utilized up to December 2025 for extending assistance to over 3.67 lakh distressed overseas Indians. 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 sizable Indian Diaspora and assistance to distressed Indian women abroad.

ICWF is primarily funded by levying service charges on various consular services rendered by Indian Missions and Posts abroad. Hence, ICWF is a self-sustaining fund with no budgetary support from the Government. The fund is administered as per the guidelines approved by the Union Cabinet.

District-wise details of ICWF utilization are not available. However, the details of fund utilized from ICWF during the last five years are given in the enclosed **Statement-I**. The number of cases in which assistance has been provided under ICWF during the last five years is given in the enclosed **Statement-II**.

The Government accords the highest priority to the safety, protection and well-being of all Indian nationals abroad, with various mechanisms in place to address such issues. It has established such mechanisms to enable Indian nationals abroad to reach out to the Indian Missions in case they need any assistance. Indian nationals can contact the Missions/Posts through various channels like walk-in, email, social media, multilingual 24x7 emergency numbers and also grievance redressal portals like MADAD, CPGRAMS, eMigrate etc. In addition, Indian Missions/Posts abroad have established toll-free helplines, Whatsapp numbers and have launched mobile apps to enable Indian nationals contact concerned Indian Missions/Posts when in distress or in emergency situations.

Indian Missions and Posts abroad have Consular/Community Welfare Wings with designated Officers to attend to the welfare issues of distressed Indian nationals. The Ministry has a well established mechanism/SoPs to coordinate with all Missions/Posts abroad to provide help to Indian nationals abroad in distress including in cases of deaths, local cremation/burial or transportation of mortal remains to their hometowns in India. The Consular/Community Welfare Officers can be contacted by Indian nationals at any time for advice and assistance. In case of emergency, Missions/Posts can be contacted on 24x7 helpline. Contact details of these officers and helpline numbers are displayed both on the website of the Indian Missions/Posts as well as on the Notice Boards in the Embassy premises.

STATEMENT-I**The details of total expenditure incurred for the welfare of Indian emigrants in INR**

Sl. No.	Name of Mission/Post	2021	2022	2023	2024	2025	Total
1	Abidjan	1028413	0	0	91233.75	0	1119646.75
2	Abu Dhabi	11973625.00	18727017.00	17715847.00	17394676.50	13712701.73	79523867.23
3	Abuja	0.00	8677.00	31398.00	219742.00	436690.00	696507.00
4	Accra	391599.91	2,28,806	115265.00	774756.00	0.00	1281620.91
5	Addis Ababa	0.00	0.00	0.00	0.00	282791.39	282791.39
6	Algiers	431.49	930.61	1476.06	1900.05	548056.00	552794.21
7	Amman	98693.00	437927.00	148709.00	171876.00	1686996.00	2544201.00
8	Eol, Antananarivo	0.00	0.00	0.00	3568.00	8333.00	11901.00
9	Ashgabat	0.00	0.00	0.00	725888.00	0.00	725888.00
10	Asmara	10127.00	0.00	0.00	0.00	0.00	10127.00
11	Astana	0.00	22650.00	31242.97	781878.65	3593563.16	4429334.78
12	Athens	735736.00	1030529.00	1301665.00	10723802.00	5510224.00	19301956.00
13	Atlanta	0.00	878541.00	1658436.00	2851019.73	3697554.00	9085550.73
14	Auckland	NA	NA	NA	0.00	2977241.00	2977241.00

15	Baghdad	244440.00	654101.00	853663.00	84640.00	215986.00	2052830.00
16	Bahrain	3749932.00	2703440.00	3216538.00	4717123.00	3502141.00	17889174.00
17	Baku	564345.00	10465.00	30149.00	100000.00	0.00	704959.00
18	Bali	8529.00	20690.00	1303.00	181281.00	43050.00	254853.00
19	Bamako	0.00	0.00	0.00	0.00	109488.00	109488.00
20	Bandar Abbas	305.00	3044783.00	299803.00	269179.00	23220.00	3637290.00
21	Bangkok	844418.00	1238960.00	2637911.00	1501419.00	4744457.00	10967165.00
22	Beijing	107528.00	149940.00	9217.00	7708591.00	1090576.00	9065852.00
23	Beirut	866060.00	879394.00	190505.00	4279308.00	1201591.00	7416858.00
24	Belgrade	152800.62	402157.00	862596.84	0.00	970862.86	2388417.32
25	Berlin	1339125.65	3509748.13	5590228.54	4721882.75	9111935.07	24272920.14
26	Berne	264091.00	745249.00	99364.00	1153586.00	829069.00	3091359.00
27	Birgunj	0.00	0.00	157488.00	0.00	0.00	157488.00
28	Birmingham	721433.08	2282364.47	2498473.34	5116894.50	4832036.05	15451201.44
29	Bishkek	79024.00	3455.00	29641.00	3535.60	163067.20	278722.80
30	Bogota	273828.00	212195.00	554988.00	0.00	13770.00	1054781.00
31	Brasilia	890207.71	0.00	129376.01	0.00	0.00	1019583.72
32	Bratislava	0.00	9884914.00	244676.00	420302.00	1782127.00	12332019.00

33	Brisbane	NA	NA	NA	0.00	619836.62	619836.62
34	Brunei	35833.00	0.00	0.00	3019.00	993.00	39845.00
35	Brussels	0.00	0.00	363425.00	394748.00	421906.00	1180079.00
36	EOI BUCHAREST	845233.00	357274.00	882601.00	243929.00	484827.00	2813864.00
37	Budapest	0.00	1464175.44	390967.12	0.00	335400.00	2190542.56
38	Cairo	277967.81	82710.33	862275.19	644465.59	1423434.27	3290853.19
39	Cape Town	0.00	0.00	47424.00	0.00	705636.00	753060.00
40	Caracas	0.00	75300.00	0.00	0.00	0.00	75300.00
41	Chiangmai	0.00	22851.00	54588.00	0.00	659468.00	736907.00
42	Chittagong	8745.00	60435.00	0.00	75602.00	0.00	144782.00
43	Colombo	NA	NA	92168.00	126488.00	423669.00	642325.00
44	HCI Dar-es-salaam	183091	274036	294915	512941	400041	1665024.00
45	Dhaka	139359.00	2806710.00	451269.00	137738.00	122489.00	3657565.00
46	Djibouti	0.00	0.00	439066.00	74246.00	0.00	513312.00
47	Doha	1838068.18	4860631.30	6477976.55	10720163.15	9466689.20	33363528.38
48	Dubai	40347642.00	55093125.00	46868525.00	53548228.00	30159558.00	226017078.00
49	Dublin	0.00	804949.00	0.00	0.00	0.00	804949.00
50	Durban	0.00	0.00	0.00	1086.73	0.00	1086.73

51	Edinburgh	0.00	0.00	381335.00	0.00	21227.00	402562.00
52	Erbil	705958.00	1318593.00	1026703.00	632212.00	896472.00	4579938.00
53	Frankfurt	0.00	35691521.00	310655.00	281625.00	1007413.00	37291214.00
54	Freetown	0.00	0.00	0.00	0.00	25038.00	25038.00
55	Gaborone	30150.00	153840.00	0.00	56833.00	188668.00	429491.00
56	Geneva	0.00	833674.00	0.00	853692.00	869465.00	2556831.00
57	Georgetown	0.00	1024564.00	55562.00	0.00	58345.00	1138471.00
58	Guangzhou	0.00	0.00	116111.00	1743727.00	1691654.00	3551492.00
59	Guatemala City	0.00	11732.00	137141.00	43850.00	1042961.00	1235684.00
60	Hamburg	372750.00	462718.00	2388591.00	1512932.00	1830505.00	6567496.00
61	Hanoi	0.00	0.00	383141.76	0.00	0.00	383141.76
62	Harare	58451.00	65143.00	1443773.00	442609.00	520178.00	2530154.00
63	Havana	0.00	0.00	19332.00	18270.00	0.00	37602.00
64	Helsinki	561380.00	916045.00	724356.00	261854.00	172898.80	2636533.80
65	Ho Chi Minh City	1054699.20	1204429.00	731179.89	995485.00	1786460.00	5772253.09
66	Houston	0.00	0.00	42010.00	505640.00	437760.00	985410.00
67	Jaffna	464786.00	3566721.00	4457463.00	10109596.00	9903383.00	28501949.00

68	Jakarta	110581.00	38477.00	224143.00	788383.00	NA	1161584.00
69	Jeddah	13391489.00	15685681.00	14274109.00	16761085.00	12229463.00	72341827.00
70	Kabul	NA	0.00	0.00	0.00	610941.00	610941.00
71	Kampala	265598.00	611582.00	351364.00	1056500.00	1027856.00	3312900.00
72	KANDY	4522.33	298894.48	65929.69	38651.33	200984.87	608982.70
73	Kigali	0.00	3528.00	84469.00	285561.00	15439.00	388997.00
74	Kinshasa	0.00	0.00	84209.00	2632071.00	9817.00	2726097.00
75	Kuala Lumpur	9494646.10	7347699.22	35926197.58	29122662.42	19080272.91	100971478.23
76	Kuwait	37120597.00	24052703.00	7579639.00	6577789.00	6862864.00	82193592.00
77	Kyiv	104754.00	0.00	79200.00	387156.00	63000.00	634110.00
78	Lagos	397855.00	16347.00	0.00	17243.00	531801.00	963246.00
79	Lilongwe	0.00	137235.00	75510.00	156672.00	357263.00	726680.00
80	Lima	0.00	9595.92	9040.71	279304.02	82741.13	380681.78
81	Lisbon	0.00	91920.92	32833.86	694961.40	305415.00	1125131.18
82	Ljubljana	0.00	156873.01	670094.00	623736.21	24945.25	1475648.47
83	Lome	0.00	0.00	4179.00	237394.00	96662.00	338235.00
84	London	1449258.00	14791653.00	3656274.00	2534888.00	2387518.00	24819591.00
85	Lusaka	134762.00	0.00	500391.00	0.00	380506.00	1015659.00

86	Male	252975.00	523205.00	2606073.00	434631.00	1705747.00	5522631.00
87	Manila	108011.00	0.00	113450.00	109830.00	249415.00	580706.00
88	Medan	0.00	340781.01	489084.24	34108.56	2375960.75	3239934.56
89	Melbourne	64773.00	476126.00	24590.00	1072270.00	179214.00	1816973.00
90	Mexico City	442386.00	0.00	689469.00	231914.00	138582.00	1502351.00
91	Milan	22269100.00	1321660.00	1707741.00	988265.00	857859.00	27144625.00
92	Minsk	37565.00	295449.00	638445.00	0.00	402913.00	1374372.00
93	Mombasa	3891.00	0.00	0.00	0.00	66965.00	70856.00
94	Moscow	628673.00	454694.00	355895.00	2719404.00	2853758.00	7012424.00
95	Munich	3123611.00	3387350.00	5169029.00	5652953.00	2500681.00	19833624.00
96	Muscat	22823030.00	25024587.00	38799079.00	19950041.00	13103250.00	119699987.00
97	N'Djamena				12073.00	12864.00	24937.00
98	Nairobi	0.00	51991.00	0.00	0.00	38868.00	90859.00
99	New York	1866117.00	10661091.00	6793977.00	14450483.00	8567697.00	42339365.00
100	Nouakchott	0.00	0.00	0.00	13065.00	0.00	13065.00
101	Osaka-Kobe	0.00	789.00	54222.00	93141.00	2623597.00	2771749.00
102	Oslo	212577.02	106719.77	1604745.62	547944.99	37739.41	2509726.81

103	Ottawa	0.00	0.00	0.00	896735.00	0.00	896735.00
104	Panama	0.00	0.00	300138.75	347186.25	402325.50	1049650.50
105	Paramaribo	12527.00	2085.00	4823.00	5327.00	266512.00	291274.00
106	Phnom Penh	1961062.00	370117.00	777825.00	2476817.00	2941634.00	8527455.00
107	Port Louis	108594.00	195158.00	122058.00	289893.00	283878.00	999581.00
108	Port Moresby	0.00	0.00	12173.00	0.00	92491.00	104664.00
109	Port of Spain	594.00	11117.00	963552.00	492361.00	98058.00	1565682.00
110	Prague	705177.96	3017918.06	1590756.46	1186385.92	791016.60	6104869.08
111	Rabat	87866.10	0.00	0.00	0.00	299396.00	387262.10
112	Riyadh	21359038.00	22502281.00	27490199.00	31491584.00	32538967.00	135382069.00
113	Rome	17115285.00	348047.00	1949664.00	2886824.00	191909.00	22491729.00
114	San Francisco	21515639.00	5843885.00	16828295.00	9274132.00	14434978.00	67896929.00
115	Santo Domingo	NA	0.00	0.00	0.00	6234.00	6234.00
116	Sao Paulo	NIL	442833.00	26425.00	40987.00	82284.00	592529.00
117	EOI Seoul	NA	1878308.62	319928.00	1729714.00	504043.96	4431994.58
118	Sofia	24071.00	0.00	0.00	6123.00	305975.00	336169.00

119	St. Denis-Reunion Island	0.00	0.00	0.00	163700.46	0.00	163700.46
120	Suva	18956.00	NIL	2100.00	NIL	58830.00	79886.00
121	Sydney	1043721.00	3157342.00	703037.00	1215178.00	827192.00	6946470.00
122	Tashkent	14792.00	635272.70	193952.60	1038187.00	1522095.00	3404299.30
123	Tehran	1695335.00	5927860.00	1099103.00	357219.00	1669884.00	10749401.00
124	Thimphu	0.00	0.00	0.00	0.00	10000.00	10000.00
125	Tokyo	867184.00	1752883.00	2582399.00	3182537.00	1797100.00	10182103.00
126	Tunis	0.00	0.00	0.00	3782.73	52687.57	56470.30
127	Ulaanbaatar	0.00	0.00	49734.00	40204.00	67898.00	157836.00
128	Valletta	939771.00	173937.00	714120.00	845877.00	1890888.00	4564593.00
129	Vancouver	0.00	838323.00	25300.00	0.00	0.00	863623.00
130	Vienna	206067.18	710422.00	940027.00	2798702.74	1876176.73	6531395.65
131	Vientiane	23121.54	598940.89	203366.73	1866509.20	6444488.20	9136426.56
132	Vilnius	0.00	0.00	2615691.00	2701369.00	2718506.00	8035566.00
133	Warsaw	127096.00	20805787.00	3349812.00	2162707.00	2849099.00	29294501.00
134	Washington	188575.00	877442.00	1160486.00	736396.00	1612039.00	4574938.00
135	Wellington	6036585.00	5621611.00	7757026.00	7181194.00	6311295.00	32907711.00

136	EOI Yangon	551128.03	879281.88	1353889.30	3122371.80	1043937.90	6950608.91
137	EOI Yerevan	0.00	982310.00	1054448.00	2617806.00	2877431.00	7531995.00
138	Zagreb	0.00	453381.00	194185.00	34463.00	492960.00	1174989.00
139	Zahidan	0.00	0.00	0.00	0.00	202950.00	202950.00
140	Zanzibar	24310.00	0.00	105025.00	39990.00	405508.00	574833.00
141	Cote d'Ivoire	1028413.00	0.00	0.00	91233.75	0.00	1119646.75
142	Yemen	0.00	0.00	0.00	0.00	376927.00	376927.00
143	Riga	0.00	0.00	0.00	0.00	45183.00	45183.00
144	Pakistan	410006.00	1365983.00	916003.00	647148.00	108693.00	3447833.00

STATEMENT-II**The number of cases in which assistance has been provide under ICWF**

YEARS	2021	2022	2023	2024	2025
HEADINGS	No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries
Boarding & Lodging	20553	20184	15286	6860	7049
Emergency Medical Care	1117	1165	280	115	297
Air Passage to Stranded Overseas Indians	2489	2145	1607	1186	1963
Legal Assistance	161	387	602	1159	388
Air lifting of Mortal Remains	422	507	433	488	435
Total	24742	24388	18208	9808	10132

लंबित न्यायालय मामलों का निपटान**5682. श्री मुरारी लाल मीना :**क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे कि :

- (क) क्या राजस्थान में, विशेषकर दौसा जिले में विभिन्न तहसीलों और कलेक्ट्रेट कार्यालयों में राजस्व, नामांतरण, सीमांकन और अन्य प्रशासनिक मामलों से संबंधित बड़ी संख्या में मामले पांच वर्षों या उससे अधिक समय से लंबित हैं और यदि हां, तो ऐसे लंबित मामलों का जिला-वार ब्यौरा क्या है ;
- (ख) क्या सरकार इस सिद्धांत से सहमत है कि न्याय में अत्यधिक विलंब अन्याय के समान है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

- (ग) क्या लंबित मामलों के शीघ्र निपटान के लिए कोई विशेष अभियान या समयबद्ध समीक्षा तंत्र कार्यान्वित किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और
- (घ) क्या सरकार का राजस्थान के जिलों, विशेषकर दौसा में ई-ऑफिस प्रणाली को सुदृढ़ करके, समय-सीमा निर्धारित करके और निगरानी तंत्र को बढ़ाकर तहसीलों, कलेक्ट्रेट और संबंधित न्यायालयों में मामलों के त्वरित और पारदर्शी निपटान के लिए कोई ठोस कार्य योजना लागू करने का विचार है और 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 (घ) : राजस्थान में विभिन्न तहसीलों और कलेक्ट्रेट कार्यालयों में नामांतरण, सीमांकन और अन्य संबंधित प्रशासनिक मामलों से संबंधित मामले राज्य सरकार के अधिकार क्षेत्र में आते हैं और इन मामलों से संबंधित डेटा, जो राजस्थान में विभिन्न तहसीलों और कलेक्ट्रेट कार्यालयों में, विशेष रूप से दौसा जिले में पांच साल या उससे अधिक समय से लंबित है, उनका अनुरक्षण केंद्रीय रूप से नहीं किया जाता है।

विभिन्न अदालतों में लंबित मामलों का निपटान न्यायपालिका के अधिकार क्षेत्र में है। तथापि, सरकार संविधान के अनुच्छेद 21 के तहत अनिवार्य मामलों के त्वरित निपटान और लंबितता को कम करने के लिए पूरी तरह से प्रतिबद्ध है। न्यायपालिका द्वारा मामलों के तेजी से निपटान के लिए एक पारिस्थितिकी तंत्र प्रदान करने के लिए सरकार ने कई पहलें की हैं, जिनमें अन्य बातों के साथ-साथ, न्याय तक पहुंच बढ़ाने और ई-कोर्ट्स मिशन मोड परियोजना के तहत अधिक पारदर्शिता के लिए नवीनतम तकनीकों का एकीकरण, अदालतों के लिए बेहतर बुनियादी ढांचा, अधीनस्थ न्यायपालिका के संख्याबल में वृद्धि, अत्यधिक मुकदमेबाजी वाले क्षेत्रों में नीति और विधायी उपाय, मामलों के त्वरित निपटान के लिए अदालती प्रक्रिया की पुनर्रचना और मानव संसाधन विकास का महत्व सम्मिलित है।

सरकार ने चरण -3 (2023-2027) के बजट को 7,210 करोड़ रुपये तक बढ़ाकर उन्नत डिजिटल अवसंरचना के साथ न्यायपालिका के आधुनिकीकरण में अपनी प्रतिबद्धता का प्रदर्शन किया है। इस चरण में पुराने और वर्तमान केस रिकॉर्ड को डिजिटलीकरण करके, सभी अदालतों, जेलों और अस्पतालों में वीडियो कॉन्फ्रेंसिंग का विस्तार करके, और ऑनलाइन अदालतों को यातायात उल्लंघन से परे विस्तारित करके भारतीय अदालतों को डिजिटल और पेपरलेस अदालतों में परिवर्तित करने की परिकल्पना की गई है। ई-कोर्ट्स मिशन मोड प्रोजेक्ट के तहत डिजिटल न्याय प्रणाली ने न्यायिक प्रक्रियाओं को त्वरित और सरल बनाया है और न्याय वितरण प्रणाली में पारदर्शिता और अभिगम्यता में भी सुधार किया है। राजस्थान के संबंध में ई-कोर्ट्स परियोजना के तहत प्रमुख देयताएं निम्नानुसार हैं:

- i) एनजेडीजी पोर्टल के अनुसार 1602 न्यायालयों का कंप्यूटरीकरण किया गया।
- ii) न्यायालयों के पास उपलब्ध वीडियो कॉन्फ्रेंसिंग सुविधाओं के माध्यम से 5,26,229 मामलों की सुनवाई की गई।
- iii) 327 साइटें वाइड एरिया नेटवर्क (डब्ल्यूएएन) से जुड़ी हुई हैं।
- iv) लगभग 1,42,002 मामले ई-फाइल किए गए।
- v) सभी न्यायालयों में ई-भुगतान सुविधा उपलब्ध है।
- vi) न्यायालयों में 19 ई-सेवा केंद्र (सुविधा केंद्र) क्रियाशील हैं।
- vii) राष्ट्रीय सेवा और इलेक्ट्रॉनिक प्रक्रियाओं की ट्रैकिंग (एनएसटीईपी) क्रियाशील है।
- viii) अब तक लगभग 17.82 करोड़ पृष्ठों के अदालती अभिलेखों का डिजिटलीकरण किया जा चुका है।
- ix) राजस्थान उच्च न्यायालय ने इंटरऑपरेबल क्रिमिनल जस्टिस सिस्टम (आईसीजेएस) लागू किया है।
- x) राजस्थान वर्चुअल कोर्ट को 3.67 लाख ट्रैफिक चालान प्राप्त हुए हैं और 2.20 करोड़ रुपये के चालान का भुगतान किया गया है।

इसके अतिरिक्त, वैकल्पिक विवाद समाधान विधियों को बढ़ावा दिया गया है। वाणिज्यिक न्यायालय अधिनियम, 2015 में अगस्त, 2018 में संशोधन किया गया था, जिससे वाणिज्यिक विवादों के मामले में पूर्व-संस्थागत मध्यस्थता और निपटान (पीआईएमएस) अनिवार्य हो गया था। समय सीमा निर्धारित करके विवादों के त्वरित समाधान में तेजी लाने के लिए मध्यस्थता और सुलह अधिनियम, 1996 में मध्यस्थता और सुलह (संशोधन) अधिनियम 2015 द्वारा संशोधन किया गया है।

लोक अदालत जनसाधारण के लिए उपलब्ध एक महत्वपूर्ण वैकल्पिक विवाद समाधान तंत्र है, जहां कानून की अदालत में या मुकदमे से पहले के स्तर पर लंबित विवादों/मामलों को सौहार्दपूर्ण ढंग से निपटाया/समझौता किया जाता है। विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 के तहत, लोक अदालत द्वारा दिए गए फैसले को सिविल न्यायालय का डिक्री माना जाता है और यह सभी पक्षों पर अंतिम और बाध्यकारी होता है और इसके खिलाफ किसी भी न्यायालय के समक्ष कोई अपील नहीं होती है। राष्ट्रीय लोक अदालतों का आयोजन सभी तालुकों, जिलों और उच्च न्यायालयों में एक पूर्व निर्धारित तिथि पर एक साथ किया जाता है।

SHORTAGE OF DOCTORS IN RURAL AREAS

5683. SHRIMATI SATABDI ROY BANERJEE:

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

- (a) whether there is a shortage of doctors in rural areas and if so, the details thereof;
- (b) the number of sanctioned, vacant and filled position of doctors at Community Health Centres and Primary Health Centres during the last five years, State/UT-wise;
- (c) the details of rural doctor-population ratio, State/UT-wise;

- (d) the steps taken by the Government to fill vacancies in rural areas; and
- (e) whether the Government has formulated a plan to reduce vacancies and if so, the details thereof along with timelines 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) : Health Dynamics of India (HDI) (Infrastructure & Human Resources), 2022-23 is an annual publication, based on Health care administrative data reported by States/UTs. The State/ UT-wise details doctors and their vacancies and sanctioned posts at Community Health Centres and Primary Health Centres during the last five years are available at website of Ministry of Health and Family Welfare at the following Uniform Resources Locators (URLs):

Sl. No.	RHS/HDI	Link
1.	RHS 2018-19	https://mohfw.gov.in/sites/default/files/Final%20RHS%202018-19_0.pdf
2.	RHS 2019-20	https://mohfw.gov.in/sites/default/files/RHS%202019-20_2.pdf
3.	RHS 2020-21	https://mohfw.gov.in/sites/default/files/rhs20-21_2.pdf
4.	RHS 2021-22	https://mohfw.gov.in/sites/default/files/RHS%202021-22_2.pdf
5.	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

Health is a state subject. The primary responsibility of strengthening public healthcare system, including filling up of the vacancies in healthcare facilities lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs to strengthen the public healthcare system in rural areas based on the proposals received in the form of Programme Implementation Plans (PIPs) under National Health Mission. Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. States/ UTs are to ensure availability of HR by creating adequate number of regular posts as per the Indian Public Health Standards (IPHS) in the long run and use NHM posts in the short to medium term to fill critical gaps. The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per IPHS.

As per information provided by National Medical Commission (NMC), there are 13,88,185 registered allopathic doctors and 7,51,768 registered AYUSH practitioners. Assuming that 80% of registered practitioners in both the allopathic and AYUSH systems are available, the doctor-population ratio in the country is estimated to be 1:811.

Under NHM, following types of incentives are given for encouraging doctors to practice in rural and remote areas of the country to address the shortage of doctors in Community Health Centres and Primary Health Centres:

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

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

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 157 medical colleges have been approved.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- Enhancement of age limit for appointment/ extension/ re-employment against posts of teachers/Dean/Principal/ Director in medical colleges upto 70 years.
- **Family Adoption Programme (FAP):** The FAP has been incorporated into the MBBS curriculum to provide equitable healthcare access to rural population. FAP involves medical colleges adopting villages and MBBS students adopting families within these villages. This enables regular follow-up of adopted families for vaccination, growth monitoring, menstrual hygiene, Iron & Folic Acid (IFA) supplementation, healthy lifestyle practices, nutrition, vector control, and medication adherence. It also helps in educating families about ongoing government health programmes.
- **District Residency Programme (DRP):** The DRP notified by the NMC provides for a compulsory three months posting cum training of PG medical

students at District Hospitals as a part of the course curriculum. DRP benefits the public by strengthening healthcare delivery in rural and underserved areas.

SAKSHAM ANGANWADI SCHEME

5684. SHRI JAGDAMBIKA PAL:

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

- (a) the current status of implementation of the Saksham Anganwadi scheme as of February 2026 including the number of Anganwadi Centres (AWCs) upgraded or under upgradation, State-wise and district-wise including Uttar Pradesh;
- (b) the key focus areas in the transformation of AWCs into Saksham Anganwadis;
- (c) the total funds allocated, released and utilised for the upgradation of Anganwadi Centres district-wise for the state of Uttar Pradesh, along with delays if any, in fund utilization or implementation; and
- (d) the key administrative, infrastructural or logistical challenges encountered during the upgrading process and the corrective steps taken by the Government to resolve them?

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

- (a) to (d) : During the 15th Finance Commission cycle, 2 lakh Government owned Anganwadi Centres (AWCs) @ 40,000 AWCs per year are being strengthened and upgraded as Saksham Anganwadis for improved nutrition delivery and for early

childhood care and development under Mission Saksham Anganwadi and Poshan 2.0. Saksham Anganwadis are equipped with better infrastructure than the conventional Anganwadi Centres by providing LED screens, water purifier/installation of RO Machine, Poshan Vatika, ECCE and BALA Paintings etc. Prerequisites for an Anganwadi Centre to be considered for upgradation to Saksham Anganwadi Centre includes Government owned building, availability of Electricity/power supply, drinking water facility, functional toilet and kitchen.

As on date, a total of 2 Lakh AWCs have been approved for upgradation as Saksham AWCs including 23,697 AWCs to the State of Uttar Pradesh. The State wise, district wise details of approved AWCs for upgradation to Saksham AWCs including districts of Uttar Pradesh are given in the enclosed **Statement**.

Financial assistance of Rs. 1 Lakh per AWC with inter se flexibility amongst the components on prescribed cost sharing basis is provided for the upgradation. Under Mission Saksham Anganwadi and Poshan 2.0, an amount of Rs. 142.18 Crore has been allocated to the State of Uttar Pradesh for upgradation of AWCs as Saksham Anganwadi Centres out of which an amount of Rs.117.22 Crore has been released.

STATEMENT

The State wise district wise details of approved AWCs for upgradation to Saksham AWCs:

S. No.	State/UTs	District	Total

1	Maharashtra	Ahmednagar	495
2		Akola	64
3		Amravati	333
4		Beed	211
5		Bhandara	214
6		Buldana	101
7		Chandrapur	354
8		Chhatrapati Sambhajnagar	29
9		Dharashiv	121
10		Dhule	130
11		Gadchiroli	802
12		Gondia	185
13		Hingoli	156
14		Jalgaon	145
15		Jalna	62
16		Kolhapur	526
17		Latur	719
18		Mumbai Suburban	1
19		Nagpur	834
20		Nanded	80
21		Nandurbar	190
22		Nashik	493
23		Osmanabad	400
24		Palghar	617
25		Parbhani	53
26		Pune	1511
27		Raigad	759
28		Ratnagiri	701
29		Sangli	350
30		Satara	1482
31		Sindhudurg	399
32		Solapur	415
33		Thane	209
34		Wardha	755

35		Washim	389
36		Yavatmal	460
		Total	14745
37	Andhra Pradesh	Anantapuram	185
38		Alluri Sitarama Raju (Asr)	181
39		Annamayya	174
40		Bapatla	261
41		Chittoor	814
42		East Godavari	704
43		Eluru	855
44		Guntur	204
45		Kakinada	488
46		Konaseema	340
47		Krishna	743
48		Kurnool	146
49		Nandyal	101
50		Ntr	440
51		Pvp Manyam	516
52		Palnadu	67
53		Prakasam	242
54		Spsr Nellore	401
55		Sri Sathya Sai	154
56		Srikakulam	153
57		Tirupati	475
58		West Godavari	489
59		Ysr Kadapa	720
60		Vishakhapatnam	400
61		Vizianagaram	400
62		Kadapa	305
		Total	9958
63	Assam	Baksa	200
64		Barpeta	700
65		Darrang	350
66		Dhubri	425

67		Goalpara	600
68		Hailakandi	100
69		Udalguri	200
70		Biswanath	100
71		Bongaigaon	80
72		Cachar	66
73		Dibrugarh	174
74		Golaghat	210
75		Hojai	75
76		Karbi- Anglong	86
77		Lakhimpur	100
78		Majuli	91
79		Morigaon	132
80		Nagaon	125
81		Kamrup	104
82		Kamrup Metro	191
83		Nalbari	15
84		Sivasagar	52
85		West Karbi Anglong	35
86		Tinsukia	410
87		Jorhat	175
88		Lakhimpur	102
89		Charaideo	30
90		Nalbari	113
91		Sonitpura	326
92		Titabor	40
		Total	5407
93	Arunachal Pradesh	Namsai	103
94		Anjaw	1
95		Changlang	4
96		East Kameng	4
97		East Siang	3
98		Kamle	1
99		Kra Dadi	1
100		Kurung Kumey	2

101		Lepararada	1
102		Lohit	1
103		Longding	3
104		Lower Dibang Valley	2
105		Lower Siang	2
106		Lower Subansiri	2
107		Papum Pare	3
108		Shi Yomi	1
109		Siang	2
110		Tawang	3
111		Tirap	3
112		Upper Siang	2
113		Upper Subansiri	2
114		West Kameng	4
115		West Siang	2
		Total	152
116	Bihar	Araria	275
117		Aurangabad	365
118		Banka	1002
119		Begusarai	293
120		Gaya	1488
121		Jamui	558
122		Katihar	427
123		Khagaria	183
124		Muzaffarpur	575
125		Nawada	1017
126		Purnia	372
127		Sheikhpura	141
128		Sitamarhi	223
129		Arwal	15
130		Bhagalpur	672
131		Bhojpur	75
132		Buxar	192
133		Darbhanga	297
134		East Champaran	90

135		Gopalganj	291
136		Jahanabad	261
137		Kishanganj	274
138		Lakhisarai	100
139		Madhepura	117
140		Muger	184
141		Nalanda	60
142		Rohtas	53
143		Saharsa	26
144		Samastipur	162
145		Saran	467
146		Sheohar	28
147		Siwan	711
148		Supaul	151
149		Vaishali	113
150		W.Champaran	125
151		Kaimur	146
		Total	11529
152	Chhattisgarh	Bastar	600
153		Bijapur	200
154		Dantewada	311
155		Kanker	684
156		Kondagaon	523
157		Korba	777
158		Mahasamund	600
159		Narayanpur	103
160		Rajnandgaon	900
161		Sukma	291
162		Balrampur	361
163		Bastar	14
164		Gariaband	138
165		Gaurela-Pendra-Marwahi (Gpm)	4
166		Kabirdham	130
167		Korea	208

168		Mahasamund	629
169		Mohla Manpur Ambagarh Chowki	182
170		Surajpur	214
171		Surguja	21
172		Balod	350
173		Balodabazar-Bhatapara	350
174		Bemetara	250
175		Bilaspur	450
176		Dhamtari	250
177		Durg	250
178		Gariyaband	300
179		Gaurela Pendra Marwahi	50
180		Janjgir-Champa	250
181		Jashpur	500
182		Manendragarh-Chirimiri- Bharatpur	150
183		Mungeli	250
184		Raigarh	500
185		Raipur	250
186		Sakti	50
187		Sarangarh-Bilaigarh	150
188		Surguja	250
		Total	11490
189	Gujarat	Dahod	1570
190		Narmada	511
191		Ahmadabad	525
192		Ahmadabad Urban	412
193		Amreli	219
194		Anand	332
195		Aravalli	411
196		Banaskantha	718
197		Bharuch	480
198		Bhavnagar	537

199		Chhota Udepur	565
200		Dangs	252
201		Devbhumi Dwarka	263
202		Gandhinagar	596
203		Gandhinagar Urban	49
204		Jamnagar	36
205		Jamnagar Urban	59
206		Kachchh	119
207		Kheda	437
208		Mahesana	512
209		Mahisagar	166
210		Morbi	51
211		Panchmahals	693
212		Patan	235
213		Rajkot	20
214		Rajkot Urban	89
215		Sabarkantha	996
216		Surat	226
217		Surat Urban	360
218		Surendranagar	298
219		Tapi	482
220		Vadodara	226
221		Vadodara Urban	73
221		Valsad	629
		Total	13147
222	Haryana	Ambala	159
223		Ateli	1
224		Bhiwani	200
225		Ch. Dadri	63
226		Faridabad	40
227		Fatehabad	217
228		Gurugram	118
229		Hisar	172
230		Jhajjar	112
231		Jind	167

232		Kaithal	122
233		Kaithal R	8
234		Kanina	13
235		Karnal	181
236		Kurukshetra	141
237		Mahendragarh	146
238		Nuh	20
239		Nnl-R	4
240		Palwal	35
241		Panchkula	74
242		Panipat	58
243		Rewari	173
244		Rewari(Jatusana)	7
245		Rohtak	123
246		Sirsa	167
247		Sonipat	141
248		Ynr	132
249		Mewat	10
		Total	2804
250	Himachal Pradesh	Chamba	100
251		Bilaspur	59
252		Hamirpur	91
253		Kangra	37
254		Kullu	61
255		Lahaul & Spiti	5
256		Mandi	150
257		Shimla	93
258		Sirmaur	233
259		Solan	134
260		Una	66
261		Kinnaur	1
		Total	1030
262	Jammu & Kashmir	Baramulla	43
263		Kupwara	100
264		Anantnag	62

265		Bandipora	1
266		Budgam	35
267		Ganderbal	10
268		Kulgam	1
269		Poonch	45
270		Pulwama	1
271		Rajouri	20
272		Ramban	1
273		Reasi	1
274		Udhampur	18
		Total	338
275	Jharkhand	Bokaro	721
276		Chatra	588
277		Dumka	1204
278		East Singhbhum	708
279		Garhwa	280
280		Giridih	1337
281		Godda	803
282		Gumla	1379
283		Hazaribagh	916
284		Khunti	476
285		Latehar	628
286		Lohardaga	524
287		Pakur	399
288		Palamu	756
289		Ramgarh	518
290		Ranchi	767
291		Sahebganj	1138
292		Simdega	339
293		West Singhbhum	1016
294		Deoghar	582
295		Dhanbad	958
296		Jamtara	149
297		Koderma	289

298		Seraikella-Kharsawan	300
		Total	16775
299		Raichur	220
300		Yadgir	171
301		Bellari	341
302		Bidar	122
303		Uttarakannada	256
304		Vijayapur	723
305		Bagalkote	340
306		Bangalore Rural	938
307		Belagavi	795
308		Bengaluru Urban	226
309		Chamarajanagara	290
310		Chikkaballapura	516
311		Chikkamagaluru	266
312		Chitradurga	240
313		Dakshina Kannada	1384
314		Davanagere	637
315	Karnataka	Dharwad	71
316		Gadag	808
317		Hassan	701
318		Haveri	1483
319		Kalburgi	542
320		Kodagu	73
321		Kolar	655
322		Koppal	276
323		Mandya	515
324		Mysore	2458
325		Ramanagara	477
326		Shimoga	997
327		Tumkur	338
328		Udupi	135
329		Vijayanagara	738
		Total	17732

330	Kerala	Wayanad	685
331		Idukki	408
332		Kasaragod	257
333		Palakkad	502
334		Alappuzha	189
335		Ernakulam	246
336		Kannur	224
337		Kollam	169
338		Kottayam	201
339		Kozhikode	229
340		Malappuram	272
341		Pathanamthitta	163
342		Thiruvananthapuram	333
343		Thrissur	274
		Total	4152
344	Madhya Pradesh	Barwani	1738
345		Chhatarpur	626
346		Damoh	523
347		East Nimar	300
348		Guna	458
349		Rajgarh	860
350		Singrauli	700
351		Vidisha	478
352		Agar Malwa	160
353		Alirajpur	271
354		Anuppur	180
355		Ashok Nagar	288
356		Balaghat	870
357		Betul	620
358		Bhind	446
359		Bhopal	419
360		Burhanpur	497
361		Chindwada	165
362		Datia	342
363		Dindori	485

364		Harda	242
365		Indore	540
366		Jabalpur	359
367		Jhabua	447
368		Katni	530
369		Khargone	432
370		Mandla	636
371		Mandsaur	556
372		Morena	353
373		Naramdapuram	90
374		Narsinghpur	328
375		Neemuch	326
376		Niwari	55
377		Raisen	294
378		Ratlam	506
379		Rewa	538
380		Sagar	447
381		Sehore	463
382		Seoni	587
383		Shahdol	793
384		Shajapur	242
385		Shivpuri	484
386		Sidhi	413
387		Tikamgarh	315
388		Ujjain	596
389		Umaria	201
390		Gwalior	254
391		Sheopur	192
392		Satna	294
393		Panna	139
394		Dhar	431
395		Khandwa	479
396		Anoopur	230
397		Chindwara	414
398		Dewas	273

399		Khargon	0
400		Maihar	112
401		Mauganj	56
402		Morena	0
403		Narmadapuram	386
404		Niwadi	40
405		Padurna	103
406		Singhroli	60
		Total	24662
407	Manipur	Chandel	30
408	Meghalaya	Ri Bhoi	107
409		North Goro Hills	1
410		Umsning, Jirang	13
		Total	151
411	Mizoram	Mamit	286
412		Lunglei	247
413		Saitual	120
414		Aizawl	274
415		Champhai	150
416		Khawzawl	18
417		Kolasib	134
418		Lawngtlai	153
419		Serchhip	97
420		Siaha	64
421		Hnahthial	30
422		Khawzawl District	26
423		Ngopa	1
		Total	1600
424	Nagaland	Kiphire	107
425		Zunheboto	25
426		Noklak	17
		Total	149
427	Odisha	Balangir	719
428		Dhenkanal	779
429		Gajapati	703

430		Kalahandi	794
431		Kandhamal	865
432		Koraput	1136
433		Malkangiri	489
434		Nabarangpur	875
435		Nuapada	593
436		Rayagada	673
437		Bargarh	295
438		Keonjhar	53
439		Mayurbhanj	103
440		Nayagarh	255
441		Sambalpur	52
442		Sundargarh	24
443		Angul	53
444		Bhadak	25
445		Bhadrak	475
446		Bolangir	76
447		Cuttack	528
448		Ganjam	745
449		Jagatsinghpur	507
450		Jharsuguda	367
451		Khordha	484
452		Puri	374
453		Subarnapur	98
		Total	12140
454	Punjab	Firozepur	59
455		Moga	50
456		Amritsar	6
457		Gurdaspur	197
458		Jalandhar	7
459		Kapurthala	9
460		Sangrur	25
		Total	353
461	Rajasthan	Baran	302
462		Dholpur	55

463		Karauli	6
464		Udaipur	106
465		Jodhpur	27
466		Churu	342
467		Pratapgarh	103
468		Jhunjhunu	77
469		Ajmer	37
470		Alwar	24
471		Anupgarh	23
472		Balotara	74
473		Banswara	49
474		Barmer	161
475		Beawar	55
476		Bharatpur	27
477		Bhilwara	41
478		Bikaner	120
479		Bundi	62
480		Chittorgarh	186
481		Dausa	41
482		Deeg	71
483		Didwana-Kuchaman	220
484		Dungarpur	234
485		Gangangar	20
486		Gangapur City	2
487		Hanumangarh	126
488		Jhalawar	210
489		Khairthal Tijara	7
490		Kota	23
491		Kotputli-Behror	28
492		Nagaur	63
493		Neemkathana	76
494		Pali	60
495		Phalodi	3
496		Salumbar	21
497		Sawai Madhopur	13

498		Sikar	88
499		Sirohi	86
500		Tonk	121
501		Rajsamand	124
		Total	3514
502	Sikkim	West District	100
503		Soreng	25
504		Gangtok	106
505		Gyalshing	15
506		Mangan	75
507		Namchi	78
508		Pakyong	36
		Total	435
509	Tamil Nadu	Ramanathapuram	615
510		Virudhunagar	585
511		Ariyalur	346
512		Karur	248
513		Perambalur	143
514		Kallakurichi	223
515		Pudukkottai	310
516		Ranipet	88
517		Sivagangai	251
518		Tenkasi	164
519		Thrichirapalli	150
520		Tirunelveli	175
521		Thiruvannamalai	515
522		Vellore	224
523		Villupuram	219
524		Chengalpattu	123
525		Chennai	362
526		Coimbatore	357
527		Cuddalore	643
528		Dharmapuri	207
529		Dindigul	601
530		Erode	166

531		Kanchipuram	223
532		Kanniyakumari	255
533		Krishnagiri	317
534		Madurai	221
535		Nagapattinam	103
536		Namakkal	409
537		Salem	433
538		Thanjavur	298
539		The Nilgiris	233
540		Theni	213
541		Tirupathur	26
542		Thiruppur	161
543		Thiruvallur	542
544		Thiruvarur	422
545		Thoothukudi	280
546		Chengalpet	186
547		Dindugal	319
548		Kancheepuram	28
549		Mayiladuthurai	24
550		Nagapattinam	37
551		Thirunelveli	84
552		Thirupattur	206
553		Tiruppur	101
554		Trichy	136
		Total	11972
555	Telangana	Jayashankar Bhupalapally	50
556		Bhadradri Kothagudem/Khammam	509
557		Komarambheem Asifabad	105
558		Adilabad	29
559		Bayyaram	47
560		Hanumakonda	65
561		Hyderabad	10
562		Jagityal	107
563		Jangaon	278

564		Jogulamba Gadwal	15
565		Kamareddy	226
566		Karimnagar	365
567		Mahabubnagar	130
568		Medak	130
569		Medchal Malkajgiri	948
570		Mulugu	17
571		Nagarkurnool	51
572		Nalgonda	156
573		Narayanpet	232
574		Peddapally	66
575		Rajanna Siricilla	171
576		Rangareddy	176
577		Sangareddy	298
578		Siddipet	238
579		Suryapet	180
580		Vikarabad	90
581		Wanaparthi	153
582		Warangal	54
583		Yadadri Bhuvanagiri	18
584		Mahabubabad	3
585		Mancherial	2
586		Nirmal	9
587		Nizamabad	80
		Total	5008
588	Tripura	Dhalai	200
589		Gomati	14
590		Khowai	17
591		Sepahijala	8
592		South Tripura	21
593		Unakoti	39
594		West Tripura	174
595		Sepahijala	1
		Total	474
596	Uttar Pradesh	Bahraich	725

597		Balrampur	341
598		Chandauli	300
599		Chitrakoot	166
600		Fatehpur	652
601		Shravasti	150
602		Siddharth Nagar	258
603		Sonbhadra	363
604		Ambedkar Nagar	650
605		Amroha	408
606		Azamgarh	711
607		Aligarh	239
608		Auraiya	299
609		Ayodhya	417
610		Agra	212
611		Amethi	224
612		Baghpat	194
613		Ballia	269
614		Banda	148
615		Barabanki	539
616		Bareilly	450
617		Basti	589
618		Bhadohi	50
619		Bijnor	1082
620		Bulandshahr	441
621		Buadaun	48
622		Chandauli	198
623		Deoria	224
624		Etawah	341
625		Etah	145
626		Farrukhabad	142
627		Ghaziabad	206
628		Ghazipur	253
629		Gonda	328
630		Gorakhpur	373
631		Hamirpur	245

632		Hapur	157
633		Hardoi	554
634		Hathras	33
635		Jalaun	255
636		Jhansi	352
637		Jaunpur	505
638		Kasganj	9
639		Kannauj	78
640		Kanpur Dehat	161
641		Kanpur Nagar	293
642		Kaushambi	519
643		Kheri	613
644		Kushinagar	133
645		Lucknow	310
646		Lalitpur	330
647		Maharajganj	398
648		Mainpuri	209
649		Mathura	43
650		Mau	173
651		Meerut	577
652		Mahoba	360
653		Moradabad	203
654		Muzaffarnagar	24
655		Mirzapur	82
656		Pilibhit	790
657		Prayagraj	346
658		Pratapgarh	128
659		Raibareli	343
660		Rampur	412
661		Sambhal	435
662		Sanr Kabir Nagar	114
663		Shrawasti	279
664		Saharanpur	96
665		Sitapur	141
666		Shahjanpur	533

667		Shamli	241
668		Unnao	324
669		Varanasi	418
670		Bahraich	143
671		Balrampur	16
672		Chitrakoot	37
673		Fatehpur	20
674		Ferozabad	47
675		G.B Nagar	83
		Total	23697
676	Uttarakhand	Haridwar	294
677		Udam Singh Nagar	270
678		Bageshwar	141
679		Almora	34
680		Dehradun	25
681		Pauri Garhwal	1
682		Pithoragarah	20
683		Rudraprayag	1
684		T.G	5
685		U.S Nagar	36
		Total	827
686	West Bengal	Birbhum	1300
687		Dinajpur Dakshin	700
688		Maldah	650
689		Murshidabad	1501
690		Nadia	600
691		Bankura	47
692		Uttar Dinajpur	9
693		Jhargram	2
694		Purulia	4
695		Cooch Behar	98
696		Darjeeling	1
697		Hooghly	30
698		Howrah	23
699		North 24 Parganas	30

700		Paschim Bardhaman	102
701		Paschim Medinipur	17
702		Purba Burdwan	104
703		Purba Medinipur	118
704		South 24 Parganas	23
		Total	5359
705	Andaman & Nicobar	N/M Andaman	58
706		Nicobar	33
707		South Andaman	49
		Total	140
708	Goa	North Goa	10
709		South Goa	14
		Total	24
710	Puducherry	Puducherry	118
711		Karaikal	17
		Total	135
712	Chandigarh	Chandigarh	69
713	Ladakh	Kargil	12
714		Leh	2
		Total	14
715	Lakshadweep	Lakshadweep	18

REVISION OF DRUG TESTING NORMS BY CDSCO

5685. SHRI VISHALDADA PRAKASHBAPU PATIL:

DR. SHRIKANT EKNATH SHINDE:

SHRI RAVINDRA DATTARAM WAIKAR:

SHRIMATI BHARTI PARDHI:

SHRI SHRIRANG APPA CHANDU BARNE:

SHRI ATUL GARG:

SHRI NARESH GANPAT MHASKE:

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

- (a) whether the Central Drugs Standard Control Organisation (CDSCO) has revised drug testing norms to expedite approval of pharmaceutical products, if so, the details thereof and if not, the reasons therefor;
- (b) the details of the changes introduced in regulatory procedures, including timelines, documentation and testing requirements for drug approvals;
- (c) the policy measures undertaken to ensure that fast-track approval mechanisms maintain safety, efficacy and quality standards, if so, the details thereof and if not, the reasons therefor;
- (d) the steps taken or proposed to be taken by the Government to strengthen regulatory oversight, laboratory capacity and post-market surveillance of approved drugs; and
- (e) the expected impact of these revised norms on improving access to medicines, promoting innovation and strengthening the pharmaceutical regulatory framework in the Country?

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

(a) to (e) : The New Drugs and Clinical Trials Rules, 2019 were amended vide G.S.R. 46(E) dated 20.01.2026 providing system of “prior intimation” instead of obtaining permission from Central Drugs Standard Control Organization (CDSCO) for manufacture of certain categories of drugs (except certain high risk category of drugs) for analytical and non-clinical testing. This reform removes the existing

requirement of pharmaceutical companies to obtain a test licence for the manufacture of small quantities these drugs intended for examination, research, or analysis purposes. This will reduce drug development timelines, and thereby promote innovation.

Ministry of Health and Family Welfare and CDSCO have taken following measures to ease the regulatory landscape and fast-track approval for the manufacturing of drugs in the country;

- (i) On 25.02.2026, CDSCO has issued a Guidance Document for submission of application for obtaining Manufacturing License by the Applicant based on Dossier based licensing of Drugs. The dossier based approval process promotes the transparency and ensures fairness in the decision making process. The dossier based approach is more efficient than the individual evaluation as it streamlines the process and reduces the need for redundant assessment.
- (ii) On 23.02.2026, CDSCO issued a circular to fast-track approvals for new drugs by allowing No-Objection Certificates (NOCs) for laboratory testing to be issued immediately upon receipt of applications a step aimed at reducing delays in the drug approval process. Under the revised procedure, NOCs for testing new drugs at designated government laboratories shall be granted upfront, instead of waiting for prior scrutiny of detailed technical specifications.

- (iii) On 21.01.2026, the Central Government notified the replacement of permission system with online intimation mechanism for BA/BE (bioequivalence/bioavailability) studies of unapproved drugs for export purpose. It removes the prior permission requirements for carrying out low risk bioavailability/bioequivalence studies for export purposes. By reducing regulatory timelines and procedural requirements, this reform provides significant benefits to manufacturers and the generic pharmaceutical industry.
- (iv) On 02.01.2026, the Central government released the new Indian Pharmacopoeia (IP) 2026. Several new blood products, vaccines and anti-tuberculosis medications have been included in it.
- (v) Validity period for Free Sale Certificate issued by CDSCO to exporters, has been made co-terminus with the validity of Manufacturing Licence.
- (vi) In order to minimize the requirement of toxicity studies in animals, CDSCO published circular dated 29.07.2024, to accept already generated preclinical toxicity data for review. Further, the requirement of animal toxicity data needed in certain cases shall be determined on the case by case basis depending on the nature of new claims as well as the mechanism of action etc. and non-clinical data already generated with the drug in the approved claim.
- (vii) In order to enable faster disposal of applications and licenses, CDSCO has issued orders for delegation of powers of certain powers under the

Drugs and Cosmetics Act, 1940 and rules thereunder to officers of the rank of Joint Drugs Controller (India) and Deputy Drugs Controller (India).

- (viii) Online National Drugs Licensing System (ONDLS) portal has been developed by Centre for Development of Advanced Computing (CDAC) in coordination with CDSCO, Government of India and State/UT Drugs Regulatory Authorities which is a single window platform for online processing of various applications for manufacturing and sales licences. An online portal, SUGAM labs is in place since September 2023 for integrating the drug testing labs of the CDSCO. It automates the entire workflow for testing of Medical Products (Drugs, Vaccine, Cosmetics & Medical devices) to meet the quality specification and tracing the testing status in the laboratories.

In order to assess the regulatory compliance of drug manufacturing premises in the country, the CDSCO along with State Drugs Controllers (SDCs) have conducted Risk-Based Inspections of more than 960 premises since December, 2022 and based on findings, more than 860 actions like issuance of show cause notices, stop production order, suspension, cancellation of licenses /product licenses, warning letters have been taken by the State Licensing Authorities.

Further, more than 1100 cough syrup manufacturers and 380 blood centres have been subjected to intense audit in coordination with State authorities.

Increased market surveillance sampling of syrup formulations by Central and State drugs regulators has also been done.

To strengthen the drug testing infrastructure and enhance laboratory capacity across the country, Ministry of Health and Family Welfare has implemented a Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS). The scheme envisages upgrading existing State laboratories, setting up of new drug testing laboratories and upgradation of existing State drug control offices in the country. Under the SSDRS Scheme, funds totalling Rs. 756 Crore has been released to States/UTs as part of the Central Share and 19 New Drug Testing Labs have been constructed and 28 existing labs have been up-graded in various States/UTs.

For post-market surveillance of approved drugs and medical devices, the National Coordination Centre (NCC) for Pharmacovigilance Programme of India (PvPI) at Indian Pharmacopoeia Commission (IPC) at Ghaziabad under the Ministry of Health and Family Welfare, Government of India is collecting the adverse events reports related to the medical products from different Adverse Drug Reaction Monitoring Centres of PvPI and other stakeholders across the country. These reports are analysed from time to time and medical products safety related recommendations are sent to CDSCO for taking appropriate regulatory actions.

ADMISSION IN NEET PG-2025**5686. SHRI TAMILSELVAN THANGA:**

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

- (a) whether it is a fact that the National Board of Examinations in Medical Science (NBEMS) has recently reduced the qualifying percentile to zero for candidates in reserved categories enabling even those who scored as low as minus 40 marks out of 800 in the National Eligibility cum Entrance Test (Postgraduate)/ NEET-PG 2025 to participate in the 3rd round of the ongoing counselling process for postgraduate medical admissions;
- (b) if so, the details thereof;
- (c) whether the Government has received any protests or complaints from sections of the medical fraternity as it reflects a worrying decline in academic standards in medical education;
- (d) if so, the details thereof; and
- (e) the total number of such reserved categories students who scored as low as minus 40 marks out of 800 in the NEET-PG 2025 who have secured admission across the Country as on date, college-wise and State/UT-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 (e) : The Medical Counselling Committee (MCC) of the Directorate General of Health Services (DGHS) conducts counselling for postgraduate medical courses in

accordance with the scheme laid down by the Hon'ble Supreme Court of India. The NEET-PG counselling conducted by MCC covers 50% All India Quota (AIQ) seats and 100% seats of Central/Deemed Universities across the country. Further, counselling for the State quota PG seats and seats in private medical colleges is conducted by the respective State counselling authorities.

The decision to revise the qualifying percentiles was taken following the completion of Round-2 counselling by MCC wherein it was reported that out of 29,476 seats offered by MCC for counselling, 9,621 seats remained vacant. Further, as counselling for 50% seats is conducted by respective State authorities, it was assessed that approximately 20,000 seats (including DNB seats) were vacant after two rounds. Hence, consistent with past academic years which had proven effective in ensuring maximum seat utilisation, the Government reduced the qualifying percentile for eligibility to PG Counselling 2025 to ensure precious PG medical seats do not remain vacant. The revised qualifying percentiles for NEET PG 2025 are as under:

Category	Revised Minimum Qualifying Criteria
UR/EWS	7th Percentile
UR-PwD	5th Percentile
SC / ST / OBC	0th Percentile

Representations have been received from few stakeholders against the reduction in percentile for NEET-PG 2025. However, representations for further reduction of cut-off percentile in view of vacant seats in medical colleges have also

been received. The MCC has informed that no candidate scoring –40 marks has been allotted a seat under any category in the All India Quota.

IRREGULARITIES OF ADMISSIONS IN LOK NAYAK HOSPITAL

5687. SHRI LAXMIKANT PAPPU NISHAD:

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

- (a) whether the Government is aware of the inquiry report of the National Medical Commission regarding alleged irregular admissions to M.Ch. Neurosurgery and D.M. Neuro-Anaesthesia courses at Lok Nayak Hospital, New Delhi, affiliated with Maulana Azad Medical College including deficiencies in faculty, infrastructure and violation of statutory norms, if so, the details thereof;
- (b) the disciplinary and penal action taken/proposed to be taken by the Government against the responsible officials/former Heads of Department;
- (c) whether NMC has recommended criminal investigation under relevant provisions of law including charges of fraud, forgery, criminal conspiracy and abuse of official position;
- (d) the measures taken by the Government to safeguard the academic future, degree validity and migration of affected students whose admissions were declared void-ab-initio in this regard; and
- (e) the steps taken/proposed to be taken by the Government to strengthen monitoring, audits and accountability mechanisms to prevent recurrence in Government medical Institutions?

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

(a) to (e) : The National Medical Commission (NMC) has examined the issues pertaining to alleged irregular admission to the M. Ch Neurosurgery and D.M. Neuro-Anaesthesia courses at Lok Nayak Hospital affiliated with Maulana Azad Medical College, New Delhi. The matter includes concerns relating to the admission process as well as certain deficiencies in faculty, infrastructure and adherence to statutory norms.

As a corrective measure, the Government of National Capital Territory of Delhi has informed that new faculties have been nominated as guides for the M.Ch.(Neurosurgery) students.

Further, in order to safeguard the academic interests and future of the students, all four students admitted for the academic session 2024-27 have been transferred to Govind Ballabh Pant Institute of Postgraduate Medical Education and Research (GIPMER), New Delhi. The NMC has also created supernumerary posts for this purpose.

National Medical Commission has in place stringent regulatory provisions as well as monitoring and compliance mechanisms to ensure accountability and prevent such instances in medical institutions. The Government of National Capital Territory of Delhi has informed that steps have been taken to strengthen monitoring and oversight, adherence to statutory norms, regular review of faculty and

infrastructure and enhanced coordination with medical institutions and regulatory bodies.

UTILIZATION OF FUNDS UNDER CORPORATE SOCIAL RESPONSIBILITY

5688. SHRI MANOJ KUMAR:

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

- (a) whether fertilizer companies functioning under Corporate Social Responsibility (CSR) are utilizing funds for the welfare of farmers and rural development in the country;
- (b) if so, the details of CSR funds spent by major fertilizer companies such as Indian Farmers Fertiliser Cooperative Limited, National Fertilizers Limited, Rashtriya Chemicals and Fertilizers and Krishak Bharati Cooperative Limited during the last five years, State-wise and year-wise;
- (c) the details of projects undertaken under CSR in the sectors of agriculture development, healthcare, education and rural infrastructure;
- (d) whether any CSR projects have been implemented in Bihar, district-wise, particularly for Rohtas and Kaimur district and if so, the details thereof and if not, the reasons therefor, and
- (e) whether the Government proposes to encourage fertilizer companies to undertake CSR projects in said districts, 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) : Rashtriya Chemicals and Fertilizers Limited (RCFL), National Fertilizers Limited (NFL) and The Fertilisers and Chemicals Travancore Limited (FACT) utilize CSR funds in accordance with the provisions of the Companies Act, 2013, with a focused and outcome-oriented approach towards the welfare of farmers and rural development.

Indian Farmers Fertiliser Cooperative Limited (IFFCO) and Krishak Bharati Cooperative Limited (KRIBHCO) are multi-state cooperative societies governed under Multi-State Cooperative Society Act, 2002. Hence, the statutory obligation of incurring CSR expenses as mandated by the Companies Act 2013, is not applicable. However, KRIBHCO is utilizing funds for the welfare of farmers and rural development.

The details of year-wise and state-wise CSR funds spent by major fertilizer companies during the last five years, are given in the enclosed **Statement-I**. The details of projects undertaken under CSR in the sectors of Agriculture Development, Healthcare, Education and Rural Infrastructure by major fertilizer companies are enclosed as **Statement-II**.

(d) and (e) : National Fertilizers Limited (NFL) and Krishak Bharati Cooperative Limited (KRIBHCO) have also undertaken CSR projects in Bihar. However, no CSR project has been undertaken in Rohtas and Kaimur districts of Bihar by NFL

and KRIBHCO. NFL has undertaken projects primarily in Aspirational District, Sheikhpura which include development of Government Schools and setting up of computer labs in Barbiga Block, construction of a Gaushala for community use, and implementation of a health management project for girls and women in Goraul Block, Vaishali District. These projects were undertaken with a focus on education, healthcare and community development.

STATEMENT-I

The details of Year-wise and State-wise CSR funds spent by major fertilizer companies during the last five years

(Rs in Lakhs)

SI. No.	CPSE/ Cooperative/ Year	State	2020-21	2021-22	2022-23	2023-24	2024-25
1.	National Fertilizers Limited (NFL)	Punjab	70.29	16.62	-	133.88	39.70
		Madhya Pradesh	61.51	3.52	-	176.40	17.22
		Uttar Pradesh	17.72	7.48	0.70	-	-
		Haryana	14.71	0.21	0.70	3.58	-
		Bihar	-	-	-	18.39	17.60
		Karnataka	150.00	-	120.00	13.91	48.70
		Total	314.23	27.83	121.40	346.16	123.22
2.	Rashtriya Chemicals and Fertilizers Limited (RCFL)	Maharashtra	415.43	639.97	1075.84	1076.55	1161.78
		Tamil Nadu	-	-	-	81.65	121.49
		Uttar Pradesh	-	41.89	9.89	170.07	-
		Karnataka	6.29	-	25.00	302.85	-

Sl. No.	CPSE/ Cooperative/ Year	State	2020-21	2021-22	2022-23	2023-24	2024-25
		Delhi	-	-	-	14.00	-
		Jharkhand	-	-	-	39.99	26.66
		Telangana	-	-	-	28.19	-
		Andhra Pradesh	-	-	-	24.66	-
		Assam	-	-	7.80	-	-
		Uttarakhand	-	-	5.00	-	-
		Haryana	-	2.00	-	-	-
		Fund to Swachh Bharat Kosh	-	-	70.00	270.00	40.00
		Total	421.72	683.86	1193.53	2007.96	1349.93
3.	Krishak Bharati Cooperative Limited (KRIBHCO)	Andhra Pradesh	4.52	3.89	4.85	4.77	5.00
		Telangana	3.41	4.91	4.20	5.46	3.11
		Tamil Nadu	2.08	2.79	1.89	2.27	2.60

Sl. No.	CPSE/ Cooperative/ Year	State	2020-21	2021-22	2022-23	2023-24	2024-25
		Karnataka	1.45	2.37	2.31	2.03	1.97
		Madhya Pradesh	4.80	7.54	7.88	6.78	4.83
		Maharashtra	1.90	4.52	4.13	3.87	4.67
		Gujarat	11.50	12.46	13.77	14.13	10.83
		Uttar Pradesh	8.68	15.03	17.10	15.82	12.65
		Bihar	4.10	2.85	3.72	3.27	2.34
		Uttarakhand	2.91	2.15	2.03	2.30	2.30
		West Bengal	0.52	1.43	2.16	2.07	2.36
		Chhattisgarh	1.60	2.63	2.41	2.91	2.61
		Haryana	4.83	3.50	5.23	5.06	6.58
		Rajasthan	3.93	2.01	2.02	3.32	3.59
		Punjab	2.89	4.60	4.74	4.71	4.04
		Total	59.12	72.67	78.44	78.77	69.48

Sl. No.	CPSE/ Cooperative/ Year	State	2020-21	2021-22	2022-23	2023-24	2024-25
4.	The Fertilisers and Chemicals Travancore Limited (FACT)	Kerala	12.12	55.31	124.09	313.63	81.62
		Tamil Nadu	-	0.00	0.00	214.69	0.00
		Uttar Pradesh	-	46.00	0.00	0.00	0.00
		Telangana	-	0.00	0.00	596.73	0.00
		Karnataka	-	4.98	0.00	193.76	43.11
		Odisha	-	0.00	0.00	261.25	0.00
		Pan India	-	0.00	0.00	82.38	0.39
		Total	12.12	106.29	124.09	1662.44	125.12

STATEMENT -II

The details of projects undertaken under CSR in the sectors of agriculture development, healthcare, education and rural infrastructure by major fertilizer companies:

SI. No.	CPSE/ Sectors	Agriculture	Healthcare	Education	Rural Infrastructure
1.	National Fertilizers Limited (NFL)	NFL has promoted sustainable agricultural practices through initiatives such as establishment of a Bio-Pesticides Laboratory at KVK along with training and awareness programmes for farmers on Bio-pesticide use. NFL has also distributed Agriculture Drones to Women Self-Help Groups in Punjab and Madhya Pradesh.	Major initiatives includes installation of medical oxygen plants, mobile digital health clinics, ambulances and medical equipment in Government hospitals, organization of health camps, distribution of hearing aids and assistive devices, nutrition programmes for school children and training of nurses.	NFL has supported Government schools through provision of infrastructure such as desks, smart classrooms, mini science centres, computer labs and educational materials, along with skill development and vocational training programmes for youth.	NFL has undertaken projects for improving basic infrastructure in rural areas. NFL has also installed solar-powered LED street lights in villages near its units, including Nangal (Punjab) and Basti (Uttar Pradesh) to enhance safety, accessibility and quality of life for local residents.

2.	Rashtriya Chemicals and Fertilizers Limited (RCFL)	Key interventions included supply of saplings and seeds to farmers, deployment of a Mobile Sugarcane Crop Health Clinic.	Strengthening rural healthcare through ambulance services, dialysis support, and medical equipment. RCFL also promoted women's empowerment through initiatives like "Project WINGS".	Focused efforts were made towards inclusive development through "Project Unnati" for skill development of persons with disabilities and targeted support for visually challenged children, support for SC/ST students including in Aspirational Districts like Osmanabad.	Installation of solar-powered lighting in fishing villages and solar panels in rural schools, provision of clean drinking water in villages near the Thal Unit, Interventions in sanitation, education infrastructure, waste management, and community development have also contributed to improving the quality of life in rural areas.

3.	The Fertilisers and Chemicals Travancore Limited (FACT)	Purchase of Books for PMKSK, Providing drones under Pradhan Mantri- Mahila Kisan Drone Kendra (PM-MKDK) Scheme and training Mahila drone pilots.	Mobile health unit, Cleanliness drive, Medicated Mosquito Nets, Supply of drinking Water, Setting up of Community Fitness Centre.	Establishment of Chair professor in Safety Department of School of Engineering CUSAT, Development of infrastructure of Government Schools in the local Area, Vaibhav Upskilling Programme, Ekal Vidyalayas, Param Innovation Project, KMA Scholarship, Sponsoring Students with Disabilities.	Setting up of Smart Anganwadi, 3 Wheeler for waste Collection, Wheel Chair and Generator for Government Community Health Centre.

महाराष्ट्र में सिद्ध केंद्र

5689. श्री अरविंद गणपत सावंत:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) देश में कार्यरत सिद्ध केंद्रों की राज्यवार/संघ राज्यक्षेत्र वार, विशेषकर महाराष्ट्र में संख्या कितनी है;
- (ख) क्या सरकार ने सिद्ध चिकित्सा पद्धति का संवर्धन करने के लिए कोई जागरूकता कार्यक्रम और शैक्षिक अभियान शुरू किए हैं;
- (ग) यदि हां, तो पिछले पांच वर्षों के दौरान सिद्ध चिकित्सा पद्धति के प्रचार और विकास के लिए कितनी वित्तीय सहायता प्रदान की गई है;
- (घ) क्या सरकार ने सिद्ध चिकित्सा पद्धति को मुख्यधारा की चिकित्सा सेवाओं के साथ एकीकृत करने के लिए कोई नीति या कार्य योजना बनाई है;
- (ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है, साथ ही आयुष्मान भारत-स्वास्थ्य और कल्याण केंद्र (एबी-एचडब्ल्यूसी) के अंतर्गत सिद्ध आधारित उपचार प्रदान करने वाले अस्पतालों और स्वास्थ्य केंद्रों का ब्यौरा क्या है; और
- (च) क्या सरकार ने देश में सिद्ध चिकित्सा पद्धति में शिक्षा और प्रशिक्षण कार्यक्रमों का संवर्धन करने के लिए कोई कदम उठाए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) : दिनांक 01.04.2024 को महाराष्ट्र सहित देश में सिद्ध औषधालयों की कुल संख्या का ब्यौरा **विवरण** में संलग्न है।

(ख) और (ग) : आयुष मंत्रालय देश भर में सिद्ध सहित आयुष पद्धतियों के समग्र विकास और प्रचार के लिए राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित

योजना को कार्यान्वित कर रहा है, जिसके अंतर्गत राज्य वार्षिक कार्य योजनाओं (एसएएपी) के सापेक्ष एनएएम के दिशानिर्देशों के प्रावधान के अनुसार विभिन्न गतिविधियों के लिए वित्तीय सहायता प्रदान की जाती है। मिशन अन्य बातों के साथ-साथ निम्नलिखित गतिविधियों का प्रावधान करता है: -

- (i) मौजूदा आयुष औषधालयों और उप स्वास्थ्य केंद्रों को उन्नत करके आयुष स्वास्थ्य और कल्याण केंद्रों का परिचालन, जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) के रूप में पुनः नामित किया गया है।
- (ii) प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं का सह-स्थान।
- (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/जर्जर आवास)/उस क्षेत्र में नए आयुष औषधालय की स्थापना के लिए भवन का निर्माण जहां कोई आयुष सुविधा उपलब्ध नहीं है।
- (v) 10/30/50 बिस्तर वाले एकीकृत आयुष अस्पतालों की स्थापना।
- (vi) सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक औषधियों की आपूर्ति।
- (vii) आयुष सार्वजनिक स्वास्थ्य कार्यक्रम।
- (viii) उन राज्यों में नए आयुष कॉलेजों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।
- (ix) आयुष स्नातकोत्तर संस्थानों और आयुष स्नातकपूर्व संस्थानों/पीजी/फार्मेसी/पैरा-मेडिकल पाठ्यक्रमों के तहत आयुष का अवसंरचना विकास।

तदनुसार, एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार, तमिलनाडु में 528 आयुष्मान आरोग्य मंदिर (एएएम) (आयुष) इकाइयां, केरल में 05 इकाइयां और पुदुचेरी में 01 इकाई चालू की गईं और सिद्ध स्वास्थ्य देखभाल सेवाओं के माध्यम से समुदाय को समग्र स्वास्थ्य देखभाल प्रदान की जा रही है।

एनएएम के तहत, तमिलनाडु, पुदुचेरी और केरल को उनके एसएएपी में प्राप्त प्रस्तावों के अनुसार आयुष सहित सिद्ध प्रणाली के समग्र विकास और संवर्धन के लिए पिछले पांच वर्षों के दौरान क्रमशः 19409.62 लाख रुपये, 1752.37 लाख रुपये और 26918.16 लाख रुपये जारी किए गए हैं।

आयुष मंत्रालय, सिद्ध चिकित्सा सहित आयुष चिकित्सा प्रणालियों, के बारे में जागरूकता पैदा करने के लिए, आयुष में सूचना, शिक्षा और संचार (आईईसी) को बढ़ावा देने के लिए एक केंद्रीय क्षेत्र योजना भी कार्यान्वित कर रहा है। इस योजना का उद्देश्य देश भर में सभी वर्गों तक पहुंचना है और इस योजना के तहत मंत्रालय राष्ट्रीय/राज्य स्तरीय आरोग्य मेलों, योग उत्सवों/उत्सवों, आयुर्वेद पर्वों का आयोजन करता है, आयुर्वेद दिवस सहित आयुष प्रणालियों के महत्वपूर्ण दिनों को मनाता है, स्वास्थ्य मेलों/मेलों और प्रदर्शनियों में भाग लेता है, सेमिनार, कार्यशालाओं, सम्मेलनों के आयोजन के लिए वित्तीय सहायता प्रदान करता है और मल्टीमीडिया अभियान आदि का संचालन करता है।

इसके अलावा, तंबरम सेनेटोरियम, चेन्नई में स्थित राष्ट्रीय सिद्ध संस्थान जो आयुष मंत्रालय के तहत एक स्वायत्त निकाय है, आरोग्य मेले आदि में भाग लेकर देश भर में सिद्ध चिकित्सा प्रणाली को बढ़ावा देने के लिए विभिन्न कदम उठा रहा है। इस संस्थान ने तमिलनाडु के बाहर के लोगों के बीच सिद्ध चिकित्सा प्रणाली के बारे में जागरूकता पैदा की है। संस्थान सिद्ध चिकित्सा प्रणाली के बारे में अधिक जागरूकता पैदा करने के लिए सिद्ध दिवस समारोह, सतत चिकित्सा शिक्षा (सीएमई), कार्यशालाएं, सेमिनार, सम्मेलन जैसे बहुत से कार्यक्रम भी आयोजित करता है।

(घ) और (ङ) : भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में सिद्ध पद्धतियों सहित आयुष सुविधाओं के सह-स्थान की

कार्यनीति अपनाई है, जिससे मरीजों को एक ही स्थान पर विभिन्न पद्धतियों की औषधियों का विकल्प चुनने में सक्षम बनाया जा सके। आयुष चिकित्सकों/चिकित्सा सहायकों की नियुक्ति और उनके प्रशिक्षण को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा समर्थन दिया जा रहा है, जबकि सिद्ध पद्धतियां सहित आयुष अवसंरचना, उपकरण/फर्नीचर के लिए सहायता आयुष मंत्रालय द्वारा एनएचएम के तहत साझा जिम्मेदारियों के रूप में प्रदान की जा रही है। इसके अलावा, एनएचएम के तहत, सिद्ध प्रणाली सहित 10/30/50 बिस्तर वाले एकीकृत आयुष अस्पतालों की स्थापना के लिए राज्य/संघ राज्य क्षेत्र सरकार को वित्तीय सहायता का प्रावधान है और तदनुसार राज्य/संघ राज्य क्षेत्र सरकार एसएएपी के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके वित्तीय सहायता प्राप्त कर सकती है।

(च) : एनएचएम के तहत, राज्य/संघ राज्य क्षेत्र सरकारों को एसएएपी के माध्यम से प्राप्त प्रस्तावों के अनुसार सिद्ध प्रणालियों सहित आयुष शैक्षणिक संस्थानों के अवसंरचना के विकास के लिए सहायता प्रदान की जाती है। इसके अलावा, राष्ट्रीय सिद्ध संस्थान, सिद्ध में यूजी, पीजी और पीएचडी पाठ्यक्रम संचालित करके तथा संबद्ध अस्पताल में आने वाले रोगियों को सिद्ध चिकित्सा पद्धति से उपचार प्रदान करके सिद्ध चिकित्सा पद्धति को बढ़ावा दे रहा है।

केंद्रीय स्वास्थ्य शिक्षा ब्यूरो (सीएचईबी), स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस), और स्वास्थ्य एवं परिवार कल्याण मंत्रालय (भारत) के सहयोग से, 'मस्कुलोस्केलेटल विकारों के प्रबंधन के लिए मानक उपचार दिशानिर्देश (एसटीजी)' और 'मेटाबोलिक विकारों के प्रबंधन के लिए मानक उपचार दिशानिर्देश (एसटीजी)' पर 2024 और 2025 में मास्टर ट्रेनर कार्यक्रम आयोजित किए गए थे। ये प्रशिक्षण कार्यक्रम सभी राज्यों और संघ राज्य क्षेत्रों के सिद्ध चिकित्सा सहित सभी आयुष पद्धतियों के चिकित्सा अधिकारियों के लिए आयोजित किए गए थे।

इसके अलावा, आयुष में क्षमता निर्माण और सतत चिकित्सा शिक्षा (सीएमई) केंद्रीय क्षेत्र योजना आयुर्ज्ञान के घटकों में से एक है, जिसे आयुष मंत्रालय द्वारा 2021-22 से लागू किया जा रहा है, जिसका

उद्देश्य सिद्ध डॉक्टरों सहित आयुष कर्मियों को आवश्यकता-आधारित व्यावसायिक प्रशिक्षण प्राप्त करने और ज्ञान अंतराल को पाटने के लिए प्रोत्साहित करना है। आयुष घटक में क्षमता निर्माण और सीएमई के तहत, सिद्ध चिकित्सा पद्धति से संबंधित 12 प्रशिक्षण कार्यक्रमों के लिए विभिन्न संगठनों/संस्थानों को समर्थन दिया गया है।

विवरण

01.04.2024 तक देश में राज्य/संघ राज्य क्षेत्र के अनुसार सिद्ध औषधालयों की कुल संख्या *

क्र. सं.	राज्य / संघ राज्य क्षेत्र	सिद्ध औषधालयों की कुल संख्या
1	कर्नाटक	1
2	केरल	34
3	महाराष्ट्र	0
4	तमिलनाडु	1065
5	पुदुचेरी	28
क.	कुल	1128
ख. सीजीएचएस और केंद्र सरकार के संगठन		67
कुल (क+ख)		1195
*स्रोत: राज्य सरकारों/संघ राज्य क्षेत्र सरकारों और संबंधित एजेंसियों द्वारा रिपोर्ट किया गया।		

H1B VISA

5690. SHRI D. M. KATHIR ANAND:

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

- whether the Union Government has taken serious note on the fact that large number of Indian aspirants have been suffering because of the stringent measures taken by USA to issue of H1B Visa, if so, the details thereof;
- the steps taken by the Union Government to take a strong and coordinated

effort to find a permanent amicable solution to solve the H1B Visa issues; and

(c) whether the Government taken any steps regarding the unprecedented hardship faced by Indian students and workers in USA, Canada, UK and Middle East countries, if so, the details thereof?

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

(a) to (c) : The Government is aware of the H-1B visa-related challenges faced by Indian nationals. Visa-related policies and associated decisions are sovereign matters. The U.S. Government's stated position is that every visa adjudication is a national security decision and that a U.S. visa is a privilege and not a right.

In December 2025, the U.S. Department of State announced vetting of the online presence of all H-1B applicants and their dependents (H-4) to determine their admissibility to the United States. Subsequently, the consular appointments of several H-1B and H-4 visa applicants scheduled in December 2025 were rescheduled to new dates in 2026, leading to a large number of the applicants remaining in India.

India believes that skilled talent mobility has long played a significant role in promoting technology advancement, innovation, economic growth, and wealth creation in both India and the United States. Stakeholders in both countries remain engaged for facilitating continued support for legal mobility.

The Government of India accords the highest priority to the safety, security and well-being of Indian nationals abroad. Issues faced by Indian students and workers in various countries, including the United States, Canada, the United Kingdom and countries in the Middle East, are regularly taken up with the concerned governments. Indian nationals can approach Indian Missions and Posts through in-person visits, email, 24x7 emergency helplines, WhatsApp, grievance redressal portals such as MADAD, CPGRAMS and e-Migrate, and social media platforms. The Indian Community Welfare Fund (ICWF) is also utilized to provide assistance to Indian nationals in distress, including students and workers, and includes provision of legal assistance, where necessary.

REVIEW OF AMRIT OUTLETS

5691. SHRI GURMEET SINGH MEET HAYER:

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

- (a) whether any review, audit or inspection has been conducted since 1 April 2023 into the functioning of Amrit retail outlets operating in public hospitals to verify that whether they sell genuine branded medicines at declared discounted prices;
- (b) if so, the details thereof along with the findings of such reviews;
- (c) the number of complaints received alleging artificial price inflation or false discount claims, State/UT-wise along with the action taken by the Government therein including penalties, prosecutions or closure orders;

- (d) whether the Government has proposed any steps to ensure price transparency, random quality and price checks and a public grievance mechanism; and
- (e) if so, the details thereof along with the timeline likely to be taken for the publications of full audit reports?

THE MINISTER 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): Affordable Medicines and Reliable Implants for Treatment (AMRIT) initiative is a flagship scheme of the Ministry of Health & Family Welfare aimed at reducing the financial burden on patients suffering from cancer, cardiovascular diseases, and other critical ailments. AMRIT pharmacies operate under a Company Owned, Company Operated (COCO) model, managed by HLL Lifecare Limited, a Government of India Enterprise.

The monitoring, review, and inspection of AMRIT outlets are conducted in accordance with the Memorandum of Understanding (MoU) signed between HLL Lifecare Limited and the respective State Governments or host Institutions. These reviews focuses on supply chain integrity, adherence to discounted pricing structures, stock availability and sale of genuine branded medicines at discounted prices. The financial and operational performances of AMRIT pharmacies are subject to statutory audits on annual basis.

Further, following mechanisms are currently in place in order to ensure transparency and quality assurance:

- Pricing and discount structures are governed by the terms of the MoU. AMRIT pharmacies utilize an integrated IT system to ensure that discounts are automatically applied at the point of sale, minimizing manual intervention.
- Medicines are sourced directly from reputed manufacturers or authorized distributors, ensuring the authenticity of branded drugs.
- A robust public grievance mechanism is active, allowing patients or their attendants to report discrepancies directly to the hospital authorities or specialized feedback email (amrit_ncc@lifecarehll.com) or through HLL Lifecare Limited website (<https://www.lifecarehll.com/complaint>) or Centralised Public Grievance Redress and Monitoring System (CPGRAMS) portal. The complaints received regarding service delivery or pricing have been examined and resolved in a time bound manner.

PHARMACEUTICAL EXPORT RECOVERY POST-SIGACHI

INDUSTRIAL ACCIDENT

5692. SHRI VAMSI KRISHNA GADDAM:

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

- (a) the quantified impact of the Sigachi Industries explosion in Telangana killing 36 workers on 1st July, 2025 on India's pharmaceutical exports which was

valued at \$30 billion in FY 2024-25 and the diplomatic communications sent to major importing countries;

- (b) the specific measures taken to reassure regulatory authorities in key pharmaceutical export destinations after this industrial accident, considering Telangana's pharmaceutical exports stood at \$4.66 billion in FY 2021-22;
- (c) the bilateral trade discussions held with countries importing Indian pharmaceuticals to prevent any suspension of drug approvals or increased scrutiny of Indian manufacturing facilities post-accident;
- (d) the coordination mechanism established between Indian missions and pharmaceutical export promotion council to address concerns raised by international buyers regarding manufacturing safety standards in Telangana; and
- (e) the timeline for implementing enhanced safety protocols in pharmaceutical export units to prevent diplomatic complications and maintain world's largest generic drug supplier?

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) : While the Sigachi Industries explosion in Telangana has caused a localised disruption, India's overall export of pharmaceutical products remain resilient. India's exports of pharmaceuticals increased from USD 27.75 billion in the Calendar Year 2024 to USD 30.45 billion in the Calendar Year 2025, reflecting a

growth of approximately 9.7%, indicating a steady expansion in India's pharmaceutical export performance.

The Government, through the Central Drugs Standard Control Organisation and State licensing authorities, continues to enforce good manufacturing practices to ensure quality and safety of Indian pharmaceutical products.

The Government engages in regular bilateral trade discussions through various forums including Joint Working Groups, Fast Track Mechanisms, Joint Commission Meetings and Joint Trade Committees, to ensure sustained market access, broad economic security and supply chain resilience. These dialogues serve to address trade-related queries and prevent unilateral actions or non-tariff barriers, and ensure that isolated industrial incidents do not adversely affect overall trade flows.

The Government including the export promotion agencies and Indian Missions abroad coordinate whenever concerns regarding safety or compliance are raised and facilitate the necessary exchange of information and compliance documents from exporters to address such queries/concerns effectively.

All factories are legally required to comply with safety provisions under the Occupational Safety, Health and Working Conditions Code, 2020. In order to reinforce compliance, safety awareness programmes, training of safety officers and special inspection, drives are undertaken to ensure adherence to prescribed safety protocols on a continuous basis.

VISA APPOINTMENTS

5693. SHRIMATI JUNE MALIAH:

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

- (a) whether the U.S. Secretary of State has directed halting any increase in visa appointment capacity until 'social media vetting' systems are installed, if so, the details thereof;
- (b) the steps taken by the Government to protect this privacy-violating barrier that disproportionately harms Indian applicants; and
- (c) whether it is true that a former US representative claimed that a single Indian district allegedly secured 2.5 times the total H-1B caps, insinuating a 'scam', if so, the details thereof?

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

(a) to (c) : The U.S. Government, through the Department of State's public notifications dated 18th June and 3rd December 2025, respectively, expanded its screening and vetting procedures which required H-1B visa applicants and their dependents (H-4) to adjust the privacy settings of their social media profiles to "public."

The U.S. Government's stated position is that every visa adjudication is a national security decision and that a U.S. visa is a privilege and not a right. The

objective of the recent notifications was said to be to curb visa abuses, protect the American worker, and to identify visa applicants who may be inadmissible to the United States. Subsequently, the consular appointments of several H-1B and H-4 visa applicants scheduled in December 2025 were rescheduled to new dates in 2026, resulting in many applicants remaining in India.

The H-1B visa programme is governed by U.S. laws and procedures, and the issuance of such visas is subject to due processes carried out by the competent U.S. authorities – the U.S. Citizenship and Immigration Services (USCIS) for visa adjudications within the United States or the relevant U.S. Embassy / Consulate for visa adjudications overseas. The relatively high number of Indian nationals in the H-1B visa programme reflects the demand-driven nature of the U.S. labour market, particularly in high-skill sectors such as technology and engineering, and the availability of a large pool of qualified Indian professionals.

Government of India remains engaged with the U.S. Government to promote mutually advantageous and secure frameworks that allow for streamlining avenues for legal mobility of students and professionals and facilitating short-term tourist and business travel.

BILATERAL LABOUR AGREEMENTS WITH WEST ASIAN COUNTRIES

5694. SHRI SACHITHANANTHAM R.:

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

- (a) the details of the bilateral labour agreements or MoUs signed by the Government with the West Asian countries to protect contract labourers rights along with the monitoring mechanisms in place to ensure its enforcement;
- (b) whether the Government has taken up cases of exploitation under the Kafala sponsorship system with the host Governments, if so, the details and the outcome thereof;
- (c) whether legal aids cells are functioning in all Indian missions in West Asia, if so, the details thereof; and
- (d) the number of workers who availed legal assistance during the last three years?

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

(a) and (b) : The Government has established a robust institutional framework to promote safe and legal migration while ensuring welfare and safety and preventing exploitation of Indians abroad, including Indian workers. MoUs/Agreements such as Migration and Mobility Partnership Agreements (MMPAs), Labour Mobility and Labour Welfare Agreements have been signed with the partner countries for establishing robust frameworks for migrant workers welfare and protection and legal migration and for preventing irregular migration. The Labour and Manpower Cooperation MOUs/Agreements that provide the overarching framework for

cooperation on labour and manpower related issues have been signed with the Gulf Cooperation Council countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates) and Jordan. Further, to safeguard the specific interests of domestic workers in GCC Countries, agreements on Labour Cooperation for Domestic Sector Workers (DSWs) have been signed with Saudi Arabia, UAE and Kuwait.

It has been noticed that some of the Indian workers abroad, including in Gulf countries, at times face difficulty due to unfair working conditions. Majority of these complaints pertain to labour disputes like delay in payment or non-payment of salaries and overtime wages as well as that of end of service benefits, unauthorized retention of passports, long working hours, inability to take leave, offer of jobs different to that promised at the time of recruitment, unexpected layoff, inordinate complexity in changing the employers, problems of accommodation, denial of legitimate labour rights, non-issuance/renewal of residence permits, refusal to grant exit/re-entry permits to visit India, refusal to allow return to India on final exit visa after completion of contract, non-provision of medical and insurance facilities, denial of death benefits to family etc.

Government of India has robust mechanism to monitor working conditions and grievance redressal of all Indian workers abroad. Our Missions and Posts abroad remain vigilant and actively monitor and follow each type of grievance received from the Indian nationals in foreign countries. The grievances are received and responded through various channels i.e. Emergency telephone

number, Walk-ins, e-Mails, Social Media, 24x7 Multilingual Helpline and Open Houses etc. To enable the aggrieved Indian national to easily register his/her grievances, the Government has established Portals such as MADAD and e-Migrate. Pravasi Bharatiya Sahayata Kendras (PBSK) have been set up in Dubai (UAE), Riyadh, Jeddah (Saudi Arabia) to provide guidance and counselling to Indian workers abroad on all matters. There are dedicated Labour Wings in all the Indian Missions in GCC Countries.

Indian Missions/Posts regularly organize Open Houses and Consular Camps in remote areas to get the feedback from the Indian workers abroad and address their grievances, if any. On receipt of complaint from or on behalf of the emigrant, the same is taken up pro-actively with the concerned Foreign Employer and the work place of the aggrieved worker is also visited, if required. The complaints pertaining to employment issues are also taken up with the local labour department and other relevant authority of the host country for redressal.

Indian Missions/Posts utilize the Indian Community Welfare Fund (ICWF) from time to time to provide financial and legal assistance to Indian national in distress abroad on a 'means tested basis'. Under the ICWF major assistance includes boarding and lodging, air passage to India, legal assistance, emergency medical care, transportation of mortal remains to India and payment of small fines and penalties. Until Dec 2025, around Rs. 758 crores has been utilized by Indian Missions/Posts abroad under the Fund and around 3.67 Lakhs Indians were extended assistance.

(c) : Indian Missions and Posts assist in providing legal aid wherever required by Indian nationals including those cheated by agents and those facing physical or mental harassment or injustice by sponsors etc. Indian Missions/Posts also extends all possible consular assistance to Indians imprisoned abroad. A local panel of lawyers is maintained by all such Indian Missions/Posts where Indian community exists in sizeable numbers. Indian Missions/Posts regularly organize Open Houses and Consular Camps to get the feedback from the Indian workers abroad and address their grievances. As soon as the information about the detention/arrest of an Indian national is received by an Indian Mission/Post, it immediately gets in touch with the local Foreign Office and other concerned local authorities to get consular access to the detained/arrested Indian national to ascertain the facts of the case, his or her Indian nationality and ensure his or her welfare. No fee is charged from any Indian prisoner for extending facilities by the Indian Embassy concerned.

(d) : The expenditure details on providing legal assistance to the workers during the last three years and the current year in the Gulf region is given in the enclosed **Statement**.

STATEMENT

The number of workers who availed legal assistance during the last three years

		2023	2024	2025
Sl. No.	Countries	Beneficiaries	Beneficiaries	Beneficiaries
1	Bahrain	5	5	0

2	Iraq	0	0	1
3	Kuwait	1	4	4
4	Oman	138	36	0
5	Qatar	156	72	51
6	Saudi Arabia	2	1	0
7	UAE	6	0	1
	Total	308	118	57

SUBSIDY FOR PROCURING FERTILIZERS

5695. DR. M. K. VISHNU PRASAD:

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

- (a) the total subsidy being provided to farmers for procuring urea fertilizers in the country during the last four years and the current year, State and year-wise;
- (b) whether there has been a year-on-year increase in the subsidy provided by the Government and if so, the details thereof;
- (c) the measures taken to ensure import of continuous and smooth supply of urea and fertilizers for farmers in the country and if so, the details thereof; and
- (d) the details of Urea/Fertilizer imported in the country during the last five years, State and year-wise?

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

(a) and (b) : 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 are being supplied fertilizers at the subsidized rates on no-denial basis. The details of the total amount disbursed towards fertilizer subsidy by the Government during the last four years and the current year i.e., from years 2021-22 to 2025-26 (as on 23.03.2026) are as follows:

(Figures In Rs. Crore)		
Financial Year	Subsidy Scheme	Expenditure
2021-22	Indigenous Urea & Import of Urea	1,04,870.12
2022-23	Indigenous Urea & Import of Urea	1,68,676.70
2023-24	Indigenous Urea & Import of Urea	1,30,220.94
2024-25	Indigenous Urea & Import of Urea	1,24,319.50
2025-26 (as on 23.03.2026)	Indigenous Urea & Import of Urea	1,36,532.06

(c) : To ensure continuous and smooth import of fertilizers in the country, Department of Fertilizers has facilitated Indian fertilizer companies in entering into Long Term Agreements (LTAs) and Memoranda of Understanding (MoUs) with resource-rich countries.

In this regard, for the year 2025-26, Indian companies have entered into arrangements for import of DAP/NPK fertilizers from Saudi Arabia, Morocco and Russia. Similarly, for Muriate of Potash (MOP), Indian companies have agreements with Jordan, Russia, Turkmenistan, Israel, Canada and Belarus. Further, to

increase domestic production of Phosphatic and Potassic(P&K) fertilizers the following measures have been taken by the Government:

- (i) Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.
- (ii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.
- (iii) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

Above steps together have facilitated increase production of P&K fertilizers (including DAP & SSP) from 159.54 LMT in 2014-15 to 211.22 LMT in 2024-25.

Further, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The subsidy is provided to manufacturer/ importer on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure availability of fertilizers to farmers.

With regard to Urea, the gap between requirement and indigenous production of Urea is met through timely imports, through three State Trading Enterprises (STEs), to ensure adequate availability of Urea in the country.

Further, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak&Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT)

annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually.

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country.

(d): The details of imports of fertilizers (Urea, DAP, MOP and NPK) during last five year i.e. 2020-21 to 2024-25, are as below:

(Qty. in LMT)				
Year	Urea	As Reported by the Companies		
		DAP	MOP *	NPK
2020-21	98.28	48.82	42.27	13.90
2021-22	91.36	54.62	24.60	11.70
2022-23	75.80	65.83	18.66	27.52
2023-24	70.42	55.67	28.69	22.17
2024-25	56.47	45.69	35.41	22.72
MOP includes both Agriculture and Industrial use*				

SAFETY OF WOMEN AND CHILDREN

5696. SHRI N. K. PREMACHANDRAN:

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

- (a) whether the Government has initiated action to ensure the security of women and children, if so, the details thereof;
- (b) the number and details of cases of domestic violence, rape molestation, acid attacks and sexual harassment during last ten years, State-wise and year-wise;
- (c) whether the Government proposes to implement POSH Act strictly to ensure the safety and security of women at work place, if so, the details thereof;
- (d) the details of cases registered under POSH Act during the said period, State-wise and year-wise; and
- (e) whether the Government has initiated any action to prevent the online sexual exploitation through social media and unregulated Apps, if so, the details thereof indicating the number of such cases reported during the last ten years, State-wise and year-wise?

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

(a) to (e) : Ensuring safety and security of women and children is of highest priority for the Government. It has been Government's endeavour to put in place effective mechanisms to provide a safe environment for women and children to live and fulfill their potential. However, "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 including investigation and

prosecution in crimes against women and children rests with the respective State Governments and UT Administrations; they are competent to deal with such offences under the extant provisions of laws.

The Central Government has taken following measures to ensure the security of women and children.

Under the umbrella scheme Mission Shakti, integrated services are provided for safety, protection and empowerment of women through its two verticals; Sambal and Samarthya. One Stop Centre (OSC) is a component of the Sambal vertical that provides integrated and immediate support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces all across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. Women Helpline (WHL-181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. It offers assistance to women affected by violence and provides information about government schemes and services all across the country.

In order to strengthen transparency and accessibility in service delivery with respect to reliefs and rehabilitation to women in distress, the Ministry of Women and Child Development (MWCD) launched Mission Shakti Portal (<https://missionshakti.wcd.gov.in/>) on 22.01.2025. The Mission Shakti Portal data is now accessible via the Mission Shakti Mobile Application with multi lingual

feature thereby expanding outreach and convenience for users. The Portal provides a publicly accessible list of Protection Officers under the Protection of Women from Domestic Violence Act (PWDVA), 2005, Child Marriage Prohibition Officers (CMPOs) under the Prohibition of Child Marriage Act (PCMA), 2006 , Anti-Human Trafficking Units (AHTUs) under the Immoral Traffic (Prevention) Act (ITPA), 1956 and Nodal Officers of various schemes, including OSCs, WHL, Shakti Sadan, Sakhi Niwas, Anganwadi-cum-Creches, etc. A new feature has also been added whereby a woman in distress can now book an appointment with her nearest OSC through both the portal and the mobile application. The portal also consolidates all major helplines for easy public access: Women Helpline (181), National Legal Services Authority (NALSA) Legal Aid (15100), Child Helpline (1098), Emergency Response Support System (112), National Cyber Crime Helpline (1930), Tele Manas (14416).

Under the Samarthya vertical of Mission Shakti, Shakti Sadan has been established as an Integrated Relief and Rehabilitation Home for women in distress, including victims of trafficking and domestic violence, with an aim to create a safe and enabling environment for the women in difficult situations, to enable them to overcome the adverse circumstances.

The Sexual Harassment Electronic Box (SHe-Box) Portal (<https://shebox.wcd.gov.in/>) launched by the MWCD as a digital governance initiative for effective implementation of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act (PoSH Act), 2013, is a

major step towards women empowerment by ensuring them a safer workplace and an easy access to a redressal mechanism. This platform provides a secure and confidential way for women to report instances of workplace related sexual harassment and fostering a culture of accountability.

The National Commission for Women (NCW), an autonomous body under MWCD, in addition to handling complaints through regular mode, assists women in distress through a dedicated 24x7 Helpline -14490 for reporting domestic violence and harassment cases. The Commission also takes cognizance of the grievances relating to violence against women reported in social media.

The Ministry has also launched "Bal Vivah Mukh Bharat" campaign to raise awareness on the issue and eliminate child marriages across the country with a 'Whole of Government' and 'Whole of Society' approach. Additionally, a new portal has also been launched to provide a publicly available centralised repository of information of CMPOs appointed across the country and effective reporting mechanism for incidences of child marriage cases. These enhancements mark a significant step towards strengthening last-mile connectivity, improving ease of access and empowering women with digital tools for safety and support.

The National Commission for Protection of Child Rights (NCPCR) a statutory body established under the MWCD has a mandate to safeguard children's rights and security. It oversees the implementation of key child protection legislations, including the Protection of Children from Sexual Offences (POCSO) Act, 2012, the Juvenile Justice Act, 2015, the Right to Education Act, 2009 and the Child Labour

Act, 2016. To strengthen child safety, the NCPDR has issued several manuals and guidelines, such as the Manual on Safety and Security of Children in Schools (2017–18), Being Safe Online (2017) for raising awareness among children, parents and educators, and Guidelines on Preventing Cyber Bullying for School Children (2024). These initiatives reflect Government's commitment to ensure a safe environment for children both offline and online.

The National Crime Records Bureau (NCRB), under the Ministry of Home Affairs, compiles and publishes statistical data relating to crimes in its annual publication "Crime in India". The latest published report is available upto the year 2023. The detailed State-wise, year-wise and crime head - wise statistics are available on the NCRB's official website (<https://ncrb.gov.in>).

The SHe-Box Portal of the Ministry which was launched on 29th August, 2024, encompasses various compliance provisions of the PoSH Act and developed with an aim to create a robust data management system, addressing the earlier gap of having no centralized database to access details of Internal Committees (ICs), Local Committees (LCs), or complaints filed under the Act. This platform provides a secure and confidential way for women to report instances of workplace harassment and track their status, fostering a culture of accountability.

Workplaces can now upload compliance-related data including details of IC members, annual reports as mandated under the PoSH Act and records of awareness/ training programs for employees and IC members ensuring transparency, accountability and effective monitoring of workplace safety by

appropriate authorities. The State-wise details of cases registered on the Portal since its launch is given in the enclosed **Statement**.

The Government of India adopts a whole of government approach to address offences targeting women and children, with concerned Ministries implementing legal, technological, enforcement and victim-support/ rehabilitation interventions within their respective mandates.

The Ministry of Home Affairs (MHA) undertakes measures relating to law enforcement, investigation and cyber-crime reporting. The Cyber Crime Prevention against Women and Children (CCPWC) scheme has been implemented under the Nirbhaya Fund. A dedicated National Cyber Crime Reporting Portal (www.cybercrime.gov.in) and Cyber Crime Helpline (1930) are operational to facilitate reporting of cyber offences including those affecting women and children. MHA also undertakes awareness initiatives and capacity building for law enforcement agencies through training programmes and standard operating procedures.

In recent years, major legal and institutional reforms have been undertaken to strengthen protection of women and children. The Bharatiya Nyaya Sanhita, 2023, Bharatiya Nagarik Suraksha Sanhita, 2023 and Bharatiya Sakshya Adhiniyam, 2023, which came into force on 1 July 2024, contain strengthened provisions relating to offences against women and children, including trafficking, organised crime, gang rape and exploitation. These laws also provide improved

procedural safeguards and recognise electronic and digital records as admissible evidence, thereby strengthening prosecution in cyber crimes.

The Ministry of Electronics and Information Technology (MeitY) administers 'The Information Technology Act, 2000' and the Information Technology (Intermediary Guidelines and Digital Media Ethics Code) Rules, 2021 which provide a framework for addressing unlawful online content, including punishment for publishing or transmitting obscene or sexually explicit material electronically and empowering law-enforcement agencies to investigate cyber offences.

STATEMENT

The State and UT-wise details of cases registered on SHe-Box Portal since its launch on 29th August, 2024:

S.N.	State Name	Complaint registered
1	Andaman And Nicobar Islands	0
2	Andhra Pradesh	5
3	Arunachal Pradesh	0
4	Assam	1
5	Bihar	16
6	Chandigarh	1
7	Chhattisgarh	4
8	Delhi	9
9	Goa	0
10	Gujarat	8
11	Haryana	7
12	Himachal Pradesh	5
13	Jammu and Kashmir	4
14	Jharkhand	2
15	Karnataka	23
16	Kerala	2

17	Ladakh	0
18	Lakshadweep	0
19	Madhya Pradesh	4
20	Maharashtra	18
21	Manipur	0
22	Meghalaya	0
23	Mizoram	0
24	Nagaland	0
25	Orissa	5
26	Puducherry	0
27	Punjab	2
28	Rajasthan	13
29	Sikkim	0
30	Tamil Nadu	7
31	Telangana	7
32	The Dadra And Nagar Haveli And Daman And Diu	0
33	Tripura	0
34	Uttar Pradesh	14
35	Uttarakhand	0
36	West Bengal	6

बाल देखभाल संस्थानों की स्थिति

5697. श्री त्रिवेन्द्र सिंह रावत:

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

- (क) क्या सरकार को उत्तराखंड में अनेक बाल देखभाल संस्थानों/अनाथालयों में निरीक्षण और मानकों के अनुपालन के संबंध में व्यक्त की गई चिंताओं की जानकारी है;
- (ख) यदि हां, तो विगत तीन वर्षों के दौरान कितनी बार अनाथालयों का निरीक्षण किया गया है और उक्त राज्य में कितनी संस्थाओं को मानकों के अनुरूप नहीं पाया गया है;

- (ग) बच्चों की सुरक्षा, पोषण और शिक्षा सुनिश्चित करने के लिए केन्द्र द्वारा जारी किए गए दिशा-निर्देशों का ब्यौरा क्या है; और
- (घ) उक्त राज्य में इन संस्थानों की पारदर्शिता और जवाबदेही बढ़ाने के लिए सरकार द्वारा प्रस्तावित अतिरिक्त कदमों का ब्यौरा क्या है?

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

(क) से (घ) : महिला एवं बाल विकास मंत्रालय] किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) के संचालन लिए नोडल मंत्रालय है। यह अधिनियम बच्चों की सुरक्षा, संरक्षा, गरिमा और कल्याण सुनिश्चित करने के लिए प्राथमिक कानून है और इसको उत्तराखंड राज्य सहित सभी राज्यों एवं संघ राज्य क्षेत्रों द्वारा कार्यान्वित किया जाता है। इस अधिनियम के तहत राज्य और जिला स्तर पर वैधानिक संरचनाएं बनाई जाती हैं, जिनमें राज्य बाल संरक्षण सोसाइटी, बाल कल्याण समितियां, किशोर न्याय बोर्ड (जेजेबी) और जिला बाल संरक्षण इकाइयां शामिल हैं। इसमें बाल देखरेख संस्थाओं (सीसीआई) की स्थापना का भी प्रावधान है।

जेजे अधिनियम 2015 (धारा 27-30) के तहत, बाल कल्याण समितियों (सीडब्ल्यूसी) को देखरेख और संरक्षण की आवश्यकता वाले बच्चों के संबंध में उनके सर्वोत्तम हित को ध्यान में रखते हुए निर्णय लेने का अधिकार है। उन्हें बाल देखरेख संस्थाओं (सीसीआई) के कामकाज की निगरानी करने का भी दायित्व सौंपा गया है। किशोर न्याय अधिनियम 2015 की धारा 106 के अनुसार, अधिनियम के कार्यान्वयन की प्राथमिक जिम्मेदारी राज्य सरकारों और संघ राज्य क्षेत्रों के प्रशासनों की है। राष्ट्रीय और राज्य स्तर पर, जे.जे. अधिनियम के कार्यान्वयन की निगरानी के लिए इस अधिनियम में (धारा 109) राष्ट्रीय/राज्य बाल अधिकार संरक्षण आयोग स्थापित करने का प्रावधान है।

जेजे अधिनियम, 2015 की धारा 54 के तहत निरीक्षण समितियों को बच्चों को रखने वाली ऐसी संस्थाओं का दौरा करने का अधिकार दिया गया है। जिला मजिस्ट्रेट जिले में देखरेख तथा संरक्षण की आवश्यकता वाले बच्चों के लिए और निरीक्षण समितियों द्वारा प्रस्तुत रिपोर्ट के निष्कर्षों पर कार्रवाई

करने के लिए नोडल प्राधिकारी है मंत्रालय नियमित रूप से राज्य और संघ राज्य क्षेत्रों की सरकारों के साथ संपर्क में रहता है और मिशन वात्सल्य योजना के प्रभावी कार्यान्वयन को सुनिश्चित करने के लिए विभिन्न एडवाइजरी जारी की गई हैं।

इसके अतिरिक्त, महिला एवं बाल विकास मंत्रालय उत्तराखंड राज्य सहित सभी राज्यों और संघ राज्य क्षेत्रों में 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना कार्यान्वित कर रहा है जिसकी लागत केंद्र और राज्य सरकारों के बीच पूर्वनिर्धारित अनुपात में वहन की जाती है और योजना का उद्देश्य अनाथ बच्चों सहित कठिन परिस्थितियों में रहने वाले बच्चों के लिए विभिन्न सेवाएं प्रदान करना है। यह योजना संस्थागत देखरेख और गैर-संस्थागत देखरेख दोनों प्रदान करती है। मिशन वात्सल्य योजना के अंतर्गत स्थापित बाल देखरेख संस्थाएं (सीसीआई) अन्य बातों के साथ-साथ आयु-उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखरेख, परामर्श आदि प्रदान करती हैं। गैर-संस्थागत देखरेख सेवा के अंतर्गत, प्रायोजन, पालक देखरेख, दत्तक ग्रहण और पश्चात देखरेख के माध्यम से सहायता प्रदान की जाती है।

मंत्रालय ने योजना के प्रभावी कार्यान्वयन के लिए मिशन वात्सल्य दिशानिर्देश भी तैयार किए हैं, जो 05.07.2022 को सभी राज्यों और संघ राज्य क्षेत्रों को जारी कर दिया गया है।

महिला एवं बाल विकास मंत्रालय ने मिशन वात्सल्य पोर्टल का नया रूप शुरू किया है, जो बाल संरक्षण सेवाओं से संबंधित सभी हितधारकों के लिए एक एकीकृत डिजिटल प्लेटफॉर्म है। मिशन वात्सल्य पोर्टल एक तकनीकी रूप से उन्नत सुरक्षित पोर्टल है जो राज्य और जिला स्तर पर विभिन्न हितधारकों के लिए डिजिटल काम-काजी मंच प्रदान करता है। पहले से मौजूद खोया-पाया पोर्टल, ट्रैकचाइल्ड सर्विसेज और दत्तक ग्रहण लेने के लिए केयरिंग्स पोर्टल को इस एकीकृत पोर्टल में शामिल किया गया है।

दिशा योजना के अंतर्गत मुकदमे से पूर्व परामर्श

5698. श्री चन्द्र प्रकाश जोशी :

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

- (क) टेली-लॉ कार्यक्रम के अंतर्गत लाभार्थियों का ब्यौरा क्या है और डिजाइनिंग इनोवेटिव सॉल्यूशंस फॉर होलिस्टिक एक्सेस टू जस्टिस (दिशा) योजना के अंतर्गत अब तक प्रदान की गई मुकदमे-पूर्व सलाहों की संख्या क्या है ;
- (ख) आकांक्षी जिलों और ब्लॉकों में कवरेज की सीमा सहित सभी सामान्य सेवा केन्द्रों (सीएससी) में टेली-लॉ सेवाओं की वर्तमान प्रचालन स्थिति क्या है ;
- (ग) न्याय बंधु (प्रो बोनो लीगल सर्विसेज) कार्यक्रम के अंतर्गत पंजीकृत वकीलों की संख्या कितनी है तथा विभिन्न उच्च न्यायालयों में कौन-कौन से संस्थागत तंत्र स्थापित किए गए हैं; और
- (घ) न्याय सहायकों के माध्यम से विधिक सहायता प्रदान करने के लिए क्या कदम उठाए गए हैं ?

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

(क) : तारीख 28 फरवरी, 2026 की स्थिति के अनुसार वर्ष 2017 में इसकी शुरुआत से अब तक टेली-लॉ कार्यक्रम के अधीन कुल 1,12,47,645 परामर्श दिए गए हैं। मुकदमेबाजी से पूर्व परामर्श प्रदान किए गए लाभार्थियों का राज्यवार ब्यौरा **विवरण** में संलग्न है।

(ख) से (घ) : तारीख 28 फरवरी, 2026 की स्थिति के अनुसार, 36 राज्यों/संघ राज्यक्षेत्रों के 777 जिलों में 2.50 लाख से अधिक सामान्य सेवा केंद्रों के माध्यम से टेली-लॉ सेवाएँ संचालित हैं, जिनमें 112 आकांक्षी जिले और 500 आकांक्षी ब्लॉक सम्मिलित हैं। आकांक्षी ब्लॉकों में सेवा वितरण को सुदृढ़ करने हेतु 500 आकांक्षी ब्लॉकों में 385 न्याय सहायकों को नियुक्त किया गया है, जहाँ वे घर-घर जाकर जागरूकता अभियान चलाते हैं, सामान्य सेवा केंद्रों के माध्यम से टेली-लॉ प्लेटफॉर्म पर मामले दर्ज करने में नागरिकों की सहायता करते हैं और लाभार्थियों को पैनल अधिवक्ताओं से मुकदमेबाजी से

पूर्व परामर्श प्राप्त करने में मार्गदर्शन प्रदान करते हैं। इसके अतिरिक्त वे पहुँच का विस्तार करने और यह सुनिश्चित करने के लिए कि विधिक सहायता दूरस्थ और वंचित आबादी तक पहुँचे, सीएससी संचालकों, स्थानीय संस्थानों और सामुदायिक संगठनों के साथ समन्वय करते हैं।

न्याय बंधु (निःशुल्क विधिक सेवा) कार्यक्रम के अधीन, अधिवक्ता विधिक सेवा प्राधिकरण (एलएसए) अधिनियम, 1987 की धारा 12 के अधीन आने वाले समाज के हाशिए पर स्थित और वंचित वर्गों को स्वेच्छा से विधिक सहायता प्रदान करते हैं। तारीख 20 फरवरी, 2026 की स्थिति के अनुसार, न्याय बंधु पोर्टल पर कुल 10,263 अधिवक्ता रजिस्ट्रीकृत हैं। संस्थागत समन्वय को सुदृढ़ करने हेतु, देश भर के 23 उच्च न्यायालयों में प्रो बोनो पैनल गठित किए गए हैं।

इसके अतिरिक्त, सामान्य सेवा केंद्रों पर वीडियो कॉन्फ्रेंसिंग सुविधाओं, टेली-लॉ पोर्टल के साथ एकीकरण और मोबाइल-आधारित पहुँच के माध्यम से डिजिटल सुलभता को बढ़ाया गया है। साथ ही, न्याय सहायकों के कौशल विकास हेतु नियमित क्षमता निर्माण कार्यशालाएं और विषय-आधारित वेबिनार आयोजित किए जाते हैं।

विवरण

28 फरवरी, 2026 तक दी गई प्री-लिटिगेशन सलाह का राज्य-वार ब्यौरा

क्र.सं.	राज्य/संघ राज्यक्षेत्र	कुल परामर्श प्राप्त
1	अंडमान और निकोबार	4,018
2	आंध्र प्रदेश	3,66,071
3	अरुणाचल प्रदेश	20,363
4	असम	2,40,397
5	बिहार	6,26,006
6	चंडीगढ़	6,146
7	छत्तीसगढ़	5,09,230
8	दादरा और नगर हवेली और दमन और दीव	11,051
9	दिल्ली	10,512
10	गोवा	13,516
11	गुजरात	4,83,643

12	हरयाणा	2,18,794
13	हिमाचल प्रदेश	1,20,670
14	जम्मू और कश्मीर	7,58,123
15	झारखंड	4,80,257
16	कर्नाटक	4,88,245
17	केरल	36,563
18	लद्दाख	3,251
19	लक्षद्वीप	2,482
20	मध्य प्रदेश	12,16,983
21	महाराष्ट्र	9,27,522
22	मणिपुर	1,484
23	मेघालय	30,320
24	मिजोरम	34,051
25	नगालैंड	29,897
26	ओडिशा	4,07,800
27	पुदुचेरी	3,228
28	पंजाब	3,01,498
29	राजस्थान	6,62,392
30	सिक्किम	2,815
31	तमिलनाडु	3,01,871
32	तेलंगाना	3,13,107
33	त्रिपुरा	97,616
34	उत्तर प्रदेश	20,31,066
35	उत्तराखंड	2,18,632
36	पश्चिम बंगाल	2,68,025
कुल		1,12,47,645

स्रोत- <https://tele-law.in/> (टेली-लॉ डैशबोर्ड डेटा)

STOCKS OF FERTILIZERS

5699. SHRI ANAND BHADAURIA:

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

- (a) the details of reserved stocks of various fertilizers available as on the date in India, fertilizer-wise;
- (b) whether India is heavily reliant on the Middle East countries like Saudi Arabia, Qatar, Oman, UAE from which it sources over forty to sixty three per cent of urea and phosphatic fertilizers like DAP, NPK etc. from this region;
- (c) if so, the details of imports of various fertilizers during the last three years and the current year from these countries, country-wise, year-wise and fertilizer-wise;
- (d) the details of the emergency diversification plan of the Government to alternative sources such as Russia, North Africa, etc. for import of fertilizers;
- (e) the details of plans to ramp up domestic production;
- (f) the details of the timeline and adequacy of buffer stocks beyond current levels; and
- (g) the measures taken/proposed to be taken by the Government to shield farmers from cost escalation and subsidy implications?

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 (f) : Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers. Further, based on requirement projected by DA&FW, D/o Fertilizers allocates

adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

However, the gap between demand (requirement) and production for fertilizers is met through imports well in advance to ensure adequate and timely availability of fertilizers.

Accordingly, the information regarding requirement, availability, sales and available stock of fertilizers i.e. Urea, DAP, MOP and NPKS during the ongoing Rabi 2025-26 season in the country is as under:

ALL INDIA FERTILIZER POSITION FOR RABI 2025-26 (TILL 23/03/26)					
FIG. IN LMT					
S. No	Product	Pro rata Requirement From 01/10/25 to 23/03/26	Availability From 01/10/25 to 23/03/26	Sales From 01/10/25 to 23/03/26	Stock as on 23/03/26
1	UREA	192.20	250.26	197.21	53.08
2	DAP	52.80	74.74	52.94	21.80
3	MOP	15.23	19.07	11.10	7.98
4	NPKS	80.57	114.96	66.61	48.38

(b) to (d) : India is dependent on imports of Urea and Phosphatic fertilizers to meet its demand. To ensure a stable and assured supply in view of this dependency, Department of Fertilizers has facilitated the signing of Long Term Agreements (LTAs) between Indian companies viz. KRIBHCO, IPL & CIL and M/s Maaden,

Saudi Arabia for the supply of 31 Lakh Metric Tonnes (LMT) of DAP/NPK annually to India over a five-year period from 2025-26 to 2029-30.

Further, Country-wise imports of fertilizers (Urea, DAP, MOP and NPK) from the period of 2022-23 to 2025-26 (till February 2026) is given in the enclosed **Statement**.

(e) : With regard to Urea, the Government had announced New Investment Policy (NIP) 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the urea sector and to make India self-sufficient in the urea sector. Total 6 new urea units have been set up under NIP-2012 which includes 4 urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 urea units set up by the private companies. The units set up through JVC are Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. The units set up by private companies are Panagarh urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added urea production capacity of 76.2 LMTPA, thereby total indigenous urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during

2023-24. Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL).

In addition, the Government also notified the New Urea Policy (NUP) - 2015 on 25th May, 2015 for the existing 25 gas-based urea units with one of the objectives of maximizing indigenous urea production beyond RAC. The NUP-2015 has led to additional production of urea by 20-25 LMT as compared to the production during 2014-15 annually.

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country.

Further, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant the following measures have been taken by the Government:

- (i) D/o Fertilizers has issued guidelines 18.01.2024 to ensure reasonableness of MRP and encourage domestic production.
 - (ii) Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.
 - (iii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.
 - (iv) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.
- (g) : Under the Urea Subsidy Scheme, Urea is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rates.

Also, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS policy, MRP of P&K fertilizers is decontrolled and companies are free to fix

MRP as per their business dynamics at a reasonable level which is monitored by the Government. The subsidy is provided to manufacturer/ importer on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure affordability of these fertilizers to farmers. Further, to make DAP which is a key fertilizer, available at affordable price of Rs. 1350 per 50 kg bag, special provisions like Rs. 3500 per MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage/disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2025 and Rabi 2025-26 seasons.

STATEMENT

Country Wise Import of Fertilizers (Urea, DAP, MOP and NPK) during 2022-23 to 2025-26 (Till Feb 2026):

<Figures in Lakh MT>																
Country Name	2022-23				2023-24				2024-25				2025-26 (Till FEB-2026)			
	Urea	DAP	MOP	NPK	Urea	DAP	MOP	NPK	Urea	DAP	MOP	NPK	UREA	DAP	MOP	NPK
Algeria	3.07				0.35								2.17	0.26		
Australia		1.51								1.82				3.80		
Bahrain	1.77				0.94				1.17				2.04			
Brunei													1.51			
Canada			7.20				7.39			0.09	8.83				4.82	
China	12.80	12.17		0.83	18.65	22.28		0.30	0.99	8.47		0.77	21.24	5.11	0.28	9.61
Egypt	2.63				0.92	0.18			0.47	0.44			1.93	0.44		
Estonia	0.09															
Finland	7.69				1.41	0.33							5.45			
Germany							0.64									
Georgia	1.98								0.44				1.24			

Indonesia	1.34			0.27	2.16			2.14	0.97			0.28	6.14			1.21
Israel		0.44	6.38				3.08				2.80				2.57	
Jordan		1.65	4.09	0.12		1.74	4.31			2.39	3.01			1.72	2.39	
Libya													0.42			
Nigeria	1.39								2.83				3.59			
Malaysia	1.59				1.42				1.91				3.50			
Morocco		17.47				11.13				10.74				17.56		
Oman	19.60		0.14		19.53				26.13				15.50			
Qatar	5.02				1.70				3.70				8.42			
Russia	6.26	9.24	0.85	22.21	15.73	3.41	12.36	17.04	9.23	2.69	18.00	18.27	13.99	7.55	12.97	21.00
Saudi-Arabia	4.61	21.22		2.70	2.36	16.29		2.69	5.38	19.05		3.40	5.27	24.36		1.99
Senegal														0.06		
South Korea				1.07												1.37
Turkey				0.32										0.41		0.28
Turkmenistan							0.41				2.77				4.69	
TUNISIA		0.85														
UAE	4.16				5.08				3.25				3.04			
USA	0.49	1.28				0.31	0.5							0.40		
Vietnam	1.31				0.17								2.54			
Grand Total:	75.80	65.83	18.66	27.52	70.42	55.67	28.69	22.17	56.47	45.69	35.41	22.72	97.99	61.67	27.72	35.46

SHORTAGE OF MEDICAL SEATS

5700. SHRI RAMASAHAYAM RAGHURAM REDDY:

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

- the current number of Undergraduate (UG) and Postgraduate (PG) medical seats available in the country, State/UT-wise including any recent changes or expansions in these numbers;
- the total annual number of aspiring medical students applying for UG and PG courses and how these figures compare with the available seats; and
- whether specific measures are being implemented to increase the number of Undergraduate (UG) and Postgraduate (PG) medical seats in the country and

if so, the details thereof including the establishment of new medical colleges and the expansion of existing Institutions?

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), currently there are 1,28,976 Under Graduate (UG) Seats & 85839 Post Graduate (PG) seats (including DNB/DNS) across the country. The State/UT-wise details of the UG and PG Seats across the country is given in the enclosed **Statement**.

(b) : As informed by the National Testing Agency (NTA), in the year 2025, a total of 22,76,069 candidates registered for NEET (UG), out of which 22,09,318 candidates appeared in the examination; further, in the current year 2026, a total of 22,79,724 candidates have registered for NEET (UG) and the exam is scheduled on 03/05/2026. Nearly 2,42,000 candidates appeared for the NEET-PG 2025 examination.

(c) : Ministry of Health & 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. A total of 157 Medical Colleges have been approved in the various districts across the country out of which 137 are already functional. Further, support has also been provided for Strengthening/Upgradation of existing State Government/Central

Government medical colleges to increase the number of MBBS (UG) and PG seats under which support has been provided for increase of 4977 MBBS seats in 83 colleges and 4058 PG seats have been approved in medical colleges across the country.

Further, the Government has recently approved phase III and extension of the CSSs for Strengthening and Upgradation of existing State/Central Government Medical Colleges, Standalone PG Institutes and Government Hospitals for creation of 5000 PG seats and 5023 MBBS seats with an enhanced cost ceiling of Rs. 1.50 crore per seat.

STATEMENT

State/UT Wise Under-Graduate (UG) and Post-Graduate (PG) Seats across the country:

Sl. No	State/UT	Under-Graduate (UG)	Post-Graduate (PG)
1	Andhra Pradesh	7215	4206
2	Andaman & Nicobar	114	13
3	Arunachal Pradesh	100	23
4	Assam	1975	799
5	Bihar	3545	1623
6	Chandigarh	150	587
7	Chhattisgarh	2455	832
8	Dadra & Nagar Haveli	177	46
9	Delhi	1396	3033
10	Goa	200	159
11	Gujarat	7525	3881
12	Haryana	2710	1122
13	Himachal Pradesh	970	400
14	Jammu & Kashmir	1676	808

15	Jharkhand	1255	289
16	Karnataka	13944	8442
17	Kerala	5404	2263
18	Madhya Pradesh	5725	3189
19	Maharashtra	12824	7187
20	Manipur	525	270
21	Meghalaya	200	37
22	Mizoram	100	10
23	Nagaland	100	00
24	Odisha	3025	1554
25	Puducherry	1873	1155
26	Punjab	1899	980
27	Rajasthan	7330	4136
28	Sikkim	150	34
29	Tamil Nadu	13050	6369
30	Telangana	9540	3997
31	Tripura	450	113
32	Uttar Pradesh	13425	6114
33	Uttarakhand	1450	2088
34	West Bengal	6499	2416

Note: 85839 post graduate seats include **17,664** in DNB, DrNB, FNB and Post MBBS Diploma seats as on date.

बायोफार्मा शक्ति योजना

5701. श्री हरीभाई पटेल:

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

- (क) क्या सरकार द्वारा बायोफार्मा रणनीति शक्ति (ज्ञान, प्रौद्योगिकी एवं नवाचारों के माध्यम से स्वास्थ्य सेवा उन्नयन हेतु रणनीति) योजना क्रियान्वित की जा रही है;
- (ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) उक्त योजना के अंतर्गत राज्य-वार तथा वर्ष-वार किए गए वित्तीय आवंटन का ब्यौरा क्या है; और

(घ) उक्त योजना के अंतर्गत बायोफार्मास्यूटिकल विनिर्माण तथा अनुसंधान केंद्रों को वैश्विक मानकों के अनुरूप किस प्रकार उन्नत किए जाने की संभावना है?

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

(क) से (घ) : घरेलू जैव-औषधीय क्षेत्र को सुदृढ़ करने और बायोलॉजिक्स और बायोसिमिलर्स में वैश्विक प्रतिस्पर्धात्मकता बढ़ाने के उद्देश्य से, सरकार ने पांच वर्षों में ₹10,000 करोड़ के परिव्यय के साथ बायोफार्मा शक्ति योजना की घोषणा की है जिसका उद्देश्य भारत में किफायती स्वास्थ्य परिचर्या का संवर्धन करना और भारत को वैश्विक जैव-औषधीय विनिर्माण और नवाचार केंद्र के रूप में उभरने में सक्षम बनाने के लिए बायोलॉजिक्स और बायोसिमिलर्स के लिए एक वैश्विक स्तर पर प्रतिस्पर्धी घरेलू पारिस्थितिकी तंत्र का निर्माण करना है।

इस योजना के तहत, उन्नत क्षेत्रों के लिए विशेष समीक्षकों और विशेषज्ञ पदों का सृजन करके सीडीएससीओ को सुदृढ़ीकृत करते हुए, वैश्विक स्तर पर विश्वसनीय अनुमोदन प्रक्रिया को तेज करने की परिकल्पना की गई है। साथ ही, आईसीएमआर के अंतर्गत 1,000 नैदानिक परीक्षण स्थलों का राष्ट्रीय स्तर पर मान्यता प्राप्त नेटवर्क बनाकर भारत के नैदानिक अनुसंधान क्षेत्र का विस्तार करने की भी परिकल्पना की गई है। इस पहल का उद्देश्य बायोलॉजिक्स और बायो-सिमिलर्स के घरेलू उत्पादन के लिए एक पारिस्थितिकी तंत्र तैयार करना है। इसके अलावा, अनुसंधान एवं विकास को सहयोग प्रदान करके, नैदानिक परीक्षण अवसंरचना को सशक्त करके और शिक्षा जगत, अनुसंधान संस्थानों और उद्योग के बीच सहयोग को बढ़ावा देकर, यह योजना जैव-औषधीय क्षेत्र में घरेलू नवाचार और विनिर्माण क्षमताओं को प्रोत्साहित करना चाहती है। यह आशा है कि ये पहल समय के साथ आयात पर निर्भरता कम करने और वैश्विक जैव-औषधीय बाजार में भारत की भागीदारी को संवर्धित करने में योगदान प्रदान करेंगी।

सार्वजनिक स्वास्थ्य बुनियादी ढांचे में कमियाँ

5702. श्री संदिपनराव आसाराम भुमरे:

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

- (क) क्या सरकार ने विशेषकर महाराष्ट्र के ग्रामीण और जनजातीय जिलों में सार्वजनिक स्वास्थ्य अवसंरचना की खामियों पर ध्यान दिया है;
- (ख) यदि हां, तो उक्त राज्य के सरकारी अस्पतालों और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) में डॉक्टरों, विशेषज्ञों और चिकित्सा उपकरणों की कमी को दूर करने के लिए सरकार द्वारा क्या विभिन्न कदम उठाए जा रहे हैं;
- (ग) गत तीन वर्षों के दौरान प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) और राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) जैसी योजनाओं के अंतर्गत महाराष्ट्र को प्रदान की गई केंद्रीय वित्तीय सहायता का ब्यौरा क्या है;
- (घ) क्या सरकार का महाराष्ट्र के पिछड़े क्षेत्रों में नये मेडिकल कॉलेज खोलने अथवा जिला अस्पतालों का उन्नयन करने का विचार है; और
- (ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (ङ) : 'जन स्वास्थ्य' और 'अस्पताल' राज्य से संबंधित विषय हैं, इसलिए, देश के सभी जन स्वास्थ्य सुविधाकेंद्रों में स्वास्थ्य अवसंरचना प्रदान करने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकार की है।

हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई) (बुनियादी ढांचा एवं मानव संसाधन), 2022-23, एक वार्षिक प्रकाशन है जो राज्यों/संघ राज्य क्षेत्रों द्वारा सूचित स्वास्थ्य परिचर्या संबंधी प्रशासनिक आंकड़ों पर आधारित है। महाराष्ट्र के जनजातीय जिले सहित देश में स्वास्थ्य अवसंरचना की

उपलब्धता और कमियों का राज्य/संघ राज्य क्षेत्र-वार विवरण, एचडीआई 2022-23 के निम्नलिखित लिंक पर देखा जा सकता 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)

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) महाराष्ट्र सहित पूरे देश में स्वास्थ्य अवसंरचना, स्वास्थ्य सुविधाकेंद्रों में मानव संसाधन, गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुंच में सुधार के लिए सहायता प्रदान करता है। एनएचएम के अंतर्गत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए राज्यों/ संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान की जाती है। मानकों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान की जाती है।

भारत सरकार महाराष्ट्र सहित ग्रामीण और दूरदराज के क्षेत्रों में सेवा प्रदायगी को बेहतर बनाने के लिए चिकित्सा पेशेवरों को प्रोत्साहन और मानदेय प्रदान करती है। एनएचएम के तहत, विशेषज्ञ डॉक्टरों के लिए कठिन क्षेत्र भत्ता, राज्यों को "आप कोट करें, हम भुगतान करेंगे" सहित बातचीत योग्य वेतन की पेशकश करने की सुविधा, स्नातकोत्तर पाठ्यक्रमों में तरजीही प्रवेश जैसे गैर-मौद्रिक प्रोत्साहन और व्यापक आपातकालीन प्रसूति एवं नवजात शिशु परिचर्या (सीईएमओएनसी) और जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) में प्रशिक्षण के माध्यम से डॉक्टरों के बहु-कौशल विकास जैसे उपायों का समर्थन किया जाता है ताकि इन क्षेत्रों में विशेषज्ञों की कमी को दूर किया जा सके।

पिछले तीन वर्षों के दौरान प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) और एनएचएम के तहत महाराष्ट्र राज्य के लिए केंद्रीय निर्गत का ब्यौरा संलग्न विवरण में दिया गया है।

स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से सहबद्ध नए चिकित्सा महाविद्यालयों की स्थापना' के लिए एक केंद्रीय प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी चिकित्सा महाविद्यालय नहीं है। केंद्र और राज्य सरकारों के बीच निधि बंटवारे की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों हेतु 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, महाराष्ट्र के गोंदिया और नंदूबार जिलों में 2 चिकित्सा महाविद्यालयों सहित देश भर में परिकल्पित सभी 157 सरकारी चिकित्सा महाविद्यालयों को तीन चरणों में पहले ही मंजूरी दे दी गई है और महाराष्ट्र में 11 चिकित्सा महाविद्यालयों के उन्नयन को अनुमोदन प्रदान किया गया।

विवरण

वित्तीय वर्ष 2022-23 से वित्तीय वर्ष 2024-25 तक प्रधानमंत्री-अभिम और राष्ट्रीय स्वास्थ्य मिशन के तहत केंद्र सरकार द्वारा महाराष्ट्र के लिए केंद्रीय निर्गत: (करोड़ रु. में)

वित्तीय वर्ष	निर्गत - पीएम-एबीएचआईएम	निर्गत - एनएचएम
2022-23	4.07	2187.13
2023-24	31.76	2729.30
2024-25	65.48	2417.95

नोट: उपरोक्त निर्गत केंद्र सरकार द्वारा दिए गए अनुदानों से संबंधित हैं और इनमें राज्य सरकार का अंशदान शामिल नहीं है।

एनएमसी द्वारा खोले गए मेडिकल कॉलेज

5703. श्री कौशलेन्द्र कुमार:

श्री रामप्रीत मंडल:

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

- (क) गत पांच वर्षों के दौरान राष्ट्रीय आयुर्विज्ञान आयोग द्वारा राज्य/संघ राज्यक्षेत्र-वार कितने चिकित्सा महाविद्यालयों को खोलने की अनुमति दी गई है;
- (ख) गत पाँच वर्षों के दौरान राष्ट्रीय आयुर्विज्ञान आयोग को नए चिकित्सा महाविद्यालय खोलने हेतु प्राप्त आवेदनों की संख्या का राज्य/केंद्र शासित प्रदेश-वार तथा वर्ष-वार ब्यौरा क्या है;
- (ग) क्या राष्ट्रीय आयुर्विज्ञान आयोग देश में निजी आवेदकों को भी डीम्ड चिकित्सा महाविद्यालय स्थापित करने की अनुमति प्रदान करता है; और
- (घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख) : राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, पिछले पांच वर्षों के दौरान एनएमसी द्वारा नए मेडिकल कॉलेजों की स्थापना के लिए प्राप्त और स्वीकृत आवेदनों की कुल संख्या निम्नानुसार है:

क्र.सं.	शैक्षणिक वर्ष	प्राप्त आवेदनों की संख्या	अनुमोदित कॉलेजों की संख्या
1	2021-22	82	48
2	2022-23	83	46
3	2023-24	86	54
4	2024-25	112	74

5	2025-26	80	43

पिछले पांच वर्षों के लिए राज्य/संघ राज्य क्षेत्रवार मेडिकल कॉलेजों की कुल संख्या संलग्न **विवरण** में दी गई है।

(ग) और (घ) : नव चिकित्सा संस्थानों की स्थापना, नव चिकित्सा पाठ्यक्रमों की शुरुआत, मौजूदा पाठ्यक्रमों में सीटों की वृद्धि एवं मूल्यांकन एवं रेटिंग विनियम, 2023 के अध्याय-II की धारा 4 के अनुसार, “कोई भी मेडिकल कॉलेज या आयुर्विज्ञान संस्थान स्थापित नहीं किया जा सकता है, न ही कोई नया चिकित्सा पाठ्यक्रम शुरू किया जा सकता है, जब तक कि इस संबंध में प्रस्तुत आवेदन के उत्तर में चिकित्सा मूल्यांकन एवं रेटिंग बोर्ड (एमएआरबी) द्वारा लिखित में अनुमति न दी जाए।”

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पिछले पांच वर्षों में राज्य/संघ राज्य क्षेत्रवार स्नातक (यूजी) मेडिकल कॉलेजों की कुल संख्या

क्र. सं.	राज्य/संघ राज्य क्षेत्र का नाम	शैक्षणिक वर्ष				
		2021-22	2022-23	2023-24	2024-25	2025-26
1	अंडमान और निकोबार द्वीप	01	01	01	01	01
2	आंध्र प्रदेश	31	32	37	38	39
3	अरुणाचल प्रदेश	01	01	01	01	01
4	असम	08	10	13	14	16
5	बिहार	20	20	21	22	25
6	चंडीगढ़	1	01	01	01	01
7	छत्तीसगढ़	12	14	14	17	16
8	दादरा एवं नगर हवेली	1	01	01	01	01

9	दिल्ली	10	10	10	10	11
10	गोवा	1	01	01	01	01
11	गुजरात	30	36	40	41	43
12	हरियाणा	12	13	15	15	17
13	हिमाचल प्रदेश	7	08	08	08	08
14	जम्मू एवं कश्मीर	9	10	12	12	12
15	झारखंड	9	09	09	09	10
16	कर्नाटक	63	67	70	73	72
17	केरल	31	33	33	34	36
18	मध्य प्रदेश	25	25	27	31	35
19	महाराष्ट्र	62	63	68	80	85
20	मणिपुर	03	04	04	04	04
21	मेघालय	01	01	01	02	03
22	मिजोरम	01	01	01	01	01
23	नागालैंड	00	00	01	01	01
24	उड़ीसा	13	15	17	19	21
25	पुदुचेरी	09	09	09	09	09
26	पंजाब	11	12	12	13	13
27	राजस्थान	26	30	35	43	49
28	सिक्किम	01	01	01	01	01
29	तमिलनाडु	69	71	74	77	78

30	तेलंगाना	34	43	56	65	66
31	त्रिपुरा	02	02	02	03	03
32	उत्तर प्रदेश	67	67	68	86	88
33	उत्तराखंड	08	08	08	10	10
34	पश्चिम बंगाल	27	33	35	37	41

डॉक्टरों की कमी को दूर करने के लिए विशेष भर्ती अभियान

5704. श्री राम शिरोमणि वर्मा:

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

- (क) क्या सरकार का इन जिलों में चिकित्सकों तथा स्वास्थ्यकर्मियों की कमी को दूर करने के लिए कोई विशेष भर्ती अभियान चलाने का प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार की इन क्षेत्रों में स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए नए अस्पताल स्थापित करने अथवा मौजूदा अस्पतालों को उन्नत करने की कोई योजना है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और
- (ग) 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 (ग) : स्वास्थ्य राज्य से संबंधित विषय है। स्वास्थ्य मानव संसाधन से संबंधित सभी प्रशासनिक और कार्मिक मामले संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आते हैं। स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को स्वास्थ्य के लिए मानव संसाधन (एचआरएच) और स्वास्थ्य देखभाल अवसंरचना के सुदृढीकरण

सहित उनकी स्वास्थ्य प्रणाली को मजबूत करने के लिए उनके कार्यक्रम कार्यान्वयन योजना (पीआईपी) में प्राप्त प्रस्तावों के आधार पर उनके समग्र संसाधन के दायरे में वित्तीय और तकनीकी सहायता प्रदान करता है। इसकी विस्तृत जानकारी नीचे दिए गए लिंक पर उपलब्ध है :

<https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744>

एनएचएम के अंतर्गत डॉक्टरों और स्वास्थ्य परिचर्या कर्मियों की कमी के प्रभाव को कम करने के लिए, देश के ग्रामीण और दूरदराज के क्षेत्रों में कार्य करने के लिए डॉक्टरों और स्वास्थ्यकर्मियों को प्रोत्साहित करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा देने के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता तथा उनके आवासीय क्वार्टरों के लिए भत्ता, ताकि उन्हें ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केन्द्रों में सेवा देना आकर्षक लगे।
- ग्रामीण और दूरस्थ क्षेत्रों में सिजेरियन सेक्शन करने हेतु प्रशिक्षित स्त्री रोग विशेषज्ञों / आपातकालीन प्रसूति देखभाल (ईएमओसी), प्रशिक्षित बाल रोग विशेषज्ञों और एनेस्थेतिस्ट / जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) प्रशिक्षित डॉक्टरों को मानदेय भी प्रदान किया जाता है।
- डॉक्टरों के लिए विशेष प्रोत्साहन, समय पर प्रसव-पूर्व जांच (एएनसी) जांच और रिकॉर्डिंग सुनिश्चित करने के लिए सहायक नर्स और मिडवाइफ (एएनएम) के लिए जैसे प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य संबंधी कार्यकलापों को सम्पन्न कराने के लिए प्रोत्साहन प्रदान की जाती हैं।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए परस्पर सहमति से निर्धारित वेतन की पेशकश करने की भी अनुमति है, जिसमें "यू कॉट वी पे" जैसी कार्यनीतियों में लचीलापन(फ्लेक्सिबिलिटी) भी शामिल है।

- एनएचएम के अंतर्गत गैर-मौद्रिक प्रोत्साहन जैसे कि दुर्गम क्षेत्रों में कार्यरत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में अधिमन्य प्रवेश तथा ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार भी शुरू किया गया है।
- विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत डॉक्टरों के बहु-कौशल विकास हेतु सहायता प्रदान की है। एनआरएचएम के तहत स्वास्थ्य संबंधी परिणामों में सुधार लाने के लिए मौजूदा मानव संसाधन का कौशल उन्नयन करना एक अन्य प्रमुख कार्यनीति है।

राष्ट्रीय स्वास्थ्य मिशन के अतिरिक्त, भारत सरकार ने देश के स्वास्थ्य सेवा अवसंरचना को मजबूत करने के लिए निम्नलिखित निधियां आवंटित की हैं:

वर्ष 2021 में शुरू किए गए प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम), जिसका वित्तीय वर्ष 2021-22 से वित्तीय वर्ष 2025-26 के लिए 64,180 करोड़ रुपये का परिव्यय है, का उद्देश्य ग्रामीण और शहरी क्षेत्रों में प्राथमिक स्वास्थ्य देखभाल, निदान, निगरानी और गहन देखभाल सेवाओं में मौजूद महत्वपूर्ण कमियों को दूर करना है। इसका लक्ष्य प्राथमिक, माध्यमिक और विशिष्ट स्तर पर निर्बाध परिचर्या प्रदान करना तथा स्वास्थ्य प्रणालियों को महामारियों और आपदाओं का प्रभावी रूप से सामना करने के लिए तैयार करना है।

- **15वां वित्त आयोग (एफसी-XV):** पंद्रहवें वित्त आयोग (एफसी-XV) ने ग्रामीण क्षेत्रों में स्वास्थ्य सेवा अवसंरचना को मजबूत करने के लिए स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से 70,051 करोड़ रुपये के अनुदान की सिफारिश की है।
- **प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई):** इसका उद्देश्य किफायती विशिष्ट स्वास्थ्य सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को दूर करना और देश में गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधाओं का संवर्धन करना है। इस योजना के दो घटक हैं, नामतः (i) अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना; और (ii) मौजूदा सरकारी

मेडिकल कॉलेजों/संस्थानों (जीएमसीआई) का उन्नयन। अब तक इस योजना के तहत विभिन्न चरणों के अंतर्गत 22 नए एम्स की स्थापना और जीएमसीआई के उन्नयन की 75 परियोजनाओं को मंजूरी दी गई है।

- '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।

महिलाओं और बच्चों के लिए पौष्टिक भोजन

5705. श्री धर्मेन्द्र यादव:

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

- (क) क्या पिछले पांच वर्षों के दौरान पोषण अभियान, आंगनवाड़ी सेवाएं, सक्षम आंगनवाड़ी और पोषण 2.0 जैसी योजनाओं पर व्यय के बावजूद देश में बच्चों में कुपोषण, एनीमिया और बौनेपन/दुबलेपन की समस्याएँ गंभीर बनी हुई हैं।
- (ख) यदि हां, तो गत पांच वर्षों के दौरान कुपोषित, एनीमिया और गंभीर रूप से कुपोषित (एसएएम) बच्चों की राज्य-वार संख्या कितनी है;
- (ग) क्या कई राज्यों में आंगनवाड़ी केन्द्रों पर पोषण आहार की घटिया गुणवत्ता, अनियमित आपूर्ति तथा बुनियादी ढांचे की भारी कमी संबंधी शिकायतें प्राप्त हुई हैं;
- (घ) यदि हां, तो इसके लिए जिम्मेदार अधिकारियों के विरुद्ध की गई-कार्रवाई का ब्यौरा क्या है; और
- (ङ) क्या सरकार द्वारा यह सुनिश्चित करने के लिए कोई समय-सीमा निर्धारित की गई है कि देश में सभी बच्चों एवं महिलाओं को गुणवत्तापूर्ण पोषण, आंगनवाड़ी सेवाएँ तथा स्वास्थ्य सुविधाएँ वास्तविक रूप से उपलब्ध हों और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ड) : पोषण का अर्थ केवल भोजन करना ही नहीं है; इसके लिए पोषक तत्वों का उचित पाचन, अवशोषण और चयापचय आवश्यक है। यह प्रक्रिया स्वच्छता, शिक्षा और सुरक्षित पेयजल की उपलब्धता जैसे कारकों से प्रभावित होती है। कुपोषण से निपटने के लिए भोजन, स्वास्थ्य, पानी, स्वच्छता और शिक्षा जैसे आयामों को शामिल करते हुए एक बहुक्षेत्रीय दृष्टिकोण की आवश्यकता होती है, इसलिए कुपोषण के मुद्दे का प्रभावी ढंग से और समन्वित तरीके से समाधान करना महत्वपूर्ण है। इस समस्या का समाधान मिशन पोषण 2.0 के तहत, 18 से अधिक मंत्रालयों/विभागों के बीच व्यापक (क्रॉस कटिंग) समन्वय स्थापित करके किया जा रहा है। स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा आयोजित राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण (एनएफएचएस) के विभिन्न चरणों में पूरे भारत में बच्चों में कुपोषण के संकेतकों में सुधार देखा गया है। पोषण ट्रैकर के आंकड़ों से भी कुपोषण के संकेतकों में सुधार दिखाई देता है। बच्चों में कुपोषण और आंगनवाड़ी केंद्रों में अवसंरचना से संबंधित राज्यवार आंकड़े पोषण ट्रैकर के पब्लिक डैशबोर्ड <https://www.poshantracker.in/statistics> पर उपलब्ध हैं।

इसके अतिरिक्त, एनएफएचएस-5 (2019-21) के अनुसार, 6 से 59 महीने की आयु के बच्चों में एनीमिया से ग्रस्त बच्चों का प्रतिशत 67.1 है। राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण-5 के अनुसार 5 वर्ष से कम आयु के बच्चों में एनीमिया की व्याप्तता का ब्यौरा संलग्न **विवरण** में दिया गया है।

मिशन पोषण 2.0, महिला एवं बाल विकास मंत्रालय के अंतर्गत एक केंद्र प्रायोजित योजना है, जिसमें विभिन्न गतिविधियों के कार्यान्वयन की जिम्मेदारी राज्यों और संघ राज्य क्षेत्रों पर है। मंत्रालय ने दिनांक 13.01.2021 को सभी राज्यों और संघ राज्य क्षेत्रों को दिशानिर्देश जारी किए हैं ताकि पूरक पोषण की प्रदायगी में पारदर्शिता, दक्षता और जवाबदेही के लिए गुणवत्ता आश्वासन, कर्तव्य धारकों की भूमिकाएं और जिम्मेदारियां, खरीद की प्रक्रिया, आयुष अवधारणाओं का एकीकरण और "पोषण ट्रैकर" के माध्यम से आंकड़ों के प्रबंधन और निगरानी जैसे कई पहलुओं को सुव्यवस्थित किया जा सके। जिला पोषण समिति का गठन जिला मजिस्ट्रेट/कलेक्टर की अध्यक्षता में किया गया है, जिसमें प्रमाणित पोषण विशेषज्ञ, सदस्य के रूप में शामिल हैं। इसका कार्य प्रत्येक माह प्रगति की समीक्षा करना है।

विवरण

एनएफएचएस-5 (2019-21) के अंतर्गत देश भर में लाभार्थियों के बीच एनीमिया की राज्य और संघ

राज्य क्षेत्र-वार व्याप्तता:

क्र. सं.	राज्य और संघ राज्य क्षेत्र	एनीमिया से ग्रस्त बच्चे (6-59 महीने) (%)
1	आंध्र प्रदेश	63.2
2	अंडमान एवं निकोबार द्वीप समूह	40.0
3	अरुणाचल प्रदेश	56.6
4	असम	68.4
5	बिहार	69.4
6	चंडीगढ़	54.6
7	छत्तीसगढ़	67.2
8	दादरा और नगर हवेली तथा दमन और दीव	75.8
9	गोवा	53.2
10	गुजरात	79.7
11	हरियाणा	70.4
12	हिमाचल प्रदेश	55.4
13	जम्मू एवं कश्मीर	72.7
14	झारखंड	67.5
15	कर्नाटक	65.5
16	केरल	39.4
17	लद्दाख	92.5
18	लक्षद्वीप	43.1
19	मध्य प्रदेश	72.7
20	महाराष्ट्र	68.9
21	मणिपुर	42.8
22	मेघालय	45.1
23	मिजोरम	46.4
24	नागालैंड	42.7
25	संघ राज्य क्षेत्र दिल्ली	69.2
26	ओडिशा	64.2
27	पुदुच्चेरी	64.0
28	पंजाब	71.1

29	राजस्थान	71.5
30	सिक्किम	56.4
31	तमिलनाडु	57.4
32	तेलंगाना	70.0
33	त्रिपुरा	64.3
34	उत्तर प्रदेश	66.4
35	उत्तराखंड	58.8
36	पश्चिम बंगाल	69.0

AYUSH PRACTITIONERS IN TELANGANA

5706. DR. MALLU RAVI:

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

- (a) whether the Government monitors legal challenges faced by AYUSH practitioners in the State of Telangana including Nagarkurnool, following High Court judgments, if so, the details thereof;
- (b) the number of such cases registered and resolved during the last three years;
- (c) whether the Government has issued clear guidelines on scope of practice to prevent harassment of practitioners, if so, the details thereof;
- (d) the steps proposed by the Government to ensure that practitioners in Scheduled Caste and Scheduled Tribes dominated areas can safely deliver services; and
- (e) whether a central grievance redressal mechanism for AYUSH providers is operational 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) : Health being a State subject, matters relating to regulation of medical practice and its enforcement, including those arising out of judicial pronouncements of Hon'ble High Courts, fall within the domain of the respective State/UT Governments. The National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020 provide a statutory provision for regulation of practitioners of Indian System of Medicine and Homoeopathy, respectively. These Acts, inter alia, provide for maintenance of a National Register of all licensed practitioners, regulation of professional conduct and promotion of medical ethics, coordination with State Medical Councils, and exercise of appellate jurisdiction through the respective Boards of Ethics and Registration.

(c) : The Government has Notified the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020 for Indian System of Medicine and Homoeopathy respectively, wherein, provision to regulate education, registration, and professional practice of practitioners have been stipulated. In this regard, Section 32 provides for maintenance of the National and State Register of licensed practitioners, ensuring that only duly qualified and registered practitioners are entitled to practice. Section 27 empowers the framing of regulations relating to professional conduct, code of ethics, and standards of

practice. Accordingly, regulation namely, the National Commission for Indian System of Medicine (Ethics and Registration) Regulations, 2023 and the National Commission for Homoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulations, 2022 have been notified by the NCISM and NCH respectively.

(d) : The statutory provision under the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020 ensures regulation and protection of duly registered practitioners including the Scheduled Caste and Scheduled Tribes dominated areas.

(e) : A statutory mechanism exists under the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020. Section 31 of the NCISM Act, 2020 and NCH Act, 2020 provides for regulation of professional or ethical misconduct, under which the State Medical Council and Board of Ethics and Registration, where State Medical Council is not established, are empowered to consider matters relating to professional misconduct and grievances of practitioners. In addition, grievances can be addressed through existing platforms such as the Centralized Public Grievance Redress and Monitoring System (CPGRAM) and through concerned State/UT authorities and respective Commissions.

LOW UTILISATION OF AB-PMJAY IN BIDAR

5707. SHRI SAGAR ESHWAR KHANDRE:

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

- (a) whether the Government is aware of the low utilisation of Ayushman Bharat–PMJAY in Bidar district, Karnataka, if so, the details thereof;
- (b) whether any assessment has been conducted by the Government regarding awareness, card activation and beneficiary outreach, if so, the details thereof;
- (c) whether the issue of limited empanelment of private hospitals has been examined and if so, the steps taken by the Government to expand it;
- (d) whether complaints of denial of services or overcharging have been received, if so, the action taken by the Government thereon; and
- (e) the measures taken by the Government to strengthen monitoring, grievance redressal and last-mile delivery of cashless healthcare in Bidar?

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

(a) to (e) : National Health Authority (NHA) along with State Health Agencies, has taken several measures to increase Ayushman card saturation. In this regard, NHA implemented “Aapke Dwar Ayushman”, a mission-mode campaign that mobilized an on-ground taskforce consisting of frontline workers, and agents from service providers such as Common Service Centres to undertake door-to-door visits to mobilize beneficiaries and assist them in creating Ayushman cards.

The Beneficiary Identification System (BIS-2.0) allows self-verification thereby eliminating unnecessary intermediaries. Ayushman Mobile Application

enables on-the-go beneficiary verification and card creation using face-auth technology.

The scheme has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries. This includes advertisement over various media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials etc.

As on 28.02.2026, a total of 1.90 crore Ayushman cards have been created in Karnataka that includes 4.57 lakh Ayushman cards created in Bidar district.

Further, the utilization of the scheme in Bidar district has been progressively increasing year on year. The details of hospitalisation in the district are reflected in the table below:

Financial Year	Number of hospital admissions authorized	Authorized amount (in crore of rupees)
2021-2022	29,559	23.25
2022-2023	40,627	29.75
2023-2024	56,306	34.94
2024-2025	62,465	39.78

Under the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the empanelment of private hospitals is entirely voluntary. However, the number of private hospitals empanelment has been progressively increasing year on year, as reflected in the table below:

Financial Year	Number of private hospitals empanelled
2021-22	7,512
2022-23	9,103
2023-24	12,018
2024-25	14,496
2025-26 (As on 24.03.2026)	16,499

NHA continuously monitors utilization patterns under the scheme and actively encourages the participation of private healthcare providers. Under the scheme, a hospital-specific toll-free helpline number 14413 has been set-up to address the concerns of hospitals on a real-time basis including concerns related to empanelment.

As per the empanelment guidelines under AB-PMJAY, empanelled hospitals cannot deny treatment to eligible beneficiaries. In cases of any irregularities in availing treatment or denial of treatment by an empanelled hospital, beneficiaries can register their grievances through the Centralized Grievance Redressal Management System or the 24×7 toll-free helpline number 14555.

Under AB-PMJAY, such grievances are monitored through a three-tier grievance redressal mechanism at the District, State, and National level. At each

level, designated nodal officers and Grievance Redressal Committees are in place to examine and resolve the grievances.

OPERATIONAL NATIONAL WATERWAYS

5708. SHRI G. KUMAR NAIK:

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

- (a) the number of Waterways declared as National Waterways so far and the number of those currently operational along with the details of its length, location and the year in which operations commenced, State-wise and year-wise;
- (b) the reasons for the gap between the number of declared waterways and those that are operational; and
- (c) the details of the plan of the Government to develop twenty new waterway corridors during the next five years, including the proposed routes, estimated costs, implementation timelines and funding mechanisms?

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

(a) and (b) : A total of 111 waterways have been declared as National Waterways (NWs) under the National Waterways Act, 2016. Based on Feasibility Study Reports / Detailed Project Reports, 32 NWs have been made operational for cargo/passenger movement. State-wise and year-wise details of operational NWs with length are given in the enclosed **Statement-I**.

(c) : Details of 20 NWs which will be made operational within next 5 years are given in the enclosed **Statement-II**. Estimated cost for their operationalisation is being finalised based on the infrastructure proposed on these NWs in consultation with the stakeholders/ respective States and the expenditure shall be met from the budgetary support.

STATEMENT-I

State-wise and year-wise details of operational NWs with length

Operational NWs in 2013-14				
Sl. No.	NW No.	Name of NW	Operational Length (in km)	State / UT
1	NW-1	Ganga-Bhagirathi-Hooghly River System (Allahabad – Haldia)	1,620	Uttar Pradesh, Bihar, Jharkhand, West Bengal
2	NW-2	Brahmaputra River (Sadiya-Dhubri)	891	Assam
3	NW-3	West Coast Canal	205	Kerala
NWs made operational in 2016-17				
4	NW-10	Amba River	45	Maharashtra
5	NW-83	Rajpuri Creek	31	Maharashtra
6	NW-85	Revadanda Creek-Kundalika River System	31	Maharashtra
7	NW-91	Shastri River - Jaigad Creek System	48	Maharashtra
8	NW-68	Mandovi River	41	Goa
9	NW-111	Zuari River	50	Goa
NWs made operational in 2017-18				
10	NW-73	Narmada River	226	Gujarat

11	NW-100	Tapi River	436	Gujarat
NWs made operational in 2018-19				
12	NW-4	Krishna Godavari River Systems	82	Andhra Pradesh
13	NW-97	Sunderbans Waterway	172	West Bengal
NWs made operational in 2019-20				
14	NW-16	Barak River	121	Assam
15	NW-44	Ichamati River	63	West Bengal
16	NW-94	Sone River	141	Bihar
NWs made operational in 2020-21				
17	NW-86	Rupnarayan River	72	West Bengal
NWs made operational in 2021-22				
18	NW-5	East Coast Canal and Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers	233	Odisha
19	NW-64	Mahanadi River	98	Odisha
NWs made operational in 2022-23				
20	NW-23	BudhaBalanga	56	Odisha
21	NW-8	Alappuzha-Changanassery Canal	29	Kerala
22	NW-9	Alappuzha-Kottayam – Athirampuzha Canal	40	Kerala
23	NW-14	Baitarni River	48	Odisha
24	NW-31	Dhansiri/Chathe	114	Assam
NWs made operational in 2024-25				
25	NW-48	Jawai-Luni-Rann Of Kutch River	34	Gujarat
26	NW-53	(Kalyan-Thane-Mumbai Waterway,	68	Maharashtra

		Vasai Creek and Ulhas River)		
NWs made operational in 2025-26				
27	NW-27	Cumberjua River	17	Goa
28	NW-47	Jalangi River	84	West Bengal
29	NW-87	Sabarmati River	34	Gujarat
30	NW-57	Kopili River	6	Assam
31	NW-110	Yamuna River	7	Uttar Pradesh
32	NW-40	Ghaghra River	12	Uttar Pradesh

STATEMENT -II

Details of 20 NWs which will be made operational within next 5 year

Sl. No.	National Waterway (Length)	State/U.T.	Year of operationalization
1	NW-49 : Jhelum River (110 km)	Jammu & Kashmir	2026-27
2	NW-26: Chenab River (51 km)	Jammu & Kashmir	
3	NW-84: Ravi River (44 km)	Jammu & Kashmir, Himachal Pradesh & Punjab	
4	NW 51: Kabini River (23.17 km)	Karnataka	
5	NW 90: Sharavati River (28.67 km)	Karnataka	
6	NW-14: Baitarni River (48 km)	Odisha	
7	NW-25: Chapora River (33 km)	Goa	2027-30
8	NW-88: Sal River (14.05 km)	Goa	
9	NW-4 Extension- Krishna River (636 km)	Telangana & Andhra Pradesh	
10	NW-76: Panchagangavali River (23 km)	Karnataka	
11	NW-22: Birupa–Badi–Genguti– Brahmani System (155 km)	Odisha	

12	NW-23: BudhaBalanga River (55.89 km)	Odisha	
13	NW-96: Subarnarekha River (311 km)	Jharkhand, West Bengal & Odisha	
14	NW-20: Bhawani River (95 km)	Tamil Nadu	
15	NW-89: Savitri River & Bankot Creek (45.57 km)	Maharashtra	
16	NW-13: AVM Canal (11.3 km)	Keralam & Tamil Nadu	
17	NW-59: Kottayam–Vaikom Canal (18.8 km)	Keralam	
18	NW-28: Dabhol Creek–Vashishti River (45 km)	Maharashtra	
19	NW-41: Ghataprabha River (111.76 km)	Karnataka	
20	NW-5: Brahmani River- Kharsua & Mahanadi Delta rivers System (332 km)	Odisha	2030-31

CULTIVATION OF MEDICINAL PLANTS IN WESTERN GHATS

5709. SHRI YADUVEER WADIYAR:

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

- (a) the measures taken by the Government to promote the cultivation of medicinal plants in the Western Ghats region including support for nurseries, quality planting material and capacity building of farmers and traditional collectors;
- (b) whether any districts in Karnataka including Mysuru and Kodagu have been identified under the National AYUSH Mission for medicinal plant development and if so, the details thereof;

- (c) the financial assistance and incentives provided to farmers and forest-fringe communities in the Western Ghats for cultivation and sustainable harvesting of medicinal plants during the last three years;
- (d) the steps taken by the Government to provide assured market linkages, including buy-back arrangements, Farmer Producer Organisations (FPOs) support, processing infrastructure and integration with AYUSH industry supply chains; and
- (e) the safeguards adopted to ensure that medicinal plant cultivation and collection in ecologically sensitive areas are undertaken in a sustainable and biodiversity-friendly manner?

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

(a) : The National Medicinal Plants Board (NMPB), Ministry of Ayush is implementing “Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants” throughout the country including Western Ghats region. Under the scheme, the project-based support is provided for following activities:

- i. *In-situ* conservation through development of Medicinal Plants Conservation and Development Areas (MPCDAs).
- ii. *In-situ/Ex-situ* resource augmentation.
- iii. *Ex-situ* conservation through establishment of herbal gardens.

- iv. Livelihood linkages with Joint Forest Management Committees / Panchayats / Van Panchayats / Biodiversity Management Committees / Self Help Groups.
- v. IEC activities like Training / workshops / Seminars/ Conferences etc.
- vi. Research & Development.
- vii. Marketing.
- viii. Forward and backward linkage in supply chain of medicinal plants wherein following activities are being supported:
 - Infrastructure for Quality Planting Material to raise the planting material of medicinal plants for cultivation.
 - Information Education Communication (IEC) activities to aware the farmers.
 - Infrastructure for Post-Harvest Management and Marketing to increase the marketability of the medicinal plants, adding value to the produce, increasing profitability and reducing losses.
 - Quality Testing and Certification of raw material.

Till date, NMPB has approved total 15 projects under Forward and Backward Linkages in supply chain of Medicinal Plants (Integrated Component) of Central Sector Scheme from the Financial Year 2023 -24. NMPB has supported 138 projects to organise the training program/seminars/workshops for promotion of medicinal plants throughout the country from the Financial Year 2020-21 to 2024-

25. Besides this, NMPB, Ministry of Ayush, through its Regional cum Facilitation Centre (RCFC) has conducted awareness & training programs for the promotion and growth of medicinal plants in the country. The activities supported under the aforesaid scheme are not specific to any particular State or Region, rather based on the proposals received throughout the country.

(b) : 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 Karnataka. 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.

Ministry of Ayush had supported 3926 hectare area for cultivation of 13 species such as Senna (*Cassia angustifolia*), Amla (*Emblica officinalis*), Madhukari (*Stevia rebaudiana*), Vach (*Acorus calamus*), Konch (*Mucunna Prurita*), Shwet Musali (*Chlorophytum borivillianum*), Agarwood (*Aquilaria agallocha*), Kalihari

(*Gloriosa superba*), Ashoka (*Saraca asoca*), Pippali (*Piper longum*), Kokum (*Garcinia indica*), Pawad (*Tephrosia purpurea*), Shatavari (*Asparagus racemosus*), establishment of nursery, post-harvest management units and processing unit in Karnataka under medicinal plants component of National Ayush Mission (NAM) scheme from the financial year 2015-16 to 2020-21. The details are given in the enclosed **Statement**.

Besides this, NMPB through its RCFC has identified a farmers' cluster in Kodagu district to produce quality planting materials (QPMs) of *Piper longum* (long pepper), *Ocimum tenuiflorum* (Tulsi), *Canarium strictum* (Dhupa) and *Saraca asoca* (Ashoka).

(c) : NMPB has approved a project entitled "Forward and backward linkage in the supply chain of medicinal plants in Karnataka (Integrated component)" to Karnataka State Medicinal Plants Authority (KaMPA) for an amount of Rs. 120.00 lakh during the F.Y. 2024-25 under Forward and Backward Linkages in the Supply Chain of Medicinal Plants to raise the Quality planting material for distribution to the farmers for medicinal plants cultivation and establishment of infrastructure for Post-Harvest Management and Marketing.

Beside this, NMPB, Ministry of Ayush, through its RCFCs provides Quality Planting Material (QPM), impart training programs on Good Agriculture Practices (GAPs), Good Field Collection Practices (GFCPs), Post- Harvest Management (PHM) to promote the cultivation of medicinal plants in the Western Ghats region. RCFC (Southern Region) has supported 19,43,410 Quality planting Materials

(QPMs) of 54 medicinal plant species for distribution to the medicinal plants growers in Karnataka.

(d) : To provide a platform for trade of Medicinal Plants & easy market access, NMPB has launched “e-CHARAK” mobile application as well as web portal for the promotion and marketing of medicinal plants/herbs. The “e-CHARAK” is a platform to enable information exchange between various stakeholders mainly farmers involved in the medicinal plants sector across the country. The “e-CHARAK” application supports different local languages and it also provides fortnightly market price of 100 MPs from 25 herbal markets across India. To provide market linkage to the farmers/involved in cultivation/collection of medicinal plants, the detailed requirements from major companies (along with contact details of person from purchase dept.) are shared with all state Implementing Agencies and RCFCs supporting cultivation of Medicinal Plants. NMPB, through its RCFCs also provides facilitation for market linkage, buyer sellers meet including buy back arrangement for farmer / growers of medicinal plants.

As per the information received from Directorate of Marketing and Inspection (DMI), the Government has undertaken several measures to provide assured market linkages to farmers, including buy-back arrangements. These include promotion and strengthening of Farmer Producer Organisations (FPOs) to enhance collective bargaining power and facilitate direct market access. Support is also being extended for development of post-harvest and processing infrastructure under various schemes. Further, efforts are being made to grow high value crops

including Medicinal and Aromatic crops by FPOs/Farmers with Linkage/ integration of organized supply chains. In addition, Initiatives such as market reforms, e-trading platforms, and facilitation of contract farming are also being promoted to ensure better price realization and market access for farmers.

(e) : NMPB has adopted a multi-pronged approach to ensure that medicinal plant cultivation and collection in ecologically sensitive areas remain sustainable and biodiversity-friendly. Key safeguards include promoting cultivation over wild collection, sustainable harvesting guidelines, establishing herbal gardens and supporting community-based conservation initiatives.

1. Encouraged the farmers for cultivation of medicinal plants instead of relying on wild collection, reducing pressure on forests.
2. Published booklets and manuals on sustainable harvesting methods to prevent overexploitation along with the training programs for collectors and local communities on non-destructive harvesting techniques (e.g., selective pruning, seasonal collection).
3. Community and Institutional Involvement-Works with local communities, Village Forest Committee (VFC), Biodiversity Management Committee (BMC) members, Non-Government Organisations (NGOs) and forest departments to integrate conservation with livelihoods.
4. Establishment of Herbal Gardens.

STATEMENT

The details of activities supported in Karnataka under Medicinal Plants Component of “National Ayush Mission” (NAM) Scheme, Ministry of Ayush from the F.Y. 2015-16 to 2020-21:

No.	Activities supported	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	TOTAL
1	Cultivation of Medicinal Plants (Area in hectare)	529	706	769	469	353	1100	3926
2	Establishment of Nursery	-	-	-	-	1	-	1
3	Post-harvest Management	7	-	-	2	4	1	14
4	Processing Unit	-	-	1	-	-	-	1

नए मेडिकल और नर्सिंग कॉलेजों की स्थापना

5710. डॉ. शिवाजी बंडाप्पा कालगे:

श्री ज्ञानेश्वर पाटील:

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

(क) क्या महाराष्ट्र और मध्य प्रदेश में केंद्र सरकार की सहायता से नए चिकित्सा महाविद्यालय अथवा नर्सिंग महाविद्यालय स्थापित किए जा रहे हैं;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और क्या महाराष्ट्र और मध्य प्रदेश के सभी जिलों को आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) के अंतर्गत शामिल किया गया है;

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

(घ) क्या सरकार द्वारा इन राज्यों में मातृ एवं शिशु स्वास्थ्य सेवाओं में सुधार के लिए कोई नई पहल शुरू की गई है;

(ङ.) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(च) इन राज्यों के ग्रामीण क्षेत्रों में स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं?

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

(क) से (च) : स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से सहबद्ध नए चिकित्सा महाविद्यालयों की स्थापना' के लिए एक केंद्रीय प्रायोजित योजना (सीएसएस) का संचालन करता है, जिसमें उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी चिकित्सा महाविद्यालय नहीं है। केंद्र और राज्य सरकारों के बीच निधि बंटवारे की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों हेतु 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, मध्य प्रदेश में चौदह (14) महाविद्यालयों और महाराष्ट्र में दो (02) चिकित्सा महाविद्यालयों सहित देश भर में 157 सरकारी चिकित्सा महाविद्यालयों के लिए मंजूरी दी गई है।

इसके अतिरिक्त, यह मंत्रालय 157 नए नर्सिंग कॉलेज स्थापित करने के लिए "नर्सिंग शिक्षा को बढ़ावा देना-चिकित्सा महाविद्यालयों के साथ-साथ नए नर्सिंग कॉलेजों (सीओएन) की स्थापना" हेतु एक सीएसएस भी कार्यान्वित कर रहा है। इस योजना के अंतर्गत, महाराष्ट्र और मध्य प्रदेश में क्रमशः छह (06) और चौदह (14) नर्सिंग कॉलेजों को मंजूरी दी जा चुकी है।

आयुष्मान भारत – प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेवाई) विश्व की सबसे बड़ी सार्वजनिक रूप से वित्त पोषित स्वास्थ्य सुरक्षा योजना है, जिसका उद्देश्य मध्यम और विशिष्ट परिचर्या

हेतु अस्पताल में भर्ती होने की स्थिति में प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करना है। यह योजना महाराष्ट्र और मध्य प्रदेश में लागू की गई है।

जन स्वास्थ्य और अस्पताल राज्य का विषय होने के कारण, स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ बनाने की प्राथमिक जिम्मेदारी संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की होती है। तथापि, यह मंत्रालय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की व्यापक अम्ब्रेला स्कीम के तहत, जननी सुरक्षा योजना (जेएसवाई), प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए) और सुरक्षित मातृत्व आश्वासन (सुमन) आदि जैसी विभिन्न योजनाओं और कार्यक्रमों को लागू करके राज्यों/संघ राज्य क्षेत्रों के प्रयासों में सहायता करता है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, महाराष्ट्र और मध्य प्रदेश राज्यों के ग्रामीण क्षेत्रों सहित पूरे देश में मातृ स्वास्थ्य सेवाओं को बेहतर बनाने के लिए इन योजनाओं/कार्यक्रमों के कार्यान्वयन हेतु सभी राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान की जाती है।

देश के ग्रामीण क्षेत्रों में स्वास्थ्य अवसंरचना को सुदृढ़ बनाने के लिए सरकार द्वारा किए गए उपायों/उठाए गए कदमों में निम्नलिखित उपाय/कदम शामिल हैं:-

- i. उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों में, जहां कोई मौजूदा सरकारी या निजी चिकित्सा महाविद्यालय नहीं है, जिला/रेफरल अस्पतालों को उन्नत बनाकर नए चिकित्सा महाविद्यालयों की स्थापना के लिए सीएसएस योजना। योजना के तहत, देश भर में परिकल्पित सभी 157 चिकित्सा महाविद्यालयों को मंजूरी दे दी गई है।
- ii. एमबीबीएस (यूजी) और पीजी सीटों की संख्या बढ़ाने हेतु राज्य सरकार/केंद्र सरकार के मौजूदा चिकित्सा महाविद्यालय को सुदृढ़ बनाने/उन्नत करने के लिए सीएसएस जिसके तहत 5972.20 करोड़ रुपये की अनुमोदित लागत के साथ 83 कॉलेजों में 4977 एमबीबीएस सीटों, 1498.43 करोड़ रुपये की अनुमोदित लागत के साथ 72 कॉलेजों में चरण-I में 4058 पीजी सीटों और 4478.25 करोड़ रुपये की स्वीकृत लागत के साथ 65 कॉलेजों में चरण-II में 4000 पीजी सीटों की वृद्धि के लिए सहायता प्रदान की गई है।

- iii. इसके अतिरिक्त, कैबिनेट ने हाल ही में राज्य सरकार/केंद्र सरकार के अधीन विद्यमान मेडिकल कॉलेजों/स्वतंत्र स्नातकोत्तर संस्थानों/सरकारी अस्पतालों के सुदृढीकरण एवं उन्नयन हेतु केन्द्रीय प्रायोजित योजना (सीएसएस) के तृतीय चरण को स्वीकृति प्रदान की है, जिसके अंतर्गत 5,000 स्नातकोत्तर सीटों की वृद्धि का प्रावधान किया गया है तथा प्रति सीट अधिकतम लागत सीमा ₹1.50 करोड़ निर्धारित की गई है। इसके साथ ही, स्नातक स्तर पर विद्यमान केन्द्रीय प्रायोजित योजना का विस्तार करते हुए 5,023 एमबीबीएस सीटों की वृद्धि हेतु प्रति सीट अधिकतम लागत सीमा निर्धारित की गई है। दोनों योजनाओं के कार्यान्वयन की समय-सीमा वित्त वर्ष 2028-29 तक निर्धारित की गई है।
- iv. प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के "सुपर स्पेशलिटी ब्लॉकों के निर्माण द्वारा सरकारी चिकित्सा महाविद्यालयों का उन्नयन" घटक के तहत कुल 75 परियोजनाओं को मंजूरी दी गई है, जिनमें से 71 परियोजनाएं पूरी हो चुकी हैं।
- v. नए एम्स की स्थापना के लिए केंद्रीय क्षेत्र योजना के तहत 22 एम्स को मंजूरी दी गई है। इनमें से 19 एम्स में स्नातक पाठ्यक्रम शुरू किए जा चुके हैं।
- vi. प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के तहत निम्नलिखित कार्यों i) बीमारियों का शीघ्र पता लगाने के लिए गांवों और शहरों में स्वास्थ्य और कल्याण केंद्रों को सुदृढ बनाना; ii) जिला स्तरीय अस्पतालों में गहन परिचर्या संबंधी नए बिस्तर शामिल करना; और iii) सभी जिलों में एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं हेतु सहायता प्रदान की जाती है।

REGULATION OF DRUG QUALITY AND SAFETY

5711. SHRI BHASKAR MURLIDHAR BHAGARE:

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

- (a) whether the Government is aware of the circulation of fake, spurious and substandard medicines and vaccines in various parts of the country, if so, the details thereof;
- (b) whether there is any proposal to strengthen public drug testing laboratories under State authorities and enable citizens to voluntarily submit medicine samples for verification;
- (c) whether the Government proposes to introduce consumer-friendly verification mechanisms such as QR-code based tracking and other authentication systems for medicines, if so, the details thereof;
- (d) the number of drug samples tested by the Central Drugs Standard Control Organization and State Food and Drug Administrations during the last three years, year-wise and State-wise along with the number found Not of Standard Quality or spurious; and
- (e) whether any random sampling drives have been conducted and against manufacturers or distributors found involved in the sale of fake or substandard medicines 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) : Complaints regarding Manufacture/ sales/distribution of not of standard quality/ spurious/adulterated drugs/vaccine, as and when received, action is

initiated by the licensing authority as per the provisions of Drugs & Cosmetics Act, 1940 and rules thereunder.

To strengthen the drug testing infrastructure and enhance laboratory capacity across the country, Ministry of Health and Family Welfare has implemented a Centrally Sponsored Scheme 'Strengthening of States' Drug Regulatory System (SSDRS). The scheme envisages upgrading existing State laboratories, setting up of new drug testing laboratories and upgradation of existing State drug control offices in the country. Under the SSDRS Scheme, funds totalling Rs. 756 Crore has been released to States/UTs as part of the Central Share and 19 New Drug Testing Labs have been constructed and 28 existing labs have been up-graded in various States/UTs. Further, Section 26 of the Drugs and Cosmetics Act, 1940, specifically empowers individual citizens and consumer associations to have medicines tested.

The Drugs Rules, 1945 have been amended in year 2023 to mandate that manufacturers of the top 300 drug formulation brands listed in Schedule H2 shall print or affix a Bar Code or QR Code on the primary packaging label, or on the secondary label where space is insufficient, to store data readable through software applications for authentication. Similarly, the Rules have also been amended to require that every Active Pharmaceutical Ingredient (bulk drug), whether manufactured or imported, shall bear a QR Code on each level of packaging containing data readable through software applications to facilitate tracking and tracing.

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

Under the Drug and Cosmetics Act 1940, drugs inspector randomly draws drug samples from the supply chain for quality checks. List of drugs of various companies, which are declared Not of Standard Quality/ Spurious/ Misbranded/ Adulterated by the Central Drugs Testing Laboratories are regularly uploaded on the website of Central Drugs Standard Control Organization (CDSCO) under the heading of Drug Alert (www.cdsco.gov.in). In case of drug samples failing in quality check, regulatory, actions are taken by the concerned licensing authorities under the provisions of Drugs & Cosmetics Act & Rules thereunder.

As per information received from States/UTs Drugs Controllers, the number of drug samples tested by various States/U.Ts in last three years and their status is as under:

Financial Year	No. of drugs samples tested	No. of drugs samples declared Not of Standard Quality	No. of drugs samples declared Spurious/ Adulterated
2022-23	96,713	3,053	424
2023-24	1,06,150	2,988	282
2024-25	1,16,323	3,104	245

OUT-OF-POCKET EXPENDITURE ON HEALTH IN KERALA**5712. SHRI SHAFI PARAMBIL:**

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

- (a) the percentage and per capita Out-Of-Pocket Expenditure (OOPE) on health in the State of Kerala during the last ten years, year-wise;
- (b) the comparative data on out-of-pocket health expenditure in other States and Union Territories during the same period;
- (c) whether Kerala's OOPE is higher or lower than the national average and if so, the reasons thereof;
- (d) the major components contributing to out-of-pocket expenditure in Kerala including medicines, diagnostics, hospitalization and outpatient care; and
- (e) the steps taken by the Union Government to reduce the financial burden on households, including the expansion of Ayushman Bharat and other health insurance schemes in the said State?

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

(a) to (c) : As per latest available National Health Accounts estimates, the per capita Out-Of-Pocket Expenditure (OOPE) and OOPE share in Total Health Expenditure (THE) for States, including Kerala, for FY 2014-15 to FY 2021-22 is given in the enclosed **Statement**.

(d) : As per the NHA estimates for FY 2021-22, major components of OOPE at all India level is available at public domain and the URL is https://mohfw.gov.in/sites/default/files/NHA%202021-22_up.pdf {Table A 3 - Current Health Expenditure (2021-22) by Healthcare Functions and Health Financing Schemes (HCxHF matrix)}.

(e) : The Government is committed to provide good quality health care services through increasing access, increasing affordability by lowering the cost of healthcare delivery and equity, including those in rural areas leading to reduce the financial burden on households across States/UTs including Kerala. Towards this, various schemes such as National Health Mission, Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission, Pradhan Mantri Swasthya Suraksha Yojana, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, among others are being implemented through DoHFW.

In order to strengthen public healthcare delivery, various measures are undertaken by Government of India. Under the NHM, the Government has taken many steps towards universal health coverage by supporting the State Governments in providing accessible and affordable healthcare to people. As per AAM portal, more than 1.8 lakh AAMs, including 7,200 approx. in Kerala, have been established to deliver the expanded range of comprehensive primary healthcare services that includes preventive, promotive, curative, palliative and rehabilitative services.

Further, under PM- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), focus is 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.

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) aims to provide health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to more than 12 crore families constituting the economically vulnerable bottom 40% of India's population. States/UTs implementing AB-PMJAY have further expanded the beneficiary base, at their own cost. Additionally, the scheme has been expanded to cover 6 crore senior citizens of age 70 years and above belonging to 4.5 crore families irrespective of their socio-economic status under AB-PMJAY with Vay Vandana Card. As on 28th February 2026, a total of 11.69 crore hospital admissions amounting to Rs. 1.73 lakh crore have been authorized under the scheme since its launch in September 2018, including 78.35 lakh hospital admissions amounting to Rs. 9,525.17 crore in Kerala.

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

Per capita Out-Of-Pocket Expenditure (OOPE) and OOPE share in Total Health Expenditure (THE) for States including Kerala:

S. No	States	2014-15		2015-16		2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
		A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
1	Andhra Pradesh	2,901	78.0	3,097	74.7	3,322	72.2	3,102	67.0	3,140	63.2	3,254	63.6	3,576	58.8	3,834	52.0
2	Assam	1,293	63.1	1,315	55.1	1,378	53.8	883	35.9	949	36.7	998	34.9	1,064	33.2	1,180	27.6
3	Bihar	1,685	82.3	1,776	79.9	1,830	77.6	808	58.2	811	53.5	863	54.3	911	50.2	984	41.3
4	Chhattisgarh	1,838	58.3	1,971	58.4	2,040	55.9	1,186	38.8	1,175	38.3	1,253	36.7	1,356	33.9	1,419	29.2
5	Gujarat	1,626	53.1	1,681	50.4	1,781	48.1	1,551	43.9	1,606	40.7	1,687	40.8	1,811	40.0	1,942	35.0
6	Haryana	2,376	62.5	2,427	59.5	2,564	56.6	2,181	50.4	2,193	47.2	2,358	45.5	2,510	42.2	2,647	37.5
7	Himachal Pradesh	2,274	50.0	2,437	49.5	2,550	46.4	3,220	49.2	3,180	45.8	3,397	46.0	3,591	45.0	3,844	39.6
8	Jammu & Kashmir	1,971	60.7	2,138	56.0	2,311	58.5	1,332	42.8	1,363	44.9	1,450	46.6	1,443	31.8	1,581	25.9
9	Jharkhand	1,436	71.7	1,494	66.3	1,527	66.0	1,852	68.0	1,915	63.9	2,000	64.7	2,108	61.8	2,243	47.5
10	Karnataka	2,282	52.2	2,447	49.6	2,548	49.2	1,549	34.2	1,625	33.3	1,722	31.8	1,810	30.3	1,933	25.4
11	Kerala	5,023	73.9	5,111	71.3	5,419	67.0	6,363	68.7	6,772	68.6	7,206	67.9	7,669	65.7	7,889	59.1
12	Madhya Pradesh	1,808	72.0	1,879	70.1	1,944	68.9	1,364	56.3	1,409	55.7	1,500	53.0	1,603	53.0	1,739	43.3
13	Maharashtra	2,684	59.6	2,788	58.9	2,956	56.7	2,570	49.1	2,644	48.4	2,779	44.1	2,950	42.4	3,184	38.1
14	Odisha	2,518	73.6	2,693	71.5	2,796	68.9	1,750	55.9	1,750	53.2	1,926	53.4	2,002	44.6	2,133	37.1

15	Punjab	4,138	79.3	4,332	77.4	4,608	77.3	2,935	69.4	3,065	65.5	3,313	64.7	3,470	62.3	3,668	57.2
16	Rajasthan	1,740	59.1	1,818	56.4	1,934	56.7	1,688	49.6	1,745	44.9	1,856	47.4	1,896	42.8	2,048	37.1
17	Tamil Nadu	2,724	66.4	2,829	65.2	2,938	62.1	1,817	45.9	1,909	44.3	2,034	44.2	2,191	36.9	2,280	34.6
18	Uttar Pradesh	2,396	78.3	2,469	76.5	2,597	74.8	2,393	72.6	2,481	71.3	2,670	71.8	2,775	70.2	3,014	63.7
19	Uttarakhand	2,545	60.1	2,391	61.2	2,498	62.1	1,237	41.7	1,216	35.5	1,317	35.8	1,437	33.4	1,560	26.9
20	Telangana	2,834	62.1	3,054	57.9	NA	NA	2,120	49.7	1,982	48.0	2,125	41.6	2,234	39.8	2,449	37.6
21	West Bengal	NA	NA	NA	NA	3,169	74.1	3,115	69.8	3,208	68.7	3,425	67.1	3,648	65.1	4,010	58.3
22	AI India	2,394	62.6	2,494	60.6	2,570	58.7	2,097	48.8	2,155	48.2	2,289	47.1	2,415	44.4	2,600	39.4

A= OOPE Per Capita (in Rs.), B= OOPE % THE (in %)

इटावा में नदी के कटाव से संबंधित लंबित मामले

5713. श्री जितेंद्र दोहरे :

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

- (क) क्या उत्तर प्रदेश के इटावा जिले में यमुना और चंबल नदियों के किनारे तेजी से हो रहे कटाव के कारण कृषि भूमि और आबादी वाले क्षेत्र प्रभावित हो रहे हैं, जिसके कारण भूमि और मुआवजे से संबंधित कई मामले न्यायालयों में लंबित हैं ;
- (ख) यदि हां, तो इटावा जिले के अधीनस्थ न्यायालयों में भूमि अधिग्रहण, मुआवजा एवं कटान से संबंधित लंबित मामलों की संख्या कितनी है ;
- (ग) क्या सरकार का ऐसे प्रभावित जिलों में त्वरित न्यायालय (फास्ट-ट्रैक कोर्ट) अथवा विशेष पीठ स्थापित करने का प्रस्ताव है, ताकि किसानों एवं प्रभावित परिवारों को शीघ्र न्याय मिल सके ; और
- (घ) यदि हाँ, तो इस संबंध में अब तक क्या कदम उठाए गए हैं ?

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

(क) से (घ) : भारत के संविधान की सातवीं अनुसूची के अनुसार, भूमि राज्य सरकार के अधिकार क्षेत्र में आती है। भूमि सुधार उपायों और योजनाओं को संबंधित राज्य सरकार द्वारा उनकी आवश्यकताओं के अनुसार तैयार और कार्यान्वित किया जाता है। भूमि अधिग्रहण, मुआवजे और कटाव से संबंधित अधीनस्थ अदालतों में लंबित मामलों की संख्या का विवरण केंद्रीय रूप से नहीं रखा जाता है। तथापि, भारत सरकार विभिन्न कार्यक्रमों के माध्यम से राज्य सरकार के प्रयासों को पूरा करती है।

देश में त्वरित न्याय प्रदान करने के लिए फास्ट ट्रैक कोर्ट (एफटीसी) सहित अधीनस्थ न्यायालयों की स्थापना राज्य/संघ राज्य सरकारों के अधिकार क्षेत्र में है जो अपनी आवश्यकता और संसाधनों के अनुसार, अपने संबंधित उच्च न्यायालयों के परामर्श से ऐसे न्यायालयों की स्थापना करते

हैं। 14वें वित्त आयोग ने वर्ष 2015-2020 के दौरान 1800 फास्ट ट्रैक कोर्ट (एफटीसी) की स्थापना की सिफारिश की थी ताकि जघन्य प्रकृति के विशिष्ट मामलों, महिलाओं, बच्चों, वरिष्ठ नागरिकों, गंभीर बीमारियों से संक्रमित दिव्यांगजनों आदि से संबंधित दीवानी मामलों और 5 साल से अधिक समय से लंबित संपत्ति से संबंधित मामलों की त्वरित सुनवाई हो सके। वित्त आयोग ने राज्य सरकारों से कर हस्तांतरण के माध्यम से उपलब्ध बढ़ी हुई राजकोषीय गुंजाइश का इस उद्देश्य के लिए उपयोग करने का आग्रह किया था। केंद्र सरकार ने राज्य/संघ राज्य सरकारों से वित्तीय वर्ष 2015-16 से आगे एफटीसी की स्थापना के लिए निधि आवंटित करने का अनुरोध किया है। उच्च न्यायालयों द्वारा उपलब्ध सूचना के अनुसार, दिनांक 31.01.2026 तक देश भर में 862 एफटीसी क्रियाशील हैं। इन एफटीसी की स्थापना के लिए कोई केंद्रीय सहायता प्रदान नहीं की जा रही है।

चिकित्सा शिक्षा की गुणवत्ता

5714. श्री गिरिधारी यादव:

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

(क) क्या सरकार का देश में चिकित्सा शिक्षा की गुणवत्ता में सुधार एवं उसके अनुरक्षण के लिए निजी चिकित्सा महाविद्यालयों को स्थानीय जिला अस्पतालों से जोड़ने का प्रस्ताव है;

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

(ग) अब तक जिला अस्पतालों से संबद्ध किए गए निजी चिकित्सा महाविद्यालयों के नाम क्या हैं?

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

(क) से (ग) : राष्ट्रीय आयुर्विज्ञान आयोग के चिकित्सा मूल्यांकन एवं रेटिंग बोर्ड (एमएआईबी) ने सूचित किया है कि देश में जिला अस्पतालों से जुड़े कुछ निजी चिकित्सा महाविद्यालय सार्वजनिक-निजी

साझेदारी (पीपीपी) मॉडल के तहत संचालित हो रहे हैं। तथापि, ऐसे महाविद्यालयों का ब्यौरा एमएआरबी द्वारा नहीं रखा जाता है।

POCSO AND FTSCs CASES IN ANDHRA PRADESH

5715. SHRI DAGGUMALLA PRASADA RAO:

SHRI BASTIPATI NAGARAJU:

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

- (a) the details regarding the total number of POCSO cases registered in the country during the last five years, year-wise and State-wise including Andhra Pradesh;
- (b) the details regarding the total number of POCSO cases disposed of in the last five years, classified year-wise and State-wise including Andhra Pradesh;
- (c) the details regarding the total number of Fast Track Special Courts (FTSCs) sanctioned in the country under the FTSC Scheme, and the number of courts currently functional, classified State-wise;
- (d) the details regarding the total amount of funds sanctioned, released and utilised under the FTSC Scheme since inception, State-wise; and
- (e) the details regarding the FTSCs established in Andhra Pradesh, including the total amount of funds released to each FTSC in the last five years and the total number of POCSO cases disposed off by each court, classified year-wise and court-wise?

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

(a) and (b) : As per the information made available by the High Courts, as of 31.01.2026, 774 FTSCs, including 398 exclusive POCSO (e-POCSO) Courts were functional in 29 States/UTs. The year-wise cases registered and disposed by the Fast Track Special Courts (FTSCs) including exclusive POCSO courts under the FTSCs Scheme, are as under:

Year	No. of cases registered	No. of cases disposed
2023	81,471	76,319
2024	88,902	85,595
2025	1,43,936	66,500
2026 (as on 31.01.2026)	11,790	5,725

The State/UT wise total number of POCSO cases registered and disposed by the exclusive POCSO courts under the FTSCs Scheme, since the inception of the Scheme, are given in the enclosed **Statement-I**.

The number of POCSO cases registered and disposed of by exclusive POCSO Courts in the State of Andhra Pradesh from the year 2023 onwards, are as under:

Year	No. of POCSO cases registered	No. of POCSO cases disposed
2023	2,263	2,360
2024	1,419	2,138
2025	2,159	2,701
2026 (as on 31.01.2026)	98	215

(c) : The details regarding the total number of Fast Track Special Courts (FTSCs) sanctioned in the country under the FTSC Scheme, and the number of courts currently functional as on 31.01.2026, are given in the enclosed **Statement -II.**

(d) : The funds under the FTSC Scheme are released on the pattern of Centrally Sponsored Scheme (Central share: State share :: 60:40, 90:10) to cover the salaries of one Judicial Officer along with 7 support Staff per FTSC and a Flexi Grant for meeting the day-to-day expenses. The funds are reimbursed to the States/UTs after receipt of the expenditure statements from them. During the current financial year, the allocated budget of ₹ 200.00 crores have been fully utilized by the States/UTs. The details regarding the total amount of central share of funds released since the inception of the Scheme, are given in the enclosed **Statement-III.**

(e) : In the State of Andhra Pradesh, 16 exclusive POCSO Courts are functional under the Scheme. An amount of ₹1.80 crore has been released to

Andhra Pradesh since the inception of the Scheme, as the State has not submitted expenditure statements required as per the Scheme Guidelines. Since the Scheme operates on a reimbursement basis, funds are released only after receipt of the expenditure statements. As per the information received from the High Court of Andhra Pradesh, a total of 9,137 POCSO cases have been disposed of since the inception of the Scheme.

STATEMENT- I

State/UT-wise details of POCSO cases registered and disposed by the exclusive POCSO courts under the FTSCs Scheme as on 31.01.2026:

Sl. No.	Name of the States/UTs	Functional exclusive POCSO Courts	POCSO Cases instituted in exclusive POCSO courts since the inception of the Scheme	Cumulative Disposal of POCSO cases in exclusive POCSO courts since the inception of the Scheme
1.	Andhra Pradesh	16	14990	9137
2.	Assam	17	16830	10160
3.	Bihar	48	39573	20576
4.	Chandigarh	0	0	0
5.	Chhattisgarh	11	6955	5809
6.	Delhi	11	4770	2373
7.	Goa	0	34	34
8.	Gujarat	24	18259	14759
9.	Haryana	14	10505	6924
10.	Himachal Pradesh	3	1177	873
11.	J&K	2	535	212
12.	Jharkhand*	0	6337	6337
13.	Karnataka	16	13019	9789
14.	Kerala	14	10179	8596

15.	Madhya Pradesh	56	37763	29912
16.	Maharashtra	0	12044	12044
17.	Manipur	0	0	0
18.	Meghalaya	5	1969	823
19.	Mizoram	1	118	75
20.	Nagaland	0	3	3
21.	Odisha	23	20762	14797
22.	Puducherry	1	462	197
23.	Punjab	3	3311	2833
24.	Rajasthan	30	18851	16021
25.	Tamil Nadu	20	19780	11292
26.	Telangana	0	2731	2731
27.	Tripura	1	379	276
28.	Uttarakhand	0	0	0
29.	Uttar Pradesh	74	114121	52086
30.	West Bengal	8	6401	698
	TOTAL	398	381858	239367
* State of Jharkhand has exited the scheme vide letter dated 07.07.2026.				

STATEMENT- II

State/UT-wise total number of Fast Track Special Courts (FTSCs) sanctioned and operational as on 31.01.2026:

Sl. No.	Name of the States/UTs	Number of FTSCs including exclusive POCSO courts sanctioned (w.e.f. FY 2023-24)	Functional FTSCs including exclusive POCSO courts
1.	A&N Islands	1	0
2.	Andhra Pradesh	16	16
3.	Assam	17	17
4.	Bihar	54	54
5.	Chandigarh	1	1
6.	Chhattisgarh	15	15

7.	Delhi	16	16
8.	Goa	1	1
9.	Gujarat	35	35
10.	Haryana	18	18
11.	Himachal Pradesh	6	6
12.	J&K	4	4
13.	Karnataka	30	30
14.	Kerala	55	55
15.	Madhya Pradesh	67	67
16.	Maharashtra	38	37
17.	Manipur	2	2
18.	Meghalaya	5	5
19.	Mizoram	3	3
20.	Nagaland	1	1
21.	Odisha	44	44
22.	Puducherry	1	1
23.	Punjab	12	12
24.	Rajasthan	45	45
25.	Tamil Nadu	23	20
26.	Telangana	36	36
27.	Tripura	3	3
28.	Uttarakhand	7	4
29.	Uttar Pradesh	218	218
30.	West Bengal	16	8
	TOTAL	790	774

STATEMENT-III

State/UT-wise details of Central Share of Funds Released under the Fast Track Special Courts Scheme since the inception of the Scheme:

(Rs. in crore)

Sl. No.	Name of the States/UTs	Total Central Share Released since the inception of the Scheme
1	Andhra Pradesh	1.80
2	Assam	41.62
3	Bihar	92.83
4	Chandigarh	0.19
5	Chhattisgarh	26.11
6	Delhi	26.11
7	Goa	1.76
8	Gujarat	43.38
9	Haryana	33.39
10	Himachal Pradesh	14.31
11	J&K	10.32
12	Jharkhand*	20.49
13	Karnataka	44.14
14	Kerala	81.06
15	Madhya Pradesh	127.29
16	Maharashtra	49.67
17	Manipur	4.00
18	Meghalaya	7.54
19	Mizoram	9.39
20	Nagaland	1.86
21	Odisha	77.70
22	Puducherry	1.16
23	Punjab	21.56
24	Rajasthan	114.70
25	Tamil Nadu	36.24
26	Telangana	30.98
27	Tripura	5.32

28	Uttarakhand	11.46
29	Uttar Pradesh	294.69
30	West Bengal	3.11
	TOTAL	1234.18
	Third Party Evaluation Cost	0.37
	GRAND TOTAL	1234.55
* State of Jharkhand has exited the scheme vide letter dated 07.07.2026.		

SAKHI ONE STOP CENTRES IN CHHATTISGARH

5716. SHRIMATI JYOTSNA CHARANDAS MAHANT:

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

- (a) the number of operational Sakhi One Stop Centres (OSCs) in Chhattisgarh till date;
- (b) the details of vacancies for critical roles such as Social Counsellors, Case Workers and Legal Aid personnel in these centres, district-wise;
- (c) the details of the recruitment notifications issued in February 2026 for filling service provider vacancies in the Raipur and Bilaspur OSCs including the timeline for completing these appointments;
- (d) the number of OSCs in the said State currently providing 24-hour emergency shelter and medical assistance to women; and
- (e) whether any independent audit has been conducted to evaluate the quality of services and victim rehabilitation success rates in OSCs in the said State, if so, the details thereof?

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

(a) to (e) : The One Stop Centre (OSC) is a component of the Sambal vertical under the Mission Shakti. It provides integrated support and assistance under one roof to women affected by violence and those in distress, both in private and public spaces. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women. As on date, 926 One Stop Centres have been made operational across the country out of which, 42 One Stop Centres are operational in Chhattisgarh.

As per the Mission Shakti guidelines, the Central Government provides 100% financial assistance to States/ UTs for appointment/hiring 13 manpower resources including 1 Psycho-social Counsellor, 1 Para Legal Personnel/ Lawyer and 1 Para Medical Personnel at each OSC. The overall implementation of the OSC scheme lies with the State Governments and UT Administrations.

Further, once in a year, the Programme Approval Board (PAB) monitors with States and UTs, the progress of activities under the scheme and reviews status of achievement of objectives and effective delivery of services to women and children. Apart from this, officials of the Ministry continuously review the scheme through meetings, video conferencing and by making field visits to States and UTs from time to time.

Two third party evaluations of the schemes of the Ministry, including the Mission Shakti Umbrella Scheme and its components relating to One Stop Centres

(OSCs) in the State of Chhattisgarh have been conducted in 2020 and again in 2025 through NITI Aayog. The studies have found the relevance, effectiveness and sustainability of the scheme as satisfactory.

योग शिक्षक की भर्ती

5717. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकर:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या यह सच है कि योग छात्रों के शारीरिक, मानसिक तथा भावनात्मक विकास के लिए अत्यंत महत्वपूर्ण है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार योग के महत्व को प्रभावी रूप से स्थापित करने हेतु इसे विद्यालयी पाठ्यक्रम में नियमित विषय के रूप में शामिल करने और विद्यालयों में योग शिक्षकों की नियुक्ति करने का प्रस्ताव रखती है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;
- (ग) इस संबंध में अब तक उठाए गए कदमों का ब्यौरा क्या है और प्रस्तावित योग शिक्षकों की संख्या कितनी है; और
- (घ) यदि नहीं, तो इसके क्या कारण हैं?

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

- (क) : जी हाँ, कई शोध अध्ययनों ने प्रमाणित किया है कि योग, छात्रों के शारीरिक, मानसिक और भावनात्मक विकास में मदद करता है। आयुष मंत्रालय के तहत केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद (सीसीआरवाईएन) योग और प्राकृतिक चिकित्सा पद्धतियों में अनुसंधान और विकास के लिए शीर्ष निकाय है। यह योग के स्वास्थ्य लाभों की पुष्टि करने और निवारक और प्रोत्साहक स्वास्थ्य देखभाल में इसकी भूमिका को बढ़ावा देने के लिए वैज्ञानिक अनुसंधान, शैक्षिक कार्यक्रम और

जागरूकता गतिविधियां आयोजित करता है जो छात्रों की एकाग्रता, तनाव प्रबंधन और जीवन की गुणवत्ता में सुधार करने में मदद करता है।

(ख) से (घ) : स्कूली पाठ्यक्रम में एक विषय के रूप में योग को शामिल करना और स्कूल में योग शिक्षकों की भर्ती आयुष मंत्रालय के दायरे में नहीं आती है।

MEDICAL FACILITIES IN HAZARIBAGH

5718. SHRI MANISH JAISWAL:

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

- (a) whether the Government has assessed the availability of ambulance services, emergency medical facilities and trauma centres in Hazaribagh Parliamentary Constituency;
- (b) if so, the details thereof;
- (c) whether the Government proposes to strengthen emergency healthcare services under the National Health Mission in the said constituency and if so, the details thereof; and
- (d) the steps taken by the Government to improve healthcare access in rural and remote areas of the said constituency?

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

(a) to (d) : Health is a State subject and the primary responsibility to ensure quality health services lies with the States/UTs. National Health Mission (NHM) provides

technical and financial support to the States/UTs for emergency medical services through functional National Ambulance Service (NAS) network which is linked with a centralized toll-free number 108/102. Dial 108 is primarily designed to attend to patients of critical care, trauma and accident victims etc. Dial 102 services includes basic patient transport that aims to cater to the needs of pregnant women and children and others too. Apart from this, 112 is India's pan-India single emergency number under the Emergency Response Support System (ERSS) of Government of India, integrating police, fire, and ambulance services (including NHM 102/108 services).

As per NHM norms, one Basic Life Support (BLS) ambulance per 100,000 population and one Advance Life Support (ALS) ambulance per 500,000 population is provided. The National Ambulance Code (AIS-125) sets technical and safety norms. The model for implementation of NAS is chosen by respective State/UT Government, depending upon their requirement and suitability. States/UTs have been given this flexibility to propose for a particular type of ambulance and the required number of ambulances including the operational costs based on the requirement and the gap analysis in their respective State Programme Implementation Plan (PIP). States/UTs also have the flexibility to deploy the ambulances based on need/service requirements, taking into account the needs of the citizens, including those living in rural or remote areas. Some States use bike and boat ambulances in remote areas. Total 83 ALS, 306 BLS and 944 others are

functional in the State of Jharkhand including Hazaribagh Parliamentary Constituency.

During 11th Five Year Plan (2007-2012) and 12th Five Year Plan (2012-2017), 196 Trauma Care Facilities (TCFs) & 47 Burn Units have been sanctioned in Government Hospitals/ Medical Colleges across the country under the “National Programme for Prevention & Management of Trauma and Burn Injuries” (NPPMT&BI). Beyond 12th Five Year Plan (FYP), there is no provision for identification of new trauma care facilities. Total 4 TCFs has been approved in Jharkhand.

Under NHM, the performance of various health programmes including ambulance services, emergency medical facilities and trauma centres are regularly assessed in the country including Jharkhand, through review meetings, mid term reviews of key deliverables, field visits of senior officials, promoting performance by setting up benchmarks for service delivery & rewarding achievements etc. Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status of various schemes.

Various initiatives carried out under NHM by the Government of India in the country including rural and remote areas of Hazaribagh Parliamentary Constituency are operationalisation of Ayushman Arogya Mandir (AAM), Free Drugs Service Initiative, Free Diagnostic Service Initiative, Mobile Medical Units, ASHAs, 24 x 7 Services and First Referral Facilities, Prime Minister's National Dialysis Programme, various activities under Reproductive & Child Health,

Anaemia Mukht Bharat (AMB) strategy, TB Mukht Bharat Abhiyaan and Universal Immunization programme.

EXPANSION OF AYUSH COLLEGES

5719. SHRI RAJIV PRATAP RUDY:

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

- (a) the total number of AYUSH colleges across the country, State/UT-wise, particularly the number of Ayurveda, Homoeopathy and Unani colleges in the State of Bihar;
- (b) the details of the permitted annual intake capacity and admitted students in AYUSH undergraduate Bachelor of Ayurveda, Medicine and Surgery (BAMS) and Bachelor of Homoeopathic Medicine and Surgery (BHMS), Bachelor of Unani Medicine and Surgery (BUMS) programmes in Bihar including trends in seat availability under State quota and any variation from previous academic years;
- (c) the details of the funds allocated by the Government for research and development in each discipline under AYUSH, during the last five years, year-wise including the grants released/utilised to various related bodies such as Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM) and Central Council for Research in Homoeopathy (CCRH); and

(d) the steps taken by the Government to improve access, quality of education and clinical training facilities in AYUSH institutions, including any support for new buildings and augmentation additional UG/PG seats?

THE MINISTER 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 total number of Ayurveda, Siddha, Unani, Sowa-Rigpa & Homoeopathy (ASUSR&H) colleges across the country, State/UT-wise, particularly the number of Ayurveda, Homoeopathy and Unani colleges in the State of Bihar are given in the enclosed **Statement-I**.

(b) : The details of the permitted annual intake capacity and admitted students in ASUSR&H undergraduate Bachelor of Ayurveda, Medicine and Surgery (BAMS) and Bachelor of Homeopathic Medicine and Surgery (BHMS), Bachelor of Unani Medicine and Surgery (BUMS) for the Academic Year 2024-25 and 2025-26 in the state of Bihar are given in the enclosed **Statement-II**.

(c) : The details of the funds allocated by the Government for research and development in each discipline under Ayush, during the last five years, year-wise including the grants released/utilised to various related bodies such as Central Council for Research in Ayurvedic Sciences (CCRAS), Central Council for Research in Unani Medicine (CCRUM) and Central Council for Research in Homoeopathy (CCRH) are enclosed as **Statement-III**.

(d) : The Government has established the National Commission for Indian System of Medicine and the National Commission for Homoeopathy under the National Commission for Indian System of Medicine Act 2020 and the National Commission for Homoeopathy Act 2020 respectively to regulate and maintain standards in Ayush education. These Commissions grant permissions for establishment of new colleges/courses and increase in UG/PG seats, thereby expanding capacity and infrastructure. Updated regulations and Competency-Based Dynamic Curriculum have been introduced to improve academic quality and ensure early clinical exposure. Clinical training has been strengthened through hands-on training at PHCs/CHCs, skill laboratories, and improved hospital facilities as per prescribed standards.

Public health being a state subject, the primary responsibility for the construction of new college building comes under the purview of respective State/UT Governments. However, under Centrally Sponsored Scheme of National Ayush Mission (NAM) there is a provision of financial assistance to States/UTs for establishment of new Ayush colleges where availability of Ayush education institutions is inadequate. Accordingly, the State/UT Governments may avail financial assistance by submitting suitable proposals through State Annual Action Plans (SAAPs) as per the provision of NAM guidelines.

STATEMENT-I**Number of Ayurveda, Siddha, Unani, Sowa-Rigpa & Homoeopathy****(ASUSR&H) Colleges State/UT-wise:**

S. No.	State/UTs	Ayurveda	Siddha	Unani	Sowa-Rigpa	Homoeopathy
		No. of Colleges	No. of Colleges	No. of Colleges	No. of Colleges	No. of Colleges
1.	Andhra Pradesh	3	0	1	0	7
2.	Arunachal Pradesh	1	0	0	0	1
3.	Assam	1	0	0	0	1
4.	Andaman and Nicobar Islands	0	0	0	0	0
5.	Bihar	11	0	5	0	15
6.	Chandigarh	1	0	0	0	1
7.	Chhattisgarh	8	0	0	0	3
8.	NCT of Delhi	3	0	2	0	3
9.	Dadra Nagar Haveli and Daman Diu	0	0	0	0	0
10.	Goa	2	0	0	0	1
11.	Gujarat	49	0	0	0	51
12.	Haryana	16	0	0	0	1
13.	Himachal Pradesh	4	0	0	1	1
14.	Jammu and Kashmir	2	0	4	0	1
15.	Jharkhand	0	0	0	0	7
16.	Karnataka	103	0	6	1	19
17.	Kerala	18	1	1	0	6
18.	Ladakh	0	0	0	2	0
19.	Lakshadweep	0	0	0	0	0
20.	Madhya Pradesh	39	0	4	0	27
21.	Maharashtra	153	0	8	0	72
22.	Manipur	0	0	0	0	0
23.	Meghalaya	2	0	0	0	1
24.	Mizoram	0	0	0	0	0
25.	Nagaland	0	0	0	0	0

26.	Orissa	5	0	0	0	7
27.	Pondicherry	1	0	0	0	0
28.	Punjab	19	0	1	0	4
29.	Rajasthan	18	0	3	0	12
30.	Sikkim	0	0	0	1	0
31.	Tamil Nadu	8	16	1	0	14
32.	Telangana	2	0	2	0	6
33.	Tripura	0	0	0	0	0
34.	Uttar Pradesh	100	0	17	1	16
35.	Uttarakhand	20	0	1	0	2
36.	West Bengal	4	0	1	1	12
Total		593	17	57	7	291

STATEMENT-II

Data of Permitted Annual Intake Capacity, permitted seats and Admitted students in AYUSH undergraduate BAMS, BUMS & BHMS programmes in Bihar for Academic Year 2024-25 and 2025-26:

Stream	Intake Capacity		Permitted Seats		Admitted Seats			
Academic Year	2024-25	2025-26	2024-25	2025-26	2024-25		2025-26	
					Central Quota	State Quota	Central Quota	State Quota
Ayurveda	693	753	553	676	25	527	18	535
Homoeopathy	205	825	400	505	9	269	11	223
Unani	325	325	226	290	5	198	17	213

STATEMENT-III

Budget Estimate (BE), Revised Estimate (RE) and Actual Expenditure (AE) for Research Council including CCRAS, CCRUM and CCRH in r/o

Ministry of Ayush for 2020-21 to 2024-25:

Sl. No.	Schemes/Programmes	2020-21			2021-22			2022-23			2023-24			2024-25		
		BE	RE	AE	BE	RE	AE	BE	RE	AE	BE	RE	AE	BE	RE	AE
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1	Grant to Central Council for Research in Ayurvedic Sciences	297.00	273.00	264.16	328.27	309.37	312.72	358.50	358.50	354.40	379.50	394.95	394.89	413.54	441.73	469.72
2	Grant to Central Council for Research in Unani Medicine	157.00	164.05	164.05	167.79	157.73	157.73	175.80	175.05	173.42	173.30	174.10	174.10	228.05	197.05	190.05
3	Grant to Central Council for Research in Homoeopathy	138.50	130.50	130.50	167.58	143.58	135.33	143.70	143.70	143.70	145.00	146.00	140.25	144.00	150.50	162.00
4	Grant to Central Council for Research in Yoga & Naturopathy	40.50	48.30	48.30	59.70	57.44	57.44	85.24	87.62	42.62	103.57	59.36	43.04	100.45	97.40	41.78
5	Grant for Central Council for Research in Siddha	35.00	35.30	35.30	36.77	39.06	39.06	46.67	46.88	46.88	51.36	50.91	50.91	50.58	55.94	55.94

दवा उद्योग की स्थापना

5720. श्री ज्ञानेश्वर पाटील:

श्रीमती कलाबेन मोहनभाई देलकर:

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

- (क) दवा उद्योग के अंतर्गत नई इकाइयों की स्थापना को बढ़ावा देने के लिए "आत्मनिर्भर भारत अभियान" के अंतर्गत सरकार द्वारा क्या उपाय किए गए हैं और देश में इनका मध्य प्रदेश और दादरा एवं नगर हवेली सहित राज्य-वार और जिला/संघ राज्य क्षेत्र-वार क्या प्रभाव पड़ा है;
- (ख) केन्द्र सरकार द्वारा मध्य प्रदेश और दादरा एवं नगर हवेली सरकारों को दवा क्षेत्र में अनुसंधान, गुणवत्ता नियंत्रण प्रयोगशालाओं और युवाओं के प्रशिक्षण के लिए अब तक कुल कितनी सहायता प्रदान की गई है; और
- (ग) मध्य प्रदेश और दादरा एवं नगर हवेली में प्रधानमंत्री भारतीय जन औषधि परियोजना के तहत सस्ती दवाओं की उपलब्धता बढ़ाने के लिए सरकार ने क्या कदम उठाए हैं?

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

- (क) : सरकार ने भारत में महत्वपूर्ण प्रमुख प्रारंभिक सामग्रियों (केएसएम) / औषधि मध्यवर्ती (डीआई) और सक्रिय औषधीय सामग्री (एपीआई) के घरेलू उत्पादन को संवर्धित करने के लिए पीएलआई योजना (जिसे बल्क औषधियों के लिए पीएलआई योजना के रूप में भी जाना जाता है) शुरू की है, जिसका उद्देश्य नई औषधि औद्योगिक इकाइयों की स्थापना को प्रोत्साहित करना है। बल्क औषधियों के लिए पीएलआई योजना का बजटीय आबंटन ₹6,940 करोड़ है और इसका लक्ष्य महत्वपूर्ण केएसएम, डीआई और एपीआई में आत्मनिर्भरता को बढ़ाना और आयात पर निर्भरता को कम करना है। दिसंबर 2025 की स्थिति के अनुसार, इस योजना के तहत 48 ग्रीनफील्ड परियोजनाओं को ₹4,329.95 करोड़ के प्रतिबद्ध निवेश के साथ मंजूरी प्रदान की गई

है, जिसकी तुलना में ₹4,814.1 करोड़ का वास्तविक निवेश किया जा चुका है। 38 परियोजनाएं शुरू हो चुकी हैं, जिसके परिणामस्वरूप लगभग 56,800 मीट्रिक टन प्रति वर्ष की घरेलू उत्पादन क्षमता स्थापित हुई है। बल्क औषधियों के लिए पीएलआई योजना के तहत स्वीकृत परियोजनाओं का राज्य-वार और जिला-वार ब्यौरा संलग्न **विवरण** में दिया गया है।

(ख) : भारत सरकार ने अनुसंधान को सुदृढ़ करते हुए और औषधि खोज एवं विकास तथा चिकित्सा उपकरणों के प्राथमिकता वाले क्षेत्रों में अनुसंधान एवं विकास के लिए उद्योग-अकादमिक समन्वय को बढ़ावा देते हुए फार्मा मेडटेक क्षेत्र में अनुसंधान और नवाचार का संवर्धन (पीआरआईपी) योजना ₹5,000 करोड़ के परिव्यय के साथ शुरू की है, जिसके लिए मध्य प्रदेश और दादरा एवं नगर हवेली सहित भारत के फार्मा मेडटेक क्षेत्र को लागत-आधारित विकास से नवाचार-आधारित विकास में परिवर्तित करने का लक्ष्य रखा गया है। इसके तहत, चिन्हित क्षेत्रों में अनुसंधान अवसंरचना का निर्माण करने और अनुसंधान एवं विकास को बढ़ावा देने के लिए 700 करोड़ रुपये की कुल बजटीय सहायता के साथ सात उत्कृष्टता केंद्र (सीओई) स्थापित किए गए हैं। अभी तक, सीओई ने योजना के तहत 104 अनुसंधान परियोजनाओं को मंजूरी प्रदान की है और दो पेटेंट दाखिल किए हैं। इस योजना में उद्योग और स्टार्टअप, जिनमें अकादमिक संस्थानों से सहभागिता वाले भी शामिल हैं, को प्राथमिकता वाले क्षेत्रों में अनुसंधान एवं नवाचार परियोजनाओं को शुरू करने हेतु सहायता देने के लिए ₹4,250 करोड़ का परिव्यय भी शामिल है।

(ग) : प्रधानमंत्री भारतीय जनऔषधि परियोजना भारत सरकार द्वारा सभी नागरिकों को वहनीय मूल्यों पर गुणवत्तापूर्ण जेनेरिक दवाएं उपलब्ध कराने के लिए शुरू की गई थी। इस योजना के तहत, देश भर में जन औषधि केंद्र (जेएके) नामक विशेष केंद्र खोले गए हैं, जो ब्रांडेड दवाओं की तुलना में लगभग 50% से 80% तक सस्ती दवाएं उपलब्ध कराते हैं, जिससे रोगियों के स्वास्थ्य परिचर्या खर्च में कमी आती है। इस योजना के तहत, मध्य प्रदेश में 634 जेएके और दादरा एवं नगर हवेली तथा दमन एवं दीव केंद्र शासित प्रदेशों में 41 जेएके खोले गए हैं, जिनका उद्देश्य मध्य प्रदेश और दादरा एवं नगर हवेली तथा दमन एवं दीव केंद्र शासित प्रदेशों में वहनीय दवाओं की उपलब्धता

बढ़ाना है। इसके अलावा, दवाओं की उपलब्धता बढ़ाने के लिए, भारतीय औषध एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई), जो पीएमबीजेपी योजना की कार्यान्वयन एजेंसी है, एक संपूर्ण सूचना प्रौद्योगिकी-आधारित आपूर्ति श्रृंखला प्रणाली का उपयोग करता है, जिसके माध्यम से इन जन औषधि केंद्रों में दवाओं की उपलब्धता की निगरानी की जाती है। इस योजना के तहत जेएके को 200 उच्च मांग वाले उत्पादों का स्टॉक बनाए रखने के लिए प्रोत्साहित किया जाता है। इसके अतिरिक्त, पीएमबीआई द्वारा 400 तेजी से बिक्री होने वाले उत्पादों की नियमित रूप से निगरानी की जाती है और डिजिटल उपकरणों की सहायता से समय-समय पर इनका पूर्वानुमान लगाया जाता है।

विवरण

बल्क औषधियों के लिए पीएलआई योजना के तहत अनुमोदित परियोजनाओं का राज्य-वार और जिला-वार ब्यौरा:

क्र.सं.	कंपनी का नाम	उत्पाद	जिला	परियोजना का स्थान (राज्य)
1.	ऑरोबिंदो फार्मा लिमिटेड लाइफियस फार्मा प्राइवेट लिमिटेड के माध्यम से	पेनिसिलिन जी	पूर्वी गोदावरी	आंध्र प्रदेश
2.	कर्नाटक एंटीबायोटिक्स एंड फार्मास्युटिकल्स लिमिटेड	7 एसीए	उज्जैन	मध्य प्रदेश
3.	किनवन प्राइवेट लिमिटेड	क्लेबुलैनिक एसिड	सोलन	हिमाचल प्रदेश
4.	ऑर्किड बायो-फार्मा लिमिटेड	7 एसीए	कठुआ	जम्मू और कश्मीर
5.	मैकलिओड्स फार्मास्युटिकल लिमिटेड	रिफैम्पिसिन	भरुच	गुजरात
6.	नैचुरल बायोजेनक्स प्राइवेट लिमिटेड	बीटामेथासोन	तुमकुर	कर्नाटक
7.	नैचुरल बायोजेनक्स प्राइवेट लिमिटेड	डेक्सामेथासोन	तुमकुर	कर्नाटक
8.	नैचुरल बायोजेनक्स प्राइवेट लिमिटेड	प्रेडनिसोलोन	तुमकुर	कर्नाटक
9.	सिम्बायोटेक फार्मालाब प्राइवेट लिमिटेड	प्रेडनिसोलोन	धार	मध्य प्रदेश
10.	एमेनार फार्मा प्राइवेट लिमिटेड	1,1 साइक्लोहेक्सेन डायसेटिक एसिड (सीडीए)	संगारेड्डी	तेलंगाना
11.	ग्रेन्यूल्स इंडिया लिमिटेड	डाइसीएन्डिमाइड	विशाखापत्तनम	आंध्र प्रदेश

		(डीसीडीए)	और काकीनाडा (2 स्थान)	
12.	हिन्डीस लैब प्रा. लि.	1,1 साइक्लोहेक्सेन डायसेटिक एसिड (सीडीए)	नलगोंडा	तेलंगाना
13.	मेघमनी एलएलपी	पैरा एमिनो फीनोल	भरुच	गुजरात
14.	साधना नाइट्रो केम लिमिटेड	पैरा एमिनो फीनोल	रायगढ़	महाराष्ट्र
15.	अल्टा लैबोरेटरीज लिमिटेड	एस्पिरिन	रायगढ़	महाराष्ट्र
16.	अमोली ऑर्गेनिक्स प्राइवेट लिमिटेड	डिक्लोफेनाक सोडियम	वलसाद	गुजरात
17.	अनासिया लैब प्राइवेट लिमिटेड	लोसार्टन	नलगोंडा	तेलंगाना
18.	अनासिया लैब प्राइवेट लिमिटेड	ओल्मेसर्टन	नलगोंडा	तेलंगाना
19.	आंध्र ऑर्गेनिक्स लिमिटेड	ओल्मेसर्टन	श्रीकाकुलम	आंध्र प्रदेश
20.	आंध्र ऑर्गेनिक्स लिमिटेड	सल्फाडायजीन	श्रीकाकुलम	आंध्र प्रदेश
21.	आंध्र ऑर्गेनिक्स लिमिटेड	टेलमिसार्टन	श्रीकाकुलम	आंध्र प्रदेश
22.	अविरन फार्माकेम प्राइवेट लिमिटेड	आर्टेसुनैट	मेहसाणा	गुजरात
23.	सेंट्रिएंट फार्मास्युटिकल्स इंडिया प्राइवेट लिमिटेड	एटोरवास्टैटिन	नवांशहर	पंजाब
24.	दशमी लैब प्राइवेट लिमिटेड	कार्बामाज़ेपाइन	नलगोंडा	तेलंगाना
25.	दशमी लैब प्राइवेट लिमिटेड	ऑक्सकार्बामाज़ेपाइन	नलगोंडा	तेलंगाना
26.	ग्लोबल फार्मा हेल्थकेयर प्राइवेट लिमिटेड	ओफ्लोक्सासिन	तिरुवन्नामलाई	तमिलनाडु
27.	ग्लोबेला इंडस्ट्रीज प्रा. लि	नॉरफ्लोक्सासिन	भरुच	गुजरात
28.	ग्लोबेला इंडस्ट्रीज प्रा. लि	ओफ्लोक्सासिन	भरुच	गुजरात
29.	हजेलो लैब प्रा. लि.	विटामिन बी 6	यादद्री	तेलंगाना
30.	हेटेरो ड्रग्स लिमिटेड	कार्बिडोपा	विशाखापत्तनम	आंध्र प्रदेश
31.	हेटेरो ड्रग्स लिमिटेड	लेवोडोपा	विशाखापत्तनम	आंध्र प्रदेश
32.	हेटेरो ड्रग्स लिमिटेड	लेवोफ्लोक्सासिन	संगारेड्डी	तेलंगाना
33.	हेटेरो ड्रग्स लिमिटेड	ऑक्सकार्बामाज़ेपाइन	संगारेड्डी	तेलंगाना
34.	हिन्डीस लैब प्रा. लि.	एसिक्लोविर	नलगोंडा	तेलंगाना
35.	ऑनर लैब लिमिटेड	लेवेटिरासेटम	संगारेड्डी	तेलंगाना
36.	ऑनर लैब लिमिटेड	लोपिनवीर	विशाखापत्तनम	आंध्र प्रदेश
37.	ऑनर लैब लिमिटेड	वैलसार्टन	संगारेड्डी	तेलंगाना
38.	ऑनर लैब लिमिटेड	विटामिन बी 6	विशाखापत्तनम	आंध्र प्रदेश

39.	के पी मनीष ग्लोबल इंग्रीडिएंट्स प्रा. लि.	आर्टिसुनैट	कुड्डालोर	तमिलनाडु
40.	क्रिएटिव एक्टिव्स प्राइवेट लिमिटेड	डिक्लोफेनाक सोडियम	विशाखापत्तनम	आंध्र प्रदेश
41.	एमएसएन लाइफ साइंसेज प्राइवेट लिमिटेड।	लेवोफ्लोक्सासिन	मेडक	तेलंगाना
42.	आरएमसी परफॉर्मस केमिकल्स प्राइवेट लिमिटेड	एस्पिरिन	जलगांव	महाराष्ट्र
43.	सुदर्शन फार्मा इंडस्ट्रीज लिमिटेड	विटामिन बी1 (रासायनिक संश्लेषण मार्ग)	रायगढ़	महाराष्ट्र
44.	सुदर्शन फार्मा इंडस्ट्रीज लिमिटेड	विटामिन बी 6	रायगढ़	महाराष्ट्र
45.	वाइटल लैबोरेटरीज प्राइवेट लिमिटेड	लेवोफ्लोक्सासिन	वलसाद	गुजरात
46.	वाइटल लैबोरेटरीज प्राइवेट लिमिटेड	ओफ्लोक्सासिन	वलसाद	गुजरात
47.	सस्टेनेबल एन्वायरनमेंट पर्यावरण डेवलपर्स लिमिटेड	एरिथ्रोमाइसिन थियोसाइनेट (टीआईओसी)	एसएस नगर	पंजाब
48.	ऑर्गो फार्मा और फ्यूल्स एलएलपी	2-मिथाइल-5 नाइट्रो-इमिडाज़ोल (2-एमएनआई)	यमुना नगर	हरियाणा

DOMESTIC PRODUCTION OF FERTILIZERS

5721. SHRI SUKANTA KUMAR PANIGRAHI:

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

- the details of fertilizer plants revived/under implementation in the country during the last five years including the present status of Talcher Fertilizer Plant in Odisha;
- whether the Government has taken steps to enhance domestic fertilizer production capacity to reduce dependence on imports of urea and phosphatic fertilizers and ensure long-term fertilizer security for farmers;

- (c) whether the Government has made any assessment regarding the impact of the said initiatives in ensuring timely availability of subsidised fertilizers in eastern and tribal regions in the country, State-wise including Odisha;
- (d) the measures taken to strengthen fertilizer distribution and storage infrastructure in remote districts such as Kandhamal in Odisha; and
- (e) whether the Government proposes to promote innovative fertilizers such as Nano Urea and Nano DAP to ensure balanced fertilization and sustainable agricultural growth in the country, if so, the details thereof, State-wise?

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

(a) to (d) : With regard to Urea, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7th October, 2014 to facilitate fresh investment in the Urea sector and to make India self-sufficient in the Urea sector. Total 6 new Urea units have been set up under NIP-2012 which includes 4 Urea units set up through Joint Venture Companies (JVC) of nominated PSUs and 2 Urea units set up by the private companies. The units set up through JVC are Ramagundam Urea unit of Ramagundam Fertilizers and Chemicals Ltd. (RFCL) in Telangana and 3 Urea units namely Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. Ramagundam, Gorakhpur, Barauni and Sindri units have started Urea

production on 22.03.2021, 07.12.2021, 18.10.2022 & 05.11.2022 respectively. The units set up by private companies are Panagarh Urea unit of Matix Fertilizers and Chemicals Ltd. (Matix) in West Bengal; and Gadepan-III Urea unit of Chambal Fertilizers and Chemicals Ltd. (CFCL) in Rajasthan. Each of these units has installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). These units are highly energy efficient as they are based on latest technology. Therefore, these units have together added Urea production capacity of 76.2 LMTPA, thereby total indigenous Urea production capacity (Reassessed Capacity, RAC) has increased from 207.54 LMTPA during 2014-15 to 283.74 LMTPA during 2023-24.

In addition, the Government also notified the New Urea Policy (NUP) – 2015 on 25th May, 2015 for the existing 25 gas-based Urea units with one of the objectives of maximizing indigenous Urea production beyond RAC. The NUP-2015 has led to additional production of Urea by 20-25 LMT as compared to the production during 2014-15 annually.

Above steps together have facilitated increase of Urea production from level of 225 LMT per annum during 2014-15 to a record Urea Production at 314.07 LMT during 2023-24. During 2024-25, 306.67 LMT of Urea was produced in the country.

Further, an exclusive policy for the revival of Talcher unit of FCIL through JVC of nominated PSUs namely Talcher Fertilizers Limited (TFL) by setting up a new Greenfield Urea plant of 12.7 LMTPA at coal gasification route has also been approved. The overall progress of the TFL project as on

28.02.2026 is 71.24%. Recently, the Union Cabinet has approved the proposal for setting up of a new Brownfield Ammonia-Urea Complex of 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam namely Assam Valley Fertilizer & Chemicals Company Ltd. (AVFCCL). Currently both are under execution.

The Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under the Scheme, P&K fertilizers are covered under Open General License (OGL) and companies are free to import/manufacture these fertilizers as per their business dynamics.

To reduce dependence on imported Phosphatic fertilizers and make country self-reliant the following measures have been taken by the Government:

- (i) D/o Fertilizers has issued guidelines 18.01.2024 to ensure reasonableness of MRP and encourage domestic production.
- (ii) Based on the requests, the new manufacturing units or increase in manufacturing capacity of existing units have been recognized / taken on record under the NBS Scheme.
- (iii) The number of P&K fertilizers covered under NBS policy has increased from 22 grades in 2021 to 28 grades.

- (iv) Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, has been approved since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil.

Above steps together have facilitated increased production of P&K Fertilizers (including DAP and SSP) from 159.54 LMT in 2014-2015 to 211.22 LMT in 2024-2025.

Following measures are taken by the Government every season for ensuring timely and adequate supply of fertilizers in the country, including the State of Odisha:

- i. Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- ii. On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- iii. movement of all major subsidized fertilizers is monitored throughout the country by an on-line web based monitoring system called integrated Fertilizer Management System (iFMS).
- iv. Regular Weekly Video Conference is conducted jointly by DA&FW and D/o Fertilizers with State Agriculture Officials and corrective actions are taken to dispatch fertilizers as indicated by the State Governments.

- v. The distribution of fertilizers within the State is done by the respective State Government.

Accordingly, the availability of fertilizers has remained adequate in the State of Odisha during the ongoing Rabi 2025-26 season. The information regarding requirement, availability and sales of fertilizers during the said season is as under:

Requirement, Availability & Sales of Fertilizers During the Rabi 2025-26 (Till 22.03.26)				
Fig. in LMT				
S. No	PRODUCT	ODISHA		
		Requirement	Availability	DBT Sales
1	UREA	1.78	3.24	1.75
2	DAP	0.72	1.38	0.75
3	MOP	0.24	0.53	0.19
4	NPKS	0.86	1.58	0.74

Further, the storage arrangements and capacities in respect of fertilizers are overseen by the respective state governments and the fertilizer companies.

Also, in order to strengthen fertilizer distribution, there is regular coordination between Department of Fertilizers and Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.

(e) : In order to promote the use of Nano Fertilizers among farmers across the country, the following measures have been undertaken:

- i. Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- ii. Nano Fertilizers are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- iii. Nano Fertilizers has been included under monthly supply plan issued by Department of Fertilizers regularly.
- iv. For ease in application and utilization of Nano fertilizers like Nano Urea through foliar application, initiatives such as innovative spraying options like 'Kisan Drones' and distribution of battery operated Sprayers at retail points are undertaken. For this purpose, pilot training and custom hiring spraying services through Village Level Entrepreneurs are actively promoted.
- v. Department of Fertilizers (DoF) in collaboration with fertiliser companies, has launched Maha Abhiyan to promote the adoption of Nano DAP across all 15 Agro-climatic zones of the country through consultations & field-level demonstrations. Under the guidance of Indian Council of Agriculture Research (ICAR) and the supervision of ICAR-Krishi Vigyan Kendras (KVKs), IFFCO had conducted 2,500 Nano DAP Farmer Field Trials during Kharif and Rabi 2024–25 and 2,938 Nano DAP Farmer Field Trials during Kharif and Rabi 2025-26 (till 23.03.2026) across 15 Agro-Climatic Zones (ACZs) of the country.

- vi. Additionally, DoF in collaboration with fertiliser companies, has initiated a nationwide campaign for field-level demonstrations and awareness programmes on Nano Urea Plus in 100 districts. IFFCO had conducted 448 Nano Urea Farmer Field Trials during Kharif and Rabi 2024–25 and 484 Nano Urea Farmer Field Trials during Kharif and Rabi 2025-26 (till 23.03.2026) across 15 Agro-Climatic Zones (ACZs) of the country under the guidance of Indian Council of Agriculture Research (ICAR) and the supervision of ICAR-Krishi Vigyan Kendras (KVKs).

The state-wise Sales of Nano Urea and Nano DAP is as under:

Nano Urea State-Wise sales since inception (AUG. 2021) till 28.02.2026 (In lakh bottles of 500ml each)			
S. No.	State Name	Production	Sales
1	Andaman & Nicobar	0	0
2	Andhra Pradesh	6.2574	23.6863
3	Arunachal Pradesh	0	0
4	Assam	0	44.70921
5	Bihar	0	75.15178
6	Chandigarh	0	0
7	Chhattisgarh	0	27.61882
8	Dadra and Nagar Haveli	0	0
9	Daman and Diu	0	0
10	Delhi	0	0
11	Goa	0	0
12	Gujarat	880.72649	96.27461
13	Haryana	0	57.73399
14	Himachal Pradesh	0	7.45937
15	Jammu and kashmir	0	10.2962
16	Jharkhand	0	15.75299
17	Karnataka	19.94884	69.9491

18	Kerala	0	4.38858
19	Lakshadweep	0	0
20	Madhya Pradesh	0	97.39114
21	Maharashtra	0	108.2609
22	Manipur	0	0.00804
23	Meghalaya	0	0
24	Mizoram	0	0.00528
25	Nagaland	0	0
26	Odisha	0	36.09214
27	Puducherry	0	0
28	Punjab	9.8808	102.3392
29	Rajasthan	0	101.28046
30	Sikkim	0	0
31	Tamil Nadu	0	41.38483
32	Telangana	0	30.24062
33	Tripura	0	0.00126
34	Uttarakhand	0	8.58652
35	Uttar Pradesh	547.32283	171.40733
36	West Bengal	0	89.24858
Grand Total		1464.13636	1219.26725

Nano DAP State-Wise sales since Inception (March 2023) till 28.02.2026 (In lakh bottles of 500ml each)			
S. No.	State Name	PRODUCTION	SALES
1	Andaman & Nicobar	0	0
2	Andhra Pradesh	159.89824	26.53388
3	Arunachal Pradesh	0	0
4	Assam	0	4.02941
5	Bihar	0	11.488345
6	Chandigarh	0	0
7	Chhattisgarh	0	8.52221
8	Dadra and Nagar Haveli	0	0
9	Daman and Diu	0	0
10	Delhi	0	0

11	Goa	0	0
12	Gujarat	219.24157	18.52859
13	Haryana	0	5.43879
14	Himachal Pradesh	0	0.42667
15	Jammu and kashmir	0	1.11054
16	Jharkhand	0	1.826805
17	Karnataka	0	31.89003
18	Kerala	0	0.717105
19	Lakshadweep	0	0
20	Madhya Pradesh	0	38.352075
21	Maharashtra	0	58.22202
22	Manipur	0	0.00012
23	Meghalaya	0	0
24	Mizoram	0	0.00072
25	Nagaland	0	0
26	Odisha	0	11.1583
27	Puducherry	0	0.13618
28	Punjab	33.95856	12.62558
29	Rajasthan	0	27.4277
30	Sikkim	0	0
31	Tamil Nadu	0	10.55304
32	Telangana	0	17.44619
33	Tripura	0	0
34	Uttarakhand	0	2.099
35	Uttar Pradesh	17.66631	56.463535
36	West Bengal	0	26.9842
Grand Total		430.76468	371.98104

Advanced fertilizers such as nano-fertilizers, controlled-release fertilizers and fortified fertilizers are needed to improve nutrient use efficiency, reduce nutrient losses and environmental pollution, and enhance crop productivity with lower fertilizer inputs. ICAR is engaged and development and promotion of controlled-release fertilizers, customized/fortified fertilizers, bio-

fertilizers, and soil-test-based nutrient management technologies (such as STCR-IPNS) to improve nutrient use efficiency, reduce fertilizer losses and enhance sustainable crop productivity. Further, a network project entitled “Evaluation of Nano urea on crop productivity and nitrogen use efficiency in diverse Agro-Ecological Zones of India” has been initiated by Indian Council of Agricultural Research (ICAR) in collaboration with Ministry of Chemicals & Fertilizers for five years in order to have better understanding about the long-term application of Nano urea on crop yield, produce quality and soil nutrient balance as well as working mechanism of nutrient from nano fertilizer in plant metabolism in various agro-ecological zones of the country. Further, ICAR recommends balanced and integrated nutrient management, crop diversification for improved and sustainable crop production.

VACANCIES IN SUBORDINATE JUDICIARY

5722. SHRI E. T. MOHAMMED BASHEER:

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

- (a) whether the Government has formulated a time-bound plan, in coordination with State Governments and High Courts, to fill the large number of vacancies in the subordinate judiciary which handles more than 85 per cent of the total judicial workload, if so, the details thereof;
- (b) the current status and roadmap for building consensus on the establishment of the All India Judicial Service (AIJS) to standardize recruitment and strengthen justice delivery across the country;

- (c) whether the Government is taking any legislative or executive steps to ensure the statutory independence, functional autonomy, and financial stability of various quasi-judicial tribunals in line with the Supreme Court's rulings; and
- (d) if so, the measures being taken to ensure transparent appointments and long-term tenure provisions for tribunal members to restore public confidence in specialized dispute resolution mechanisms?

**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) : Filling up of vacant positions of the judicial officers in District and Subordinate courts is the responsibility of the High Courts and State Governments concerned. As per the Constitutional framework, in exercise of powers conferred under the proviso to Article 309 read with Articles 233 and 234 of the Constitution, the respective State Government, in consultation with the High Court, frames the rules and regulations regarding the appointment and recruitment of Judicial Officers. The Hon'ble Supreme Court vide order passed in January 2007 in the Malik Mazhar Sultan case, has inter-alia stipulated certain timelines, which are to be followed by the States and the respective High Courts for recruitment of judges in District and Subordinate Courts.
- (b) : Article 312 of the Constitution provides for the establishment of an All India Judicial Service (AIJS), excluding posts below the rank of District Judge.

The proposal has been examined at various stages and has been recommended by the First National Judicial Pay Commission (Justice Shetty Commission) as well as by the Law Commission of India in its 14th (1958), 77th (1978) and 116th (1986) Reports. A comprehensive proposal approved by the Committee of Secretaries in November 2012 was considered in the Conference of Chief Ministers and Chief Justices in April 2013, where it was decided that further deliberations were required and views of State Governments and High Courts were sought. However, divergent opinions emerged among stakeholders on the constitution of the AIJS.

The matter was further deliberated in conferences and meetings held in April 2015, wherein it was resolved to leave it to the respective High Courts to evolve appropriate mechanisms within the existing system to fill vacancies of District Judges expeditiously. The proposal was again discussed in a high-level meeting in January 2017 and examined by Parliamentary Committees, including the Parliamentary Consultative Committee (2017) and the Parliamentary Committee on the Welfare of SCs/STs (2021). Although it was proposed to place the matter before the Joint Conference of Chief Ministers and Chief Justices in April 2022, the same could not be taken up. In view of the continuing divergence of opinion among key stakeholders, no consensus has yet been reached on the establishment of the All India Judicial Service.

(c) and (d): The Government has undertaken various legislative and administrative measures from time to time to ensure the statutory independence, functional autonomy, and financial stability of various quasi-

judicial tribunals. The process of rationalization and merger of tribunals was carried out through the Finance Act, 2017 as part of the first phase of tribunal reforms. Thereafter, further reforms in this regard have been taken forward by the Department of Revenue. Subsequently, the Tribunals Reforms Act, 2021 was enacted, inter alia, to abolish certain appellate bodies and to provide for uniform terms and conditions of service for Chairpersons and Members of various tribunals. Appointments to tribunals are made through a transparent process involving Search-cum-Selection Committees. Further, thirteen tribunals have been discontinued pursuant to the provisions of the Finance Act, 2017 and the Tribunals Reforms Act, 2021.

The Hon'ble Supreme Court, in its judgment dated 19.11.2025 in Madras Bar Association v. Union of India, has examined certain provisions relating to tenure, eligibility conditions and appointment process, and reiterated the principles of judicial independence and separation of powers.

The Government continues to take necessary Legislative and administrative measures, in consultation with stakeholders and in compliance with judicial directions, to ensure the independence, functional autonomy and effective functioning of tribunals.

STATUS OF LAQSHYA SCHEME

5723. SHRI BENNY BEHANAN:

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

- (a) the total number of public health facilities certified under the LaQshya (Labour Room and Maternity Operation Theatre Quality Improvement Initiative) scheme as on date, State/UT-wise;
- (b) the number of health facilities that have undergone re-certification and external assessment after initial certification;
- (c) the number of certified facilities currently lacking essential infrastructure such as functional operation theatres, uninterrupted water and electricity supply, or essential equipment, as per recent assessment reports;
- (d) the details/number of sanctioned and vacant posts of staff in LaQshya certified facilities, State/UT-wise; and
- (e) whether any assessment has recorded gaps in adherence to standard treatment protocols and if so, the details thereof along with the corrective 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) : As on February 2026, a total of 1244 Labour Rooms (LRs) and 917 Maternity Operation Theatres (MOTs) in public health facilities are certified under LaQshya. The State/UT-wise details of LaQshya certified public health facilities is given in the enclosed **Statement**.

(b) : As on February 2026, a total of 151 LR and 107 MOTs in public health facilities have undergone recertification under LaQshya.

(c) to (e) : The technical assessment for the LaQshya Certification is rigorous, involving over 200 measurable elements across 70 Standards. These Standards are classified into eight critical areas of concern: Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management, and Outcome. To achieve LaQshya certification, a health facility must meet the stringent criteria of maintaining an overall score of at least 70% for both the LR and MOT. The facility must achieve a minimum score of 70% in each Area of Concern, Client Satisfaction and in three core standards of Privacy, Confidentiality & Dignity and Care during Delivery. An individual score of more than 50% is also required for every quality standard under each Area of Concern for the LaQshya Certification of a facility.

Every LaQshya-certified facility is evaluated by independent assessors to verify the availability of essential infrastructure, including functional operation theatres, uninterrupted water and electricity supply, critical medical equipment and human resource. However, Health is a State subject and the responsibility of managing administrative functions, staffing, recruitment, and deployment of human resources lies within the jurisdiction of respective State/UT. The Ministry of Health and Family Welfare supports these efforts through the National Health Mission (NHM), helping to strengthen public health facilities by improving infrastructure and human resources in line with the Indian Public Health Standards (IPHS 2022).

A system of regular supportive supervisory visits to monitor the implementation of schemes, including LaQshya, is in place. Periodic regional

and state-level review meetings, field visits to various States/UTs, and Common Review Missions (CRMs) are conducted to assess infrastructure, workforce, service delivery, and program implementation.

Under the LaQshya initiative, a multi-pronged strategy has been adopted to ensure that any identified gaps in labour rooms and maternity OTs are bridged within the shortest possible timeframe, driving a genuine and sustained improvement in the quality of care provided to mothers and newborns.

STATEMENT

The State/UT-wise details of LaQshya certified public health facilities as on February 2026:

S. No	State/UT	LR	M-OT
1	Andhra Pradesh	51	40
2	Arunachal Pradesh	4	3
3	Assam	38	20
4	Bihar	37	23
5	Chandigarh	5	5
6	Chhattisgarh	29	26
7	Delhi	12	10
8	DNH, D&D	5	3
9	Goa	6	5
10	Gujarat	76	65
11	Haryana	23	17
12	Himachal Pradesh	8	7
13	Jammu & Kashmir	13	12
14	Jharkhand	12	9
15	Karnataka	130	124

16	Kerala	16	15
17	Madhya Pradesh	198	60
18	Maharashtra	85	83
19	Manipur	4	3
20	Meghalaya	6	5
21	Mizoram	7	7
22	Odisha	30	26
23	Puducherry	3	3
24	Punjab	16	13
25	Rajasthan	94	50
26	Sikkim	1	1
27	Tamil Nadu	130	125
28	Telangana	49	39
29	Tripura	6	4
30	Uttar Pradesh	89	60
31	Uttarakhand	16	10
32	West Bengal	45	44
	Grand Total	1244	917

Source: NHSRC Report

चंदौली जनपद में उर्वरकों की अनुपलब्धता

5724. श्री वीरेन्द्र सिंह:

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

- (क) क्या उत्तर प्रदेश के चंदौली जनपद में यूरिया एवं डीएपी जैसे उर्वरक पर्याप्त मात्रा में उपलब्ध नहीं है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या धान उत्पादक क्षेत्रों में प्री-मानसून एवं खरीफ मौसम के दौरान उर्वरकों की मांग अधिक होती है;

- (ग) यदि हां, तो क्या चंदौली जैसे धान उत्पादक जिलों को जिला-वार उर्वरक आपूर्ति को प्राथमिकता देने हेतु कोई राष्ट्रीय नीति है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (घ) देश में उर्वरक भांडागारों की संख्या और उनकी भंडारण क्षमता का ब्यौरा क्या है;
- (ड.) क्या चंदौली जनपद में उर्वरकों के भंडारण हेतु पर्याप्त सुविधाओं के अभाव के कारण वितरण में विलंब और कालाबाजारी जैसी समस्याएं उत्पन्न हो रही हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (च) क्या सरकार चंदौली जनपद में उर्वरक भंडारण सुविधाएं उपलब्ध कराने पर विचार कर रही है, यदि हां, तो तत्संबंधी ब्यौरा एवं समय-सीमा क्या है और यदि नहीं, तो उसके कारण क्या हैं?

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

(क) से (ग) : उत्तर प्रदेश राज्य सहित सभी राज्यों में सभी उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित कदम उठाए जाते हैं:

- (i) प्रत्येक फसल मौसम की शुरुआत से पहले, कृषि एवं किसान कल्याण विभाग (डीएण्डएफडब्ल्यू), सभी राज्य सरकारों के परामर्श से, राज्य-वार और माह-वार उर्वरकों की आवश्यकता का आकलन करता है।
- (ii) डीएण्डएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करके राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।
- (iii) सभी प्रमुख सब्सिडी वाले उर्वरकों के संचलन की निगरानी पूरे देश में एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑन-लाइन वेब-आधारित निगरानी प्रणाली द्वारा की जाती है।

- (iv) राज्य सरकारों को समय पर मांग-पत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय करने की नियमित रूप से सलाह दी जाती है।
- (v) राज्यों के लिए पर्याप्त रेक देने, उर्वरकों को प्राथमिकता देने और समय पर रेक निकालने के लिए रेल मंत्रालय के साथ नियमित समन्वय बैठकें आयोजित की जाती हैं।

इसके अलावा, उर्वरक विभाग का अधिदेश राज्य स्तर पर उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित करना है। तथापि, राज्य के भीतर जिला स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

इस संबंध में, उत्तर प्रदेश राज्य में चल रहे रबी 2025-26 मौसम के दौरान यूरिया और डीएपी की उपलब्धता पर्याप्त रही है। दिनांक 01.10.2025 से 22.03.2026 के दौरान यूरिया और डीएपी की आवश्यकता, उपलब्धता और बिक्री के संबंध में जानकारी निम्नानुसार है:

रबी 2025-26 के दौरान उत्तर प्रदेश में यूरिया और डीएपी की स्थिति (22/03/26 तक)				
आंकड़े एमटी में				
क्र.सं.	उत्पाद	01/10/25 से 22/03/26 तक आनुपातिक आवश्यकता	01/10/25 से 22/03/26 तक उपलब्धता	01/10/25 से 22/03/26 तक बिक्री
1	यूरिया	39.42	50.45	39.24
2	डीएपी	13.93	17.58	12.21
स्रोत: आईएफएमएस				

इसके अलावा, उत्तर प्रदेश राज्य सरकार द्वारा सूचित किया गया है कि चंदौली सहित राज्य के सभी जिलों में यूरिया और डीएपी की उपलब्धता पर्याप्त बनी हुई है। चंदौली जिले में यूरिया और डीएपी की उपलब्धता, बिक्री और अंतिम स्टॉक के बारे में जानकारी निम्नानुसार है:

आंकड़े मीट्रिक टन में				
क्र.सं.	उत्पाद	उपलब्धता	01.04.25 से 23.03.2026 तक बिक्री	23.03.2026 की स्थिति के अनुसार अंतिम स्टॉक
1	यूरिया	77139	68492	8647
2	डीएपी	29496	25270	4226

(घ) : उर्वरकों के संबंध में भंडारण व्यवस्था और क्षमता की निगरानी संबंधित राज्य सरकारों और उर्वरक कंपनियों द्वारा की जाती है। तथापि, राज्यों द्वारा दी गई जानकारी के अनुसार, देश में उर्वरक कंपनियों द्वारा कुल 1,082 गोदामों का उपयोग किया जा रहा है और उनकी संचयी भंडारण क्षमता 22,42,074 मीट्रिक टन है।

(ङ) और (च) : उत्तर प्रदेश राज्य सरकार ने सूचित किया है कि चन्दौली जिले में उर्वरकों के भंडारण के संबंध में कोई विशेष कठिनाई की सूचना नहीं है।

DEFENCE LAND IN ADILABAD

5725. SHRI GODAM NAGESH:

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

- (a) whether any defence land is available in the Adilabad Parliamentary Constituency in the State of Telangana which can be considered for development of a civil airport;
- (b) if so, the details thereof;
- (c) whether the Government has received any proposal from the State Government or concerned authorities to utilise such land for development of an airport and if so, the details thereof;
- (d) whether the Government has examined the feasibility of permitting the use of such defence land for establishment of a new airport under civil aviation initiatives; and
- (e) if so, the details thereof and the action taken by the Government in this regard?

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

(a) and (b) : Defence land measuring 369.45 acres, located in Khanapur and Adilabad villages of Adilabad District, falls within the Adilabad Lok Sabha Constituency in Telangana. The said land is currently under the management of the Indian Air Force and is earmarked for utilization to meet future Air Force requirements.

(c) to (e) : No proposal has been received on the NOC portal of the Ministry of Defence from either the Ministry of Civil Aviation or the State Government of Telangana seeking transfer of the said defence land for development of a civil airport.

IMPLEMENTATION OF PMMVY

5726. DR. BHOLA SINGH:

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

- (a) the number of beneficiaries covered under Pradhan Mantri Matru Vandana Yojana (PMMVY) during the last three years, State-wise including Uttar Pradesh;
- (b) the number of beneficiaries registered under PMMVY in Bulandshahr district during the said period;

- (c) whether the Direct Benefit Transfer mechanism under PMMVY has improved the timeliness of maternity benefit payments, if so, the details thereof; and
- (d) the details of the steps taken to integrate PMMVY implementation with health monitoring systems under the National Health Mission?

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

(a) : The number of beneficiaries paid under Pradhan Mantri Matru Vandana Yojana (PMMVY) during the last three years, State-wise including Uttar Pradesh are given in the enclosed **Statement**.

(b) : A total of 35,697 beneficiaries has been enrolled under PMMVY in Bulandshahr district from 01.04.2022 till 23.03.2026.

(c) : Normally, maternity benefits under PMMVY are deposited directly in the bank/ post office account of eligible beneficiaries within 30 days from the date of successful registration in the PMMVY portal. A number of improvements have been made in the implementation of the PMMVY to improve the timeliness of maternity benefit payments under PMMVY. Some of these improvements are mentioned below:

- i. New portal for PMMVY, which is completely paperless was launched in March 2023. As per earlier Guideline, physical forms were required to be filled and uploaded in the earlier PMMVY-CAS portal for onward process. In new system, physical application forms have been eliminated and complete online solution has been given.

- ii. Payments are through Aadhaar Bridge Payment System [ABPS] as PMMVY portal is enabled for Aadhaar-based biometric verification (by means of facial recognition) to confirm identity details of the applicants.
- iii. All the mandatory provisions like Aadhaar verification, DBT enablement of bank account etc. are checked at the time of registration for faster processing.
- iv. Search and Track Status for all enrolled beneficiaries to check the approval and payment status of their applications.
- v. Grievance Lodging and status module for all citizens to lodge any PMMVY related grievance. The Module directly sends the grievance to the implementing authorities thus saving time and leads to swifter resolution.
- vi. PMMVY toll-free and multi lingual helpline (1515) is available for PMMVY related enquiries and grievances. For transparency purposes, the Applicants/ beneficiaries receive SMS in one of the 12 languages at different stages such as registration of application, rejection of registration, payment etc.
- vii. PMMVY Portal is LGD complaint till AWC level. LGD Seeding is introduced up to State/District/Block/ Village/GP/Ward level.
- viii. Open API allows the freedom to share data with other Central and State Ministry/Department.

- ix. MIS Data can be generated at State/ District/ Block/ Village/ Ward/ Project/ Sector/ Anganwadi level for detailed monitoring/ analysis.
- x. PMMVY portal will be used by Anganwadi/ ASHA workers for data centric operations and viewing reports.
- xi. Available database of the PW&LM from Poshan Tracker is used to create a “Due List” of potential beneficiaries on PMMVY Portal accessible at AWW/ASHA level.

(d) : The Mother and Child Protection (MCP) Card is issued by the Government of India under National Health Mission (NHM). Under PMMVY Rules, the MCP Card has been made the primary verification tool for verifying the fulfilment of the conditionalities by beneficiaries for availing maternity benefit under PMMVY. Under NHM, various steps have been taken by the Government to strengthen the maternal health services including Ante Natal Care check-up and institutional delivery services for all pregnant women across the country. Key amongst them are as follows:

- **MCP Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **Monthly Village Health, Sanitation and Nutrition Day (VHSND)** an outreach activity at Anganwadi centres ensures provision of maternal and childcare 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 awareness the Maternal & Child health services, community mobilization as well as to track high risk pregnancies.

- **Regular IEC/ Behaviour Change Communication (BCC)** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman delivering in public health institutions to have absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs, consumables, free diet during stay, free diagnostics, free transportation and free blood transfusion, if required. Similar entitlements are also in place for sick infants up to one year of age.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA strategy ensures quality antenatal care (ANC) to pregnant women, especially to high-risk pregnant (HRP) women and individual HRP tracking until a safe delivery is achieved by means of financial incentivization for the identified high-risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit.

- **Surakshit Matritva Aashwasan (SUMAN)** provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every pregnant woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.

STATEMENT

Number of beneficiaries paid under PMMVY from 01.04.2022 till

23.03.2026

Sl. No.	State/ UT	Beneficiaries Paid
1	ANDAMAN AND NICOBAR ISLANDS	5,069
2	ANDHRA PRADESH	10,52,936
3	ARUNACHAL PRADESH	16,871
4	ASSAM	8,22,031
5	BIHAR	20,29,218
6	CHANDIGARH	18,040
7	CHHATTISGARH	9,24,892
8	DADRA & NAGAR HAVELI & DAMAN & DIU	20,860
9	DELHI	3,27,272
10	GOA	22,273
11	GUJARAT	12,41,909
12	HARYANA	5,46,772
13	HIMACHAL PRADESH	1,95,092
14	JAMMU AND KASHMIR	3,20,351
15	JHARKHAND	6,86,244
16	KARNATAKA	21,40,436
17	KERALA	6,22,707
18	LADAKH	6,020
19	LAKSHADWEEP	2,656
20	MADHYA PRADESH	29,56,388
21	MAHARASHTRA	21,36,567
22	MANIPUR	45,989
23	MEGHALAYA	41,281

24	MIZORAM	23,812
25	NAGALAND	25,343
26	ODISHA	94,883
27	PUDUCHERRY	25,977
28	PUNJAB	5,10,336
29	RAJASTHAN	20,13,852
30	SIKKIM	11,345
31	TAMIL NADU	14,17,773
32	TRIPURA	99,136
33	UTTAR PRADESH	24,27,127
34	UTTARAKHAND	3,05,037
35	WEST BENGAL	8,68,049

MENTAL HEALTHCARE INTEGRATION

5727. SHRIMATI POONAMBEN MAADAM:

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

- (a) whether the Government has taken steps to integrate mental healthcare into the general healthcare system and make it accessible to all;
- (b) if so, the details thereof;
- (c) whether the Government has introduced digital initiatives to improve access to mental health services in the country; and
- (d) if so, the details thereof?

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

- (a) to (d) : The Government is implementing the National Mental Health Programme (NMHP) in the country. The District Mental Health Programme

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

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

Under the tertiary care component of NMHP, 25 Centres of Excellence have been sanctioned to increase the intake of students in PG departments in mental health specialties as well as to provide tertiary level treatment facilities. Further, the Government has also supported 19 Government medical colleges/institutions to strengthen 47 PG Departments in mental health Specialties.

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

The Government has launched a “National Tele Mental Health Programme” (NTMHP) on 10th October, 2022, that functions as the digital arm of the District Mental Health Programme to provide universal access to equitable, accessible, affordable and quality mental health care through 24 x 7 tele-mental health counselling services. For this, a toll-free number (14416) has been set up across the country.

As on 03.03.2026, 36 States/ UTs have set up 53 Tele MANAS Cells. Tele-MANAS services are available in 20 languages based on language opted by States. More than 34.34 lakh calls have been handled on the helpline number since inception.

The Government has also launched Tele MANAS Mobile Application on the occasion of World Mental Health Day - October 10, 2024. Tele-MANAS Mobile Application is a comprehensive mobile platform that has been developed to provide support for mental health issues ranging from well being to mental disorders. The Government has also launched the video consultation facility under Tele-MANAS, as another upgrade to the already existing audio calling facility.

UNAVAILABILITY OF FERTILIZERS

5728. SHRI ABU TAHER KHAN:

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

- (a) whether the Government is aware of the plight and protest of the farmer for the unavailability of fertilizers, if so, the details thereof;
- (b) the initiatives taken by the Government to ensure that there are adequate levels of fertilizers in the country; and
- (c) whether there has been a loss of acreage of crop sowing due to unavailability of fertilizers, if so, the details thereof?

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

(a) to (c) : The following steps are taken by the Government every season for ensuring timely and adequate availability of fertilizers in the country:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.

- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.
- (v) Regular coordination with Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.
- (vi) The distribution of fertilizers within the State at district level is done by the concerned State government.

In view of above, it is submitted that the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across in the country during the ongoing Rabi 2025-26 season. The information regarding requirement, availability and sales of these fertilizers during the said season is as under:

REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS DURING THE RABI 2025-26 (Till 18.03.26)				
fig. in LMT				
S. No.	PRODUCT	ALL INDIA		
		Requirement	Availability	DBT Sales
1	UREA	191.72	249.17	196.42
2	DAP	52.72	74.55	52.74
3	MOP	15.17	18.98	11.03
4	NPKS	80.34	114.66	66.35

REDUCTION OF CANCER DRUG PRICES

5729. SHRI RAJMOHAN UNNITHAN:

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

- (a) whether the recent reduction in prices of selected cancer drugs has significantly improved affordability for patients across States, if so, the details thereof, State-wise;
- (b) whether public hospitals in Kerala have reported increased access to essential oncology medicines, if so, the details thereof; and
- (c) the steps taken or proposed to be taken by the Government to ensure the sustained affordability of life-saving drugs and equitable access to specialised treatment?

THE MINISTER 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 reduction in prices of selected anti-cancer drugs has contributed to improved affordability for patients, as measures such as trade margin rationalisation and price fixation by NPPA have led to reduction of prices of several drugs, thereby lowering out-of-pocket expenditure and increasing access to essential oncology medicines across States. further, reduction in customs duty and GST on certain high-cost cancer drugs has resulted in corresponding decrease in their market prices, enabling more patients to avail treatment, though State-wise quantification of such improvement is not centrally maintained.

(b) : The State Government of Kerala has informed that the procurement of oncology drugs in the public health hospitals in Kerala is through Kerala Medical Services Cooperation and the costly medicines are distributed through Karunya outlets which are the off-shoots of Kerala Medical Services Cooperation. The Karunya outlets are selling the expensive medicines at zero profit scheme. Hence patients can avail expensive medicines at a much lower cost.

(c) : Under National Health Mission (NHM), National Free Drugs Initiative and Free Diagnostic Services ensure essential medicines and diagnostics at public health facilities, reducing out-of-pocket expenses. Anti-cancer drugs are included in the Essential Drugs List at District and Sub-Divisional Hospitals under National Programme for Prevention and Control of Non Communicable Diseases (NP-NCDs).

Various measures have been taken to make cancer drugs affordable and accessible to the masses, including, among others, the following:

- (i) NPPA has fixed ceiling prices of 131 scheduled anti-cancer formulations under NLEM. These include 111 formulations whose prices were fixed under the NLEM, 2015. Refixation of the same under NLEM, 2022 has resulted in reduction of around 21% from the ceiling prices fixed under NLEM, 2015, leading to annual savings of around ₹294.34 crore to patients.

- (ii) NPPA has fixed retail prices of 31 anti-cancer formulations of applicant manufacturing and marketing companies, under the DPCO, 2013 provisions relating to fixing of retail prices of new drugs.
- (iii) In addition, NPPA has put a cap of 30% trade margin on 42 non-scheduled anti-cancer medicines, in public interest, which has resulted in reduction of MRP of 500 brands of these medicines by an average of around 50%. In addition, government has also been regularly rationalizing the duty on anti-cancer drugs to help reduce their prices.

Treatment of major NCDs including Cancer treatment are available under Ayushman Bharat – Pradhan Mantri Jan ArogyaYojana (AB PMJAY). This scheme provides for Rs. 5 lakh per family annually for secondary and tertiary care hospitalization in the empanelled public and private hospitals. The Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants for Treatment (AMRIT) Pharmacies improve access to affordable cancer medicines, stents, and implants, reducing out-of-pocket expenses and supporting long-term treatment adherence.

मातृ एवं शिशु देखभाल अस्पताल

5730. श्री जुगल किशोर:

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

- (क) संघ राज्यक्षेत्र जम्मू और कश्मीर के लम्बेड़ी (नौशेरा) में मातृ और शिशु देखभाल अस्पताल के निर्माण और प्रचालन की वर्तमान स्थिति क्या है;

- (ख) उक्त परियोजना की कुल स्वीकृत लागत कितनी है और इसके वित्तपोषण के स्रोत क्या हैं और क्या इस परियोजना को सरकार द्वारा पूरी तरह से वित्तपोषित किया गया है;
- (ग) विलम्ब के क्या कारण हैं और इसे पूरा करने और इसे पूर्ण रूप से चालू करने के लिए संशोधित समय-सीमा क्या है;
- (घ) क्या निर्माण कार्य अनुमोदित विस्तृत परियोजना रिपोर्ट (डीपीआर) के अनुसार किया जा रहा है;
- (ङ.) यदि हां, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं तथा इसमें किए गए परिवर्तन/संशोधनों का ब्यौरा क्या है; और
- (च) क्या अपेक्षित चिकित्सा, पराचिकित्सा और सहायक कर्मचारियों को तैनात करने के लिए अस्पताल को आधुनिक उपकरणों से लैस करने के लिए कोई व्यापक योजना तैयार की गई है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (च) : राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, भारत सरकार राज्यों/संघ राज्यों क्षेत्रों को उनकी कार्यक्रम कार्यान्वयन योजनाओं में उनके द्वारा किए गए प्रस्तावों के आधार पर, राष्ट्रीय कार्यक्रम समन्वय समिति (एनपीसीसी) द्वारा विधिवत अनुमोदित समग्र संसाधनों के दायरे में आवश्यकता आधारित तकनीकी और वित्तीय सहायता प्रदान करती है।

जम्मू और कश्मीर संघ राज्य क्षेत्र देश के लांबेरी (नौशेरा) में मातृ एवं शिशु परिचर्या अस्पताल (एमसीएच) का निर्माण और संचालन राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत 2021-22 में भारत सरकार और जम्मू एवं कश्मीर संघ राज्य क्षेत्र के बीच 90:10 के आधार पर वित्त पोषण के साथ शुरू किया गया है। वित्त वर्ष 2022-24 के लिए कार्यवाही के अभिलेख (आरओपी) में इस परियोजना को 47.23 करोड़ रुपये की अनुमानित लागत पर अनुमोदन दिया गया था। यह निर्माण कार्य भारत सरकार के भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के

अंतर्गत निर्धारित मानक डिजाइन/लेआउट के अनुसार किया जा रहा है, जैसा कि स्वीकृतियों में निर्धारित है।

यह कार्य अनुमोदित विस्तृत परियोजना रिपोर्ट के अनुसार किया जा रहा है। इसका ब्यौरा संलग्न विवरण में दिया गया है।

विवरण

क्र. सं.	कार्य का नाम	राशि (लाख रुपये में)
क	नागरिक घटक	
1	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु परिचर्या अस्पताल का निर्माण	1453.65
2	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु परिचर्या अस्पताल के लिए स्टाफ क्वार्टर का प्रस्ताव	399.67
3	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु स्वास्थ्य परिचर्या अस्पताल के लिए दो बिस्तरों वाले डॉक्टर क्वार्टर का प्रस्ताव।	673.45
4	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु स्वास्थ्य परिचर्या अस्पताल के लिए प्रस्तावित लॉन्ड्री, सी.एस.एस.डी. कैटीन और ड्राइवर रुम।	191.36
5	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु स्वास्थ्य परिचर्या अस्पताल के लिए प्रस्तावित गैस बैंक	33.80
6	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु स्वास्थ्य परिचर्या अस्पताल के लिए प्रस्तावित विद्युतीकरण कार्य	783.95
7	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु स्वास्थ्य परिचर्या अस्पताल के लिए समतलीकरण/भूदृश्य निर्माण/अस्पताल उपकरण	100.00
8	लैम्बेरी में 100 बिस्तरों वाले मातृ एवं शिशु स्वास्थ्य परिचर्या अस्पताल के लिए फर्नीचर की व्यवस्था।	80.00
9	भूमि की लागत के लिए 1.70 लाख रुपये प्रति कनाल का प्रावधान	0.00
10	जैविक चिकित्सा अपशिष्ट भंडारण कक्ष का प्रावधान	35.15

11	वर्षा जल संचयन का प्रावधान	0.00
12	तीन द्वारों, निकास द्वारों, प्रवेश द्वार और आपातकालीन द्वारों के साथ-साथ चारदीवारी की व्यवस्था।	75.00
13	पहुँच मार्ग के लिए प्रावधान	80.00
कुल (सिविल कार्य)		3906.03
इसमें 3% आकस्मिकता और परामर्श शुल्क जोड़ें		117.18
कुल (सिविल घटक)		4023.21
ख	यांत्रिक घटक	
1	मेडिकल गैस पाइपलाइन, यात्री लिफ्ट, एचवीएसी सिस्टम, अग्निशमन प्रणाली	600.00
कुल योग (सिविल + मैकेनिकल)		4623.21
भूमि अधिग्रहण लागत		100.00
परियोजना की कुल लागत		4723.21

कानपुर, उत्तर प्रदेश में स्वास्थ्य और चिकित्सा पर्यटन

5731. श्री रमेश अवस्थी:

क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:

- (क) क्या उत्तर प्रदेश के कानपुर महानगर, जो "लेदर सिटी" के रूप में प्रसिद्ध है, में एक स्वास्थ्य पर्यटन गंतव्य के रूप में विकसित होने की महत्वपूर्ण संभावनाएं हैं क्योंकि अंतर्राष्ट्रीय व्यापारी और यात्री शहर का दौरा करते हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार कानपुर में आयुर्वेद, योग और अन्य आयुष पद्धतियों पर आधारित कल्याण केन्द्रों, पंचकर्म केन्द्रों या आयुष अस्पतालों की स्थापना/विकास करने के लिए हील इन इंडिया पहल के अंतर्गत कोई योजना बना रही है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का विदेशी रोगियों को आकर्षित करने के लिए कानपुर में आयुष चिकित्सा

संस्थानों को विकसित करने और आयुष चिकित्सकों को अंतर्राष्ट्रीय मानकों के अनुसार प्रशिक्षित करने के लिए कोई विशेष कार्यक्रम आयोजित करने का विचार है;

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

(ङ) क्या सरकार का भविष्य में कानपुर शहर को आयुष आधारित स्वास्थ्य पर्यटन केन्द्र के रूप में विकसित करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख) : सरकार ने देश में आयुष आधारित पर्यटन को बढ़ावा देने के लिए एक व्यापक कार्यनीति अपनाई है। पर्यटन मंत्रालय ने आयुष मंत्रालय सहित अन्य मंत्रालयों के परामर्श से चिकित्सा एवं स्वास्थ्य पर्यटन के लिए एक राष्ट्रीय कार्यनीति और रोडमैप तैयार किया है।

आयुष आधारित उपचार चाहने वाले अंतरराष्ट्रीय आगंतुकों की सुविधा के लिए, सरकार ने 27 जुलाई 2023 को आयुष वीजा की एक अलग श्रेणी शुरू की। आयुष मंत्रालय ने आयुर्वेद और अन्य पारंपरिक चिकित्सा पद्धतियों में चिकित्सा मूल्य यात्रा (एमवीटी) को बढ़ावा देने के लिए मिलकर काम करने हेतु भारतीय पर्यटन विकास निगम (आईटीडीसी), पर्यटन मंत्रालय के साथ एक समझौता ज्ञापन (एमओयू) पर भी हस्ताक्षर किए हैं।

(ग) से (ङ) : आयुष विभाग, उत्तर प्रदेश सरकार द्वारा दी गई सूचना के अनुसार, हाल के वर्षों में आयुष चिकित्सकों के प्रशिक्षण और क्षमता निर्माण की दिशा में केंद्रित प्रयास किए गए हैं। उत्तर प्रदेश प्रशासन एवं प्रबंधन अकादमी (यूपीएएएम) और अस्पताल एवं स्वास्थ्य सेवा प्रदाता राष्ट्रीय प्रत्यायन बोर्ड (एनएबीएच) के माध्यम से गुणवत्तापूर्ण देखभाल को बढ़ाने के लिए नैदानिक प्रबंधन प्रशिक्षण कार्यक्रम आयोजित किए गए हैं। नैदानिक मानकों के सुदृढ़ीकरण के लिए एनएबीएच प्रत्यायन को भी प्रगतिशील रूप से कार्यान्वित करते हुए, कानपुर में, अब तक 7 आयुष्मान आरोग्य मंदिरों को प्रमाणित किया जा चुका है, जबकि 2 पचास बिस्तरों वाले एकीकृत आयुष अस्पताल वर्तमान में एनएबीएच मूल्यांकन के अधीन हैं।

इसके अलावा, आयुष मंत्रालय मानकों में सुधार के लिए मौजूदा आयुष औषधालयों को आयुष्मान आरोग्य मंदिर (आयुष) में उन्नत करने में भी सहयोग कर रहा है।

वर्तमान में, कानपुर में 1 होम्योपैथिक मेडिकल कॉलेज, 2 पचास बिस्तरों वाले एकीकृत आयुष अस्पताल, 25 आयुष्मान आरोग्य मंदिर और 8 योग कल्याण केंद्र हैं जो स्वास्थ्य और कल्याण सेवाएं प्रदान कर रहे हैं।

PARAMEDICAL COURSES

5732. DR. GANAPATHY RAJKUMAR P.:

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

- (a) whether the Government is aware of the fact that Paramedical courses are the next dream of rural and Government school students who cannot become doctors and 90% of those who choose paramedical courses are from poor families and get admission in Government medical colleges on the basis of merit after scoring good marks in Plus two examination, if so, the details thereof;
- (b) whether the Government is also aware of the fact that if this also requires the poor students have to pay a hefty fees for private training/coaching for the NEET exam by the rural poor and students who cannot afford to pay for training is likely not to be able to study this course, if so, the details thereof;
- (c) whether the Government is likely to take necessary action to withdraw the recent announcement made by the National Paramedical and Health Services Commission (NCAHP) to conduct the NEET exam for various

paramedical courses including physiotherapy and occupational therapy from the academic year 2026-27; and

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

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

(a) to (d) : The National Commission for Allied and Healthcare Professions (NCAHP) Act, 2021 was enacted on 28th March 2021 to regulate and maintain uniform standards of education and services rendered by Allied and Healthcare Professionals, ensure the assessment and accreditation of institutions, maintain a Central and State Register of such professionals and to establish a system to improve access, promote research and development adopt scientific advancements and address matters connected therewith or incidental thereto. The Central Government, under the provisions of the NCAHP Act, 2021 constituted the National Commission for Allied and Healthcare Profession. Further, the term “Paramedical” has been replaced by “Allied and Healthcare” as per NCAHP Circular No. Z/103/2024-AHS-DOHFW DEPARTMENT dated 01.07.2025.

As per the provisions mentioned in Section 66 (2) (c) and Section 11(1) (g) of the Act, the Commission decided that the admission in Physiotherapy Under- Graduate (UG) programmes i.e. Bachelor of Physiotherapy and Occupational Therapy Under-Graduate (UG) programmes i.e. Bachelor of Occupational Therapy listed in Categories 3 and 6 respectively of the Schedule

of the NCAHP Act, 2021 shall be through National Eligibility Entrance Test (NEET). However, considering the logistic issues, the admission process through mandatory requirement of appearance in NEET(UG)-2026 examination, for Bachelor of Physiotherapy (B.PT) and Bachelor of Occupational Therapy Under-Graduate programme has been deferred till next academic year 2027-28.

सार्वजनिक स्वास्थ्य बुनियादी ढांचे में कमियां

5733. श्रीमती कलाबेन मोहनभाई देलकर:

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

- (क) क्या केन्द्र सरकार ने विशेषरूप से संघ राज्यक्षेत्र दादरा और नगर हवेली के ग्रामीण और जनजातीय जिलों में सार्वजनिक स्वास्थ्य अवसंरचना में कमियों पर ध्यान दिया है;
- (ख) यदि हां, तो उक्त संघ राज्यक्षेत्र में सरकारी अस्पतालों और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) में चिकित्सकों, विशेषज्ञों और चिकित्सा उपकरणों की कमी को दूर करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं;
- (ग) विगत तीन वर्षों के दौरान प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) और राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) जैसी योजनाओं के अंतर्गत उक्त संघ राज्यक्षेत्र को प्रदान की गई केन्द्रीय वित्तीय सहायता का ब्यौरा क्या है; और
- (घ) क्या सरकार का उक्त संघ राज्यक्षेत्र के अल्पसेवित क्षेत्रों में नए चिकित्सा महाविद्यालय खोलने अथवा जिला अस्पतालों का उन्नयन करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, दादरा और नगर हवेली सहित राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए आवश्यकता-आधारित वित्तीय और तकनीकी सहायता प्रदान की जाती है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही के अभिलेख (आरओपी) के रूप में प्रस्ताव को अनुमोदन प्रदान करती है।

सरकारी अस्पतालों और पीएचसी में चिकित्सा कर्मियों और उपकरणों की कमी को दूर करने के लिए, संघ राज्य क्षेत्र के तहत एनएचएम नियमित भर्ती करता है, जिसे विशेषज्ञ उपलब्धता के प्रबंधन के लिए 2019 में नमो चिकित्सा शिक्षा एवं अनुसंधान संस्थान की स्थापना से और बल मिला है। इसके अतिरिक्त, आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन और एनएचएम अवसंरचना को सुदृढ़ करने और आवश्यक नैदानिक उपकरणों के अधिप्रापण में सहायता करते हैं। स्वास्थ्य अवसंरचना, चिकित्सा सेवाओं और स्वास्थ्य परिचर्या को सुदृढ़ करने के लिए उठाया गया कदम, एनएचएम के तहत शुरू की गई आयुष्मान भारत योजना के 4 स्तंभों के दायरे में आता है, जिनमें शामिल हैं-

- आयुष्मान आरोग्य मंदिर (एएएम)
- प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम)
- प्रधानमंत्री- जन आरोग्य योजना (पीएम-जेएवाई)
- आयुष्मान भारत डिजिटल मिशन (एबीडीएम)

ब्यौरा **विवरण-I** और **विवरण-II** के रूप में संलग्न हैं।

विगत तीन वर्षों के दौरान एनएचएम और पीएम-एबीएचआईएम के तहत केंद्र द्वारा संघ राज्य क्षेत्रों को प्रदान की गई वित्तीय सहायता का विवरण निम्नानुसार है:

वर्ष	निर्गत एनएचएम निधियां (करोड़ में)	निर्गत पीएम- एबीएचआईएम निधियां (करोड़ में)
2022-23	58.28	0.24

2023-24	39.92	0.28
2024-25	40.96	0.53

दीव, दमन, दादरा और नगर हवेली संघ राज्य क्षेत्रों में विगत तीन वर्षों के दौरान शुरू की गई या सतत चल रही स्वास्थ्य अवसंरचना परियोजनाओं का विवरण मंत्रालय की वेबसाइट, अर्थात् <https://एनएचएम.gov.in/index4.php?lang=1&level=0&linkid=73&lid=86> पर वर्ष-वार देखा जा सकता है ।

तथापि, दादरा और नगर हवेली के संघ राज्य क्षेत्र द्वारा किसी भी नए अस्पताल/स्वास्थ्य सुविधा केंद्र के निर्माण और मौजूदा अस्पतालों के उन्नयन के लिए कोई प्रस्ताव प्रस्तुत नहीं किए गए।

विवरण-I

स्वास्थ्य प्रणालियों का सुदृढीकरण

1. **आयुष्मान भारत – आयुष्मान आरोग्य मंदिर (एबी-एएएम):** एबी-एएएम के तहत, मौजूदा उप स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को आयुष्मान आरोग्य मंदिर (एएएम) में उन्नत किया जा रहा है, ताकि कल्याण पर ध्यान केंद्रित करते हुए और समुदाय के निकट सेवाओं की एक विस्तृत श्रृंखला प्रदान करके सार्वभौमिक, निःशुल्क व्यापक प्राथमिक स्वास्थ्य सेवाएं प्रदान की जा सकें। समग्र स्वास्थ्य सेवा वितरण को लक्षित करते हुए प्रोत्साहक, निवारक, उपचारात्मक, पुनर्वास संबंधी और उपशामक परिचर्या तक इन सेवाओं का विस्तार है।

सभी एएएम-पीएचसी और –एएएम-उप केंद्रों में **बाह्य रोगी परिचर्या**, दवाओं के वितरण, निदान सेवाओं, स्वास्थ्य संदेशों की संचार सामग्री प्रदर्शित करने के लिए पर्याप्त स्थान, जिसमें ऑडियो-विजुअल सहायता शामिल है, और योग तथा शारीरिक व्यायाम के अभ्यास सहित **स्वास्थ्य संबंधी कार्यकलापों** के लिए पर्याप्त सामुदायिक स्थान प्रदान किए जाते हैं।

आयुष्मान आरोग्य शिविर स्वास्थ्य संबंधी समस्याओं की एक व्यापक श्रृंखला का समाधान करने के लिए 'वन-स्टॉप' मंच हैं, जो जन-जन तक पहुंचने और स्वास्थ्य सेवाओं के उपयोग को बढ़ाने के लिए एक प्रभावी कार्यनीति सिद्ध हुए हैं। इनका आयोजन उप स्वास्थ्य केंद्र, प्राथमिक स्वास्थ्य केंद्र और सामुदायिक स्वास्थ्य केंद्र पर किया जाता है।

एएएम **ई-संजीवनी** टेलीकंसल्टेशन सेवाएं प्रदान करते हैं, जो सीएचओ/एमओ सहित सेवा प्रदाताओं को माध्यमिक और विशिष्ट केंद्रों के विशेषज्ञों से जोड़ती हैं। इससे प्रत्यक्ष यात्रा की आवश्यकता कम हो जाती है, जिससे मरीजों के लिए लागत और कठिनाइयां कम होती हैं और परिचर्या की निरंतरता भी सुनिश्चित होती है।

एएएम टीम समुदायों के साथ मिलकर काम करती है, जिससे व्यक्तियों, परिवारों और समुदायों को ज्ञान और कौशल के साथ सशक्त बनाया जाता है ताकि वे अपने स्वास्थ्य का ध्यान रख सकें। एएएम स्वस्थ जीवन शैली - संतुलित स्वस्थ आहार, योग, व्यायाम, तंबाकू त्याग और पुरानी बीमारियों से पीड़ित लोगों के लिए आत्म-परिचर्या को बढ़ावा देने के लिए, पारस्परिक संचार और मीडिया (सोशल मीडिया सहित) के उपयोग के माध्यम से स्वास्थ्य साक्षरता में सुधार पर भी ध्यान केंद्रित करता है।

मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ता (आशा) कार्यक्रम राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) की सामुदायिक प्रक्रियाओं का एक प्रमुख घटक है। ये कार्यकर्ता स्थानीय समुदाय की महिलाएँ होती हैं जो समुदाय की स्वास्थ्य परिचर्या की जरूरतों का ध्यान रखती हैं। समुदाय में अपनी सुदृढ़ पकड़ के कारण, वे विभिन्न प्रकार की सेवाओं, घर-घर सर्वेक्षण, टीकाकरण, स्वच्छता प्रथाओं, पोषण और स्वच्छता, प्रजनन और बाल परिचर्या सेवाओं, और संचारी तथा गैर-संचारी रोगों की रोकथाम और नियंत्रण पर जानकारी प्रदान करना सुनिश्चित करती हैं।

2. निःशुल्क निदान सेवा पहल (एफडीएसआई): स्वास्थ्य और परिवार कल्याण मंत्रालय ने सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) प्राप्त करने और सार्वजनिक स्वास्थ्य सुविधाओं में आवश्यक निदानों की निःशुल्क उपलब्धता सुनिश्चित करके स्वास्थ्य परिचर्या पर व्यक्तिगत खर्च

को कम करने के लिए वर्ष 2015 में राष्ट्रीय निःशुल्क निदान सेवा पहल (एफडीएसआई) शुरू की थी। एफडीएसआई दिशानिर्देशों के अनुसार सार्वजनिक स्वास्थ्य सुविधाओं के सभी स्तरों पर निदान की एक व्यापक श्रृंखला की सिफारिश की गई है, जिसमें एसएचसी में 14 परीक्षण, पीएचसी में 63 परीक्षण, सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) में 97 परीक्षण, उप-जिला अस्पतालों (एसडीएच) में 111 परीक्षण और जिला अस्पतालों (डीएच) में 134 परीक्षण शामिल हैं।

3. निःशुल्क दवा सेवा पहल (एफडीएसआई): निःशुल्क दवा सेवा पहल के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय दवाओं के अधिप्रापण और अधिप्रापण की सार्थक प्रणाली का सुदृढ़ीकरण, गुणवत्ता आश्वासन, आपूर्ति श्रृंखला प्रबंधन और भंडार, प्रेसक्रिप्शन ऑडिट, शिकायत निवारण, मानक उपचार दिशानिर्देशों के प्रसार और आईटी सक्षम प्लेटफॉर्म डीवीडीएमएस (दवा और टीका वितरण प्रबंधन प्रणाली) की स्थापना करने में सहायता करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय ने जन स्वास्थ्य सुविधा केंद्रों में सुविधा केंद्र-वार आवश्यक दवाओं की सूची (ईएमएल) उपलब्ध कराने की सिफारिश की है - ईएमएल में उप स्वास्थ्य केंद्र स्तर पर 106 दवाएं, प्राथमिक स्वास्थ्य केंद्र स्तर पर 172, सामुदायिक स्वास्थ्य केंद्र स्तर पर 300, उप-जिला अस्पताल स्तर पर 318 और जिला अस्पताल स्तर पर 381 दवाएं शामिल हैं।

4. सामुदायिक भागीदारी: स्थानीय सरकारों से स्वास्थ्य के लिए अभिशासन, अभिसरण और कार्रवाई हेतु, ग्रामीण क्षेत्रों में ग्रामीण स्वास्थ्य स्वच्छता और पोषण समिति (वीएचएसएनसी) और शहरी क्षेत्रों में महिला स्वास्थ्य समिति (एमएस) जैसे सामुदायिक मंचों को स्वास्थ्य संबंधी बाधाओं और सामाजिक बंधनों को दूर करने के लिए शुरू किया गया है। जन आरोग्य समिति (जेएस) एएएम (एसएचसी-एएएम और पीएचसी-एएएम स्तर पर) में सुविधा केंद्र के प्रबंधन में सामुदायिक भागीदारी के लिए एक संस्थागत मंच के रूप में और एएएम टीम को उसके सामुदायिक स्तर के हस्तक्षेपों में सहायता करने के लिए स्थापित की जा रही हैं।

5. मोबाइल चिकित्सा इकाइयां (एमएमयू): जन स्वास्थ्य सेवाओं तक पहुंच में सुधार के लिए मोबाइल मेडिकल यूनिट्स (एमएमयू), विशेष रूप से दूरस्थ, दुर्गम और अल्प सेवित क्षेत्रों की

आबादी के लिए। इस पहल का प्राथमिक लक्ष्य ग्रामीण, कमजोर और अपेक्षित समुदायों तक सीधे स्वास्थ्य सेवाएं पहुंचाना है।

6. राष्ट्रीय एम्बुलेंस सेवा (एनएएस): एनएचएम, एनएएस के माध्यम से अभिघात सहित विकट और गंभीर बीमारियों वाले रोगियों के आपातकालीन परिवहन को सुदृढ़ करने के लिए राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है।

7. भारतीय जन स्वास्थ्य मानक (आईपीएचएस) 2022: सरकार ने जन स्वास्थ्य सुविधाकेंद्रों में स्वास्थ्य अवसंरचना और सेवाओं की निगरानी और सुधार करने के लिए आईपीएचएस 2022 मानक स्थापित किए हैं। इन मानकों में जन स्वास्थ्य सुविधाकेंद्रों, जैसे उप-केंद्र (एससी), प्राथमिक स्वास्थ्य केंद्र (पीएचसी), सामुदायिक स्वास्थ्य केंद्र (सीएचसी), और जिला अस्पताल (डीएच) की स्थापना के लिए जनसंख्या मानदंड शामिल हैं। इन मानकों में सेवा, अवसंरचना, मानव संसाधनों, निदान, उपकरणों और दवाओं को शामिल किया गया है और राज्यों तथा संघ राज्य क्षेत्रों में जन स्वास्थ्य परिचर्या अवसंरचना संबंधी योजना और उन्नयन के लिए संदर्भ के रूप में काम करते हैं। राज्यों को कमियों का विश्लेषण करने के बाद, आईपीएचएस (आईपीएचएस) के अनुसार अवसंरचना, मानव संसाधनों और सेवाओं को उन्नत करने के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत वित्त पोषण का प्रस्ताव करने की छूट है।

8. राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएस): राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएस) सेवा प्रावधान, रोगी के अधिकार, नैदानिक परिचर्या, संक्रमण नियंत्रण और गुणवत्ता प्रबंधन पर ध्यान केंद्रित करके सार्वजनिक सुविधा केंद्रों में स्वास्थ्य सेवा की गुणवत्ता सुनिश्चित करने और उसमें सुधार करने के लिए एक व्यापक ढांचे के रूप में कार्य करता है। एनएसक्यूएस को 2013 में जिला अस्पतालों के लिए शुरू किया गया और बाद में अन्य प्रकार के सुविधा केंद्रों तक विस्तारित किया गया, इसे आईएसक्यूए, आईआरडीए, और एनएचए जैसे संगठनों द्वारा अंतरराष्ट्रीय स्तर पर मान्यता प्राप्त है।

9. **प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम):** वर्ष 2021 में शुरू की गई, पीएम-अभिम एक केंद्रीय रूप से प्रायोजित योजना है जिसमें कुछ केंद्रीय क्षेत्र के घटक शामिल हैं, जिसका उद्देश्य प्राथमिक, मध्यम और विशिष्ट स्वास्थ्य सुविधाकेंद्रों को सुदृढ़ करना है। यह मिशन व्यापक प्राथमिक स्वास्थ्य सेवाओं, जिसमें निदान और गहन परिचर्या शामिल हैं, तक सार्वभौमिक पहुंच सुनिश्चित करने के लिए जमीनी स्तर के जन स्वास्थ्य संस्थानों को प्रोत्साहित करने पर केंद्रित है। यह योजना सार्वजनिक स्वास्थ्य आपात स्थितियों और रोगों के प्रकोप का प्रभावी ढंग से पता लगाने, जांच करने, रोकने और प्रबंधित करने के लिए आईटी-सक्षम रोग निगरानी प्रणालियों के विस्तार पर जोर देती है, जिससे संकट के समय स्वास्थ्य सेवा प्रणाली अधिक अनुक्रियात्मक बनती है। पीएम- अभिम के तहत, ग्रामीण और शहरी क्षेत्रों में भवनरहित उप-केंद्रों, ब्लॉक-स्तरीय जन स्वास्थ्य इकाइयों, एकीकृत जन स्वास्थ्य प्रयोगशालाओं और गहन परिचर्या अस्पताल ब्लॉकों सहित अवसंरचना के विकास के लिए सहायता प्रदान की जाती है।

10. **आयुष्मान भारत प्रधानमंत्री-जन आरोग्य योजना (एबी पीएम-जेएवाई)** सरकार की एक प्रमुख योजना है जो भारत की आबादी के आर्थिक रूप से कमजोर निचले 40% हिस्से, यानी 12 करोड़ परिवारों को मध्यम और विशिष्ट परिचर्या के लिए अस्पताल में भर्ती होने पर प्रति परिवार प्रति वर्ष 5 लाख रुपये का स्वास्थ्य कवर प्रदान करती है। दिनांक 29.10.2024 को, इस योजना का विस्तार करते हुए 70 वर्ष और उससे अधिक आयु के 6 करोड़ वरिष्ठ नागरिकों को, जो 4.5 करोड़ परिवारों का प्रतिनिधित्व करते हैं, उनके सामाजिक-आर्थिक स्थिति के निरपेक्ष वय वंदना कार्ड के माध्यम से शामिल किया गया।

11. **आयुष्मान भारत डिजिटल मिशन (एबीडीएम)** का उद्देश्य एक ऑनलाइन प्लेटफॉर्म बनाना है जो स्वास्थ्य पारिस्थितिकी तंत्र के भीतर स्वास्थ्य डेटा की अंतर-संचालनीयता को सक्षम बनाता है। मिशन के मुख्य घटकों में नागरिकों के लिए आयुष्मान भारत स्वास्थ्य लेखा (एबीएचए), स्वास्थ्य पेशेवर रजिस्ट्री (एचपीआर), स्वास्थ्य सुविधा केंद्र रजिस्ट्री (एचएफआर), और एबीएचए एप्लिकेशन शामिल हैं। एबीडीएम द्वारा बनाया गया डिजिटल स्वास्थ्य पारिस्थितिकी

तंत्र प्राथमिक, मध्यम और विशिष्ट स्वास्थ्य परिचर्या में परिचर्या का निर्बाध रूप से अनुरक्षण करता है।

12. स्थानीय सरकार के माध्यम से 15वां-वित्त आयोग स्वास्थ्य अनुदान – 15वें-वित्त आयोग ने स्थानीय सरकारों के माध्यम से अनुदान की सिफारिश की, जिसमें प्राथमिक स्वास्थ्य सेवा को सुदृढ़ करने के लिए वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक, पांच वर्षों में ₹70,051 करोड़ आवंटित किए गए। यह वित्त पोषण विभिन्न ग्रामीण स्वास्थ्य परिचर्या घटकों का समर्थन करता है, जिसमें भवनरहित उप-केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), और सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) का विकास शामिल भी है। यह ग्रामीण पीएचसी और उप-स्वास्थ्य केंद्रों (एसएचसी) को आयुष्मान आरोग्य मंदिर में अंतरित करने, प्राथमिक स्वास्थ्य परिचर्या सुविधाओं में निदान अवसंरचना को संवर्धित करने और ब्लॉक-स्तरीय जन स्वास्थ्य इकाइयों की स्थापना करने में भी सुविधा प्रदान करता है, जिसमें आदिवासी क्षेत्रों और आकांक्षी जिलों पर विशेष ध्यान दिया जाता है।

13. विशेषज्ञों की उपलब्धता बढ़ाने के लिए, एनएचएम (एनएचएम) प्रावधानों में छूट प्रदान करता है, जिनमें निम्नलिखित शामिल हैं:

- सरकार एनएचएम के तहत अभिनव "यू कॉट वी पे" योजना के माध्यम से जन स्वास्थ्य सुविधाकेंद्रों में विशेषज्ञों की भर्ती और उन्हें बनाए रखने में राज्यों की सहायता करती है, जो विशेषज्ञों को आकर्षक और परस्पर सहमति से निर्धारित वेतन दिए जाने की अनुमति देती है। आवश्यकता पड़ने पर विशेषज्ञों को मामला-दर-मामला आधार पर नियुक्त करने का भी प्रावधान है।
- दूरस्थ और अल्पसेवित क्षेत्रों में कमी को दूर करने के लिए, एनएचएम के तहत नियुक्ति के स्थान के आधार पर भिन्न-भिन्न वेतन का प्रावधान उपलब्ध है। कई राज्यों ने सेवाएं प्रदान करने में दुर्गमता के स्तर के आधार पर अपने सभी ब्लॉकों

और सुविधाकेंद्रों को वर्गीकृत किया है। इन क्षेत्रों में तैनात कर्मचारियों को जब तक वे वहां तैनात रहते हैं, तब तक दूरस्थ/दुर्गम क्षेत्र भत्ते के रूप में एक अतिरिक्त धनराशि दी जाती है।

- सेवा की उपलब्धता सुनिश्चित करने के लिए जहाँ भी आवश्यक हो, विशेषज्ञ सेवाओं का आंतरिक-स्रोतिकरण।
- राज्य प्रदर्शन-आधारित/टीम-आधारित प्रोत्साहन भी प्रदान कर सकता है, बशर्ते प्रदर्शन की परिभाषित सीमा से अधिक हासिल किया गया हो।
- भारत सरकार दुर्गम क्षेत्रों में निश्चित-अवधि की नियुक्ति और टीम, उपकरणों और आपूर्ति, तथा आवास/यात्रा हॉस्टल की उपलब्धता के मामले में कार्य परिस्थितियों को सुगम बनाना सुनिश्चित करने की भी सिफारिश करती है।
- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन निष्पादित करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने हेतु स्त्रीरोग विशेषज्ञों/ आपातकालीन प्रसूति परिचर्या (ईएमओसी) प्रशिक्षित, बालरोग विशेषज्ञों और एनेस्थेटिस्ट/ जीवन रक्षक एनेस्थीसिया कौशल (एलएसएस) प्रशिक्षित डॉक्टरों को मानदेय भी प्रदान किया जाता है।
- चिकित्सा अधिकारियों के लिए ईएमओसी और एलएसएस जैसे अल्पकालिक इन-सर्विस प्रशिक्षण कार्यक्रमों सहित बहु-कौशल, और इन-सर्विस प्रशिक्षण के माध्यम से निरंतर क्षमता निर्माण जैसे उपायों का भी समर्थन किया जाता है।

इन प्रावधानों का उपयोग दादरा और नगर हवेली सहित सभी राज्यों/संघ राज्य क्षेत्रों द्वारा किया जा सकता है और उन्हें अपनी विशिष्ट आवश्यकताओं और उपलब्ध संसाधन आवरण के आधार पर अपने कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में बजटीय सहायता का प्रस्ताव करने के लिए कहा जाता है।

विवरण-II**एनएचएम के अंतर्गत कार्यक्रम और योजनाएँ**

<u>स्वास्थ्य प्रणालियों का सुदृढीकरण</u>	
1.	स्वास्थ्य परिचर्या अवसंरचना क. आयुष्मान आरोग्य मंदिर (एबी-एएम) ख. प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) ग. 15वीं वित्त आयोग द्वारा स्थानीय निकायों को स्वास्थ्य अनुदान
2.	निःशुल्क निदान सेवा पहल (एफडीएसआई)
3.	निःशुल्क औषधि सेवा पहल (एफडीएसआई)
4.	मोबाइल मेडिकल यूनिट्स (एमएमयू)
5.	राष्ट्रीय एम्बुलेंस सेवाएँ (एनएसएस)
6.	भारतीय जन स्वास्थ्य मानक (आईपीएस) 2022
7.	राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्सूएस)
<u>प्रजनन, मातृ, नवजात, बाल और किशोर स्वास्थ्य</u>	
8.	जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)
9.	राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके)
10.	राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके)
11.	सार्वभौमिक टीकाकरण कार्यक्रम
12.	मिशन इंद्रधनुष (एमआई)
13.	जननी सुरक्षा योजना (जेएसवाई)
14.	प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए)
15.	नवजात शिशु सुरक्षा कार्यक्रम (एनएसएसके)
16.	राष्ट्रीय परिवार नियोजन कार्यक्रम
17.	लक्ष्य कार्यक्रम (प्रसव कक्ष गुणवत्ता सुधार पहल)
<u>राष्ट्रीय पोषण कार्यक्रम</u>	
18.	राष्ट्रीय आयोडीन कमी विकार नियंत्रण कार्यक्रम
19.	शिशु और छोटे बच्चे के पोषण के लिए माँ का पूर्ण स्नेह (एमएए) कार्यक्रम
20.	राष्ट्रीय फ्लोरोसिस रोकथाम और नियंत्रण कार्यक्रम (एनपीपीसीएफ)
21.	एनीमिया नियंत्रण के लिए राष्ट्रीय आयरन प्लस पहल
22.	मिड-डे मिल योजना
<u>संचारी रोग</u>	
23.	एकीकृत रोग निगरानी कार्यक्रम (आईडीएसपी)
24.	संशोधित राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रम (आरएनटीसीपी)
25.	राष्ट्रीय कुष्ठ उन्मूलन कार्यक्रम (एनएलईपी)
26.	राष्ट्रीय वेक्टरजनित रोग नियंत्रण कार्यक्रम (एनवीबीडीसीपी)
27.	राष्ट्रीय एड्स नियंत्रण कार्यक्रम (एनएसीपी)

28.	पल्स पोलियो कार्यक्रम
29.	राष्ट्रीय वायरल हेपेटाइटिस नियंत्रण कार्यक्रम (एनवीएचसीपी)
30.	राष्ट्रीय रेबीज नियंत्रण कार्यक्रम
31.	प्रतिजैविक प्रतिरोध नियंत्रण पर राष्ट्रीय कार्यक्रम (एएमआर)
गैर-संचारी रोग	
32.	राष्ट्रीय तंबाकू नियंत्रण कार्यक्रम (एनटीसीपी)
33.	राष्ट्रीय गैर-संचारी रोग कार्यक्रम (एनपी-एनसीडी)
34.	राष्ट्रीय व्यावसायिक रोग नियंत्रण और उपचार कार्यक्रम
35.	राष्ट्रीय बधिरता रोकथाम और नियंत्रण कार्यक्रम (एनपीपीसीडी)
36.	राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम
47.	राष्ट्रीय दृष्टिबाधितता एवं दृष्टिहीनता नियंत्रण कार्यक्रम (एनपीसीबी एंड वीआई)
38.	प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी)
39.	राष्ट्रीय वरिष्ठ नागरिक स्वास्थ्य परिचर्या कार्यक्रम (एनपीएचसीई)
40.	राष्ट्रीय ट्रॉमा एवं बर्न्स कार्यक्रम (एनपीपीएमबीआई)
41.	राष्ट्रीय ओरल हेल्थ कार्यक्रम
42.	राष्ट्रीय सिकल सेल एनीमिया उन्मूलन मिशन

दयनीय स्थिति में महिलाओं के लिए पहल

5734. श्री मनसुखभाई धनजीभाई वसावा:

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

(क) क्या सरकार ने वेश्यावृत्ति की ओर रुख करने वाली महिलाओं का आकलन कराया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) ऐसी महिलाओं की दयनीय स्थिति में सुधार लाने के लिए सरकार द्वारा उठाए जा रहे कदमों का ब्यौरा क्या है; और

(ग) विगत तीन वर्षों के दौरान राष्ट्रीय राजधानी और अन्य महानगरों में कितनी महिला भिखारियों को पकड़ा गया है?

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

(क) से (ग) : महिला एवं बाल विकास मंत्रालय राष्ट्रीय राजधानी और अन्य महानगरों में वेश्यावृत्ति की ओर रुख करने वाली महिलाओं और पकड़ी गई महिला भिखारियों की संख्या के संबंध में केंद्रीकृत आंकड़े नहीं रखता है।

भारत के संविधान की सातवीं अनुसूची के अंतर्गत 'पुलिस' और 'लोक व्यवस्था' राज्य के विषय हैं। कानून व्यवस्था बनाए रखने, नागरिकों के जीवन और संपत्ति की सुरक्षा करने, तथा महिलाओं के प्रति अपराधों की जांच एवं अभियोजन का दायित्व संबंधित राज्य सरकारों और संघ राज्य क्षेत्र के प्रशासनों पर है तथा वे मौजूदा कानूनों के प्रावधानों के तहत ऐसे अपराधों से निपटने के लिए सक्षम हैं।

भारत सरकार ने मानव दुर्व्यापार और व्यावसायिक लैंगिक शोषण तथा संबंधित अपराधों से निपटने के लिए अनैतिक व्यापार (रोकथाम) अधिनियम, 1956 (आईटीपीए) अधिनियमित किया है। यह अधिनियम वेश्यावृत्ति को व्यावसायिक लैंगिक शोषण के संदर्भ में परिभाषित करता है और ऐसे शोषण में सहायता करने को बढ़ावा देने या उससे लाभ कमाने वालों के विरुद्ध दंडात्मक कार्रवाई का प्रावधान करता है। इस अधिनियम के कार्यान्वयन की जिम्मेदारी मुख्य रूप से राज्य सरकारों और संघ राज्य क्षेत्र के प्रशासनों की है।

महिला एवं बाल विकास मंत्रालय 'मिशन शक्ति' नामक एक मिशन-आधारित योजना कार्यान्वित करता है, जिसका उद्देश्य देशभर में महिलाओं की सुरक्षा, संरक्षा और सशक्तिकरण के लिए किए जा रहे प्रयासों को सुदृढ़ करना है। मिशन शक्ति के दो मुख्य वर्टिकल हैं: महिलाओं की सुरक्षा के लिए 'संबल' और सशक्तिकरण के लिए 'सामर्थ्य'। 'संबल' के तहत, वन स्टॉप सेंटर (ओएससी), निजी और सार्वजनिक दोनों क्षेत्रों में हिंसा से प्रभावित और संकटग्रस्त महिलाओं को एक ही स्थान पर एकीकृत सहायता और समर्थन प्रदान करता है। यह जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता और परामर्श, अस्थायी आश्रय, पुलिस सहायता और मनोसामाजिक परामर्श सहित विभिन्न सेवाएं भी प्रदान करता है। इसके अलावा, संबल के अंतर्गत महिला हेल्पलाइन (डब्ल्यूएचएल) का उद्देश्य सार्वजनिक और निजी दोनों क्षेत्रों में महिलाओं को

टेलीफोन शॉर्टकोड 181 के माध्यम से चौबीसों घंटे सातों दिन आपातकालीन और गैर-आपातकालीन सहायता प्रदान करना है। इसके द्वारा महिलाओं को पुलिस, वन स्टॉप सेंटर, अस्पताल, विधिक सेवा प्राधिकरण आदि जैसे उपयुक्त प्राधिकरणों से जोड़ा जाता है। इसके अतिरिक्त, यह महिलाओं के कल्याण से संबंधित योजनाओं और कार्यक्रमों के बारे में जानकारी भी प्रदान करती है। महिला हेल्पलाइन 35 राज्यों और संघ राज्य क्षेत्रों में कार्यशील है और आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112) के साथ एकीकृत है। सामर्थ्य के तहत शक्ति सदन मानव दुर्व्यापार की शिकार महिलाओं सहित संकटग्रस्त परिस्थितियों में फँसी महिलाओं के लिए एक एकीकृत राहत और पुनर्वास केंद्र है। इसका उद्देश्य संकटग्रस्त परिस्थितियों में महिलाओं के लिए सुरक्षित और सहायक वातावरण बनाना है, ताकि वे प्रतिकूल परिस्थितियों से उबर सकें। संकटग्रस्त महिलाओं को राहत और पुनर्वास सेवाएं प्रदान करने में पारदर्शिता और सुगमता बढ़ाने के उद्देश्य से, महिला एवं बाल विकास मंत्रालय ने 22.01.2025 को मिशन शक्ति डैशबोर्ड (<https://missionshakti.wcd.gov.in/>) शुरू किया। इस डैशबोर्ड पर मानव दुर्व्यापार विरोधी इकाइयों (एचटीयू), विभिन्न योजनाओं के नोडल अधिकारियों की अद्यतन सूचियां उपलब्ध हैं, जिनमें ओएससी, डब्ल्यूएचएल, शक्ति सदन, सखी निवास इत्यादि शामिल हैं। इस पोर्टल पर सभी प्रमुख हेल्पलाइन नंबर भी सार्वजनिक उपयोग के लिए उपलब्ध हैं। मिशन शक्ति डैशबोर्ड का डेटा मिशन शक्ति मोबाइल एप्लिकेशन के माध्यम से भी उपलब्ध है। संकटग्रस्त महिला अब इस पोर्टल और मोबाइल एप्लिकेशन दोनों के माध्यम से अपने निकटतम ओएससी से अपॉइंटमेंट बुक कर सकती है।

भारत सरकार ने महिलाओं की सुरक्षा और संरक्षा बढ़ाने के उद्देश्य से शुरू की गई पहलों के कार्यान्वयन हेतु "निर्भया कोष" नामक एक विशिष्ट कोष स्थापित किया है। निर्भया कोष के अंतर्गत सभी परियोजनाएं/योजनाएं मांग आधारित हैं। यह कोष मंत्रालयों, विभागों, राज्यों और संघ राज्य क्षेत्रों को विभिन्न परियोजनाओं के कार्यान्वयन हेतु वित्तीय सहायता प्रदान करता है, जैसे - आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112), महिलाओं और बच्चों के प्रति

साइबर अपराध की रोकथाम (सीसीपीडब्ल्यूसी), 8 प्रमुख शहरों अर्थात् अहमदाबाद, बेंगलुरु, चेन्नई, दिल्ली, हैदराबाद, कोलकाता, लखनऊ और मुंबई में सुरक्षित शहर परियोजना, पुलिस थानों में महिला सहायता डेस्क (डब्ल्यूएचडी), मानव तस्करी विरोधी इकाइयां (एचटीयू), राज्य फोरेंसिक प्रयोगशालाओं (एसएफएसएल) में डीएनए विश्लेषण, साइबर फोरेंसिक और संबंधित सुविधाओं को सुदृढ़ करना, बलात्कार के और पॉक्सो अधिनियम के तहत लंबित मामलों के निपटारे के लिए विशेष पॉक्सो न्यायालयों सहित फास्ट ट्रैक स्पेशल कोर्ट (एफटीएससी) की स्थापना इत्यादि।

बिहार में जिला अस्पतालों का सुदृढ़ीकरण

5735. श्री रामप्रीत मंडल:

श्री दिनेश चंद्र यादव:

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

- (क) क्या सरकार को इस बात की जानकारी है कि बिहार के सभी सरकारी अस्पतालों, विशेषकर सदर जिला अस्पतालों की स्थिति अत्यंत खराब है;
- (ख) यदि हां, तो क्या सरकार का राज्य में जिला सदर अस्पतालों को सुदृढ़ करने के लिए किसी योजना को कार्यान्वित करने का विचार है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या सरकार का उक्त राज्य के ग्रामीण क्षेत्रों में प्राथमिक औषधालयों को सुदृढ़ करने का विचार है; और
- (घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

- (क) से (घ) : 'जन स्वास्थ्य' और 'अस्पताल' राज्य से संबंधित विषय है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) बिहार सहित पूरे देश में स्वास्थ्य अवसंरचना में सुधार, स्वास्थ्य सुविधाकेंद्रों में मानव

संसाधनों, गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुँच के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय (एमओएचएफडब्ल्यू), एनएचएम के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। मानदंडों और उपलब्ध संसाधनों के अनुसार प्रस्तावों को कार्यवाही के अभिलेख (आरओपी) के रूप में अनुमोदन दिया जाता है।

आयुष्मान आरोग्य मंदिर (एएएम) पोर्टल पर राज्यों/ संघ राज्य क्षेत्रों द्वारा दी गई सूचना के अनुसार, देश में उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके बिहार के 12,382 एएएम सहित कुल 1.84 लाख एएएम को कार्यशील बनाया गया है, जो निवारक, प्रोत्साहक, उपशामक, पुनर्वास संबंधी और उपचारात्मक परिचर्या सहित व्यापक प्राथमिक स्वास्थ्य सेवाओं की 12 विस्तारित श्रेणियाँ प्रदान करते हैं।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) का उद्देश्य एसएचसी, शहरी एएम, ब्लॉक जन स्वास्थ्य इकाइयों (बीपीएचयू), एकीकृत जिला जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) और गहन चिकित्सा अस्पताल ब्लॉकों (सीसीबी) के लिए अवसंरचना विकास में सहायता करना है। पीएम- एबीएचआईएम के तहत बिहार राज्य को 2546 भवन-रहित एएएम, 158 बीपीएचयू, जिला स्तर पर 38 आईपीएचएल और जिला अस्पताल एवं चिकित्सा महाविद्यालय स्तर पर 38 सीसीबी के निर्माण/सुदृढ़ीकरण हेतु 3109.33 करोड़ रुपये का प्रशासनिक अनुमोदन दिया गया है।

पंद्रहवें वित्त आयोग (एफसी-XV) ने स्वास्थ्य क्षेत्रों के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से अनुदान की सिफारिश की है। बिहार राज्य के लिए वित्त वर्ष 2021-22 से 2025-26 तक पंद्रहवें वित्त आयोग (एफसी-XV) स्वास्थ्य अनुदान के तहत कुल 6017 करोड़ रुपये की धनराशि आवंटित की गई है।

EFFECTIVENESS OF AB-PMJAY IN PUNJAB**5736. SHRIMATI HARSIMRAT KAUR BADAL:**

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

- (a) whether the Union Government is aware that the State of Punjab has converged Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana into a State scheme which has resulted to around 20 lakh authorised hospital admissions so far;
- (b) if so, the details thereof;
- (c) the total number of beneficiary families and hospital admissions in the said State, since the inception of the scheme along with the total claim amount approved, district-wise;
- (d) whether the Government has assessed the effectiveness of Ayushman Bharat in Punjab in terms of awareness, hospital empanelment and actual utilisation by eligible beneficiaries, if so, the details thereof; and
- (e) the concrete steps being taken by the Union Government in coordination with the State Government to improve awareness and card generation and to strengthen the empanelment and monitoring of hospitals?

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

(a) to (e) : Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides health coverage of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization. In the State of Punjab, the scheme is implemented

in convergence with the state scheme Mukhyamantri Sehat Bima Yojana since August 2019.

As on 28.02.2026, a total of 1.01 crore Ayushman cards have been created in the state of Punjab. The district - wise details of Ayushman cards created in the state can be accessed at <https://dashboard.nha.gov.in/public/card> as on 28.02.2026, 33.16 lakh hospital admissions have been authorized in the state of Punjab under the scheme. The district - wise details of hospital admissions and approved claims are given in the enclosed **Statement**.

as on 28.02.2026, a total of 847 hospitals have been empanelled in the state of Punjab. The district-wise list of empanelled hospitals in the State can be accessed at <https://hem.nha.gov.in/search>

Further, National Health Authority (NHA) along with State Health Agencies, has taken several measures to increase Ayushman card saturation. In this regard, NHA implemented “Aapke Dwar Ayushman”, a mission-mode campaign that mobilized an on-ground taskforce consisting of frontline workers, and agents from service providers such as Common Service Centres to undertake door-to-door visits to mobilize beneficiaries and assist them in creating Ayushman cards.

The Beneficiary Identification System (BIS-2.0) allows self-verification thereby eliminating unnecessary intermediaries. Ayushman Mobile Application enables on-the-go beneficiary verification and card creation using face-auth technology.

The scheme has a comprehensive media and outreach strategy to spread awareness and empower beneficiaries. This includes advertisement over various media platforms including newspapers, community radio, street plays, digital displays, radio campaigns, mass messaging, telecast of beneficiary testimonials etc. In addition to this, the beneficiaries may call at 24x7 toll free helpline number 14555 for any scheme related assistance/queries.

STATEMENT

District-wise details of hospital admissions and claims approved amount under AB-PMJAY in the state of Punjab (as on 28.02.2026):

District	Hospital admissions count (number in lakh)	Claims approved amount (in crore of rupees)
Amritsar	1.70	233.00
Barnala	0.93	114.73
Bathinda	2.20	332.32
Faridkot	1.07	140.06
Fatehgarh Sahib	1.27	104.76
Fazilka	1.13	181.58
Ferozepur	1.46	197.50
Gurdaspur	1.49	141.44
Hoshiarpur	1.69	153.92
Jalandhar	2.15	212.50

Kapurthala	0.75	70.69
Ludhiana	2.69	252.49
Malerkotla	0.08	11.84
Mansa	0.85	153.59
Moga	1.44	174.73
Pathankot	0.71	63.94
Patiala	3.86	350.79
Rupnagar	1.37	111.68
S.A.S Nagar	1.76	118.99
Sangrur	1.73	232.51
Shahid Bhagat Singh Nagar	0.78	69.42
Sri Muktsar Sahib	1.32	186.04
Tarn Taran	0.72	103.85

BASIC FACILITIES AT AWCs IN MAHARASHTRA

5737. SHRI SANJAY DINA PATIL:

PROF. VARSHA EKNATH GAIKWAD:

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

- (a) the number of Anganwadi Centres in the State of Maharashtra currently operating without functional toilets, safe drinking water or adequate infrastructure and the steps taken to address these gaps;
- (b) the status of data captured under the Poshan Tracker in tribal and nutritionally vulnerable districts of Maharashtra and the latest available figures on stunting, wasting and underweight children;
- (c) whether the Government has assessed the adequacy of Anganwadi infrastructure and service delivery in densely populated urban areas of Mumbai, particularly in informal settlements, if so, the details thereof;
- (d) the number of children in need of care and protection identified in Mumbai under Mission Vatsalya and utilisation of funds for their rehabilitation district-wise; and
- (e) the measures taken to strengthen nutrition services, Anganwadi infrastructure and child protection mechanisms in metropolitan areas such as Mumbai?

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

(a) to (e) : Under Mission Saksham Anganwadi and Poshan 2.0, various steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs). During 15th Finance Commission cycle, 50,000 Anganwadi Centres are being constructed @10000 AWCs per year in convergence with MGNREGS wherein Rs.8.00 Lakh is 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 shared between Centre and States and UTs in the prescribed cost sharing ratio.

Further, States and 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, Multi- Sectoral Development Programme (MSDP) of Ministry of Minority Affairs, etc.

Various other initiatives have been undertaken for construction of AWCs under PM JANMAN and Dharti Abha Janjatiye Gram Utkarsh Abhiyan for the targeted development of Tribal population and VVP (Vibrant Village Programme) - Phase I, focusing on Northern border areas.

Also, in order to improve the infrastructure facilities at 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.

In convergence with Department of School Education and Literacy, Ministry of Education Guidelines for Co-locating AWCs within Government Primary Schools have been jointly launched on 3rd September, 2025 to strengthen ECCE and Foundational Literacy and Numeracy (FLN) services. In places where physical co-location is not possible, AWCs are to be mapped with the nearest primary school.

Under Mission Poshan 2.0, two lakh AWCs located in Government buildings @ 40,000 AWCs per year are being strengthened as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadis are provided with better infrastructure than the conventional Anganwadi centres with LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BALA) paintings.

Further, AWCs have been technologically empowered with the provision of smartphones and growth monitoring devices for efficient monitoring and delivery of services.

For last mile tracking of Service Delivery, Ministry of Women and Child Development (MWCD) has developed Facial Recognition System (FRS) in Poshan Tracker Application for distribution of Take-Home Ration to ensure that benefit is given only to the intended beneficiary registered in Poshan Tracker.

The Nominee Module has been introduced in Poshan Tracker to ensure uninterrupted delivery of Take-Home Ration (THR) to Pregnant Women, Lactating Mothers, and Adolescent Girls under Saksham Anganwadi and Mission Poshan 2.0. If due to any reason, the registered beneficiary (Pregnant Women, Lactating Mother and Adolescent girl) is unable to visit the Anganwadi Centre to receive their THR through FRS, she can nominate a nominee on her behalf to receive her THR. Nominee has to undergo e-KYC only ONCE. But face matching will be done every time for receiving THR on

behalf of the beneficiary. Even after addition of the nominee, beneficiary can still receive the THR at the Anganwadi Center if the nominee has not received it already.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The implementation of the scheme falls under the ambit of State Governments and UTs administrations.

The district wise number of Anganwadi Centres (AWCs) functioning in the State of Maharashtra under Mission Saksham Anganwadi & Poshan 2.0 indicating the number of availability of functional toilets, drinking water, infrastructure and growth monitoring indicators are available at the link: <https://www.poshantracker.in/statistics> .

The Ministry of women and Child Development is the nodal Ministry for the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) which is the primary legislation for ensuring safety, security, dignity and well-being of children and is implemented by the States and UTs. The Act creates statutory structures at the State and District levels which include State Child Protection Society, Child Welfare Committees, Juvenile Justice Boards (JJBs), District Child Protection Units. It also provides for establishment of Child Care Institutions (CCIs).

Under the JJ Act, 2015 (Sections 27-30), the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection, keeping their best interest in mind.

They are also mandated to monitor the function of the Child Care Institutions (CCIs).

This Ministry is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya', through the State and UT Governments to deliver various services for Children in Need of Care and Protection (CNCP) as well as Children in Conflict with Law (CCL). These services include Institutional Care and Non-Institutional Care. The Child Care Institutions (CCIs) established under the Mission Vatsalya scheme support, inter-alia, age-appropriate education, access to vocational training, recreation, health care, counselling etc. Under non-institutional care, support is provided to the children through Sponsorship, Foster Care, Adoption and After Care.

During Financial Year 2024-25, Rs. 144.97 Cr. were released to State Govt. of Maharashtra for implementation of Mission Vatsalya. Further, 3667 children were benefitted through CCIs and 32520 children were supported under non-institutional care of Mission Vatsalya.

IMPACT OF CONSTRUCTION OF DAM ON ARUNACHAL PRADESH

5738. SHRI T. R. BAALU:

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

- (a) whether attention of the Government has been drawn to the several print media reports that China has started construction of the world's largest dam 50 kms from border which has potential of having devastating impact on Arunachal Pradesh, if so, the details thereof; and

(b) whether India has opposed the dam project and taken up the issue with Chinese authorities 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) : Government of India has taken note of reports about commencement of construction of mega dam project by China on the lower reaches of the Yarlung Tsangpo (upper reaches of the Brahmaputra) River in Tibet. This project was first made public as far back as 1986 and since then, preparations have been underway in China to implement the project. Government carefully monitors all developments relating to the Brahmaputra river, including plans by China to develop hydropower projects, and takes necessary measures to protect our interests, including preventive and corrective measures to safeguard life and livelihood of Indian citizens residing in downstream areas.

Various issues relating to trans-border rivers are discussed with China under the ambit of an institutionalised Expert Level Mechanism which was established in 2006, as well as through diplomatic channels. As a lower riparian state with considerable established user rights to the waters of the trans-border rivers, Government has consistently conveyed its views and concerns to the Chinese authorities, including on the need for transparency and consultation with downstream countries and has urged them to ensure that

the interests of downstream states are not harmed by any activities in upstream areas.

The need for cooperation on trans-border rivers, including resumption of provision of hydrological data by the Chinese side has been highlighted by the Government in several bilateral interactions with China including during the Prime Minister's meeting with President Xi Jinping on the sidelines of the SCO summit in Tianjin on 31 August 2025.

उत्तर प्रदेश में आंगनवाड़ी केंद्रों का उन्नयन

5739. श्री उत्कर्ष वर्मा मधुर:

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

- (क) क्या उत्तर प्रदेश के लखीमपुर खीरी में विद्यमान आंगनवाड़ी केंद्रों को 'सक्षम आंगनवाड़ी' के रूप में उन्नत करने का कोई प्रस्ताव सरकार के पास विचाराधीन है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके अंतर्गत अब तक आधुनिक सुविधाओं से युक्त केंद्रों की संख्या कितनी है;
- (ग) 'पोषण अभियान 2.0' के अंतर्गत पिछले दो वर्षों के दौरान खीरी जिले में गंभीर तीव्र कुपोषित (एसएएम) और मध्यम तीव्र कुपोषित (एमएएम) बच्चों की संख्या में कितनी कमी आई है;
- (घ) खीरी लोक सभा निर्वाचन क्षेत्र में पिछले तीन वर्षों के दौरान इस योजना के अंतर्गत नकद प्रोत्साहन प्रदान किए गए लाभार्थियों की कुल संख्या कितनी है; और
- (ङ) क्या सरकार द्वारा पंजीकरण प्रक्रिया को और सरल बनाने के लिए कोई कदम उठाए गए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख) : 15वें वित्त आयोग चक्र के दौरान, मिशन सक्षम आंगनवाड़ी और पोषण 2.0 के तहत बेहतर पोषण प्रदायगी तथा प्रारंभिक बाल्यावस्था देखरेख और विकास के लिए प्रति वर्ष 40,000 आंगनवाड़ी केंद्रों की दर से 2 लाख सरकारी आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी के रूप में मजबूत और उन्नत किया जा रहा है। सक्षम आंगनवाड़ी केंद्रों में पारंपरिक आंगनवाड़ी केंद्रों की तुलना में बेहतर अवसंरचना उपलब्ध होती है, जिसमें एलईडी स्क्रीन, जल शोधक/आरओ मशीन लगाना, पोषण वाटिका, ईसीसीई और बाला पेंटिंग आदि शामिल हैं। किसी आंगनवाड़ी केंद्र को सक्षम आंगनवाड़ी केंद्र में उन्नत करने के लिए सरकारी भवन, बिजली, पेयजल सुविधा, कार्यशील शौचालय और रसोईघर की उपलब्धता जैसी पूर्व-शर्तें हैं।

अब तक, कुल 2 लाख आंगनवाड़ी केंद्रों को सक्षम आंगनवाड़ी केंद्रों के रूप में उन्नत करने की मंजूरी दी गई है, जिसमें उत्तर प्रदेश राज्य के लखीमपुर खीरी जिले के 613 आंगनवाड़ी केंद्र भी शामिल हैं।

(ग) : पोषण ट्रेकर के आंकड़ों के अनुसार पिछले दो वर्षों के दौरान खीरी जिले में गंभीर तीव्र कुपोषण (एसएएम) और मध्यम तीव्र कुपोषण (एमएएम) से पीड़ित बच्चों की संख्या इस प्रकार है:

बाल लाभार्थियों की संख्या	फ़रवरी-24	फ़रवरी -25	फ़रवरी -26
महीने के दौरान मापे गए (ऊंचाई और वजन) कुल एक्टिव बच्चों की संख्या	3,91,252	3,90,722	3,00,757
एसएएम की संख्या	3,487	585	63
एमएएम की संख्या	14,471	5,130	679

(घ) : मिशन सक्षम आंगनवाड़ी और पोषण 2.0 का उद्देश्य पोषण सामग्री और प्रदायगी में कार्यनीतिक बदलाव के माध्यम से और स्वास्थ्य, कल्याण और प्रतिरक्षा को बढ़ावा देने वाली पद्धतियों को विकसित और प्रोत्साहित करने के लिए एक समन्वित इको-सिस्टम के निर्माण द्वारा बच्चों, किशोरियों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं में कुपोषण की चुनौतियों का समाधान करना है।

इस मिशन के तहत, पात्र लाभार्थियों को छह सेवाओं का एक पैकेज प्रदान किया जाता है, जिनमें पूरक पोषण (एसएनपी), प्री-स्कूल अनौपचारिक शिक्षा, पोषण एवं स्वास्थ्य शिक्षा, टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं शामिल हैं। इन छह सेवाओं में से तीन, अर्थात् टीकाकरण, स्वास्थ्य जांच और रेफरल सेवाएं, स्वास्थ्य से संबंधित हैं तथा राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) एवं सार्वजनिक स्वास्थ्य अवसंरचना के माध्यम से प्रदान की जाती हैं।

ये सेवाएं आंगनवाड़ी केंद्रों के माध्यम से पात्र पंजीकृत लाभार्थियों, अर्थात् देश भर में 6 वर्ष तक की आयु के बच्चों, गर्भवती महिलाओं और स्तनपान कराने वाली माताओं और राज्यों के आकांक्षी जिलों और पूर्वोत्तर क्षेत्र के सभी जिलों में 14 से 18 वर्ष की आयु वर्ग की किशोरियों को प्रदान की जाती हैं।

(ड) : अंतिम लाभार्थी तक सेवा प्रदायगी की ट्रैकिंग के लिए, महिला एवं बाल विकास मंत्रालय ने पोषण ट्रैकर एप्लीकेशन में टेक-होम राशन की प्रदायगी के लिए चेहरे की पहचान प्रणाली (एफआरएस) विकसित की है ताकि यह सुनिश्चित किया जा सके कि लाभ केवल पोषण ट्रैकर में पंजीकृत इच्छित लाभार्थी को ही दिया जाता है।

सक्षम आंगनवाड़ी और मिशन पोषण 2.0 के अंतर्गत गर्भवती महिलाओं, स्तनपान कराने वाली माताओं और किशोरियों को निर्बाध रूप से टेक होम राशन (टीएचआर) की आपूर्ति सुनिश्चित करने के लिए पोषण ट्रैकर में नॉमिनी व्यक्ति मॉड्यूल शुरू किया गया है। यदि किसी कारणवश पंजीकृत लाभार्थी (गर्भवती महिला, स्तनपान कराने वाली माता और किशोरी) एफआरएस के माध्यम से अपना टीएचआर प्राप्त करने के लिए आंगनवाड़ी केंद्र नहीं जा पाती हैं, तो वे अपनी ओर से टीएचआर प्राप्त करने के लिए किसी व्यक्ति को नामित कर सकती हैं। नामांकित व्यक्ति को केवल एक बार ई-केवाईसी प्रक्रिया से गुजरना होगा। लेकिन, लाभार्थी की ओर से टीएचआर प्राप्त करने के लिए प्रत्येक बार चेहरे का मिलान किया जाएगा। नामांकित व्यक्ति को जोड़ने के बाद भी, यदि नामांकित व्यक्ति ने टीएचआर प्राप्त नहीं किया है, तो लाभार्थी आंगनवाड़ी केंद्र से टीएचआर प्राप्त कर सकती हैं।

**ESTABLISHMENT OF ADDITIONAL CGHS WELLNESS
CENTRES IN BENGALURU**

5740 DR. C. N. MANJUNATH:

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

- (a) whether there is any proposal to establish additional CGHS Wellness Centres in the city of Bengaluru, if so, the details thereof including the proposed locations and timeline for its establishment;
- (b) whether the Government has taken note of the shortage of specialists and staff nurses in CGHS Wellness Centres and if so, the steps taken to address such shortage; and
- (c) the reasons for Air India retirees not receiving cashless treatment in CGHS empanelled hospitals along with the corrective measures 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) : One Extension Counter at Sahakarnagar, Bengaluru, has been upgraded to a full-fledged CGHS Wellness Centre and is presently functional.

Filling up of vacant posts of Doctors and Paramedical staff in CGHS is a continuous process. Requisitions for recruitment of Doctors and Paramedical staff are forwarded to the Union Public Service Commission (UPSC) and Staff Selection Commission (SSC), respectively. Based on their recommendations, appointments are made against available vacancies. In addition, retired

Government specialist doctors are engaged on contractual basis to address the shortfall of specialists.

Air India retirees are entitled to avail CGHS services such as OPD consultation and referral services as per extant provisions. However, cashless treatment in empanelled hospitals for these retirees is administered by Air India authorities.

AVAILABILITY AND DISTRIBUTION OF FERTILIZERS IN HINGOLI

5741. SHRI NAGESH BAPURAO AASHTIKAR PATIL:

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

- (a) whether the Government proposes to strengthen fertilizer distribution through Pradhan Mantri Kisan Samridhi Kendras (PMKSKs), cooperative societies and digital monitoring systems such as the DBT Fertilizer system to ensure transparency and prevent black marketing, if so, the details thereof;
- (b) whether any assessment has been carried out by the Government regarding the requirement of additional fertilizers storage facilities, depots, and retail outlets in the said district, if so, the details thereof indicating their currently available operational capacity; and
- (c) whether the Government proposes to establish additional fertilizer warehouses or strengthen the supply chain in the said district and other agrarian districts of Maharashtra to ensure timely availability of fertilizers to farmers, if so, the details thereof?

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

(a) : Integrated Fertilizer Management System (iFMS) was launched in June 2016 which is a comprehensive, all-integrated system covering all functionalities in the fertilizer supply chain. This comprehensive system covers the entire supply chain, meticulously capturing transactional data from raw material procurement, imports to fertilizer production and transportation via rail or road from plants, rake houses, ports to district warehouses, and finally sale at PoS enabled retailers, everything aligned with monthly supply plans at district level and the movement of fertilizers is being captured in real time. In order to prevent diversion and thereby ensure affordable and uninterrupted fertilizer availability to farmers, Department of Fertilizers has put a ceiling of 50 bags of subsidized fertilizers per buyer per month i.e. 300 bags of subsidized fertilizers per season. Additionally, a monthly list of 'Top 20 buyers' of each district is made available in the iFMS log-in of respective district magistrates for taking necessary action at their end.

Besides, Department of Fertilizers has also developed a dashboard which can be accessed by authorized users at <https://ur>. The dashboard is developed to facilitate easy monitoring by various Stake holders viz. State Agriculture Departments, District Collectors and State Marketing Federations. The State Governments are also monitoring the availability and supply of fertilizers through iFMS and e-Urvarak Dashboard portals.

Department of Fertilizers (DOF), vide notification dated 24th August, 2022, has decided to convert the existing village, block/sub district/taluk and district level fertilizer retail shops into Model Fertilizer Retail Shops, namely Pradhan Mantri Kisan Samridhi Kendra (PMKSK). These PMKSK act as a one-stop –shop for farmers for multiple products such as seeds, fertilizers, pesticides etc. and also avail multiple services related to agriculture sector like fertilizer/seed/soil testing, drones & other farm equipments under one single roof. The conversion of existing retail shops into PMKSKs are being done by the fertilizer companies through the existing retailer margin of Rs 50 per MT being given by the Government of India.

Moreover, In order to address the issues such as black-marketing, hoarding and diversion, fertilizer is declared as an essential commodity under the Essential Commodities Act, 1955 and notified under Fertilizer Control Order, 1985. State Governments are empowered to take action against persons involved in said malpractices, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding these malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985. Accordingly, as informed by the State, no instance of black-marketing, has been reported in Hingoli district.

State Department of Agriculture as well as district officers continuously monitor the fertilizer movement, availability of quality fertilizer and to avoid non agriculture use of urea fertilizer through ifms system, fertilizer inspectors and

flying squad in the Hingoli district as well as in the state. Currently there are 149 active PMKSKs in Hingoli district.

(b) : The mandate of Department of Fertilizers is to ensure adequate availability of fertilizers at State level. However, the distribution of fertilizers within the State at district level is done by the concerned State government. Currently there is sufficient availability of fertilizer storages in Hingoli district at 25 Wholesalers and 750 retailers.

(c) : Following steps are taken by the Government every season for ensuring timely and adequate availability of all fertilizers in the country, including in the State of Maharashtra:

- (i) Before the commencement of each cropping season, Department of Agriculture and Farmers Welfare (DA&FW), in consultation with all the State Governments, assesses the State-wise & month-wise requirement of fertilizers.
- (ii) On the basis of requirement projected by DA&FW, D/o Fertilizers allocates adequate quantities of fertilizers to States by issuing monthly supply plan and continuously monitors the availability.
- (iii) The movement of all major subsidized fertilizers is monitored throughout the country by an on-line web-based monitoring system called integrated Fertilizer Management System (iFMS).
- (iv) The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

- (v) Regular coordination meetings are held with Ministry of Railways for giving sufficient rakes, priority to fertilizers and for timely evacuation of rakes for States.

Government of Maharashtra informed that to meet out the demand of urea and DAP at peak period during kharif season 2026, buffer stocking of 1950 MT urea and 700 MT DAP for Hingoli district and 1.5 lakh MT of urea and 25000MT of DAP buffer for Maharashtra is planned.

Moreover, in order to ensure availability of Urea at affordable prices, under the Urea Subsidy Scheme, it is provided to the farmers at a statutorily notified Maximum Retail Price (MRP). The MRP of 45 kg bag of urea is Rs.242 per bag (exclusive of charges towards neem coating and taxes as applicable). The difference between the delivered cost of Urea at farm gate and net market realization by the urea units is given as subsidy to the urea manufacturer/importer by the Government of India. Accordingly, all farmers are being supplied urea at the subsidized rate.

Besides, the Government has implemented Nutrient Based Subsidy (NBS) Scheme w.e.f. 01.04.2010 for Phosphatic and Potassic (P&K) Fertilizers. Under NBS Scheme, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level which is monitored by the government. The subsidy is provided to manufacturer/imported on notified P&K fertilizers on its PoS sale during the season, depending on their nutrient content to ensure availability of fertilizers to farmers. Further, to ensure affordability, special provisions like Rs. 3500 per

MT to cover 'Other Costs' which includes costs incurred from factory gate to farm gate, advantage / disadvantage due to increase / decrease in international prices, provision for GST component included in the MRP and provision for reasonable return @ 4% of net MRP (MRP-GST) have been extended to both imported and domestic DAP and imported TSP over and above NBS subsidy for Kharif 2025 and Rabi 2025-26 seasons.

AYUSH HEALTHCARE SERVICES FOR WOMEN IN TAMIL NADU

5742. DR. D. RAVI KUMAR:

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

- (a) whether AYUSH healthcare services for women have been expanded in Tamil Nadu, particularly in rural and coastal districts;
- (b) the number of women beneficiaries under AYUSH wellness and maternal health programmes during the last three years;
- (c) whether traditional medicine is being integrated with public health systems for women's wellness; and
- (d) the steps taken by the Government to address anaemia, reproductive health and mental well-being of women through AYUSH interventions?

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

- (a) and (b) : Public Health being a State subject, expansion of Ayush health care services for women in different regions of Tamil Nadu including rural and

coastal districts comes under purview of respective State Government. As reported by State Government of Tamil Nadu they have taken following steps for expanded Ayush health care services for women.

- Under the National Ayush Mission (NAM), Ayush services have been co-located in Primary Health Centres (PHCs), District Hospitals and Health & Wellness Centres, improving access in rural areas.
- Tamil Nadu has established a large network of integrated Ayush units (over 1,660 units) within public health facilities, ensuring outreach across districts.
- Special focus has been given to women through Siddha-based maternal care interventions such as the Magaperu Sanjeevi Pettagam scheme for pregnant and lactating mothers.
- Maternal care schemes (e.g., Siddha kits for pregnant women)
- Community-based interventions (e.g., tribal and rural outreach programmes covering thousands of beneficiaries)

Further, as reported by State Government of Tamil Nadu a total of 2,99,301 women beneficiaries were provided with Magaperu Sanjeevi Kit medicines during year 2023-24 & 2024-25.

(c) : As reported by State Government of Tamil Nadu, traditional medicine is being integrated with the public health system by:

- Ayush systems (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) are integrated with mainstream healthcare under Ayushman Bharat and NAM frameworks.
- Co-location of Ayush services in Primary Health Centers (PHCs) and Government hospitals enables holistic care including maternal and preventive health services.
- Tamil Nadu has actively integrated Siddha and other Ayush streams into Government hospitals, enhancing women-centric care and wellness services.

(d) : As Public Health is a State subject, taking steps to address anaemia, reproductive health and mental well-being of women through Ayush interventions comes under purview of respective State Government. As informed by State Government of Tamil Nadu they have taken following initiative in this regards:-

1. Anaemia control:

- Collaboration between Ministry of Ayush and other Ministries for nutrition and anaemia control programmes, especially among women and adolescent girls.
- Implementation of the School Health Programme through Siddha in 385 Block PHCs enables adolescent school girls to receive medicines for adolescent anaemia, uterine health tonics, and immune boosters,

which are being distributed. This scheme implemented in Tamil Nadu under National Ayush Mission in 2019-20 to present.

- Use of Ayush formulations and Siddha interventions to improve haemoglobin levels in women (e.g., maternal kits in Tamil Nadu).

2. Reproductive and maternal health:

- Provision of AYUSH-based antenatal and postnatal care through Health & Wellness Centres and other Siddha wings.
- Distribution of traditional medicine kits and wellness support for pregnant and lactating women in Tamil Nadu.

3. Mental well-being and holistic health:

- Promotion of Yoga and Naturopathy for stress management, mental health and lifestyle disorders.
- Community outreach programmes and wellness activities focusing on preventive healthcare for women.

रॉबर्ट्सगंज में स्वास्थ्य परिचर्या प्रणाली में गड़बड़ी

5743. श्री छोटेलाल:

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

- (क) क्या रॉबर्ट्सगंज लोक सभा निर्वाचन क्षेत्र के रॉबर्ट्सगंज और सोनभद्र में जिला अस्पताल और प्राथमिक स्वास्थ्य केन्द्र में डॉक्टरों और आवश्यक दवाओं की कमी के कारण स्वास्थ्य सेवा प्रणाली पूरी तरह से अस्त-व्यस्त है;
- (ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ग) उक्त संसदीय निर्वाचन क्षेत्र में स्वास्थ्य सेवाओं के कब तक पूरी तरह से चालू होने की संभावना है?

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

(क) और (ख) : जन स्वास्थ्य एवं अस्पताल राज्य का विषय होने के कारण, आवश्यकतानुसार पर्याप्त संख्या में स्वास्थ्य सुविधा केंद्र स्थापित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को उनकी स्वास्थ्य प्रणाली को मजबूत करने के लिए उनके कार्यक्रम कार्यान्वयन योजना (पीआईपी) में प्राप्त प्रस्तावों के आधार पर उनके संसाधन के दायरे में वित्तीय और तकनीकी सहायता प्रदान की जाती है, जिसमें उप-केंद्र (एससी), प्राथमिक स्वास्थ्य केंद्र (पीएचसी) और सामुदायिक स्वास्थ्य केंद्र (सीएचसी) जैसी नई स्वास्थ्य सुविधाएं स्थापित करना शामिल है।

उत्तर प्रदेश राज्य सरकार द्वारा दी गई जानकारी के अनुसार, रॉबर्ट्सगंज संसदीय क्षेत्र के रॉबर्ट्सगंज और सोनभद्र में बुनियादी स्वास्थ्य सेवाएं उपलब्ध हैं। रॉबर्ट्सगंज लोकसभा क्षेत्र में एक स्वायत्त राज्य मेडिकल कॉलेज की स्थापना की गई है, जिसमें जिला संयुक्त अस्पताल और मातृ एवं शिशु स्वास्थ्य (एमसीएच) विंग शामिल हैं। इसके अतिरिक्त, रॉबर्ट्सगंज संसदीय क्षेत्र में कुल 10 सामुदायिक स्वास्थ्य केंद्र कार्यशील हैं जिनमें 45 डॉक्टर कार्यरत हैं और 45 प्राथमिक स्वास्थ्य केंद्र कार्यशील हैं जिनमें 46 डॉक्टर कार्यरत हैं। रॉबर्ट्सगंज लोकसभा क्षेत्र के सभी सामुदायिक स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों में पर्याप्त दवाएं उपलब्ध हैं।

भारत के स्वास्थ्य संबंधी विकास सूचकांक (एचडीआई) 2022-23 के अनुसार, उत्तर प्रदेश सहित सभी राज्यों/संघ राज्य क्षेत्रों के ग्रामीण/शहरी क्षेत्रों में कार्यशील स्वास्थ्य सुविधा केंद्रों और उपलब्ध संसाधनों का विवरण निम्नलिखित लिंक पर देखा जा सकता 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

(ग) : स्वास्थ्य राज्य का विषय होने के कारण, जन स्वास्थ्य सुविधा केंद्रों में अवसंरचना विकास, साथ ही स्वास्थ्य के लिए मानव संसाधन (एचआरएच) का प्रबंधन और तैनाती, सीएचसी और पीएचसी की योजना और कार्यान्वयन राज्य सरकार के अधिकार क्षेत्र में आता है। राज्य सरकार मानदंडों और उनकी आवश्यकता के अनुसार सीएचसी और पीएचसी का प्रस्ताव रख सकती है। भारत सरकार जांच के बाद राज्यों/संघ राज्य क्षेत्रों को उनके संसाधनों की उपलब्धता के आधार पर एनएचएम (पीआईपी) और प्रधानमंत्री-आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम्) के तहत मंजूरी दे सकती है।

उत्तर प्रदेश सरकार द्वारा दी गई जानकारी के अनुसार, रॉबर्ट्सगंज संसदीय क्षेत्र में वर्तमान में 5324 डॉक्टर लेवल-1 पर तैनात हैं। इसके अतिरिक्त, वर्ष 2022 में 231 (लेवल-II) विशेषज्ञ डॉक्टरों की नियुक्ति की गई है और वर्ष 2024 में 343 विशेषज्ञ/सुपर-स्पेशलिटी डॉक्टरों की नियुक्ति की गई है। राज्य की जनता को बेहतर चिकित्सा सुविधाएं प्रदान करने के उद्देश्य से, राज्य सरकार ने राज्य चिकित्सा एवं स्वास्थ्य सेवा कैडर के चिकित्सा अधिकारियों की सेवानिवृत्ति आयु को 62 वर्ष से बढ़ाकर 65 वर्ष करने को मंजूरी दे दी है। सामान्य/स्पेशलिस्ट मेडिकल ऑफिसर की नियुक्ति भी समय-समय पर पुनर्नियोजन, वॉक-इन इंटरव्यू, एनएचएम संविदा/रिवर्स बिडिंग आदि के माध्यम से की जाती है।

फिजियोथेरेपी प्रोफेशनल को आवश्यक कैडर के तौर पर मान्यता

5744. श्री रामभुआल निषाद:

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

- (क) क्या सरकार राष्ट्रीय सहबद्ध और स्वास्थ्य देखभाल वृत्ति आयोग (एन.सी.ए.एच.पी.) अधिनियम, 2021 के तहत फिजियोथेरेपी पेशेवरों को एक विशिष्ट और आवश्यक संवर्ग के रूप में मान्यता देती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ख) क्या सरकार का फिजियोथेरेपिस्टों की विस्तारित नैदानिक, शैक्षणिक और पुनर्वास संबंधी जिम्मेदारियों को देखते हुए आठवें केंद्रीय वेतन आयोग के तहत उनके वेतन स्तर/ग्रेड पे में वृद्धि की सिफारिश करने का प्रस्ताव है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;
- (ग) क्या अन्य स्वास्थ्य देखभाल पेशेवरों की तुलना में वेतन समानता, पदोन्नति में अवरोध और संवर्ग भेदभाव के संबंध में फिजियोथेरेपी संघों से अभ्यावेदन प्राप्त हुए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और
- (घ) केंद्र सरकार के संस्थानों में फिजियोथेरेपिस्टों के लिए एक समान वेतन संरचना, करियर प्रगति और व्यावसायिक पहचान सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं या उठाए जाने का प्रस्ताव है?

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

(क) से (घ) : फिजियोथेरेपी पेशेवर राष्ट्रीय संबंध और स्वास्थ्य देख-रेख वृत्ति आयोग (एनसीएएचपी) अधिनियम, 2021 की अनुसूची में श्रेणी 3 के अंतर्गत आते हैं। सभी तीन केंद्रीय सरकारी अस्पतालों अर्थात् सफदरजंग अस्पताल, डॉ. राम मनोहर लोहिया अस्पताल और श्रीमती सुचेता कृपलानी अस्पताल, नई दिल्ली में फिजियोथेरेपी कैडर का पुनर्गठन किया गया है और उक्त कैडर के उच्चतम वेतन को स्तर 10 से बढ़ाकर स्तर -12 कर दिया गया है।

MANAGEMENT OF MEDICINAL PLANTS

5745. SHRI C. N. ANNADURAI:

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

- (a) whether the Government is implementing schemes for the conservation, cultivation and sustainable management of medicinal plants in the country through the National Medicinal Plants Board under his Ministry and if so, the details thereof;
- (b) the details of assistance provided under the Central Sector Scheme on "Conservation, Development and Sustainable Management of Medicinal Plants" including support for the establishment of Home Herbal Gardens, School Herbal Gardens, Institutional/Public Herbal Gardens and Herbal Gardens of State and National Importance;
- (c) the details of financial assistance and subsidy provided to farmers for cultivation of medicinal plants under the National AYUSH Mission during the last five years;
- (d) the number of herbal gardens, nurseries and medicinal plant cultivation projects sanctioned in Tamil Nadu along with the funds allocated and utilised, year-wise; and
- (e) the steps taken by the Government to further promote medicinal plant cultivation, herbal gardens and farmer participation in Tamil Nadu?

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

(a) : Yes, the National Medicinal Plants Board (NMPB), Ministry of Ayush is presently implementing "*Central Sector Scheme for Conservation, Development*

and Sustainable Management of Medicinal Plants” throughout the country.

Under this scheme, the project based support is provided for following activities:

- i. In-situ conservation through development of Medicinal Plants Conservation and Development Areas (MPCDAs).
- ii. In-situ/Ex-situ resource augmentation.
- iii. Livelihood linkages with Joint Forest Management Committees (JFMCs) / Panchayats / Van Panchayats / Biodiversity Management Committees (BMCs) / Self Help Groups (SHGs) etc.
- iv. Research & Development.
- v. IEC activities like Training / Workshops / Seminars/ Conferences etc.
- vi. Ex-situ conservation through establishment of herbal gardens.
- vii. Promotion of marketing and trade of medicinal plants produce.
- viii. Forward and backward linkage in supply chain of medicinal plants.

(b) : The details of assistance provided under the *"Central Sector Scheme on Conservation, Development and Sustainable Management of Medicinal Plants"* for various activities including School Herbal Gardens, Institutional/Public Herbal Gardens and Herbal Gardens of State and National Importance is given in the enclosed **Statement-I**.

(c) : Ministry of Ayush, Government of India had implemented “Medicinal Plants” component under Centrally Sponsored Scheme of the National Ayush Mission (NAM) during the financial year 2015-16 to 2020-21 to promote the cultivation of medicinal plants throughout the country. As per the scheme guidelines, the support was provided for:

- i. Cultivation of prioritized medicinal plants on farmer's land.
- ii. Establishment of nurseries with backward linkages for raising and supply of quality planting material.
- iii. Post-harvest management with forwarding linkages.
- iv. Primary processing, marketing infrastructure etc.

The financial assistance provided to different States for cultivation of medicinal plants under NAM Scheme during financial year 2020-21 is given in the enclosed **Statement-II**.

(d) : The number of Herbal Gardens, Nursery projects sanctioned in state of Tamil Nadu, funds allocated and utilized from year 2004-05 to 2024-25 are given in the enclosed **Statement-III**.

To support cultivation of medicinal plants in state of Tamil Nadu, the NMPB, Ministry of Ayush under its *"Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants"* has approved a project entitled "Forward and backward linkage in supply chain of medicinal plants (Integrated component) - TNAU" to Tamil Nadu Agricultural University (TNAU), Tamil Nadu for an amount of Rs. 95.00 lakh during the F.Y. 2024-25 with the objectives to raise Quality Planting Material (1 Nursery) for distribution to farmers for medicinal plants cultivation and establishment of infrastructure for Post-Harvest Management and Marketing.

(e) : The NMPB, Ministry of Ayush through its Regional Cum Facilitation Centre (Southern Region), Kerala Forest Research Institute (KFRI), Peechi, Thrissur,

Kerala facilitates Quality Planting Material (QPM) to the farmers / growers and involve their participation for promotion of medicinal plants cultivation in state of Tamil Nadu.

For establishment of different types of Herbal Gardens viz. School Herbal Gardens, Institutional / Public Herbal Gardens /Ayush van, Herbal Gardens of State and National Importance, the NMPB, Ministry of Ayush as per provision of its *“Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants”*, is providing project based support throughout the country including state of Tamil Nadu.

STATEMENT-I

The details of assistance provided under “Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants” for various activities on medicinal plants:

S. No.	Component/ Activity	Cost Norm	Remarks
i	In-situ conservation		
	a) Establishment of Medicinal Plants Conservation and Development Areas (MPCDAs)	Rs. 20,000 per hectare	100% Central Assistance
	b) Revisit and upgradation of MPCA	Rs. 5000/- per hectare	100% Assistance
	c) Assistance for mainstreaming Medicinal Plants in Management / Working Plans	Rs. 1.50 lakh per forest Division / Wildlife Division	100% Assistance
	d) in-situ resource augmentation	Cost norms of MoEF&CC under National Afforestation Programme	100% Assistance

ii	Ex-situ conservation		
	Ex-situ conservation	Cost norms of MoEF&CC under CSS National Afforestation Programme	100% Assistance
	Eco Task Force for rehabilitation of critical medicinal plant habitats		
	Eco Task Force	Project based	100% assistance to the eligible organization
iii	Support to JFMCs/ Panchayats/Van Panchayats/ SHGs		
	Value addition, drying, warehousing and augmenting marketing infrastructure etc.	Rs.15.00 lakhs per JFMC / Panchayats / Van Panchayats /SHGs / BMCs	100% assistance per JFMC / Panchayats / Van Panchayats / SHGs / BMCs
iv	Research, Technology Development and Quality Assurance		
	a) R&D Projects on theme areas	Project based	100% assistance for Govt. Institutions / PSUs, Govt. Aided Institutions etc. and Non-profit making Philanthropic Organizations with requisite expertise. 50% assistance for projects received from private sector organizations
	b) Network research projects involving two or more institutions	Project based	100% assistance for Govt. Institutions/PSUs, Govt. Aided Institutions etc. and Non-profit making Philanthropic Organizations with requisite expertise. 50% assistance for projects received from private sector organizations
	c) Raw drug repository of medicinal plants	Rs.10.00 crores for national raw drugs repository and Rs. 5.00 crores each for regional	100% assistance to Govt. Institutions/PSUs. For private organizations assistance would be

		raw drug repositories	decided by PAC in project mode
	Establishing Quality Standards and certification and other interventions not specifically mentioned elsewhere.	Project based	100% assistance.
v	Awareness Building, Exposure Visits, Education and Capacity Building of Stakeholders through IEC		
	a) Training and Capacity Building Programmes for field staff of Forest Dept., Institutions, Universities, Horticulture Dept., Agriculture Dept., Growers and Collectors	a) Rs. 2,000 per trainee (farmer) for a minimum of 2 days within the state. b) Rs. 5,000 per head for exposure visits to other states. c) The expenditure on officers training within the State will be Rs. 5,000/- per officer and outside the State the cost would be restricted to Rs. 10,000 per officer (Travel cost will be additional)	100% Assistance Travel cost will be limited to 3 rd AC train fares per participants. However, for Govt. Servants it will be as per entitlement. For places not connected by Rail, travel by available modes will be permitted as approved by the PSC/ PAC.
	b) Workshops/ Seminar/ Arogya	Rs. 1.00 lakhs for District level, Rs. 2.00 lakhs for State level, Rs. 3.00 lakhs for regional level, Rs. 5.00 lakhs for National level Rs. 10.00 lakhs for international level.	100% assistance
	c) Participation in exhibition/ fair	For participation by other Agencies Rs. 1.00 lakh for State	100% assistance for Govt. Organizations For Private organizations

		level, Rs. 2.00 lakhs for National level Rs. 3.00 lakhs for international level	including industries 50% of the prescribed cost or actual expenditure whichever is less (which includes expenditure on Travel, accommodation, Hire charges, stall fabrication, etc.) will be reimbursed. Participation by NMPB will be as per the actuals.
vi	Promotion of Herbal Gardens		
	a) Herbal Gardens of State and National Importance	As per the project proposal	100% assistance
	b) Institutional/ Public Herbal Garden/ Ayush Van	Rs. 3.00 lakhs per hectare for establishment Annual maintenance of the Herbal Garden @ up to Rs.60,000/- per year per ha. for next four years.	100% assistance
	c) School Herbal Gardens	Rs. 25,000/- per school for an area of 500 sqm. Up to Rs. 7,000/- per annum/ per school for aintenance for next 4 years	100% assistance

vii	Forward and Backward Linkage in Supply Chain of Medicinal Plants (Integrated Component)	Infrastructure for Quality Planting Material for Medicinal Plants Rs. 50.00 lakh Information Education Communication (IEC) activities- Rs. 7.50 lakh Infrastructure for Post - Harvest Management and Marketing- Rs. 55.00 lakh Quality Testing and Certification - Rs. 7.50 lakh Total Project Cost Rs. 120.00 Lakh	100% assistance

STATEMENT-II

The State-wise detail of funds released under National AYUSH Mission (NAM) scheme for cultivation of medicinal plants and related activities during the F.Y. 2020-21:

S. No.	Name of State	Funds Released In F.Y. 2020-21 (Rs. in Lakhs)
1.	Arunachal Pradesh	26.7750
2.	Jammu & Kashmir	22.5200
3.	Karnataka	220.9650
4.	Kerala	221.7672
5.	Madhya Pradesh	230.1708
6.	Mizoram	14.6450
7.	Nagaland	33.9650
8.	Sikkim	18.9850

9.	Uttar Pradesh	209.8161
Total		999.6091

STATEMENT-III

The number of Herbal Gardens, Nursery projects sanctioned under “Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants” in state of Tamil Nadu, funds allocated and utilized from year 2004-05 to 2024-25:

Years	Number of projects	Sanctioned Amount (Rs. in lakhs)	Released Amount (Rs. in lakhs)	Utilized Amount (Rs. in lakhs)	Number of projects	Sanctioned Amount (Rs. in lakhs)	Released Amount (Rs. in lakhs)	Utilized Amount (Rs. in lakhs)
	Herbal Garden	Herbal Garden	Herbal Garden	Herbal Garden	Nursery	Nursery	Nursery	Nursery
2004-05	2	16.00	16.00	16.00	0	0	0	0
2005-06	3	27.75	27.75	27.75	0	0	0	0
2006-07	2	12.60	12.60	12.60	0	0	0	0
2007-08	1	7.00	7.00	7.00	0	0	0	0
2008-09	0	0	0	0	0	0	0	0
2009-10	0	0	0	0	0	0	0	0
2010-11	1	22.00	18.00	18.00	0	0	0	0
2011-12	0	0	0	0	0	0	0	0
2012-13	1	16.06	11.21	11.21	0	0	0	0
2013-14	2	12.60	4.20	4.00	0	0	0	0
2014-15	0	0	0	0	0	0	0	0
2015-16	0	0	0	0	0	0	0	0
2016-17	1	26.50	12.50	0	1	56.94	42.63	42.63
2017-18	4	191.55	108.75	0	0	0	0	0
2018-19	0	0	0	0	2	0.5625	0	0
2019-20	0	0	0	0	0	0	0	0
2020-21	0	0	0	0	0	0	0	0
2021-22	5	18.80	10.03	10.03	0	0	0	0
2022-23	9	140.44	51.50	7.50	1	1.25	0	0
2023-24	1	10.80	6.00	0	0	0	0	0
2024-25	0	0	0	0	0	0	0	0
Total	32	502.10	285.54	114.09	4	58.7525	42.63	42.63

IMPACT ON HEALTH DUE TO AIR POLLUTION

5746. SHRI GOVIND MAKTHAPPA KARJOL:

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

- (a) the details of increasing levels of air pollution levels in various parts of the country and their impact on public health, particularly on lung infections and respiratory diseases, State/UT- wise;
- (b) whether the Government has conducted any study to assess the link between rising air pollution levels and increasing hospital admissions and mortality due to respiratory and cardiovascular diseases and if so, the details thereof; and
- (c) the preventive measures taken or being taken by the Government and the public health advisories issued to protect vulnerable groups including children, the elderly and persons with pre-existing respiratory conditions?

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

- (a) : Air pollution is one of the factors affecting respiratory ailments and associated diseases. Health is impacted by several factors, including food habits, occupational habits, socio- economic status, medical history, immunity, heredity, etc., of the individuals including children apart from the environment. Details of the air pollution levels in the various cities of India may be seen at https://cpcb.nic.in/AQI_Bulletin.php.

(b) : Central Pollution Control Board sponsored the following studies on the impact of air pollution:

- I. "Health impact of firecrackers bursting during Diwali in the National Capital of Delhi" conducted by Maulana Azad Medical College, Delhi (MAMC); 2019-2024.
- II. "Does air quality from crop residue burning in close proximity to residential areas adversely affect respiratory health?" conducted in Punjab by TERI, Delhi, 2018- 2019.
- III. "Impact of Traffic Emissions on Health Amongst Adolescents in Delhi" conducted by International Institute of Health Management Research, (IIHMR), 2019-2021.
- IV. "Epidemiological Study on Effect of Air Pollution on Human Health (adults) in Delhi", conducted by Chittaranjan National Cancer Institute, Kolkata; 2002–2005
- V. "Health effects of chronic exposure to smoke from biomass fuel burning in rural households: a study in Northern and Eastern India" conducted by Chittaranjan National Cancer Institute, Kolkata; 2008-2012.
- VI. "Study on Ambient Air Quality, Respiratory Symptoms and Lung Function of Children in Delhi", conducted by Chittaranjan National Cancer Institute, Kolkata; 2003-2005.

(c) : Government of India has 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. These include:

1. Implementation of National Programme for Climate Change and Human Health (NPCCHH) with an 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. The details of the programme are as below:
 - i. Under NPCCHH, the Government of India has developed “Health Adaptation Plan” on health issues due to Air Pollution.
 - ii. It has also developed “State Action Plan” on climate change & human health for all 36 State/UTs. This State specific Action Plan contains dedicated chapter on air pollution which suggests interventions to reduce the impact.
 - iii. Ministry of Health & 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 (5th June), International Day of Clean Air for blue skies (7th September) and National Pollution Control Day (2nd December).
 - v. Dedicated training modules have been developed in area of air pollution for Programme Managers, Medical Officers & Nurses, Nodal Officers sentinel sites, frontline workers like Accredited

Social Health Activist (ASHA), vulnerable groups like women & children, occupationally exposed groups like traffic police, municipal workers etc.

- vi. Information Education communication (IEC) material has been developed targeting air pollution related illnesses in both English, Hindi and regional languages. Government of India has also developed customized IEC materials focusing 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 area of air pollution related illnesses and surveillance.
 - viii. Early warning system/alerts for air pollution as well as air quality forecasts are disseminated from Indian Meteorological Department to States and cities to prepare the health sector as well as community including vulnerable population.
- 2. Pradhan Mantri Ujjwala Yojana (PMUY) aims to safeguard the health of women & children by providing them with a clean cooking fuel, Liquid Petroleum Gas (LPG).
 - 3. Swachh Bharat Mission aims to clean up streets, roads and infrastructure of India's cities, smaller towns, and rural areas. Swachh Hava is an integral component of Swachh Bharat.

4. 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.

HEALTH INFRASTRUCTURE IN LAKSHADWEEP

5747. SHRI HAMDULLAH SAYEED:

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

- (a) the details of new hospitals, Primary Health Centres (PHCs) and other health infrastructure constructed or sanctioned in the Union Territory of Lakshadweep;
- (b) the islands where such health facilities have been established and the services provided at each facility;
- (c) the amount of funds allocated, released and utilized for the construction and operationalisation of these health facilities;
- (d) whether any gaps exist in healthcare infrastructure, including the shortage of beds, medical equipment and specialist doctors, if so, the details thereof; and
- (e) the steps being taken by the Government to strengthen health infrastructure, improve medical services and ensure timely healthcare access for residents of all islands in Lakshadweep?

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

(a) to (e) : The details of island wise District Hospital (DH), Sub-district Hospitals (SDHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs) in the Union Territory of Lakshadweep is as follows:

Islands	Health Facility Type	No. of health facility
Kavaratti	District Hospital (DH)	1
Agatti & Minicoy	Sub-district Hospital (SDH)	2
Andrott, Amni & Kadmat	Community Health Centres (CHCs)	3
Chetlat, Kalpeni & Kiltan	Primary Health Centres (PHCs)	3

The details of funds allocated for the operationalization of health facilities including Ayushman Arogya Mandir (AAM) in the UT of Lakshadweep through NHM can be accessed in the ROP allocated from the following link:

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=76&lid=89>

Under the National Health Mission (NHM), need-based financial and technical support is provided to States/UTs including the UT of Lakshadweep to improve health care systems as a part of decentralised planning, based on their proposals within their resource envelop. The step undertaken to strengthen health infrastructure, medical services and healthcare falls under the ambit of 4 pillar of Ayushman Bharat Yojana introduced under NHM include-

- Ayushman Arogya Mandir (AAM)

- Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)
- Pradhan Mantri- Jan Arogya Yojana (PM-JAY)
- Ayushman Bharat Digital Mission (ABDM)

Details are given in the enclosed **Statement-I** and **Statement -II**.

STATEMENT-I

Health Systems Strengthening

1. **Ayushman Bharat – Ayushman Arogya Mandir (AB-AAM):** Under AB-AAM, existing Sub Health Centers (SHCs) and Primary Health Centers (PHCs) are being upgraded to Ayushman Arogya Mandir (AAM) to deliver universal, free comprehensive primary healthcare services, with a focus on wellness and the delivery of an expanded range of services closer to the community. The services span from promotive, preventive, curative, rehabilitative and palliative care targeting holistic healthcare service delivery.

All AAM-PHC and AAM-Sub Centres are provided with sufficient space for **outpatient care**, dispensing medicines, diagnostic services, adequate spaces to display communication material of health messages, including audio-visual aids and appropriate community spaces for **wellness activities**, including the practice of Yoga and physical exercises.

Ayushman Arogya Shivirs are 'one-stop' platforms to address a comprehensive range of health issues have proven to be an effective strategy to reach the masses and augment the utilization of healthcare services. They are organised at Sub Health Centre, Primary Health Centre and Community Health Centre.

AAM provide **e-Sanjeevani** teleconsultation services, connecting service providers, including CHOs/ MOs, to specialists in secondary and tertiary centres. This minimizes the need for physical travel, reducing costs and hardships for patients along with enabling continuum of care.

The AAM team works closely with communities enabling empowerment of individuals, families and communities with knowledge and skills to take responsibility for their own health. The AAM also focus on improving health literacy through interpersonal communication and media (including social media) usage, for promotion of healthy lifestyles – balanced healthy diet, yoga, exercise, tobacco cessation, and self-care for those with chronic disease conditions.

The **Accredited Social Health Activists (ASHA)** program is a key component of the community processes of National Health Mission (NHM). ASHAs are women from the local community who serve the community's healthcare needs. Having a strong footing in the community, they ensure the provision of a range of services, door-to-door surveys, vaccination, providing information on hygiene practices,

nutrition and sanitation, reproductive and childcare services, and communicable and non-communicable disease prevention and control.

2. Free Diagnostics Service Initiative (FDSI): Ministry of Health and Family Welfare had launched the National Free Diagnostic Service Initiative (FDSI) in 2015 to achieve Universal Health Coverage (UHC) and reduce out of pocket expenditure on healthcare by ensuring availability of essential diagnostics at the public health facilities, free of cost. As per the FDSI guidelines an expanded range of diagnostics at all levels of public health facilities (14 tests at SHCs, 63 tests at PHCs, 97 tests at Community Health Centres (CHCs), 111 tests at Sub-District Hospitals (SDHs) and 134 tests at District Hospitals (DHs) are recommended.

3. Free Drugs Service Initiative (FDSI): Under Free Drugs Service Initiative, Ministry of Health and Family Welfare supports procurement of drugs and strengthening robust systems of procurement, Quality Assurance, Supply chain management and warehousing, Prescription audit, grievance redressal, dissemination of Standard Treatment Guidelines and Establishment of IT enabled platform DVDMS (Drugs & Vaccine Distribution Management System). MoHFW has recommended facility wise Essential Medicines List (EML) to be made available at the public healthcare facilities - EML includes 106 drugs at Sub Health Centre level, 172 at Primary Health Centre level, 300 at Community

Health Centre level, 318 at Sub-district Hospital level and 381 drugs at district Hospital level.

- 4. Community Participation:** To bring the governance, convergence and action for health from the local governments, community platforms like **Village Health Sanitation and Nutrition Committee (VHSNC)** in rural areas and **Mahila Arogya Samiti (MAS)** in urban areas have been introduced to address the barriers and social determinants of health. **Jan Arogya Samiti (JAS)** are being established at AAM (the SHC-AAM and PHC-AAMs level), as the institutional platform for community participation in management of the facility, and for supporting AAM team in its community level interventions.
- 5. Mobile Medical Units (MMUs):** Mobile Medical Units (MMUs) to improve access to public healthcare, especially for populations in remote, hard-to-reach, and underserved areas. The primary goal of this initiative is to deliver healthcare services directly to the doorsteps of rural, vulnerable, and marginalized communities.
- 6. National Ambulance Services (NAS):** NHM provides technical and financial assistance to States & UTs to strengthen for emergency transportation of patients for acute and critical illnesses including trauma through NAS.
- 7. Indian Public Health Standards (IPHS) 2022:** The government has established the IPHS 2022 standards to monitor and improve health infrastructure and services in public health facilities. These standards

include population norms for the establishment of public healthcare facilities, such as Sub-Centers (SC), Primary Health Centers (PHC), Community Health Centers (CHC), and District Hospitals (DH). The standards cover services, infrastructure, human resources, diagnostics, equipment, and medicines, serving as the reference for public health care infrastructure planning and upgrading in the States and Union Territories. States have the flexibility to propose funding under the National Health Mission (NHM) for upgrading infrastructure, human resources, and services according to IPHS, following a gap analysis.

8. **National Quality Assurance Standards (NQAS):** The National Quality Assurance Standards (NQAS) serves as a comprehensive framework to ensure and enhance the quality of healthcare in public facilities by focusing on service provision, patient rights, clinical care, infection control, and quality management. Launched for District Hospitals in 2013 and subsequently extended to other facility types, NQAS is internationally accredited and recognised by organisations such as ISQua, IRDA, and NHA.
9. **Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):** Launched in 2021, PM-ABHIM is a Centrally Sponsored Scheme with certain Central Sector components, aimed at strengthening primary, secondary, and tertiary healthcare facilities. The mission focuses on enhancing grassroots public health institutions to ensure universal access to comprehensive primary healthcare services,

including diagnostics and critical care. This scheme emphasizes on expansion of IT-enabled disease surveillance systems to effectively detect, investigate, prevent, and manage public health emergencies and disease outbreaks, making the healthcare system more responsive during crises. Under PM-ABHIM, support is provided for the development of infrastructure, including building-less sub-centres in rural and urban areas, Block-level Public Health Units, Integrated Public Health Laboratories, and Critical Care Hospital Blocks.

- 10. Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana (AB PM-JAY)** is a flagship scheme of the Government which provides health cover of Rs. 5 lakh per family per year for secondary and tertiary care hospitalization to 12 crore families, constituting the economically vulnerable bottom 40% of India's population. On 29.10.2024, the scheme was further extended to cover 6 crore senior citizens aged 70 years and above, representing 4.5 crore families, through the Vay Vandana Card, irrespective of their socio-economic status.
- 11. Ayushman Bharat Digital Mission (ABDM)** aims to create an online platform enabling interoperability of health data within the health ecosystem. The core components of the Mission include Ayushman Bharat Health Account (ABHA) for citizens, Health Professional Registry (HPR), Health Facility Registry (HFR), and ABHA Application. The digital health ecosystem created by ABDM supports continuity of care across primary, secondary, and tertiary healthcare in a seamless manner.

12. XV-Finance Commission Health Grants channelized through local

government - The XV Finance Commission recommended grants through local governments, allocating ₹70,051 crores over five years from FY 2021-22 to FY 2025-26 to strengthen primary healthcare. This funding supports various rural healthcare components, including the development of building-less sub-centres, primary health centres (PHCs), and community health centres (CHCs). It also facilitates the conversion of rural PHCs and sub-health centres (SHCs) into Ayushman Arogya Mandir, enhances diagnostic infrastructure in primary healthcare facilities, and establishes Block-Level Public Health Units, with a special focus on tribal areas and aspirational districts.

13. To enhance availability of specialists, NHM offers flexible provisions, which include the following:

- The GoI support States in recruiting and retaining specialists in public health facilities through the innovative “You Quote, We Pay” scheme under NHM, which allows specialists to negotiate lucrative and flexible salaries. There are also provisions for engaging specialists on a per-case basis if required.
- To address shortages in difficult and underserved areas, provision for differential salaries based on the place of posting are available under NHM. Many States have categorized all their blocks and facilities based on the difficulty level for providing services there.

The staff posted in these areas are given an additional amount as a difficult/ hard area allowance till the time they are posted there.

- In-sourcing of speciality services wherever required to ensure service availability.
- State may also make provision of performance-based/ team-based incentives to staff after achieving over and above defined threshold of performance
- GoI also recommends fixed-tenure postings in difficult areas and ensuring proper working conditions in terms of availability of team, equipment and supplies, and living quarters/ transit hostels
- Honorarium to Gynecologists/ Emergency Obstetric Care (EmOC) trained, Pediatricians & Anesthetist/ Life Saving Anaesthesia Skills (LSAS) trained doctors are also provided to increase availability of specialists for conducting Cesarean Sections in rural and remote areas.
- Measures such as multi-skilling including short-term in-service training programs like EmOC and LSAS for medical officers, and continuous capacity building through in-service training are also supported.

These provisions can be utilized by all the states/ UTs including UT of Lakshadweep and propose budgetary support in their Programme

Implementation Plans (PIPs) based on their specific needs and available resource envelope.

STATEMENT -II

Programs and Schemes under NHM

<u>Health Systems Strengthening</u>	
1	Health care Infrastructure a. Ayushman Arogya Mandir (AB-AAM) b. Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) c. 15 th FC Health grants to Local bodies
2	Free Diagnostics Service Initiative (FDSI)
3	Free Drugs Service Initiative (FDSI)
4	Mobile Medical Units (MMUs)
5	National Ambulance Services (NAS)
6	Indian Public Health Standards (IPHS) 2022
7	National Quality Assurance Standards (NQAS)
<u>Reproductive, Maternal, Neonatal, Child and Adolescent health</u>	
8	Janani Shishu Suraksha Karyakaram (JSSK)
9	Rashtriya Kishor Swasthya Karyakram(RKSK)
10	Rashtriya Bal Swasthya Karyakram (RBSK)
11	Universal Immunisation Programme
12	Mission Indradhanush (MI)
13	Janani Suraksha Yojana (JSY)
14	Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)

15	Navjaat Shishu Suraksha Karyakram (NSSK)
16	National Programme for Family planning
17	LaQshya' programme (Labour Room Quality Improvement Initiative)
<u>National Nutritional Programmes</u>	
18	National Iodine Deficiency Disorders Control Programme
19	MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding
20	National Programme for Prevention and Control of Fluorosis (NPPCF)
21	National Iron Plus Initiative for Anaemia Control
22	Mid-day Meal Scheme
<u>Communicable diseases</u>	
23	Integrated Disease Surveillance Programme (IDSP)
24	Revised National Tuberculosis Control Programme (RNTCP)
25	National Leprosy Eradication Programme (NLEP)
26	National Vector Borne Disease Control Programme (NVBDGP)
27	National AIDS Control Programme (NACP)
28	Pulse Polio Programme
29	National Viral Hepatitis Control Program (NVHCP)
30	National Rabies Control Programme
31	National Programme on Containment of Anti-Microbial Resistance (AMR)
<u>Non-communicable diseases</u>	
32	National Tobacco Control Programme (NTCP)
33	National Programme for Non-Communicable Diseases (NP-NCD)
34	National Programme for Control Treatment of Occupational Diseases
35	National Programme for Prevention and Control of Deafness (NPPCD)

36	National Mental Health Programme
37	National Programme for Control of Blindness & Visual Impairment (NPCB&VI)
38	Pradhan Mantri National Dialysis Programme (PMNDP)
39	National Programme for the Health Care for the Elderly (NPHCE)
40	National Programme for Prevention & Management of Burn Injuries (NPPMBI)
41	National Oral Health programme
42	National Sickle Cell Anaemia Elimination Mission

AB-PMJAY COVERAGE IN SHIRUR TRIBAL BLOCKS

5748. DR. AMOL RAMSING KOLHE:

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

- (a) the percentage of the population in the tribal blocks of Shirur (such as Ambegaon) in the State of Maharashtra that remains uncovered under the Ayushman Bharat (PM-JAY) as of January 2026;
- (b) the reason for the disparity between the sanctioned and actual bed-strength in Central-funded Primary Health Centres (PHCs) in the Khed and Shirur tehsils of the State;
- (c) whether the Union Government has received any proposal from the State of Maharashtra for a dedicated Trauma Care Centre on the Pune-Nashik Highway under the National Health Mission, if so, the details thereof; and
- (d) the details of the central funds that have lapsed, if any, allocated for maternal health in rural Pune?

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

(a) : Block-wise data is not captured under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). However, district-wise data is available. A total of 4.25 lakh families are covered under AB-PMJAY in Pune district of Maharashtra, in which Shirur block is located.

(b): The National Health Mission (NHM) provides support for improvement in health infrastructure, human resources in health facilities, availability and accessibility to quality healthcare across the country, including Maharashtra. 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 under NHM. Approval is accorded to the proposals in the form of Record of Proceedings as per norms & available resources.

To improve health infrastructure and services in public health facilities, government has laid down Indian Public Health Standards. The Indian Public Health Standards for Sub-centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDH) and District Hospitals (DH) were published in 2007 and revised in 2012 and in 2022, as the reference point for public health care facility planning and up-gradation. They are a set of uniform standards envisaged to deliver quality services to citizens with dignity and respect, and provide guidance on the health system components such as

infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering health services at these facilities.

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 prescribed. Further, for urban area one Urban Ayushman Arogya Mandir is recommended for an urban population of 15,000 to 20,000, one U-PHC for an urban population of 30,000 to 50,000, One 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, First Referral Unit, Sub-District Hospital (SDH) and District Hospital (DH) provide secondary care services for rural & urban area.

(c) : During 11th Five Year Plan (2007-12) under the "National Programme for Prevention & Management of Trauma and Burn Injuries", 196 Trauma Care Facilities were sanctioned in Government Hospitals/ Medical Colleges across the country. Out of these, 6 Trauma Care Facilities have been sanctioned in the State of Maharashtra at GMCH (Kolhapur), District Hospital (Satara), BJ Medical College (Pune), Municipal Hospital (Vashi), Sub District Hospital Dhanu (Thane), Sub District Hospital (Hinganghat, Wardha).

(d) : The central release under National Health Mission (NHM) from the FY 2022-23 to FY 2024-25 and under PM-Ayushman Bharat Health Infrastructure

Mission (PM-ABHIM) from the FY 2022-23 to FY 2024-25 for the State of Maharashtra is given as under:

Rupees (in crore)

Financial Year	Central share release –NHM	Central share release - PM-ABHIM
2022-23	2,187.13	4.07
2023-24	2,729.30	31.76
2024-25	2,417.95	65.48

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

NIPAH VIRUS OUTBREAK

5749. SHRI BALWANT BASWANT WANKHADE:

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

- (a) the details of the number of Nipah virus infections and deaths recorded in the country during the last five years, year-wise and State/UT-wise;
- (b) the measures taken by the Government to contain the outbreak of Nipah virus across the country;
- (c) whether the Government is developing any contingency plans in case of nation-wide outbreak of Nipah virus, if so, the details thereof and if not, the reasons therefor;
- (d) whether any reasons have been identified by the Government for the sudden and frequent outbreaks of Nipah virus in the country during the last few years; and

- (e) whether the Government has considered constituting a National Taskforce to address the increase in outbreaks, if so, the details thereof?

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

(a) : The details of cases and deaths due to Nipah virus disease reported by States/UTs on the Integrated Disease Surveillance Programme (IDSP) - Integrated Health Information Platform (IHIP) portal during the past five years are given in the enclosed **Statement-I**.

(b) and (c) : The control measures undertaken and contingency plans for prevention and containment of Nipah virus disease outbreaks are given in the enclosed **Statement-II**.

(d) : Nipah virus disease is an emerging zoonotic infectious disease caused by the Nipah virus (NiV) that mainly affects pigs and humans. Human infections usually occur in clusters or outbreaks, particularly among close contacts and caregivers of infected individuals. The natural reservoir host of the virus is believed to be Pteropus fruit bats (flying foxes).

According to the information available fruit bats play a significant role in the transmission of the virus. Human infections may occur due to spillover of the virus from fruit bats to intermediate hosts or directly to humans. In India, outbreaks have been associated with exposure to contaminated food sources and close contact with infected individuals, which may lead to periodic occurrence of cases in certain geographical areas.

(e) : A National Joint Outbreak Response Team (NJORT) comprising experts from the Department of Animal Husbandry and Dairying, Forest & Wildlife authorities and human health sector, along with bat survey teams, has been constituted and deployed during outbreaks for comprehensive assessment and response.

STATEMENT-I

State & Districts wise Cases and Deaths reported in Nipah Disease Outbreaks by States/UTs as per IDSP-IHIP portal for the last five years:

S. No.	Year	State (District)	Total cases	Total deaths
1	2021	Kerala (Kozhikode)	1	1
2	2023	Kerala (Kozhikode)	6	2
3	2024	Kerala (Malappuram)	2	2
4	2025	Kerala (Malappuram & Palakkad)	4	2
5	2026	West Bengal (North 24 Pargana)	2	1

STATEMENT -II

The control measures undertaken and contingency plans for prevention and containment of Nipah virus disease outbreaks:

- I. Through surveillance mechanism the early warning signals are captured to generate alerts, detect outbreaks in the early rising phase, outbreak investigations are conducted and timely appropriate measures are

undertaken by the respective public health agencies to control and prevent the further spread of the disease.

- II. Whole genome sequencing was performed on clinical specimens from all positive cases. This genomic surveillance aids in understanding the circulating Nipah virus strain, which belong to similar genotypes of 2019 and 2021 outbreaks in Kerala.
- III. Beyond the immediate outbreak response, Ministry of Health & Family Welfare (MoHFW) maintained continued support and collaborative engagement with both Virus Research and Diagnostic Laboratories (VRDLs) throughout the year, ensuring training, a steady supply of Personal protective equipment (PPE) and diagnostic reagents. This sustained effort underscores a commitment to strengthening regional capacities for infectious disease preparedness and response.
- IV. The State and Central Government health officials worked to enhance public and healthcare professional awareness regarding Nipah virus disease. These initiatives ensured that individuals were made aware on the signs and symptoms of the disease and understood the appropriate actions to take if they suspected an infection in themselves or others.
- V. Under the MoHFW, Integrated Disease Surveillance Program (IDSP) is an important programme, which mandates surveillance & response to outbreak prone communicable diseases. IDSP is implemented in all 36 States/UTs. The program is responsible for the surveillance of 50 plus epidemic prone diseases and outbreak investigation. IDSP plays a crucial

role in prompt response and surveillance of emerging and re-emerging diseases including Nipah Virus disease in the country.

- VI. Indian Council of Medical Research (ICMR) and ICMR- National Institute of Virology (NIV), Pune, have strengthened Nipah surveillance by enhancing Acute Encephalitis Syndrome (AES) in Kerala state and Severe Acute Respiratory Illness (SARI) surveillance in West Bengal and Kerala since October-November 2024.
- VII. A comprehensive guideline on Nipah Virus has been prepared which can be accessed on the link: <https://ncdc.mohfw.gov.in/nipah-virus-guidelines/>.
- VIII. Under National One Health Programme for Prevention and Control of Zoonotic Diseases (NOHP-PCZ) various initiatives are taken to strengthen prevention, detection, and response capacities for zoonotic diseases in India, including Nipah Virus Disease (NiV).
- IX. For institutionalization of One Health at National, State and district level – Zoonosis committee have been formed in All States /UTs to review status of all zoonotic diseases including Nipah virus
- X. Capacity Building of medical and veterinary professional up to frontline health /vet workers is done through Regional and state level institutes.
- XI. For understanding burden of priority zoonosis and efficient management 75 Sentinel Surveillance Sites in 28 States/ UTs are strengthened under medical colleges/vet colleges.
- XII. Centre for One Health, NCDC has prepared a Technical Guidance on Zoonotic Disease, including Nipah Virus Disease that may be accessed at

link: <https://ncdc.mohfw.gov.in/wp-content/uploads/2024/04/Technical-Guidance-on-Zoonotic-Disease.pdf>.

- XIII. Information, Education, and Communication (IEC) video on Nipah virus disease has been prepared to create awareness in the public and prevent the spread of the disease. The IEC may be accessed at link:
<https://ncdc.mohfw.gov.in/iec-material-on-zoonotic-disease-nipah/>.

UPGRADATION OF MEDICAL INFRASTRUCTURE IN ANDHRA PRADESH

5750. SHRI PUTTA MAHESH KUMAR:

SHRI MAGUNTA SREENIVASULU REDDY:

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

- (a) whether the Government has undertaken any study regarding the development/upgradation of medical infrastructure in Andhra Pradesh under the PM-ABHIM Yojana;
- (b) if so, the details thereof along with the present status of projects under the Central Sector component of PM-ABHIM across Andhra Pradesh, district-wise particularly in Eluru District; and
- (c) whether the Government has considered including medical research centres under the PM-ABHIM in the said State, if so, the details thereof and if not, the reasons therefor?

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

(a) to (c) : The Government of India regularly reviews the progress achieved under the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) through periodic review meetings, monitoring portals, and progress reports submitted by the States/UTs. The progress under the Mission is monitored with respect to the strengthening of rural and urban Ayushman Arogya Mandirs (AAMs), establishment of Integrated Public Health Laboratories (IPHLs), and Critical Care Blocks (CCBs) at district hospitals. The States/UTs have reported progress in the operationalization and upgradation of these health infrastructure components in accordance with the approved proposals and timelines under PM-ABHIM, and the same is being regularly reviewed by the Ministry to ensure effective implementation of the Mission.

Monitoring under the National Health Mission (NHM) and PM-ABHIM is carried out through a robust, multi-layered framework that includes review of State-wise Key Deliverables against approved targets during NPCC meetings with all States/UTs including Andhra Pradesh, regular assessment of performance through the Output–Outcome Monitoring Framework (OOMF). In addition, annual Common Review Missions (CRMs) provide independent, on-ground assessments of programme implementation, health system strengthening, and progress on key indicators, enabling identification of gaps, course correction, and strengthening of accountability at State and District levels.

PM-ABHIM is a Centrally Sponsored Scheme with certain Central Sector components, with a proposed outlay of Rs. 64,180 crore for the period

FY 2021-22 to FY 2025-26. Under the CSS component of PM-ABHIM, administrative approvals have been accorded to the State of Andhra Pradesh for five years (i.e., FY 2021–22 to FY 2025–26) for an amount of Rs. 1118.80 crore for construction/strengthening of 696 Building-less Ayushman Arogya Mandirs (AAMs), 45 Urban Ayushman Arogya Mandirs (Health and Wellness Centres – HWCs), 26 Integrated Public Health Laboratories (IPHLs) and 24 Critical Care Blocks (CCBs), as per proposal submitted by the State.

The district-wise details of infrastructure approved, under the CSS & CS component of PM-ABHIM in the State of Andhra Pradesh are given in the enclosed **Statement**.

Under the CSS component of the scheme, financial support is provided for construction of Building-less SHC-AAMs, U-AAMs, BPHUs, IPHLs and CCBs at District Hospitals/Government Medical College level. Medical research centres are not included under the scope of the scheme.

STATEMENT

The district wise list of infrastructure approved under PM-ABHIM for the State of Andhra Pradesh:

S. No.	District	Total HWCs	U-AAMs	IPHL Facility	CCB Facility	CCB Beds
1	Alluri Sitharama Raju	119	-	AH Araku	GMC Paderu	50
2	Anakapalli	9	1	DH Anakapalli	DH Anakapalli	50
3	Anantapur	24	2	AH Guntakal	GMC Anantapur	50
4	Annamayya	17	-	AH Rayachoti	AH Rayachoty	50
5	Bapatla	10	1	AH Chirala	AH Chirala	50
6	Chittoor	3	1	AH Palamaner	—	—

7	East Godavari	15	2	AH Anaparthi	GMC Rajamahendravaram	50
8	Eluru	33	1	AH Jangareddygudem	GMC Eluru	50
9	Guntur	13	4	DH Tenali	DH Tenali	100
10	Kakinada	15	2	AH Tuni	RMC Kakinada	50
11	Dr. B.R. Ambedkar Konaseema	9	-	AH Ramachandrapuram	—	—
12	Krishna	26	1	AH Gudivada	GMC Machilipatnam	50
13	Kurnool	30	3	AH Yemmiganur	Kurnool MC	50
14	Nandyal	51	-	AH Banaganapalli	GMC Nandyal	50
15	NTR	15	6	AH Nandigama	Siddhartha MC	50
16	Palnadu	24	2	AH Narasaraopeta	AH Narasaraopeta	75
17	Parvathipuram Manyam	132	1	AH Seethampeta	AH Palakonda	50
18	Prakasam	32	2	AH Giddalur	GMC Ongole	50
19	SPSR Nellore	14	2	DH Atmakur	ACSR GMC Nellore	50
20	Sri Sathya Sai	10	-	DH Hindupur	DH Hindupur	50
21	Srikakulam	61	1	DH Tekkali	GMC Srikakulam	50
22	Tirupati	8	2	AH Gudur	Sri Venkateswara MC	50
23	Visakhapatnam	0	6	AH Aganampudi	Andhra MC	50
24	Vizianagaram	5	1	AH Rajam	GMC Vizianagaram	50
25	West Godavari	12	1	AH Tadepalligudem	AH Bhimavaram	50
26	YSR Kadapa	9	3	DH Proddutur	GMC Kadapa	50
	Grand Total	696	45	26 IPHLs	24 CCBs	

The infrastructure approved under CS Component of PM-ABHIM for the State of Andhra Pradesh:

S. No.	District	National Centre for Disease Control	Metropolitan Surveillance Unit (MSU)	Bio Safety Level 3 Laboratory(BSL3)	Health Emergency Operation Centre

		(NCDC) State Branch			(HEOC)
1	Guntur- Mangalagiri	1	1	1	1

12.00 hrs

माननीय अध्यक्ष: माननीय सदस्यगण, मुझे निम्नलिखित माननीय सदस्यों श्री हनुमान बेनीवाल, श्री मुरारी लाल मीना, कुमारी सुधा आर., श्री राजेश रंजन, एडवोकेट चन्द्र शेखर, श्री बी. मणिकम टैगोर, श्री विजयकुमार उर्फ विजय वसंत और श्री वीरेन्द्र सिंह की ओर से स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। मैंने स्थगन प्रस्ताव की किसी भी सूचना की आज अनुमति नहीं दी है।

श्री बी. मणिकम टैगोर (विरुधुनगर) : अध्यक्ष महोदय, शुक्रवार को प्राइवेट मेंबर्स बिजनेस होता है। प्राइवेट मेंबर बिल के लिए एक ही दिन मिलता है। इस बार सरकार ने उसे बिजनेस से हटा दिया। पार्लियामेंटरी अफेयर्स मिनिस्टर ऐसे डिसाइड कर देते हैं, सदन के साथ रहना चाहिए। हम लोगों को एक ही अपॉर्च्युनिटी मिलती है, हम लोगों पर ब्लेम होता है, हम लोग यहां शोर करते हैं।

माननीय अध्यक्ष: माननीय सदस्यगण, दिवाला और शोधन अक्षमता संहिता (संशोधन) विधेयक पर माननीय वित्त मंत्री जी आज 5 बजे उत्तर देंगी। उसके पहले कई माननीय सदस्यों का शून्यकाल है। बजट सत्र के कारण कई माननीय सदस्यों को शून्य काल में बोलने का अवसर नहीं मिला था, जिनका लिस्ट में नाम आया है, हम उन सदस्यों को शून्य काल में बोलने का अवसर देंगे।

आज इनसोल्वेंसी एंड बैंकरप्सी कोड पर भी चर्चा होगी। जीरो ऑवर भी होगा, उसके बाद मंत्री जी का जवाब होगा। मैं माननीय सदस्यों की भावनाओं को समझता हूं। आपने जो विषय

उठाया है, हम निश्चित रूप से इसके लिए प्रयास करेंगे। प्राइवेट मेंबर बिजनसे अति आवश्यक तो नहीं है, लेकिन शनिवार और रविवार को सत्र चलना था, अचानक कई माननीय सदस्यों की भावनाएं प्रकट हुईं कि शनिवार और रविवार को सत्र न चलाएं। यह विषय आया है। अभी दो बजे जो जन विश्वास बिल ज्वाइंट पार्लियमेंटरी कमेटी से आया है, उसे मंत्री जी इंट्रोड्यूस करेंगे।

12.03 hrs

PAPERS LAID ON THE TABLE

माननीय अध्यक्ष: अब पत्र सभा पटल पर रखे जाएंगे।

श्री अर्जुन राम मेघवाल जी।

विधि और न्याय मंत्रालय के राज्य मंत्री; तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री अर्जुन राम मेघवाल) : अध्यक्ष महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

- (1) (एक) लद्दाख संघ राज्यक्षेत्र विधिक सेवा प्राधिकरण, लद्दाख के वर्ष 2023-2024 और 2024-2025 के वार्षिक प्रतिवेदन की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) लद्दाख संघ राज्यक्षेत्र विधिक सेवा प्राधिकरण, लद्दाख के वर्ष 2023-2024 और 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।
- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाले दो विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6726/18/26]

- (3) (एक) भारत अंतर्राष्ट्रीय माध्यस्थम् केंद्र, नई दिल्ली के वर्ष 2023-2024 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) भारत अंतर्राष्ट्रीय माध्यस्थम् केंद्र, नई दिल्ली के वर्ष 2023-2024 के

कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

- (4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6727/18/26]

आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) : अध्यक्ष महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

- (1) (एक) केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (दो) केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।
- (तीन) केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6728/18/26]

- (3) (एक) राष्ट्रीय होम्योपैथी संस्थान, कोलकाता के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय होम्योपैथी संस्थान, कोलकाता के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने

वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6729/18/26]

- (5) (एक) केंद्रीय होम्योपैथी अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) केंद्रीय होम्योपैथी अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (6) उपर्युक्त (5) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6730/18/26]

- (7) (एक) राष्ट्रीय प्राकृतिक चिकित्सा संस्थान, पुणे के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय प्राकृतिक चिकित्सा संस्थान, पुणे के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (8) उपर्युक्त (7) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6731/18/26]

- (9) (एक) केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) केंद्रीय योग एवं प्राकृतिक चिकित्सा अनुसंधान परिषद, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (10) उपर्युक्त (9) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6732/18/26]

- (11) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, भोपाल के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (12) उपर्युक्त (11) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6733/18/26]

- (13) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, पटना के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, पटना के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (14) उपर्युक्त (13) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6734/18/26]

- (15) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, अवंतीपोरा के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, अवंतीपोरा के वर्ष 2024-2025 के

कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (16) उपर्युक्त (15) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6735/18/26]

- (17) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, गुवाहाटी के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (18) उपर्युक्त (17) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6736/18/26]

- (19) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, विजयपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

- (दो) अखिल भारतीय आयुर्विज्ञान संस्थान, विजयपुर के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

- (20) उपर्युक्त (19) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6737/18/26]

(21) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(22) उपर्युक्त (21) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6738/18/26]

(23) (एक) अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(24) उपर्युक्त (23) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6739/18/26]

(25) (एक) राष्ट्रीय सिद्ध संस्थान, चेन्नई के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) राष्ट्रीय सिद्ध संस्थान, चेन्नई के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(26) उपर्युक्त (25) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने

वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6740/18/26]

- (27) (एक) मोरारजी देसाई राष्ट्रीय योग संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) मोरारजी देसाई राष्ट्रीय योग संस्थान, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (28) उपर्युक्त (27) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6741/18/26]

- (29) (एक) केन्द्रीय सिद्ध अनुसंधान परिषद, चेन्नई के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) केन्द्रीय सिद्ध अनुसंधान परिषद, चेन्नई के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (30) उपर्युक्त (29) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6742/18/26]

- (31) (एक) उत्तर पूर्वी आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान, पूर्वी सियांग के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) उत्तर पूर्वी आयुर्वेद एवं लोक चिकित्सा अनुसंधान संस्थान, पूर्वी सियांग के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा

अंग्रेजी संस्करण)।

- (32) उपर्युक्त (31) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6743/18/26]

- (33) अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।

[Placed in Library, See No. LT 6744/18/26]

- (34) अखिल भारतीय आयुर्विज्ञान संस्थान, रायबरेली के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।

[Placed in Library, See No. LT 6645/18/26]

- (35) अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।

[Placed in Library, See No. LT 6746/18/26]

- (36) कंपनी अधिनियम, 2013 की धारा 394 की उपधारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

(एक) एचएलएल मेडिपार्क लिमिटेड, तिरुवनंतपुरम के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा।

(दो) एचएलएल मेडिपार्क लिमिटेड, तिरुवनंतपुरम का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखा-परीक्षित लेखे तथा उन पर नियंत्रक- महालेखापरीक्षक की टिप्पणियाँ।

- (37) उपर्युक्त (36) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6747/18/26]

- (38) मानव अंग और ऊतक प्रतिरोपण अधिनियम, 1994 की धारा 24 की उप धारा (3) के अंतर्गत मानव अंग और ऊतक प्रतिरोपण नियम, 2026 जो दिनांक 19 फरवरी, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.138(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6748/18/26]

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल) : अध्यक्ष महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:-

- (1) (एक) राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
 - (दो) राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, नई दिल्ली के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।
 - (तीन) राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, नई दिल्ली के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6749/18/26]

- (3) कंपनी अधिनियम, 2013 की धारा 394 की उपधारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-
- (क) (एक) हिंदुस्तान एंटीबायोटिक्स लिमिटेड, पुणे के वर्ष 2024-2025 के कार्यक्रम की सरकार द्वारा समीक्षा के बारे में विवरण।

- (दो) हिंदुस्तान एंटीबायोटिक्स लिमिटेड, पुणे का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखा-परीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।

[Placed in Library, See No. LT 6750/18/26]

- (ख) (एक) बंगाल केमिकल्स एंड फार्मास्युटिकल्स लिमिटेड, कोलकाता के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा के बारे में विवरण।
- (दो) बंगाल केमिकल्स एंड फार्मास्युटिकल्स लिमिटेड, कोलकाता का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखा-परीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।
- (4) उपर्युक्त (3) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाले दो विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6751/18/26]

- (5) भारतीय नर्स परिषद अधिनियम, 1947 की धारा 16 की उप धारा (3) के अन्तर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-
- (एक) भारतीय नर्स परिषद {नर्स प्रैक्टिशनर इन नियोनेटल नर्सिंग (एनपीएनईओएन) – स्नातकोत्तर रेजीडेंसी कार्यक्रम} विनियम, 2024 जो दिनांक 27 दिसम्बर, 2024 के भारत के राजपत्र में अधिसूचना संख्या फा.सं. 11-1/2024-आईएनसी (VIII) में प्रकाशित हुए थे।
- (दो) भारतीय नर्स परिषद {नर्स प्रैक्टिशनर इन फैमिली हेल्थ (एनपीएफएच) – स्नातकोत्तर रेजीडेंसी कार्यक्रम} विनियम, 2024 जो दिनांक 27 दिसम्बर, 2024 के भारत के राजपत्र में अधिसूचना संख्या फा.सं. 11-1/2024-आईएनसी (VI) में प्रकाशित हुए थे।
- (तीन) भारतीय नर्स परिषद {नर्स प्रैक्टिशनर इन पीडियाट्रिक नर्सिंग (एनपीपीएन)-

स्नातकोत्तर रेजीडेंसी कार्यक्रम} विनियम, 2024 जो दिनांक 30 जनवरी, 2025 के भारत के राजपत्र में अधिसूचना संख्या फा.सं.11-1/2024-आईएनसी (XI) में प्रकाशित हुए थे।

(चार) भारतीय नर्स परिषद {नर्स प्रैक्टिशनर इन एनेस्थीसिया (एनपीए)- स्नातकोत्तर रेजीडेंसी कार्यक्रम} विनियम, 2024 जो दिनांक 17 जनवरी, 2025 के भारत के राजपत्र में अधिसूचना संख्या फा.सं.11-1/2024-आईएनसी(IX) में प्रकाशित हुए थे।

(पांच) भारतीय नर्स परिषद {नर्स प्रैक्टिशनर इन नेफ्रोलॉजी नर्सिंग (एनपीएनईपीएन)- स्नातकोत्तर रेजीडेंसी कार्यक्रम} विनियम, 2024 जो दिनांक 17 जनवरी, 2025 के भारत के राजपत्र में अधिसूचना संख्या फा.सं. 11-1/2024-आईएनसी (X) में प्रकाशित हुए थे।

(6) उपर्युक्त (5) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाले पाँच विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6752/18/26]

(7) ओषधि और प्रसाधन सामग्री अधिनियम, 1940 की धारा 38 के अंतर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

(8) (एक) ओषधि (संशोधन) नियम, 2026 जो दिनांक 16 फरवरी, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि. 135(अ) में प्रकाशित हुए थे।

(दो) चिकित्सा उपकरण (संशोधन) नियम, 2026 जो दिनांक 10 मार्च, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि. 165(अ) में प्रकाशित हुए थे।

[Placed in Library, See No. LT 6753/18/26]

(9) राष्ट्रीय सहबद्ध और स्वास्थ्य देख-रेख वृत्ति आयोग अधिनियम, 2021 की धारा 67 के अंतर्गत राष्ट्रीय सहबद्ध और स्वास्थ्य देख-रेख वृत्ति आयोग (संशोधन) नियम, 2026

जो दिनांक 13 मार्च, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि.185(अ) में प्रकाशित हुए थे, की प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6754/18/26]

THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR): Sir, rise to lay on the Table:-

- (1) A copy of the Notification No. IMU/HQ/ADM/Notification/2026/03 (Hindi and English versions) published in Gazette of India dated 10th February, 2026 making certain amendments in Ordinance No. 6 of 2020 relating to the Recruitment Rules for the post of Finance Officer under sub-section (2) of Section 47 of the Indian Maritime University Act, 2008.
- (2) A copy of the Notification No. S.O.1243(E) (Hindi and English versions) published in Gazette of India dated 10th March, 2026, appointing the 15th day of March, 2026 as the date on which the provisions of the Coastal Shipping Act, 2025 shall come into force issued under Section 40 of the said Act.

[Placed in Library, See No. LT 6755/18/26]

- (3) A copy of the Inland Vessels (Safe Navigation, Communication & Signals) (First Amendment) Rules, 2026 (Hindi and English versions) published in Notification No. G.S.R.155(E) in Gazette of India dated 5th March, 2026 under sub-section (1) of Section 113 of the Inland Vessels Act, 2021.
- (4) (i) A copy of the Annual Report (Hindi and English versions) of the Calcutta Dock Labour Board, Kolkata, for the year 2024-2025, alongwith

Audited Accounts.

- (ii) A copy of the Review (Hindi and English versions) by the Government of the working of the Calcutta Dock Labour Board, Kolkata, for the year 2024-2025.
- (5) Statements (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

[Placed in Library, See No. LT 6756/18/26]

महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर) : अध्यक्ष महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:-

- (1) (एक) राष्ट्रीय महिला आयोग, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।
- (दो) राष्ट्रीय महिला आयोग, नई दिल्ली के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।
- (2) उपर्युक्त (1) में उल्लिखित पत्रों को सभा पटल पर रखने में हुए विलम्ब के कारण दर्शाने वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6757/18/26]

THE MINISTER OF STATE IN THE MINISTRY OF ENVIRONMENT, FOREST AND CLIMATE CHANGE; AND MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS (SHRI KIRTI VARDHAN SINGH): Sir, on behalf of my colleague, Shri Pabitra Margherita, I rise to lay on the Table:-

- (1) (i) A copy of the Annual Report (Hindi and English versions) of the

Nalanda University, Rajgir, for the year 2024-2025.

(ii) A copy of the Annual Accounts (Hindi and English versions) of the Nalanda University, Rajgir, for the year 2024-2025, together with Audit Report thereon.

(iii) A copy of the Review (Hindi and English versions) by the Government of the working of the Nalanda University, Rajgir, for the year 2024-2025.

(2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 6758/18/26]

वित्त मंत्रालय में राज्य मंत्री (श्री पंकज चौधरी) : महोदय, मैं अपनी सहयोगी श्रीमती निर्मला सीतारमण जी की ओर से निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

(1) केन्द्रीय उत्पाद शुल्क अधिनियम, 1944 की धारा 38 की उप-धारा (2) के अन्तर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):

- I. केन्द्रीय उत्पाद शुल्क (संशोधन) नियम 2026 जी दिनांक 26 मार्च, 2026 के भारत के राजपत्र में अधिसूचना संख्या 02/2026-केन्द्रीय उत्पाद शुल्क (एनटी) में प्रकाशित हुई थी तथा एक व्याख्यात्मक ज्ञापन।
- II. अधिसूचना संख्या 05/2026-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा पेट्रोल और डीजल पर विशेष अतिरिक्त उत्पाद शुल्क को कम करना है तथा एका व्याख्यात्मक ज्ञापन।
- III. अधिसूचना संख्या 06/2026-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा पेट्रोल और डीजल के निर्यात पर विशेष अतिरिक्त उत्पाद शुल्क लगाने का प्रस्ताव किया गया है तथा एक व्याख्यात्मक मापन।

- IV. अधिसूचना संख्या 2026 का 07-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा वित्त अधिनियम, 2002 की आठवीं अनुसूची में संशोधन करने की मांग की गई है ताकि विमानन टरबाइन ईंधन को अनुसूची में शामिल किया जा सके और उस पर विशेष अतिरिक्त उत्पाद शुल्क निर्धारित किया जा सके तथा एक व्याख्यात्मक ज्ञापन।
- V. अधिसूचना संख्या 2026 का 08-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा निर्यात के लिए मंजूरी मिलने पर विमानन टरबाइन ईंधन पर विशेष अतिरिक्त उत्पाद शुल्क की प्रभावी दर निर्धारित करने की मांग की गई है तथा एक व्याख्यात्मक ज्ञापन।
- VI. अधिसूचना संख्या 2026 का 09-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा विमानन टरबाइन ईंधन के निर्यात को मंजूरी दिए जाने के विशेष अतिरिक्त उत्पाद शुल्क से पूरी तरह छूट देने की मांग की गई है तथा एक व्याख्यात्मक ज्ञापन।
- VII. अधिसूचना संख्या 2026 का 10-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा निर्यात के लिए मंजूरी मिलने पर पेट्रोल और डीजल पर लागू मूल उत्पाद शुल्क और कृषि बुनियादी ढांचे और विकास उपकरण और विमानन टरबाइन ईंधन पर मूल उत्पाद शुल्क से छूट देने की मांग की गई है तथा एक व्याख्यात्मक ज्ञापन।
- VIII. अधिसूचना संख्या 2026 का 11-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा निर्यात के लिए मंजूरी मिलने पर पेट्रोल और डीजल के लिए सड़क और बुनियादी ढांचा उपकरण की दरें निर्धारित करने की मांग की गई है तथा एक व्याख्यात्मक ज्ञापन।
- IX. अधिसूचना संख्या 2026 का 12-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026

के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा अधिसूचना संख्या 4/2019-केन्द्रीय उत्पाद शुल्क में कतिपय संशोधन किये गये हैं ताकि निर्यात के लिए मंजूरी मिलने पर पेट्रोल और डीजल पर अधिसूचना के प्रावधानों को बाहर रखा जा सके तथा एक व्याख्यात्मक ज्ञापन।

- X. अधिसूचना संख्या 2026 का 13-केन्द्रीय उत्पाद शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा पेट्रोलियम उत्पादों पर तत्कालीन विशेष अतिरिक्त उत्पाद शुल्क दर का निरसन किया गया है तथा एक व्याख्यात्मक ज्ञापन।

[Placed in Library, See No. LT 6759/18/26]

- (2) अधिसूचना संख्या 2026 का 7-सीमा शुल्क जो दिनांक 26 मार्च, 2026 के भारत के राजपत्र में प्रकाशित हुई थी तथा जिसके द्वारा विमानन टरबाइन ईंधन के आयात को सीमा शुल्क अधिनियम की धारा 3 की उपधारा (1) के अंतर्गत उस पर लगाए जाने वाले अतिरिक्त सीमा शुल्क से पूरी तरह छूट प्रदान करने की मांग की गई है, जो सीमा शुल्क अधिनियम, 1962 की धारा 159 के अंतर्गत विशेष अतिरिक्त उत्पाद शुल्क की राशि के बराबर है, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 6660/18/26]

12.06 hrs

MESSAGES FROM RAJYA SABHA

SECRETARY GENERAL: Sir, I have to report the following message received from the Secretary General of Rajya Sabha:-

'I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on Wednesday, the 25th March, 2026 has adopted the enclosed motion concurring in the recommendation of the Lok Sabha that the Rajya Sabha do join in the Joint Committee of the Houses on the Corporate Laws (Amendment) Bill, 2026, and resolved that ten Members of Rajya Sabha be nominated by the Hon'ble Chairman to serve on the said Joint Committee.

MOTION

"That this House concurs in the recommendation of the Lok Sabha that this House do join in the Joint Committee of the Houses on the Corporate Laws (Amendment) Bill, 2026 and resolves that ten Members of this House be nominated by the Chairman to serve on the said Joint Committee".'

Sir, I also have to report the following message received from the Secretary General of Rajya Sabha:-

"In accordance with the provisions of rule 127 of the Rules of Procedure and Conduct of Business in the Rajya

Sabha, I am directed to inform the Lok Sabha that the Rajya Sabha at its sitting held on the 25th March, 2026 agreed without any amendment to the Transgender Persons (Protection of Rights) Amendment Bill, 2026 which was passed by the Lok Sabha at its sitting held on the 24th March, 2026."

12.07 hrs

**COMMITTEE ON THE WELFARE OF SCHEDULED CASTES
AND SCHEDULED TRIBES
9th and 10th Reports**

श्री विष्णु दयाल राम (पलामू): महोदय, मैं अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ:-

- (1) 'दिल्ली विकास प्राधिकरण (डीडीए) की सेवाओं और वाणिज्यिक तथा आवासीय इकाइयों के आबंटन में अनुसूचित जातियों और अनुसूचित जनजातियों के लिए आरक्षण' विषय के बारे में अनुसूचित जातियों तथा अनुसूचित जनजातियों के कल्याण संबंधी समिति के चौथे प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी नौवां प्रतिवेदन (18वीं लोक सभा)।
 - (2) 'भारतीय राष्ट्रीय राजमार्ग प्राधिकरण (एनएचएआई) के विशेष संदर्भ में भारत सरकार के मंत्रालयों/विभागों में आरक्षण नीति का कार्यान्वयन' विषय के बारे में दसवां प्रतिवेदन (अठारहवीं लोक सभा)।
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12.07½ hrs**COMMITTEE ON SUBORDINATE LEGISLATION****10th Report**

SHRI BALASHOWRY VALLABHANENI (MACHILIPATNAM): Sir, I rise to present the Tenth Report (Hindi and English versions) on action taken by the Government on the Observations/ Recommendations contained in the Twenty-seventh Report (17th Lok Sabha) on 'Status of Framing of Subordinate Legislation viz. Rules/ Regulations etc. under various Acts being administered by the Department of Defence in the Ministry of Defence'.

12.08 hrs

**STANDING COMMITTEE ON AGRICULTURE, ANIMAL
HUSBANDRY AND FOOD PROCESSING**

(i) 33rd to 38th Reports

श्री सुधाकर सिंह (बक्सर) : महोदय, मैं कृषि, पशुपालन और खाद्य प्रसंस्करण संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ:-
महोदय, मैं निम्नलिखित प्रतिवेदन सभा पटल पर रखता हूँ:-

- (1) कृषि और किसान कल्याण मंत्रालय (कृषि और किसान कल्याण विभाग) से संबंधित 'देश में तिलहन और दलहन का उत्पादन और उपलब्धता' विषय के बारे में तैंतीसवां प्रतिवेदन।
- (2) कृषि और किसान कल्याण मंत्रालय (कृषि अनुसंधान और शिक्षा विभाग) से संबंधित 'भू-जल बचाने के लिए पानी की कम खपत वाले बीजों की किस्मों के विकास के लिए अनुसंधान' विषय के बारे में चौंतीसवां प्रतिवेदन।
- (3) कृषि और किसान कल्याण मंत्रालय (कृषि और किसान कल्याण विभाग) से संबंधित

- अनुदानों की मांगों (2025-26) के बारे में सातवें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी पैंतीसवां प्रतिवेदन।
- (4) सहकारिता मंत्रालय से संबंधित अनुदानों की मांगों (2025-26) के बारे में नौवें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 36वां प्रतिवेदन।
- (5) मत्स्यपालन, पशुपालन और डेयरी मंत्रालय (पशुपालन और डेयरी विभाग) से संबंधित अनुदानों की मांगों (2025-26) के बारे में ग्यारहवें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी सैंतीसवां प्रतिवेदन।
- (6) खाद्य प्रसंस्करण उद्योग मंत्रालय से संबंधित अनुदानों की मांगों (2025-26) के बारे में बारहवें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी अड़तीसवां प्रतिवेदन।

(ii) Statements

श्री सुधाकर सिंह (बक्सर) : महोदय, मैं कृषि, पशुपालन और खाद्य प्रसंस्करण संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूँ:-

महोदय, मैं निम्नलिखित प्रतिवेदन सभा पटल पर रखता हूँ:-

- (1) मत्स्यपालन, पशुपालन और डेयरी मंत्रालय (पशुपालन और डेयरी विभाग) से संबंधित 'देश में गोपशुओं में लम्पी त्वचा रोग के फैलाव और तत्संबंधी मुद्दे' विषय के बारे में कृषि, पशुपालन और खाद्य प्रसंस्करण संबंधी स्थायी समिति (2023-24) के छियासठवें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी पंद्रहवां प्रतिवेदन।
- (2) कृषि और किसान कल्याण मंत्रालय (कृषि अनुसंधान और शिक्षा विभाग) से संबंधित 'अनुदानों की मांगें (2024-25)' के बारे में कृषि, पशुपालन और खाद्य प्रसंस्करण संबंधी स्थायी समिति (2024-25) के दूसरे प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट

- टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी सोलहवां प्रतिवेदन।
- (3) कृषि और किसान कल्याण मंत्रालय (कृषि अनुसंधान और शिक्षा विभाग) से संबंधित 'अनुदानों की मांगें (2025-26)' के बारे में कृषि, पशुपालन और खाद्य प्रसंस्करण संबंधी स्थायी समिति (2024-25) के आठवें प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी सत्रहवां प्रतिवेदन।
- (4) सहकारिता मंत्रालय से संबंधित 'अनुदानों की मांगें (2025-26)' के बारे में कृषि, पशुपालन और खाद्य प्रसंस्करण संबंधी स्थायी समिति (2024-25) के छठे प्रतिवेदन (अठारहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों /सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी उन्नीसवां प्रतिवेदन।

12.09 hrs

**STANDING COMMITTEE ON LABOUR, TEXTILES AND SKILL
DEVELOPMENT**

(i) 18th to 20th Reports

SHRI G. M. HARISH BALAYOGI (AMALAPURAM): Respected Speaker Sir, I rise to present the following Reports (Hindi and English versions) of the Standing Committee on Labour, Textiles and Skill Development: -

- (1) Eighteenth Report on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their Fourth Report (Eighteenth Lok Sabha) on 'Demands for Grants (2025-26)' of the Ministry of Labour and Employment.
- (2) Nineteenth Report on Action Taken by the Government on the Observations/Recommendations contained in the Fifth Report

(Eighteenth Lok Sabha) of the Committee on 'Demand for Grants (2025-26)' of the Ministry of Textiles.

- (3) Twentieth Report on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their Sixth Report (Eighteenth Lok Sabha) on 'Demands for Grants (2025-26)' of the Ministry of Skill Development & Entrepreneurship.

(ii) Statements

SHRI G. M. HARISH BALAYOGI (AMALAPURAM): Respected Speaker Sir, I rise to to lay the Statements (Hindi and English versions) showing further action taken by the Government on the Observations/Recommendations of the Standing Committee on Labour, Textiles and Skill Development contained in the following Action Taken Reports:-

- (1) Ninth Report (Eighteenth Lok Sabha) on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their Fifty-Sixth Report (Seventeenth Lok Sabha) on 'Implementation of Skill Acquisition and Knowledge Awareness for Livelihood Promotion (SANKALP) Project' pertaining to the Ministry of Skill Development & Entrepreneurship.
- (2) Tenth Report (Eighteenth Lok Sabha) on Action Taken by the Government on Observations/Recommendations of the Committee contained in their Third Report (Eighteenth Lok Sabha) on 'Demands for Grants (2024-25)' of the Ministry of Skill Development &

Entrepreneurship.

- (3) Twelfth Report (Eighteenth Lok Sabha) on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their Fifty-Fifth Report (Seventeenth Lok Sabha) on 'Development of Cotton Sector' pertaining to the Ministry of Textiles.

12.10 hrs

STANDING COMMITTEE ON RURAL DEVELOPMENT

AND PANCHAYATI RAJ

(i) 28th to 30th Reports

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Respected Speaker Sir, I rise to present the following Reports (Hindi and English versions) of the Standing Committee on Rural Development and Panchayati Raj:-

- (1) Twenty-eighth Report on Action Taken on the recommendations contained in the Eighth Report (Eighteenth Lok Sabha) on 'Rural Employment through Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)' (2024-25) of the Ministry of Rural Development (Department of Rural Development).
- (2) Twenty-ninth Report on Action Taken on the recommendations contained in the Twenty-First Report (Eighteenth Lok Sabha) on 'Gram Urja Swaraj: Promoting Renewable Energy in Rural Areas' (2024-25) of the Ministry of Panchayati Raj.
- (3) Thirtieth Report on Action Taken on the recommendations contained

in the Fifteenth Report (Eighteenth Lok Sabha) on 'Devolution of Funds under Panchayati Raj System' (2024-25) of the Ministry of Panchayati Raj.

(ii) Statements

SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Respected Speaker Sir, I rise lay the following Statements (Hindi and English versions) of the Standing Committee on Rural Development and Panchayati Raj on:-

- (1) Thirteenth Report (Eighteenth Lok Sabha) on Action Taken by the Government on recommendations contained in Third Report (Eighteenth Lok Sabha) on 'Demands for Grants (2024-25) of the Ministry of Panchayati Raj'.
 - (2) Fourteenth Report (Eighteenth Lok Sabha) on Action Taken by the Government on recommendations contained in Seventh Report (Eighteenth Lok Sabha) on 'Demands for Grants (2025-26) of the Ministry of Panchayati Raj'.
 - (3) Twenty second Report (Eighteenth Lok Sabha) on Action Taken by the Government on the recommendations contained in the Tenth Report (Eighteenth Lok Sabha) on 'Functioning of National Institute of Rural Development and Panchayati Raj (NIRD&PR) (2024-25)' of the Ministry of Rural Development (Department of Rural Development).
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12.11 hrs

STANDING COMMITTEE ON COAL, MINES AND STEEL

(i) 21st and 22nd Reports

SHRI ANURAG SINGH THAKUR (HAMIRPUR): Hon. Speaker Sir, with your kind permission, I rise to present the following Reports (Hindi and English versions) of the Standing Committee on Coal, Mines and Steel (2025-26):-

- (1) Twenty-first Report on the subject 'Organisational Structure and Performance of Steel Authority of India Limited (SAIL)- A Review' of the Ministry of Steel.
- (2) Twenty-second Report on Action Taken on the Eighth Report of the Committee on Coal, Mines and Steel on the subject 'Steel Scrap Recycling Policy' of the Ministry of Steel.

(ii) Statements

SHRI ANURAG SINGH THAKUR (HAMIRPUR): Hon. Speaker Sir, with your kind permission, I rise to lay the following Statements (Hindi and English versions) of the Standing Committee on Coal, Mines and Steel:-

- (1) Statement showing Action Taken by the Government on the Observations/Recommendations contained in the 9th Report (18th Lok Sabha) on action taken on the Observations/Recommendations contained in 1st Report (18th Lok Sabha) on 'Demands for Grants (2024-25)' of the Ministry of Coal.
- (2) Statement showing Action Taken by the Government on the

Observations/Recommendations contained in the 10th Report (18th Lok Sabha) on action taken on the Observations/Recommendations contained in 2nd Report (18th Lok Sabha) on 'Demands for Grants (2024-25)' of the Ministry of Mines.

- (3) Statement showing Action Taken by the Government on the Observations/Recommendations contained in the 11th Report (18th Lok Sabha) on action taken on the Observations/Recommendations contained in 3rd Report (18th Lok Sabha) on 'Demands for Grants (2024-25)' of the Ministry of Steel.
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12.12 hrs

STATEMENTS BY MINISTER

(i)(a) Status of implementation of recommendations/observations contained in the 7th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 19, 20 and 21) on 'General Defence Budget, Border Roads Organisation, Indian Coast Guard, Defence Estates Organisation, Welfare of Ex- Servicemen and Defence Research and Development Organisation' pertaining to the Ministry of Defence*

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): Hon. Speaker, Sir, with your kind permission, on behalf of my colleague, Shri Sanjay Seth, I rise to lay a statement regarding the status of implementation of recommendations/ observations contained in the 7th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 19, 20 and 21) on 'General Defence Budget, Border Roads Organisation, Indian Coast Guard, Defence Estates Organisation, Welfare of Ex- Servicemen and Defence Research and Development Organisation' pertaining to the Ministry of Defence.

(b) Status of implementation of recommendations/observations contained in the 8th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 20 and 21) on 'Army, Air Force, Navy, Joint Staff, Ex-Servicemen Contributory Health Scheme and Directorate General of Armed Forces Medical Services' pertaining to the Ministry of Defence*

* Laid on the Table and also placed in Library, See Nos. LT 6722/18/26 and 6723/18/26 respectively.

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): Hon. Speaker, Sir, with your kind permission, on behalf of my colleague, Shri Sanjay Seth, I rise to lay a statement regarding the status of implementation of recommendations/ observations contained in the 8th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 20 and 21) on 'Army, Air Force, Navy, Joint Staff, Ex-Servicemen Contributory Health Scheme and Directorate General of Armed Forces Medical Services' pertaining to the Ministry of Defence

(c) Status of implementation of recommendations/observations contained in the 9th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 21 and 22) on 'Capital Outlay on Defence Services, Defence Planning, Procurement Policy and Defence Pensions' pertaining to the Ministry of Defence*

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND
MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS**

(SHRI ARJUN RAM MEGHWAL): Hon. Speaker, Sir, with your kind permission, on behalf of my colleague, Shri Sanjay Seth, I rise to lay a statement regarding the status of implementation of recommendations/ observations contained in the 9th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 21 and 22) on 'Capital Outlay on Defence Services, Defence Planning, Procurement Policy and Defence Pensions' pertaining to the Ministry of Defence.

* Laid on the Table and also placed in Library, See No. LT 6724/18/26.

(d) Status of implementation of recommendations/observations contained in the 10th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 20 and 21) on 'Defence Public Sector Undertakings, Directorate of Ordnance (Coordination and Services-New DPSUs), Directorate General of Quality Assurance, Directorate General of Aeronautical Quality Assurance and National Cadet Corps' pertaining to the Ministry of Defence*

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE;
AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY
AFFAIRS (SHRI ARJUN RAM MEGHWAL):** Hon. Speaker, Sir, with your kind permission, on behalf of my colleague, Shri Sanjay Seth, I rise to lay a statement regarding the status of implementation of recommendations/observations contained in the 10th Report of the Standing Committee on Defence (2024-25) on Demands for Grants (2025-26, Demand Nos. 20 and 21) on 'Defence Public Sector Undertakings, Directorate of Ordnance (Coordination and Services-New DPSUs), Directorate General of Quality Assurance, Directorate General of Aeronautical Quality Assurance and National Cadet Corps' pertaining to the Ministry of Defence

* Laid on the Table and also placed in Library, See No. LT 6725/18/26.

12.13 hrs

**MOTION RE: REPORT OF JOINT COMMITTEE ON THE CONSTITUTION
(ONE HUNDRED AND THIRTIETH AMENDMENT) BILL, 2025; JAMMU AND
KASHMIR REORGANIZATION (AMENDMENT) BILL, 2025; AND
GOVERNMENT OF UNION TERRITORIES (AMENDMENT) BILL, 2025 –
EXTENSION OF TIME**

SHRIMATI APARAJITA SARANGI (BHUBANESWAR): Hon. Speaker, Sir, I wish to move:

“That this House do extend time for presentation of the Report of the Joint Committee on The Constitution (One Hundred and Thirtieth Amendment) Bill, 2025; The Jammu and Kashmir Reorganization (Amendment) Bill, 2025; and The Government of Union Territories (Amendment) Bill, 2025 upto the first day of last week of the Monsoon Session, 2026”.

माननीय अध्यक्ष : प्रश्न यह है :

“कि यह सभा संविधान (एक सौ तीसवां संशोधन) विधेयक, 2025; जम्मू-कश्मीर पुनर्गठन (संशोधन) विधेयक, 2025; और संघ राज्यक्षेत्र शासन (संशोधन) विधेयक, 2025 संबंधी संयुक्त समिति के प्रतिवेदन को प्रस्तुत किये जाने के लिए समय को मानसून सत्र 2026 के अंतिम सप्ताह के पहले दिवस तक बढ़ाती है।”

प्रस्ताव स्वीकृत हुआ।

12.13½ hrs

MATTERS UNDER RULE 377*

माननीय अध्यक्ष : माननीय सदस्यगण, आज जिन माननीय सदस्यों को नियम 377 के अधीन मामलों को उठाने की अनुमति दी गई है, वे व्यक्तिगत रूप से अपने अनुमोदित पाठ को सभा पटल पर प्रस्तुत कर सकते हैं।

(i) Need to celebrate the bicentenary (200th Anniversary) of the rebellion

led by Veer Surendra Sai in Odisha at national level

श्री प्रदीप पुरोहित (बारगढ़) : मैं सरकार का ध्यान ओडिशा के महान स्वतंत्रता सेनानी वीर सुरेन्द्र साई के ऐतिहासिक योगदान की ओर आकर्षित करना चाहता हूँ। वर्ष 1827 में, जब वे मात्र 18 वर्ष के थे, उन्होंने अंग्रेजी शासन के विरुद्ध पश्चिमी ओडिशा के संबलपुर क्षेत्र में सशस्त्र विद्रोह का नेतृत्व किया। यह संघर्ष 1857 के प्रथम स्वतंत्रता संग्राम से लगभग तीन दशक पहले प्रारम्भ हुआ था और स्थानीय जनजातीय समाज तथा जमींदारों के सहयोग से अंग्रेजों के विरुद्ध एक दीर्घकालीन प्रतिरोध बना। इस ऐतिहासिक संघर्ष का प्रमुख रणक्षेत्र देब्रीगढ़ तथा बारापहाड़ के घने वन क्षेत्र रहे, जहाँ से वीर सुरेन्द्र साई ने गुरिल्ला युद्ध के माध्यम से अंग्रेजी सत्ता को लगातार चुनौती दी। वर्ष 2027 में इस ऐतिहासिक विद्रोह की द्विशताब्दी (200 वर्ष) पूर्ण होने जा रही है। अतः यह उपयुक्त होगा कि केंद्र और राज्य सरकार मिलकर इस अवसर पर संबलपुर, भुवनेश्वर तथा नई दिल्ली में वर्षभर राष्ट्रीय स्तर पर सेमिनार, स्मारक प्रकाशन, वृत्तचित्र, प्रदर्शनी एवं सांस्कृतिक कार्यक्रम आयोजित करें। देब्रीगढ़ का यह ऐतिहासिक रणक्षेत्र मेरे संसदीय क्षेत्र बारगढ़ में स्थित है। अतः मैं सरकार से आग्रह करता हूँ कि इस महान स्वतंत्रता संग्राम की द्विशताब्दी को राष्ट्रीय स्तर पर मनाने की पहल की जाए, ताकि देश वीर सुरेन्द्र साई और उनके साथियों के अद्वितीय बलिदान को उचित सम्मान दे सके।

* Treated as laid on the Table.

(ii) Need to promote Fisheries by utilizing the potential water resources of Govind Sagar and Maharana Pratap Sagar reservoirs in Hamirpur Parliamentary Constituency, Himachal Pradesh

SHRI ANURAG SINGH THAKUR (HAMIRPUR): Hamirpur Parliamentary Constituency is uniquely flanked by two of India's largest manmade reservoirs, Gobind Sagar (Bhakra Dam), Maharana Pratap Sagar (Pong Dam). Together they spread across nearly 42,000 hectares of water surface, offering vast, promising resource that perfectly aligns with Government's vision of Blue Revolution and sustainable fisheries growth. Building on progressive policies already in place, the communities living around these reservoirs can achieve far greater prosperity. Fish production in Himachal Pradesh can be given steady advancement by using productivity potential of these two reservoirs, fully harnessing it to create new opportunities, enhance incomes and strengthen local livelihoods through modern interventions. In keeping with the Government's commitment to fisher welfare, a dedicated time-bound comprehensive aquaculture development plan is needed, specifically for Gobind Sagar and Maharana Pratap Sagar. This should include modern fish landing centres, ice plants, trout and carp hatcheries, cage culture expansion, direct marketing linkages, along with funding under the Blue Revolution Scheme for infrastructure, fingerling stocking and fisher welfare, along with focused projects by the National Fisheries Development Board covering raceway units, fish seed production, post-harvest facilities and skill development for local communities. These steps would transform the lives of people in districts of Una, Hamirpur, Bilaspur, Kangra.

(iii) Need to establish AIIMS like hospital under PMSSY in western Uttar

Pradesh particularly in Meerut

श्री अरुण गोविल (मेरठ) : पश्चिमी उत्तर प्रदेश देश का एक महत्वपूर्ण क्षेत्र है, जहाँ मेरठ सहित अनेक जनपदों में बड़ी जनसंख्या निवास करती है। इस क्षेत्र में गंभीर बीमारियों, विशेषकर कैंसर के मरीजों की संख्या बढ़ रही है, जिनके लिए समय पर उपचार अत्यंत आवश्यक होता है। वर्तमान में अधिकांश मरीजों को उन्नत उपचार हेतु दिल्ली, झज्जर एवं ऋषिकेश AIIMS स्थित संस्थानों पर निर्भर रहना पड़ता है। इन संस्थानों पर अत्यधिक दबाव के कारण जांच और उपचार के लिए लंबा इंतजार करना पड़ता है। कैंसर जैसी गंभीर बीमारी में उपचार में देरी मरीज की स्थिति को और जटिल बना देती है, जिससे उन्हें शारीरिक, मानसिक एवं आर्थिक कठिनाइयों का सामना करना पड़ता है। मेरठ भौगोलिक दृष्टि से पश्चिमी उत्तर प्रदेश का प्रमुख केंद्र है तथा यह एक्सप्रेस-वे एवं रैपिड रेल से जुड़ा हुआ है। ऐसे में यहाँ उच्च स्तरीय चिकित्सा सुविधा की आवश्यकता स्पष्ट है। अतः सरकार का ध्यान इस ओर आकृष्ट कराना चाहता हूँ कि पश्चिमी उत्तर प्रदेश, विशेषकर मेरठ में PMSSY के अंतर्गत AIIMS-समकक्ष चिकित्सा सुविधाओं की स्थापना अथवा किसी मौजूदा मेडिकल कॉलेज को उन्नत कर ऐसी सेवाएँ विकसित करने पर विचार किया जाए, ताकि मरीजों को समय पर उपचार मिल सके।

(iv) Need to take steps to enhance the mandatory retirement age of

Commercial Airline Pilots engaged especially in domestic sector in the country

SHRI RAJIV PRATAP RUDY (SARAN): There is a need to increase the mandatory retirement age for commercial pilots in India from 65 years to 67 years, particularly in the domestic sector, which covers 90% of the total traffic. Indian aviation is witnessing an unprecedented boom, with airlines ordering over 3,000 new aircraft in next decade, leading to a significant increase in pilot

requirements. Globally, this shift is already underway. Facing similar capacity crunches, Japan and Argentina recently raised their pilot retirement ages to 68 years, and countries like Australia, New Zealand, and Canada have abolished maximum age limits entirely for domestic operations. They prioritize rigorous bi-annual medical, cognitive, and simulator assessments over an arbitrary chronological number. While a First Officer can be trained relatively quickly, developing a Captain requires thousands of flight hours. Raising the retirement age keeps experienced pilots in command longer, giving younger pilots more time to safely upgrade. Economically, this extension also drastically reduces Indian airlines' reliance on expensive foreign expatriate pilots. Hence, I urge the adoption of a similar health-based extension framework so that we can meet growing passenger demand and maintain regional connectivity, while ensuring absolute passenger safety and cost-effectiveness.

(v) Regarding revival of Charotar Sahakari Khand Udyog Ltd., Anand district, Gujarat

श्री मितेश पटेल (बकाभाई) (आणंद) : संसदीय क्षेत्र आणंद (गुजरात) के अंतर्गत आने वाले चरोतर सहकारी खांड उद्योग के पुनरुद्धार के महत्वपूर्ण विषय पर सरकार का ध्यान आकृष्ट करना चाहता हूँ। यह शुगर मिल वर्षों पूर्व स्थापित की गई थी, जिसका उद्देश्य क्षेत्र के किसानों से गन्ने की फसल खरीदकर उन्हें उचित मूल्य दिलाना था। परंतु यह इकाई पूर्णतः बंद पड़ी है, जिससे किसान और श्रमिक प्रभावित हो रहे हैं। इस विषय में अमूल डेयरी के चेयरमैन तथा निदेशकों के साथ विचार-विमर्श किया गया है। सुझाव यह है कि इस इकाई को "अमूल" द्वारा खरीद लिया जाए। अमूल अपने विभिन्न उत्पादों प्रसंस्कृत खाद्य सामग्री तक में बड़े पैमाने पर चीनी का उपयोग

करती है। अतः नई मशीनरी और आधुनिक तकनीक के साथ "अमूल" इस इकाई को पुनः प्रारंभ कर अपनी दैनिक चीनी आवश्यकता का स्वयं उत्पादन कर सकती है। मेरी केंद्र सरकार से विनम्र प्रार्थना है कि सहकारिता की भावना से खड़ी हुई इस उपेक्षित इकाई को पुनः जीवंत करने हेतु "अमूल" के प्रबंधन में सौंपे जाने की दिशा में आवश्यक पहल की जाए। इससे न केवल यह इकाई एक बार पुनः राष्ट्रीय सहकारिता आंदोलन का स्तंभ बनेगी, बल्कि क्षेत्र के किसानों को उनकी उपज का उचित मूल्य भी सुनिश्चित होगा। धन्यवाद।

(vi) Regarding construction of remaining 15 Km road stretch under Central Road Infrastructure Fund (CRIF) in Darbhanga and Saharsa districts, Bihar

श्री गोपाल जी ठाकुर (दरभंगा) : बिहार राज्य अंतर्गत केंद्रीय सड़क एवं अवसंरचना निधि (CRIF) से वित्तीय वर्ष 2025-26 के लिए मधुबनी जिला अंतर्गत घोघरडीहा प्रखंड के जीरो प्वाइंट बेला बथनाहा से किसनीपट्टी होते हुए भेजा बलथी तक 32 किलोमीटर सड़क बनाने हेतु बिहार सरकार द्वारा प्रस्तावित किया गया है जबकि उसी सड़क में लगभग 15 किलोमीटर भाग दरभंगा जिला और सहरसा जिला में पड़ती है उसको छोड़ दिया गया है जो अतिमहत्वपूर्ण और आवश्यक है। यदि 15 किलोमीटर भाग सड़क बना दिया जाएगा तो तीन जिला यथा-मधुबनी, दरभंगा और सहरसा जिला के सीमावर्ती सैकड़ों गांवों को बेहतर सड़क कनेक्टिविटी प्राप्त होगी और भारतमाला परियोजना से निर्माणाधीन उमगाव से महिषी तारा स्थान सड़क से गंडौल (17 नंबर) सड़क को लिंक रोड और सीधी संपर्कता भी प्रदान करेगी। अतः मंत्री महोदय से मेरा निवेदन है कि मेरे इस आग्रह पर संज्ञान लेने का अविलंब कष्ट करें और संबंधित अधिकारी को निर्देशित करें।

(vii) Need to protect Government land from illegal encroachment in North East Delhi and utilise them for public services

श्री मनोज तिवारी (उत्तर-पूर्व दिल्ली) : मैं सरकार का ध्यान उत्तर-पूर्वी दिल्ली जैसे अत्यधिक घनी आबादी वाले क्षेत्र की ओर आकर्षित करना चाहता हूँ। यहाँ जनसंख्या के अनुपात में

आवश्यक जन-सुविधाओं का विकास नहीं हो पाया है और अनेक सरकारी भूमि पर लगातार अवैध कब्जे हो रहे हैं। गोपालपुर गाँव के पास लगभग 10 एकड़ भूमि की सुरक्षा हेतु कई बार चारदीवारी के टेंडर जारी हुए, पर निर्माण अब तक नहीं हुआ। इसी प्रकार मुकुंदपुर गाँव की लगभग 33 एकड़ भूमि विभागीय अस्पष्टता के कारण अतिक्रमण के खतरे में है। जौहरीपुर में शिक्षा हेतु आवंटित लगभग 18 बीघा भूमि पर भी हाल में कब्जे का प्रयास हुआ, जिसे प्रशासन ने हटाया। अतः मैं माननीय शहरी विकास मंत्री जी से आग्रह करता हूँ कि ऐसी भूमि की सुरक्षा सुनिश्चित कर उन्हें शीघ्र जन-सुविधाओं—जैसे स्कूल, अस्पताल और पार्क—के विकास में उपयोग हेतु ठोस कदम उठाए जाएँ।

**(viii) Need to establish a Software Technology Park in Misrikh
Parliamentary Constituency, Uttar Pradesh**

श्री अशोक कुमार रावत (मिश्रिख) : मैं सरकार का ध्यान अपने संसदीय क्षेत्र मिश्रिख की एक अत्यंत महत्वपूर्ण आवश्यकता की ओर आकर्षित करना चाहता हूँ। आज के डिजिटल युग में सूचना प्रौद्योगिकी केवल एक क्षेत्र नहीं, बल्कि देश के आर्थिक विकास, रोजगार सृजन और नवाचार का आधार बन चुकी है। दुर्भाग्यवश, मिश्रिख जैसे क्षेत्र अभी भी आईटी अवसंरचना और अवसरों से वंचित हैं। मैं सरकार से आग्रह करता हूँ कि मिश्रिख में एक सॉफ्टवेयर टेक्नोलॉजी पार्क की स्थापना की जाए। इससे न केवल ग्रामीण और शहरी क्षेत्रों के बीच डिजिटल अंतर कम होगा, बल्कि हमारे युवाओं के लिए बड़े पैमाने पर रोजगार के अवसर भी उत्पन्न होंगे। हमारे यहाँ के युवा प्रतिभाशाली और परिश्रमी हैं, लेकिन स्थानीय स्तर पर अवसरों के अभाव में उन्हें बड़े शहरों की ओर पलायन करना पड़ता है। सॉफ्टवेयर टेक्नोलॉजी पार्क की स्थापना से निवेश आकर्षित होगा, स्टार्टअप्स को बढ़ावा मिलेगा और स्थानीय स्तर पर उद्यमिता को प्रोत्साहन मिलेगा। साथ ही, इससे शिक्षा, प्रशिक्षण और सेवा क्षेत्र में भी सकारात्मक प्रभाव पड़ेगा। मैं सरकार से निवेदन करता हूँ कि “डिजिटल इंडिया” और “स्टार्टअप इंडिया” के तहत मिश्रिख में शीघ्र सॉफ्टवेयर टेक्नोलॉजी पार्क की स्थापना की स्वीकृति प्रदान की जाए।

(ix) Need for issuance of NOC from Ministry of Defence for rehabilitation of slum-dwellers on Defence land in Santacruz (East) in Mumbai

प्रो. वर्षा एकनाथ गायकवाड़ (मुम्बई उत्तर-मध्य) : मुंबई के सांताक्रूज (पूर्व) क्षेत्र में रक्षा विभाग के जमीन पर स्थित झोपड़पट्टियां जैसे हनुमान टेकडी, गोळीबार, मराठा कॉलनी, पटेल नगर तथा हुसेन टेकडी जैसे इलाकों में लगभग 9,500 परिवार अत्यंत दयनीय और असुरक्षित परिस्थितियों में जीवनयापन कर रहे हैं। इन झोपड़पट्टियों का बायोमेट्रिक सर्वे Slum Rehabilitation Authority (SRA) द्वारा वर्ष 2018 में किया जा चुका है। रक्षा विभाग के जमीन पर बसी इन झोपड़पट्टियों के पुनर्विकास की प्रक्रिया आगे बढ़ाने के लिए रक्षा मंत्रालय से अनापत्ति प्रमाणपत्र (NOC) प्राप्त होना अनिवार्य है। महाराष्ट्र सरकार ने वर्ष 2025 के अधिवेशन में यह उल्लेख किया था कि यह जमीन लगभग 42 एकड़ है, जिसमें से 50 प्रतिशत जमीन पर झोपड़पट्टीवासियों का पुनर्विकास किया जाए और बाकी 50 प्रतिशत जमीन केंद्र सरकार को लौटाई जाए। लेकिन वास्तविक पुनर्विकास के लिए लगभग 36 एकड़ जमीन आवश्यक है, जिससे 50 प्रतिशत जमीन लौटाना संभव नहीं है। इस कारण राज्य सरकार ने यह भी कहा था कि रक्षा मंत्रालय को अन्यत्र राज्य में वैकल्पिक जमीन उपलब्ध कराई जाएगी। इन हजारों परिवारों को सुरक्षित और सम्मानजनक आवास उपलब्ध कराने के लिए रक्षा मंत्रालय से शीघ्र NOC जारी किया जाना अत्यंत आवश्यक है। साथ ही राज्य सरकार को इस विषय पर विशेष समिति गठित कर पुनर्विकास का मार्ग प्रशस्त करना चाहिए। अतः मेरा केंद्र सरकार से आग्रह है कि इस विषय पर त्वरित और सकारात्मक कार्यवाही कर इन नागरिकों को राहत प्रदान की जाए।

(x) Regarding establishment of Skill Development Centres for ex-servicemen and welfare schemes for martyrs' families in Shekhawati region in Rajasthan

श्री राहुल कस्वां (चुरू) : राजस्थान का शेखावाटी अंचल ऐतिहासिक रूप से देश की सशस्त्र सेनाओं को बड़ी संख्या में सैनिक देने वाला क्षेत्र रहा है। यहाँ के हजारों युवा भारतीय सेना, अर्धसैनिक बलों आदि में कार्यरत हैं और बड़ी संख्या में पूर्व सैनिक भी इसी क्षेत्र में निवास करते हैं।

इस क्षेत्र के अनेक जवानों ने देश की रक्षा करते हुए सर्वोच्च बलिदान दिया है, जिससे शेखावाटी को “सैनिकों की धरती” के रूप में भी जाना जाता है। अग्निवीर योजना के अंतर्गत युवा सीमित अवधि की सेवा के बाद नागरिक जीवन में लौटेंगे। इनके पुनर्वास, कौशल विकास और स्थायी रोजगार की व्यवस्था अत्यंत आवश्यक हो जाती है, ताकि उनकी सैन्य सेवा से प्राप्त अनुशासन, अनुभव और क्षमता का उपयोग प्रभावी रूप से किया जा सके। इसके अतिरिक्त शहीद सैनिकों के परिवारों तथा पूर्व सैनिकों के लिए शिक्षा, स्वास्थ्य, स्वरोजगार और सामाजिक सुरक्षा की योजनाओं को मजबूत करने की आवश्यकता है। केंद्र सरकार द्वारा पूर्व सैनिक कौशल विकास केंद्र तथा शहीद परिवार सहायता पैकेज स्थापित किए जाने की आवश्यकता है। अतः मेरा विनम्र निवेदन है कि केंद्र सरकार शेखावाटी क्षेत्र के सैनिकों, पूर्व सैनिकों तथा शहीद परिवारों के लिए विशेष पुनर्वास, कौशल विकास और रोजगार सहायता कार्यक्रम प्रारंभ करने पर गंभीरतापूर्वक विचार करें।

(xi) Need to review the decision to cancel all the diversion certificates for construction on Private and Pandaram lands in Lakshadweep

SHRI HAMDULLAH SAYEED (LAKSHADWEEP): I would like to draw the attention of the Government to the grave difficulties confronting Lakshadweep residents due to the Lakshadweep Administration's order of 14th March 2026, which cancels all diversion certificates for construction on private and Pandaram lands across the islands. Sir, these certificates, issued after due verification by competent authorities, enabled families to build homes on their land. Many have invested life savings in good faith, constructing or expanding houses over the years. This abrupt cancellation has sown widespread uncertainty and distress. Ongoing constructions face stop memos, stranding households mid-project. Families who borrowed or pooled resources now

endure severe financial and social hardships. Lakshadweep's scarce land and traditional holdings—private plots and community-used Pandaram lands—make such decisions especially harsh. Without prior consultation or transition measures, ordinary islanders suffer disproportionately. I urge the Government to urgently intervene, review the order, regularize bona fide constructions, and devise a practical, resident-friendly mechanism to shield those who acted in good faith from penalties. The Union Government must provide immediate relief to affected households in Lakshadweep.

**(xii) Need to print the portrait of Dr. B.R. Ambedkar on currency notes
to honour his contribution in nation building**

DR. MALLU RAVI (NAGARKURNOOL): I wish to highlight the immense and often under-recognized contribution of Bharat Ratna, Dr. B. R. Ambedkar to the foundation of India's monetary and banking system. Dr. Ambedkar, through his seminal work "The Problem of the Rupee: Its Origin and Its Solution," laid the intellectual foundation for India's central banking framework. His ideas significantly influenced the policies that led to the establishment of the Reserve Bank of India in 1935, reflecting his deep economic vision. Despite such a monumental contribution, it is a matter of concern that Dr. Ambedkar's portrait does not appear on Indian currency notes. Currency is not merely a medium of exchange but a symbol of national identity and collective recognition. Dr. Ambedkar dedicated his life to social justice, economic equality, and nation-building. Recognizing him on currency would be a fitting tribute and an

important message to future generations about his role as a great economist and architect of modern India. I urge the Hon'ble Government and the Reserve Bank of India to consider including Dr. B. R. Ambedkar's portrait on Indian currency notes as a mark of respect and historical justice.

(xiii) Need to check the increasing cases of drug-addiction among youth and set up Government run De-addiction Centres in the country

श्री हरेन्द्र सिंह मलिक (मुजफ्फरनगर) : पश्चिमी उत्तर प्रदेश समेत दिल्ली, हरियाणा, पंजाब और राजस्थान आदि जगहों पर धड़ल्ले से सूखा नशा बेचा जा रहा है। पुलिस विवश है और नशे का कारोबार खूब चल रहा है। खासतौर पर शिक्षा के केंद्र जैसे कोटा, देहरादून, दिल्ली, अलीगढ़ और सोनीपत आदि में शिक्षण संस्थानों के आस पास नशे का कारोबार होता है। पश्चिमी उत्तर प्रदेश में मुजफ्फरनगर, शामली, बागपत और सहारनपुर आदि में भी बच्चे नशे के आदी हो रहे हैं। इससे नवयुवकों में अपराध और सुसाइड के केस भी बहुत धड़ल्ले से बढ़ रहे हैं। नशे के दुष्प्रभाव से अपने परिजनों को बचाने के लिए लोग उन 'नशामुक्ति केन्द्रों' का सहारा लेते जो अवैध और फर्जी तरीके से खुले हुए हैं। यहाँ अप्रशिक्षित या अनट्रेंड केयरटेकर्स द्वारा अमानवीय व्यवहार किया जाता है। यहाँ तक की रोगियों की मृत्यु भी हो जाती है। अतः मेरी सरकार से यह मांग है कि नशे की इस गंभीर समस्या का समाधान कराने का कार्य करें तथा अवैध रूप से देश भर में खुले 'नशामुक्ति केन्द्रों' का लाइसेंस चेक कर उनके विरुद्ध कार्यवाही की जाए। साथ ही नशे की गिरफ्त में फंसे रोगियों की चिकित्सा के लिए सरकारी नशा मुक्ति केंद्र खोले जाएं, जिनमें समुचित चिकित्सा व्यवस्था उपलब्ध हो।

(xiv) Regarding transparency in industrial licences issued to cigarette and tobacco manufacturing units in the country

श्री बाबू सिंह कुशवाहा (जौनपुर) : मैं सरकार का ध्यान सिगरेट और तंबाकू निर्माण इकाइयों को दिए जाने वाले औद्योगिक लाइसेंस से संबंधित पारदर्शिता के अभाव की ओर आकर्षित करना चाहता हूँ। औद्योगिक (विकास एवं विनियमन) अधिनियम, 1951 के अंतर्गत यह क्षेत्र नियंत्रित है, किंतु लाइसेंस प्राप्त करने की वर्तमान प्रक्रिया, मानक एवं पात्रता शर्तें स्पष्ट रूप से सार्वजनिक नहीं हैं। साथ ही, अब तक जारी कुल लाइसेंसों की संख्या, हाल के वर्षों में जारी लाइसेंसों का विवरण तथा लंबित आवेदनों की स्थिति भी अस्पष्ट है। इसके अतिरिक्त, आशय पत्र (LOI) जारी करने की प्रक्रिया, उसे औद्योगिक लाइसेंस में परिवर्तित करने की समय-सीमा एवं ऐसे मामलों का विवरण, जहाँ LOI परिवर्तित नहीं हो सका, सार्वजनिक रूप से उपलब्ध नहीं है। तंबाकू नियंत्रण एवं सार्वजनिक स्वास्थ्य की दृष्टि से यह विषय अत्यंत महत्वपूर्ण है। अतः सरकार से अनुरोध है कि इस संबंध में अद्यतन एवं विस्तृत जानकारी सार्वजनिक कर पारदर्शिता सुनिश्चित की जाए।

(xv) Need to address the demands of Fair Price Shop dealers in

Andhra Pradesh

SHRI PRABHAKAR REDDY VEMIREDDY (NELLORE): PM launched PMGKAY to eradicate hunger, thereby ensure food security to 80 crore poor to make India Viksit Bharat by 2047. Fair Price Shops are instrumental in success of PMGKAY and doing yeoman's service in distribution of foodgrains despite meagre commissions and heavy operational burden. FPS Dealers are facing innumerable problems and challenges and appealing for addressing them for their survival. Hence, I appeal to GOI to following fair demands of FPSs: Average commission is only Rs.5,000-8,000 pm. It is not sufficient,

since in States like Andhra Pradesh they are distributing foodgrains at doorsteps of elderly, PwD, etc. It is additional responsibility. So, Government commission be increased and provide additional income source to ensure a minimum of Rs.35,000-50,000 pm. Pending arrears from GOI and State Governments be cleared early. Handling losses incurred should be compensated. Insurance, health and Ex-gratia extended to family members of FPS dealers.

(xvi) Need to reconsider the decision for privatisation of IDBI Bank

SHRI ANIL YESHWANT DESAI (MUMBAI SOUTH-CENTRAL): There is a move to dilute the existing Govt. equity in IDBI to private / foreign players. As per a post from Secretary, DIPAM on "X" on 6-2-2026 that "Financial Bids have been received for the Strategic Disinvestment of the IDBI and will be evaluated as per procedure. There are valuable land assets in possession of IDBI which acquired under the Land Acquisition Act 1984 for "public purposes". In events of its privatization, it has to be reverted back to Government. Public deposited over Rs. 3,10,294/- crores with the IDBI because they trust more in state owned Banks than any other banks and without taking depositors into confidence it amounts to breach of trust and job security of the present employees is also in question. There is a Parliamentary assurance on 08.12.2003 by the Minister of Finance that the Government shall at all times maintain not less than 51% equity holding in IDBI as a Banking Company. Govt must consider social costs of privatization of IDBI which seems to be far

outweighing its perceived benefits. I request to have a detailed discussions with all stakeholders and only then take decision on strengthening IDBI instead of its privatization.

(xvii) Need to set up a sub-centre of an Agricultural University along with implementation of various projects under Agricultural Schemes in Ahilyanagar district, Maharashtra

SHRI NILESH DNYANDEV LANKE (AHMEDNAGAR): I wish to draw the attention of the Government regarding the farmers in my Parliamentary Constituency—specifically those residing in the talukas of Nagar, Karjat, Jamkhed, Shrigonda, Parner, Pathardi, and Shevgaon within the Ahilyanagar (Ahmednagar) district—who are primarily dependent on summer irrigation and dryland farming. Considering the prevailing climatic conditions, soil texture, and the persistent drought-like situation in this region, it is absolutely essential to establish a sub-center of an Agricultural University that can provide farmers with research support and modern technology at the local level. Such a sub-center would enable farmers to access up-to-date information, new technologies, and remedial measures right within their own locality. Methods for achieving higher yields with minimal water usage would be developed, thereby boosting farmers' incomes and improving their economic well-being. Furthermore, it would open up new avenues for the local rural youth to engage in agricultural research. Ahilyanagar is a district possessing immense potential for progress across the sectors of youth empowerment, agriculture, and education. However, the implementation of several crucial projects has been

stalled due to lack of coordination and convergence between the Central and State Government schemes. I humbly request the Minister for Agriculture and Farmers' Welfare to intervene directly and expeditiously at the district level regarding this matter. I also urge the Minister to take the necessary positive decision to establish a sub-center of an Agricultural University in one of the aforementioned talukas—namely Nagar, Karjat, Jamkhed, Shrigonda, Parner, Pathardi, or Shevgaon—and to ensure its prompt establishment.

12.14 hrs

MATTERS OF PUBLIC IMPORTANCE

माननीय अध्यक्ष : माननीय सदस्यगण, अब शून्य काल होगा। आज लंच नहीं होगा और एक से दो बजे तक भी शून्य काल ही चलेगा।

श्री राहुल कस्वां जी।

श्री राहुल कस्वां (चुरू) : महोदय, धन्यवाद।

महोदय, एमएसपी की परचेज के ऊपर सरकार ने कई बार बहुत से दावे किए हैं, मगर एक चीज बहुत बार देखने को मिल रही है कि मेरे राज्य राजस्थान के अंदर हर बार, चाहे खरीफ की फसल हो, चाहे रबी की फसल हो, दलहन और तिलहन के ऊपर 25 परसेंट की कैपिंग लगा रखी है। 25 परसेंट की कपिंग पर भी जब एग्जीक्यूशन की बात आती है तो इस बार वर्ष 2025 में खरीफ की परचेजिंग मात्र 18 परसेंट हुई। पिछले साल 11 परसेंट की टोटल एमएसपी परचेज हुई। इसके अंदर बहुत बड़ी लापरवाही हर बार होती है। जब टोकन ओपन होता है तो एक ही दिन में टोकन का रजिस्ट्रेशन बंद हो जाता है और इससे किसान बहुत ज्यादा परेशान होता है। यह बात टोकन तक ही सीमित नहीं है। जो फर्म इसमें इन्वॉल्व्ड हैं, हर बार उन्हीं फर्म को कांटेक्ट मिलता है। इसके

अंदर भ्रष्टाचार का यह आलम है कि हर किसान को 10 से 15 हजार रुपये देने पड़ते हैं और तब जाकर उसके माल की तुलाई होती है।

सर, मेरा आपके माध्यम से सरकार से निवेदन है कि सरकार ने एफपीओज बनाए, लेकिन कभी भी एफपीओज को इसके पार्टिसिपेशन के अंदर शामिल नहीं किया गया। मैं सरकार से, आपके मार्फत से, मांग करता हूँ कि इसके मैकेनिज्म को चेंज किया जाए और इसमें पारदर्शिता लायी जाए। अभी वर्ष 2025-26 रबी की फसल के लिए चने के जो टोकन कटे हैं, एक दिन के अंदर टोकन बंद हो गए। किसान आज फिर लाइन में खड़ा होने वाला है। हर बार जब भी एमएसपी की तुलाई चलती है, चार-चार, पांच-पांच दिन की तुलाई चलती है। मैं आपके माध्यम से सरकार से निवेदन करना चाहूँगा कि एफपीओज को प्राथमिकता दी जाए और अधिकारियों की जवाबदेही तय हो ताकि भ्रष्टाचार बंद हो सके।

माननीय अध्यक्ष : श्री सतपाल ब्रह्मचारी - उपस्थित नहीं।

श्री चन्द्र प्रकाश चौधरी जी।

आप बोलना शुरू कीजिए, आपका माइक चालू हो जाएगा।

श्री चन्द्र प्रकाश चौधरी (गिरिडीह) : महोदय, कुड़माली भाषा केवल एक भाषा नहीं, बल्कि यह झारखंड, पश्चिम बंगाल और ओडिशा के लाखों लोगों की पहचान है।

12.14½ hrs

(Shrimati Sandhya Ray in the Chair)

महोदय, यह संस्कृति और परम्परा का जीवन माध्यम है। यह भाषा सदियों से हमारी लोक संस्कृति, लोक गीत परम्पराओं और सामाजिक जीवन को संजोये हुए है। जब संविधान की 8वीं सूची में भाषाओं को शामिल किया जाता है, तो उससे न केवल उस भाषा का संस्करण होता है, बल्कि उसके विकास के नए द्वार भी खुलते हैं। शिक्षा में अवसर बढ़ते हैं, उसे सरकारी मान्यता मिलती है और आने वाली पीढ़ियां अपनी भाषा और संस्कृति से जुड़ी रहती हैं। आज जब हम 'एक भारत श्रेष्ठ भारत' की बात करते हैं तब यह जरूरी हो जाता है कि हम देश की सभी भाषाओं को समान सम्मान दें। कुड़माली भाषा बोलने वाले लोग लंबे समय अपने अधिकार और पहचान के लिए

संघर्ष कर रहे हैं, लेकिन आज तक उन्हें वह संवैधानिक मान्यता नहीं मिल पाई है, जिसके वे हकदार हैं। इस भाषा का समृद्ध साहित्य, लोक कथाएं और सांस्कृतिक विरासत यह साबित करती है कि यह किसी भी मान्यता प्राप्त भाषा से कम नहीं है।

इसके बावजूद शिक्षा, प्रशासन और प्रतियोगिता परीक्षाओं में इसका उपयोग सीमित है, जिससे इस भाषा के विकास में बाधा उत्पन्न हो रही है, अतः मैं केंद्र सरकार से आग्रह करता हूँ कि कुड़माली भाषा को संविधान की आठवीं सूची में शामिल किया जाए और इसे भाषा कोड दिया जाए, ताकि इस भाषा को इसका उचित सम्मान और संरक्षण मिल सके। यह केवल एक भाषा की मांग नहीं है, बल्कि यह लाखों-करोड़ों लोगों की अस्मिता, पहचान, संस्कृति और अधिकारों की मांग है।

धन्यवाद।

माननीय सभापति : श्री मिया अल्ताफ़ अहमद जी - उपस्थित नहीं।

माननीय सदस्य श्री तारिक अनवर जी ।

श्री तारिक अनवर (कटिहार) : माननीय सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान बिहार के अपने संसदीय क्षेत्र कटिहार एवं सीमांचल क्षेत्र में हाल के दिनों में हुई भीषण ओलावृष्टि और असमय वर्षा से उत्पन्न गंभीर स्थिति की ओर आकर्षित करना चाहता हूँ। कटिहार और पूरे सीमांचल क्षेत्र में इस प्राकृतिक आपदा ने किसानों की कमर तोड़ दी है। विभिन्न इलाकों से प्राप्त जानकारी के अनुसार गेहूँ, मक्का, दलहन, सब्जियों तथा फलदार वृक्षों-विशेषकर आम और लीची-की फसलों को भारी नुकसान हुआ है। कई स्थानों पर तेज हवा और ओलावृष्टि के कारण जान-माल की भी हानि हुई है, जिससे स्थिति अत्यंत चिंताजनक हो गई है।

महोदया, पहले से ही आर्थिक दबाव झेल रहे हमारे अन्नदाता इस आपदा से और अधिक संकट में आ गए हैं, खासकर कटिहार एवं सीमांचल के किसान गंभीर कठिनाइयों का सामना कर रहे हैं। ऐसे समय में सरकार से त्वरित, संवेदनशील और ठोस हस्तक्षेप की अपेक्षा है। अतः मैं सरकार से निम्नलिखित मांगें करना चाहता हूँ कि प्रभावित किसानों एवं खेतिहर मजदूरों को

तत्काल उचित मुआवजा प्रदान किया जाए। जिन परिवारों में जन हानि हुई है, उन्हें शीघ्र आर्थिक सहायता दी जाए तथा घायलों के समुचित इलाज की व्यवस्था की जाए। फसल क्षति का शीघ्र एवं पारदर्शी आकलन कर मुआवजा सीधे किसानों के खातों में भेजा जाए। फसल बीमा दावों की प्रक्रिया को सरल और समयबद्ध बनाया जाए, ताकि कोई भी किसान वंचित न रह जाए। प्रभावित किसानों और कृषि से जुड़े मजदूरों के ऋण की वसूली पर तत्काल रोक लगाई जाए। प्रभावित क्षेत्रों, विशेषकर कटिहार एवं सीमांचल में, बीज, खाद आदि की निःशुल्क या रियायती दरों पर उपलब्धता सुनिश्चित की जाए, ताकि किसान अगली फसल के लिए तैयार हो सकें।

माननीय सभापति महोदया, यह केवल आर्थिक मुद्दा नहीं है, बल्कि लाखों किसानों के जीवन और आजीविका का प्रश्न है। मैं सरकार से आग्रह करता हूँ कि इस विषय को प्राथमिकता के आधार पर लेते हुए बिना किसी विलंब के राहत और पुनर्वास के ठोस कदम उठाए जाएँ।

धन्यवाद।

श्री मोहम्मद हनीफ़ा (लद्दाख) : मैडम, जिस तरीके से मिडिल-ईस्ट में जो हलचल चल रही है। अमेरिका और इजराइल की तरफ से जिस तरीके से ईरान के ऊपर एक इलीगल जंग थोपी गई है, इसने पूरी दुनिया के करोड़ों लोगों के ज़मीर को झकझोर कर दिया है। जिस तरीके से ईरान के सुप्रीम लीडर आयतुल्लाह अली ख़ामनेई को शहीद किया गया, वह न सिर्फ ईरान के सियासी लीडर थे, बल्कि दुनियाभर के करोड़ों मुसलमानों, खासकर शिया मुसलमानों के लिए एक स्पिरिटुअल गाइड और मजहबी अथॉरिटी भी थे।

मैं इन हमलों की सख्त से सख्त मज़मूमत करता हूँ। अमेरिका और इजरायल ने तमाम इंटरनेशनल और ह्यूमैनिटैरियन लॉज़ के खिलाफ़ अर्जी करते हुए सिविलियन एरियाज़, जिनमें स्कूल्स, हॉस्पिटल्स और एसेंशियल इंफ्रास्ट्रक्चर शामिल हैं, पर हमले किए हैं, जिसके नतीजे में बेगुनाह लोगों की जानें गयी हैं। एक स्कूल पर हमला किया, जिसमें डेढ़ सौ से ज्यादा स्कूली बच्चियों का कत्ल किया गया। इसकी पूरी दुनिया को सख्त अल्फाज़ में मज़मूमत करनी चाहिए।

यह कॉन्फ्लिक्ट पूरे वेस्ट एशियन रिजन में टेंशन को बढ़ा रहा है और यह ग्लोबल पीस

और स्टेबिलिटी के लिए एक संगीन खतरा बन चुका है। अहम ऑयल सप्लाई रास्तों में डिसरप्शन और बढ़ती हुई अनसर्टेन्टी की वजह से ग्लोबल एनर्जी मार्केट में वोलैटिलिटी आ चुकी है। इंडिया जैसे मुल्क के लिए, जो ऑयल इम्पोर्ट पर बहुत ज्यादा डिपेंडेंट है, उसमें इस हालत ने पेट्रोलियम और एलपीजी गैस की बढ़ती हुई प्राइसेज को जन्म दिया है, जिससे मुल्क के 140 करोड़ शहरी मुतासिर हो रहे हैं।

मैडम, सबसे पहले मैं मिनिस्ट्री ऑफ एक्सटर्नल अफेयर्स, मिनिस्ट्री ऑफ होम अफेयर्स, इंडियन एम्बेसी इन ईरान, इंडियन एम्बेसी इन आर्मेनिया का बहुत ही शुक्रिया अदा करता हूं, जिन्होंने इस देश के बाकी लोगों के साथ लद्दाख के सैकड़ों ज़वार को आर्मेनिया के थ्रू बाहर निकाला है, जिससे वे 'सेफली' अपने घरों तक पहुंचे हैं, लेकिन अभी भी ईरान और बाकी जगहों में, लद्दाख के जो सैकड़ों तुलबा और स्टूडेंट्स फँसे हैं, उनको जल्द से जल्द बाहर निकालने की जरूरत है।

ऑनरेबल प्राइम मिनिस्टर ने इस ऐवान में इवैक्यूएशन एफर्ट्स के डिटेल्स फरहाम किए हैं, लेकिन जो लोग अभी तक वहां फँसे हुए हैं, उन्हें जल्द से जल्द महफूज़ निकालना चाहिए।

मैडम, इंडिया हमेशा से एक ऐसे मुल्क के तौर पर खड़ा रहा है, जो अमन, को-एग्जिस्टेंस और इंसानी जान के एहतेराम पर यक़ीन रखता है। दुनिया भर के लोग, न सिर्फ मुस्लिम, बल्कि हर वह शख्स, जो इंसानियत और इंसाफ पर यक़ीन रखता है, इंडिया की तरफ उम्मीद से देखता है और वह मानता है कि इंडिया, जो महात्मा गांधी की सरज़मीं है, वह अपनी सिविलाइजेशनल वैल्यूज़ और मोरल वाइज़ के साथ दुनिया को जंग के रास्ते से हटाकर अमन की तरफ ले जा सकता है।

मैडम, मैं आपके जरिए हुकूमत से अपील करता हूं कि वे प्रो-एक्टिव रोल अदा करें और तमाम इवॉल्व्ड पार्टिज़ से फौरी तर पर इंटरनेशनल लॉज़ के एहतेराम और सिविलियन लाँज़ की तहफफूज़ की अपील करें।

मैडम, तारीख हमें इस बात से नहीं परखेगी कि हम कितने ताक़तवर थे, बल्कि इस बात से

परखेगी कि हम मुश्किल वक्त में कितने इंसान दोस्त रहे हैं। शुक्रिया।

[جناب محمد حنیفہ (لداخ): میڈم جس طریقے سے مڈل ایسٹ میں جو ہلچل چل رہی ہے۔ امریکہ اور اسرائیل کی طرف سے جس طریقے سے ایران کے اوپر ایلیگل جنگ تھوپی گئی ہے، اس نے پوری دنیا کے کروڑوں لوگوں کے ضمیر کو جھنک جھور کر دیا ہے۔ جس طریقے سے ایران کے سپریم لیڈر آیت اللہ علی خامنئی کو شہید کیا گیا، وہ نہ صرف ایران کے سیاسی لیڈر تھے، بلکہ دنیا بھر کے کروڑوں مسلمانوں، خاص کر شیعہ مسلمانوں کے لئے اسپرچول گائڈ اور مذہبی اتھارٹی بھی تھے۔

میں ان حملوں کی سخت سے سخت مذمت کرتا ہوں۔ امریکہ اور اسرائیل نے تمام انٹرنیشنل اور ہیومینیٹیرین لاز کی خلاف ورزی کرتے ہوئے سولین ایریاز، جب میں اسکول، اسپتال اور ایسینشل انفراسٹرکچر شامل ہیں، پر حملے کئے ہیں۔ جس کے نتیجے میں بے گناہ لوگوں کی جانیں گئیں ہیں۔ ایک اسکول پر حملہ کیا، جس میں 150 سے زیادہ بچیوں کا قتل کیا گیا۔ اس کی پوری دنیا کو سخت الفاظ میں مذمت کرنی چاہئیے۔

یہ کانفلیکٹ پورے ویسٹ ایشین ریجن میں ٹینشن کو بڑھا رہا ہے، اور یہ گلوبل پیس اور اسٹیبلٹی کے لئے ایک سنگین خطرہ بن چکا ہے۔ اہم آئل سپلائی راستوں میں ڈسراپشن اور بڑھتی ہوئی انسر ٹینٹی کی وجہ سے گلوبل اینرجی مارکیٹ میں والیٹی لیٹی آچکی ہے۔ انڈیا جیسے ملک کے لئے، جو آئل امپورٹ پر بہت زیادہ منحصر ہے، اس میں اس حالت نے پیٹرول اور ایل پی جی۔ گیس کی بڑھتی ہوئی پرائزز کو جنم دیا ہے۔ جس سے ملک کے 140 کروڑ شہری متاثر ہو رہے ہیں۔

میڈم، سب سے پہلے میں، منسٹری آف ایکسٹرنل افیئرس، منسٹری آف

ہوم افیئرس، انڈین ایمبسی ان ایران، انڈین ایمبسی ان آرمینیا کا بہت ہی شکریہ ادا کرتا ہوں، جنہوں نے اس دیش کے باقی لوگوں کے ساتھ لڈاک کے سیکڑوں جوانوں کو آرمینیا کے تھرو باہر نکالا ہے، جس سے وہ سیفلی اپنے گھروں تک پہنچے ہیں، لیکن ابھی بھی ایران اور باقی جگہوں میں لڈاخ کے جو سیکڑوں طلباء اور اسٹوڈینٹس پھنسے ہوئے ہیں، ان کو جلد سے جلد باہر نکالنے کی ضرورت ہے۔

آنریبل پرائم منسٹر نے اس ایوان میں ایویکوشن ایفرٹس کے ڈیٹیلز فراہم کئے ہیں، لیکن جو لوگ ابھی تک وہاں پھنسے ہوئے ہیں، انہیں جلد سے جلد محفوظ نکالنا چاہیئے۔

میڈم، انڈیا ہمیشہ سے ایک ایسے ملک کے طور پر کھڑا رہا ہے، جو امن، کو-ایکڑس ٹینس اور انسانی جان کے احترام پر یقین رکھتا ہے، دنیا بھر کے لوگ، نہ صرف مسلم بلکہ ہر وہ شخص جو انسانیت اور انصاف پر یقین رکھتا ہے انڈیا کی طرف امید سے دیکھتا ہے، اور وہ مانتا ہے کہ انڈیا جو مہاتما گاندھی کی سر زمین ہے، وہ اپنی سویلائزیشن ویلیوز اور مورل وائز کے ساتھ دنیا کو جنگ کے راستے سے ہٹا کر امن کی طرف لے جا سکتا ہے۔

میڈم، میں آپ کے ذریعہ حکومت سے یہ اپیل کرتا ہوں کہ وہ پرو ایکٹو رول ادا کرے اور تمام انوالوڈ پارٹیز سے فوری طور پر انٹر نیشنل لاز کے احترام اور سولین لاز کے تحفظ کی اپیل کریں۔

میڈم، تاریخ ہمیں اس بات سے نہیں پرکھے گی کہ ہم کتنے طاقتور تھے، بلکہ اس بات سے پرکھے گی کہ ہم مشکل وقت میں کتنے انسان دوست رہے ہیں۔ شکریہ

[ختم شد]

श्री राजेश वर्मा (खगड़िया) : सभापति महोदया, धन्यवाद।

सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान अपने लोक सभा संसदीय क्षेत्र खगड़िया की तरफ आकृष्ट करना चाहता हूँ क्योंकि मेरे लोक सभा संसदीय क्षेत्र की एक बड़ी आबादी किसानों की है और विगत 20 मार्च में जिस तरह से आंधी, बारिश और ओलावृष्टि से हमारे किसानों के फसल बर्बाद हुए हैं, जिसमें सबसे ज्यादा मक्के और गेहूँ की फसल पूरी तरह से बर्बाद हो गयी है। इसकी वजह से किसान न सिर्फ चिंतित है, बल्कि सरकार की तरफ अपनी निगाह लगाए बैठा है।

महोदया, मैं आपके माध्यम से माननीय कृषि मंत्री जी और हमारी सरकार का ध्यान हमारे लोक सभा संसदीय क्षेत्र के किसानों की तरफ आकृष्ट कराते हुए कहना चाहता हूँ कि मेरे लोक सभा संसदीय क्षेत्र में खगड़िया, अलौली, परबत्ता, बेलदौर, सिमरी बख्तियारपुर और हसनपुर के किसानों को सरकार के द्वारा प्रधान मंत्री फसल बीमा योजना के तहत और नेशनल डिजास्टर रिलीफ फंड (एनडीआरएफ) के तहत मुआवज़ा मिले।

महोदया, इसके साथ ही साथ मैं आपके माध्यम से सरकार का ध्यान देश की सबसे बड़ी कल्याणकारी योजना प्रधान मंत्री गरीब कल्याण अन्न योजना, जिसके तहत लगभग 80 करोड़ लोगों को मुफ्त में राशन मिल रहा है, उसकी ओर आकृष्ट करना चाहता हूँ। मेरे लोक सभा संसदीय क्षेत्र खगड़िया सहित बिहार के कई जिलों में यह देखा जा रहा है कि हमारे जितने भी उपभोक्ता हैं, उनको जो 5 किलोग्राम अनाज मिलना चाहिए, वह खुला अनाज मिलने के कारण कहीं लोगों को 4 किलोग्राम अनाज तो कहीं साढ़े चार किलोग्राम अनाज मिल रहा है। जब हम लोग राशन के डीलर्स के पास जाकर इस बात की समीक्षा करते हैं तो यह पता चलता है कि गोदामों से उनको भी कम अनाज मिल रहा है और इसके कारण डीलर्स उनको कम अनाज दे पा रहे हैं।

महोदया, कई जगहों पर अनाज की गुणवत्ता पर भी प्रश्न उठ रहा है। यह योजना प्रधानमंत्री जी के महत्वपूर्ण योजनाओं में से एक है। मेरा इतना ही सुझाव है कि पांच किलो का पैकेट एफसीआई गोदाम से पैक हो कर ही डीलरों तक पहुंचे, ताकि सबको निर्धारित मात्रा में और

गुणवत्तापूर्ण अनाज मिल सके। बहुत-बहुत धन्यवाद।

डॉ. हेमंत विष्णु सवरा (पालघर) : माननीय सभापति महोदया, मैं आपका ध्यान महाराष्ट्र के मछुआरा समुदाय से जुड़े एक अत्यंत महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ।

महोदया, वर्तमान में महाराष्ट्र की मछुआरा सहकारी समितियों को डीजल की ऊंची कीमतों के कारण गंभीर आर्थिक कठिनाइयों का सामना करना पड़ रहा है। इन समितियों को बल्क कंज्यूमर की श्रेणी में रखा गया है। इसके चलते उन्हें डीजल लगभग 113 रुपये प्रति लीटर की दर से खरीदना पड़ता है, जबकि उसका रिटेल मूल्य लगभग 87 रुपये प्रति लीटर है। इस भारी मूल्य अंतर के कारण छोटे एवं पारंपरिक मछुआरों की आजीविका पर प्रतिकूल प्रभाव पड़ रहा है। मछुआरे राज्य सरकार की निर्धारित डीजल कोटा प्रणाली के अंतर्गत सहकारी समितियों के माध्यम से डीजल प्राप्त करते हैं। IOCL, HPCL, BPCL तथा Reliance Industries Limited जैसी तेल कंपनियां इसकी आपूर्ति करती हैं। इन सहकारी समितियों को औद्योगिक उपभोक्ताओं के समान बल्क कंज्यूमर मानना उचित नहीं है, क्योंकि ये आर्थिक रूप से कमजोर मछुआरों का प्रतिनिधित्व करती हैं।

महोदया, यह भी उल्लेखनीय है कि गुजरात में मछुआरा सोसाइटी को बल्क कंज्यूमर की श्रेणी से बाहर कर राहत प्रदान की गई है। इसी प्रकार का निर्णय अगर महाराष्ट्र में भी लिया जाए तो हजारों मछुआरा परिवारों को राहत मिलेगी।

अतः मैं माननीय पेट्रोलियम एवं प्राकृतिक गैस मंत्री महोदय से आग्रह करता हूँ कि महाराष्ट्र की मछुआरा सहकारी समिति को बल्क कंज्यूमर की श्रेणी से तत्काल हटाया जाए। इन्हें एक विशेष श्रेणी में पुनर्वर्गीकृत करते हुए रियायती अथवा खुदरा दरों पर डीजल उपलब्ध कराया जाए तथा तेल कंपनियों को आवश्यक निर्देश जारी किए जाए, ताकि वे इन समितियों को उचित छूट प्रदान कर सकें। धन्यवाद।

SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH (KANYAKUMARI): Madam, the nation is reeling under an unprecedented crisis. The acute shortage of LPG

gas cylinders, petrol and diesel has brought the country to a halt. Hospitals are struggling to provide essential services, college canteens are shut, hotels are closing down. The common man is struggling to cook a simple meal and fuel their vehicles.

The Central Government's mismanagement and inaction have led to this crisis. The shortage has led to panic, with people queuing up for long hours to get a cylinder or a litre of petrol. The prices are soaring and the people are suffering.

I demand the Government to take immediate action to address this crisis, roll back the price hike, ensure uninterrupted supply. The nation is crying out for relief and it is the Government's duty to listen. I urge the Government to act now and provide relief to the people. Thank you.

श्री बाबू सिंह कुशवाहा (जौनपुर) : माननीय सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान एक अत्यंत महत्वपूर्ण सामाजिक न्याय के विषय की ओर आकर्षित कराना चाहता हूं। देश भर में कुम्हार समाज के लोग निवास कर रहे हैं। ये लोग कुम्हार, शिल्पकार और प्रजापति समाज से जुड़े हुए हैं।

महोदया, कुम्हार समाज प्राचीन काल से ही भारत की सभ्यता का अंग रहा है। यह समाज हजारों वर्षों से मिट्टी के बर्तन बनाता है। यह समाज पारंपरिक और ग्रामीण अर्थव्यवस्था के रीढ़ की हड्डी के रूप में कार्य करते आया है। आज विडंबना यह है कि यही समाज आर्थिक, शैक्षणिक और सामाजिक स्तर पर अत्यंत पिछड़ा हुआ है।

महोदया, मेरा लोक सभा क्षेत्र जौनपुर है। मैंने जौनपुर में इस समाज की हालत देखा है। इस समाज के गरीब बच्चों की पढ़ाई के लिए न तो अच्छी सुविधा है और न ही रोजगार की सुविधा है। उत्तर प्रदेश के शासन आदेश संख्या 87/26.03.2014 को माननीय उच्च न्यायालय ने

आदेश दिया है।

महोदया, वर्ष 2005 में तत्कालीन मुख्यमंत्री माननीय मुलायम सिंह यादव जी ने भी प्रजापति समाज को अनुसूचित जाति में रखने के लिए प्रस्ताव भेजा था। उनके जाति प्रमाण पत्र भी बनने लगे थे। उसके बाद हमारे राष्ट्रीय अध्यक्ष श्री अखिलेश यादव जी जब मुख्यमंत्री थे, तब उन्होंने भी अपनी सरकार की तरफ से प्रजापति समाज को अनुसूचित जाति में शामिल करने के लिए पत्र लिखा था।

सभापति महोदया, वर्तमान में उत्तर प्रदेश में अनुसूचित जाति को 21 प्रतिशत का आरक्षण प्राप्त है। यदि प्रजापति समाज सहित अन्य पिछड़ी जातियों को अनुसूचित जाति में पढ़ने की उम्मीद उत्पन्न होती है, उनका रिज़र्वेशन घटने की उम्मीद होती है तो मैं सदन के माध्यम से यह निवेदन करना चाहता हूँ कि सरकार अनुसूचित जाति के आरक्षण के प्रतिशत को आबादी के हिसाब से बढ़ाएँ और बढ़ा कर गरीब और कमज़ोर लोगों को न्याय देने का काम करे।

सभापति महोदया, मेरी सरकार से यह अपील है कि उत्तर प्रदेश में कुम्हार समाज को अनुसूचित जाति की सूची में शामिल किया जाए और इस संबंध में आवश्यक अधिसूचना जारी की जाए। इसके पश्चात पूरे देश में एकरूपता करते हुए इसे भारत सरकार की अनुसूचित जाति की केंद्रीय सूची में शामिल किया जाए। जब तक यह प्रक्रिया पूर्ण न हो, तब तक इस समाज को शिक्षा रोजगार और समाज के कल्याणकारी योजनाओं में अंतरिम लाभ प्रदान करने की कृपा की जाए।

अतः मैं सरकार से निवेदन करता हूँ कि इस समाज की दयनीय हालत को देख कर इन्हें अविलंब अनुसूचित जाति की सूची में डाला जाए।

श्री मियां अल्ताफ अहमद (अनन्तनाग-राजौरी) : मैडम, प्रसार भारती के आकाशवाणी और दूरदर्शन में जो कॉन्ट्रेक्टुअल स्टाफ हैं, उनकी रिक्रूटमेंट प्रॉपर सिलेक्शन प्रोसेस के श्रू होती है। उनको रिटन टेस्ट भी देना पड़ता है और वे इंटरव्यू भी देते हैं। उसके बाद उनकी सिलेक्शन होती है और उनसे काम भी बहुत ज्यादा लिया जाता है।

इवन हमारे पार्लियामेंट में जो खबरें देने वाले हैं, या और कहीं भी दूरदर्शन में या रेडियो पर

काम करते हैं, वे भी यही लोग हैं। लेकिन अफसोस की बात यह है कि इनको इनक्लूड नहीं किया गया है, लेबर कोड्स जो पुराने थे और जो अब नए हैं, उनमें इनको इनक्लूड नहीं किया गया है। दूसरी सबसे बड़ी बात है कि ईपीएफ और ईसीआईसी में भी इन लोगों इनक्लूड नहीं किया है। ये बड़े अरसे से इस बात की मांग कर रहे हैं। आप जानते हैं कि रेडियो ही सबसे बड़ा ज़रिया इस मुल्क में खबर देने का है। बहुत से दूर-दराज़ इलाके हैं, जहां अभी मोबाइल के टावर्स नहीं हैं। हमारे कश्मीर में जो टूरिस्ट स्पॉट्स हैं, जहां टूरिस्ट जाता है, जहां मुकामी लोग जाते हैं, उनके पास भी रेडियो ही खबरों का एकमात्र ज़रिया है। हमारा एक बहुत मुकामी टूरिस्ट स्पॉट – गंगाबल, किशनसर, बिशनसर है, वहां पर जो रहने वाले हैं, जो अपने माल-मवेशी ले कर जाते हैं या टूरिस्ट जाता है, कोई और जाता है, उनके लिए भी रेडियो ही एक ज़रिया खबर का है।

अगर इनका स्टाफ खुश नहीं है या इनकी जायज़ मांगें पूरी नहीं की जा रही हैं, तो यह इनके साथ ज्यादाती है।

मैं आपके माध्यम से सरकार से और खास कर इनफॉर्मेशन मिनिस्टर से अपील करता हूँ कि इनकी जो भी जायज़ मांगें हैं, उनको पूरा किया जाए।

श्रीमती कमलेश जांगड़े (जांजगीर-चांपा) : सभापति महोदया, मेरे लोकसभा क्षेत्र जांजगीर चाम्पा में महान संत गुरु घासीदास जी की पावन तपोस्थली गिरौधपुरी धाम, जिला बलौदाबाज़ार-भाटापारा में स्थित है, जहाँ प्रतिवर्ष लाखों श्रद्धालु और पर्यटक दर्शन के लिए आते हैं। छत्तीसगढ़ और देश के कई स्थानों पर रहने वाले सतनामी समाज के लाखों लोगों के लिए गिरौधपुरी धाम एक पवित्र और पूज्यनीय स्थल के रूप में जाना जाता है। इस पवित्र धाम के अवसंरचना विकास और जीर्णोद्धार करने के लिए लोगों की काफी लम्बे समय से मांग है। साथ ही सतनामी समाज के द्वारा महान संत गुरु घासीदास जी की जयंती 18 दिसम्बर पूरे भारत वर्ष में बड़ी आस्था के साथ मनायी जाती है।

मेरी आपके मध्यम से माननीय संस्कृति मंत्री जी से मांग है कि, विरासत स्थलों का पुनरुद्धार और पुनर्विकास परियोजनाओं के माध्यम से गिरौधपुरी धाम को अवसंरचना विकास और

जीर्णोद्धार करने के लिए विशेष राशि स्वीकृत करने और महान संत गुरु घासीदास जी की 18 दिसम्बर को जयंती के उपलक्ष में राष्ट्रीय अवकाश घोषित किया जाए।

धन्यवाद।

श्री छोटेलाल (राबर्ट्सगंज) : सभापति महोदया, मेरे संसदीय क्षेत्र राबर्ट्सगंज में एक विधान सभा क्षेत्र चकिया आता है, जहां पर नौगढ़ में मांझी जाति का जाति प्रमाण पत्र नहीं बनाया जा रहा है। वहां पर लोगों पर मुकदमा भी दर्ज कर दिया गया है। वह मुकदमा वापस होना चाहिए।

इसी प्रकार से खरवार जाति का भी जाति प्रमाण पत्र नहीं बनाया जा रहा है। मांझी और गोंड एक ही हैं। मांझी पुकारू नाम होने के कारण खतौनी पर दर्ज है। वहां पर मांझी, गोंड जाति का जाति प्रमाण पत्र नहीं बनाया जा रहा है।

हमारे श्रद्धेय नेता माननीय मुलायम सिंह यादव जी ने 17 जातियों को अनुसूचित जाति में सम्मिलित करने के लिए केन्द्र सरकार को प्रस्ताव दिया था। उन सभी जातियों को अनुसूचित जाति में शामिल किया जाए तथा बिन, मल्लाह, बियार, राजभर जाति को भी एससी/एसटी में सम्मिलित किया जाए तथा मुसहर, डोम (रावत), कोल जैसी जातियों को अनुसूचित जाति या अनुसूचित जनजाति में डालकर उनका विकास किया जाना चाहिए।

इनके उत्थान के लिए बालू ठेका, मछली पालन, बंधी व पोखरा, नदी नाला में प्रथम वरीयता के क्रम में ठेका दिया जाना चाहिए। राष्ट्रीय नागरिक रजिस्टर, 1951 में हर जाति के नियमों का वर्णन है। उस आधार पर जाति प्रमाण पत्र बनाना चाहिए और जातिगत जनगणना भी करवाई जानी चाहिए।

श्री रमेश अवस्थी (कानपुर) : सभापति महोदया, आपने मुझे एक महत्वपूर्ण विषय पर बोलने का मौका दिया, उसके लिए मैं आपको धन्यवाद देता हूँ। मैं आपका ध्यान देश के महान क्रांतिकारी, स्वतंत्रता सेनानी, निर्भीक पत्रकार और सांप्रदायिक सौहार्द के प्रतीक अमर शहीद गणेश शंकर विद्यार्थी जी की ओर दिलाना चाहता हूँ।

सभापति महोदया, गणेश शंकर विद्यार्थी जी ने स्वतंत्रता संग्राम के आंदोलन में अपना

महत्वपूर्ण योगदान दिया। उनके अखबार 'प्रताप' के माध्यम से अंग्रेजों की नींव हिल गई। उनकी शहादत के बाद महात्मा गांधी जी ने कहा था कि काश उन्हें भी ऐसी मौत मिलती।

महात्मा गांधी जी ने यह भी कहा था कि स्वतंत्र भारत के इतिहास में सबसे पहले प्रधान मंत्री का दावेदार अगर कोई व्यक्ति होता तो श्री गणेश शंकर विद्यार्थी होते। श्री गणेश शंकर विद्यार्थी की शहादत उस समय हुई, जब कानपुर सांप्रदायिक दंगों की आग में झुलस रहा था। श्री गणेश शंकर विद्यार्थी 25 मार्च, 1931 को उन सांप्रदायिक दंगों में शहीद हो गए। आज मैं उस महान व्यक्तित्व के बारे में, एक स्वतंत्रता संग्राम सेनानी के विषय में आपसे मांग करता हूँ कि उनकी शहादत स्थली का सौंदर्यीकरण किया जाए। वहां पर एक भव्य स्मारक स्थल और स्मृति वाटिका का निर्माण हो। 'प्रताप' प्रेस का पुनरुद्धार भी किया जाए तथा उसको राष्ट्रीय पत्रकारिता संग्राहालय का एक स्वरूप दिया जाए। चूँकि श्री गणेश शंकर विद्यार्थी जी विधान परिषद के सदस्य भी थे। अतः मैं आपके माध्यम से उत्तर प्रदेश सरकार से भी मांग करता हूँ कि विधान सभा परिसर में उनकी एक भव्य प्रतिमा लगाई जाए।

सभापति महोदया, श्री गणेश शंकर विद्यार्थी के बलिदान और राष्ट्र सेवा को देखते हुए, उन्हें भारत रत्न प्रदान किया जाए और लोक सभा परिसर में उनकी एक भव्य प्रतिमा लगाई जाए।

श्री रमाशंकर विद्यार्थी राजभर (सलेमपुर) : बहुत कृपा महोदया। इस सदन में अधिकतर सांसदों की बहुलता करीब-करीब छात्र राजनीति से आए सांसदों की होती है। आप जानती हैं कि लोकतंत्र की प्रथम पाठशाला छात्र संघ का चुनाव है। पूरे देश में विश्वविद्यालय और उनसे संबद्ध डिग्री कॉलेजों में छात्र संघ का चुनाव हो रहा है। लेकिन, आपको जानकर ताज्जुब होगा कि उत्तर प्रदेश में इलाहाबाद यूनिवर्सिटी, जिसने इस देश को प्रधानमंत्री दिया, लखनऊ यूनिवर्सिटी, गोरखपुर यूनिवर्सिटी, काशी हिन्दू विश्वविद्यालय और उनसे संबद्ध जितने भी डिग्री कॉलेजेज़ हैं, चार वर्षों से वहां के छात्र इसके लिए धरना और प्रदर्शन कर रहे हैं। आप जानती हैं कि प्रबंधन और छात्रों के बीच में शिक्षा का स्तर सुधारने का एक बड़ा तंत्र छात्र संघ चुनाव होता था, लेकिन संपूर्ण उत्तर प्रदेश में किसी भी विश्वविद्यालय और डिग्री कॉलेज में छात्र संघ चुनाव नहीं हो रहे हैं। छात्र संघ

चुनाव की मांग करने वाले जो छात्र हैं, उन पर लाठियां बरसायी जा रही हैं। आज चार वर्ष हो गए हैं, उन पर गुण्डा एक्ट लगाया जा रहा है।

मैं आपके माध्यम से सरकार से मांग करता हूं कि छात्र लोकतंत्र की पहली सीढ़ी हैं, उनके साथ अन्याय नहीं होना चाहिए। जब पूरे देश में छात्र संघ का चुनाव हो रहे हैं, तो उत्तर प्रदेश के विश्वविद्यालय के छात्रों, उत्तर प्रदेश के डिग्री कॉलेज के छात्रों ने क्या अपराध किया है? मैं आपके माध्यम से सरकार से मांग करता हूं कि जल्द-से-जल्द उत्तर प्रदेश में छात्र संघ का चुनाव कराया जाए। आपने समय दिया, आपका बहुत-बहुत धन्यवाद।

SHRI HAMDULLAH SAYEED (LAKSHADWEEP): Madam, Chairperson, thank you for giving me an opportunity to speak. I rise to draw the attention of this House to the serious difficulties being faced by the residents of Lakshadweep, following the recent administrative order issued by the Lakshadweep Administration on 14th March, 2026, cancelling all divergence certificates issued for construction in private and Pandaram lands across the islands. Madam, the divergence certificates were issued by the competent authorities in Lakshadweep after due verification, enabling many families to construct houses and small buildings on their own land. Over the years, numerous residents have relied on these certificates in good faith and have invested their life savings to build or expand their homes. However, the sudden decision to cancel all such divergence certificates has created widespread uncertainty and distress among the islanders.

Madam, the construction work that was already underway has reportedly been stopped through stop memos, leaving many households in a difficult situation. Several families who have taken loans or mobilized resources for

house construction are now facing severe financial and social hardships. Lakshadweep has very limited land availability and the traditional landholding system in the islands includes private lands as well as Pandaram land used by local residents for their habitation. Any abrupt cancellation of their previously granted permission without adequate consultation on transition arrangements, disproportionately affects the ordinary people of the islands.

Madam, I urge the Government of India, especially the Ministry of Home Affairs - ours being a union territory - to kindly look into this matter with urgency and ensure that the genuine interests of the residents of Lakshadweep are protected. The Administration may consider reviewing and withdrawing this order, regularizing the *bona fide* construction and evolving a practical and people-friendly mechanism so that families who have acted in good faith are not penalized. I request and urge the Union Government to take this seriously, intervene and provide immediate relief to the affected households in the Lakshadweep islands.

Thank you, Madam.

श्री चन्द्र प्रकाश जोशी (चित्तौड़गढ़) : धन्यवाद सभापति महोदया। मैं आपके माध्यम से सरकार का ध्यान एक अत्यंत महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ, जो डिजिटल शासन और आम नागरिकों की सुविधा से सीधे जुड़ा हुआ है। ई-मित्र सेवा केन्द्र आज डिजिटल इंडिया के लक्ष्य को जमीनी स्तर तक पहुँचाने का एक प्रभावी माध्यम बन चुके हैं। ग्रामीण और शहरी क्षेत्रों में लाखों नागरिकों को सरकारी योजनाओं, प्रमाण-पत्रों, बिल भुगतान, पंजीकरण और अनेक ऑनलाइन सेवाओं का लाभ इन्हीं केन्द्रों के माध्यम से प्राप्त होता है। ई-मित्र संचालक सरकार और आमजन के बीच एक महत्वपूर्ण सेतु के रूप में कार्य कर रहे हैं। सीमित संसाधनों के बावजूद वे

निरंतर नागरिकों को डिजिटल सेवाओं से जोड़ने का कार्य कर रहे हैं। लेकिन वर्तमान व्यवस्था में कुछ व्यावहारिक समस्याएँ हैं, जिनके कारण ई-मित्र सेवा केन्द्र संचालकों को कई कठिनाइयों का सामना करना पड़ रहा है। सबसे पहले, ई-मित्र सेवाओं पर मिलने वाला कमीशन अत्यंत कम है, जबकि संचालकों को किराया, बिजली, इंटरनेट, मशीनों का रखरखाव और अन्य खर्च स्वयं वहन करने पड़ते हैं। इसलिए कमीशन दरों का पुनर्निर्धारण करते हुए उसमें वृद्धि की जानी चाहिए। दूसरा, कई बार पोर्टल या विभागीय सर्वर डाउन होने के कारण कार्य बाधित हो जाता है, जिससे आम नागरिकों को अनावश्यक परेशानी होती है। इसके लिए तकनीकी ढाँचे को और मजबूत बनाने तथा त्वरित सहायता प्रणाली विकसित करने की आवश्यकता है। तीसरा, कई बार आवेदकों द्वारा दिए गए दस्तावेजों में त्रुटियाँ होने के बावजूद जिम्मेदारी ई-मित्र संचालकों पर आ जाती है। इस संबंध में स्पष्ट दिशा-निर्देश और संतुलित व्यवस्था बनाई जानी चाहिए। चौथा, भुगतान कट जाने के बावजूद सेवा पूरी नहीं होने की स्थिति में समयबद्ध रिफंड प्रणाली और प्रभावी शिकायत निवारण तंत्र भी आवश्यक है।

अतः मैं सरकार से आग्रह करता हूँ कि ई-मित्र सेवा केन्द्रों के सुदृढीकरण तथा संचालकों की समस्याओं के समाधान के लिए आवश्यक नीतिगत कदम उठाए जाएँ। धन्यवाद।

श्री राजपालसिंह महेंद्रसिंह जादव (पंचमहल) : मैं आपके माध्यम से केंद्र सरकार का ध्यान एक अत्यंत महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ।

मेरे पंचमहल लोकसभा क्षेत्र के कालोल तहसील स्थित वेजलपुर गाँव में केंद्रीय बागायत संशोधन केंद्र (CHES) की स्थापना वर्ष 1979 में तत्कालीन प्रधानमंत्री स्व. श्री मोरारजी भाई देसाई द्वारा की गई थी। इस केंद्र के लिए गुजरात सरकार ने पूरे देश में सबसे अधिक, कुल 930 एकड़ भूमि आवंटित की थी। इस केंद्र की स्थापना का प्रमुख उद्देश्य गुजरात, मध्य प्रदेश, राजस्थान और महाराष्ट्र के किसानों को बागायती अनुसंधान का लाभ उपलब्ध कराना था। आज यह केंद्र किसानों, विद्यार्थियों, अनुसंधानकर्ता संस्थाओं तथा NGO को महत्वपूर्ण सेवाएँ प्रदान कर रहा है।

माननीय महोदया, ICAR द्वारा स्थापित यह केंद्र अब नेशनल लेवल पर अपग्रेड होकर "नेशनल इंस्टीट्यूट ऑफ ट्राइबल हॉर्टिकल्चर" बने, ऐसी मांग स्वयं संस्था द्वारा भी कृषि मंत्रालय को भेजी जा चुकी है। मुझे पूर्ण विश्वास है कि इस निर्णय से क्षेत्र और देश दोनों को अत्यधिक लाभ मिलेगा।

अतः केंद्र सरकार से वेजलपुर को "नेशनल इंस्टीट्यूट ऑफ ट्राइबल हॉर्टिकल्चर" का दर्जा देने पर शीघ्र एवं सकारात्मक निर्णय के लिये मेरी आग्रह भरी विनती है।

श्री विष्णु दयाल राम (पलामू) : धन्यवाद सभापति महोदया। मैं आपके माध्यम से केन्द्र सरकार के सिविल एविएशन मिनिस्ट्री का ध्यान क्षेत्रीय सम्पर्क योजना उड़ान, जो पलामू संसदीय क्षेत्र के अंतर्गत चियांकी हवाई अड्डे से संबंधित है, की ओर आकृष्ट करना चाहता हूं।

इस योजना के माध्यम से, जैसा कि हम सभी जानते हैं, देश के दूरस्थ क्षेत्रों से सम्पर्क स्थापित होता है और वहां की आर्थिक, सामाजिक स्थिति और पर्यटन गतिविधियों पर प्रभाव पड़ता है। ऐसी परिस्थिति में मुझे जानकारी प्राप्त हुई है कि केन्द्र सरकार द्वारा भेजे गए एक पत्र का जवाब राज्य सरकार के द्वारा अभी तक नहीं भेजे जाने के फलस्वरूप यह योजना अभी तक लटकी हुई है। मेरा आपके माध्यम से नागरिक उड्डयन मंत्रालय, भारत सरकार से अनुरोध है कि कृपया यह स्पष्ट किया जाए कि राज्य सरकार से कौन सा प्रस्ताव या प्रमाणन अपेक्षित है तथा उसमें कौन-कौन से विवरण आवश्यक हैं। यदि संभव है तो उसकी एक प्रतिलिपि उपलब्ध करवायी जाए ताकि राज्य सरकार के संबंधित पदाधिकारियों और राज्य के माननीय मुख्यमंत्री जी से संपर्क स्थापित करके उस पत्र का जवाब भेजा जा सके ताकि आगे की कार्यवाही संभव हो सके।

श्री बृजेन्द्र सिंह ओला (झुन्झुनू) : धन्यवाद सभापति महोदया। मैं अपने क्षेत्र की रेलवे से संबंधित महत्वपूर्ण मांगें आपके माध्यम से माननीय रेल मंत्री तक पहुंचाना चाहता हूं। एक सीकर-लोहारू खंड पर नारी स्टेशन है और दूसरा भावठड़ी स्टेशन है। ये दोनों स्टेशन जब से रेलवे लाइन बनी है, तब से हैं। जब ब्राडगेज लाइन बनी तो उन पर सिंगल लाइन कर दी। जबकि वहां से कंक्रीट रेलवे ट्रैक पर बिछाने के लिए जाती थी। वहां सिग्नल भी नहीं है। वहां सिर्फ सिंगल लाइन है। मेरा निवेदन

है कि स्टेशन परिसर में दो लाइन तथा सिग्नल की व्यवस्था की जाए। इसी तरह से भावठड़ी राजस्थान का अंतिम रेलवे स्टेशन है। उसके बाद, हरियाणा आ जाता है। उसमें भी सिंगल रेलवे लाइन है। वहां भी सिग्नल की व्यवस्था नहीं है। उसके स्टेशन परिसर में डबल लाइन की व्यवस्था की जाए। इसी तरह मेरे क्षेत्र से पहले लोहारू से सवाई माधोपुर के लिए ट्रेन चलती थी। मैं माननीय रेल मंत्री जी से मांग करता हूं कि लोहारू से सवाई माधोपुर के बीच एक इंटरसिटी ट्रेन चलाई जाए, जिससे हमारे जिले में लोगों को फायदा मिले और जो जयपुर इलाज कराने के लिए या दूसरे कामों के लिए जाते हैं, उनको भी सुविधा हो। इसी तरह से हमारे व्यवसायी पूर्वी भारत में रहते हैं, विशेषकर असम में रहते हैं, इसलिए एक ट्रेन शेखावटी से चलाई जाए, जो रेवाड़ी-दिल्ली होकर जाए। कमाख्या देवी दर्शन के लिए भी हमारे यहां से बहुत लोग जाते हैं, इसलिए गुवाहाटी के लिए भी एक ट्रेन चलाई जाए। आप उसको अजमेर से चलाएं, जोधपुर से चलाएं, हनुमानगढ़ या गंगानगर से चलाएं, लेकिन वह सीकर, झुंझुनू से होकर गुजरे। यह मेरी माननीय रेलवे मंत्री जी से मांग है।

अभी माननीय रेल मंत्री जी ने घोषणा की है कि लोग पटरी को बिना अंडरपास के पार करते हैं। नारी के पास, अड़ावका से नारी रोड बनी हुई है, जो रेलवे लाइन के पास तक है, वहां लोग रेलवे लाइन ऐसे ही पार कर जाते हैं। वहां एक अंडरपास बनाया जाए। धन्यवाद।

***SHRIMATI SUPRIYA SULE (BARAMATI):** Honorable Madam Chairperson, Greetings. Today, my 'Zero Hour' submission focuses on the subject of travel and transportation. In reality, the entire fabric of this nation-encompassing trade, economic development, connectivity, and employment-is inextricably linked to travel and transportation. Consequently, the safety of our railways, aviation sector, and roadways has become a matter of paramount importance. Our Honorable Minister, Shri Gadkari Ji, consistently urges us members to prioritize road safety-specifically asking us to convene meetings and devote

* English translation of the speech originally delivered in Marathi.

our personal attention to this critical issue. Furthermore, the Comptroller and Auditor General (CAG) report regarding the railways has also recently been released. Regrettably, due to increased operational speeds, we are currently witnessing a rise in accidents involving trains, aircraft, and motor vehicles. By a tragic coincidence, today marks exactly two months since the passing of my brother; he lost his life in a plane crash on January 28th. When the patriarch-the primary provider of a family is lost, the grief and devastation inflicted upon that family are immense. It is for this very reason that safety-whether in the air, on the rails, or on the roads-is absolutely essential. It has been two months since my brother's plane crash occurred, yet we have still not received justice. My brother served as the Deputy Chief Minister of Maharashtra; if even he cannot obtain justice, how can the common person ever hope to receive it? My elder brother's son, Rohit, has reached out to various political parties for support. Shri Arvind Ji is present here today, as are representatives from the DMK, the SP, and various other parties. I do not wish to politicize this issue; however, Rohit Pawar made tireless efforts to have an FIR (First Information Report) registered regarding this incident. When his attempts within our own state proved futile, he appealed to authorities in several other states, pleading with them to take cognizance of the matter and ensure that justice is served to Ajit Pawar. If the Deputy Chief Minister of a state meets with an accident and an FIR is not even registered, where are the common citizens supposed to turn for reparation? My brother was a beloved and cherished leader in Maharashtra. With folded hands, I appeal to both the Government of

Maharashtra and the Government of India to conduct a thorough and transparent inquiry into this matter.

Madam Chairperson, whether it concerns the Ahmedabad plane crash, the helicopter crash that claimed the life of General Bipin Rawat, or the accident in Jharkhand-justice must be dispensed equally in all cases. Justice must be served to everyone involved-be it the pilot, the other crew members (including the young woman who was part of the team), or any other individual affected by these tragedies. Initially, we were informed that the aircraft's 'Black Box' had been recovered; subsequently, however, we were told that it had been damaged. I earnestly request the Chief Minister of Maharashtra to conduct a timely inquiry into this matter; furthermore, the government must provide answers to the numerous questions raised. I also appeal to the Government of India to ensure that justice is served to every individual.

माननीय सभापति : माननीय सदस्य शून्य काल में बोलने वाले माननीय सदस्यों की सूची लम्बी है। अतः आप सभी से मेरा आग्रह है कि केवल एक-एक मिनट में अपना विषय रखें, ताकि ज्यादा से ज्यादा माननीय सदस्यों को अपनी बात रखने का अवसर मिल सके। मैं सबसे पहले महिला सदस्यों को बोलने का मौका देना चाहती हूँ। सूची लम्बी है, मैं सभी को समय के हिसाब से बोलने का मौका दूंगी।

श्रीमती हरसिमरत कौर बादल जी।

श्रीमती हरसिमरत कौर बादल (भटिण्डा) : शुक्रिया मैम, ये लोग शोर मचा रहे हैं। आपने महिला का नाम लिया, तो टेबल को थपथपाना चाहिए था, अच्छी बात हो रही है। अभी रिजर्वेशन बिल आने वाला है, तब तो महिलाओं की ही बात होगी।

सभापति महोदया, मैं एक गम्भीर टॉपिक पर बोलना चाहती हूँ, जो इस हाउस में पहले भी

डिस्कस हो चुका है। हमारे वेयरहाउसिंग कॉर्पोरेशन के एक डीएम... (Not recorded) थे, जिन्होंने 21 मार्च को एक वीडियो बनाकर... (व्यवधान)

माननीय सभापति : माननीय सदस्या, नाम नहीं जाएगा।

श्रीमती हरसिमरत कौर बादल : मैडम, वेयरहाउसिंग पंजाब के डीएम जिन्होंने सल्फास की गोली खाकर वीडियो बनाकर, पंजाब सरकार में आम आदमी पार्टी के वेयरहाउसिंग मंत्री के ऊपर इल्जाम लगाकर सुसाइड कर ली, क्योंकि उन्होंने उनके ऊपर जोर, जबरदस्ती, दबाव डालकर अपने पिता को सारे वेयरहाउसिंग के टेंडर देने के लिए कहा। उन्होंने कहा मैं इतना दुखी हो गया हूं, मुझे हास किया है, मेरे कपड़े उतारकर, बंदूकों से मुझे मारकर, जलील करके, गैंगस्टर्स से धमकी दिलवाकर कि मैं बच्चे उठवा लूंगा, ऐसे इल्जाम लगाकर वीडियो में सल्फास की गोली खाकर उसने सुसाइड कर ली। इससे पूरे पंजाब में बहुत बड़ा रोष है। संसद में भी यह मुद्दा उठा और माननीय गृह मंत्री जी ने उसी समय यह विश्वास दिया कि आप सभी एमपीज चिट्ठी लिख दें, तो मैं तुरंत इस केस को सीबीआई को दे दूंगा, क्योंकि तभी निष्पक्ष जांच हो सकती है। राज्य सरकार के अंदर मुख्यमंत्री ने 18 घंटे तक कोई एफआईआर नहीं लिखने दी। 24 घंटे तक मिनिस्टर को अरेस्ट नहीं किया, आज तक उनका रेजिनेशन गवर्नर को नहीं पहुंचा है, इसलिए मुझे लगता है कि उधर से कोई इंसाफ नहीं मिल सकता है।

मैडम, मैं यह इसलिए भी कह रही हूं, परिवार यह इसलिए मांग कर रहा है, क्योंकि यह विषय सेंटर के अंदर आता है। वेयरहाउसिंग के लिए एफसीआई के फंड्स यूज होते हैं और वेयरहाउसिंग कॉर्पोरेशन सेंट्रल गवर्नमेंट के साथ 50 पर्सेंट ज्वाइंट पीएसयू है।

मैम, पांच एमपीज ने चिट्ठी लिख दी है। अब कांग्रेस के कई एमपीज ऐसे हैं, जो वहां की सरकार के साथ मिले हुए हैं, दबे हुए हैं, आम आदमी पार्टी चिट्ठी नहीं लिख सकती है... (व्यवधान) ये लोग शोर मचा रहे हैं... (व्यवधान) ये लोग कंप्रोमाइज्ड हैं... (व्यवधान) मैं अमित शाह जी से विनती करती हूं कि इसकी सीबीआई से जांच कराइए... (व्यवधान) आपने जो वायदा किया है, उस वायदे को पूरा कीजिए और इंसाफ दिलाइए... (व्यवधान) अगर पढ़े-लिखे

ऑफिसर ऐसे मरने लग जाएंगे और सेंटर कुछ नहीं करेगा... (व्यवधान)

माननीय सभापति : श्रीमती अनिता नागरसिंह चौहान जी।

... (व्यवधान)

श्रीमती अनिता नागरसिंह चौहान (रतलाम) : धन्यवाद सभापति महोदया जी, मैं शिक्षा से जुड़े महत्वपूर्ण विषय पर ध्यान आकर्षित करना चाहूंगी। शिक्षा का अधिकार, आरटीई के तहत 20-25 वर्षों से कार्य कर रहे शिक्षकों से दोबारा योग्यता परीक्षा देने की बात सामने आयी है। मेरे लोक सभा क्षेत्र के शिक्षकों के माध्यम से यह बात आयी है।

माननीय सभापति महोदया, ये शिक्षक कई वर्षों से बच्चों को पढ़ा रहे हैं और उनके पास अच्छा अनुभव है। ऐसे में फिर से परीक्षा लेने से उनके मन में चिंता और दबाव बन रहा है, इस निर्णय से शिक्षकों का मनोबल कमजोर हो सकता है।

माननीय सभापति महोदया, मैं आपके माध्यम से सरकार से निवेदन करना चाहती हूँ कि इस विषय पर पुनः विचार किया जाए, धन्यवाद।

माननीय सभापति : डॉ. बच्छाव शोभा दिनेश जी।

***DR. BACHHAV SHOBHA DINESH (DHULE):** Honorable Chairperson
Madam, I rise today to draw the attention of this August House to the grave situation faced by the farmers of my constituency, Dhule, as well as the entire North Maharashtra region, including Nashik, Jalgaon, and Nandurbar. Today, our Baliraja is trapped in a triple crisis: the wrath of nature, market instability, and the impact of global geopolitical tensions.

Madam Chairperson, the condition of onion growers has become extremely pathetic. Due to the lack of a legal Minimum Support Price (MSP) for onions, farmers are forced to sell their produce at throwaway prices.

* English translation of the speech originally delivered in Marathi.

Furthermore, due to the war-like situation in West Asia and the Red Sea crisis, our exports have completely collapsed, and shipping costs have skyrocketed by 200% to 300%. Similarly, cotton, soybean, and maize farmers in Dhule and Jalgaon are in deep distress as prices have fallen below the actual cost of production. The grape growers of Nashik and the banana farmers of Jalgaon are fighting a battle on two fronts: global conflict and climate change. The unseasonal rain and hailstorms in January and February 2026 have already damaged crops over more than 50,000 hectares of land.

Madam, through you, I urge the Government to take an immediate and decisive action. A guaranteed legal MSP must be provided for onions, and the government should provide a 50% direct subsidy on transport to compensate for the surge in freight costs caused by global tensions. Furthermore, the number of NAFED and CCI procurement centers in Dhule and North Maharashtra must be increased to ensure 100% procurement of cotton, soybean, and maize at MSP. Additionally, a special financial package should be announced for the farmers of North Maharashtra who have suffered heavy losses due to these unseasonal rains and global market fluctuations.

Madam, if the Government does not intervene immediately, the rural economy of North Maharashtra will be completely devastated. I earnestly request the government, through this House, to rescue our Annadata from this dire crisis and provide them with the justice they deserve.

Thank you.

13.00 hrs

डॉ. लता वानखेड़े (सागर) : सभापति महोदया, धन्यवाद। मैं अपने लोक सभा संसदीय क्षेत्र सागर के बीना विधान सभा क्षेत्र में स्थित भारत पेट्रोलियम की बीना रिफाइनरी के लगभग 50 हजार करोड़ रुपये से अधिक की विस्तार परियोजना के संबंध में सरकार ध्यान आकृष्ट करना चाहती हूं। इस महत्वाकांक्षी परियोजना में देश-विदेश की बड़ी-बड़ी कंपनीज कार्य कर रही हैं। यह बुन्देलखंड क्षेत्र के औद्योगिक भविष्य को नई दिशा देने वाला है। मैं जानना चाहती हूं कि इस विशाल, विस्तार परियोजना की पारदर्शिता और गुणवत्ता सुनिश्चित करने के लिए केन्द्र सरकार द्वारा क्या कोई विशेष मॉनीटरिंग तन्त्र स्थापित किया गया है? परियोजना का क्रियान्वयन पर्यावरणीय मानकों के पालन तथा अन्य गतिविधियों का आंकलन करने हेतु स्वतंत्र, सोशल ऑडिट व्यवस्था लागू करने का क्या कोई प्रस्ताव है? इस परियोजना में प्रत्यक्ष और अप्रत्यक्ष रूप से उत्पन्न होने वाले रोजगार में स्थानीय युवाओं को प्राथमिकता देने के लिए सरकार ने क्या दिशा-निर्देश जारी किए हैं? क्या सरकार कौशल विकास प्रशिक्षण केन्द्र स्थापित कर स्थानीय युवाओं को तकनीकी रूप से सक्षम बनाने के लिए कोई विशेष योजना बना रही है?

सभापति महोदया जी, बुन्देलखंड लम्बे समय से आर्थिक चुनौतियों और सीमित औद्योगिक अवसरों का सामना कर रहा है। ऐसे में बीना रिफाइनरी का यह विस्तार केवल एक औद्योगिक परियोजना नहीं, बल्कि क्षेत्र के सामाजिक और आर्थिक परिवर्तन का अवसर है। यदि स्थानीय युवाओं को रोजगार में प्राथमिकता दी जाती है तो क्षेत्र से पलायन कम होगा, परिवारों की आय बढ़ेगी, स्थानीय अर्थव्यवस्था को स्थायी मजबूती मिलेगी और उद्योग तथा समाज के बीच विश्वास एवं सहयोग का वातावरण सुदृढ़ होगा। मैं सरकार से आग्रह करती हूं कि वह इस महत्वपूर्ण परियोजना की प्रभावी मॉनीटरिंग, सोशल ऑडिट और स्थानीय रोजगार प्राथमिकता के संबंध में सदन को स्पष्ट जानकारी प्रदान करे।

श्रीमती संजना जाटव (भरतपुर) : सभापति महोदया, धन्यवाद। मैं सदन का ध्यान जनहित के मामले की ओर आकर्षित करना चाहती हूं। उत्तर प्रदेश और राजस्थान की सीमा से लगे ब्रज,

मेवात क्षेत्र जिसमें कोसी, कामां, डीग और भरतपुर शामिल हैं, यह क्षेत्र आज भी सीधे और सुगम रेल नेटवर्क से वंचित है। यह क्षेत्र सांस्कृतिक और धार्मिक दृष्टि से अत्यन्त महत्वपूर्ण है। यहां चौरासी कोस का परिक्रमा मार्ग भी है, कामां मंदिर है, लेकिन रेल कनेक्टिविटी के अभाव में यहाँ का आर्थिक और पर्यटन विकास रुका हुआ है। यहाँ घनी आबादी निवास करती है। यह संपूर्ण क्षेत्र आज भी रेल परिवहन जैसी मूलमूल सुविधा से वंचित है।

मेरी सरकार से माँग है कि स्थानीय जनता द्वारा लंबे समय से इस क्षेत्र को रेल कनेक्टिविटी से जोड़ने की माँग चल रही है। वर्ष 2014 में तत्कालीन सरकार द्वारा इस परियोजना का 85.7 किलोमीटर सर्वे पूर्ण हो चुका है।

महोदया, मेरी केंद्र सरकार से माँग है कि वे इस महत्वपूर्ण माँग पर तत्काल संज्ञान लें। कोसी, कामां, डीग और भरतपुर के बीच नई रेल लाइन बिछाने के सर्वे और निर्माण कार्य को अविलंब स्वीकृति प्रदान करें, ताकि सम्पूर्ण ब्रज, मेवात क्षेत्र का समावेशी विकास सुनिश्चित हो सके।

धन्यवाद। जय भीम, जय भारत, जय संविधान।

श्रीमती भारती पारधी (बालाघाट) : धन्यवाद सभापति महोदया, मैं सरकार का ध्यान अपने संसदीय क्षेत्र बालाघाट जिले में केंद्रीय विद्यालय की अपर्याप्त व्यवस्थाओं को लेकर आकर्षित कराना चाहती हूँ। बालाघाट जिले में भरवेली माइन्स क्षेत्र में वर्तमान में केवल एक केंद्रीय विद्यालय संचालित है, जिसकी स्थापना वर्ष 1993 में सिविल सेक्टर के अंतर्गत की गई थी। यह विद्यालय क्षेत्र के केंद्रीय कर्मचारियों के बच्चों को गुणवत्तापूर्ण शिक्षा प्रदान कर रहा है, किन्तु बढ़ती जनसंख्या एवं सीमित सीटों के कारण प्रवेश की समस्या गंभीर होती जा रही है।

सभापति महोदया, बालाघाट एवं आसपास के क्षेत्रों में सीआरपीएफ, रेलवे, डाक विभाग और अनेक केंद्रीय संस्थाएँ कार्यरत हैं, जिनके कर्मचारियों के बच्चों को श्रेणी-1 के अंतर्गत प्राथमिकता मिलती है। जिसके कारण अधिकांश सीटें प्रारंभ में ही भर जाती हैं। इसके अतिरिक्त मैंगनीज ओर इंडिया लिमिटेड, भारत संचार निगम लिमिटेड, भारतीय जीवन बीमा निगम, केंद्रीय बैंक, आकाशवाणी, दूरदर्शन जैसी केंद्र सरकार की संस्थाएँ सार्वजनिक क्षेत्र में यहाँ भी स्थित हैं,

जो श्रेणी-2 के अंतर्गत आती हैं। सीटों की कमी के कारण इन संस्थाओं के कर्मचारियों के बच्चों को केंद्रीय विद्यालय में प्रवेश नहीं मिल पाता। यह स्थिति शिक्षा के समान अवसर के सिद्धांतों के विपरीत है। वर्तमान परिस्थितियों को देखते हुए बालाघाट जैसे महत्वपूर्ण जिले में एक केंद्रीय विद्यालय अपर्याप्त सिद्ध हो रहा है।

सभापति महोदया, मैं आपके माध्यम से माननीय शिक्षा मंत्री जी, जो यहाँ सदन में उपस्थित हैं, उनसे आग्रह करती हूँ कि बालाघाट जिले में एक नए केंद्रीय विद्यालय की स्थापना हेतु शीघ्र आवश्यक और उपयुक्त कार्यवाही सुनिश्चित की जाए।

धन्यवाद।

***SUSHRI PRANITI SUSHILKUMAR SHINDE (SOLAPUR):** Hon. Chairperson Madam, yesterday, my constituency—Solapur—witnessed massive hailstorms, resulting in extensive damage to agricultural crops. Specifically, crops such as grapes, pomegranates, bananas, chickpeas, guavas, onions, melons, and roses suffered severe losses. However, damage assessment surveys (panchnamas) have not yet been conducted in Solapur. Given the magnitude of the losses incurred by the farmers in that region, it is imperative that relief assistance be provided through the NDRF. I, therefore, demand that all farmers who have suffered losses be granted an immediate and blanket loan waiver, as the scale of the damage they have sustained is immense. As the saying goes, "it is like adding a thirteenth month to a drought"—compounding an already dire situation. Whether it be food grains, pomegranates, or onion crops, the farmers' produce is currently stranded—metaphorically "stuck in the Strait of Hormuz." Traders are refusing to purchase the produce from the

* English translation of the speech originally delivered in Marathi.

farmers. Consequently, the farmers of my Maharashtra find themselves in the midst of a grave crisis. As Shobha Tai just mentioned, the government has halted the export of onions; therefore, I demand that a subsidy of ₹1,000 per quintal be granted for onions. Furthermore, just yesterday, the District Collector issued an administrative order prohibiting farmers from purchasing diesel in barrels for use in their tractors; I demand that this ban be lifted. Finally, I wish to draw the government's attention to the significant irregularities observed in the utilization of NCAP funds in Solapur, and I demand that the government look into this matter as well. Thank you!

श्रीमती रूपकुमारी चौधरी (महासमुन्द) : सभापति महोदया, मैं आपके माध्यम से छत्तीसगढ़ के गरियाबंद जिले के देवभोग क्षेत्र से जुड़े एक अत्यंत महत्वपूर्ण विषय की ओर सरकार का ध्यान आकर्षित करना चाहती हूँ।

इस क्षेत्र में विश्व के सबसे दुर्लभ और बहुमूल्य रत्नों में से एक अलेक्जेंड्राइट के महत्वपूर्ण भंडार पाए जाने के संकेत मिलते हैं। अलेक्जेंड्राइट एक अत्यंत दुर्लभ रत्न है, जिसकी विशेष पहचान इसकी अद्भुत रंग परिवर्तन क्षमता है। दिन के प्रकाश में यह हरा दिखाई देता है और कृत्रिम प्रकाश में यह लाल हो जाता है। इसी कारण इसे अंतर्राष्ट्रीय जेम बाजार में दिन का नीलम और रात का रूबी कहा जाता है।

इसे दुनिया के सबसे महंगे रत्नों में गिना जाता है। विश्व में एलेक्सेंड्राइट के भण्डार प्रमुख रूप से कुछ ही देशों- रूस, ब्राजील, श्रीलंका और तंजानिया में पाये जाते हैं। छत्तीसगढ़ के गरियाबंद जिले में इसकी उपलब्धता भारत के लिए एक महत्वपूर्ण खनिज अवसर प्रस्तुत करती है। अंतर्राष्ट्रीय बाजार में उच्च गुणवत्ता वाले एलेक्सेंड्राइट की कीमत लाखों रुपये प्रति कैरेट तक पहुंच जाती है। इस कारण से इस क्षेत्र में, देश के लिए राजस्व, निर्यात और खनिज आधारित उद्योगों के विकास की बड़ी संभावनाएं हैं।

माननीय सभापति महोदया, इतने महत्वपूर्ण खनिज संकेत होने के बावजूद आज तक इस क्षेत्र में व्यापक वैज्ञानिक सर्वेक्षण, विस्तृत अन्वेषण और व्यवस्थित खनन की प्रक्रिया अपेक्षित गति से प्रारंभ नहीं हो पायी है। इसके कारण, जहां एक ओर बहुमूल्य प्राकृतिक सम्पदा का आर्थिक लाभ पूरी तरह से देश को नहीं मिल पा रहा है, वहीं अवैध खनन और तस्करी की संभावनाओं के कारण राज्य को राजस्व की भी हानि हो रही है।

महोदया, इस क्षेत्र में, वैज्ञानिक सर्वेक्षण कराकर पारदर्शी खनन व्यवस्था विकसित की जाए, तो यह क्षेत्र देश में न केवल रत्न एवं आभूषण उद्योग के लिए एक महत्वपूर्ण केन्द्र बन सकता है, बल्कि स्थानीय आदिवासी क्षेत्रों में रोजगार, आर्थिक गतिविधियों और क्षेत्रीय विकास को भी नयी गति मिल सकती है। अतः मैं आपके माध्यम से, सरकार से आग्रह करती हूँ कि इसका विस्तृत रूप से उत्खनन किया जाए। धन्यवाद।

***KUMARI SUDHA R. (MAYILADUTHURAI):** Hon. Chairperson Madam, Vanakkam. Elections are round the corner in five States of our country. Election Code of Conduct has come into force in Tamil Nadu since 15 March 2026. No person can carry more than Rs.50000 in cash or material more than a worth of Rs.10000. If they carry with them more than the value mentioned, they have to show valid documents as proof. They are in a position to explain the whereabouts of that money or material. These are the rules of the Election Commission. But these rules came into force 20 years ago. But today, there is price rise. Salaries have gone up multi-fold. Income has increased. In this scenario, there is a slab of Rs. 50,000 for cash and Rs. 10,000 for material. This does not seem feasible. There were four incidents that took place in Tamil Nadu which have appeared on newspapers. Particularly the poor and

* English translation of the speech originally delivered in Tamil.

downtrodden people are very much affected. Moreover, this is the season for marriages in Tamil Nadu. Auspicious days are also listed in this month for such occasions. People belonging to poor farming families, with their lifelong earnings, if they go to market for purchasing a Mangal Sutra or a Silk Saree for the bride, their daughter, the Officials of Election Commission snatch away that money. This government should consider about these issues. They should try to give back immediately the seized money and material to those affected people. Because they cannot approach Election Commission to get back their money and material, as it becomes a tedious process. Particularly a cancer patient who came to India from Myanmar, for dialysis was carrying money with him and that money was seized on his way to a hospital. Election Commission should immediately intervene in such matters and refund all those money to those from whom it was collected. Following such a strict procedure adds to the difficulties faced in today's world. Therefore, I urge that an Amendment be brought in Election Code of Conduct or the Election related Laws which is the need of the hour.

Madam, I will conclude in a minute. Recently in the year 2024, in Tirunelveli Express, as much as Rs. 4 crore of unaccounted money was seized by the Election Commission from a candidate who contested the Lok Sabha Elections in Tamil Nadu. But it is still unclear that what has happened to that seized money? He was Mr Nainar Nagendran the BJP candidate. It remains unclear as to what happened to that huge money that was seized from such a highly placed person. But the poor people are affected day in and day out.

श्रीमती कृष्णा देवी शिवशंकर पटेल (बांदा) : माननीय सभापति महोदया, मैं आपके माध्यम से अपने संसदीय क्षेत्र बांदा-चित्रकूट की बदहाल चिकित्सा व्यवस्था की ओर सरकार के माननीय स्वास्थ्य मंत्री जी का ध्यान आकर्षित कराना चाहती हूँ।

जनपद बांदा में संचालित रानी दुर्गावती मेडिकल कॉलेज की दुर्दशा एवं समस्याओं के बारे में, मेरे द्वारा उत्तर प्रदेश सरकार एवं माननीय मंत्री जी को पूर्व में पत्राचार के माध्यम से अवगत कराया गया है किन्तु आज भी समस्याएं जस की तस हैं।

महोदया, आये दिन स्थानीय समाचार पत्रों में स्वास्थ्यकर्मियों की लापरवाही एवं सुविधाओं की कमी से होने वाली दुर्घटनाओं के बारे में खबरें प्रकाशित होती रहती हैं।

हाल ही में जनपद चित्रकूट में सरकारी अस्तपाल में एक जच्चा को भर्ती किया गया था। चिकित्सकों ने जांच के बाद सब कुछ सामान्य बताया था, लेकिन प्रसव के दौरान जच्चा एवं बच्चा की दुखद मृत्यु हो गई थी। यदि व्यवस्था में संवेदनशीलता होती, तो उन दोनों को बचाया जा सकता था।

महोदया, मैं इस सदन के माध्यम से माननीय स्वास्थ्य मंत्री जी से यह मांग करती हूँ कि जनपद बांदा में संचालित रानी दुर्गावती मेडिकल कॉलेज में बंद पड़े विभागों में तत्काल आवश्यक कर्मियों की पूर्ति कराई जाए तथा उसको नियमित रूप से संचालित करवाया जाए। चिकित्सकों की तैनाती बढ़ाकर पीड़ित मानवता की रक्षा की जाए।

प्रो. वर्षा एकनाथ गायकवाड़ (मुम्बई उत्तर-मध्य) : सम्माननीय सभापति महोदया, शून्य काल के बैलेट में तीन दिन से मेरा नाम आ रहा है। मैं आपसे सबसे पहले यह विनती करना चाहती हूँ कि मुझे शून्य काल में बोलने के लिए थोड़ा अधिक समय दिया जाए।

महोदया, हमने वर्ष 2004 में धारावी के विकास का सपना देखा था। हमारा यह सपना था कि जो एशिया की सबसे बड़ी झुग्गी-झोपड़ी है, वहां के लोगों को एक सम्मानपूर्वक जीवन मिलना चाहिए, लेकिन सरकार बदली और वह सपना बदल गया। अपने दोस्त के लिए टेंडर मैनेजमेंट किया गया। सब कुछ किया गया व टेंडर उनको देने के लिए सारी चीजों को तोड़ा व मरोड़ा गया है।

दोस्त को वह टेंडर दिया गया।

महोदया, मैं आज आपके माध्यम से यह कहना चाहती हूँ कि धारावी एक वाइटल और इन-सीटू प्रोजेक्ट है। इसका मतलब यह है कि वहां पर जितने भी लोग रहते हैं, उनके लिए उसी जगह पर विकास करना चाहिए। माननीय उच्च न्यायालय ने कहा है कि धारावी में वर्ष 2011 से पहले बसे लोगों को पुनर्विकास का पात्र माना जाएगा। वर्ष 2011 से पहले बसे लोगों को उसी जगह पर घर मिलना चाहिए।

महोदया, मैं आज यहां पर यह मुद्दा इसलिए उठा रही हूँ कि हमारे यहां पर बहुत डर और असुरक्षा का वातावरण तैयार हो गया है। इसका एक कारण है। मैं हाल ही की बात कर रही हूँ। धारावी के कुछ हिस्सों के लिए एनेक्सर-टू रिपोर्ट जारी की गई है। उसमें एक बहुत चौंकाने वाले सच्चाई सामने आई है कि वहां पर कवले चॉल है, वहां के एक हजार लोगों में से सिर्फ 31 लोग पात्र हुए हैं। इसका मतलब यह है कि सिर्फ 3.1 प्रतिशत लोग ही पात्र हुए हैं। मेघवाड़ी के 505 लोगों में से सिर्फ 55 लोग ही पात्र हुए हैं। नाईक नगर के 2,229 लोगों में से सिर्फ 21 लोग ही पात्र हुए हैं। अन्ना नगर में भी यही स्थिति है।

महोदया, मुझे बोलने दीजिए। हमारे यहां के लगभग 96 प्रतिशत लोग अपात्र हैं। इसमें एक खतरनाक प्रक्रिया यह है कि वहां के जितने भी गुंडे और दलाल हैं, वे लोगों को पात्र बनाने के लिए उनसे पैसा ले रहे हैं। मैं वहां के लोगों की सबसे बड़ी टेंशन के बारे में बताना चाहती हूँ। वहां के लोगों को इसलिए डर लग रहा है, क्योंकि केन्द्र सरकार की रेल विभाग व सॉल्ट पैन की लगभग 300 एकड़ जमीन दी गई है। इसके साथ ही राज्य सरकार ने देवनार व मुलुंड के डंपिंग ग्राउंड्स तथा कुली मंदर डेयरी को मिलाकर लगभग 1,200 से 1,500 एकड़ जमीन दी गई है। ... (व्यवधान) हमें धारावी में घर मिलने वाला है या फिर किसी डंपिंग ग्राउंड में भेजा जाएगा? ... (व्यवधान) मुझे कन्क्लूड तो करने दीजिए। ... (व्यवधान)

SHRIMATI PRATIMA MONDAL (JAYNAGAR): Hon. Chairperson, Madam, I would like to draw the attention of this august House to the fact that among the

seven Assembly constituencies, Kultali is one of the most climate-vulnerable constituencies in West Bengal, falling under my parliamentary constituency, Jaynagar. Even after 79 years of Independence, the people of Kultali have been deprived of railway services. This is the third time I am raising this issue.

I would like to request the hon. Railway Minister to take necessary steps for starting a new railway line from Jaynagar to Maipith via Jamtala at the earliest. Thank you.

***SHRIMATI MALVIKA DEVI (KALAHANDI):** Thank you, Chairperson Ma'am, for giving me the opportunity to speak. I want to ask about an important matter today. Nuapada comes under Kalahandi loksabha constituency. The Sunabeda Tiger Reserve is located there. We have received in principle approval for upgradation in this regard. Tiger reserve has been permitted in Sunabeda by National Tiger Conservation Authority. And we need actual upgradation and notification for this Tiger reserve. It spreads in an area around 600 square kilo meters. It is situated between Odisha and Chhatishgarh. If we get a Tiger reserve here then migrant labour issue would be resolved, It would boost tourism sector as well as the economy of the state. Hence I request the concerned Minister through you Ma'am, to declare this as a Tiger reserve as soon as possible. Thank you.

DR. KADIYAM KAVYA (WARANGAL): Thank you, Chairperson Madam. I hail the women power for giving all the women MPs first priority to speak their word during the 'Zero Hour'.

* English translation of the speech originally delivered in Odia

Paraquat Dichloride is an internationally recognised and most acutely toxic herbicide used in agriculture. Even a minimum exposure of that either through ingestion, inhalation or skin contact can cause hazardous effects on human body including lung, kidney and liver failure, and finally death.

The sad thing here is that there is no antidote for this dangerous poison which is frequently used by the poor farmers. It is also causing harm to the land, water and soil. Nearly 70 countries, including China, UK and others, have banned this drug.

I would request the hon. Agriculture Minister, and Chemical and Fertilizers Minister to please ban this dangerous drug because there is no coming back, and whoever is consuming this is finally dying due to it. As the States have no power to permanently ban this drug, I would request the Central Government to make a policy and ban Paraquat Dichloride. Thank you so much.

श्रीमती कमलजीत सहरावत (पश्चिम दिल्ली) : सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान एक अत्यंत गंभीर विषय की तरफ आकर्षित करना चाहती हूं, जो है – देश में बढ़ती खाद्य मिलावट।

महोदया, आज स्थिति यह है कि जो भोजन हमें पोषण देने के लिए मिलना चाहिए, वही हमारे लिए जहर का काम कर रहा है। दूध में केमिकल, मसालों में नकली रंग, तेल में मिलावट और मिठाइयों में जहरीले तत्व, यह केवल मिलावट नहीं, बल्कि जन-स्वास्थ्य के साथ खिलवाड़ है।

माननीय महोदया, इसका सबसे ज्यादा असर हमारे बच्चों, बुजुर्गों और बीमार नागरिकों पर पड़ रहा है। मिलावटी भोजन से कैंसर, लिवर और किडनी की बीमारियां तेजी से बढ़ रही हैं। हालांकि, फूड सेफ्टी एंड स्टैंडर्ड्स अथॉरिटी ऑफ इंडिया जैसे संस्थान मौजूद हैं, लेकिन जमीनी

स्तर पर न तो पर्याप्त जांच हो रही है और न ही सख्त कार्रवाई। मेरी सरकार से मांग है कि राष्ट्र व्यापी मिलावट विरोधी अभियान चालाए जाएं, निरीक्षण और छापे बढ़ाए जाएं, हर जिले में प्रशिक्षण लैब स्थापित हो, दोषियों पर सख्त दंड और लाइसेंस रद्द करने की प्रक्रिया हो और आम जनता को जागरूक किया जाए।

महोदया, शुद्ध भोजन कोई सुविधा नहीं है, बल्कि हर नागरिक का अधिकार है। अतः अब समय आ गया है कि हम मिलावट करने वालों के खिलाफ जीरो टॉलरेंस की नीति अपनाएं और देश के हर नागरिक हेतु सुरक्षित और शुद्ध भोजन सुनिश्चित करें। आपका बहुत-बहुत धन्यवाद।

श्रीमती हेमामालिनी (मथुरा) : सभापति महोदया, आपका बहुत-बहुत धन्यवाद।

मथुरा को इंटरनेशनल टूरिस्ट प्लेस के रूप में डेवलप करने के लिए मेरी एक पैकेज की मांग है। जब से मैं मथुरा की सांसद बनी हूं, मेरी कॉन्स्टिट्यूंसी में अनप्रेसिडेंटेड डेवलपमेंट हो रहा है, जो मैंने ब्रज तीर्थ विकास परिषद के साथ मिलकर किया है। इसके लिए मैं अपनी कॉन्स्टिट्यूंसी की जनता की ओर से हमारे प्रधानमंत्री नरेन्द्र मोदी जी और योगी सरकार का बहुत-बहुत आभार व्यक्त करती हूं।

आज मथुरा की पहचान देश के प्रमुख इंटरनेशनल टूरिस्ट प्लेस के रूप में हो रही है। आजकल वृंदावन में टूरिस्ट इनफ्लो बहुत ज्यादा हो चुका है। अब जेवर में एयरपोर्ट बनने की वजह से और भी भीड़ बढ़ने वाली है। मथुरा में कल्चरल और रिलीजियस टूरिज्म की अनलिमिटेड पॉसिबिलिटीज़ हैं। मैं वहां वर्ल्ड क्लास टूरिस्ट फैसिलिटीज़ इश्योर करने के लिए रिलीजियस प्लेसेज़ को कनेक्ट करने, रेल और रोड कनेक्टिविटी को इंप्रूव करने, स्टैंडर्ड एमिनिटीज़ की व्यवस्था करने, यमुना रिवर फ्रंट को डेवलप करने और ब्रज 84 कोस परिक्रमा मार्ग को डेवलप तथा ब्यूटिफाई करने के लिए स्पेशल पैकेज की मांग कर रही हूं। यह बहुत आवश्यक है।

मैं आपके माध्यम से सरकार से और ऑनरेबल फाइनेंस मिनिस्टर श्रीमती निर्मला सीतारमण जी से मथुरा को इंटरनेशनल टूरिस्ट प्लेस के रूप में डेवलप करने के लिए स्पेशल पैकेज की मांग करती हूं। इसे वर्ष 2026-27 की बजट घोषणा में ही शामिल किया जाए। धन्यवाद।

श्रीमती रुचि वीरा (मुरादाबाद) : सभापति महोदया, आपका धन्यवाद।

सभापति महोदया, मैं आपका ध्यान जनपद मुरादाबाद की तहसील ठाकुरद्वारा में ग्राम मुस्तफापुर से गुरु जम्बेश्वर राय विश्वविद्यालय तक रामगंगा नदी के तटवर्ती क्षेत्र की ओर आकर्षित करना चाहती हूँ।

सभापति महोदया, उक्त क्षेत्र में रामगंगा नदी पर तटबंध न होने के कारण प्रत्येक वर्ष वर्षा ऋतु के दौरान नदी में जल स्तर बढ़ जाने से आसपास के अनेक गांवों में बाढ़ की स्थिति बहुत गंभीर हो जाती है और जान-माल का भारी नुकसान होता है। किसानों की हजारों एकड़ फसल बर्बाद हो जाती है।

सभापति महोदया, मैं आपको यह भी बताना चाहती हूँ कि जनपद मुरादाबाद की तहसील ठाकुरद्वारा के अंतर्गत डिलारी ब्लॉक के ग्राम गक्खरपुर में रामगंगा नदी पर प्राचीन गंगा स्नान मेला लगता है। इस स्थान पर एक स्थायी पुल के निर्माण की आवश्यकता है। वर्तमान में इस स्थान पर पुल न होने के कारण ठाकुरद्वारा और कांठ क्षेत्र के मध्य सीधा संपर्क स्थापित नहीं हो पाता है। इससे आम जनता, किसान, व्यापारी, विद्यार्थी और रोगियों को आवागमन में अत्यधिक कठिनाइयों का सामना करना पड़ता है। गंगा स्नान मेले के समय स्थिति अत्यंत गंभीर हो जाती है।

अतः मैं आपके माध्यम से अनुरोध करना चाहती हूँ और यह मांग करती हूँ कि जनहित में उक्त विषयों पर विचार करते हुए कार्रवाई कराने का कष्ट करें। धन्यवाद।

SHRIMATI JUNE MALIAH (MEDINIPUR): Madam, there is an urgent need to oversee unsafe and unregulated adventure sports and amusement activities in India. There is no uniform licensing, equipment checks, guide training, or mandatory incident reporting across States. In Goa, a tourist and an instructor died in a paragliding crash in January 2025, with reports of an operator functioning illegally. In Uttarakhand, rafting mishaps and drownings around Rishikesh continue to be reported, including one in April 2025. Safety failures

are also visible at local fairs.

On 7 February 2026, an electric swing at the Surajkund International Crafts Mela in Haryana collapsed, killing a police inspector and injuring several others. Similar risks exist in ziplines, bungee platforms, scuba boats and ATV trails, where permissions are *ad hoc* and inspections are sporadic.

The Ministry of Tourism's Indian Adventure Tourism Guidelines, 2018 list minimum standards, but they are not a statutory enforcement mechanism. Madam, through you, I urge the Union Government to create a single statutory National Authority for Adventure Sports and Amusement Ride Safety to set baseline standards, maintain a national operator registry, mandate third-party safety audits and insurance, and run a compulsory incident-reporting database with annual public reporting. This will hopefully ensure minimum safety protection across States.

श्रीमती शोभनाबेन महेन्द्रसिंह बारैया (साबरकांठा) : सभापति महोदया, आपका धन्यवाद।

सभापति महोदया, मैं आपकी बहुत-बहुत आभारी हूँ कि एक महत्वपूर्ण विषय उठाने हेतु आपने मुझे मौका दिया। मैं आपकी आभारी इसलिए भी हूँ, क्योंकि आप जब-जब पीठासीन होती हैं, तब-तब आपने मुझे मौका दिया है।

सभापति महोदया, जब आप पीठासीन होती हैं, तो हमें एक महिला के रूप में आपको देखते हुए बहुत आनंद भी होता है और गर्व भी होता है। आज मुझे इस सर्वोच्च सदन में बोलने का मौका मिला है, वह महिला सशक्तिकरण के कारण ही मिला है।

माननीय सभापति महोदया, हमारे लोकप्रिय नेता यशस्वी आदरणीय प्रधानमंत्री श्री नरेन्द्र मोदी जी के दूरदर्शी नेतृत्व ने और उनके संकल्प ने भारत के गांव-गांव तक डिजिटल क्रांति को पहुंचाकर एक नया इतिहास रच दिया है।

सभापति महोदया, प्रधानमंत्री जी के 'सबका साथ, सबका विकास, सबका विश्वास और सबका प्रयास' मंत्र ने ग्राम पंचायतों को ने केवल प्रशासनिक रूप से सशक्त किया है, बल्कि तकनीकी रूप से भी सशक्त किया है।

प्रधानमंत्री जी का उद्देश्य स्पष्ट है कि देश के अंतिम व्यक्ति तक सरकारी सेवाओं की आसान पहुँच और स्थानीय आत्मनिर्भरता को सुनिश्चित करना। आज यह केवल विचार नहीं, बल्कि जमीनी सच्चाई बन चुका है।

सभापति महोदया, मैं आपके माध्यम से माननीय पंचायती राज मंत्री से जानना चाहती हूँ कि हमारे गुजरात में वीसीईज से बिल भुगतान, प्रमाणपत्र, पेंशन और अन्य डिजिटल सेवाएं पहुंच रही हैं। ई-ग्राम केंद्रों पर अब सौ प्रतिशत सेवाएं शहर जैसी सुविधा के साथ उपलब्ध हैं। राष्ट्रीय ग्राम स्वराज अभियान के अंतर्गत पंचायत प्रतिनिधियों को प्रशिक्षण, पंचायत भवनों का आधुनिकीकरण, महिला नेतृत्व और पारदर्शी शासन को बढ़ावा मिला है।

15वें वित्त आयोग के तहत मिली धनराशि से जल आपूर्ति, स्वच्छता, सड़क और जल संरक्षण जैसे कार्य पंचायतें स्वयं कर रही हैं। ई-ग्राम पोर्टल से इन कार्यों की पारदर्शी मॉनिटरिंग हो रही है। वीसीई मॉडल ग्रामीण युवाओं के लिए स्वरोजगार का साधन बनकर उन्हें आत्मनिर्भर बना रहा है। इसके साथ ही ऑप्टिकल फाइबर नेटवर्क के माध्यम से गांवों को हाई-स्पीड कनेक्टिविटी से जोड़ा जा रहा है।

मैं माननीय मंत्री जी से जानना चाहती हूँ कि डिजिटलीकरण करके गांवों को और सशक्त करने के लिए कम्प्यूटर की अन्य क्या सुविधाएं बढ़ाई गई हैं और गुजरात का जिलेवार ब्यौरा क्या है?

माननीय सभापति : अगर कोई और माननीय महिला सदस्य बोलना चाहती हैं, तो वह नाम दे दें।

माननीय सदस्य - श्री हरेन्द्र सिंह मलिक जी।

श्री हरेन्द्र सिंह मलिक (मुजफ्फरनगर) : माननीय सभापति जी, धन्यवाद। मैं आपके माध्यम से सदन और सरकार का ध्यान एक अविलंबनीय लोक महत्व के मुद्दे की तरफ आकर्षित करना

चाहता हूं मेरा लोक सभा क्षेत्र गन्ना बाहुल्य क्षेत्र होने के कारण वहां शुगर मिल, स्टील मिल, पेपर मिल, कैमिकल तथा एथेनॉल के कई मिल स्थापित हैं।

यहां बड़ी संख्या में कार्यरत कर्मचारियों और मजदूरों के लिए कोई भी ईएसआईसी अस्पताल मौजूद नहीं है। इसके साथ ही इस क्षेत्र में विभिन्न केन्द्रीय विभागों, जैसे - इनकम टैक्स आदि के कार्यालय हैं। हमारा जिला उत्तर प्रदेश में तीसरे नंबर का जिला है, जो सबसे ज्यादा रेवेन्यु देता है। हमारे यहां के लोग भारतीय सेना, अर्द्ध सैनिक बलों और दिल्ली पुलिस में भी कार्यरत हैं, लेकिन केन्द्र सरकार की उपेक्षा के कारण मुजफ्फरनगर में अभी भी कोई सीजीएचएस अस्पताल नहीं है।

महोदया, मैंने इस बारे में पहले भी कई बार आवाज उठाई है। इस क्षेत्र में बड़ी संख्या में बीमारियां जैसे हृदय रोग, पक्ष घात, हेपेटाइटिस आदि का खतरा भयानक तौर पर बढ़ रहा है। उचित चिकित्सा व्यवस्था वाले अस्पताल न होने की वजह से लोगों को मजबूरन दिल्ली या अन्य शहरों की ओर रुख करना पड़ता है। कैंसर महामारी का रूप ले रहा है। इससे उन्हें भारी पीड़ा और खर्च उठाना पड़ता है।

मैं आपके माध्यम से सदन और सरकार से अनुरोध करता हूं कि मेरे संसदीय क्षेत्र मुजफ्फरनगर में एक सीजीएचएस और ईएसआईसी अस्पताल बनाने के साथ-साथ कैंसर का बड़ा सेंटर स्थापित कर उसे एम्स से जोड़ने की कृपा करें।

***SHRIMATI PRATIBHA SURESH DHANORKAR (CHANDRAPUR):** Today, I stand here representing a district that, while illuminating the state and the nation, itself struggles amidst darkness and pollution. The power station in Chandrapur has emerged as an engine of energy; yet today, this very facility has become a death trap for the common citizens. Many of the power generation units here have aged and have reached the end of their operational

* English translation of the speech originally delivered in Marathi.

lifespan; consequently, air and water pollution has surged to levels far exceeding permissible limits. Citizens are suffering from respiratory ailments, and the health of young children is gravely at risk. Local agricultural land has been rendered barren due to fly ash deposits, making it impossible to derive any yield from it. I urge you to constitute an urgent, high-level committee to conduct an environmental inquiry into this project. Those power generation units that are no longer compliant with regulations must be decommissioned and replaced with modern, state-of-the-art units.

Chandrapur has provided electricity to the nation; it is now my expectation that the Central Government, in return, provides Chandrapur with clean air.

Thank you.

श्री अनुराग सिंह ठाकुर (हमीरपुर) : सभापति महोदया, धन्यवाद। जब आपने कहा कि पहले महिला सांसदों को बोलने का अवसर देंगी, हम सबने बहुत स्वागत किया क्योंकि आपने सभी महिला सांसदों को बोलने का अवसर दिया। मैं देख रहा था, मेरे विपक्ष के सांसद कुछ कह रहे थे कि आप पुरुष सांसदों को बोलने का 33 प्रतिशत आरक्षण दे दीजिए। कभी-कभी इनको मौका मिल रहा है, बहनों को बोलने दीजिए। मैं आपको बहुत-बहुत साधुवाद और बधाई देता हूँ कि आपने ऐसा मौका दिया है। ...(व्यवधान) चन्द्रशेखर जी मैं आपके और वारिंग जी के दर्द को समझ पा रहा हूँ। आपका नंबर भी आएगा।

माननीय महोदया, मैं एक बहुत महत्वपूर्ण विषय पर सदन का ध्यान आकर्षित करना चाहता हूँ। मैं देवभूमि हिमाचल प्रदेश से आता हूँ वहाँ 72 लाख की आबादी है, लेकिन सवा दो करोड़ से ज्यादा टूरिस्ट्स हिमाचल प्रदेश की खूबसूरत वादियाँ हों या फिर हमारे देवीय स्थल हों या फिर वहाँ के एडवेंचर्स स्पोर्ट्स हैं, उनके लिए आते हैं। उत्तराखंड, हिमाचल प्रदेश हम सब इस दिशा में

हैं। मनाली और विंडब्लूइंग पैराग्लाइडिंग के इच्छुक लोगों को बहुत आकर्षित करता है, लेकिन पिछले कुछ दिनों में देखा गया, पिछले पांच वर्षों में लगभग 30 से ज्यादा लोगों की मृत्यु हुई है, जिसमें से लगभग 9 विदेशी थे। इसके पीछे जो कारण हैं, वे वीक रेगुलेशन और अनएजुकेट ओवरसाइट हैं।

यह गंभीर विषय है, इसलिए मैं उठा रहा हूँ। एयरोस्पोर्ट्स और विशेषकर पैराग्लाइडिंग में यह स्थिति कैसे पैदा हुई? खराब उपकरण हो, अनट्रेंड पायलट हों, अनप्रिडिक्टेबल मौसम हो और सेफ्टी प्रोटोकॉल्स की अनुपस्थिति हो, ये इसके कारण हो सकते हैं। इसके कारण हिमाचल प्रदेश की कांग्रेस सरकार ने हिमाचल प्रदेश में जो पैरा ग्लाइडिंग वर्ल्डकप होना था, उसको कराने से मना कर दिया, इसके कारण हमारे वहां के लोगों का रोजगार चला गया। टूरिज्म और रोजगार से रेवेन्यू पर फर्क पड़ा। आर्थिक नुकसान हुआ है और एक बड़ा टुर्नामेंट कराने से हम वंचित रह गए।

मैं यहां पर जो मांग करना चाहता हूँ, उसको रखता हूँ। एनएसजी, 2023 की गाइडलाइन्स को तत्कालीन रूप से कानूनी बल देना चाहिए। नेशनल एयरोस्पोर्ट्स गाइडलाइन्स को अनिवार्य बनाना चाहिए और इसके नियमों में बदलाव करना चाहिए। इवेंट ऑर्गेनाइजर्स, ऑपरेटर्स, पायलट्स और ग्राउंड क्रू की स्पष्ट जिम्मेदारी तय करनी चाहिए और यदि उसका अनुपालन न करें, तो उन दंड देना चाहिए, ताकि किसी की जान न जाए। दूसरा, मैनेजटरी पायलट सर्टिफिकेशन हो, उसकी नेशनल रजिस्ट्री बने, ताकि आप चाहे देश के किसी भी कोने से आएँ, आपको पता हो कि कौन पायलट सही है और कौन रजिस्टर्ड है।

कोई भी कंपेटिबल ट्रैकिंग एंड इमरजेंसी ब्रेकिंग फॉर एयरपोर्ट सिस्टम, गगन इसलिए जरूरी है, क्योंकि यह हमारे देश का बना GPS Aided GEO Augmented Navigation सिस्टम है। यह मिड एयर कोलीजन से रोकेगा, नेवीगेशन सक्षम करेगा। ...(व्यवधान) मैडम, 10 सेकेंड में खत्म कर रहा हूँ। निरंतर निगरानी के माध्यम से...(व्यवधान) यह आप सबकी और देशवासियों की जान बचाने के लिए है। मैडम, इसके लिए नेशनल पैराग्लाइडिंग स्कूल खोलना चाहिए और नेशनल एयरपोर्ट सेफ्टी एंड ट्रैकिंग सेल बनाना चाहिए, रीयल टाइम वेदर, 'नोटम' और डिफेंस कोड

सिस्टम को लागू करना चाहिए। सिविल एविएशन मंत्रालय को इसके लिए गंभीर होना चाहिए, ताकि किसी की जान न जाए और ज्यादा से ज्यादा लोग पैराग्लाइडिंग का फायदा उत्तराखंड और हिमाचल प्रदेश में ले सकें। धन्यवाद।

SHRI RAJABHAU PARAG PRAKASH WAJE (NASHIK): Thank you, hon. Chairperson, Madam. I wish to draw the attention the Government to a serious national security concern regarding the AI-enabled CCTV and traffic surveillance being installed in Nashik city ahead of the Kumbh Mela, 2027. The proposed system includes facial recognition, automatic number plate recognition, AI-based analytics, and centralised command and control integration. While these technologies are useful for policing and traffic management, they also create a highly sensitive surveillance infrastructure. If such systems are compromised through cyber inclusion and unauthorised access, they could expose real-time information about crowd movement, security deployment, VVIP roads. This concern becomes critical as millions of pilgrims, saints and international visitors will gather during the Kumbh Mela, along with the presence of VVIPs and foreign dignitaries. Any breach or manipulation of surveillance feeds could pose serious threats to public safety and national security.

Therefore, I urge the Government to immediately mandate a national-level cyber security audit of the entire surveillance network in Nashik by agencies, such as NCIIPC. Conduct independent penetration testing; ensure that all data servers are securely located within India; prohibit vulnerable foreign components in critical systems, and stabilise a dedicated cyber

monitoring mechanism under the Ministry of Home Affairs for the Mela. Proactive intervention today will ensure that the surveillance system strengthened security, rather than becoming a vulnerability during such a nationally significant event. Thank you, Madam.

माननीय सभापति: श्री बिद्युत बरन महतो जी – उपस्थित नहीं।

श्री हरीश चंद्र मीना जी।

श्री हरीश चंद्र मीना (टोंक-सवाई माधोपुर) : महोदया, आपने मुझे लोक सभा क्षेत्र टोंक-सवाई माधोपुर के एक महत्वपूर्ण विषय को उठाने का मौका दिया, इसके लिए मैं आपको धन्यवाद देता हूँ। पिछले दस साल से मेरे निर्वाचन क्षेत्र में बढ़ती हुई बेरोजगारी के कारण बढ़ते हुए अपराध और नशे की प्रवृत्ति का बहुत ज्यादा प्रचलन है। मैं सरकार से मांग करता हूँ कि केन्द्र सरकार के जो केन्द्रीय शिक्षण संस्थान हैं, जैसे केन्द्रीय विद्यालय, जवाहर नवोदय विद्यालय, सैनिक स्कूल्स, एकलव्य विद्यालय, केन्द्रीय आईटीआई इत्यादि अल्पसंख्यकों के लिए ये शिक्षण संस्थान खुलें, ताकि हमारे युवक और युवतियां पढ़-लिख कर शिक्षा क्षेत्र में जाएं तथा आगे अपना भविष्य बनाएं, अन्यथा नशे के कारण, साइबर क्राइम के कारण पूरा क्षेत्र तबाह हो रहा है। मैं केन्द्र सरकार से मांग करता हूँ कि इस पिछड़े हुए क्षेत्र को शिक्षा की सौगात दें। धन्यवाद।

श्री अजय भट्ट (नैनीताल-ऊधमसिंह नगर) : महोदया, मैं आपका आभारी हूँ कि आपने मुझे शून्य काल के दौरान अविलंबनीय लोक महत्व के मामले को यहां उठाने की अनुमति दी।

मैं पूरे सदन का ध्यान बहुत ही गंभीर और संवदेशील मुद्दे की ओर आकर्षित करना चाहता हूँ, जो राज्य की जनसंख्या के संतुलन और ग्रामीण विकास के लिए एक बड़ी चुनौती बन गया है। वर्ष 2011 के सेंसस के आधार पर उत्तराखंड में 1048 गैर आबाद गांव (Non-Inhabited Villages) सूचीबद्ध हैं। लेकिन उत्तराखण्ड ग्रामीण विकास एवं प्रवासन आयोग की रिपोर्ट, जो वर्ष 2025 में आई है, उसके आधार पर 1700 गांव बिल्कुल खाली हो गए हैं, जिनको भूतिया गांव बोला जा रहा है। ये घोस्ट विलेजेज बन गए हैं, जहां पर कोई बसावट नहीं है, खेत-खलिहान उजड़

चुके हैं, घर सुनसान पड़े हैं, जमीन बंजर हो गई है। जहां लोगों की किलकारी गूंजती थी, शादी-ब्याह एवं शुभ कार्यों के शगुन गीत गाए जाते थे, दुःख दर्द में सब सहभागिता करके एक-दूसरे का हाथ बंटाते थे, त्यौहारों पर संस्कृति के फूल बिखेरते थे, झोड़े, चाचरी, लोक संस्कृति के गीत गाए जाते थे, आज वहां बाघ, तेंदुआ, भालू, बिच्छु, सांप भ्रमण कर रहे हैं। वहां जंगली जानवरों की आवाजाही बनी हुई है।

इन भूतिया गांव की किसी तरह से परवरिश करने के लिए, मैं निवेदन करता हूं कि वाइब्रेंट विलेज की माननीय प्रधान मंत्री जी ने घोषणा की थी और उनका बहुत अच्छा रिजल्ट आ रहा है। हमारी सीमाएं बहुत मजबूत हो गई हैं, पलायन रुक गया है। लेकिन मध्य हिमालय के बीच गांवों का खाली होना हम सब के लिए, देश के लिए एक कड़ी चुनौती है। इसलिए मैं मांग करता हूं कि इसके बारे में भी जिस तरह से वाइब्रेंट विलेजेज बनाए गए हैं, उसी तरह की योजना बनाई जाए, ताकि जो पलायन हो गया है, वहां पर लोगों की फिर से किलकारियां गूंजे, लोग अपने-अपने गांव में लौटें और हम सुरक्षित रह सकें। बहुत-बहुत धन्यवाद।

***SHRI AMRINDER SINGH RAJA WARRING (LUDHIANA):** Thanks Hon'ble Chairperson for permitting me to speak. Any person committing a crime in the country gets punishment in terms of provisions of the Constitution and such mandatory punishment is a good thing. But as per the same Constitution, a person completing the sentence should be released as per the law of the land but hundreds of people of Punjab having completed the sentence are not being released. Majority of them are Sikhs alongwith others, too, who are called 'Bandi Sikhs'. Release of such persons is being deliberately stayed even after they have completed the sentence. Some of such friends are sitting on a Dharna at Mohali for the past one and a half year. So, I demand that such

* English translation of the speech originally delivered in Punjabi

persons, Bandi Sikhs or otherwise, should be released as soon as possible. Similarly, I have to submit that two MPs, particularly Harsimrat Kaur Badal and Ravneet Singh Bittu repeatedly meet the country's Home Minister and get such release stopped. I demand the immediate release of the concerned persons who have completed their sentence.

श्री बिद्युत बरन महतो (जमशेदपुर) : सभापति महोदया, मेरे लोक सभा क्षेत्र जमशेदपुर में एम्स या आयुर्वेदिक एम्स की स्थापना हेतु मेरा विवरण है। झारखंड के सीमावर्ती क्षेत्र, विशेषकर मेरे संसदीय क्षेत्र जमशेदपुर झारखण्ड में व्याप्त गंभीर स्वास्थ्य समस्याएं हैं। मेरा संसदीय क्षेत्र झारखंड, ओडिशा एवं पश्चिम बंगाल की सीमाओं के समीप स्थित है, जहाँ के नागरिकों को गुणवत्तापूर्ण स्वास्थ्य सेवाओं की अत्यधिक कमी का सामना करना पड़ रहा है। इन क्षेत्रों में बहुसंख्यक आदिवासी एवं अनुसूचित जनजाति के लोग निवास करते हैं, जिनकी सामाजिक-आर्थिक स्थिति अत्यंत कमजोर है। वर्तमान में हमारे राज्य में देवघर में स्थित एम्स अस्पताल ही एक प्रमुख उच्च स्तरीय चिकित्सा संस्थान है, जो जमशेदपुर से लगभग 350 किलोमीटर दूर स्थित है। इतनी लंबी दूरी तय करना यहाँ के गरीब एवं वंचित लोगों के लिए अत्यंत कठिन एवं महंगा सिद्ध हो रहा है। परिणामस्वरूप, समय पर उपचार न मिल पाने के कारण अनेक लोगों को गंभीर स्वास्थ्य जोखिमों का सामना करना पड़ता है।

अतः मेरा आपसे विनम्र निवेदन है कि जमशेदपुर क्षेत्र में, विशेषकर घाटशिला एवं बहरागोड़ा के मध्य एक एम्स अथवा आयुर्वेदिक एम्स अस्पताल की स्थापना हेतु आवश्यक कदम उठाए जाएँ। इस अस्पताल की स्थापना से न केवल झारखंड, बल्कि ओडिशा एवं पश्चिम बंगाल के सीमावर्ती क्षेत्र के लाखों लोगों को भी प्रत्यक्ष लाभ प्राप्त होगा। यह पहल आदिवासी एवं पिछड़े वर्गों के लिए जीवनदायिनी सिद्ध होगी तथा क्षेत्र के समग्र स्वास्थ्य ढाँचे को सुदृढ़ करेगी। साथ ही, इस क्षेत्र की भौगोलिक स्थिति एवं जनस्वास्थ्य आवश्यकताओं को ध्यान में रखते हुए यहाँ एक पूर्ण विकसित एम्स अथवा आयुर्वेदिक एम्स संस्थान की स्थापना अत्यंत आवश्यक है। धन्यवाद।

श्री भर्तृहरि महताब (कटक) : महोदया, आपका बहुत-बहुत धन्यवाद कि आज आपने एक नया कीर्तिमान स्थापित किया कि सारी महिलाओं को जीरो आवर में बुलाया। हमारी महामहिम राष्ट्रपति जी एक महिला हैं, आदिवासी हैं, ओडिशा से हैं। उनका वेस्ट बंगाल में एक दौरा हुआ था, जहां की मुख्यमंत्री भी एक महिला ही हैं।

I rise to express deep concern over the serious breach of protocol during the recent visit of President Droupadi Murmu to West Bengal on March 7th, इसी महीने में। The absence of the Chief Minister, Chief Secretary, and DGP at her arrival coupled with the sudden change of venue for the International Santal Conference, reflects not just administrative negligence but a disregard for the dignity of the Highest Office of our Republic. This is not a lapse but a Constitutional impropriety.

The President of India reflects the spirit of our Constitution and any disrespect shown to her undermines the sanctity of our democratic framework. If such breaches are excused today, tomorrow, other States may follow suit, undermining the supremacy of the Constitution.

I, therefore, urge the Union Government to seek accountability and demand an apology from the West Bengal Government, ensuring correct action against the grave violation.

***SHRI GURJEET SINGH AUJLA (AMRITSAR):** Thanks, Hon'ble Chairperson Madam. I would like to draw your attention towards an important problem. Shortage of LPG is being faced in the entire country today and the government is assuring that adequate stock is available. I would like to submit

* English translation of the speech originally delivered in Punjabi.

that on the ground level, some gas agencies and distributors are resorting to black marketing. Gas cylinder is made available on booking and the people come to know that even without a booking by them, the cylinder has been shown as delivered. I have to submit that the government boasts of Digital India. There should be a provision of delivery authentication code as prevalent on Uber platform where the vehicle starts only after providing the relevant code. Nowadays, the black marketing of the cylinders is on full swing, specially at Amritsar. Amritsar is a tourist centre and being a commercial hub, there is a big demand of commercial LPG cylinders. Black-marketing is rampant and no one answers the calls regarding the availability of the cylinders. So, I demand that the Government should introduce GPS Tag drop system or some delivery authentication code so that the people can know about the arrival of the delivery boys. Several complaints are coming and in absence of such information, the people particular at Amritsar are facing hardship. I urge upon Puri Sahib that this is not a very big mechanism and can't we have it. Even smallest of companies are having the delivery code system but the poor people are not able to get the gas cylinders. Cylinders are being sold in black market by certain agencies who are generating the code at their level and inform the customers that the delivery has been completed. This should be stopped immediately.

श्री त्रिवेन्द्र सिंह रावत (हरिद्वार) : सभापति महोदया, मैं आपके माध्यम से सदन का ध्यान देश की जल, पर्यावरण एवं आपदा प्रबंधन से जुड़े एक अत्यंत गंभीर एवं अविलंबनीय लोक महत्व के विषय की ओर आकर्षित करना चाहता हूँ।

हिमालय, जिसे एशिया का जल स्रोत कहा जाता है, आज जलवायु परिवर्तन के प्रभावों से तेजी से प्रभावित हो रहा है। विभिन्न वैज्ञानिक अध्ययनों के अनुसार, पिछले कुछ दशकों में हिमालयी ग्लेशियरों का क्षेत्रफल लगभग 15 प्रतिशत से 20 प्रतिशत तक घट चुका है और कई छोटे ग्लेशियर तेजी से विलुप्त होने की स्थिति में हैं। विशेष रूप से उत्तराखंड क्षेत्र में स्थिति अधिक चिंताजनक है, जहां 900 से अधिक ग्लेशियर झीलें चिन्हित की गई हैं। इनमें से लगभग 100 से अधिक झीलें संभावित रूप से खतरनाक, हाई रिस्क मानी जा रही हैं। बढ़ते तापमान के कारण इन झीलों का आकार निरंतर बढ़ रहा है, जिससे ग्लेशियर लेक आउटबर्स्ट फ्लड, ग्लोफ का खतरा तेजी से बढ़ रहा है।

माननीय सभापति महोदया, वर्ष 2021 में उत्तराखंड के चमोली में आई आपदा ने इस खतरे की गंभीरता को उजागर किया है। विशेषज्ञों के अनुसार, यदि वर्तमान प्रवृत्ति जारी रहती है, तो आने वाले समय में ग्लोफ की घटनाओं में दो से तीन गुना तक वृद्धि हो सकती है। इसका व्यापक प्रभाव गंगा, यमुना एवं अन्य हिमालयी नदियों के प्रवाह पर पड़ेगा। नदी तटीय क्षेत्रों में रहने वाले लाखों लोगों के जीवन एवं आजीविका पर संकट उत्पन्न होगा। हजारों हेक्टेयर कृषि भूमि प्रभावित होगी तथा सड़कों, पुलों, सुरंगों एवं जलविद्युत परियोजनाओं जैसी महत्वपूर्ण बुनियादी ढांचे को भारी नुकसान हो सकता है। इसके अतिरिक्त, ग्लेशियरों के तेजी से पिघलने से प्रारंभिक वर्षों में बाढ़ और दीर्घकाल में जल संकट की स्थिति उत्पन्न होने की आशंका है, जो देश की जल सुरक्षा के लिए एक गंभीर चुनौती है।

अतः मैं सरकार से आग्रह करता हूँ कि संवेदनशील ग्लेशियर झीलों की रीयल-टाइम सैटेलाइट एवं ग्राउंड-आधारित मॉनिटरिंग को सुदृढ़ किया जाए। उच्च जोखिम वाली झीलों के लिए अर्ली वार्निंग सिस्टम को प्राथमिकता के आधार पर लागू किया जाए। ग्लेशियरों के संकुचन पर दीर्घकालिक वैज्ञानिक अध्ययन एवं डेटा संग्रहण को मजबूत किया जाए। हिमालयी राज्यों के लिए एक समग्र जलवायु अनुकूलन एवं आपदा प्रबंधन नीति तैयार की जाए। स्थानीय समुदायों की भागीदारी सुनिश्चित करते हुए आपदा-निवारण एवं त्वरित प्रतिक्रिया तंत्र को सुदृढ़ किया जाए।

मैं सदन का ध्यान इस अत्यंत लोक महत्व के विषय की ओर आकर्षित करना चाहता हूं। आपने मुझे बोलने का मौका दिया है, इसके लिए मैं आपको बहुत-बहुत धन्यवाद देता हूं। धन्यवाद।

माननीय सभापति : श्री निलेश ज्ञानदेव लंके जी - उपस्थित नहीं।

माननीय सदस्य श्री पी. पी. चौधरी जी।

श्री पी. पी. चौधरी (पाली) : सभापति महोदया, मैं आपके माध्यम से अपने लोक सभा क्षेत्र से संबंधित एक अत्यंत महत्वपूर्ण विषय इस सदन के समक्ष उठाना चाहता हूं। सबसे पहले, मैं माननीय प्रधानमंत्री श्री नरेंद्र मोदी जी के दूरदर्शी नेतृत्व तथा माननीय सड़क परिवहन एवं राजमार्ग मंत्री श्री नितिन गडकरी जी के मार्गदर्शन में देश में राष्ट्रीय राजमार्गों के अभूतपूर्व विकास के लिए उनका आभार व्यक्त करता हूं। मेरे लोक सभा क्षेत्र में लगभग 20 हजार करोड़ रुपये के सड़क से संबंधित काम हुए हैं, चाहे वे हाइवे के काम हों या प्रधानमंत्री सड़क योजना के तहत काम हों। पाली लोक सभा क्षेत्र के अंतर्गत आने वाला एनएच-162ई, पाली-नाडोल-देसूरी-चारभुजा जंक्शन, आज अत्यंत दुर्घटना-प्रवण मार्ग बन चुका है। इस मार्ग पर लगातार हो रही सड़क दुर्घटनाओं में अब तक अनुमानित एक हजार से अधिक निर्दोष नागरिकों की मृत्यु हो चुकी है, जो अत्यंत चिंताजनक है।

यह मार्ग लगभग 83 किलोमीटर लंबा है, वर्तमान में यह सड़क ज्यामिति मानकों के अनुरूप नहीं है। इस सड़क का एक बड़ा हिस्सा घनी आबादी, बाजार क्षेत्र और तीखे मोड़ों से होकर गुजरता है, जहां ओवरटेकिंग और सुरक्षित ड्राइविंग कठिन हो जाती है।

मैं माननीय मंत्री जी का आभार व्यक्त करता हूं कि इस मार्ग के विकास हेतु डीपीआर और व्यवहार्यता रिपोर्ट को स्वीकृति प्रदान की गई है। डीपीआर में इस मार्ग को चार लेन एलिवेटेड संरचना, बाइपास और आधुनिक सड़क सुरक्षा सुविधाओं के साथ विकसित करने का प्रस्ताव है, जिसकी अनुमानित लागत लगभग 1800 से 2000 करोड़ रुपये है।

महोदया, यह मार्ग केवल पाली जिले के लिए ही नहीं, बल्कि रणकपुर, जवाई बांध एवं चारभुजा नाथ जी जैसे अंतर्राष्ट्रीय एवं धार्मिक पर्यटल स्थलों को जोड़ने वाला एक महत्वपूर्ण कारीडोर है। प्रतिदिन भारी वाहनों, श्रद्धालुओं एवं पर्यटकों की आवाजाही के कारण सड़क सुरक्षा

का विषय जीवन-मरण का प्रश्न बन गया है।

अतः मैं आपके माध्यम से माननीय मंत्री जी से विनम्र निवेदन करता हूँ कि एनएच 162 (ई) की डीपीआर को प्राथमिकता के आधार पर शीघ्र स्वीकृति प्रदान की जाए। इस परियोजना को मानव जीवन की सुरक्षा से जुड़ा विशेष मामला मानते हुए त्वरित क्रियान्वयन सुनिश्चित किया जाए। मुझे पूर्ण विश्वास है कि माननीय प्रधानमंत्री जी के नेतृत्व और माननीय गडकरी जी की कार्यशैली में यह परियोजना शीघ्र पूर्ण होगी। बहुत-बहुत धन्यवाद।

श्री अरविंद गणपत सावंत (मुम्बई दक्षिण) : सभापति महोदया, देश में बढ़ती हुई बेरोजगारी को ध्यान में रखकर आदरणीय प्रधानमंत्री जी ने एक बड़ी अच्छी योजना आत्मनिर्भर भारत के निर्माण हेतु बनायी थी। उसका नाम कौशल विकास योजना था। अब कौशल विकास योजना के तहत, स्किल इंडिया मिशन के तहत 14500 करोड़ रुपये का प्रावधान किया गया। इससे अपेक्षा थी कि 1 करोड़ 32 लाख युवाओं को प्रशिक्षण मिलेगा। इसका अंकेक्षण करने के लिए नेशनल स्किल डेवलपमेंट कारपोरेशन और राष्ट्रीय कौशल विकास महामंडल को जांच करने के लिए कहा गया। उसने अंकेक्षण असम, बिहार, झारखंड, केरल, महाराष्ट्र, ओडिशा, राजस्थान और उत्तर प्रदेश में किया। पन्द्रह हजार संस्थाओं को काम दिया गया। प्रति प्रशिक्षण लाभार्थी को 4 हजार 22 रुपये सरकार देती थी और प्रशिक्षणार्थी को 500 रुपये दिए जाते थे।

आदरणीय सभापति महोदया, इसमें बताया गया कि 1 करोड़ 10 लाख लोगों को प्रशिक्षण दिया। जब जांच की गई तो पता चला कि उसमें 94 प्रतिशत लोगों को ट्रेनिंग ही नहीं मिली है, केवल पैसे लिए गए। जब बैंकों के खातों की जांच की गई तो पता चला कि 111 लोगों का खाता 12345 मिला। एक ही बैंक में सैंकड़ों लोगों का खाता मिला, ऐसे 25 हजार लोग मिले। कुछ ऐसे भी मिले जैसे 95 लाख लोगों में 90 लाख लोगों की रजिस्ट्रेशन डाउटफुल है। 10 लाख 56 हजार लाभार्थी का डाटा गलत मिला, 5 हजार लोगों का ई-मेल गलत मिला, साढ़े सात हजार लोगों की कुछ जानकारी गलत मिली, यह सीएजी की रिपोर्ट है। नौ हजार करोड़ रुपये का भ्रष्टाचार हुआ है। प्रधानमंत्री जी का सपना चकनाचूर करने वाले लोगों के ऊपर कार्रवाई होनी चाहिए, यही

मेरी मांग है।

श्री राजेश रंजन (पूर्णिमा) : माननीय सभापति महोदया, देश में और खासकर बिहार में छात्रावास और कोचिंग में पढ़ने वाली गांव की स्कूली बच्चियों के साथ शारीरिक शोषण हो रहा है। पूर्णिमा में एससी बच्चों का सामूहिक बलात्कार करके जिंदा जला दिया गया। तीन-तीन जगह इस तरह की घटनाएं घटी, बलात्कार हुए और एसिड फेंके गए। नीट की तैयारी करने वाली बच्ची के साथ छात्रावास में जो हुआ, उसमें बड़े-बड़े लोगों की भूमिका है। कई डॉक्टर्स और हॉस्टल वाले पर अभी तक कोई कार्रवाई नहीं हुई है। उसके परिवार के लोग दर-दर की ठोकें खा रहे हैं। दरभंगा और अन्य जगहों पर बच्चियों का लगातार शोषण हो रहा है। बिहार में दलित और गरीब बच्ची जहां पढ़ने के लिए जाती है, जो छात्रावास है, वह सुरक्षित नहीं है, उसके लिए कानून बनाने की आवश्यकता है।

आप इसको गंभीरता से समझती हैं। वह कानून किशोरियां और बच्चियों की सुरक्षा, जो कोचिंग जाती हैं, जो पढ़ती हैं, उनके लिए बहुत ही महत्वपूर्ण है। सबसे बड़ी बात यह है कि जिस तरह से लगातार पटना में डबल, ट्रिपल मर्डर हो रहे हैं, दानापुर में कील ठोंककर व्यक्ति को मार दिया गया। मुजफ्फरपुर में जगतप्रीत राय को राजा सिंह इंस्पेक्टर ने सीने में गोली मारकर खत्म कर दिया। उस इंस्पेक्टर पर अभी तक किसी भी तरह की कार्रवाई नहीं हुई है। एफआईआर होने की जरूरत थी और उसे गिरफ्तार करने की जरूरत थी।

मैडम, मैं केवल 30 सेकेंड और लूंगा। मेरा कहना केवल यह है कि पटना में लगातार आधा दर्जन हत्याएं हो रही हैं, व्यवसायियों की हत्या हो रही है।

माननीय सभापति: माननीय सदस्य, यह स्टेट का मैटर है। आपकी पूरी बात रिकॉर्ड में आ गई है।

श्री राजेश रंजन : मैडम, मैं आपके माध्यम से केवल इतना कहूंगा कि बच्चियों की सुरक्षा, नीट की बच्चियों के साथ न्याय तथा लगातार हो रही बलात्कार की घटनाओं पर ध्यान दिया जाए।
... (व्यवधान)

14.00 hrs

***SHRI BALWANT BASWANT WANKHEDE (AMRAVATI):** Honorable Chairperson Madam, my city of Amravati has fallen into the clutches of MD drugs. Recently, the police administration conducted raids in which MD drugs worth crores of rupees were seized. The police agency has carried out three or four such raids; while the trail sometimes points to connections in Ahmedabad, Gujarat, and at other times to Rajasthan, it is imperative to identify the mastermind behind this operation. The young people of Amravati city have become ensnared in the grip of drugs, and the government must take appropriate measures to rescue them. The government has failed to provide a satisfactory explanation regarding the exact source of these drugs. However, the operations conducted in recent times suggest that Amravati may well be the central hub for this illicit trade, from where these drugs could potentially be distributed across the entire state of Maharashtra.

Honorable Chairperson Madam, therefore, I demand that both the Central and State governments appoint a special task force to conduct a thorough investigation into this matter, take decisive action, and eradicate this drug menace from its very roots.

14.02 hrs(Hon. Speaker *in the Chair*)

माननीय अध्यक्ष : शून्यकाल में संक्षेप में अपनी बात को कहा जाता है। इलाके और क्षेत्र की डिमांड कही जाती है। राष्ट्रीय व अंतर्राष्ट्रीय मुद्दे शून्यकाल में नहीं उठाए जाते हैं।

श्री दीपेन्द्र सिंह हुड्डा जी।

* English translation of the speech originally delivered in Marathi.

... (व्यवधान)

माननीय अध्यक्ष : अगर आप लोग खड़े रहेंगे, तो किसी को बोलने का अवसर नहीं दिया जाएगा। आप सभी कृपया बैठ जाइए।

... (व्यवधान)

श्री दीपेन्द्र सिंह हुड्डा (रोहतक) : सर, मैं आपके माध्यम से सदन का ध्यान देश में छोटे बच्चों व टीनएजर्स द्वारा स्मार्ट फोन के माध्यम से सोशल मीडिया व ऑनलाइन गेम्स के बढ़ते अत्यधिक उपयोग की ओर आकर्षित करना चाहता हूँ। आज अनेक बच्चे घंटों तक रील्स, वीडियोज़ बनाने तथा स्क्रोलिंग में लगे रहते हैं। यह प्रवृत्ति बच्चों और टीनएजर्स में कम उम्र में ही मोबाइल की लत पैदा कर रही है, जिससे उनके शारीरिक और मानसिक स्वास्थ्य पर गंभीर प्रभाव पड़ रहा है, जैसे नींद की कमी, चिंता, डिप्रेशन व कॉन्संट्रेशन, रिड्यूस्ड अटेंशन स्पैन। इससे जुड़ा एक और गंभीर विषय यह है कि युवाओं में ऑनलाइन सट्टा और बेटिंग गेम्स का तेजी से फैलाव हो रहा है। एवियेटर जैसे खेल, जिसमें वर्चुअल विमान से उड़ान भरने के साथ पैसे बढ़ने का लालच दिया जाता है।

सर, सबसे ज्यादा चिंताजनक बात यह है कि अब लूडो जैसे साधारण खेलों में भी बेटिंग सामान्य होती जा रही है। सट्टा आधारित ऐसे खेलों का फेसबुक व इंस्टाग्राम जैसे प्लेटफॉर्म पर खुलेआम प्रचार किया जा रहा है। इसके साथ-साथ साइबर बुलिंग, ऑनलाइन उत्पीड़न, डेटा की गोपनीयता से जुड़े बहुत गंभीर प्रश्न हैं। दुनिया के तमाम मुल्कों में इसे लेकर बहुत कठोर गाइडलाइंस बनाई गई हैं। ऑस्ट्रेलिया में 16 साल से कम युवाओं के लिए सोशल मीडिया बैन कर दिया गया है तथा प्लेटफॉर्म पर ही जिम्मेदारी डाली गयी है कि वे एज को वेरिफाई करें।

फ्रांस में 15 साल से कम उम्र के लिए बैन कर दिया गया है। चीन के अंदर वहां की सरकार के द्वारा यह गाइडलाइन बनायी गई है कि कोई भी एक दिन में एक से दो घंटे से ज्यादा स्क्रीन टाइम नहीं कर सकता है। अमेरिका के अंदर वहां के कुछ स्टेट्स ने नाइट टाइम रिसट्रिक्शंस जारी किए हैं। मेरी सरकार के यह मांग है कि मेरे क्षेत्र के साथ-साथ पूरे देश से संबंधित यह एक ऐसी समस्या है, जिसको लेकर चिंतन हो और हमारे देश में भी इस पर कोई न कोई व्यापक रेग्युलेशन

बनाया जाए। धन्यवाद।

माननीय अध्यक्ष : माननीय सदस्य सदन में अच्छी बात कर रहे हैं।

डॉ. निशिकान्त दुबे (गोड्डा) : सर, आज आईटी कमेटी की मीटिंग थी। उसने इस चीज को सरकार को रिकमंड कर दिया है।

माननीय अध्यक्ष : शून्य काल में इसी तरह का मत और दृष्टिकोण आना चाहिए।

आज मैं सभी माननीय सदस्यों को शून्य काल में बोलने का अवसर दूँगा, लेकिन जो माननीय सदस्य शून्य काल में बोलना चाहते हैं, वे अपना विषय लिखकर टेबल पर दे दें और उसके बाद सभी को अवसर दिया जाएगा।

14.06 hrs

JAN VISHWAS (AMENDMENT OF PROVISIONS) BILL, 2026*

माननीय अध्यक्ष : आइटम नंबर 20 A, जितिन प्रसाद जी।

आप बिल को इंट्रोड्यूज कीजिए।

THE MINISTER OF STATE IN THE MINISTRY OF COMMERCE AND INDUSTRY; AND MINISTER OF STATE IN THE MINISTRY OF ELECTRONICS AND INFORMATION TECHNOLOGY (SHRI JITIN PRASADA): Hon. Speaker Sir, I move for leave to introduce a Bill to amend certain enactments for decriminalising and rationalising offences to further enhance trust-based governance for ease of living and doing business.

It seeks to enhance ease of doing business and ease of living by decriminalising minor offences and implementing measures such as revising fines and penalties proportionate to the offence, establishing adjudicating officers and setting up appellate authorities. It proposes to amend 79 Central Acts administered by 23 Ministries. A total of 784 provisions are being proposed to be amended, out of which 717 provisions are being decriminalised to foster ease of doing business, and 67 provisions are being proposed to facilitate ease of living. This builds on the Jan Vishwas (Amendment of Provisions) Act, 2023, which decriminalised 183 provisions under 42 Central Acts, continuing efforts to streamline regulations and promote trust-based governance.

* Published in the Gazette of India, Extraordinary, Part-II, Section 2, dated 27.03.2026.

माननीय अध्यक्ष : प्रस्ताव प्रस्तुत हुआ :

“कि जीवन की सुगमता और कारबार करने की सुगमता के लिए विश्वास आधारित शासन की और वृद्धि करने के लिए अपराधों का निरापराधीकरण और सुव्यवस्थित करने हेतु कतिपय अधिनियमितियों का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

जैसा कि मुझे कई माननीय सदस्यों ने बताया कि जन विश्वास विधेयक पर सभी माननीय सदस्यों ने बहुत अच्छे विचार, दृष्टिकोण संयुक्त संसदीय समिति में दिए थे और एक अच्छा जन विश्वास बिल आया है। मुझसे सभी दलों के माननीय सदस्यों ने कहा था कि हमारी ऐसी चर्चा हुई है। मुझे लगता है कि जब इस पर डिबेट/चर्चा होगी तो वह लंबी चर्चा होगी और उस समय हम आप सभी को बोलने का अवसर देंगे, क्योंकि यह महत्वपूर्ण विधेयक है।

डॉ. के. काव्य जी, क्या आप अभी बोलना चाहती हैं? जी बताइए।

DR. KADIYAM KAVYA (WARANGAL): Hon. Speaker Sir, I rise to oppose the introduction of the Jan Vishwas (Amendment of Provisions) Bill, 2026, which seeks to promote ease of doing business, decriminalise minor offences, and reduce compliance burdens, as good intentions cannot justify flawed execution. By replacing imprisonment with fines and penalties, the Government is creating a system where violations can be paid for. The Bill gives excessive powers to adjudicating officers, reducing judicial oversight. There is insufficient consultation with stakeholders, including State Governments, regulatory bodies and civil societies. Such a sweeping reform across multiple laws requires deeper scrutiny and conscious building. I urge the Government to introduce necessary safeguards to protect citizens, workers and integrity of our legal system. Thank you.

ADV. GOWAAL KAGADA PADAVI (NANDURBAR): Hon. Speaker Sir, I rise to oppose the introduction of the Jan Vishwas (Amendment of Provisions) Bill, 2026 under Rule 72 (1) of the Rules of Procedure and Conduct of Business in Lok Sabha.

Sir, this Bill, as the hon. Minister said, is amending more than 79 laws.

माननीय अध्यक्ष : पाडवी जी, कृपया आप एक मिनट रुकिए।

मैंने जितनी इसकी रिपोर्ट देखी है, किसी ने भी इसमें डिसेंट नोट नहीं दिया है।

श्री उज्ज्वल रमण सिंह (इलाहाबाद) : सर, डिसेंट नोट दिया है।... (व्यवधान)

माननीय अध्यक्ष : कांग्रेस ने दिया है।

श्री उज्ज्वल रमण सिंह : सर, इसमें प्रोसीजरल लैप्स है।... (व्यवधान)

माननीय अध्यक्ष : एक छोटा डिसेंट नोट है, बड़ा नहीं है।

श्री उज्ज्वल रमण सिंह : सर, छोटा नहीं है।... (व्यवधान)

सर, 6 लोगों का डिसेंट नोट है।... (व्यवधान)

माननीय अध्यक्ष : चलिए, आप बोलिए।

श्री उज्ज्वल रमण सिंह: सर, बिना हाउस में जाए, आप इसे डिस्चार्ज नहीं कर सकते हैं।... (व्यवधान)

एडवोकेट गोवाल कागडा पाडवी : सर, जैसा मेरे साथी कह रहे हैं कि डिसेंट नोट है। छोटा होगा या बड़ा होगा, लेकिन डिसेंट नोट दिया है। मैं उसी टेक्निकल चीज पर बात करना चाहता हूँ, बिकॉज टेक्निकल एंड नॉन कंप्लायंस और पब्लिक हार्म ऑफेंसेज को इक्वल ट्रीटमेंट दिया गया है, which violates doctrine of proportionality and unjustified arbitrariness. It also replaces “punishable with imprisonment” with “liable to penalty”.

If you can pay, you can violate the law. This is licence to violate and everything that is forgiven is everything that is forgotten. I want to say that

there is administrative oversight. Appeals also lie within the Executive. The Executive becomes the judge, jury, and enforcer. There is a lack of judicial oversight. It is violative of Article 21, Article 245, and Article 246 of the Constitution, which talk about the legislative competence of the Parliament.

Sir, I want to say just one more thing. It is violative of Article 14 also, where the rich corporations escape liability and poor people face coercive enforcement. Therefore, the violation of laws of drugs and cosmetics, infrastructure and highways, labour and industrial laws harm lives, yet only fines have been made instead of imprisonment. Therefore, I want to state that the Bill is arbitrary and overboard, undermines criminal justice system, promotes economic inequality, encourages corruption, worsens deterrence against corporate crimes, and should be re-examined thinking of the long-term impacts. It violates the basic structure of the Constitution and the rule of law. Therefore, I object to the introduction of this Bill. This Bill should be sent back to the Joint Parliamentary Committee. Thank you, Speaker, Sir.

माननीय अध्यक्ष : संसदीय कार्य मंत्री जी, आप जरा मेरा ज्ञान बढ़ा दीजिए कि जब एक बार ज्वॉइंट पार्लियामेंट्री कमेटी चल जाती है, तो क्या बिल दोबारा जेपीसी में जा सकता है?

संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरेन रिजिजू) : सर, आपने बहुत अच्छा सवाल किया है। यह बिल इतनी व्यापक चर्चा करके ज्वॉइंट पार्लियामेंट्री कमेटी में गया और वापस संसद के पटल पर रखा गया। यदि किसी को कोई भी ऑब्जेक्शन करना था, वहीं कर सकते थे। इसके लिए सभी को मौका मिला था, लेकिन आपने फिर भी बोलने का मौका दिया।

माननीय अध्यक्ष : क्या ऐसा आज तक पहले कभी हुआ है?

श्री किरेन रिजिजू : सर, आज तक तो ऐसा कभी नहीं हुआ।

माननीय अध्यक्ष : मैंने ऐसा नियम में भी कहीं नहीं पढ़ा।

श्री किरन रिजिजू : सर, ऐसा नियम में भी नहीं है और ऐसा कोई उदाहरण भी नहीं है। मेरी आपसे रिक्वेस्ट है, आपने उस दिन भी कहा, शायद कुछ सदस्य नहीं थे, क्योंकि इसकी चर्चा करके इसे पुरःस्थापित करना है, लेकिन रूल 72 के तहत आपने बोलने का मौका दिया, लेकिन जो ऑब्जेक्शन रज किया, वह रूल 72 का नहीं है। ये इस सदन की विधायी क्षमता के बजाय मेरिट पर चले गए। मेरिट पर जो डिसेंट नोट देना था, वह दे ही चुके हैं। इस पर मेरिट की बाद में चर्चा हो जाएगी। इस सदन का 100 प्रतिशत कॉम्पिटेंस है। ... (व्यवधान) फिर भी हमारे मंत्री जी आपको संक्षिप्त में जवाब देंगे। ... (व्यवधान)

माननीय अध्यक्ष : आप भी कुछ ज्ञान दे दीजिए।

डॉ. निशिकान्त दुबे (गोड्डा) : सर, मैं यह कह रहा हूँ कि जब जेपीसी बनती है, जेपीसी के बारे में जो इसके रिक्मेंडेशन हैं, 99.9 प्रतिशत जितनी भी जेपीसी बनी हैं, उनमें यदि जेपीसी ने कोई रिक्मेंडेशन दे दी, तो उसको आज तक कैबिनेट ने भी नहीं बदला है। इसीलिए जेपीसी बनाई जाती है। सेलेक्ट कमेटी और जेपीसी में यही फर्क है।

दूसरा, जहां तक संविधान का सवाल है, अनुच्छेद 368 साफ कहता है कि संविधान बदलने का अधिकार सिर्फ इस सदन को है, जैसे कि वर्ष 1976 में कांग्रेस ने पूरे संविधान को बदल दिया था। यह तो केवल बिल में चेंज करने की बात है। यह तो बहुत छोटी चीज है।

माननीय अध्यक्ष : क्या और कोई ज्ञानवान ज्ञान देना चाहता है?

SHRI JITIN PRASADA: Hon. Speaker, Sir, you are absolutely right. Hon. Member, Shri Nishikant ji, has already said that this House is supreme. यहां तो संविधान बदला जा सकता है, यह तो बहुत छोटी चीज है। The two Members have raised specific queries. If you allow, I can give a short clarification.

The Members have raised point number one that this Jan Vishwas Bill is replacing imprisonment with fines. So, I would just like to inform, through you,

to this House that it is not about replacing imprisonment with fines, this is about only procedural defaults, small, minor, where decriminalisation has been done. Major violations, serious offences are not diluted in any manner. The reform process has been carefully structured to exclude critical areas such as the Bharatiya Nyaya Sanhita, laws related to national security, labour codes, armed forces, international obligations. These are not under this purview. So, these are all minor offences that have been done away with. It is very wrong to say that you can pay your way through and not get imprisoned. It is not like what you have said.

The other point raised by the hon. Member is that not enough consultation has been undertaken. That, again, is not correct. Extensive consultations have gone into this. High-level committees of NITI Aayog have deliberated on the matter. There have been discussions in the inter-Ministerial committees, and interactions have taken place with industry associations such as FICCI and CII. Views from citizens and diverse stakeholders have also been taken into account.

सर, यह सेलेक्ट कमेटी में गया और उसके बाद से यह यहां इस सदन में आया है, इसलिए यह कहना गलत है। I would also like to clarify that the judicial process has not been diluted. This is only in respect of small and minor offences, where individuals do not have to go to the Judiciary and get trapped in the process. The objective is to promote ease of doing business as well as ease of living. लोगों को इसके लिए दर-दर भटकना पड़ता था, इसलिए उसको दूर करने का प्रयास किया गया है। प्रधान मंत्री जी की यही सोच है कि उद्योगों को 'रेड कार्पेट' मिले।

माननीय अध्यक्ष : मंत्री जी, यह भी बताएं कि प्रपोज्ड करने के बाद कितनी चीजों में परिवर्तन हुआ है। मूल बिल में तो 200 था, फिर 1,000 प्रपोज्ड किए गए। आप उसके बारे में भी सदन को बताएं।

श्री जितिन प्रसाद : महोदय, 1,000 ऐसे प्रावधान हैं, जो डीक्रीमिनलाइज़ किए गए।

माननीय अध्यक्ष : मूल विधेयक में कितने प्रावधान थे?

श्री जितिन प्रसाद : महोदय, यह सबसे महत्वपूर्ण चीज़ है क्योंकि इसमें जो प्रावधान था, करीब 717 'ईज़ ऑफ़ डूइंग बिजनेस' को लेकर हैं, जो अमेंड किए जा रहे हैं और 67 'ईज़ ऑफ़ लिविंग' के हैं। जैसे मोटर वेहिकल एक्ट है, अगर किसी का लाइसेंस एक्सपायर हो गया तो उसे करीब 30 दिनों का समय दिया जा रहा है कि वे उसे रीन्यू करा लें, उसका पीनलाइज़ नहीं किया जाएगा। ऐसी तमाम चीज़ें हैं, जैसे एनडीएमसी में जहां ओल्ड रेटेबल वैल्यू सिस्टम था, उसको सिम्प्लीफाई करके यूनिट सिस्टम कर दिया गया है।

माननीय अध्यक्ष : आप विस्तार से जवाब बाद में दीजिएगा, अभी अनुराग जी कुछ ज्ञान बांटना चाहते हैं।

क्या आप निशिकान्त जी की टक्कर में आना चाहते हैं?

श्री अनुराग सिंह ठाकुर : नहीं, नहीं, सर, कोई टक्कर की बात नहीं है, यहां सब प्यार है।

माननीय अध्यक्ष जी, माननीय मंत्री जी ने जो कहा और आपने जिस ओर इंगित किया, उसके संदर्भ में सदन के ध्यान में एक बात जरूर आनी चाहिए कि जब से नरेन्द्र मोदी जी की सरकार आयी, तब से सरकार ने 'ईज़ ऑफ़ डूइंग बिजनेस' और 'ईज़ ऑफ़ लिविंग' पर जो काम किया है, उसी दिशा में यह जन विश्वास बिल है। इससे पहले भी जितने कानून बनाए गए, उसमें कम्प्लायंस बर्देन भी 63,000 से कम करके 23,000 पर ले आए, 40,000 कम्प्लायंसेज़ को कम किया गया। इसके माध्यम से भी, जो छोटी-छोटी गलतियों के कारण जेल भेजने का प्रावधान था, वैसी दंडात्मक कार्रवाई को खत्म करके उसमें बहुत बड़ा सुधार किया गया है, इसलिए सरकार को बहुत-बहुत बधाई देता हूं।

माननीय अध्यक्ष : अब आप भूतपूर्व मंत्री हैं, मंत्री का अधिकार अभी इनको है।

श्री अनुराग सिंह ठाकुर (हमीरपुर) : सर, भूतपूर्व मंत्री होने के नाते और सदन का सदस्य होने के नाते मुझे लगता है कि यह देश के हित में है, इसलिए इसका आना बहुत स्वागतयोग्य है।

माननीय अध्यक्ष : प्रश्न यह है :

“कि जीवन की सुगमता और कारबार करने की सुगमता के लिए विश्वास आधारित शासन की और वृद्धि करने के लिए अपराधों का निरापराधीकरण और सुव्यवस्थित करने हेतु कतिपय अधिनियमितियों का संशोधन करने वाले विधेयक को पुरःस्थापित करने की अनुमति प्रदान की जाए।”

प्रस्ताव स्वीकृत हुआ।

SHRI JITIN PRASADA: Sir, I introduce the Bill.

14.18 hrs

MATTERS OF PUBLIC IMPORTANCE- Contd.

#SHRI PARSHOTTAMBHAI RUPALA (RAJKOT): Hon'ble Speaker Sir, I am grateful to you for giving me the opportunity to raise a very important issue concerning farmers, an opportunity that I might not have received even through the draw (lottery system).

Hon'ble Speaker Sir, the monsoon has now become completely unpredictable. The rain simply does not stop. This season has become the first of its kind where, in a single year, the farmers have been hit twice by unseasonal rains. In one single season, farmers have faced hardship twice.

During the monsoon, there was heavy flooding. Farmers somehow

English translation of the speech originally delivered in Gujarati.

managed to survive it, and since the rainfall was otherwise good, they worked hard on their winter crops. However, two days ago when it rained, the wheat got drenched, the gram (chickpea) got drenched, and the winds were so strong that all the mango blossoms were blown away. A situation has arisen where even the famous Kesar mangoes may not be available.

Therefore, through you, Hon'ble Speaker, I request that the losses suffered by farmers in Saurashtra and across Gujarat due to unseasonal rains be brought to the attention of the Hon'ble Union Agriculture Minister. I urge that, in consultation with the State Government, assistance be provided to farmers who have endured this double blow within a single year.

Thank you.

डॉ. अमर सिंह (फतेहगढ़ साहिब) : स्पीकर साहब, पंजाब एक बॉर्डर स्टेट है। पंजाब में 50 किलोमीटर तक बीएसएफ का ऑपरेशनल एरिया है। पाकिस्तान से बहुत सारे ड्रोन्स ड्रस एवं विपेन्स लेकर आते हैं। आज पंजाब की लॉ एंड ऑर्डर की हालत इतनी खराब है कि वहां लोग डर रहे हैं। ... (व्यवधान)

माननीय अध्यक्ष: माननीय सदस्य, आप पंजाबी में बोलिए।

डॉ. अमर सिंह : सर, मैं पंजाब में ही बोल रहा हूं।... (व्यवधान)

माननीय अध्यक्ष: अमर सिंह जी, आप एक मिनट रुकिए। आज जैसे परशोत्तम रूपाला जी अपनी बात गुजराती में कही, वैसे ही आप सब भी प्रयास कीजिए। आप सभी 22 लैंग्वेजेज के अंदर अपनी-अपनी भाषा में बोलिए, ताकि आप अपने-अपने क्षेत्र की जनता से कनेक्ट हो जाएं।

... (व्यवधान)

माननीय अध्यक्ष: आज से सभी लोग ऐसी शुरुआत करेंगे। हमारे यहां 22 लैंग्वेजेज हैं। आप सभी

समझदार लोग हैं।

... (व्यवधान)

#DR. AMAR SINGH : Sorry Sir, I will speak in Punjabi. I will start again in Punjabi. Thanks Hon'ble Speaker Sir for allowing me to speak in Punjabi. Punjab is a border state and we share 550 kms of border with Pakistan. 50 kms of the border area of Punjab is controlled by Border Security Force which is under the Central Government. But the law and order in the state is so bad that the extortion calls by the gangsters are dominant. No small town or city is free of such calls. Businessmen, singers and Kabaddi players have been murdered. Even the police personnel have been killed. Everybody is scared and despite the law and order being the primary responsibility of the state government, their own Sarpanches have been killed. I request that the Central government and Punjab government should coordinate to get these extortion calls stopped. A phone call comes for ransom of Rs.10 lakh and if it is not given, the person is killed. Law and order is worsening in the state every coming day and I urge upon the Central and Punjab governments to ensure coordination for restoration of peace in the state.

Thank you very much, Sir.

माननीय अध्यक्ष: सभी माननीय सदस्य दो मिनट में अपनी बात कह दें। अब मैं आपको एक मिनट के बजाय दो मिनट का समय दे रहा हूँ। दो मिनट होते ही आपका माइक ऑटोमेटिक बंद हो जाएगा।

... (व्यवधान)

English translation of the speech originally delivered in Punjabi.

एडवोकेट चन्द्र शेखर (नगीना) : धन्यवाद, अध्यक्ष जी। मैं आपका ध्यान उचित दर विक्रेताओं से जुड़े एक महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ। सार्वजनिक वितरण प्रणाली के अंतर्गत कार्य कर रहे उचित दर विक्रेता देश के करोड़ों गरीब परिवारों तक खाद्यान्न पहुंचाने की जिम्मेदारी निभाते हैं। विशेष रूप से उत्तर प्रदेश जैसे बड़े राज्य में यह व्यवस्था बहुत व्यापक है। देश में सार्वजनिक वितरण प्रणाली के अंतर्गत उचित दर विक्रेताओं के द्वारा किये जा रहे कार्य के लिए मिलने वाले लाभांश में विभिन्न राज्यों की वर्तमान स्थिति हम देखें तो उसमें एक बड़ा अंतर दिखाई देता है। बिहार में वर्ष 2025 में लाभांश 211 रुपये 40 पैसे से बढ़ा कर 258 रुपये 40 पैसे प्रति क्विंटल किया गया। सितंबर में महाराष्ट्र में 150 रुपये से बढ़ा कर 170 रुपये किया गया। इसी प्रकार गुजरात और केरल में भी लाभांश अधिक मिलता है।

मान्यवर, इसके विरुद्ध उत्तर प्रदेश में आज भी उचित दर विक्रेताओं को मात्र 90 पैसे प्रति किलोग्राम लाभांश मिलता है, जो अन्य राज्यों की तुलना में काफी कम है। जबकि यह वास्तविकता है कि लगातार बढ़ती महंगाई, परिवहन खर्च, बिजली, श्रम और डिजिटल व्यवस्थाओं के माध्यम से दुकानों को चलाना कठिन हो गया है। आज यह सवाल स्वाभाविक रूप से उठता है कि जब अन्य राज्यों में उचित दर विक्रेताओं का लाभांश लगातार बढ़ाया जा रहा है तो उत्तर प्रदेश में क्यों नहीं बढ़ाया जा रहा है।

अध्यक्ष जी, मेरा आपके माध्यम से सरकार से आग्रह है कि उत्तर प्रदेश में उचित दर विक्रेताओं का लाभांश 90 पैसे से बढ़ा कर तीन रुपये प्रति किलोग्राम किया जाए। अन्य राज्यों की तरह निश्चित मानदेय की व्यवस्था को लागू करने पर भी विचार किया जाए। इससे न केवल उचित दर विक्रेताओं को आर्थिक स्थिरता मिलेगी, बल्कि सार्वजनिक वितरण प्रणाली भी अधिक मजबूत होगी।

धन्यवाद अध्यक्ष जी। जय भीम । जय भारत।

#SHRI SAPTAGIRI SANKAR ULAKA (KORAPUT): Thank you Speaker Sir for

English translation of the speech originally delivered in Odia.

giving me the opportunity to speak in Odia. There is a village named Denga Janiguda near Mujan panchayat in Dasmanthapur block. This village is in close proximity to the Nalco plant of Damanjodi. The fly ash and red mud pond in the vicinity is creating havoc in the lives of the villagers. There are multiple health issues like blindness, skin diseases, oral cancer etc. Sir I had visited the village and saw how their life and livelihood are affected. Farmers are losing their livestock and agricultural lands are becoming infertile. People of another village named Champapadar in the neighborhood have been given alternative dwelling place. Why the people of Denga Janiguda can't be relocated to a better place? They need urgent rehabilitation and Nalco can start by giving job to at least one person from each affected family. I want the Minister of Mines to take immediate steps to give justice to the people of the village who are suffering because of Nalco.

श्री संजय उत्तमराव देशमुख (यवतमाल-वाशिम) : माननीय अध्यक्ष, मैं आपके माध्यम से सरकार का ध्यान अपने यवतमाल-वाशिम लोकसभा क्षेत्र के कुछ अत्यंत गंभीर और जनहित से जुड़े मुद्दों की ओर आकर्षित करना चाहता हूँ।

सबसे पहले, मैं राष्ट्रीय राजमार्ग 361C पर भांडेगांव, तहसील दरव्हा में स्थापित टोल नाके का विषय उठाना चाहता हूँ। इसी मार्ग पर लगभग 45 किलोमीटर की दूरी पर खेरडा बुद्रुक में एक अन्य टोल नाका पहले से ही संचालित है। राष्ट्रीय राजमार्ग शुल्क (निर्धारण एवं वसूली) नियम, 2008 के अनुसार दो टोल नाकों के बीच न्यूनतम दूरी निर्धारित है, लेकिन यहाँ नियमों का स्पष्ट उल्लंघन प्रतीत होता है।

इस टोल नाके के कारण स्थानीय नागरिकों, किसानों, व्यापारियों और रोजाना आवागमन करने वाले आम लोगों पर अनावश्यक आर्थिक बोझ पड़ रहा है। दरव्हा शहर में रोज काम के लिए

आने-जाने वाले लोगों को प्रतिदिन टोल देना पड़ रहा है, जिससे उनकी रोजमर्रा की जिंदगी प्रभावित हो रही है। यह केवल आर्थिक मुद्दा नहीं है, बल्कि जनभावनाओं से जुड़ा विषय बन चुका है।

मैं सरकार से आग्रह करता हूँ कि इस मामले की तत्काल जांच कराई जाए और यदि यह टोल नाका नियमों के विरुद्ध पाया जाता है, तो इसे तुरंत बंद किया जाए।

महोदय, दूसरा और अत्यंत गंभीर मुद्दा है – यवतमाल और वाशिम जिलों में बढ़ती सड़क दुर्घटनाएँ। मेरे क्षेत्र में बड़े पैमाने पर रेलवे और सड़क निर्माण कार्य चल रहे हैं, विशेष रूप से एसएमएस कंपनी द्वारा। लेकिन यह अत्यंत चिंता का विषय है कि कई वाहन चालक नशे की हालत में रात के समय गाड़ी चलाते हैं और ओवरलोडिंग भी करते हैं। ऐसी लापरवाही के कारण लगातार दुर्घटनाएँ हो रही हैं। मैं स्वयं इस स्थिति का शिकार हो चुका हूँ। मेरा भी एक गंभीर एक्सीडेंट हुआ था, जिसमें मैं और मेरे सहयोगी बाल-बाल बचे थे। यह स्थिति अत्यंत भयावह है और यदि समय रहते कड़े कदम नहीं उठाए गए, तो और भी बड़ी घटनाएँ हो सकती हैं।

अतः मैं सरकार से मांग करता हूँ कि नशे में वाहन चलाने वालों के खिलाफ कड़ी कार्रवाई की जाए, ओवरलोडिंग पर सख्त प्रतिबंध लगाया जाए, निर्माण कार्य में लगी कंपनियों की जवाबदेही तय की जाए और सड़क सुरक्षा के लिए विशेष अभियान चलाया जाए।

धन्यवाद।

***SHRI NARESH GANPAT MHASKE (THANE):** Honorable Speaker Sir, I rise today to draw the urgent attention of this August House to a critical issue concerning thousands of acres of land belonging to the Railways, MTNL, and the Ministry of Defense in the regions of Mumbai, Thane, Kalyan, Dombivli, and Ambernath in Maharashtra. These lands have been occupied for over 50 to 60 years, with generations of people residing there.

* English translation of the speech originally delivered in Marathi.

Speaker Sir, to resolve this long-standing issue and facilitate the development of these areas, the State Government of Maharashtra has proposed three specific alternatives to the Central Government. One of these proposals suggests that the State Government would pay 25% of the land value to the Center based on the current Ready Reckoner rates. The remaining 75% of the land would then be developed by the State Government as per SRA norms, and 25% of the developed portion would be handed back to the Central Government. Alternatively, if development on the current site is not feasible, the Central Government should provide 75% of the land's value to the State, allowing the State to rehabilitate the slum dwellers at an alternate location. Furthermore, the State Government is fully prepared to provide complete cooperation if the Center chooses to develop these lands through its own agencies, such as the Rail Land Development Authority (RLDA). However, it is disheartening to note that the Central Government has not yet provided a proactive or positive response to these proposals. While the intent to develop the land is clear, such development cannot and should not happen by displacing or ruining the lives of the people currently living there. These residents have their schools, livelihoods, and entire social ecosystems rooted in these locations for decades.

Speaker Sir, through you, I urge the Central Government to conduct a joint meeting with the State Government to find a humanitarian solution that ensures justice for these residents. We are talking about 2.15 lakh slum dwellings. A collaborative approach will not only benefit the residents but also

the Central Government, as it will regain possession of encroached lands and enable organized, high-quality urban development.

I request the Government to consider this demand with empathy and take immediate steps toward the integrated redevelopment of these areas for the welfare of the poor and the growth of our urban infrastructure. Thank you.

श्रीमती महिमा कुमारी मेवाड़ (राजसमन्द) : अध्यक्ष महोदय, मेरे संसदीय क्षेत्र राजसमन्द, राजस्थान सहित सम्पूर्ण देश के लोगों ने सहारा ग्रुप की निवेश योजनाओं में निवेश किया था, लेकिन उन निवेश योजनाओं का लाभ निवेशकों को प्राप्त नहीं हो पाया है और न ही उनके द्वारा निवेश किए गए पैसे लौटाए गए हैं।

इन योजनाओं में अधिकतर निवेशक मध्यम वर्गीय लोग हैं और उनकी आय भी बहुत कम है। उनके द्वारा उनकी जीवनभर की पूंजी सहारा ग्रुप में निवेश कर रखी है। यदि उन कम आय वाले निवेशकों का पैसा नहीं लौटाया जाता है, तो उनके सामने जीवन का संकट पैदा हो जाएगा।

अतः मेरी आपके माध्यम से सरकार से मांग है कि उनको जल्दी से जल्दी उनका पैसा मिले और शांति मिले।

बहुत-बहुत धन्यवाद।

***SHRI OMPRAKASH BHUPALSINH ALIAS PAVAN RAJENIMBALKAR (OSMANABAD):** Honorable Speaker, through you, I wish to draw the Railway Minister's attention to the matter concerning the railway connectivity across the three districts of Solapur, Dharashiv, and Buldhana.

Honorable Speaker, Pandharpur is home to the revered Vitthal-Rukmini Temple, while Shegaon houses the sacred pilgrimage site of Sant Gajanan Maharaj. As millions of devotees visit these two locations annually, it is the

* English translation of the speech originally delivered in Marathi.

collective desire of the residents of all three districts—as well as the entire community of devotees across Maharashtra—that a railway line be established connecting Pandharpur to Shegaon. Such a railway line would be extensively utilized, given the massive influx of devotees to these sites.

Honorable Speaker, the citizens of Bhum and Paranda, acting through the 'Railway Sangharsh Samiti' (Railway Struggle Committee), have put forth a specific demand for the realization of this railway project. I, therefore, formally request the Central Government—through this medium—to conduct a comprehensive survey for this project and to ensure the timely completion of the railway line connecting Shegaon to Pandharpur. Thank you.

श्री रामवीर सिंह बिधूड़ी (दक्षिण दिल्ली) : अध्यक्ष महोदय, मैं आपके माध्यम से सरकार का ध्यान दिल्ली देहात की समस्याओं की ओर दिलाना चाहता हूँ। जिन किसानों की जमीन सरकार के द्वारा एक्वायर की जाए, उनको डीडीए जल्दी से जल्दी ऑल्टरनेटिव रेजिडेंशियल प्लॉट दे। गांव का लाल डोरा बढ़ाया जाए। किसानों की जो जमीन एक्वायर की जाती है, उसके लिए वर्ष 2008 में 53 लाख रुपये प्रति एकड़ का सर्कल रेट निर्धारित किया गया था। यदि किसानों की जमीन एक्वायर की जाए तो उस राशि को बढ़ाकर 10 करोड़ रुपये प्रति एकड़ की जानी चाहिए। लैंड पूलिंग पॉलिसी और जीडीए पॉलिसी लागू होनी चाहिए। उससे किसानों को उनकी जमीनों का अच्छा प्राइस मिलेगा और दिल्ली प्लान्ड वे में विकसित हो सकेगी। भूमिहीनों को जो प्लॉट्स दिए गए हैं, उनको भी मालिकाना अधिकार दिया जाए।

आदरणीय अध्यक्ष जी, अंत में मैं आपके माध्यम से यह आग्रह करना चाहता हूँ कि किसानों की जमीन पर लगभग 69 अनऑथराइज्ड कॉलोनीज़ बसी हुई हैं। उनको नियमित किया जाए। इन कॉलोनियों का नाम हैं – सैनिक फार्म, छतरपुर एक्सटेंशन आदि हैं। इनको नियमित करके वहां नागरिक सुविधाएं दी जाएं। इनका ले आउट प्लान तैयार करवाया जाए, जिससे वे लोग अपने घर

का नक्शा पास करवाकर बिल्डिंग बायलॉज के अनुसार अपने घर को बना सकें। मैं आपसे दिल्ली के लगभग छह लाख लोगों की ओर से आग्रह कर रहा हूँ।

मैं आपके माध्यम से यह भी आग्रह करना चाहता हूँ कि हमारी जो मांगें हैं, वे काफी लंबे समय से पेंडिंग पड़ी हुई हैं। मैं उम्मीद करता हूँ कि आज यह मामला आपकी उपस्थिति में मुझे इस सदन में उठाने का अवसर मिला है और हमारी सरकार ने दिल्ली के देहात के साथ, किसानों के साथ अनेक मामलों में न्याय किया है। गांवों के विकास के लिए दिल्ली की सरकार ने बड़ी धनराशि उपलब्ध करवाई है। हमारी जो कुछ मांगें पेंडिंग हैं, उनके लिए मैं सरकार से आग्रह करना चाहता हूँ कि उन मांगों को सरकार जल्दी से जल्दी स्वीकार करे, जिससे दिल्ली देहात के लोगों के साथ न्याय हो सके।

श्री लालजी वर्मा (अम्बेडकर नगर) : प्रदेश में मनरेगा कर्मों, जिसमें ग्राम रोजगार सेवक, कंप्यूटर ऑपरेटर, लेखा सहायक, तकनीकी सहायक और जो अतिरिक्त कार्यक्रम अधिकारी हैं, उनकी समस्या है कि उनको जुलाई 2025 से मानदेय नहीं मिला, जबकि इन्होंने बड़े पैमाने पर अपने मनरेगा कर्मियों का जो दायित्व है, उसके साथ-साथ एसआईआर और क्रॉप सर्वे जैसा भी कार्य करने का काम किया है। लेकिन अम्बेडकर नगर जिले में विगत जुलाई 2025 से इनको मानदेय नहीं मिला है। इनकी ईपीएफ की देयता भी काफी समय से लंबित है। मैं सदन के माध्यम से मांग करता हूँ कि उन मनरेगा कर्मियों का जो लंबित मानदेय है, उसका तत्काल भुगतान कराया जाए और ईपीएफ के भुगतान का भी तत्काल निस्तारन हो। इसके साथ ही जो ग्राम रोजगार सेवक हैं, उनको केवल 6 हजार रुपये मासिक मिलते हैं। जो दूसरे को रोजगार देता है, वह स्वयं पीड़ित है, इसलिए मेरी मांग है कि उनको 6 हजार की जगह पर 18 हजार रुपये मानदेय देने का काम किया जाए। धन्यवाद।

श्री तापिर गाव (अरुणाचल पूर्व) : धन्यवाद अध्यक्ष महोदय। आज मैं आपके और इस सदन के सामने पूर्वोत्तर राज्यों की एक दुखभरी कहानी दोहराना चाहता हूँ। पूर्वोत्तर राज्यों से हमारे स्टूडेंट्स या अन्य लोग यहां आगे की पढ़ाई पूरी करने या अपनी नौकरी के लिए आते हैं। आज देश

भर में पूर्वोत्तर राज्यों के साथ racial discrimination and harassment हो रहा है, इसके लिए मैं as a representative of North east, बहुत दुखी हूँ। आज सरहद में हमारे पूर्वोत्तर राज्यों के लोग हर गैलेट्री अवार्ड, चाहे वह अशोक चक्र हो या मरणोपरांत कोई सम्मान हो, हर तरह से उन्हें अवार्ड किया गया है, लेकिन जिस बेटे का पिता बॉर्डर पर तैनात है, उसकी चाइनीज कह कर, नेपाली कह कर, मोमो, चाऊ-चाऊ कह कर देहरादून में हत्या कर दी जाती है। अभी फिलहाल में दिल्ली के मालवीय नगर की घटना आपने देखी होगी। कल भी कर्नाटक में एक नागालैंड की लड़की ने सुसाइड किया। उसने सुसाइड नोट में लिखा कि मुझे दो लड़के काफी दिनों से 'हरास' कर रहे थे। इसी तरह से नागालैंड की, अरुणाचल की तीन लड़कियों का और असम की ज्योती दास का मध्य प्रदेश में और एक एमबीए स्टूडेंट की देहरादून में हत्या की गयी। उसके पिता जी बॉर्डर पर तैनात हैं और उसके बेटे की चाइनीज कह कर हत्या कर दी गयी।

माननीय अध्यक्ष जी, मैं एक मांग गवर्नमेंट ऑफ इंडिया से करना चाहता हूँ कि नीदो तानिया की हत्या के बाद एमपी बेजबरुआ कमिटी का गठन हुआ। उस कमिटी ने पूर्वोत्तर राज्यों के एट्रोसिटी एंड हरासमेंट के खिलाफ जो रिपोर्ट दी, उसको टू एंड स्पिरिट इंप्लीमेंट किया जाए या मेन लैंड में गवर्नमेंट ऑफ इंडिया एट्रोसिटी एंड हासमेंट अगेंस्ट द नॉर्थ ईस्ट के लिए एक अलग बिल लाएं। धन्यवाद।

माननीय अध्यक्ष : श्री यूसुफ पठान, आप तो बंगाली में बोलेंगे।

श्री यूसुफ पठान (बहरामपुर) : सर, दिल की लैंग्वेज से गुजराती में भी बोल सकता हूँ।

मैं इस सदन का ध्यान स्वास्थ्यकर्मियों विशेष रूप से डॉक्टरों और नर्सों की गंभीर कमी तथा इसके कारण उन पर पड़ रहे काम के बोझ और तनाव की ओर आकर्षित करना चाहता हूँ। चिकित्सा से जुड़े लोग लंबे समय तक बहुत तनावपूर्ण माहौल में काम करते हैं और कई बार उन्हें पर्याप्त आराम भी नहीं मिल पाता। डॉक्टरों और नर्सों की भारी कमी के कारण यह समस्या और भी बढ़ गई है और इसका बोझ मौजूदा कर्मचारियों पर पड़ रहा है। भारत में प्रति 1000 लोगों पर केवल 3.06 डॉक्टर, नर्स और दाइयाँ उपलब्ध हैं, जो विश्व स्वास्थ्य संगठन द्वारा तय किए गए 4.45 के

मानक से कम है।

साल 2023 तक प्राथमिक स्वास्थ्य केंद्रों में डॉक्टरों और मेडिकल ऑफिसरों के स्वीकृत पदों में से 22 परसेंट पद खाली हैं। सामुदायिक स्वास्थ्य केंद्रों में विशेषज्ञ डॉक्टरों के 68 परसेंट पद खाली हैं। केंद्र सरकार द्वारा संचालित अस्पतालों में भी लगभग हर दस में से तीन डॉक्टर और विशेषज्ञों के पद खाली पड़े हैं। कर्मचारियों की यह कमी केवल मरीजों को मिलने वाली सेवाओं की गुणवत्ता को ही प्रभावित नहीं करती, बल्कि डॉक्टरों और नर्सों के स्वास्थ्य पर भी बुरा असर डालती है। डॉक्टरों पर किए गए सर्वे में पाया गया है कि 74 प्रतिशत डॉक्टर रोज़ाना या हर सप्ताह भावनात्मक रूप से थकान महसूस करते हैं। डॉक्टर और नर्स हमारे स्वास्थ्य तंत्र की रीढ़ हैं। इसलिए मैं सरकार से आग्रह करता हूँ कि वह तुरंत कदम उठाकर स्वास्थ्यकर्मियों के लिए अधिक मानवीय और सहयोगपूर्ण कार्य-पर्यावरण तैयार करे।

***SHRI RAVINDRA DATTARAM WAIKAR (MUMBAI NORTH-WEST):** Thank you, Hon. Speaker. Today, you stated that it is permissible for everyone in this House to speak in their own respective languages. The reorganization of states on a linguistic basis took place, and accordingly, Marathi is spoken in Maharashtra. I wish to express my gratitude to you for granting me the opportunity to speak in Marathi today, and for encouraging everyone to address the House in their own mother tongues.

Hon. Speaker, the state of Maharashtra possesses a coastline stretching over 720 kilometers. The city of Mumbai is situated along this very 720-kilometer coastline. Drugs are entering Mumbai in alarming quantities, and this influx is having a detrimental impact on the city's youth. Consequently, across India, two people lose their lives every single day due to drug overdoses. It is

* English translation of the speech originally delivered in Marathi.

imperative that strict action be taken to address this issue. We must investigate the source of these drugs—whether they are entering via sea routes or road networks—and take decisive measures against them. It is absolutely essential to initiate rigorous enforcement actions against all drug peddlers, thereby ensuring that they do not dare to engage in such activities in the future. Furthermore, the government should allocate funds to admit drug-addicted youth into rehabilitation centers and cover the costs of their treatment. In my constituency—the North-West region—specifically in areas such as Jogeshwari, Goregaon, and Powai, drugs are circulating in large volumes. Therefore, I urge the authorities to exercise heightened vigilance in these areas and take immediate, decisive action against the drug mafia. Thank you, Sir.

#CAPTAIN VIRIATO FERNANDES (SOUTH GOA): Hon'ble Speaker Sir, today I want to speak about our beloved Goa, which is a gift of God. God has given us fields, plantations, mountains, and forests. It is a beautiful tourist destination.

Many decades have passed, but now we are in a very difficult situation. The tourism which we are promoting is focusing more on casinos. We don't want our Goa to become Las Vegas, because our youth are getting trapped in casino culture. That's why I request that these laws regarding 39- A, which you have implemented, our lands are being sold, our people are worried. In our schools and colleges there are drug peddlers roaming around. Our member

English translation of the speech originally delivered in Konkani.

Dr. Amarjeet also mentioned that there are drug peddlers in Punjab and the same situation is in Goa as well. This a dangerous threat manage to youth outside schools and colleges. I request the central government to do an audit and NCB along with the local police this menace should be stopped once and for all. Otherwise remove this government.

Thank you Hon'ble Speaker.

श्री दामोदर अग्रवाल (भीलवाड़ा) : माननीय अध्यक्ष महोदय, मैं आपके माध्यम से अपने लोक सभा क्षेत्र भीलवाड़ा की रेल कनेक्टिविटी की सुदृढीकरण के लिए निवेदन करना चाहता हूं। भीलवाड़ा से मुम्बई अत्यंत व्यस्त मार्ग है, उस मार्ग से बहुत लोग जाते हैं। कोरोना से पहले वहां के लिए प्रतिदिन गाड़ी चलती थी। लेकिन, पिछले पांच वर्षों से सप्ताह में केवल तीन दिन चलती है। अतः मैं इसे पूर्वानुसार छह दिन करने की मांग करता हूं। वह गाड़ी संख्या 12995/96 है।

इसी प्रकार से भीलवाड़ा के एक वैकल्पिक मार्ग के लिए अजमेर से मारवाड़ होकर जाने वाली गाड़ियों में से एक गाड़ी को भीलवाड़ा डायवर्ट करने की मैं पुरजोर मांग करता हूं। भीलवाड़ा से दिल्ली तक पांच साल पहले दो गाड़ियां चलती थीं। अभी केवल एक चेतक ट्रेन चलती है, जो मीटर गेज के समय की दो गाड़ियों से भी कम है। अतः एक नई ट्रेन के लिए मैं निवेदन करता हूं।

मेरा आपके माध्यम से निवेदन है कि अजमेर से कोटा की कनेक्टिविटी के लिए नसीराबाद से जलींद्री, जो नया रूट रेलवे द्वारा प्रस्तावित है, यह पिक बुक में भी था, उस मार्ग को भी प्रारंभ किया जाए, ताकि वह मेरे लोक सभा क्षेत्र से होकर अजमेर से कोटा की कनेक्टिविटी को सुनिश्चित कर सके।

इसी प्रकार से भीलवाड़ा से कोटा की सीधी कनेक्टिविटी के लिए मांडलगढ़ से भीलवाड़ा एक नये मार्ग की आवश्यकता है। इससे हमारी सीधी कनेक्टिविटी कोटा से होकर कोटा में बनने वाले इंटरनेशनल एयरपोर्ट से हमें सेवाएं प्राप्त हो सकेंगी। मैं आपके माध्यम से पुरजोर गुजारिश माननीय रेल मंत्री से करना चाहता हूं। पूर्व में भी मैंने यह विषय रखा है। कृपया आप इस विषय को

संज्ञान में लें। ऐसा मेरा विनम्र अनुरोध है।

***SHRI SHER SINGH GHUBAYA (FIROZPUR):** Thank you very much, Hon'ble Speaker Sir that you have given me an opportunity to speak in Zero hour on a very important issue of Punjab. You have seen that during the floods in 2025 in Punjab, the crops remained drowned upto 15 to 20 fts for a period of 70 days. Punjab has a border area of about 450 kms out of which 200 kms fall in my Ferozepur constituency. Crops in lacs of acres was destroyed, houses were flattened to ground, animals died and human loss was also there. But it is regretted that Punjab floods didn't find a mention even once during this Budget session. It was also not mentioned whether any compensation will be given. Speaker Sir, the border area stretches to about 200 kms and it is also unfortunate that despite several written demands for declaring the border road from Ferozepur to Fazilka as a national highway, nothing has been done so far. This is a border road and more than 500 people die every year in accidents here but the government is just sleeping. Gadkari sahib has laid a very good road network in the country but nothing has been done for border area of Ferozepur. Similarly, in Malwa region of Ferozepur, we face bullets on Zero line but you are not giving even a single minute to speak.

Speaker Sir, this entire area is also affected by cancer and one train named cancer express goes upto Bikaner. Railway connectivity is not available in this area. We also lack in education and employment. So, do you wish the people in this area to be killed because they don't have any facility

* English translation of the speech originally delivered in Punjabi.

and employment? Speaker Sir, this area should be taken care of.

माननीय अध्यक्ष : श्री धर्मबीर सिंह जी।

श्री धर्मबीर सिंह (भिवानी-महेन्द्रगढ़) : बहुत-बहुत धन्यवाद अध्यक्ष महोदय। आज कल अपने देश में पिछले कुछ सालों से जिस जमीन में खेती होती है, वह सारी जमीन जहरीली बन चुकी है। चाहे उसमें फल हों, सब्जियां हों, खाद्यान्न पदार्थ हों, यहां तक कि अगर दूध भी पियेंगे, तो उसमें भी मिलावटी जहर है। उसका मुख्य कारण है कि हम यूरिया और डीएपी बाहर से मंगवाते हैं। हम देश में 2 लाख करोड़ रुपये से ज्यादा सब्सिडी देकर जमीन को जहर के लिए तैयार करते हैं। मेरी आपके माध्यम से एग्रीकल्चर मिनिस्ट्री से गुजारिश है कि अगर वह किसानों को सीधे सब्सिडी दे दें, तो गोबर खाद से, जैविक खाद से वे दोबारा जमीन की ताकत बना लेंगे। अकेले हरियाणा में 83 लाख एकड़ जमीन है, आप 9,000 करोड़ रुपये से ज्यादा सब्सिडी देते हैं। अगर वही सब्सिडी 10 हजार रुपये प्रति एकड़ प्रति वर्ष दे देंगे, तो आपकी वही जहरीली जमीन ठीक हो जाएगी, दोबारा से जमीन की ताकत आ जाएगी।

माननीय अध्यक्ष जी, इसके साथ-साथ जो फ्लड का मामला है। बीमा पालिसी में ओलावृष्टि, सूखा कवर कर रखा है, लेकिन बाढ़ आ जाए, पानी खड़ा हो जाए, हमारे हरियाणा में दोनों फसलें बर्बाद हो गयीं, लेकिन जिस फसल में पानी खड़ा हो गया, वह फसल बीमा में कवर नहीं है। अगर बनी-बनायी फसल में आग लग जाए, काटने के बाद लग जाए, वह भी कवर नहीं है। ये दोनों चीजें ओलावृष्टि के साथ-साथ बाढ़ आ जाए या आजजनी से नुकसान हो, तो वह भी बीमा में कवर होनी चाहिए।

तीसरा, हरियाणा सरकार पहले स्प्रिंकलर सेट पर सब्सिडी देती थी। अब पिछले कुछ सालों से स्प्रिंकलर सेट, जिससे थोड़े पानी से ज्यादा पैदावार होती है, उसकी सब्सिडी देनी बंद कर दी है। मैं आपके माध्यम से निवेदन करता हूं कि वह सब्सिडी दोबारा चालू की जाए।

माननीय अध्यक्ष : श्री नीरज मौर्य जी।

श्री नीरज मौर्य (आंवला) : धन्यवाद अध्यक्ष जी, मैं आपके माध्यम से सरकार का ध्यान मेरे क्षेत्र

की प्रधान मंत्री सड़क योजना की बदहाली की ओर दिलाना चाहता हूँ।

मान्यवर, हमारे यहां पर कई सड़कें ऐसी हैं, जो गारंटी पीरियड में ही टूट गयीं, जर्जर हो गयीं। पटपरागंज से गीठेर विकास खण्ड मझगांव-आंवला सड़क टूटी पड़ी है, अलीगंज से सिरौली मार्ग से खटेेटा मोड़, काव्यपुर पट्टी, आजमपुर होते हुए खनगांव श्याम, रम्पुरा, नूरपुर होते हुए, आंवला-सिरौली मार्ग पर मिलता है, जो वर्ष 2023-24 में ही पीएमजीएसवाई के अंतर्गत बनी थी, वह लगभग 70 प्रतिशत टूट गयी है।

मान्यवर, इन सड़कों में तकनीकी मानकों की सरेआम धज्जियां उड़ाई गई हैं। इंजीनियरिंग मानकों के अनुसार सड़क की नींव को मजबूत करने के लिए जी-1 और जी-2 ग्रेड की गिट्टी की परतें बिछाई जानी चाहिए थीं, लेकिन उसका पालन नहीं किया गया है। परतों की मोटाई कम रखने के कारण ये सड़कें पहली बारिश भी नहीं झेल पाई हैं।

मान्यवर, सबसे गंभीर बात यह है कि प्रधानमंत्री ग्राम सड़क योजना के नियमों के तहत इन सड़कों पर 5 साल की डिफेक्ट लायबिलिटी पीरियड यानी गारंटी अवधि लागू होती है। इस अवधि में सड़क के किसी भी मरम्मत का खर्च संबंधित ठेकेदार को ही उठाना है। सरकार को इसके लिए अलग से कोई भुगतान नहीं करना है। इसके बावजूद बरेली और बदायूं में ठेकेदार अपनी जिम्मेदारी से भाग रहे हैं और विभाग उन पर कार्रवाई करने के बजाय चुप्पी साधे बैठा है। आंवला-सिरौली मार्ग और सहसवान-मुजरिया खंड इसके ज्वलंत उदाहरण हैं।

माननीय अध्यक्ष जी, मैं आपके माध्यम से मांग करता हूँ कि इन विशिष्ट सड़कों की गुणवत्ता की जांच नेशनल क्वालिटी मॉनिटर्स के एक स्वतंत्र दल से कराई जाए। जो ठेकेदार डिफेक्ट लायबिलिटी पीरियड के दौरान मरम्मत नहीं कर रहे हैं, उनके खिलाफ कार्रवाई करते हुए उन्हें ब्लैकलिस्ट किया जाए। यह एक ऐसी महत्वाकांक्षी योजना है, जो ग्रामीण भारत को आगे बढ़ाने का काम करती है, इस पर ध्यान दिया जाए, बहुत-बहुत धन्यवाद।

माननीय अध्यक्ष : श्री भारत सिंह कुशवाह जी।

श्री भारत सिंह कुशवाह (ग्वालियर) : माननीय अध्यक्ष महोदय, मैं माननीय प्रधान मंत्री जी का

विशेष रूप से इस बात के लिए अभिनंदन करना चाहूंगा कि उन्होंने प्रयागराज से ग्वालियर ग्रीन कॉरिडोर सिक्स लेन की स्वीकृति देकर एक बहुत बड़ी सौगात दी है।

माननीय अध्यक्ष महोदय, मैं आपके माध्यम से सरकार से यह निवेदन करना चाहूंगा कि ग्वालियर उद्योग की दृष्टि से, पर्यटन की दृष्टि से, एक्सपोर्ट की दृष्टि से और फिल्मों की शूटिंग की दृष्टि से काफी महत्वपूर्ण अंचल है। मेरी आपके माध्यम से सरकार से यह प्रार्थना है कि जो आगरा-ग्वालियर ग्रीन कॉरिडोर की सौगात है, उसके दोनों तरफ शासकीय भूमि पर्याप्त है। मैं आपसे यह अनुरोध करना चाहूंगा कि उस शासकीय भूमि का उपयोग उद्योग के रूप में होना चाहिए और आगरा ग्रीन कॉरिडोर को उद्योग के रूप में एक अलग से पहचान मिले, ऐसी मैं आपके माध्यम से सरकार से प्रार्थना करता हूँ।

श्री देवेश शाक्य (एटा) : अध्यक्ष महोदय, बहुत-बहुत धन्यवाद। मेरे लोक सभा क्षेत्र एटा में पैरलल लोअर गंगा कैनाल है, जो शहर कासगंज के नजदीक से निकलती है। इसमें एक नहर पक्की है। इसमें पशु, जानवर गिरने के बाद निकल नहीं पाते हैं और मर जाते हैं। वहीं बगल में ही कच्ची नहर है, जो गहरी है और मगरमच्छों से भरी हुई है, जिसमें हर वर्ष सैकड़ों लोगों की डूबने के कारण जान चली जाती है। यहीं पर अग्रेजों के द्वारा बनाई गयी सायफन है, जो कि ऐतिहासिक विरासत है। यहाँ पर उत्तर प्रदेश सरकार द्वारा सौन्दर्यीकरण कराया जा रहा है। मेरी सरकार से मांग है कि पक्की नहर पर 100-100 मीटर पर सीढ़ि याँ बनाई जाएं, जिससे जानवरों को बचाया जा सके। वहीं कच्ची नहर पर लोगों की जान बचाने के लिये एनडीआरएफ की स्थाई टोली दी जाये। नदरई पर चल रहे सौन्दर्यीकरण के कार्य की गुणवत्ता अच्छी नहीं है। इसके कार्य की जाँच टीएसी से करवा कर ही ठेकेदार का भुगतान किया जाए।

नदरई क्षेत्र के आस पास बड़ी संख्या में लोग घूमने आते हैं। आए-दिन अपराधियों का जमावड़ा यहां लगा रहता है। पूर्व में लूट, हत्या और बलात्कार जैसी घटनाएं यहां हुई हैं। यहाँ पूर्व में एक बलात्कार हुआ था। उसके बाद हमने अस्थायी चौकी बनवाई थी, उस चौकी को स्थायी किया जाए।

श्री कुलदीप इंदौरा (गंगानगर) : अध्यक्ष महोदय, धन्यवाद। मैं एक लोक महत्व के मुद्दे, सिंचाई व दूषित पेयजल की गम्भीर समस्या पर आपका ध्यान आकर्षित करना चाहूंगा। हमारे यहां पोंग बांध है। इसका निर्माण नेहरू जी ने आजादी के बाद कराया था। उस बांध से तीन परियोजनाएं बनीं, गंग कैनाल, भाखड़ा और इंदिरा गांधी नहर परियोजना। तीनों परियोजनाओं में भराव क्षमता बहुत कम रह गई है। जिसमें 1,410 फीट पानी होना चाहिए, उसमें 1,390 फीट से ज्यादा पानी नहीं होता। गंग कैनाल 3 हजार क्यूसेक की है, उसमें 21-22 सौ क्यूसेक से ऊपर पानी नहीं है। भाखड़ा में मात्र 11-12 सौ क्यूसेक पानी है, जबकि वह 18 सौ क्यूसेक की नहर है। आईजीएनपी साढ़े 18 हजार क्यूसेक की नहर थी, उसमें मात्र 11 हजार क्यूसेक पानी है। इसका संकट हमारे यहां लोगों को झेलना पड़ता है। हमारे हिस्से में 860 एमएफ पानी तय हुआ था, वह भी हमें पूरा नहीं मिल रहा है। इसमें अलग-अलग राज्यों का हिस्सा तय किया गया था। राजस्थान को हमारे हिस्से का 6 एमएफ पानी आज भी नहीं मिल रहा है, जबकि इसके लिए सुप्रीम कोर्ट के आदेश भी हो चुके हैं। भाखड़ा-व्यास मैनेजमेंट बोर्ड में हमारा सदस्य होना चाहिए। उस बोर्ड में हमारा सदस्य नहीं है, जिसके कारण राजस्थान को समस्याओं का सामना करना पड़ता है।

महोदय, हमारे यहां दूषित पेयजल आ रहा है। इसके कारण हमें गम्भीर बीमारियों का सामना करना पड़ता है। मैं निवेदन करना चाहूंगा कि पेयजल के लिए अलग से पाइपलाइन डालकर पीने के पानी की व्यवस्था की जाए। जितनी भी परियोजनाएं हैं, चाहे गंगा है, यमुना है, भाखड़ा है, सतलज है, वहां पाइपलाइन के माध्यम से पेयजल की व्यवस्था की जाए, ताकि लोग वहां बीमारियों से बच सकें और सुरक्षित रह सकें। मैं आपसे यही निवेदन करना चाहूंगा ... (व्यवधान)

माननीय अध्यक्ष : माननीय सदस्यगण, अगर आप संक्षिप्त में बोलेंगे, तो सभी माननीय सदस्यों को अवसर मिल जाएगा, इसलिए संक्षिप्त में अपनी बात बोल लें।

***DR. K. SUDHAKAR (CHIKKBALLAPUR):** Hon'ble Speaker, Sir thank you for giving me the opportunity.

* English translation of the speech originally delivered in Kannada.

I have been making efforts since 2007 to provide a permanent irrigation solution to the people and farmers of drought affected districts of Karnataka such as Chikkaballapur, Bangalore Rural and Kolar and other Bayaluseeme (Plateau) districts of Karnataka.

The previous BJP Government in Karnataka State had announced a plan to ensure tertiary (third-stage) treated water to the people.

However, this initiative was cancelled by the present Government of Karnataka as it is discontinued many other projects. Several scientific studies have indicated that the adverse health among the people is caused by the water, which is treated only two stages. Therefore, I would like to propose three suggestions to consider in this regard.

A scientific guidelines issued by the Union government should be implemented by the state government to ensure the water is treated at tertiary level (third-stage) before it is released. And, the Yettinahole project works should be expedited and completed at the earliest.

The allocation of 15 TMC of water share from the river Krishna should be released to mitigate the water scarcity and save the precious lives of the people of these districts.

Thanking you.

15.00 hrs

श्री उज्ज्वल रमण सिंह (इलाहाबाद) : धन्यवाद माननीय अध्यक्ष महोदय, मैं आपके माध्यम से छोटे और मध्यम श्रेणी के दुकानदारों की समस्या उल्लिखित करना चाहता हूँ। आज ऑनलाइन कारोबार की वजह से घर-बैठे सामान उपलब्ध हो रहा है, जिसके फलस्वरूप छोटे और मध्यम

श्रेणी के दुकानदार परेशान हैं। ग्राहकों की कमी होने से व्यापारी और दुकानदार बैंकों के कर्ज के और थोक व्यापारियों के कर्जदार होते जा रहे हैं। ऐसी स्थिति में बहुत सी दुकानें बंद होती जा रही हैं और कर्ज के बोझ से कुछ व्यापारी आत्महत्या करने पर मजबूर हो रहे हैं। निचले स्तर पर हालात खराब होने के कारण बड़ी मंडियों से व्यापारियों को उधार मिलना लगभग बंद हो चुका है। उधर माल कल्चर से चंद बड़े उद्योगपतियों की वजह से फुटकर खुदरा रीटेल शॉप पर बुरा असर पड़ रहा है। फैक्ट्री चलाने वाला उद्योगपति अगर खुदरा व्यापार में उतर आता है, तो निश्चित तौर से छोटे व्यापारी खत्म हो जाते हैं।

मैं आपके माध्यम से सरकार से माँग करना चाहता हूँ कि ऑनलाइन कारोबार पर अंकुश लगाया जाए, नियम बनाए जाएँ और छोटे और मझौले व्यापारियों को बचाया जाए।

आपका बहुत-बहुत धन्यवाद और आभार।

श्री राजीव राय (घोसी) : धन्यवाद महोदय, आपका विशेष आभार कि आज आपने सबको बोलने का मौका दिया।

माननीय अध्यक्ष : उत्तम पटेल जी, आपको मौका नहीं मिलेगा।

श्री राजीव राय : कभी-कभी हम यह सोचते हैं कि आप नहीं होते, तो क्या होता? कंप्यूटर बाबा चार बार से नाराज हैं। मैं निशिकान्त जी से कई बार कह चुका हूँ कि वह ज्ञान दे दीजिए, वे नहीं देते हैं।

माननीय अध्यक्ष जी, मैं आपके माध्यम से सरकार के ध्यान में अपने यहाँ के बदहाल बुनकर, बेहाल किसान और बेरोजगार नौजवानों की पीड़ा रखना चाहता हूँ। महोदय, हमारे यहाँ उद्योग के नाम पर चार मिलें थीं और बुनकर थे। वह बुनकर बाहुल्य इलाका है। सरकार की उपेक्षापूर्ण नीतियों के कारण, पहले जीएसटी लगा, हमारी सरकार में बिजली का फ्लैट रेट लगता था, उसे छीन लिया। फिर उन्होंने रेट बढ़ा दिया। अभी ऐसा स्मार्ट मीटर लगा दिया है कि लोग घर में सो रहे हैं और वे जाकर स्मार्ट मीटर लगा देते हैं। सामान्य घरों में भी, जहाँ बुनकर नहीं हैं, पहले अगर 500 रुपये का बिल आता था, तो अब 4000 रुपये का बिल आ रहा है। इसके बारे में

लगातार आवाज उठती रहती है।

मैं आपके माध्यम से दो बातें उठाना चाहता हूँ वह बुनकर, जो घर-घर है, किसी के ऊपर बोझ नहीं है, सरकार उन बुनकरों को एक बार जीवनदान देने के लिए पुराने कर्ज माफ कर दे, पुराना फ्लैट रेट वापस लाए और स्मार्ट मीटर, हाई टेक्नोलॉजी से जब तक जाँच न हो, तब तक न लगे।

महोदय, दूसरी बात मिल के बारे में है। हमारे यहाँ चार मिलें थीं। तीन मिलें पहले से बंद थीं। एक चीनी मिल चल रही थी, जो पिछले पिराई सत्र में बंद हो गई। हमारे स्थानीय मंत्री लोग भी प्रयास कर रहे हैं। वे लगातार चिट्ठी लिखते हैं, लेकिन सरकार ऐसी है कि वह अपने मंत्रियों का जवाब तक नहीं देती है। मैं आपके माध्यम से अनुरोध करता हूँ कि किसानों के हित को देखते हुए उस घोसी चीनी मिल को पुनः चालू करने के लिए आर्थिक पैकेज दिया जाए और तत्काल व्यवस्था की जाए कि अगले पिराई सत्र से पहले चीनी मिल शुरू हो जाएगी। इसके साथ जो कताई मिल बंद है, उसे भी चालू करने की व्यवस्था की जाए। यह घोसी के साथ अपमान हो रहा है, लगातार उपेक्षा हो रही है। उम्मीद है कि सरकार इस पीड़ा को समझेगी और कुछ न कुछ जरूर करेगी।

***SHRI JUGAL KISHORE (JAMMU):** Hon. Speaker Sir, through you, I want to convey this message to the Honorable Railway Minister that the government has doubled the railway line from Jalandhar to Jammu, for which we are very thankful. However, there is still a need to double the railway line from Jammu to Katra. The number of devotees visiting Mata Vaishno Devi is increasing, causing difficulties for both the people and the department. The number of travellers and devotees is increasing day by day. Just as the railway line from Jalandhar to Jammu has been doubled, the doubling of the railway line from Jammu to Katra should also be done as soon as possible. Thank you.

* English translation of the speech originally delivered in Dogri.

श्री नरेश चंद्र उत्तम पटेल (फतेहपुर) : माननीय अध्यक्ष महोदय, मैं आपके माध्यम से सरकार का ध्यान उत्तर प्रदेश के लाखों शिक्षामित्रों की ओर आकर्षित करना चाहता हूँ, जिनकी स्थिति आज अत्यंत चिंताजनक हो गई है।

उत्तर प्रदेश में वर्ष 1999 में परिषदीय विद्यालयों में शिक्षकों की कमी को दूर करने के लिए शिक्षामित्रों की नियुक्ति हुई थी। उस समय उनको 2,400 रुपये, 2,500 रुपये, 3,000 रुपये और 3500 रुपये मिलते थे।

समाजवादी विचारधारा हमेशा से गरीब, वंचित और मेहनतकश लोगों के सम्मान और अधिकारों की बात करती रही है। इसी सोच के तहत उत्तर प्रदेश में तत्कालीन मुख्यमंत्रीमाननीय अखिलेश यादव जी ने शिक्षामित्रों की वर्षों पुरानी मांग को समझते हुए, उन्हें शिक्षक का स्थान दिया था। उस समय उनका वेतन लगभग 27,000 रुपये से 28,000 रुपये तक हुआ था। पहली बार शिक्षामित्रों को लगा कि उनके वर्षों के संघर्ष और सेवा को सम्मान मिला है।

15.06 hrs

(Shrimati Sandhya Ray in the Chair)

महोदया, आज स्थिति यह है कि लाखों शिक्षामित्र फिर से आर्थिक और मानसिक संकट से गुजर रहे हैं। मेरे पास एक शिक्षामित्र का पत्र आया है, जिसमें उन्होंने लिखा है कि पहले उन्हें लगभग 39,000 रुपये प्रतिमाह मिलते थे, जो घटकर 10,000 रुपये हो गया है। अभी उत्तर प्रदेश के मुख्यमंत्री जी ने अनाउंस किया है कि अब उनको 18 हजार रुपये मिलेंगे, लेकिन यह सुप्रीम कोर्ट की फटकार के बाद दिये जा रहे हैं।

महोदया, आपके माध्यम से, मेरी मांग है कि उनको 40 हजार रुपये प्रति माह दिये जाएं ताकि उनका भी जीवन चल सके। कई शिक्षामित्रों ने एसआईआर के काम में आत्महत्या कर ली है एवं कुछ के साथ एक्सीडेंट हो गये हैं। इसलिए मेरी मांग है कि उत्तर प्रदेश के शिक्षामित्रों की बदहाल हालत में सुधार किया जाए और उनको कम से कम 40 हजार रुपये प्रति माह दिये जाएं।

आपने मुझे बोलने का मौका दिया, इसके लिए बहुत-बहुत धन्यवाद।

श्री सुनील कुमार (वाल्मीकि नगर) : माननीय सभापति महोदया, मैं सदन के माध्यम से, माननीय

शिक्षा मंत्री जी से मांग करता हूँ कि केन्द्रीय शिक्षा बोर्ड सीबीएसई और आईसीएसई बोर्ड से मैट्रिक और इंटरमीडिएट की परीक्षा में 75 प्रतिशत से अधिक अंकों से उत्तीर्ण होने वाली छात्राओं को प्रोत्साहन राशि के रूप में क्रमशः 10 हजार और 25 हजार रुपये आगे की पढ़ाई के लिए दिये जाएं। जैसा कि बिहार सरकार और अन्य राज्य सरकारों की शिक्षा बोर्ड्स में प्रथम श्रेणी से उत्तीर्ण छात्राओं को प्रोत्साहन राशि दी जा रही है, जिससे महिला शिक्षा को बढ़ावा मिल रहा है।

धन्यवाद।

श्री वीरेन्द्र सिंह (चन्दौली) : माननीय सभापति महोदया, मैं आपका ध्यान अपने क्षेत्र के किसानों की ओर आकर्षित करना चाहता हूँ। आज किसानों के घरों में स्मार्ट मीटर लगाकर उनको परेशान करने की कोशिश की जा रही है। सरकार ऐसी टेक्नोलॉजी लायी है, ऐसा सॉफ्टवेयर डेवलप किया है कि प्रीपेड स्मार्ट मीटर लगाये गये हैं। जब इसमें पैसे खत्म हो जाते हैं, तो तुरंत घरों की बिजली कट जाती है।

आप सब जानते हैं कि किसानों की आमदनी का जरिया खेती है। जब रबी या खरीफ की फसल होती है, तो वे उनको ले जाकर बाजारों में बेचते हैं और उसके बाद अपनी आमदनी से अपनी देय राशि को वे चुकता करते हैं, अपने जरूरत की चीजों एवं बिल आदि का भुगतान करते हैं। लेकिन प्रीपेड बिजली मीटर लगने और सॉफ्टवेयर के कारण जब उनके बिजली के कनेक्शन कट जाते हैं, हम सब जानते हैं कि बिजली एक आवश्यक साधन है, जिसकी जरूरत सबको है। यदि किसानों की बिजली कट जाती है, तो उनके लिए बहुत परेशानी होती है।

दूसरी बात, जो स्मार्ट मीटर लगाये जा रहे हैं, वे चाइना मेड हैं। फ्लक्चुएशन होने के कारण गलत बिजली बिल आ जाता है। जब गलत बिजली बिल आ जाता है, तो इससे उनका शोषण होता है। अगर मीटर खराब है, तो ये मीटर क्यों लगाये जा रहे हैं? यदि मीटर खराब नहीं है, तो बिल्स में संशोधन क्यों किये जा रहे हैं?

मैं जानता हूँ कि यह विषय राज्य सरकार के अधीन है, लेकिन मैं आपसे अपेक्षा करूँगा कि राज्य सरकार का ध्यान किसानों के इस ज्वलंत मुद्दे की ओर आकर्षित किया जाए, इसके

समाधान की कोशिश की जाए।

DR. MALLU RAVI (NAGARKURNOOL): Thank you very much, hon. Chairperson Madam, for giving me an opportunity to speak about my parliamentary constituency, Nagarkurnool.

Madam, I come from a very backward parliamentary constituency, and there are no MSMEs or heavy industries in Nagarkurnool. It is very much neglected in the field of MSMEs and heavy industries.

Madam, unemployment is increasing significantly in my parliamentary constituency. Previous history shows that many of the youth went into Maoist activities, and now, that problem has come under control because there has been some improvement in the irrigation sector.

Through you, Madam Chairperson, I would request the hon. Finance Minister to take up Nagarkurnool parliamentary constituency as a model constituency where she can give direction to all the banks to promote MSMEs, so that small and vulnerable sections of the society can start these MSMEs and get employment, and also generate employment for others.

Also, through you, Madam Chairperson, I request the Minister of Heavy Industries to undertake a special study of the Nagarkurnool parliamentary constituency and try to establish some heavy industries there. Otherwise, he may also direct the heavy industries that are there in Hyderabad to have ancillaries in my parliamentary constituency.

Madam, the Regional Ring Road (RRR) is passing through my constituency, and now, there is a scope for industrialisation. Hence, through

you, I request the Minister of Heavy Industries and the Finance Minister to give some special attention to this backward area. Thank you very much.

माननीय सभापति : श्री राम शिरोमणि वर्मा - उपस्थित नहीं।

श्री उम्मेदा राम बेनीवाल जी।

श्री उम्मेदा राम बेनीवाल (बाड़मेर) : सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान राजस्थान के किसानों की एक गंभीर समस्या की ओर आकर्षित कराना चाहता हूँ। राजस्थान के सीमावर्ती क्षेत्र बाड़मेर, जैसलमेर और बीकानेर में बड़ी संख्या में सोलर एवं विंड के पावर प्लांट्स लग रहे हैं। वहां पावर ग्रिड कॉर्पोरेशन ऑफ इंडिया और स्टारलाइट पावर जैसी बड़ी कंपनियों की ट्रांसमिशन लाइन्स बिछाई जा रही हैं।

महोदया, किसानों को उसका उचित मुआवजा नहीं दिया जा रहा है। किसानों को डीएलसी रेट के हिसाब से मुआवजा दिया जा रहा है, जबकि डीएलसी रेट बहुत कम है। किसानों के घरों, जलाशयों और सरकारी स्कूलों के मैदानों पर बिना सहमति के ट्रांसमिशन लाइन्स के पोल्स खड़े किए जा रहे हैं, जिसकी वजह से किसान परेशान हैं। मेरे संसदीय क्षेत्र के बायतू तहसील के भोजासर गांव के किसान पिछले दो महीनों से धरने पर बैठे हैं, लेकिन उनकी कोई सुनवाई नहीं हो रही है।

महोदया, मेरी आपके माध्यम से सरकार से यह मांग है कि किसानों को मार्केट वैल्यू के हिसाब से उचित मुआवजा दिया जाए। एक संयुक्त कमेटी बनाई जाए, जिसमें किसान, एसडीएम और कंपनी के अधिकारीगण शामिल हों। किसानों को मार्केट वैल्यू का कम से कम पांच गुना मुआवजा मिलना चाहिए। अभी बेमौसम बारिश की वजह से किसानों की फसलें खराब हो गई हैं, इसलिए उनको उसका मुआवजा भी दिया जाना चाहिए।

श्री मोहम्मद हनीफ़ा (लद्दाख) : माननीय सभापति महोदया, ...*

माननीय सभापति : माननीय सदस्य श्री मोहम्मद हनीफ़ा जी ने अभी विषय उठाया था। लेकिन,

उन्होंने सुबह जो विषय उठाया था, वही कार्यवाही में आएगा।

... (व्यवधान)

श्री दिलेश्वर कामैत (सुपौल) : सभापति महोदया, पूर्व-मध्य रेलवे के समस्तीपुर मंडल के अंतर्गत स्थित सुपौल एवं थुम्हा रेलवे स्टेशन्स के बीच की दूरी लगभग 14 किलोमीटर है। वहां की आबादी काफी घनी है और यातायात की असुविधा के कारण विद्यार्थियों, व्यापारियों एवं कामगारों को जिला मुख्यालय एवं अन्य दूर स्थित शैक्षणिक संस्थाओं तक आवागमन में ज्यादा कठिनाइयों का सामना करना पड़ता है। दोनों स्टेशन्स के मध्य एक रेलवे स्टेशन या एक हॉल्ट का निर्माण बहुत ही आवश्यक है। मैं माननीय रेल मंत्री जी से आग्रह करता हूं कि सुपौल और थुम्हा रेलवे स्टेशन्स के मध्य में एक रेलवे स्टेशन या एक हॉल्ट का निर्माण जनहित में किया जाए।

महोदया, गत सप्ताह आई बहुत ही भयंकर प्राकृतिक आपदा आंधी, वर्षा एवं तूफान के चलते मेरे संसदीय क्षेत्र सुपौल में मकई, गेहूं एवं दलहन की फसल नष्ट हो गई है। मैं सरकार से आग्रह करता हूं कि किसानों को जल्द से जल्द फसल की क्षतिपूर्ति की जाए। धन्यवाद।

डॉ. निशिकान्त दुबे (गोड्डा) : सभापति महोदया, मैं इस संविधान के तीन आर्टिकल्स 339, 341 और 342 के संबंध में कुछ कहना चाहता हूं। मैं यह बात इसीलिए कह रहा हूं, क्योंकि अभी महिला आरक्षण की बात हो रही है और उनकी सीट्स बढ़ने की बात हो रही है।

सभापति महोदया, मैं जिस राज्य से आता हूं, वहां वर्ष 2001 की सेंसस के बाद भी वर्ष 2008 में डी-लिमिटेशन नहीं हुआ। झारखंड को छोड़कर पूरे देश में डी-लिमिटेशन हो गया। उसका कारण यह था कि वर्ष 2001 की सेंसस के आधार पर जब वर्ष 2008 में डी-लिमिटेशन होने लगा, तो शेड्यूल्ड ट्राइब्स की एक लोक सभा सीट और तीन विधानसभा सीट्स कम हो गईं। यह वर्ष 2001 की सेंसस के आधार पर हुआ। जब यह वर्ष 2011 की सेंसस के आधार पर होगा, तो व्यक्तिगत तौर पर मेरा मानना है कि शेड्यूल्ड ट्राइब्स की कम से कम दो लोक सभा सीट्स और लगभग छः विधानसभा सीट्स किसी भी कीमत पर घटेंगी। यह सभी के लिए सोचने वाला विषय है। आर्टिकल 339 यह कहता है कि शेड्यूल्ड ट्राइब्स एरिया का पूरा अधिकार केन्द्र सरकार के पास

होगा। लेकिन, वर्ष 1956 में कांग्रेस की सरकार ने कॉन्स्टिट्यूशन में वह अमेंडमेंट कर दिया।

आर्टिकल 341 के तहत सुप्रीम कोर्ट का एक आदेश आया है कि शेड्यूल्ड कास्ट्स यदि बौद्ध, जैन और सिख को छोड़कर मुसलमान या क्रिश्चियन बनते हैं, तो उन्हें रिजर्वेशन का कोई फायदा नहीं मिलेगा। लेकिन, आर्टिकल 342 के तहत शेड्यूल्ड ट्राइब्स पर यह लागू नहीं होता है। यही संविधान यह कहता है कि यदि मुसलमान के साथ शादी करोगे, क्योंकि हमारे यहां उन मैक्सिमम लोगों ने मुसलमान से शादी कर ली और आदिवासियों की पॉपुलेशन घट गई, यदि वे कहते हैं कि हम अपने नाना-नानी के साथ रहते हैं, तो उन मुसलमानों के वे बच्चे भी शेड्यूल्ड ट्राइब्स रिजर्वेशन के हकदार हो जाएंगे।

आपके माध्यम से मेरा केन्द्र सरकार से आग्रह है कि आर्टिकल 339 को लागू करते हुए आर्टिकल 341 के आधार पर ही, जो शेड्यूल्ड ट्राइब्स सिख, बौद्ध और जैन धर्म छोड़कर मुस्लिम और क्रिश्चियन बनते हैं, उनका आदिवासी दर्जा खत्म किया जाए और हमारे झारखंड में डी-लिमिटेशन खत्म कीजिए। धन्यवाद।

श्री श्यामकुमार दौलत बर्वे (रामटेक) : सभापति महोदया, आपका धन्यवाद।

सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान डिजिटल भुगतान से उत्पन्न गंभीर साइबर धोखाधड़ी की समस्या की ओर आकर्षित करना चाहता हूं।

सभापति महोदया, सरकार के आंकड़ों के अनुसार वर्ष 2020-21 से लेकर वर्ष 2024-25 के बीच 6,54,925 साइबर धोखाधड़ी के मामले दर्ज हुए हैं। महाराष्ट्र में वर्ष 2020-21 से लेकर वर्ष 2024-25 के बीच 1,85,715 धोखाधड़ी के मामले दर्ज हुए हैं। आरबीआई के आंकड़ों के अनुसार 1,00,000 रुपये या उससे अधिक राशि वाले मामलों में वर्ष 2023-24 में 11,261 करोड़ रुपये और वर्ष 2024-25 में 34,771 करोड़ रुपये की धोखाधड़ी हुई है।

सभापति महोदया, वर्ष 2024-25 में यूपीआई से कुल खुद्रा डिजिटल भुगतान 81 परसेंट है। आज पेट्रोल पंप्स पर 60 परसेंट भुगतान डिजिटल माध्यम से होता है। आम नागरिक और व्यापारी वर्ग साइबर अपराधियों के जाल में फंस रहे हैं।

मैडम, पेट्रोल पंप्स पर ईंधन खरीदते समय ग्राहक अलग-अलग डिजिटल माध्यमों से भुगतान करते हैं। पेट्रोल पंप संचालकों के पास यह जानने का कोई अधिकार नहीं होता है कि भुगतान किस खाते से किया गया है। उन्हें नहीं पता होता है कि वह खाता वैध है या अवैध है। देश भर के राजमार्गों पर स्थित पेट्रोल पंप्स से दूर-दराज के वाहन ईंधन भरवाते हैं। साइबर क्राइम विभाग द्वारा लेन-देन को संदिग्ध बताकर पेट्रोल पंप संचालकों के बैंक खाते फ्रीज कर दिए जाते हैं।

मैडम, यह सिर्फ पेट्रोल पंप्स का ही विषय नहीं है, बहुत सारे ऐसे व्यापारी हैं, जिनके साथ साइबर फ्रॉड होता है, उनके अकाउंट्स रिकॉर्ड में आते हैं और 500, 1,500 तथा 5,000 रुपये के लिए उनके खाते फ्रीज हो जाते हैं। इससे उन्हें बहुत दिक्कत होती है। उसके बाद साइबर सेल वाले उन लोगों को जब बुलाते हैं, तो इस टाइप से बुलाते हैं, जैसे वे लोग बहुत बड़े अपराधी हों।

मैडम, इस पर सरकार को विचार करना चाहिए कि यह जो साइबर गुनाहगारी बढ़ रही है और जो लोग उसमें फंस रहे हैं, उनका उससे कोई लेना-देना ही नहीं है। यूपीआई से पेमेंट होता है, इसलिए किसी को पता ही नहीं होता है कि किस अकाउंट से पैसा आ रहा है। ... (व्यवधान) मैडम, मुझे कन्क्लूड तो करने दीजिए। ... (व्यवधान) इसलिए मेरी आपके माध्यम से मांग है कि ... (व्यवधान) मैडम, मुझे दो मिनट का समय दे दीजिए। ... (व्यवधान)

माननीय सभापति : माननीय सदस्य श्री हनुमान बेनीवाल जी - आप बोलिए।

... (व्यवधान)

श्री हनुमान बेनीवाल (नागौर) : सभापति महोदया, सबसे पहले, मैं आपको धन्यवाद दूंगा कि आपने मुझे एक गंभीर विषय पर बोलने का अवसर दिया है।

सभापति महोदया, आज इस सदन के माध्यम से मैं एक अत्यंत गंभीर विषय पर मैं आपका ध्यान आकर्षित करना चाहता हूं। राजस्थान विधान सभा के तीन विधायकों द्वारा कथित भ्रष्टाचार के आचरण ने न केवल लोकतांत्रिक संस्थाओं की गरिमा को ठेस पहुंचाई है, बल्कि जनता के विश्वास को भी गहरा आघात दिया है। ... (व्यवधान)

सभापति महोदया, विधायक निधि जारी करने के एवज में रिश्वत लेने और कमीशन लेने के

खेल को एक प्रमुख समाचार पत्र 'दैनिक भास्कर' ने तथ्यों और सबूतों के साथ प्रकाशित किया है।

... (व्यवधान)

डॉ. निशिकान्त दुबे : सभापति महोदया, यह राज्य सरकार का विषय है। ... (व्यवधान)

श्री हनुमान बेनीवाल : सभापति महोदया, चैनलों ने भी उस स्टिंग को दिखाया, जिसमें भाजपा के एक विधायक ने तो स्टिंगर से दस लाख रुपए घर बुलाकर रिश्वत के रूप में लिए थे।

... (व्यवधान) उदयपुर संभाग के एक विधायक को सवाल उठाने के एवज में रिश्वत लेते हुए

... (व्यवधान) आपके बोलते समय क्या हम कुछ बोलते हैं? ... (व्यवधान) क्या हम बोलेंगे भी

नहीं? ... (व्यवधान) क्या आप तय करोगे कि यह किसका विषय है?... (व्यवधान)

सभापति महोदया, यह क्या बात हुई? ... (व्यवधान)

माननीय सभापति : माननीय सदस्य यह राज्य सरकार का विषय है। आपकी बात आ गई है, कोई दिक्कत नहीं है।

... (व्यवधान)

माननीय सभापति : माननीय सदस्य श्री बिष्णु पद राय जी - आप बोलिए।

... (व्यवधान)

श्री बिष्णु पद राय (अंडमान और निकोबार द्वीप समूह) : सभापति महोदया, अंडमान और निकोबार प्रशासन के 40 डिपार्टमेंट्स, जैसे एग्रीकल्चर, बिजली विभाग आदि, वहां करीब 12,000 मजदूर डीआरएम या कॉन्ट्रैक्ट में काम करते हैं।

सभापति महोदया, उन लोगों की 10-15 साल की नौकरी हो गई है। माननीय वाजपेयी जी के समयकाल में मैं सांसद था। उन मजदूरों को पीडब्ल्यू से एक-तिहाई पेमेंट कराया था, इतनी बढ़ोत्तरी मिली थी। उसके बाद बहुत साल बीत चुके हैं। 25 साल पहले मैंने मांग की थी कि इन लोगों को परमानेंट किया जाए। खासकर, ऑनरेबल हाई कोर्ट ने 19 फरवरी, 2026 को ऑर्डर कर दिया है कि ऐसे मजदूरों को परमानेंट किया जाए।

सभापति महोदया, मैं आपके माध्यम से माननीय मोदी जी से और सरकार से अनुरोध

करता हूँ कि इन लोगों को परमानेंट किया जाए।

जय हिंद। भारत माता की जय।

श्री अब्दुल रशीद शेख (बारामूला) : सभापति महोदया, आपको मालूम है कि बाबा गुलाम शाह बादशाह यूनिवर्सिटी जम्मू कश्मीर की खत-ए-चिनाब की पहचान है और शान है। मैं इस हाउस की तवज्जो दिलाना चाहूंगा कि उसको तबाही के दहाने पर पहुंचाया गया है। वहां 70 परसेंट स्टाफ की कमी है।

वहां के जो रजिस्ट्रार शहवाज को रिमूव किया गया, वहां के डीन को रिमूव किया गया है और जो उसकी फंडिंग थी, वह भी ऑलमोस्ट खत्म कर दी गई है। वहां के जो स्टूडेंट्स का करियर तबाही के दहाने पर है। यह कंसर्न वहां के एमपी अल्ताफ साहब का भी है।

हमने कल धर्मेन्द्र प्रधान, मिनिस्टर साहब से भी बात की थी कि इसकी पूरी तहकीकात की जाए कि आखिर इस यूनिवर्सिटी को जान-बूझकर क्यों तबाही की तरफ ले जाया जा रहा है। वहां पर बच्चों का मुस्तकबिल लगातार खराब हो रहा है। वहां की सरकार से हम कुछ कह नहीं सकते हैं, क्योंकि वह खुद अंडर ट्रायल जैसी स्थिति में है। जब हमने वहां के सीएम साहब से कहा कि राशन की किल्लत है, गैस की किल्लत है, तो उन्होंने उल्टा जवाब दिया कि अगर आप लाइनें लगाएंगे, तो हम गैस पंप और पेट्रोल पंप बंद कर देंगे।

महोदया, मैं वहां की यूनिवर्सिटी के लिए वहां से नहीं, इस हाउस के माध्यम से एजुकेशन मिनिस्टर साहब से गुजारिश करते हैं कि मेहरबानी करके इसकी तहकीकात की जाए। हम आपसे एक डायरेक्शन चाहते हैं कि एक कमेटी बनाई जाए कि बाबा गुलाम शाह यूनिवर्सिटी को जानबूझकर साजिश के तहत क्यों तबाह किया जा रहा है? वहां पर जो सैकड़ों बच्चे हैं, जो स्कॉलर्स पढ़ रहे हैं, उनका करियर बर्बाद किया जा रहा है। पहले यही हाल माता वैष्णो देवी यूनिवर्सिटी के साथ हुआ और आज वही हाल बाबा गुलाम शाह यूनिवर्सिटी के साथ किया जा रहा है। हमारी यह भी मांग है कि जम्मू और कश्मीर की यूनिवर्सिटीज में यूनियन बनाने की इजाजत दी जाए, ताकि वहां के बच्चों को कम से कम फलने-फूलने का मौका मिले। अगर ऐसा हो जाए, तो हम

आपके शुक्रगुजार रहेंगे। आपका शुक्रिया।

श्री चंदूभाई छगनभाई शिहोरा (सुरेन्द्रनगर) : मैडम। मुझे बोलने का पहली बार मौका मिला है। मेरा संसदीय क्षेत्र गुजरात का सुरेन्द्रनगर है। पूरे देश में गुजरात ही ऐसा राज्य है, जो लगभग 80 परसेंट नमक का उत्पादन कर रहा है। मेरे क्षेत्र सुरेन्द्रनगर में सबसे ज्यादा नमक का उत्पादन हो रहा है। दिनांक 18-19 मार्च को भारी बारिश और पवन की वजह से नमक पकाने वालों का पूरा नमक बह गया है। जो थोड़ा बचा हुआ था, उसमें मिट्टी मिल गई और उसका पूरा सत्यानाश हो गया। नमक निकालने वाले अगरिया लोगों की पूरे साल की आमदनी चली गई है। मैंने गुजरात सरकार से विनती की है, तो तुरंत गुजरात सरकार ने उनके नुकसान का सर्वे कराया है। मैं सदन के माध्यम से गुजरात सरकार का धन्यवाद भी करना चाहता हूँ।

मेरी आपसे यह विनती है कि किसानों को हर साल किसान सम्मान निधि के तहत जो मदद मिल रही है, उसी तरह जो अगरिया लोग हैं, उनको भी हर साल किसान सम्मान निधि के तहत मदद मिले। पूरे देश में किसानों को तीन लाख रुपये तक बिना ब्याज का लोन मिल रहा है, तो अगरिया लोगों को भी बिना ब्याज का लोन मिले। यह मेरी आपके माध्यम से विनती है।

मैडम, इसके अलावा मेरी एक और विनती है कि जो अगरिया लोग नमक पकाते हैं, वे बहुत कड़ी मेहनत के बाद नमक निकालते हैं, लेकिन आज भी उनकी स्थिति में कोई सुधार नहीं आया है। ... (व्यवधान) मैं अपनी बात दो मिनट में खत्म कर रहा हूँ।

माननीय सभापति : माननीय सदस्य आपका विषय आ चुका है।

श्री आनंद भदौरिया (धौरहरा) : सभापति जी, धन्यवाद। मैंने पढ़ा है कि -

“शहीदों की चिताओं पर लगेंगे हर वर्ष मेले,
वतन पर मरने वालों का यही बाकी निशाँ होगा।”

सभापति जी, उत्तर प्रदेश के अंदर लगातार शहीदों, संतों और महापुरुषों को अपमानित किया जा रहा है और उनकी मूर्तियों को खंडित करने का काम किया जा रहा है, बुलडोज करने का काम किया जा रहा है। उत्तर प्रदेश के शाहजहांपुर में आजादी की लड़ाई में हँसते-हँसते फांसी के

फंदे को चूमने वाले शहीद अशफाक उल्लाह खां साहब, पंडित राम प्रसाद बिस्मिल जी, ठाकुर रोशन सिंह जी की प्रतिमाओं को रात के अंधेरे में बुलडोजर चलाकर जमीनदोज करने का काम किया गया है। हमने कुछ दिनों पहले वाराणसी के अंदर भी देखा था कि माता अहिल्याबाई की मूर्ति को भी बुलडोजर करने का काम किया गया था।

उत्तर प्रदेश के विभिन्न हिस्सों में हम आये दिन देखते हैं कि परम् पूज्य बाबा साहब भीमराव अंबेडकर जी की प्रतिमा को क्षतिग्रस्त कर दिया गया, उसे तोड़ने का काम किया गया। हम आपके माध्यम से अपनी पार्टी, समाजवादी पार्टी, अपने नेता, माननीय अखिलेश यादव जी की तरफ से मांग करते हैं कि सत्ता संरक्षित सरकार के इशारे पर जो असामाजिक तत्व यह कार्रवाई कर रहे हैं, उनको ऐसी सजा दी जाए कि वे आजीवन जेल की सलाखों के पीछे रहें। आपने समय दिया, इसके लिए धन्यवाद।

डॉ. प्रशांत यादवराव पडोले (भन्डारा-गोंदिया) : सभापति महोदया, मैं आज इस सदन का ध्यान ओबीसी समाज पर हो रहे अन्याय की तरफ केंद्रित करना चाहूंगा। मेरे पास यह भारत का राजपत्र है, इसमें वर्ष 2027 के हाउस लिस्टिंग और हाउस सेंसस की प्रश्नावली यहां पर बनायी गयी है। इसमें 33 प्रश्न हैं। यहां पर 12 नंबर के प्रश्न में एससी और एसटी के लिए प्रावधान किया गया है, लेकिन ओबीसी समाज का वहां पर नाम ही नहीं है। यहां पर सरकार कहती है कि सबका साथ, सबका विकास, लेकिन वहां पर ओबीसी समाज के लिए कॉलम ही नहीं होगा, तो आप कैसे उनको न्याय देने का काम करेंगे। मेरी सरकार से मांग है कि वर्ष 2027 की जनगणना की प्रश्नावली के प्रश्न संख्या 12 में ओबीसी का कॉलम होना चाहिए और कॉलम के साथ ही मैं ओबीसी मंत्रालय की मांग करता हूं।

माननीय मोदी जी से एक विनती करना चाहूंगा, आज रामनवमी का दिन है और रामनवमी के दिन आपके माध्यम से भगवान श्रीराम से एक विनती करना चाहूंगा कि हमारे जो किसान भाई हैं उनका पांच लाख मीट्रिक टन धान, धान खरीद केन्द्र पर पड़ा हुआ है। आप धान की लिमिट कब बढ़ाएंगे और कब हमारे किसानों को न्याय देंगे? इन्हीं शब्दों के साथ अपनी बात समाप्त करता हूं।

धन्यवाद।

***SHRI GODAM NAGESH (ADILABAD):** Hon. Chairperson Madam, through you, I would like to raise an important issue regarding national highways in my parliamentary constituency Adilabad. NH-44 from Nagpur to Hyderabad passes through my constituency. This Highway covers two districts Yavatmal and Wardha in Maharashtra and Adilabad, Nizamabad, Nirmal, Kamareddy, Medak, Malkajgiri, Hyderabad districts in Telangana. This is presently a four-lane national highway which should be expanded to 6 lane highway. Also NH-44 to NH-363 from Gudi Hathnur to Ashwabad Allapalli needs to be developed. NH-44 up to Boraj as we have connectivity from Chandrapur to Mahaurgarh, Mahaur, Mandvi, Karanji and Jandhapur. NH-63 which connects Kalyan and Nirmal need to be developed by expanding it to four lanes.

Through you, I request honourable Prime Minister and honourable minister for Roadways to kindly take note of these very important demands of my constituency. Earlier, the minister has given assurance to fulfil these demands. I want to request honourable Prime Minister and minister for roadways to expand these highways at the earliest. With these words I conclude my speech.

श्री मलविंदर सिंह कंग (आनंदपुर साहिब) : सभापति महोदया, धन्यवाद। आपने मुझे बोलने का मौका दिया। सभापति महोदया, मैं आपके माध्यम से एक बहुत ही गंभीर विषय की ओर सदन और सरकार का ध्यान दिलाना चाहता हूँ। आज हमारी सोसाइटी में, पूरे समाज में डिवोर्स और डोमेस्टिक वॉयलेंस के केस लगातार बढ़ते जा रहे हैं। यह अकेले पंजाब की बात नहीं है, पूरे देश की

* English translation of the speech originally delivered in Telugu.

बात है कि नया रिश्ता जुड़ता है, तो पूरा परिवार लड़की की क्वालिफिकेशन से लेकर तमाम चीजों के बारे में बहुत कुछ वेरिफिकेशन करते हैं। लेकिन लड़के के बारे में उस तरीके से उस तदाद में वेरिफिकेशन नहीं होता है।

मेरा आपके माध्यम से भारत सरकार से आग्रह है कि इस बुराई को रोकने के लिए जब भी हम नए विवाहित जोड़े को मैरिज सर्टिफिकेट इश्यू करते हैं, तो उस समय यह कंपलसरी किया जाए और एक कानून बनाया जाए कि जो तमाम बुराइयां हैं, खासकर डोप टेस्ट से लेकर जो गंभीर बीमारियां हैं, यह एक आम धारणा बन गई है, यह बड़ा आम विषय बन गया है कि डोप टेस्ट से लेकर गंभीर बीमारियां लोग छुपाते हैं।

मेरा आपके माध्यम से भारत सरकार से निवेदन है कि एक कानून बनाया जाए और कंसन्ड स्टेट को भी डायरेक्शन दी जाए कि जब न्यू कपल को मैरिज सर्टिफिकेट इश्यू होता है तो उस समय यह कंपलसरी हो कि लड़के का डोप टेस्ट हो और मेडिकल सर्टिफिकेट भी जरूर इश्यू किया जाए। बहुत-बहुत धन्यवाद।

श्री राम शिरोमणि वर्मा (श्रावस्ती) : सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान उत्तर प्रदेश के अत्यंत गरीब, उपेक्षित एवं वंचित दुसाध, ढाढ़ी, अल्पसंख्यक एवं कसौधन समाज की पीड़ा की तरफ दिलाना चाहता हूं।

उत्तर प्रदेश में दुसाध, ढाढ़ी, अल्पसंख्यक एवं कसौधन समाज की आबादी लाखों में हैं, लेकिन यह अत्यंत दुर्भाग्यपूर्ण है कि आज भी इन समुदायों के लोगों को जाति प्रमाण-पत्र बनवाने के लिए दर-दर भटकना पड़ रहा है।

आज उत्तर प्रदेश सरकार की हालत यह है कि जाति, निवास एवं जन्म प्रमाण-पत्र बनवाने के लिए लोगों को कई-कई महीनों तक तहसीलों के चक्कर काटने पड़ते हैं। प्रदेश में दुसाध, ढाढ़ी समाज के जब एक ही परिवार में किसी व्यक्ति को अनुसूचित जाति का प्रमाण-पत्र जारी हो चुका है, तब उसी परिवार के दूसरे सदस्य को या उनके सगे-संबंधियों को अनुसूचित जाति का प्रमाण-पत्र जारी नहीं किया जा रहा है।

इसी तरह से कसौधन समाज के लोगों के साथ भेदभाव किया जा रहा है। इन्हें बहराइच जिले में ओबीसी का प्रमाण-पत्र दिया जा रहा है, लेकिन मेरे संसदीय क्षेत्र श्रावस्ती और बलरामपुर में कसौधन समाज को ओबीसी का प्रमाण-पत्र नहीं दिया जा रहा है। इसी तरह अल्पसंख्यक में साईं (फकीर) जाति का प्रमाण-पत्र भी जारी नहीं किया जा रहा है।

मैं आपके माध्यम से भारत सरकार और उत्तर प्रदेश की डबल इंजन की सरकार से मांग करता हूँ कि दुसाध, ढाढ़ी, अल्पसंख्यक, कसौधन सहित वंचित जातियों का एक विशेष सर्वेक्षण करवा कर तत्काल प्रभाव से उन्हें जाति प्रमाण-पत्र जारी किया जाए। अधिकारियों की जवाबदेही तय की जाए, जिससे इन वंचित समाज के लोगों को भी सरकारी योजनाओं का समुचित लाभ प्राप्त हो सके और वे विकास की मुख्यधारा में शामिल हो सकें। धन्यवाद।

श्री सागर ईश्वर खंडे (बीदर) : सभापति महोदया, अभी गर्मी का मौसम शुरू हो गया है और पानी की बहुत बड़ी समस्या आ गई है। जल शक्ति मंत्रालय का जो जल जीवन मिशन (जेजेएम) है, उसका काम अच्छे तरीके से नहीं हुआ है। कई जगह नल है, लेकिन पानी नहीं है। कई जगह पानी है, लेकिन नल नहीं है। केन्द्र सरकार ने इस योजना पर लाखों-करोड़ों रुपये खर्च किए हैं। फिर भी बहुत सारे गांवों में अभी भी पानी की कमी की वजह से लोग परेशान हैं।

One of the reasons this scheme has failed is because the source of water is not sufficient in most cases. Hence, a new proposal has also been made by the Government by identifying the source of water in Basava Sagar reservoir at the Narayanpur Dam. This scheme is a multi-village water scheme for all the rural habitations of Kalburgi and Bidar districts from the Basava Sagar reservoir and has an estimated cost of Rs.7200 crore. This scheme will ensure that the drought-prone regions of Kalburgi and Bidar will get the much-needed water we deserve. In this scheme, we see that water is very essential for our region. The State's share is 50 per cent with the remaining 50 per cent

given by the Central Government. I request the Government to ensure that the scheme is approved and water is given to our region.

श्री मनसुखभाई धनजीभाई वसावा (भरुच) : महोदया, मेरे संसदीय क्षेत्र भरुच के अंतर्गत अंकलेश्वर से सागबारा महाराष्ट्र बॉर्डर तक के राजमार्ग पर नेतरंग और डेडियापाड़ा के मध्य में स्थित बेडा कंपनी के पास कर्जण नदी पर बना हुआ ब्रिज 60 साल से ज्यादा पुराना है। पुल ज्यादा पुराना होने की वजह से वहां वाहनों का आवागमन बंद है। इसी प्रकार से डेडियापाड़ा के प्रवेश द्वार पर ही स्थित एक छोटी नदी पर पुल भी जर्जर हालत में है। भरुच और जंबूसर के बीच नेशनल हाइवे 64 पर आमोद के नजदीक ढाढर नदी पर बना हुआ पुराना ब्रिज भी जर्जर हालत में है।

मेरा संसदीय क्षेत्र भरुच एक औद्योगिक क्षेत्र होने के कारण यहाँ भारी वाहनों का आवागमन होता रहता है। ये दोनों ब्रिज डैमेज होने की वजह से आम जनता और इंडस्ट्रीज वालों को काफी तकलीफ होती है। इस संबंध में मेरा सरकार से, एनएचआई के मंत्री से आग्रह है कि मेरे संसदीय क्षेत्र में बने हुए सभी जर्जरित पुलों को, 60 साल से पुराने पुलों को नये सिरे से बनाने हेतु तत्काल कदम उठाया जाए। धन्यवाद।

श्री मनोज कुमार (सासाराम) : धन्यवाद सभापति महोदया। मैं बिहार की घोसी जाति, गद्दी, ओबीसी तथा खरवार जनजाति को अनुसूचित जनजाति प्रणाम पत्र जारी करने हेतु अपनी बात रखना चाहता हूँ।

सभापति महोदया, बिहार की घोसी जाति और गद्दी जाति को, जो मुस्लिम समुदाय की उपजाति है, बिहार जाति जनगणना, 2023 से पूर्व गद्दी के नाम जाति प्रणाम पत्र मिलता था। इसी तरह से खरवार जाति, जो अनुसूचित जनजाति है, जिसका जनजातीय प्रमाण पत्र मिलता था, किंतु जनगणना के बाद, विशेषकर वर्ष 2023 के बाद इन दोनों जातियों का जाति प्रमाण पत्र बनाना बंद कर दिया गया। जब ये लोग जाति प्रमाण पत्र दोबारा बनवाने के लिए ऑफिस में जाते हैं, तो कहा जाता है कि आपका गजट में नाम छूट गया, खतियान में नहीं है।

महोदया, मैं आपके माध्यम से यह कहना चाहूँगा कि बिहार सरकार को केंद्र सरकार की

तरफ से निर्देशित किया जाए कि ऑफिसर और हम लोग इसीलिए बैठते हैं कि जहाँ गलती हो, जहाँ छूट जाए, उसको सुधारकर पुनः इनका जाति प्रमाण पत्र बनाया जाए। अतः केंद्र सरकार से अनुरोध है कि वह इसमें हस्तक्षेप कर घोसी जाति को गद्दी जाति की उपजाति मानकर ओबीसी जाति प्रमाण पत्र तथा खरवार जनजाति को अनुसूचित जनजाति प्रमाण पत्र राज्य सरकार को निर्गत करने का निर्देश दे। आपने मुझे बोलने का समय दिया, इसके लिए आपका बहुत बहुत धन्यवाद।

कुमारी सैलजा (सिरसा) : धन्यवाद सभापति महोदया। मैं आपके माध्यम से सरकार का ध्यान इस ओर लाना चाहूँगी कि देश में जिस प्रकार से कैंसर के केस बढ़ रहे हैं और खास तौर से हमारे प्रदेश हरियाणा में और उससे भी ज्यादा मैं कहूँगी कि जो मेरा क्षेत्र है सिरसा, फतेहाबाद, हिसार, जींद, यह पूरा इलाका जो घग्गर का है, वह भी और जो जमुना जी का है, वह भी, इसके बारे में सरकार पूरी तरह से शोध करवाए कि जो ग्राउंड वाटर है, उसमें क्या कंटेमिनेशन है, क्योंकि जिस प्रकार से फर्टिलाइजर्स का, केमिकल्स का प्रयोग हो रहा है और इन नहरों में जो प्रदूषण बढ़ रहा है, केमिकल्स बढ़ रहे हैं, टॉक्सिक हो रहे हैं, उन सब से लोगों की सेहत पर प्रभाव हो रहा है और कैंसर बढ़ रहा है। मैं मांग करती हूँ कि इस बारे में शोध भी किया जाए और इसके साथ-साथ हमारे क्षेत्र सिरसा में एक सुपर स्पेशियलिटी हॉस्पिटल की स्थापना की जाए, जो केवल कैंसर के लिए हो। बहुत बहुत धन्यवाद।

श्री राम प्रसाद चौधरी (बस्ती) : धन्यवाद सभापति महोदया। जो राष्ट्रीय स्तर पर मनरेगा कार्यक्रम चल रहा था, मौजूदा सरकार ने उसे समाप्त करके 'बीवी जी राम जी' कानून लाने का काम किया। आज हमारे उत्तर प्रदेश में, विशेषकर जिस निर्वाचन क्षेत्र बस्ती से निर्वाचित होकर मैं आता हूँ, वहाँ के सम्मानित जो प्रधान निर्वाचित हैं, जो ब्लॉक प्रमुख निर्वाचित हैं, जो मनरेगा कार्यक्रम में 60-40 का रेश्यो होता था, 40 परसेंट पक्के काम गांव के विकास के लिए किये जाते थे। उसमें जो मैटेरियल सप्लाई करने का काम जिन ठेकेदारों के हाथ में होता है, प्रधानों की सिफारिश पर, ब्लॉक प्रमुखों की सिफारिश पर उसका आज ढाई वर्षों से उत्तर प्रदेश में भुगतान होने का काम नहीं

हो रहा है। मैं आपके माध्यम से मांग करना चाहता हूँ कि जो मैटेरियल का भुगतान ढाई वर्षों से उत्तर प्रदेश में गांव का, खासकर प्रधानों के संपर्क से उनकी सिफारिश पर जो निर्माण कार्य किए गए हैं, उसका भुगतान कराने का निर्देश जारी करने का काम कराया जाए। इन्हीं शब्दों के साथ मैं आपका धन्यवाद देते हुए अपनी बात समाप्त करता हूँ।

डॉ. राजकुमार सांगवान (बागपत) : सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान एक अत्यंत महत्वपूर्ण विषय की ओर आकर्षित करना चाहता हूँ। देश में भारतीय प्रबंधन संस्थान उत्कृष्ट प्रबंधन शिक्षा के प्रमुख केन्द्र हैं और वैश्विक स्तर पर भारत की प्रतिष्ठा को मजबूत कर रहे हैं। किन्तु आश्चर्य की बात है कि राष्ट्रीय राजधानी क्षेत्र के आस-पास अभी तक किसी भी आईआईएम की स्थापना नहीं की गई है। मेरा लोक सभा क्षेत्र बागपत दिल्ली एनसीआर का महत्वपूर्ण हिस्सा है और नई दिल्ली के अत्यंत निकट है। हाल ही में दिल्ली देहरादून एक्सप्रेस वे के निर्माण से इस क्षेत्र की कनेक्टिविटी और अधिक सुदृढ़ हो गई है। भौगोलिक स्थिति, बेहतर संपर्क, औद्योगिक विकास और दिल्ली एनसीआर में मौजूद राष्ट्रीय एवं बहुराष्ट्रीय कंपनियों की निकटता के कारण बागपत भारतीय प्रबंधन संस्थान की स्थापना के लिए अत्यंत उपयुक्त स्थान है। यदि बागपत में आईआईएम की स्थापना की जाती है तो इससे दिल्ली, उत्तर प्रदेश, हरियाणा, राजस्थान और उत्तराखंड के लाखों विद्यार्थियों को राजधानी के निकट उच्च स्तरीय प्रबंधन शिक्षा प्राप्त होने का अवसर मिलेगा। साथ ही विद्यार्थियों को उद्योगों के साथ बेहर इंटरनशिप और रोजगार के अवसर भी उपलब्ध होंगे, जिससे क्षेत्रीय आर्थिक विकास को और ज्यादा गति मिलेगी।

अतः मेरा सरकार से आग्रह है कि लोक सभा क्षेत्र बागपत में भारतीय प्रबंधन संस्थान की स्थापना हेतु आवश्यक कार्रवाई प्रारंभ की जाए, ताकि पश्चिमी उत्तर प्रदेश सहित पूरे एनसीआर क्षेत्र में उच्च शिक्षा और औद्योगिक विकास को और नया आयाम मिल सके। धन्यवाद।

श्री इमरान मसूद (सहारनपुर) : सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान आकर्षित करना चाहता हूँ कि उत्तर प्रदेश के अंदर पश्चिमी उत्तर प्रदेश के क्षेत्र में लगभग 28 जिले आते हैं, जिलों में सस्ता न्याय सुलभ नहीं हो पा रहा है। यह मांग लगातार की जा रही है। वर्ष

1982 से आंदोलन चल रहा है। हर हफ्ते एक दिन छुट्टी रहती है, एक दिन शनिवार को हड़ताल रहती है कि वहां पर माननीय हाई कोर्ट की बेंच की स्थापना की जाए। चौधरी चरण सिंह जी ने भी इसकी मांग की थी। उनके जमाने से यह आंदोलन चल रहा है।

महोदया, मैं आपके माध्यम से एक मिनट में कहना चाहूंगा कि पश्चिम उत्तर प्रदेश बहुत बड़ा क्षेत्र है। वहां पश्चिम उत्तर प्रदेश के 75 प्रतिशत से अधिक मुकदमे हैं। पश्चिम उत्तर प्रदेश के लोगों को न्याय के लिए 800 किलोमीटर सफर करना पड़ता है। वहां एक बार जाने का खर्चा दस हजार रुपये आता है। गरीब आदमी को सस्ता-सुलभ न्याय कैसे उपलब्ध होगा? दूसरे राज्यों में माननीय हाई कोर्ट की तीन-तीन बेंचेज हैं। हमारे यहां भी माननीय हाई कोर्ट की दो बेंचेज हैं। एक माननीय हाई कोर्ट की बेंच की लगातार डिमांड की जा रही है।

मैं सरकार से मांग करता हूं कि सरकार इसके ऊपर जल्द से जल्द विचार करे, अन्यथा हमारे लोगों के अंदर यह भावना जागृत हो रही है कि हमारा प्रदेश अलग बना दिया जाए। अगर यह स्थिति रही तो प्रदेश में एक नया आंदोलन खड़ा होगा कि हमारा प्रदेश अलग कर दिया जाए। ऐसा सौतेला व्यवहार है कि हमें न्याय के लिए भी बहुत दूर जाना पड़ता है। हमारे जनपद से पाकिस्तान की सीमा नजदीक पड़ती है, लेकिन हमारा माननीय हाई कोर्ट दूर पड़ता है। धन्यवाद।

श्री मोहिबुल्लाह (रामपुर) : सभापति साहिबा, मैं आपका बहुत मशकूर हूं कि आपने मुझे इस समय बोलने का मौका दिया है। पार्लियामेंट जिस इलाके में मौजूद है, वह लूटियंस जोन कहलाता है। इस लूटियंस जोन के अंदर गुरुद्वारे, मसाजिद और मंदिर भी हैं, लेकिन बड़े अफसोस की बात यह है कि सेंट्रल विस्टा प्रोजेक्ट में पांच मसाजिद आ रही थीं, जिनके बारे में मिनिस्ट्री ने अदालत में यह कहा था कि इनको कोई नुकसान नहीं पहुंचेगा। कृषि भवन में भी एक मस्जिद है। उपराष्ट्रपति निवास में एक मस्जिद थी, जिसका अब कोई अता-पता नहीं है। चार मस्जिदें बाकी हैं।

मैं आपके तवस्सूत से, आपके माध्यम से सरकार से पूछना चाहता हूं कि जब सरकार ने कोर्ट में यह आश्वासन दिलाया था कि इन मस्जिदों को, जो हेरिटेज भी हैं, डेढ़ सौ साल पुरानी मस्जिदें हैं, रखी जाएंगी। इसके लिए सरकार क्या कर रही है? हमने कोर्ट के सामने यह आश्वासन

مانگا تھا

مैं आपके तवस्सूत से यह मुतालबा करता हूं कि मसाजिद, गुरुद्वारे और चर्च, जो हेरिटेज भी हैं और कदीमी हैं, इनका तहफ़फूज़ किया जाना जरूरी है। हम बार-बार अदालत में भी यह कहते आए हैं। एक बार अदालत में एक बड़ी कदीमी मस्जिद, जो चार सौ साल पुरानी थी, उसमें भी हमने झूठ कहा। ऐसे ही हमें डर लगता है कि अदालत का सहारा लेकर किसी को आश्वासन दिलाया जाता है, सरकार वह पूरा नहीं करती है। इसलिए सरकार द्वारा इस सिलसिले में तहफ़फूज़ और खदशात, हमारे खौफ और डर को दूर किया जाना चाहिए।

[جناب محب اللہ (رامپور): محترمہ چیرمین صاحبہ، میں آپکا بہت مشکور ہوں کہ آپ نے مجھے اس وقت بولنے کا موقع دیا ہے۔ پارلیمنٹ جس علاقے میں موجود ہے، وہ اُتین زون کہلاتا ہے۔ اس اُتین زون کے اندر، گردوارے، مساجد اور مندر بھی ہیں، لیکن بڑے افسوس کی بات یہ ہے کہ سینٹرل وسٹا پروجیکٹ میں پانچ مساجد آ رہی تھیں، جن کے بارے میں منسٹری نے عدالت میں یہ کہا تھا کہ ان کو کوئی نقصان نہیں پہنچے گا۔ کرشی بھون میں بھی ایک مسجد ہے، آپ راشٹری پتی نواس میں بھی ایک مسجد تھی، جس کا اب کوئی اتا پتہ نہیں ہے، چار مسجدیں باقی ہیں۔

میں آپ کے ذریعہ سے سرکار سے پوچھنا چاہتا ہوں کہ جب سرکار نے کورٹ میں یہ آشواسن دلایا تھا کہ مسجدوں کو جو ہیریٹیج بھی ہیں 150 سال پرانی مسجدیں ہیں، رکھی جائیں گی۔ اس کے لئے سرکار کیا کر رہی ہے؟ ہم نے کورٹ کے سامنے یہ آشواسن مانگا تھا۔

میں آپ کے ذریعہ سے یہ مطالبہ کرتا ہوں کہ مساجد، گردوارے اور چرچ، جو ہیریٹیج بھی ہیں اور قدیمی ہیں، ان کو تحفظ کیا جانا ضروری ہے۔ ہم بار بار عدالت میں بھی یہ کہتے آئے ہیں، ایک بار عدالت میں ایک بڑی قدیمی

مسجد، جو 400 سال پرانی تھی، اس میں بھی ہم سے جھوٹ کہا۔ ایسے ہی ہمیں ڈر لگتا ہے کہ عدالت کا سہارہ لیکر کسی کو آشواسن دلایا جاتا ہے، سرکار وہ پورا نہیں کرتی۔ اس لئے سرکار کے ذریعہ اس سلسلے میں تحفظ اور خدشات، اور ہمارے خوف و ڈر کو دور کیا جانا چاہیئے۔]

***SHRI BAJRANG MANOHAR SONWANE (BEED):** Honourable Chairperson, I rise to present the plight of hundreds of thousands of farmers from the Beed district in the Marathwada region of Maharashtra. Millions of farmers across Maharashtra—and indeed the vast majority of farmers in the Beed district—are currently enduring the severe hardships inflicted by drought. However, the situation today has become truly dire. On one hand, there is drought; on the other, excessive rainfall, unseasonal showers, and erratic weather—factors that can obliterate a farmer's entire year's worth of hard work in a mere instant. This is not merely a natural calamity; it constitutes a grave injustice being inflicted upon the farming community. Whether facing 'celestial' crises (natural disasters) or 'earthly' crises (administrative and systemic hardships), farmers find themselves relentlessly besieged on all fronts. Consequently, burdened by insurmountable debt, many farmers are driven to the tragic act of suicide.

Hon. Chairperson, given the prevailing drought conditions in my home district of Beed, there is an urgent and critical need for water. To address this requirement, the government had previously initiated a 'River-Linking Project' designed to divert water from the Ujani Dam in Solapur district to my district of

* English translation of the speech originally delivered in Marathi.

Beed. In accordance with this project, I earnestly request that you direct the release of water from the Ujani Dam into the Manjra River, thereby replenishing the Manjra Dam.

Hon. Chairperson, furthermore, I request that the subsidies provided to farmers through banks be disbursed with immediate effect. Regarding the Minimum Support Price (MSP): while food grains—be it soybeans or maize—are indeed procured by the authorities, the farmers do not receive their payments in a timely manner. I urge that these payments be released promptly.

Hon. Chairperson, I would also like to make a personal request: you are invariably present in the House whenever I come up to speak. On the previous day, I waited until 7:00 PM for an opportunity to speak, yet I was not granted the chance to do so.

Hon. Chairperson, while there is an MSP applicable to sugar, the Government of Maharashtra has mandated the establishment of ethanol production units; however, these units are currently unable to access the 'Interest Subvention Scheme' (interest subsidy). I, therefore, place before you the demand that this financial assistance be made available to them without further delay.

Thank you.

सुश्री इकरा चौधरी (कैराना) : सभापति महोदया, मैं आपके माध्यम से देश के लाखों अभिभावकों, विशेषकर जनपद शामली और सहारनपुर की एक गंभीर समस्या की ओर सदन का ध्यान आकर्षित कराना चाहती हूँ। सीबीएसई से मान्यता प्राप्त कई विद्यालय नये सेशन शुरू होते

ही अभिभावकों पर अधिक बोझ डाल रहे हैं। अपने स्कूल में एक दो विशेष या प्राइवेट प्रकाशकों की पुस्तकों को अनिवार्य कर देते हैं, जो सामान्य तौर पर बाजार में नहीं मिलती हैं। ऐसी किताबें बहुत महंगी कीमतों पर बेची जाती हैं।

इसके अलावा, स्कूल मैनेजमेंट किसी एक खास बुक सेलर को निर्धारित कर देते हैं, जहां से अभिभावकों को किताब, यूनिफार्म और अन्य सामग्री खरीदने के लिए मजबूर किया जाता है। इससे मॉनोपोली जैसी व्यवस्था बनायी जा रही है, जिससे यूनिफार्म और पुस्तकों की कीमतें बढ़ रही हैं।

मध्यम वर्गीय अभिभावकों पर इसका बहुत ज्यादा भार पड़ रहा है। मेरी सदन से मांग है कि निजी प्रकाशकों की महंगी पुस्तकों को अनिवार्य करने पर रोक लगाई जाए। किसी एक विक्रेता को अधिकृत करने की प्रथा पर तत्काल प्रतिबंध लगाया जाए। यूनिफार्म और किताबों की कीमतों को कंट्रोल करने के लिए सख्त दिशा-निर्देश लागू किये जाएं। एक पोर्टल बनाया जाए जहां ऐसी समस्याओं को पैरेंट्स डाल सकें और ऐसे दोषी स्कूल के विरुद्ध कड़ी कार्रवाई हो।

अंत में, मैं आपके माध्यम से यह कहना चाहती हूँ कि शिक्षा सेवा का माध्यम है, जिसकी सबसे बड़ी मिसाल महात्मा ज्योतिबा फुले जी और महिला शिक्षा की जनक सावित्रीबाई फुले जी हैं। मेरी सदन से मांग है कि उनके मरणोपरांत उन्हें भारत रत्न से सम्मानित किया जाए ताकि हमारे देश में लोगों का शिक्षा की तरफ ध्यान जाए।

***SHRI SHREYAS M. PATEL (HASSAN):** Hon'ble chairperson Madam, Thank you.

Today I would like to draw the attention of this august House towards the plight of thousands of tobacco farmers in my Hassan district. Tobacco is cultivated in approximately 9,850 hectares in parts of Hallimysuru, Konandooru

* English translation of the speech originally delivered in Kannada.

and Ramanathapura villages of Holenarasipur, Arakalagudu hobli of Hassan district. Thousands of farmers in our district dependant for their livelihood on this crop. They all are leading very hapless due to their economic distress. I want to bring this to the notice the government.

In Karnataka, Tobacco Board under its supervision, has started the process for auctioning of Tobacco. In the beginning farmers were happy as they received better prices for their produces.

However, after the imposition of 40% GST and also the Excise duty on tobacco, by the Central Government, the traders have stopped to buy the tobacco from the auctions. As a result, farmers are being faced great hardship as they are unable to repay their bank loans. The price of tobacco is dropped significantly as there are no buyers. The procurement by ITC, is reduced from 40–50% to 20%. Since there are no demand from buyers the prices of tobacco has further gone down by Rs. 40 per kilogram. So collapse in the tobacco prices have direct impact on the livelihoods of its growers.

It leads to have a serious concern that there might be some vested interests people or companies deliberately involved in refraining from purchasing the tobacco and creating such pathetic scenario in the market to force our poor farmers to sell their produces at throw-away prices. So. I would like make an humble submission before the Central Government and the Hon'ble Minister for Commerce through you to re-consider the imposition of excise duty and GST on tobacco products immediately. The government should announce Minimum Support Price or a price stabilization mechanism

for tobacco farmers must be provided to safeguard farmers from price fluctuations.

Further, I request the government to conduct an investigation by the Competition Commission of India to examine the role and competitiveness of major purchasing companies and issue necessary directions to protect the interest of our farmers and ensure their livelihoods. I also impress upon the government to announce an immediate relief package for compensation to the farmers. And also to establish training centers to guide and support farmers in the event of failure of crop, damage etc.,

Hon'ble Chairperson, Madam, tobacco farmers are significantly contributing the economy of the nation. So, it is not appropriate to ignore them without addressing their problems. It is the responsibility of all of us to ensure the stable market with better pricing mechanisms and adequate security. Thank you Madam.

***SARDAR SARABJEET SINGH KHALSA (FARIDKOT):** Thanks Hon'ble Chairperson Madam for giving me an opportunity to speak.

I would like to draw your attention towards the situation prevailing in Punjab. The state is facing the problem of drugs and the Punjab government has failed to control it. The main reason for the drug menace is unemployment. Youth of the state can only be saved from this menace if they are provided employment and jobs. Central government has also reduced some quota in the armed forces and this should also be considered. This

* English translation of the speech originally delivered in Punjabi.

number should be again restored and more opportunities for employment should be created in Punjab so that we can save our youth from this menace in the border state. This is a very serious issue we are facing in Punjab.

Madam, I would like to draw your attention towards another issue. One of our MPs from Punjab, Shri Amritpal Singh, detained in Dibrugarh jail, should also be given an opportunity to speak in the parliament. It is almost 2 years and he has not been permitted to attend the parliament session. He should also be permitted to attend the parliament session so that he can also place his view point about the situation prevailing in Punjab. So, I request you to kindly permit him to attend this House at least once. Thanks.

श्री जितेंद्र कुमार दोहरे (इटावा) : धन्यवाद सभापति महोदया। सबसे पहले तो मैं यह कहना चाहता हूँ कि यह सदन संविधान से चलता है। अतः संविधान निर्माता परम् पूज्य बाबा साहब डॉ. भीमराव अम्बेडकर की प्रतिमा के लिए मैं यह मांग करता हूँ कि दोनों सदनों के बीच में प्रतिमा रखवाई जाए।

महोदया, किसानों को मिलने वाली आर्थिक सहायता को और सुदृढ़ करने की आवश्यकता है, क्योंकि किसान ही अन्नदाता है। प्रधान मंत्री फसल बीमा योजना के अंतर्गत मुआवजे की राशि को बढ़ाकर कम से कम दोगुना किया जाए। प्रधान मंत्री किसान सम्मान निधि की राशि को भी दोगुना किया जाए, ताकि किसानों को वास्तविक राहत मिल सके। साथ ही प्रधान मंत्री जनधन योजना के अंतर्गत अधिकांश किसानों के खाते खुले हुए हैं, इसलिए सहायता राशि सीधे और पारदर्शी तरीके से उनके खातों में पहुंचाई जाए। इटावा क्षेत्र के कई ऐसे लोग हैं, जिनके डबल खाते हैं, लेकिन उनके खातों में पैसा नहीं पहुंचाया जाता है।

16.00 hrs

महोदया, मैं आपके माध्यम से कहना चाहता हूँ, आपने देखा होगा कि किसान कितनी

गरीबी हालत में पहुँच चुका है। अभी आलू की फसल के संबंध में आपने देखा होगा कि आलू किसानों ने आलू खेत में ही छोड़ दिया। उन्होंने आलू को खेत से इसलिए नहीं खोदा, क्योंकि उन्हें आलू खुदाई की कीमत भी नहीं मिल पा रही थी। आलू भी खेत में ही सड़ गया। मैं आपके माध्यम से कहना चाहता हूँ कि इटावा, औरैया, कानपुर देहात की सिंचाई व्यवस्था को सुदृढ़ किया जाए। आवारा पशुओं की समस्या का समाधान किया जाए। किसानों को समय पर खाद और बीज उपलब्ध कराया जाए, जिससे किसानों की आमदनी भी बढ़ सके और किसानों को लाभ मिल सके। बहुत-बहुत धन्यवाद।

श्री अभय कुमार सिन्हा (औरंगाबाद) : महोदया, मैं आपके माध्यम से सरकार का ध्यान औरंगाबाद, बिहार तथा उससे सटे क्षेत्रों की कुछ अत्यंत महत्वपूर्ण और जनहित से जुड़ी रेल संबंधी मांगों की तरफ दिलाना चाहता हूँ।

महोदया, औरंगाबाद का देव मंदिर एक ऐतिहासिक धरोहर है। साल भर वहां पर देश और प्रदेश से पर्यटक आते रहते हैं। लोक आस्था का महापर्व छठ पूजा का साल में दो बार वहां पर चार दिवसीय मेले का आयोजन होता है। उस मेले में लाखों की संख्या में लोग आते हैं। मेरा सरकार से आग्रह है कि फेसर स्टेशन, औरंगाबाद से देव तक नई रेल लाइन बिछाकर इस ऐतिहासिक धरोहर को रेलवे लाइन से जोड़ा जाए।

इसके साथ ही परैया स्टेशन पर सियालदह एवं पलामू एक्सप्रेस ट्रेन का ठहराव, रफीगंज स्टेशन पर पुरुषोत्तम एक्सप्रेस ट्रेन का ठहराव किया जाए। स्थानीय लोगों की यह वर्षों पुरानी मांग है। जनहित में यह ठहराव यहां पर किया जाए। इस्माइलपुर स्टेशन पर दून एक्सप्रेस, सियालदह एक्सप्रेस ट्रेन का ठहराव, फेसर स्टेशन पर महाबोधि एक्सप्रेस और पुरुषोत्तम एक्सप्रेस ट्रेन का ठहराव किया जाए। इसके अतिरिक्त फेसर स्टेशन पर एक अतिरिक्त काउंटर की व्यवस्था की जाए। जाखिम स्टेशन पर महाबोधि और बुद्ध पूर्णिमा एक्सप्रेस एवं गया से पंडित दीन दयाल उपाध्याय फास्ट पैसेंजर ट्रेन, जिसका नंबर 05523 और 05524 है, इनका ठहराव जाखिम स्टेशन पर किया जाए। बहुत-बहुत धन्यवाद।

श्री दर्शन सिंह चौधरी (होशंगाबाद) : महोदया, मैं आज आपके माध्यम से एक अति महत्वपूर्ण विषय की ओर सदन का ध्यान आकर्षित करना चाहता हूँ।

पत्रकारिता केवल एक पेशा नहीं है, बल्कि यह एक मिशन है। यह भारतीय लोकतंत्र का चौथा स्तंभ है। यह केवल सूचना का माध्यम नहीं है, यह लोकतंत्र की आत्मा है। इसलिए पत्रकारिता वह शक्ति है, जो सत्ता को जवाबदेह बनाती है, समाज को जागरूक करती है और राष्ट्र को सही दिशा में आगे बढ़ाने में सहायक होती है।

कार्यपालिका, विधायिका और न्यायपालिका को विभिन्न प्रकार की सुरक्षा, सुविधाएं एवं संस्थागत संरक्षण प्राप्त है। उसी अनुपात में हमारे पत्रकार बंधुओं को भी अपेक्षित सुरक्षा और सहयोग मिलना चाहिए। वह पत्रकार चाहे फील्ड में रिपोर्टिंग कर रहा हो या किसी संवेदनशील मुद्दे को उजागर कर रहा हो। उसे अनेक प्रकार के जोखिमों और असुरक्षाओं का सामना करना पड़ता है। इसलिए उनकी सुरक्षा, उनके सामाजिक एवं आर्थिक सुदृढ़ीकरण हेतु एक समग्र एवं प्रभावी पत्रकार सुरक्षा एवं कल्याण नीति बनायी जाए। पत्रकारों को कार्य स्थल व फील्ड रिपोर्टिंग के दौरान समुचित सुरक्षा व्यवस्था प्रदान की जाए। पूर्व की भांति यात्रा में 50 प्रतिशत रियायत की पुनर्बहाली होनी चाहिए। पत्रकारों एवं उनके परिवारजनों के लिए जीवन और स्वास्थ्य बीमा की व्यवस्था होनी चाहिए। उनके बच्चों के लिए शिक्षा सहायता होनी चाहिए। उनके लिए आवास-प्लॉट आवंटन अथवा सरकारी आवास की सुविधा होनी चाहिए। उन्हें राष्ट्रीय एवं राज्य राजमार्गों पर आवागमन हेतु टोल शुल्क में रियायत दी जानी चाहिए। साथ में आधुनिक युग की चुनौतियों को देखते हुए उनके लिए डाटा जर्नलिज्म और एआई आधारित रिपोर्टिंग के लिए सरकारी प्रशिक्षण कार्यक्रमों की व्यवस्था होनी चाहिए... (व्यवधान) मैं यह चाहता हूँ कि मेरे नरसिंहपुर, होशंगाबाद में जिला स्तर,... (व्यवधान) बड़े केन्द्रों पर एक कार्यालय का आवंटन आवश्यक है।... (व्यवधान) बड़े-बड़े कस्बों में उनको विशेष कार्यालय दिए जाएं।... (व्यवधान)

अंत में, मैं एक बात कहना चाहता हूँ कि ब्लैकमेलिंग एवं दुरुपयोग को रोकने के लिए राज्यों के साथ समन्वय स्थापित कर एक पारदर्शी, जवाबदेह एवं संतुलित तंत्र विकसित करने की दिशा में

सरकार कोई ठोस, स्पष्ट एवं सख्त प्रावधान लाने का काम करे। जब-जब कोई भटकता है तो पत्रकार उन्हें सही रास्ते पर लाने का काम करता है। इसलिए दूरदर्शी और विकासोन्मुखी निर्णय आवश्यक है।... (व्यवधान)

श्री जगदम्बिका पाल (डुमरियागंज) : अधिष्ठाता महोदया, भगवान गौतम बुद्ध की करुणा, ममता, शांति और अहिंसा का संदेश सिद्धार्थनगर कपिलवस्तु से लेकर पूरी दुनिया में, उनके मानने वाले और प्रवर्तक हैं। आज जरूरत है कि उस बौद्ध की धरोहर, पिछले दिनों प्रधानमंत्री श्री नरेन्द्र मोदी जी की पहल पर भगवान गौतम बुद्ध के 6 ए.डी. पूर्व के अवशेष मिले और उनके हस्तक्षेप के बाद हॉन्गकॉन्ग से वापस आए, जिसको भूटान लेकर गए, रूस लेकर गए। आज पूरी दुनिया में बौद्ध के पुरातत्व पर, बौद्ध के दर्शन पर, बौद्ध के इतिहास पर, बौद्ध की संस्कृति पर, आज जरूरत है शोध की, जरूरत है अध्ययन की और आज जरूरत है कि एक सेंट्रल इंस्टीट्यूट ऑफ बुद्धिस्ट सेंटर बनने की। इसके लिए भारत सरकार के संस्कृति मंत्रालय ने पहल की है। उन्होंने इसके लिए लेह में केंद्रीय बौद्ध स्थल की पहल की है, जिसमें एक सेंट्रल इंस्टीट्यूट ऑफ बुद्धिस्ट स्टडीज़ लेह में स्थापित हुआ है और एक नालंदा में स्थित नालंदा महाविहार है, जिस संस्थान को सहयोग मिल रहा है।

मेरी मांग है कि आज जो बुद्धिस्ट सर्किट है, वह चाहे वाराणसी का सारनाथ हो, कुशीनगर का हो, श्रावस्ती का हो या कपिलवस्तु सिद्धार्थनगर का हो, इस बौद्ध सर्किट में जो सिद्धार्थ विश्वविद्यालय है, उसमें संस्कृति मंत्रालय द्वारा एक बौद्ध अध्ययन केंद्र स्थापित हो, जिससे सेंट्रल इंस्टीट्यूट ऑफ बुद्धिस्ट सेंटर की तरह से श्रीलंका, नेपाल, भूटान, थाइलैंड, जापान और मंगोलिया आदि आठ देशों के विश्वविद्यालयों के जो छात्र हैं, वे एक्सचेंज ऑफ बौद्ध स्टडीज़ में साथ आ सकें और समावेशी रूप से बौद्ध पर एक व्यापक रिसर्च हो सके। मैं आपके माध्यम से इसकी मांग करता हूं।

श्री राजा राम सिंह (काराकाट) : धन्यवाद, सभापति महोदया।

महोदया, गया का पटवा टोली, जिसे कभी बिहार का मैनचेस्टर कहा जाता था, आज

गिरावट के कगार पर खड़ा है। लगभग 11 हजार पावरलूम और 1,000 से अधिक हैंडलूम, पिट लूम तथा फ्रेम लूम आज भी यहाँ संचालित हैं। यह क्षेत्र गमछा, बेडशीट, साड़ी और धोती जैसे वस्त्रों के समृद्ध उत्पादन की परंपरा को बनाए हुए है। इसके बावजूद आधुनिक समय में तकनीकी संसाधनों की कमी और सीमित विपणन व्यवस्था के कारण यहाँ का वस्त्र उद्योग प्रतिस्पर्धा में पिछड़ता जा रहा है। यहां लगभग 30 हजार श्रमिक दिन-रात काम करते हुए अपनी आजीविका चला रहे हैं, लेकिन गुजरात, राजस्थान और तमिलनाडु जैसे राज्यों के तकनीकी रूप से उन्नत वस्त्र केंद्रों के साथ प्रतिस्पर्धा करना लगभग असंभव होता जा रहा है। इस स्थिति को और गंभीर बनाता है, स्थानीय कच्चे माल के उत्पादन का पतन। पहले धागे का उत्पादन गया, भागलपुर, मोकामा सहित कई क्षेत्रों में होता था, लेकिन धीरे-धीरे ये इकाइयाँ बंद हो गईं। अब बुनकरों को अन्य राज्यों से धागा मंगवाना पड़ता है। साथ ही यहाँ की उत्पादन तकनीक में बहुत कम बदलाव हुआ है, जिससे पटवा टोली और आधुनिक वस्त्र केंद्रों के बीच का अंतर और बढ़ गया है।

मेरी मांग है कि पटवा टोली मानपुर में आधुनिक मशीनरी और बुनियादी ढांचे के साथ सरकार समर्थित टेक्सटाइल हब की स्थापना की जाए। बिचौलियों के शोषण को समाप्त करने के लिए प्रत्यक्ष खरीद की व्यवस्था लागू की जाए। हैंडलूम और पावरलूम उत्पादों के लिए न्यूनतम समर्थन मूल्य जैसी गारंटी सुनिश्चित की जाए। आधुनिक पावरलूम और उन्नत बुनाई तकनीकों के लिए सब्सिडी एवं अनुदान प्रदान किए जाएँ। बिहार में स्थानीय धागा उत्पादन इकाइयों को पुनर्जीवित किया जाए। स्थानीय बुनकरों को सब्सिडी दर पर धागा उपलब्ध कराया जाए। लूम संचालन के लिए बिजली पर सब्सिडी दी जाए इसके साथ ही ओबरा जो कालीन उद्योग का एक बड़ा सेंटर है, उसके पुनरुद्धार के लिए महफ़िल-ए-कालीन का जीर्णोद्धार किया जाए और उसका आधुनिकीकरण किया जाए।

श्री हरीभाई पटेल (महेसाणा) : माननीय सभापति महोदया, मैं आपका आभारी हूँ कि आपने मुझे शून्यकाल के अन्तर्गत अति लोक महत्वपूर्ण विषय पर बोलने का अवसर प्रदान किया।

महोदया, मैं आपके माध्यम से माननीय इलेक्ट्रॉनिक्स एवं सूचना प्रौद्योगिकी मंत्री भारत

सरकार का ध्यान मेरे संसदीय क्षेत्र महेसाणा, गुजरात विश्वविद्यालय, इंजीनियरिंग संस्थानों और प्रतिभाशाली युवाओं की ओर आकर्षित कराना चाहता हूँ।

महोदया, आज सरकार आर्टिफिशियल इंटेलिजेंस को बढ़ावा दे रही है। अतः मैं सदन के माध्यम से माननीय मंत्री जी से यह मांग करता हूँ कि मेरे संसदीय क्षेत्र महेसाणा, गुजरात में आर्टिफिशियल इंटेलिजेंस (ए.आई.) नवाचार केन्द्र की स्थापना कराई जाए, जिससे महेसाणा लोक सभा क्षेत्र व आस-पास के क्षेत्रों के सभी युवा छात्र व छात्राएं आर्टिफिशियल इंटेलिजेंस (ए.आई.) के प्रति जागरूक बने व साथ ही शिक्षा ग्रहण कर सकें।

SHRI DAGGUMALLA PRASADA RAO (CHITTOOR): Thank you, Madam Chairperson, for giving me this opportunity.

I would like to make some observations regarding the design and implementation of allocations under the Scheduled Castes Sub-Plan (SCSP), now a part of the Development Action Plan for Scheduled Castes, with the intent of strengthening its effectiveness as a tool for targeted social justice.

I would like to acknowledge the Government's continued commitment towards the welfare of the Scheduled Castes. The allocation of approximately Rs. 1.96 lakh crore out of the total Union Budget of Rs. 53 lakh crore for the Financial Year 2026-27 reflects a significant fiscal commitment towards inclusive development. However, there appears to be some scope for further refining the conceptual basis and targeting of these allocations. The fundamental objective of the SCSP, as I understand, is not merely proportional inclusion, but the provision of additional, targeted benefits that improve the relative socio-economic position of the Scheduled Castes. In this context, it may be useful to distinguish between general entitlement-based expenditures,

which SC beneficiaries receive by virtue of eligibility, such as occupation, income category, etc., and targeted interventions, which are specifically designed to address historical disadvantage and structural inequities.

To illustrate, I would like to draw the attention of the House to the allocation under PM-KISAN. In the Financial Year 2026-27, the scheme has a total outlay of approximately Rs. 63,500 crore, of which Rs. 11,707 crore has been attributed to the SC Sub-Plan, constituting about 17.9 per cent of the total allocation. However, the beneficiary data suggests that, out of approximately 9.58 crore total beneficiaries, about 1.16 crore – constituting around 12.1 per cent – belong to the Scheduled Castes. While the higher allocation share may appear progressive on paper, it is important to note that SC farmers receive benefits by virtue of being farmers, rather than due to any SC-specific targeting within the scheme. This raises an important concern. Allocations classified under the SCSP may, in certain cases, represent not additional welfare, but rather an accounting attribution of benefits that would have accrued irrespective of social category. This could dilute the core intent of the Sub-Plan, which is to deliver incremental and targeted gains for the disadvantaged groups. In light of this, I humbly submit the following considerations for strengthening the SCSP framework. ... (*Interruptions*)

श्री प्रवीण पटेल (फूलपुर) : अधिष्ठाता महोदया, मैं आपका ध्यान अपने लोक सभा क्षेत्र के फाफामऊ की ओर आकृष्ट करना चाहता हूँ। अभी तीन दिन पहले मेरे संसदीय क्षेत्र के फाफामऊ में एक कोल्ड स्टोरेज के गिरने से लगभग 5 लोगों की मृत्यु हो गयी और 15 से ज्यादा लोग घायल हुए हैं। इनमें से ज्यादातर लोग बिहार के रहने वाले हैं, जो ठेकेदारों के माध्यम से पल्लेदारी का

काम करते हैं। वे बहुत ही गरीब हैं और वे मजदूर हैं। मैं सरकार से उनके लिए ज्यादा से ज्यादा मुआवजे की मांग करना चाहता हूं।

माननीय प्रधान मंत्री जी ने और माननीय मुख्य मंत्री जी ने उनके लिए दो-दो लाख रुपये मुआवजे की घोषणा की है, लेकिन उनकी गरीबी को देखते हुए उन लोगों को आवासीय पट्टा दिया जाए, कृषि का पट्टा दिया जाए। इसके साथ-साथ उनके लिए रोजगार की व्यवस्था भी की जाए।

इसके साथ ही मैं सरकार से मांग करना चाहता हूं कि उन कोल्ड स्टोरेज में जो आलू था, वह पूरी तरीके से खराब हो गया, इसलिए वहां के किसानों को मुआवजा दिया जाए। पूरे प्रदेश में जो कोल्ड स्टोरेज जर्जर अवस्था में हैं, उनकी जांच करायी जाएं और सुरक्षित रहने पर ही उनका संचालन हो। यही मैं आपके माध्यम से सरकार से मांग करना चाहता हूं।

SHRI ANIL YESHWANT DESAI (MUMBAI SOUTH-CENTRAL): Thank you, Chairperson, Madam. I would like to invite the kind attention of this House and the Government towards the pitiable condition of NTC workers, that is, National Textiles Corporation mill workers. In Mumbai, basically four mills are there – Tata Mills, Podar Mills, India United No. 4, and Digvijay Mills. These mills had been shut down during COVID times and after the lockdown was taken back in June 2020, mill workers were expecting the reopened mills, their jobs would return. But to utter dismay of their expectations, the mills are still closed. Hardly five to ten per cent of the workers are called back by the management only to see that maintenance work or other minor work is done. This has resulted into a very grim situation as far as their household budgets are concerned. They are not able to meet two ends. The situation is very, very pitiable. Even gratuity and legitimate dues of theirs have been withheld by the Government and the Government-run NTC management and, of course, the

reasons are best known to them.

Mumbai was a place of pride. I would say that Mumbai was known as Manchester and in the world, Mumbai had a position because of the mills. The glory that the mill workers had brought to Mumbai was remarkable and the history says this. So, I would urge, through you, to the Government because on this count, I have written umpteen letters to the Textile Ministers. I have had meetings with the union leaders of the concerned Rashtriya Mill Mazdoor Sangh. I would urge, through you, that this be taken into consideration and it is seen that the mills are reopened and workers get their dues. Thank you.

***SHRI ANUP SANJAY DHOTRE (AKOLA):** Honorable Chairperson Ma'am, I am deeply grateful to you for giving me this opportunity to speak on an issue of immense importance to our farmers. I wish to bring to the attention of this House a highly ambitious project of our state's Honorable Chief Minister, Shri Devendra Fadnavis—the Wainganga-Nalganga River Linking Project.

Speaker Ma'am, this project involves the creation of a new 388-kilometer river, designed to provide water for agriculture, domestic use, and industrial purposes. On March 9, 2026, this massive infrastructure project, valued at ₹94,967 crores, received formal administrative approval. The scale of this initiative is truly historic: it involves the acquisition of 31,495 hectares of land, will create a command area of 4.04 lakh hectares, and will ultimately provide irrigation to over 6.11 lakh hectares.

* English translation of the speech originally delivered in Marathi.

Through you, Ma'am, I urge the Honorable Minister of Jal Shakti to allocate significant central funding for this project. Given its vital importance to the region's prosperity, I also request the Central Government to provide Interest-Free Loans through specialized government schemes to ensure its timely completion.

Speaker Ma'am, India's history shows that during the previous Congress regimes, projects were often initiated but never completed, languishing for 30 to 40 years. However, under the leadership of Prime Minister Modi, we have seen numerous mega-projects being completed with unprecedented speed and efficiency. While our opponents continue to protest and create hurdles, I am confident that this project will be successfully realized under this government's vision.

I request the House to support this initiative which will transform the lives of millions of farmers. Thank you!

श्री भजन लाल जाटव (करौली-धौलपुर) : सभापति महोदया, राजस्थान के अंदर खदानों का और मूर्तियों का बहुत बड़ा कारोबार होता है। वहां पर खदानों में काम करने वाले और मकान बनाने वाले मजदूर हैं, जो ज्यादातर राजस्थान से पूरी दुनिया के अंदर जाते हैं। साथ ही, ज्यादातर माइंस भी राजस्थान के अंदर हैं। उन खदानों के अंदर जो मजदूर काम करते हैं, जो कारीगर पत्थर का काम करते हैं, तो लगातार काम करने से खदानों की डस्ट से, क्रशरों की डस्ट से पत्थर का काम करते हैं, उसकी धूल-मिट्टी से उनको सिलिकोसिस बिमारी हो जाती है। यह बिमारी लाइलाज है।

महोदया, इससे आप का क्षेत्र भी टच होता है। मुरैना, शिवपुर आदि में स्टोन का काम बहुत होता है। उस बिमारी का इलाज नहीं होता है। तड़प-तड़प के सिलिकोसिस पीड़ित मरता रहता है। भारत सरकार और राज्य सरकार के अधीन पहले सिलिकोसिस पीड़ितों को पैसा मिलता था। मेरे

करौली-धौलपुर संसदीय क्षेत्र के अंदर तकरीबन 25% लोग मजदूरी, पत्थर का काम करते हैं। आज तक उनको दो साल से सिलिकोसिस के इलाज की राशि नहीं मिल पाई है। कई करोड़ रुपये पेन्डिंग है। उनकी जांच हो नहीं पा रही है। मैं सरकार से मांग करता हूँ कि उन मजदूरों को शीघ्र राहत देने का कृपा करें। उनकी ऐसी हालत है, जब कोई सिलिकोसिस पीड़ित हो जाता है, उसको ऑक्सीजन की व्यवस्था होती है, दवाई की व्यवस्था होती है। खाने की बहुत बड़ी दिक्कत हो जाती है। मैं इतनी मांग करता हूँ कि इनको फौरन राहत दी जाए और करौली-धौलपुर में जो पेंडिंग राशि पड़ी है, उसको दिलावया जाए। मैंने कई बार मीटिंग में भी यह मुद्दा उठाया, अधिकारियों से मिला, जिला कलेक्टर से मिला, लेकिन आज तक वो राशि नहीं मिल पाई है। आप उनको राहत देने की कृपा करें। मैं आपसे ये मांग करता हूँ। धन्यवाद।

श्री अनूप प्रधान वाल्मीकि (हाथरस) : सभापति जी, आपने मुझे लोक महत्व के इस महत्वपूर्ण विषय पर अपनी बात रखने का अवसर सदन में दिया। आपका बहुत-बहुत आभार। मेरा लोकसभा क्षेत्र हाथरस नगर तीन तरफ से रेलवे लाइन से घिरा हुआ है। जनपद मुख्यालय हाथरस नगर में मात्र एक आरओबी - रेलवे ओवर ब्रिज है, जिस कारण से हाथरस में जाम की स्थिति हमेशा बनी रहती है। बच्चे भी समय पर विद्यालय नहीं पहुँच पाते हैं। मेरी आप के माध्यम से माननीय रेल मंत्री जी से मांग है कि हाथरस नगर में बागला डिग्री कॉलेज पर एक ओवर ब्रिज बनवाने की कृपा करें। साथ ही साथ, मेरे लोकसभा क्षेत्र हाथरस में प्राचीन दाऊजी महाराज का एक पवित्र मंदिर है, जिसके लिए सरकार से मेरी मांग है कि उसका भी जीर्णोद्धार कराने की कृपा करें।

बहुत बहुत धन्यवाद।

SHRI S. SUPONGMEREN JAMIR (NAGALAND): Hon. Madam in the Chair, through you, I would like to request the upgradation of the Kohima Medical College as a Central Institute. The Kohima Medical College, which is the first-ever medical college in the State, commenced in September 2023 with an intake of 100 students, and it requires further scope and development. Our

people in the State are facing difficulties in accessing adequate health facilities. We have often had to go outside the State in order to avail better healthcare services.

Therefore, through you, Madam, I would like to request that the Kohima Medical College may kindly be upgraded into an AIIMS or a Central Institute, on the lines of the Regional Institute of Medical Sciences in Imphal. If the Kohima Medical College is upgraded in this manner, it will be of great benefit.

श्री जनार्दन मिश्रा (रीवा) : सभापति महोदया, मेरे निर्वाचन क्षेत्र रीवा के मुख्यालय रीवा में अनुसूचित जाति, अनुसूचित जनजाति के पोस्ट ग्रेजुएट और ग्रेजुएट छात्रों की संख्या बहुत अधिक है। लेकिन छात्रावासों की संख्या बहुत कम है। इस वजह से कुछ समित छात्र ही छात्रावासों की सुविधा का लाभ ले पाते हैं। बाकी छात्रों को रहने की कोई व्यवस्था सुनिश्चित नहीं हो पाती। इसलिए मेरा केंद्र सरकार से आग्रह है कि मध्य प्रदेश सरकार को यह निर्देशित करें कि रीवा के जिला मुख्यालय में अनुसूचित जाति, जनजाति छात्रावासों का निर्माण कराए और सभी छात्रों को छात्रावास सुविधा उपलब्ध हो सके। यह बात है मध्य प्रदेश सरकार और केंद्र सरकार मिलकर के सुनिश्चित करें, जिससे गरीब छात्रों को अध्ययन की पर्याप्त सुविधा मिले।

आपने मुझे बोलने का मौका दिया, उसके लिए आपका धन्यवाद।

श्री हनुमान बेनीवाल (नागौर) : सभापति महोदया, प्रधान मंत्री जी खुद भ्रष्टाचार के खिलाफ सख्त हैं और प्रधान मंत्री जी का नारा है कि 'न खाऊंगा और न खाने दूंगा।' मेरा आग्रह यह है कि राज्यों में जितनी भी योजनाएं चल रही हैं, चाहे कोई भी स्टेट हो, चाहे राजस्थान हो, वहां पर हम स्कूल्स को मॉडर्न बनाने की बात करते हैं जैसे टेबल-कुर्सी पर बच्चों को बैठाने की बात करते हैं, लेकिन हमारे यहां पर दरियां भी चार से पांच हजार रुपये में आती हैं और उन्हें भी 25 से 30 हजार रुपये में विधायक निधि से खरीदने और उसमें 40 प्रतिशत से लेकर 50 प्रतिशत तक कमीशन मांगने और स्वीकृति निकालने से पहले 10 लाख रुपये स्टिंगर से लिए गए हैं। इसमें कोई एक दल

शामिल नहीं हैं। इसमें कांग्रेस, निर्दलीय, बीजेपी और एक दल और है। ये जो मिलजुलकर रिश्त ले रहे हैं, उसे सदाचार समिति को विधान सभा अध्यक्ष जी ने सौंप दिया है। सदाचार समिति इसे टालमटोल न करे, उसके लिए आप एक केन्द्र की एजेंसी बनाइए, चूँकि जब आप सवाल पूछने के नाम पर एक एमपी की सदस्यता खत्म कर सकते हैं तो राजस्थान विधान सभा में भी उन चारों भ्रष्ट सदस्यों की सदस्यता समाप्त की जानी चाहिए। प्रधान मंत्री जी पूरे देश को मैसेज दें कि आप जो कहते हैं, वह करते हैं और आपकी कथनी और करनी में कोई अंतर नहीं है। इससे ऐसे प्रतिनिधि दोबारा से ऐसा भ्रष्टाचार न कर सकें। यह अभिशाप है कि एमएलए और एमपी इस तरह की रिश्त खाएं। यह राजस्थान के लिए कलंक हैं। इसलिए मेरी मांग है कि खीवसर सहित चारों विधायकों के खिलाफ सदन के माध्यम से कड़ी कार्रवाई की जानी चाहिए।

श्री सुदामा प्रसाद (आरा) : सभापति महोदया, आज मेरे जिले में रामनवमी मनाई जा रही है इसलिए मैं पूरे देशवासियों और भोजपुरवासियों को रामनवमी की हार्दिक बधाई और शुभकामनाएं देता हूँ।

सभापति महोदया, भोजपुर के चार नौजवान कंबोडिया की जेल में बंद हैं। भोजपुर जिले के जगदीशपुर प्रखंड के अमरजीत कुमार, जिनके पिता का नाम हृदया राम है। गोविन्द सिंह, जिनके पिता का नाम सुखदेव सिंह है। मनीष कुमार, जिनके पिता का नाम रविन्द्र राम है। ये पीरो ब्लॉक के खननी कला गांव के हैं। बक्सर जिले के विनोद कुमार, जिनके पिता का नाम कृष्णानंद चौधरी हैं, ये कडसर गांव के हैं। इन चारों लोगों को नौकरी दिलवाने के लिए एजेंट लेकर गया था, लेकिन पता नहीं वहां पर उनसे कौन सा काम करवाया गया कि वे जेल में पहुंच गए हैं। मैंने 9 मार्च को विदेश मंत्रालय को पत्र भी लिखा था कि उन नौजवानों को सकुशल वापस बुलाया जाए। सिर्फ वे ही नहीं, बल्कि गुंडी सरैया का एक नौजवान इसी तरह से जेल में बंद है और इंडोनेशिया में तो अगीआंव बाजार के एक नौजवान की हत्या कर दी गई। इस तरह से नौजवानों को काम दिलाने के नाम पर फर्जी एजेंट ले जाते हैं। देश के लगभग 50 हजार लोग इसी तरह से अलग-अलग देशों की जेलों में बंद हैं।

सभापति महोदया, मैं आपके माध्यम से सरकार से मांग करता हूँ कि उन सबकी सकुशल वापसी हो और फर्जी एजेंटों पर कार्रवाई की जाए।

श्री आगा सैय्यद रूहुल्लाह मेहदी (श्रीनगर) : सभापति महोदया, पिछले साल 2025 में 14 नवम्बर को श्रीनगर के नौगाम पुलिस स्टेशन में एक ब्लास्ट हुआ, जिसमें बहुत सारी जानें चली गईं और ब्लास्ट की वजह लापरवाही थी। वहां पर आबादी के बीचोंबीच एक्सप्लोसिव मटेरियल रखा गया था, जो कि कंफिस्केट किया गया था। वह बहुत ज्यादा मात्रा में एक्सप्लोसिव मटेरियल था। जब उसे मिसहैंडल किया जा रहा था, तब उसमें ब्लास्ट हो गया और उसमें 9 से ज्यादा जानें चली गईं। उनमें से ऐसे बहुत सारे लोग थे, जो बहुत गरीब थे। गरीब खानवादों से थे। कुछ मजदूर थे, कुछ दर्जी थे। उन्हें अभी तक कोई मुआवजा नहीं दिया गया है और न ही उनके रिहैबिलिटेशन के लिए कोई इक्दामात किए गए हैं।

मैंने तारांकित प्रश्न के जरिए सरकार से सवाल भी पूछा था, लेकिन उसका अभी तक जवाब नहीं मिला है। मैं आपके माध्यम से यह सवाल पूछना चाहता हूँ कि गवर्नमेंट की लापरवाही की वजह से जो 9 जानें गईं, उनके परिवारों को रिहैबिलिटेट करने के लिए अभी तक क्या किया गया है? चूँकि आबादी के बीचोंबीच वह मटेरियल रखा गया था और मकानों को उससे जो नुकसान पहुंचा, क्या उसका कोई कंपनसेशन दिया गया है?

इसके अलावा एक मसला और है। वर्ष 2010 से कश्मीर का एक केस पेंडिंग है। वहां पर एक छोटे बच्चे का कत्ल हुआ था। वह तुफैल मट्टू नाम का बच्चा था। उसके वालिद साहब मुझ से कुछ दिनों पहले आकर मिले थे। मैंने उनसे वादा किया था कि मैं इस बात को पार्लियामेंट तक पहुंचाऊंगा।

उनकी सिर्फ इतनी सी ख्वाहिश है कि उनके साथ जस्टिस किया जाए। 15 वर्षों से भी ज्यादा का समय गुजर चुका है, अभी तक इंकवायरी किसी नतीजे पर नहीं पहुंची है। क्या किसी की लापरवाही की वजह से हुआ था? अगर किसी की लापरवाही की वजह से हुआ था, तो उसको सजा दी जाए। क्या किसी के कहने पर हुआ था? अगर किसी के कहने पर हुआ था, तो उसके

सजा दी जाए। कम-से-कम इस वालिद को जो अपने बच्चे के लिए इंसान मांग रहा है, उसे इंसान मिलना चाहिए। बहुत-बहुत धन्यवाद।

श्री लुम्बा राम (जालौर) : धन्यवाद सभापति महोदया, मेरे लोक सभा क्षेत्र के दोनों जिले जालौर व सिरोही पानी की कमी होने के कारण डायरेक्ट जोन घोषित हो चुके हैं। खोसला कमिटी की रिपोर्ट 1 सितम्बर 1965 के अनुसार गुजरात और राजस्थान के बीच बॉर्डर पर कडाणा बांध प्रस्तावित था। उस समय दिनांक 01 अक्टूबर 1966 को राजस्थान एवं गुजरात सरकार के बीच माही जल बंटवारा समझौते के तहत कडाणा बांध का निर्माण हुआ था। समझौतों के अनुसार कडाणा बांध और माही बांध के पानी का 2/3 भाग राजस्थान के सिरोही व जालौर को तय था, जो समझौते के अनुसार जालौर और सिरोही को नहीं मिल रहा है। कडाणा और माही बांध का पानी 37 वर्ष में 27 बार ओवर फ्लो होकर 1.30 लाख एमसीएम पानी समुद्र में बह कर बर्बाद हो गया है।

माननीय सभापति महोदया, मेरा निवेदन है कि उदयपुर की पहाड़ियों से साबरमती-2 व अन्य नदियों का पानी उन बांधों में बह कर, बर्बाद हो कर समुद्र में जा रहा है। उक्त पानी को रोक करके बत्तीसा बांध के अंदर डाल कर सिरोही और जालौर की जो सूखी नदियां हैं, उनको पुनः जोड़ा जाए। जवाई नदी पर जब से जवाई बांध बना है, उस समय से जवाई नदी दिनों-दिन सूखती जा रही है। चार सौ-पांच सौ फुट पानी नीचे चला गया है, जिससे किसानों की हालत बहुत गंभीर हो गयी है। मैं आपसे निवेदन कर रहा हूँ कि उक्त पानी को रोक कर सिरोही व जालौर को दे कर पुनः सिरोही-जालौर की नदियों को जीवित किया जाए। धन्यवाद।

श्री राजकुमार चाहर (फतेहपुर सीकरी) : धन्यवाद माननीय सभापति महोदया जी। मेरा संसदीय क्षेत्र फतेहपुर सीकरी, आगरा, उत्तर प्रदेश है। बाह और बट्टेश्वर, भारत रत्न पूर्व प्रधानमंत्री श्रद्धेय अटल बिहारी वाजपयी जी का पैतृक गांव है। जैन धर्म के 22वें तीर्थाकर भगवान नेमिनाथ जी का स्थल शौरीपुर बट्टेश्वर को पर्यटन के लिए आगे बढ़ाने की बहुत आवश्यकता है। यह आगरा के जिला मुख्यालय से लगभग एक सौ किलोमीटर की दूरी पर है। इस समय श्रद्धेय अटल बिहारी वाजपयी जी का जन्म शताब्दी वर्ष भी चल रहा है। इसलिए मेरी आपके माध्यम से सरकार से मांग

है कि बाह और बटेश्वर को अटल नगर बना कर एक नया जिला उत्तर प्रदेश को दिया जाए। यह श्रद्धेय अटल बिहारी वाजपयी जी को सच्ची श्रद्धांजलि भी होगी और बाह क्षेत्र की जनता को उसके चहुंमुखी विकास के लिए लाभ मिलेगा।

श्री गजेन्द्र सिंह पटेल (खरगौन) : धन्यवाद माननीय सभापति जी। आज रामनवमी का पवित्र त्योहार है। मैं आपके माध्यम से खरगौन-बड़वानी क्षेत्र की जनता को रामनवमी पर्व की बहुत-बहुत बधाई और शुभकामनाएं देता हूं। मैं एक ऐसे महत्वपूर्ण विषय की ओर ध्यान केंद्रित करना चाहता हूं, जो शिक्षकों और शिक्षकों के परिवार से संबंधित है। यह हजार नहीं, लाखों शिक्षकों के परिवार का विषय है। माननीय सर्वोच्च न्यायालय द्वारा पारित आदेश के पालन से मध्य प्रदेश में प्राथमिक एवं माध्यमिक शिक्षकों के लिए शिक्षक पात्रता परीक्षा नियमानुसार की गयी थी, जिसमें शिक्षक पात्रता परीक्षा का कोई भी प्रावधान नहीं था। शिक्षा का अधिकार अधिनियम, 2009 के लागू होने के पूर्व नियुक्त शिक्षकों के लिए शिक्षक पात्रता परीक्षा अनिवार्य था। तद्समय की वैध न्यूनतम योग्यता के आधार पर शिक्षकों की नियुक्ति की गयी थी। शिक्षक पात्रता परीक्षा संबंधी नियम वर्ष 2010 से प्रभावित हुआ है। इससे पूर्व में नियुक्त शिक्षकों पर इसे लागू किया जाना विधिसम्मत नहीं है। वर्तमान में लागू शैक्षणिक और व्यावसायिक योग्यता मापदंडों में परिवर्तन के कारण अनेक शिक्षक अपात्र हो सकते हैं, जिससे उनकी सेवा समाप्ति की स्थिति निर्मित हो जाएगी, जो कि उनके स्वयं और परिवार के साथ अन्याय होगा।

माननीय सभापति महोदया, उपरोक्त परिस्थिति को दृष्टिगत रखते हुए, मेरा आपसे मध्य प्रदेश राज्य में प्राथमिक एवं माध्यमिक शिक्षकों के लिए शिक्षक पात्रता परीक्षा के अनिवार्यता में राहत दिए जाने का अनुरोध है।

श्री राजीव प्रताप रुडी (सारण) : धन्यवाद महोदया। मैं एक ऐसे विषय को यहां रख रहा हूं जो भारत की धरती पर यहां से दस हजार किलोमीटर की दूरी पर है। यह एरिया तब से प्रभावित हुआ है, जब से सुनामी ने अंडमान-निकाबार द्वीप समूह को प्रभावित किया है और उसके बाद से 3730 हेक्टेयर भूमि ध्वस्त हो चुकी है और लगभग साढ़े सात प्रतिशत मंग्रोव ध्वस्त हो चुका है। इसका

परिणाम यह हुआ कि साल्ट क्रोकोडाइल, जो दुनिया के अकेले ऐसे क्रोकोडाइल हैं, उनकी संख्या इस अनुपात में बढ़ी है कि वे अब इंसानों को खाने लग हैं। दुनिया में इतना बड़ा क्रोकोडाइल कहीं नहीं देखा जाता है, जो अंडमान-निकोबार द्वीप पर है। यहां एक मरीन पार्क और सैंक्चुरी भी है। अंडमान-निकोबार द्वीप पर पर लगभग छः लाख टूरिस्ट जाते हैं। वहां घड़ियालों और इंसानों के बीच में एक संघर्ष उत्पन्न हो गया है। वहां समस्या यह आ रही है कि घड़ियालों को बचाएं या इंसानों को बचाएं? क्रोकोडाइल शेड्यूल वन में है और प्रोटेक्टेड कैटेगिरी में है। एक बहुत भयंकर संकट भारत की धरती पर यहां से दस हजार किलोमीटर दूर एक ऐसे आईलैंड में जहां सूनामी के बाद यह परिस्थिति बनी है। वहां होटलों और इंसानों के द्वारा खाना नजदीक में फेंका जा रहा है। इतने बड़े साइज के घड़ियाल शायद कहीं भी नहीं पाए जाते हैं। मेरा निवेदन है कि घड़ियालों की समस्या को दूर करने के लिए या तो घड़ियालों को मारा जाए या इंसानों को वहां जाने से रोका जाए, क्योंकि यह समस्या बहुत बड़ी समस्या उत्पन्न हो गयी है। मैं आपके माध्यम से भारत सरकार के वन एवं पर्यावरण मंत्रालय को और देश के सभी पर्यावरण एक्टिविस्ट को आग्रह करना चाहता हूं कि कंजर्वेशन प्लान को लागू करने की कार्रवाई सरकार द्वारा की जाए।

SHRI TANGELLA UDAY SRINIVAS (KAKINADA): Hon. Chairperson, Madam, I rise to highlight a serious issue affecting lakhs of students, that is, the unregulated functioning of EdTech platforms and coaching institutes, particularly the denial of legitimate refunds. This is not isolated. In one case, a student who paid Rs.35,000 did not even receive access to classes and had to approach the consumer court for a refund. In another case, a parent in Chandigarh paid Rs.80,000 for incomplete services and received justice only after legal interventions. In larger instance, over 600 students were denied refunds, forcing authorities to ensure that Rs.1.50 crore was returned. Students and parents are investing their life savings and facing misleading

claims, poor services, and rigid no-refund policies. Instead of focusing on education, they are pushed into legal battles. In this context, the Government of Andhra Pradesh has taken a progressive step by mandating *pro rata* refunds, time-based processing and greater transparency in fee structure. It is a welcome move and can serve as the country's model. I am aware that the Government issued coaching guidelines in 2024. But let us be honest that on the ground, enforcement remains weak. At the same time, large EdTech platforms are exploiting a loophole by calling themselves software subscription by bypassing these rules. This House cannot remain a spectator. I urge the Government to bring a strong enforceable national framework to regulate EdTech platforms and coaching institutes, ensure a fair refund policy and close these loopholes. India's youth deserve opportunities, not exploitation.

श्री प्रदीप कुमार सिंह (अररिया) : सभापति महोदया, मेरे संसदीय क्षेत्र अररिया सहित पूरे सीमांचल, अररिया, पूर्णिया, किशनगंज, कटिहार, सहरसा, मधेपुरा, सुपौल, दरभंगा में बीती 20 तारीख को भीषण चक्रवात और तूफान आया। हम लोगों का इलाका कोसी से प्रभावित है। आप सब जानते हैं कि कोसी में नेपाल से पानी आता है। उस इलाके में मक्के और मखाना की फसल काफी होती है। मैं प्रधानमंत्री जी को मखाना बोर्ड बनाने के लिए आभार व्यक्त करना चाहता हूँ। उसी प्रकार से मक्का को सोना कहा जाता है। उसी पर हमारे किसान भाई आधारित हैं। लेकिन 20 मार्च को आंधी-तूफान के कारण किसानों की मक्के की फसल बर्बाद हो गयी। आने वाले डेढ़-दो महीने में मक्के की फसल कटने वाली थी। मक्के के कारण उस इलाके के लाखों किसानों का उत्थान हुआ क्योंकि वह वहां की मुख्य फसल है। मैं आपके माध्यम से सरकार से मांग करना चाहूंगा कि इस क्षति का मुआयना करवाया जाए और स्पेशल पैकेज दिया जाए। वह बाढ़ से प्रभावित एरिया है। वहां कभी बाढ़ के पानी से तबाही, कभी आंधी-तूफान से तबाही, इसलिए

राष्ट्रीय आपदा घोषित करके वहां के किसानों को स्पेशल पैकेज भारत सरकार द्वारा दिया जाए। वहां का किसान कर्ज के बोझ तले दबा है। वहां भुखमरी की समस्या हो गयी है। किसान की कमर टूट गयी है। हमारा देश कृषि प्रधान देश है। मैं आपके माध्यम से सरकार से निवेदन करना चाहता हूं कि वहां के किसानों की मदद की जाए। सरकार वहां सर्वे करवाए, क्योंकि गेहूं-मक्का और सभी फसलें बर्बाद हो गयी हैं। इसका मुआवजा किसानों को मिलना चाहिए।

डॉ. शिवाजी बंडाप्पा कालगे (लातूर) : सभापति महोदया, जीरो आवर में मुझे बोलने का मौका देने के लिए आपका बहुत-बहुत धन्यवाद। इस वर्ष भारी वर्षा के कारण मेरे संसदीय क्षेत्र लातूर तथा महाराष्ट्र के बहुत से जिलों में ग्रामीण इलाकों की जो सड़कें हैं, वे बहुत जर्जर और खराब हो चुकी हैं। प्रधानमंत्री ग्राम सड़क योजना के नियमों में बदलाव के कारण मेरे चुनाव क्षेत्र में एक भी नई सड़क का निर्माण पिछले दो सालों में नहीं हुआ है। वर्तमान में इससे संसदीय क्षेत्र की जनता त्रस्त है और उनमें असंतोष है। अतः जर्जर हो चुकी सड़कों के सुधार के लिए प्रधानमंत्री ग्राम सड़क योजना के नियमों में आवश्यक बदलाव किए जाएं, ताकि जल्द से जल्द नई सड़क का निर्माण हो सके। वर्षा के कारण टूट चुकी ग्रामीण सड़कों का समय पर पुनर्निर्माण करने के लिए स्पेशल पैकेज मेरे चुनाव क्षेत्र लातूर के लिए डिक्लेयर किया जाए। ऐसी मैं मांग करता हूं।

श्री उत्कर्ष वर्मा मधुर (खीरी) : सभापति महोदया, मैं आपके माध्यम से सरकार का ध्यान एक महत्वपूर्ण विषय की ओर आकृष्ट कराना चाहता हूं। खीरी जनपद, जहां उत्तर प्रदेश का सबसे बड़ा वन क्षेत्र है, वहां आए दिन जंगली-जानवर, जैसे शेर और तेंदुए के हमले किसानों और उनके परिवारों पर खेती के कार्य करते समय हो रहे हैं। इससे कई किसानों और उनके परिवार के सदस्यों की जानें जा रही हैं। परसों खूटा कुंआ के सरदार योगा सिंह की सात साल की बच्ची को शेर उनके घर से खाना खाते समय उठा ले गया। इसके कारण किसानों में डर का माहौल बना हुआ है। इससे उनको खेती-किसानी करने में दिक्कतें आ रही हैं।

मैं सरकार से मांग करता हूं कि जंगली जानवर, जैसे शेर और तेंदुओं का विशेष मैनेजमेंट किया जाए और वृहद रूप से जनपद में कौम्बिंग की जाए। इनको पकड़कर जंगल में वापस छोड़ा

जाए, ताकि किसान सुरक्षित हों। बहुत-बहुत धन्यवाद।

***ADV. GOWAAL KAGADA PADAVI (NANDURBAR):** Honorable Chairperson Madam, thank you. My parliamentary constituency of Nandurbar is recognized as the number one district in the entire state of Maharashtra for papaya production. However, despite such large-scale production, farmers still do not receive fair prices for their produce. Through you, I would like to urge the Central Government to establish an independent 'Papaya processing Park' in my Nandurbar constituency. This park should be equipped with facilities for papaya grading, washing, packaging, and storage. Furthermore, Nandurbar should be included under the 'One Nation, One Product' scheme to garner both national and international recognition. Financial assistance should be extended to papaya-growing farmers through initiatives such as the PM Kisan Sampada Scheme, the Mega Food Park Scheme, and APEDA. Additionally, a skill development and training center should be established for tribal youth—both young men and women—to generate local employment opportunities. Cold storage facilities and logistics centers should also be set up within the district. Hon. Madam, if this Papaya Park is established, it will benefit thousands of farmers; their incomes will double, they will receive fair remuneration for their produce, and their agricultural produce will no longer go to waste. Moreover, market control will no longer remain solely in the hands of traders, and the Papaya Park will accord Nandurbar recognition on a national level. Therefore, I appeal to the Central Government to grant approval for this

* English translation of the speech originally delivered in Marathi.

project and make the necessary financial provisions. Thank you.

माननीय सभापति : श्री प्रदीप पुरोहित जी।

श्री प्रदीप पुरोहित (बारगढ़) : माननीय सभापति महोदया, मैं आपके माध्यम से केन्द्र सरकार से अपने संसदीय क्षेत्र बारगढ़ के बुडासांबर अंचल पद्मपुर में डालखाई एकेडमी की स्थापना करने की मांग कर रहा हूँ। मैं सदन का ध्यान पश्चिम ओडिशा की अमूल्य सांस्कृतिक धरोहर डालखाई की ओर आकर्षित करना चाहता हूँ, जो आज संरक्षण के अभाव में धीरे-धीरे समाप्ति की ओर बढ़ रही है। डालखाई केवल एक लोक उत्सव नहीं है, बल्कि यह हमारी परंपरा, आस्था और सामाजिक एकता का जीवंत प्रतीक है। भाद्रपद शुक्ल अष्टमी के दिन मनाया जाने वाला यह पर्व ग्रामीण जीवन की आत्मा को दर्शाता है। इसमें जनजातीय किशोरियों का नृत्य, लोकगीतों की मधुर धुन, और बाजनिया समुदाय द्वारा ढोल, निशान, तासा व मुहुरी जैसे वाद्य यंत्रों की प्रस्तुति हमारी समृद्ध लोक संस्कृति को जीवित रखती है, लेकिन दुखद स्थिति यह है कि आज इसकी मूल पारंपरिक और धार्मिक पहचान कमजोर पड़ती जा रही है। मंचीय कार्यक्रमों तक सीमित होकर इसका वास्तविक स्वरूप खोता जा रहा है। यदि समय रहते ठोस कदम नहीं उठाए गए, तो आने वाली पीढ़ियां इस अनमोल परंपरा से वंचित हो जाएंगी। इसलिए अत्यंत आवश्यक है कि सरकार इस दिशा में पहल करते हुए संस्कृति विभाग के अंतर्गत "डालखाई अकादमी" की स्थापना करे, जहां इस परंपरा का संरक्षण, प्रशिक्षण, शोध और दस्तावेज संरक्षण किया जा सके।

माननीय सभापति : श्री नारायणदास अहिरवार जी।

श्री नारायणदास अहिरवार (जालौन) : धन्यवाद सभापति महोदया, आपने मुझे शून्य काल में अपनी बात रखने का अवसर दिया, इसके लिए मैं आपका हृदय से आभार व्यक्त करता हूँ। देश में बढ़ती महंगाई के कारण दिव्यांगजनों की स्थिति दिन-प्रतिदिन गम्भीर होती जा रही है, विशेषकर वे परिवार जिनकी आर्थिक स्थिति कमजोर है, वे अपने दिव्यांग बच्चों का उचित पालन-पोषण, शिक्षा और उन्हें अच्छी शिक्षा देने में असमर्थ हैं। इसके कारण वे सरकारी योजनाओं का पूरा लाभ भी नहीं ले पा रहे हैं। महोदया, दिव्यांगजनों के कल्याण के लिए सरकार और कई सामाजिक संगठन

निरंतर प्रयास कर रहे हैं। बुंदेलखण्ड क्षेत्र में भी अनेकों संगठन लम्बे समय से दिव्यांगों के हित में सराहनीय कार्य कर रहे हैं, फिर भी उनका उत्थान नहीं हो पा रहा है।

सभापति महोदया, मैं आपके माध्यम से सरकार से मांग करता हूँ कि दिव्यांग व्यक्तियों की शिक्षा प्रारम्भिक स्तर से लेकर उच्च शिक्षा तक पूर्णतया निशुल्क की जाए, साथ ही उन्हें आत्मनिर्भर बनाने के लिए केन्द्र और राज्य सरकार मिलकर विशेष भर्ती अभियान चलाए और सरकारी सेवा में नियुक्ति प्रदान करे, जिससे उन्हें सम्मानजनक रोजगार मिल सके। वर्तमान में उत्तर प्रदेश में दिव्यांगजनों को मात्र 1,000 रुपये प्रति माह पोषण भत्ता दिया जा रहा है। उत्तर प्रदेश सरकार ने प्रति माह 1,500 रुपये भत्ता देने की घोषणा की है, जो आज की महंगाई को देखते हुए बहुत कम है। इसे बढ़ाकर 5,000 रुपये प्रति माह किया जाए। दिव्यांगजनों को आर्थिक राहत देने के लिए घरेलू विद्युत बिल में कम से कम 50 प्रतिशत की छूट प्रदान की जाए।

धन्यवाद।

माननीय सभापति : डॉ. राजेश मिश्रा जी – उपस्थित नहीं।

श्री मितेश पटेल (बकाभाई) जी।

श्री मितेश पटेल (बकाभाई) (आणंद) : माननीय सभापति महोदया जी, मैं सबसे पहले आदरणीय प्रधान मंत्री नरेन्द्र मोदी जी का आभार व्यक्त करता हूँ कि उन्होंने पेट्रोल और डीजल की एक्साइज ड्यूटी में बहुत बड़ी कटौती की, जो देश के हित में बहुत बड़ा काम किया है। मैं इसके लिए उनका हृदय से आभार व्यक्त करता हूँ। मेरे संसदीय क्षेत्र आणंद के अंतर्गत आने वाले चरोतर सहकारी खांड उद्योग के पुनरुद्धार के अत्यंत महत्वपूर्ण विषय पर मैं सदन का ध्यान आकृष्ट करना चाहता हूँ। यह सहकारी शुगर मिल वर्षों पूर्व स्थापित की गई थी, जिसका मूल उद्देश्य आसपास के क्षेत्र के किसानों से गन्ने की फसल खरीदकर उन्हें उचित एवं पोषणयुक्त मूल्य दिलाना था, परंतु दुर्भाग्यवश यह इकाई वर्तमान में पूर्णतः बंद पड़ी है। इस विषय में अमूल डेयरी के चेयरमैन तथा उनके निदेशकों के साथ विस्तृत विचार-विमर्श किया गया है। सर्वसम्मत सुझाव यह है कि इस बंद इकाई को "अमूल" संस्था द्वारा खरीद लिया जाए। अमूल अपने विभिन्न उत्पादों चॉकलेट से लेकर

अन्य प्रसंस्कृत खाद्य सामग्री तक में बड़े पैमाने पर चीनी का उपयोग करती है। अतः नई मशीनरी और आधुनिक तकनीक के साथ "अमूल" इस इकाई को पुनः प्रारंभ करे। माननीय सभापति महोदया, मेरी केंद्र सरकार से विनम्र प्रार्थना है कि सहकारिता की भावना से खड़ी हुई इस उपेक्षित इकाई को पुनः जीवंत करने हेतु "अमूल" के प्रबंधन में सौंपे जाने की दिशा में आवश्यक पहल की जाए। धन्यवाद।

***SHRI DHAIRYASHEEL RAJSINH MOHITE-PATIL (MADHA):** Hon.

Chairperson Madam, through you, I wish to make a request to the government. The Pandharpur-Paithan and Dehu National Railway lines, which fall within the Madha Lok Sabha constituency, have already been sanctioned. I urge the government to allocate the necessary funds for these railway lines and commence the construction work immediately. Furthermore, the "Kisan Rail" service, which is slated to originate from the city of Sangola, should be launched without delay. Additionally, new railway stations should be established at Bamani and Jawala in the Sangola Taluka; at Babhulgaon in the Pandharpur Taluka; and at Lahul and Mhaisgaon in the Madha Taluka—all of which lie within my constituency.

Hon. Chairperson Madam, My Lok Sabha constituency is named Madha; therefore, I request that the Hutatma Express and Udyan Express trains be provided with a scheduled halt at this location. Furthermore, the Solapur-Ajmer-Solapur train should be given a halt at Jeur. Finally, I request that the Chennai-LTT, Visakhapatnam, and Rajkot Express trains be provided with a

* English translation of the speech originally delivered in Marathi.

halt at Kurduwadi. Through you, I humbly submit these requests to the Union government. Thank you.

डॉ. नामदेव किरसान (गड़चिरोली-चिमुर) : महोदया, धन्यवाद। मेरे संसदीय क्षेत्र गड़चिरोली-चिमुर के चंद्रपुर जिले में ब्रह्मपुरी ताल्लुका में लोहडोंगरी गांव में एक आयरन ओर ओपन कास्ट माइन ओपन हो रही है। यहां जो लोहा खदान ओपन हो रही है, उसके लिए 353 हेक्टेअर लैंड अलॉट की गई है। यह लैंड फॉरेस्ट में है। इसके लिए महाराष्ट्र के वाइल्ड लाइफ बोर्ड ने तीन सदस्यीय समिति नियुक्त की थी। तीन सदस्यीय समिति ने कहा है कि 353 हेक्टेअर लैंड जो माइन्स के लिए रिकवायर्ड है, वह 34,673 हेक्टेअर्स फार्मिंग वाइल्डलाइफ कोरीडोर में, गोडाज़री वाइल्डलाइफ सैंक्चुरी और इकारा कंजर्वेशन रिज़र्व में आती है। माइन्स का जो एरिया कवर होता है, वह ताडोबा-अंधेरी टाइगर रिज़र्व, उमरेड-पाओनी-खरहंडला वाइल्डलाइफ सैंक्चुरी है। यह पूरा वाइल्डलाइफ सैंक्चुरी में है, टाइगर रिज़र्व में है। यहां 18,000 पेड़ों का कटल होने वाला है। इसको लेकर लोगों का बहुत विरोध है। मैं मांग करता हूं कि केंद्र सरकार इसमें दखल देकर इसे बंद करे।
... (व्यवधान)

***SHRI GOPAL JEE THAKUR (DARBHANGA):** Hon. Madam Chairperson, I am grateful to the Hon'ble Speaker, Lok Sabha- Shri Om Birlajee for allowing me to speak in Maithili. Madam on behalf of entire Mithila region I am indebted to him for providing us an opportunity to express our views in Maithili. The language was placed in the Schedule to the Constitution of India during the tenure of Shri Atal Bihari Vajpeyeeji, and under the guidance of experts with the directives of the utmost revered and most populist leader of the nation, Shri Narendra Bhai Modiji facilitation for translation of the Constitution of India into

* English translation of the speech originally delivered in Maithili.

Maithili was completed and published. I am thankful to him for extending this opportunity to the experts-team. along with the Maithils. I am grateful for his esteemed leadership.

Madam Chairperson, the Mithila region is witnessing all-round efforts made by the Government for expeditious development works completed and undertaken under the leadership of the PM. The site for consecrating the piece of pious and traditionally important land at Ayodhya was taken up and completed at Ramjanmabhoomi Tirthakshetra, Ayodhya and now people from all around the world throng there for worship and prayer along with annual sacraments. On the same line, Madam, a temple has been constructed at a cost of Rupees 850 crore in Sitamarhi, Bihar for besetting the female deity Goddess Sita, the all-time-adored daughter of Mithila.

Madam, the day is celebrated as an epoch-old festival of RANAVAMI-a cult in prevalence throughout the country. I am grateful to the hon'ble Home Minister Shri Amit Bhai Shah for extending support for the sacrament. I am also grateful to the Prime Minister for setting up of Makhana Board; providing GI tagging for Makhana-the fox nut; releasing a postal-stamp of Mithila-Paag; renovation and upgradation of Darbhanga Airport; construction of an IT park, releasing an amount of 11,500 crore rupees for solving the recurring annual flood in the region and an amount of 6,500 crore rupees for raising the height of both the embankments of the Dam on Koshi river.

Madam, I would like to raise the issues pertaining the region as well as the state that industrialization has been overlooked during the tenure of

preceding governance and the same need expeditious revival throughout the state. All possible support be provided to the state governance for revival of traditional art and craft as well as taking up production at long-closed industrial units producing paper, sugar, and jute products at various parts of the state along with setting up of Food Processing Parks to stop migration to the other parts of country as well as abroad.

श्री आर. के. चौधरी (मोहनलालगंज) : माननीय सभापति महोदया, आपने मुझे बोलने का मौका दिया, इसके लिए मैं आपका बहुत आभारी हूँ। महोदया, देश भर में डॉ. भीमराव अम्बेडकर की मूर्तियाँ तोड़े जाने की शिकायत बड़े पैमाने पर है। यह सिलसिला 04 जून, 2024 को शुरू हुआ, जब से यह सरकार बनी है। मेरा सीधा कहना यह है कि इसी संसद भवन के परिसर में भारत के संविधान निर्माता बाबा साहब डॉ. भीमराव अम्बेडकर की एक विशाल मूर्ति स्थापित थी। यह मूर्ति संसद भवन परिसर में एक प्राइम लोकेशन पर थी। दूरदर्शन से रोजाना समाचार के प्रसारण शुरू होते ही बाबा साहब की वह मूर्ति दिखाई पड़ती थी। बाबा साहब डॉ. भीमराव अम्बेडकर अपना दाहिना हाथ उठाए संसद भवन की तरफ उंगली से इशारा करते हुए दिखाई देते थे। उन्हें देखकर भारत के करोड़ों अम्बेडकरवादी भाइयों और बहनों का सीना गर्व से चौड़ा हो जाता था। परन्तु, दूरदर्शन पर यह नियमित प्रसारण भाजपा सरकार को हजम नहीं हुआ, इसीलिए सरकार ने बाबा साहब डॉ. अम्बेडकर की उस मूर्ति को वहाँ से हटाने की ठान ली। महोदया, भाजपा सरकार ने 04 जून, 2024 की रात, लोक सभा चुनाव परिणाम आने के बाद जेसीबी मशीन से बाबा साहब डॉ. अम्बेडकर की उस भव्य मूर्ति को प्राइम लोकेशन से हटाकर संसद भवन के पीछे खड़ा कर दिया। महोदया, सरकार का यह कृत्य अत्यंत निंदनीय और चिंताजनक है। सरकार के इस कारनामे से बाबा साहब डॉ. अम्बेडकर के अनुयायियों में देश भर में काफी आक्रोश है।

महोदया, मैं इस सदन के माध्यम से सरकार से माँग करता हूँ कि बाबा साहब डॉ. अम्बेडकर की उस भव्य मूर्ति को पुनः उसी प्राइम लोकेशन पर स्थापित किया जाए, जहाँ वह पहले

से स्थापित थी। बहुत बहुत धन्यवाद।

श्री चंदन चौहान (बिजनौर) : सभापति महोदया, मैं आज आपके माध्यम से लोकहित के एक महत्वपूर्ण मुद्दे पर सरकार का ध्यान आकर्षित कराना चाहता हूँ। मान्यवर, देश भर में तमाम विभिन्न आयोजनों में और सार्वजनिक कार्यक्रमों में साउण्ड सिस्टम और लाउड स्पीकर्स प्रायः 90 से 120 डेसीबल की ध्वनि सीमा पर बजाए जाते हैं। यह स्तर निर्धारित मानकों के अनुरूप नहीं है। रिहायशी क्षेत्र में दिन में 55 डेसीबल और रात के समय 45 डेसीबल की मात्रा और सीमा तय है। जबकि साउण्ड सिस्टम की ध्वनि इससे कई गुना अधिक पाई जाती है।

माननीय सभापति महोदया, 75 डेसीबल से अधिक ध्वनि के बीच लम्बे समय तक रहने से हृदय रोगियों को, बुजुर्गों को, नौजवानों को और बच्चों को विभिन्न तरह के हानिकारक डिसऑर्डर्स होते हैं। 90 डेसीबल से ऊपर की ध्वनि सीमा में निरंतर रहने से हाई ब्लड प्रेशर, टेंपरेरी हेयर लॉस, दिल की धड़कन बढ़ना, मानसिक तनाव, नींद में बाधा आदि गंभीर बीमारियाँ होती हैं। यह केवल मानव स्वास्थ्य का ही नहीं, बल्कि पर्यावरण और जैव विविधता का मामला है।

महोदया, तेज ध्वनि में पशुओं को होने वाली घबराहट के कारण डॉग बाइट्स और मंकी बाइट्स में वृद्धि होना, पशुओं की उत्पादकता घटना, पालतू पशुओं का आक्रामक होना जैसी विभिन्न समस्याएँ प्राकृतिक संचार में बाधा आने की वजह से होती हैं।

***SHRI VISHALDADA PRAKASHBAPU PATIL (SANGLI):** Hon. Chairperson Madam, I am grateful to you for giving me this opportunity to speak. The 2019 National Survey on the Extent and Pattern of Substance Use in India indicates that a significant number of people across the country have fallen prey to the clutches of substance abuse involving alcohol, cannabis, opium, and other narcotics. Today, an estimated 1.275 million young people have turned to substance abuse. Crime rates are on the rise; in Dhambi village within my

* English translation of the speech originally delivered in Marathi.

constituency, a group of young men, under the influence of narcotics, murdered an elderly man by striking him on the head with a stone. Through the Union Ministry of Social Justice, I submit the following demand: while de-addiction centers have indeed been established, their current capacity is insufficient; therefore, the number of de-addiction centers in my Sangli constituency must be increased.

Furthermore, as there are currently no dedicated addiction treatment facilities in my district, I request that steps be taken to establish such centers as well. Restrictions must also be imposed on the sale and availability of narcotics within the vicinity of schools. Moreover, if proper guidance and counselling are provided to both adolescents and young children, this menace of substance abuse can effectively be curbed. Thank you.

17.00 hrs

डॉ. राजेश मिश्रा (सीधी) : माननीय सभापति महोदया, मैं आपके माध्यम से, एक अत्यन्त लोक हित के मुद्दे को सदन में उठाना चाहता हूँ।

मेरे लोक सभा क्षेत्र- सीधी के अंतर्गत शहडोल जिले के सीधी, सिगरौली और बेओहारी के लाखों लोग, जिनमें श्रमिक और छात्र भी हैं, वे दवाई कराने के लिए बाहर जाते हैं। वे देश के विभिन्न प्रदेशों में रहते हैं। दुर्भाग्य से, अगर वहां किसी की मौत हो जाती है, तो उनका पार्थिव शरीर को लाने के लिए हम लोगों को बहुत दिक्कत होती है। गरीब परिवार के लोग भी होते हैं। सबकी इच्छा होती है कि अपने परिवार को घर में लाकर उसका एक बार उसका चेहरा देख लें। लेकिन पार्थिव शरीर को लाना बहुत महंगा होता है।

मैं सरकार से मांग करता हूँ, क्योंकि यह मेरे लोक सभा क्षेत्र के साथ ही यह पूरे देश के लिए महत्वपूर्ण है। सरकार कोई ऐसी योजना बनाएं और उसके लिए बजट का प्रावधान करे अथवा इसे

आयुष्मान भारत योजना से जोड़कर ऐसे लोगों को लाभ दिया जाए ताकि लोगों के पार्थिव शरीर सम्मान के साथ घर में आ जाएं। यह एक संवेदनशील मुद्दा है।

आपने मुझे बोलने का समय दिया, इसके लिए बहुत-बहुत धन्यवाद।

डॉ. मन्ना लाल रावत (उदयपुर) : माननीय सभापति महोदया, यशस्वी प्रधानमंत्री जी विकसित भारत, 2047 का सपना लेकर चल रहे हैं और हम सभी के लिए वह अनुकरणीय है। इसके लिए रिफॉर्म, परफॉर्म और ट्रांसफॉर्म की एक रणनीति चल रही है। उसी का परिणाम है कि एमएमडीआर, 2015 में संशोधन करते हुए डीएमएफ का गठन किया गया है। डीएमएफ को लागू करने के लिए जिलास्तर पर कलेक्टर की अध्यक्षता में एक गवर्निंग काउंसिल गठित हुई है। जब वह गवर्निंग काउंसिल गठित हुई तो भारत सरकार ने प्रधानमंत्री खनिज क्षेत्र कल्याण योजना लागू की और उसके सूत्र के तहत यह बॉडी गठित हुई है, लेकिन उसकी कार्यकारी एजेंसी भी कलेक्टर की ही अध्यक्षता में है।

मुद्दा यह है कि मेरे लोक सभा क्षेत्र में चार डीएमएफ हैं। चार में एक प्रतापगढ़ के डीएमएफ की एक बैठक में 54 तरह के काम स्वीकृत किये गये। उन 54 कामों के बारे में राजस्थान सरकार ने स्वीकृति दी कि ये शिक्षा के काम हैं, इन पर काम होना चाहिए। लेकिन यह हुआ कि कलेक्टर ने अपने दम्भ और अहंकार के कारण 54 कामों में से केवल 3 कामों को ही स्वीकृत किया है। ऐसा लगता है कि माननीय प्रधानमंत्री जी का सपना पूरा नहीं हो रहा है।

मेरा आग्रह है कि डीएमएफ का अध्यक्ष लोक सभा के सांसद को बनाया जाए। इस प्रकरण की जांच की जाए। इसके साथ ही, 54 कामों, जिनको गवर्निंग काउंसिल ने स्वीकृत किये हैं, वे सभी धरातल पर उतारे जाएं ताकि स्कूल्स की जर्जर बिल्डिंग्स को ठीक कराया जा सके, बस्तियों तक पेयजल पहुंचे और जो खनिज क्षेत्र बहुत ही नकारात्मक ढंग से प्रभावित हुए हैं, वहां के क्षेत्रवासियों को राहत मिले। मेरा आपसे यही आग्रह है। धन्यवाद।

श्री पुष्पेंद्र सरोज (कौशाम्बी) : माननीय सभापति महोदया, मैं सबसे पहले आपके माध्यम से, आपको और देशवासियों को रामनवमी की बहुत-बहुत शुभकामनाएं देता हूँ।

महोदया, इस देश का इतिहास गवाह है कि शोषित, वंचित समाज के अधिकारों के लिए उनके महापुरुषों ने संघर्ष किया है। लेकिन उनको आज तक वह सम्मान नहीं मिल पाया, जिनके वे हकदार हैं।

ऊदा देवी पासी ने 1857 के संग्राम में अद्भुत वीरता दिखायी। मदारी पासी ने किसानों के हक के लिए आवाज़ उठायी। महाराज बिजली पासी, महाराज लाखन पासी और महाराज सातन पासी ने समाज को नेतृत्व दिया। इस परम्परा में, रानी अवंतीबाई लोधी जी ने अंग्रेजों के खिलाफ संघर्ष करते हुए वीरगति को चुना। अहिल्याबाई होल्कर जी ने सुशासन, धर्म और समाज के पुनर्निर्माण का आदर्श प्रस्तुत किया।

आज़ाद भारत में डॉ. भीमराव अम्बेडकर जी ने संविधान के माध्यम से इस संघर्ष को दिशा दी और मान्यवर कांशी राम जी ने उसे राजनैतिक शक्ति में बदलकर वंचित समाज को सबसे बड़ी आवाज़ देने का काम किया।

आज यह बात एक नहीं, दो नहीं, बल्कि दस-दस सांसदों ने उठायी है कि चाहे डॉ. भीमराव अम्बेडकर जी हों, श्रद्धेय नेताजी हों, मान्यवर कांशी राम जी हों, उनकी मूर्तियां तोड़ी जाती हैं, उनको अपमानित किया जाता है।...(व्यवधान) आपके संसदीय क्षेत्र में तोड़ी गई है।...(व्यवधान) आप वहां नहीं जाते हैं, आप वहां जाकर देखते नहीं हैं।...(व्यवधान) यहां तक कि विचारों का भी गला घोटकर दबाया जाता है।...(व्यवधान) मैं कहता हूँ कि अगर यहां पर दस सांसद आवाज़ उठाने का काम कर रहे हैं, तो सदन को उस पर सख्त से सख्त कार्रवाई करनी चाहिए।

मेरी सरकार से मांग है कि मान्यवर कांशी राम जी को भारत रत्न से सम्मानित किया जाना चाहिए। जितने भी पासी समाज और वंचित वर्गों के महापुरुषों को उनके योगदान के लिए राष्ट्रीय सम्मान दिया जाना चाहिए।

मेरा अनुरोध है कि आप जाइए, देखिए, मूर्तियां तोड़ी जा रही हैं। आप वहां पर खड़े रहिए। अगर आप संविधान की शपथ लेते हैं, तो आप संविधान निर्माता डॉ भीमराव अम्बेडकर जी के लोगों के साथ खड़े रहने का काम कीजिए। धन्यवाद।

माननीय सभापति : श्री देवेन्द्र सिंह उर्फ भोले सिंह ... (व्यवधान)

श्री सुकान्त कुमार पाणिग्रही जी।

***SHRI SUKANTA KUMAR PANIGRAHI (KANDHAMAL):** Thank you, Chairperson Madam. Today, I wish to express about an important matter regarding my constituency. For the last 30 years, the survey work for our Gopalpur – Rairakhol railway line has been conducted repeatedly, and even now, ORIDL (Odisha Rail Infrastructure Development Ltd) has already submitted its report to the Government.

However, it is a matter of great concern that this railway line, which connects South Odisha with West Odisha via Kandhamal, remains an absolute necessity but remained untouched till date. My parliamentary constituency is a tribal-dominant area and an aspirational district; to this day, it remains the only district in Odisha where the district headquarters has not been connected by a railway line—that is Kandhamal district.

Therefore, through you, I would like to appeal to the Government to ensure that the Gopalpur – Rairakhol railway line is connected as soon as possible. This project should be completed to ensure the economic progress and livelihood of the countless tribal brothers, sisters, and people from backward classes residing in this region. Thank you.

डॉ. विनोद कुमार बिंद (भदोही) : सभापति महोदया, आपने मुझे मेरे लोक सभा क्षेत्र की समस्याओं को इस सदन में उठाने का अवसर दिया है, मैं उसके लिए आपको धन्यवाद देता हूँ।

महोदया, मैं आपके माध्यम से सरकार से निवेदन करूंगा कि आम जनमानस के आवागमन

* English translation of the speech originally delivered in Odia.

में बहुत दिक्कत होती है। बच्चे-बच्चियों को पढ़ाई के लिए स्कूल्स और अस्तपाल जाने में भी दिक्कत होती है। मेरे यहां कई धार्मिक स्थल भी हैं। जैसे ककराही, माधोसिंह, जंगीगंज, धनतुलसी, सराय जगदीश रेलवे हाल्ट और प्रयागराज भीटी रेलवे स्टेशन के पास आरओबी बनाया जाए। जैसे लालानगर से खमरिया मार्ग पर नटवा गांव के पास एक अंडरपास बनाया जाए। जीटी रोड से लिंक मार्ग, जगन्नाथपुर, अमवा ग्राम सभा तथा हंडिया में लाक्षागृह मार्ग पर एक अंडरपास बनाया जाए।

हंडिया रेलवे स्टेशन पर विभूति एक्सप्रेस, शिवगंगा एक्सप्रेस और लिच्छवी एक्सप्रेस जैसी ट्रेन्स का रुकाव होना चाहिए। मेरा संसदीय क्षेत्र गंगा नदी के किनारे है। वहां ऐसे बहुत से गांव हैं, जो भूमि के कटान से प्रभावित होते हैं। इटवा, उफरा, द्वारकपुर, कोलाहलपुर, सीतामढ़ी, नारायणपुर, बारीपुर, कलिंजरा, धनतुलसी, महादेव, छेछुआ, इब्राहिमपुर, चकियाडीह आदि जगहों पर बाढ़ से खेती का कटान हो जाता है, इसलिए उसकी व्यवस्था की जाए।

डॉ. इन्द्रा हांग सुब्बा (सिक्किम) : सभापति महोदया, मैं आज सिक्किम के एक अविलंब मुद्दे के बारे में बताना चाहता हूं। मैं सरकार से यह निवेदन करता हूं कि जितनी जल्दी हो सके, इस मुद्दे का निवारण किया जाए।

सभापति महोदया, लिंबू और तमांग नामक दो अनुसूचित जनजातियां हैं, जिनको आज तक अपने राज्य की विधान सभा में किसी सीट पर आरक्षण नहीं मिला है। इनको वर्ष 2003 में जनजाति का दर्जा दिया गया था। अब तक पांच बार चुनाव हो गए हैं। इन चुनावों के दौरान राज्य की विधान सभा में इनका कोई प्रतिनिधि नहीं रहा है। इनको प्रतिनिधित्व देने के लिए आज तक द रिप्रेजेंटेशन ऑफ द पीपल एक्ट, 1950 को संशोधित नहीं किया गया है तथा उसमें कोई प्रावधान भी नहीं किया गया है।

सभापति महोदया, पहले जो डिलिमिटेशन हुआ था, उसमें भी इनके लिए कोई सीट आरक्षित नहीं की गई थी। वर्ष 2026 में जो डिलिमिटेशन प्रस्तावित है, उसमें उनको सीट देने के लिए द रिप्रेजेंटेशन ऑफ द पीपल एक्ट, 1950 में संशोधन करना बहुत जरूरी है। मैं लिंबू और तमांग अनुसूचित जनजातियों की तरफ से केन्द्र सरकार से यह निवेदन करता हूं कि जितनी जल्दी

हो सके द रिप्रेजेन्टेशन ऑफ द पीपल एक्ट, 1950 में संशोधन किया जाए। सिक्किम विधान सभा में इन अनुसूचित जनजातियों को सीट्स देने का प्रावधान किया जाए। जो डिलिमिटेशन प्रस्तावित है, उसमें इनको अपना क्षेत्र मिले और उन क्षेत्रों से अनुसूचित जनजातियों के लोगों को प्रतिनिधित्व करने का मौका मिले।

**LIST OF MEMBERS WHO HAVE ASSOCIATED THEMSELVES WITH THE
ISSUES RAISED UNDER MATTERS OF PUBLIC IMPORTANCE**

सदस्य, जिनके द्वारा लोक महत्व के विषय उठाये गये।	सदस्य, जिन्होंने उठाए गए विषयों के साथ स्वयं को सम्बद्ध किया।
Shri Chandra Prakash Choudhary	Dr. Nishikant Dubey
Shrimati Supriya Sule	Shri Arvind Ganpat Sawant Shri Bajrang Manohar Sonwane Shri Vishaldada Prakashbapu Patil Shri Saptagiri Sankar Ulaka Dr. Prashant Yadaorao Padole
Sushri Praniti Sushilkumar Shinde	Shri Omprakash Bhupalsinh <i>Alias</i> Pavan Rajenimbalkar Shri Vishaldada Prakashbapu Patil
Dr. Bachhav Shobha Dinesh	Shri Omprakash Bhupalsinh <i>Alias</i> Pavan Rajenimbalkar
Shri Ujjwal Raman Singh	Dr. Prashant Yadaorao Padole
Shrimati Kamaljeet Sehrawat	Shri Anurag Singh Thakur

Shri Bhartruhari Mahtab	Shri Bibhu Prasad Tarai Shri Naba Charan Majhi Shri Pradeep Purohit
Shri Deepender Singh Hooda	Shri Rahul Kaswan Shri Saptagiri Sankar Ulaka Dr. Prashant Yadaorao Padole
Shri Vijayakumar <i>Alias</i> Vijay Vasanth	Shri Saptagiri Sankar Ulaka Dr. Prashant Yadaorao Padole
Shri Hamdullah Sayeed	Shri Saptagiri Sankar Ulaka
Shrimati Malvika Devi	Shri Saptagiri Sankar Ulaka
Shri Amrinder Singh Raja Warring	Shri Saptagiri Sankar Ulaka
Shri Tapir Gao	Shri Parshottambhai Rupala
Shri Arvind Ganpat Sawant	Dr. Prashant Yadaorao Padole
Dr. Hemant Vishnu Savara	Dr. Prashant Yadaorao Padole
Shri Yusuf Pathan	Dr. Prashant Yadaorao Padole
Shri Mohmad Haneefa	Dr. Prashant Yadaorao Padole
Shri Virendra Singh	Shri Jagdambika Pal
Dr. Nishikant Dubey	Shri Jagdambika Pal
Shri Naresh Chandra Uttam Patel	Shri Jagdambika Pal
Shri Ram Prasad Chaudhary	Shri Jagdambika Pal

माननीय सभापति : माननीय सदस्यगण, जो सदस्य आज जीरो ऑवर में नहीं बोल पाए हैं, उन्हें अगली बार मौका दिया जाएगा।

आइटम नंबर 22, दिवाला और शोधन अक्षमता संहिता (संशोधन) विधेयक, 2025.

माननीय सदस्य सुश्री कंगना रनौत जी।

17.10 hrs

INSOLVENCY AND BANKRUPTCY CODE (AMENDMENT)

BILL, 2025* - Contd.

सुश्री कंगना रनौत (मंडी) : माननीय सभापति महोदया, मैं इन्सॉल्वेंसी एंड बैंकरप्सी कोड (अमेंडमेंट) बिल, 2025 का पूर्ण समर्थन करती हूं। मैं इस ऐतिहासिक और दूरदर्शी बिल के लिए हमारे प्रधानमंत्री श्री नरेन्द्र मोदी जी और वित्त मंत्री श्रीमती सीतारमण जी का बहुत-बहुत आभार व्यक्त करती हूं। एक वक्त था, जब कांग्रेस के प्रधानमंत्री फोन पर बड़े-बड़े उद्योगपतियों के लोन्स कराया करते थे। ... (व्यवधान) इस बात में कोई भी संशय नहीं है कि जैसे नेता होते हैं, वैसी ही जनता होती है और जैसे राजा होते हैं, वैसी ही प्रजा होती है।

महोदया, इसका सबसे बड़ा प्रमाण हमें वर्ष 2016 में मिला, जब पहली बार आईबीसी आया। हम सबने देखा कि एनसीएलटी में जो 87 प्रतिशत केसेज़ थे, उनकी सेटलमेंट वर्थ 13.9 लाख करोड़ रुपये की थी। आईबीसी आते ही वे सेटलमेंट्स कोर्ट जाने से पहले ही प्री-एडमिशन स्टेट पर सेटल हो गए। कहीं न कहीं इसे आईबीसी का डर लीजिए या एक नेता की नियत और नीति पर जनता का विश्वास कह लीजिए। मैं कहती हूं कि चाहे कोई कितना भी विलफुल डिफॉल्टर हो, लेकिन जब हम देखते हैं कि हमारे शीर्ष नेतृत्व इतने कर्मठ और कर्मयोगी हैं, तो वह विलफुल डिफॉल्टर भी देश के प्रति अपना कर्तव्य निभाना चाहता है। इसका प्रमाण हमने वर्ष 2016 में देखा,

* Further discussion on the Motion for Consideration of the Bill, moved by Shrimati Nirmala Sitharaman on 25 March, 2026.

जब यह बिल आया था।

महोदया, इस आईबीसी बिल का सबसे प्रमुख सुधार एनसीएलटी को मिली 14 दिनों की विंडो है। इससे ट्रिब्यूनल को 14 दिनों में ही यह बताना पड़ेगा कि वे यह केस ले रहे हैं या नहीं ले रहे हैं। क्रेडिटर्स को जो भी असुविधा होती है, कानूनों की जो अस्पष्टता रहती है या जो प्रक्रियारत देरी रहती है, अब उससे बहुत छुटकरा मिलेगा।

अंग्रेजों द्वारा चलाई गई क्राउन डेब्ट की यह जो कुनीति है, जिसके चलते भारतीयों को लूटने का काम होता था। कांग्रेस ने यह कभी नहीं सोचा कि हम भारतीयों को इससे मुक्ति दिलाएं। यह काम भी हमारे यशस्वी प्रधानमंत्री श्री नरेन्द्र मोदी जी ने किया कि जब भी कोई बैंक कहीं से रिकवरी करेगा, तो वहां सरकार को अपनी टांग अड़ाने की जरूरत नहीं है। वह धन लोगों के पास जाना चाहिए। गरीबों का पैसा गरीबों के पास जाना चाहिए। अतः इस बिल के लिए हम बहुत आभार व्यक्त करते हैं।

महोदया, बैंक किसी भी अर्थव्यवस्था का आधार होते हैं। बैंकों की इतनी खस्ता हालत थी कि उनका रिकवरी रेट मात्र 5 से 20 प्रतिशत ही था। यहां कांग्रेस के ऐसे वित्त मंत्री थे, जो कहते थे कि यह अनपढ़ गंवार लोगों का देश है। ये क्या डिजिटल पेमेंट्स करेंगे। कांग्रेस के इन लोगों ने भारतीयों के जिस आत्मविश्वास को तार-तार कर दिया था, हमारे प्रधानमंत्री जी ने उस आत्मविश्वास को जगाया। 50 करोड़ से ज्यादा जन-धन खाते खोले गए और जन-जन को बैंकों से कनेक्ट किया गया। आज बैंको का सशक्तिकरण प्रधानमंत्री नरेन्द्र मोदी जी ने ही किया है।
... (व्यवधान)

एनपीए का जो रेट है यानी जो नॉन परफॉर्मिंग एसेट्स थे, वे कांग्रेस के टाइम पर 11.5 प्रतिशत थे। वे मार्च, 2025 में घटकर अब 2.25 प्रतिशत हो गए हैं। लेकिन, राहुल जी कहते हैं कि हमारी इकॉनमी तो डूब रही है। कहीं-कहीं जाकर वे देश के बारे में इतना गंदा बोलते हैं कि उन्हें एक ट्यूशन दी जानी चाहिए। उन्हें बताया जाना चाहिए कि तीन प्रतिशत का रेट ग्लोबली एक्सेप्टेबल है। It is in a very good position. उन्हें शर्म आनी चाहिए कि वे हर जगह जाकर भारत की

इकॉनमी के बारे में इतना गलत बोलते रहते हैं।

इसके साथ ही इसका जो सबसे बड़ा सुधार है, वह है – क्रॉस बॉर्डर इन्सॉल्वेंसी। ... (व्यवधान) इसका मतलब हमारे जितने क्रेडिटर्स हैं, अब वे बाहर के देशों में जाकर भी एसेट्स से अपनी रिकवरी कर सकते हैं। वहां भी डिफॉल्टर्स पर केसेज़ कर सकते हैं और अपना लूटा हुआ या खोया हुआ धन भारत में वापस ला सकते हैं।

महोदया, अब मैं अपनी सरकार, प्रधानमंत्री जी और वित्त मंत्री जी को धन्यवाद देती हूं कि उनके रिफॉर्म, परफॉर्म और ट्रांसफॉर्म का मूल मंत्र इस बिल के माध्यम से धरातल पर आया है। यह भारत की आर्थिक शक्ति और पारदर्शी व्यवस्था का जीता-जागता प्रतीक है। इन्हीं शब्दों के साथ मैं एक बार फिर माननीय प्रधानमंत्री जी और वित्त मंत्री जी को धन्यवाद देती हूं और इस विधेयक का पूर्ण रूप से आभार और समर्थन करती हूं। धन्यवाद।

श्री जगदम्बिका पाल (डुमरियागंज) : अधिष्ठाता महोदया, मैं आपका अत्यंत आभारी हूं कि आपने आज मुझे एक ऐसे महत्वपूर्ण बिल के समर्थन में बोलने का अवसर दिया है।

अधिष्ठाता महोदया, अभी कंगना जी आज के भारत के बारे में कह रही थीं। मैं तथ्यों के साथ बात करूंगा। यह तो दुनिया की एक वास्तविकता है कि वर्ष 2014 में भारत पूरी दुनिया की इलेवेन्थ लार्जैस्ट इकोनॉमी था, भारत ग्यारहवें आर्थिक पायदान पर खड़ा था। पिछले दस वर्षों में निश्चित तौर पर आज लोगों का फाइनेंशियल इन्क्लूजन हुआ, वित्तीय समावेशन हुआ। उस समावेशी विकास के लिए बैंकों के एनपीएज़ की बात हो रही है कि वह डबल डिजिट में हो गया। पूरे वर्ल्ड में यह आइडियल तीन परसेंट है, जिसके बारे में कंगना जी कह रही थीं। श्री नरेन्द्र मोदी जी की सरकार ने इस फाइनेंशियल डिसिप्लिन को किया नहीं होता, तो निश्चित तौर पर जब कोविड की वैश्विक चुनौती में दुनिया भर के देशों, जैसे जापान आदि देशों के बैंक्स बंद हो रहे थे, इकोनॉमीज़ शैटर्ड हो रही थीं, तब भी दुनिया की ग्यारहवीं लार्जैस्ट इकोनॉमी से आज फोर्थ लार्जैस्ट इकोनॉमी बनने का काम हमने श्री नरेन्द्र मोदी जी के नेतृत्व में किया है।

अधिष्ठाता महोदया, यह निश्चित तौर पर फाइनेंशियल डिसिप्लिन है, यह लोगों का

फाइनेंशियल इन्क्लूजन है। मेरा सौभाग्य रहा है कि जब अरुण जेटली जी इसके वित्त मंत्री थे और वर्ष 2016 में इसकी कमेटी बनी थी, तो इनसॉल्वेंसी एंड बैंकरप्सी कोड की उस वर्ष 2016 की कमेटी में मैं भी था। हम लोगों ने बहुत मेहनत की थी। कमेटी में सभी पार्टियों के लोग थे। वर्ष 2016 में इनसॉल्वेंसी एंड बैंकरप्सी कोड की जो कमेटी बनी, मैं इसलिए उसका समर्थन कर रहा हूँ, क्योंकि किसी समस्या के समाधान के रूप में आज यह अमेंडमेंट नहीं आया है, बल्कि यह जो एक सफल व्यवस्था प्रभावी हुई है, इसको और प्रभावी बनाने के लिए, और तेज बनाने के लिए, और भरोसेमंद बनाने के लिए यह वर्ष 2025 का जो अमेंडमेंट है, यह उसी दिशा में अग्रसर है।

अधिष्ठाता महोदया, इसलिए हमें यह समझना चाहिए कि यह जो बदलाव हो रहा है, यह किस अनुभव से, किस बदलाव से निकला है? आप एनपीएज़ की बात करते हैं। वर्ष 2016 में यह एक्ट आया था। वर्ष 2014 में भारत की बैंकिंग व्यवस्था ऐसे मोड़ पर खड़ी थी कि उस समय लोगों को बैंक्स से ऋण नहीं मिल रहा था। पब्लिक सेक्टर के बैंक्स का जो एनपीए था, वह 2.16 लाख करोड़ रुपये हो चुका था। तब बैंक्स की स्थिति यह थी कि बैंक्स उस समय ऋण देने की स्थिति में नहीं थे। निश्चित तौर पर बैंक्स दिवालिया होने की कागार पर बढ़ रहे थे। वे एनपीए 2.16 लाख करोड़ रुपये से बढ़ते-बढ़ते 8.45 लाख करोड़ रुपये हो गए।

अधिष्ठाता महोदया, हम जिसे ग्राँस एनपीए रेश्यो कहते हैं, वह चार-पांच परसेंट से बढ़कर 15 परसेंट हो गया। अगर हम उसमें रीस्ट्रक्चर्ड लोन को भी जोड़ दें, तो जो स्ट्रेस्ड एसेट था, वह 15 से 16 परसेंट हो गया। इसका सीधा अर्थ यह था कि बैंक्स की केवल बैलेंस शीट ही कमजोर नहीं हो रही थी, केवल बैंक्स ही नहीं कमजोर हो रहे थे बल्कि वे नए उद्योगों के लिए लोन दे पा रहे थे। जो यहां इनवेस्टमेंट हो रहा था, बैंक्स वर्किंग कैपिटल देने की स्थिति में नहीं थे। जो इंटरप्रेन्योर्स लोन ले रहे थे, उनको लोन लेने के बाद जब वर्किंग कैपिटल की जरूरत पड़ती थी, तब वे बैंक्स के चक्कर लगाते थे, तब भी उन्हें वर्किंग कैपिटल नहीं मिलती थी, जिससे उनका खाता एनपीए हो जाता था।

अधिष्ठाता महोदया, वह इस उद्देश्य को लेकर उद्योग खोलता था कि हम आगे बढ़ेंगे,

लेकिन वह ऐसी परिस्थितियों में पहुंचता था कि उसकी मिल और इंडस्ट्री खो जाती थी। बैंक्स को भी लगता था कि यदि हम किसी उद्योग को लोन देंगे, तो उसका बैंकिंग पर ही नहीं, बल्कि पूरे आर्थिक चक्र पर असर पड़ेगा। यह केवल एक अकाउंटिंग प्रॉब्लम नहीं थी, अगर छः-सात रुपये दिए जा रहे थे, तो उसका एक रुपया डूब रहा था। इसमें सिस्टम की खामियां थीं। मैं निश्चित तौर पर कंगना जी की कही हुई बात से एग्री हूं कि फोन बैंकिंग चल रहा था, एक फोन जाता था और उसी पर लोन हो जाता था।

उस समय लोन की कॉमर्शियल वायबिलिटी नहीं देखी जाती थी। आज बैंक देखते हैं कि लोन किस परपज के लिए लिया जा रहा है, उसकी वायबिलिटी क्या है और उसका रिटर्न क्या है। उस समय केवल फोन बैंकिंग चल रही थी, जिसके कारण लोन हुआ और तमाम लोगों ने लोन लिया। वे लोग लोन लेकर जनता की गाढ़ी कमाई का पैसा लेकर विदेश में बैठे हैं। इस तरीके से एक कॉरपोरेट डैट रीस्ट्रक्चरिंग हो रहा था, यानी सीडीआर हो रहा था। जैसे किसी ने लोन लिया, तो यह टूल इसलिए बना दिया गया था कि जो कॉरपोरेट डैट रीस्ट्रक्चरिंग था, यानी जो लोन नहीं चुका रहे थे, तो उनके लिए यह कर दिया कि एक नया लोन ले लो और उस पुराने लोन को नए लोन में मर्ज कर दो। इस तरीके से कोई रिकवरी नहीं बनती थी, वह केवल डिले होता था। सीडीआर में एक सिस्टम होता था, जिसमें ब्याज कुछ कम कर दिया जाता था और पुराने लोन को चुकाने के लिए नया लोन दे दिया जाता था। यह केवल अकाउंटिंग बैंक द्वारा मैनिपुलेशन होता था। इससे सिस्टम इंप्रूव नहीं हो रहा था। इसके कारण कई कंपनियां अपना कर्ज नहीं चुका पा रही थीं और रीपेमेंट नहीं करती थीं, तो उनकी तारीख बढ़ती जाती थी।

महोदया, आरबीआई के आंकड़े बताते हैं कि रिस्ट्रक्चर्ड लोन लगभग 2-3 लाख करोड़ रुपये से बढ़कर वर्ष 2013-14 में लगभग 6 लाख करोड़ रुपये तक पहुंच गया था। यह सीडीआर के अंतर्गत था। इसके कारण एनपीए बढ़ता गया। जब एनपीए बढ़ता गया, तो रिकवरी के बजाय केवल डिले होता रहा। इस तरीके से बैंकिंग के सामने एक बड़ा संकट खड़ा हो गया। उस समय 2जी घोटाला और कॉमनवेल्थ गेम्स घोटाला हुआ। ऐसे कई स्कैम्स हुए, जिसमें कोई लेंडिंग नहीं थी,

कोई क्रेडिबिलिटी नहीं थी। उसकी वायबिलिटी चैक नहीं होती थी। एक हिडन स्ट्रेस था, जिसके कारण पूरा बैंकिंग सिस्टम कमजोर हो गया था।

एक दिन निशिकान्त जी कह रहे थे कि रेट्रोस्पेक्टिव टैक्सेशन होने लगा था। वर्ष 2011 में इंडियन नेशनल कांग्रेस की सरकार थी। यूपीए सरकार में रेट्रोस्पेक्टिव टैक्स लगा दिया गया, जैसे अभी वोडाफोन ग्रुप और केयर्न एनर्जी की बात कही थी। विदेश की किसी डील के जरिए भारत में कोई कंपनी खरीदी गई और उस समय के टैक्स के हिसाब से सारी चीजें हो गईं, फिर बाद में सरकार को लगा कि हमें कहीं से पैसा इकट्ठा करना है, क्योंकि हमारे बैंक फेल हो रहे हैं। आप सोचिए कि रेट्रोस्पेक्टिव इफेक्ट से टैक्स लगाना शुरू कर दिया गया। इस तरीके से लोगों के इन्वेस्ट करने का भरोसा ही टूट गया कि भारत में कभी भी रेट्रोस्पेक्टिव इफेक्ट से कानून लागू किया जा सकता है। हमारी सम्पत्ति जब्त हो सकती है। आम आदमी के लिए मतलब यह था कि कोई पुराने नियम नहीं हैं, बल्कि हम उसमें नया पैसा मांग सकते हैं। इस तरीके से निवेशकों का भरोसा टूटा है। टैगोर जी, यह सच्चाई है।

जब भारतीय जनता पार्टी की सरकार आई, तो जो रेट्रोस्पेक्टिव टैक्स लगाया था, उसको वर्ष 2021 में नरेन्द्र मोदी जी ने वापस किया है। मैं यह रिकॉर्ड पर कह रहा हूँ। उसके कारण यह कानून खत्म हुआ। तमाम लोगों के ऊपर पुराने केसेज को लिया गया, अन्यथा लोगों का भरोसा ही नहीं था। इससे भारत एक भरोसेमंद वाला देश बना है, जिससे फिर से विदेशी नियम आ रहा है। मैक्रो लेवल समस्या नहीं थी, बल्कि ग्राउण्ड पर साफ दिखती थी। किंगफिशर एयरलाइंस का लगभग 9,000 करोड़ रुपये का डिफॉल्ट था या 2000 से अधिक विलफुल डिफॉल्ट्स द्वारा 1.85 लाख करोड़ रुपये का बकाया हो गया था। यह कोई आइसोलेटेड केस नहीं था, बल्कि एक सिस्टमैटिक पैटर्न था। यह बात सही है कि अगर बैंक सौ रुपये लोन दे रहा था, तो बीस रुपये भी वापस नहीं आ रहे थे। सरकार को इस बात की गंभीर चिंता नहीं थी। इससे पता चलता है कि उस समय केवल पैचवर्क हो रहा था, कोई स्ट्रक्चरल रिफॉर्म नहीं हो रहा था। इसके बाद एक निर्णायक फैसला आया और उससे एक स्ट्रक्चरल रिफॉर्म हुआ। इंसॉल्वेंसी एंड बैंक्रप्सी कोड में एक टाइम

बाउंड किया गया है कि इसमें डायनेमिक पावर का कानून बदला जाएगा। अब इसमें ऋण लेने वाले का कंट्रोल नहीं रहेगा, जो प्रोसेस जब चाहे डिले कर दे, मैनीपुलेट कर दे, बल्कि जो क्रेडिटर है, उसका भी अधिकार होगा। इसलिए आईबीसी ने इसको स्पष्ट किया। इसका नतीजा यह हुआ कि टाइम बाउंड फ्रेमवर्क दिया गया। यह पहले 180 दिन थे और विशेष परिस्थिति में 90 दिन थे। पहले इन्सॉल्वेंसी में एंडलैस प्रोसेस था। आईबीसी के बदलाव के बाद करीब 10 लाख करोड़ से अधिक के मामलों का समाधान हुआ। रिकवरी रेट लगभग 20 परसेंट से बढ़कर 36.5 परसेंट तक पहुंच गया है। जहां वर्ष 2017-18 में ग्राँस एनपीए लगभग 11.2 परसेंट था, जो डबल डिजिट था। पूरी दुनिया के सामने भारत का एनपीए 11.2 परसेंट था, जो आज घटकर 2.5 परसेंट पर आ गया है।

दुनिया के एनपीए से भी कम भारत का एनपीए है। आज भारत के बैंकों की स्थिति ये है। इसका अर्थ यह होता है कि अगर बैंक की स्थिति ठीक होती है, तो गांव के किसान को भी ऋण मिलता है, एमएसपी के लोगों को भी ऋण मिलता है, उद्योग को भी मिलता है। बैंक की लेंडिंग कैपेसिटी बढ़ती है। एमएसएमई को जो क्रेडिट मिलता है, उस पर ऋण मिलता है, इनवेस्टमेंट का क्लाइमेट बनता है, लेकिन अनुभव ने क्या सिखाया? कोई सुधार नहीं हुआ। हर रिफॉर्म के साथ लर्निंग आती है। आईबीसी भी इससे अलग नहीं था। पहले 270 दिन का समय था, लेकिन आज वह 270 दिन, 400-600 दिन हो जाते थे और इन्सॉल्वेंसी का मतलब केवल डिले नहीं था, रिजिडिटी थी और जिसके कारण स्थिति यह थी कि 25000 तक, आज 8492 कॉर्पोरेट इन्सॉल्वेंसी रिजॉल्यूशन प्रोसेस हुआ, जिसमें सब समाप्त हुए केवल 1905 केसेज़ अभी ऑनगोइंग हैं। इसका मतलब है कि यह टाइमलैस है। मैं आज कहना चाहता हूं कि किस तरीके से इसमें परिवर्तन आया है। पहले कानून में 180-270 दिन थे, लेकिन 400-600 दिन का टाइम लग जाता था। आज इस बिल में जो बदलाव हुआ है, मैं इस सदन के माध्यम से देश को कहना चाहता हूं कि अब अपील में केवल 90 दिन की समय-सीमा रहेगी। इस टाइमलाइन को मजबूत करने का काम है। सर्वसम्मति से इसका समर्थन करना चाहिए। जैसे किसी अगर किसी बीमार मरीज का इलाज देर से करोगे, तो मरीज बचेगा नहीं। अगर किसी कंपनी की कीमत समय से गिर रही है और उस पर

फैसला ही नहीं लोग, 400-600 दिन लग जाएंगे, तो कंपनी बचेगी नहीं, लेकिन मैं आज सरकार को बधाई देना चाहता हूँ कि सरकार यह जो अमेंडमेंट बिल लेकर आयी है, इसमें 90 दिन की टाइमलाइन है, जिससे निश्चित तौर से हमारी स्थिति और मजबूत होगी। पहले डिफॉल्ट साबित करने में लंबा समय लगता था और उससे एनसीएलटी में केस शुरू होने में देरी होती थी, उसमें इंफॉर्मेशन यूटीलिटीज़ के रेकार्ड पर भरोसा किया गया। पहले केस शुरू करने में ही महीनों लग जाते थे, अगर डिफॉल्टर है, तो उसका वेरिफिकेशन होता था, लेकिन अब स्थिति यह है कि अगर कर्ज नहीं चुकाया तो तुरंत कार्रवाई शुरू हो जाएगी। हम यह अमेंडमेंट लेकर आ रहे हैं। एक ही तरीका नहीं है, पहले एक तरीका था कि सब पर लागू करो, पूरी कंपनी को एक साथ बेचना पड़ता था, यह कितना बड़ा व्यवहारिक परिवर्तन हुआ है, हम इसका स्वागत करते हैं। प्रधानमंत्री जी और वित्त मंत्री जी को बधाई देते हैं कि पहले एक कंपनी थी अगर उसका एक स्टील का गुप है, कोई उसका कोल का गुप है, अगर स्टील फायदे में है और कोल घाटे में है, तो पूरी कंपनी को बेचना पड़ता था, अब है कि अलग-अलग हिस्सों को अलग बेचने की अनुमति मिलेगी। इससे साफ है कि जो प्रोफिट है उसका अधिक पैसा मिलेगा। यह जो मल्टीपल प्लान किया है, इससे है कि निश्चित तौर पर जो हमारा वर्ष 2016 का आईबीसी था, इसमें अपने अनुभवों के आधार पर हमने और सुधार किया है। जैसे पहले कम रिकवरी होती थी, पैसा कम मिलता था, देरी के कारण कंपनी वेल्यू गिर जाती थी और जब कंपनी की वेल्यू गिर जाती थी, तो उसके कारण समस्या थी कि निश्चित तौर से ने पैसे की वापसी थी, न रिकवरी थी। अब जो तेज प्रक्रिया किए हैं, फ्लेक्सिबल सॉल्यूशन किए हैं कि देर से बेचने पर चीज सस्ती बिकती थी, तो निश्चित तौर पर अब समय पर होगा। अब बैंक के रिजॉल्यूशन तक सीमित नहीं हैं, हमने इसमें को अमेंडमेंट किया है, क्रेडिटर्स की भूमिका को महत्वपूर्ण किया है। अब उसको केवल रिजॉल्यूशन तक सीमित नहीं कर दिए हैं, अब लिक्विडेशन तक और पूरी प्रक्रिया में भी क्रेडिटर्स की भूमिका होगी। अब बताइये कि पहले जो पैसा देता था, उसकी भूमिका नहीं होती थी, पहले क्रेडिटर ही सब करता था, अब यह फैसला करेगा। बैंक केवल दर्शक नहीं होगा, वह एक स्पेक्टेटर्न हो, बल्कि वह निर्णय लेने वाला होगा। सबसे बड़ी

बात क्या थी कि कमेटी ऑफ क्रेडिटर्स थी। कमेटी ऑफ क्रेडिटर्स जो बनाया है, पहले था कि 66 जो परसेंट कमेटी ऑफ क्रेडिटर्स में होंगे, वे सहमति पर निर्णय लेंगे, तब कोई फैसला इंप्लीमेंट होगा। आज इसमें अमेंडमेंट किया है कि 66 परसेंट सहमति को घटाकर 51 कर दिया गया है, इसका मतलब है कि कमेटी ऑफ क्रेडिटर्स, जिसको पहल करनी है, फैसला करना है, उसकी सहमति लेते-लेते देर न हो जाए, जस्टिस डिलेड, जस्टिस डिनॉयड। 51 परसेंट अप्रूवल पर होगा तो निश्चित है ...(व्यवधान) दो मिनट और दे दीजिए। मैं तो केवल बिल के अमेंडमेंट की बात कर रहा हूं। पहले बैंकों के लिए कोई नियम तय नहीं था। अब सीओसी के लिए कोई कंडक्ट रूल या समय-सीमा नहीं होगी।

जो इनसॉल्वेंसी एंड बैंकरप्सी बोर्ड ऑफ इंडिया (आईबीबीआई) है, इसके नियम तय होंगे। बायर्स पहले सोचता था कि अगर हम पुराने कर्ज लेंगे तो हमारे ऊपर पुरानी लायबिलिटीज़ आ जाएंगी। अब पुरानी लायबिलिटीज़ नहीं आएंगी। निवेशकों का जो डर था, हमने उसे भी अमेंडमेंट किया है। एक जवाबदेही का संतुलन होगा कि रिजॉल्यूशन से जो गलत लोग बच जाते थे, उसमें लायबिलिटी बनी रहेगी। निश्चित तौर से पहले हितों का टकराव होता था। जो रिजॉल्यूशन प्रोफेशनल्स थे और लिक्विडेटर्स थे, वही दोनों काम करते थे और अब अलग-अलग व्यक्ति होगा। जैसे मैच में अगर अम्पायर और खिलाड़ी एक ही व्यक्ति हो जाए तो निष्पक्षता निश्चित तौर से नहीं रहेगी। अब प्रक्रिया ज्यादा पारदर्शी होगी। आप देखिये कि वर्ष 2016 में इनसॉल्वेंसी एंड बैंकरप्सी से फायदा हुआ है कि हम 2.7, 2.5 परसेंट एनपीए पर आए हैं। हमने उन अनुभवों के आधार पर इसमें और अमेंडमेंट किया है। निश्चित तौर से आने वाले दिनों में दुनिया की सबसे अच्छी बैंकिंग व्यवस्था और इकोनॉमी भारत की होगी, यह मैं आपसे कहना चाहता हूं।

पहले लिक्विडेशन की प्रक्रिया कितनी धीमी होती थी? काम दोबारा करना पड़ता था। समय और खर्च बढ़ता था। अब डुप्लीकेशन को भी खत्म किया है, स्ट्रीमलाइन को प्रोसेस किया है। वही फाइल बार-बार खोलनी पड़ती थी। अब एक बार फाइल खोल कर काम करेगा और सीधा नतीजा आएगा। कंपनी को बचाने का कोई आखिरी मौका नहीं होता था। एक बार लिक्विडेशन शुरू

हो गया तो वापसी का रास्ता बंद हो जाता था। अब एक रिवाइवल विन्डो दिया है। अगर किसी समय कोई कंपनी बंद हो रही है और उस कंपनी को फिर से रिवाइव करना है तो 120 दिन का समय दिया गया है ताकि वह कंपनी फिर से रिवाइव हो जाए। कंपनी सिक हो गई और उसके एसेट को बेचकर हम बैंक को दे या क्रेडिटर को दे, आज यह भी चिंता है कि अगर बैंक के क्रेडिटर को उसका पैसा मिले, अगर हम उस सिक कंपनी को भी रिवाइव कर सकते हैं तो हम निश्चित तौर पर रिवाइव भी करेंगे। छोटी-मोटी गलतियों पर, प्रोसीजरल मिसटेक पर क्रिमिनल एक्शन हो जाता था और उसके नाते निवेशक डरता था। आज हमने उसको सिविल पैनल्टी किया है। कोर्ट पर पूरा बोझ बढ़ता था।

आज मैं सबसे बड़ी बात कहना चाहता हूं कि जो क्रेडिटर-इनिशिएटेड इनसॉल्वेंसी रिजॉल्यूशन प्रोसेस (सीआईआईआरपी) किया है, यह सबसे महत्वपूर्ण है। पहले हर फैसला कोर्ट में होता था। लेकिन अब अमेंडमेंट के द्वारा यह किया है कि जो सीआईआईआरपी है, ये कोर्ट के बजाय आपसी सहमति से तय कर ले, ताकि सालों से कोर्ट में जो लिटिगेशन आदि होता था, वह खत्म हो। पहले ग्रुप कंपनियों को अलग-अलग देखा जाता था। कंपनियों को अलग हैंडल किया जाता था। अब ग्रुप इनसॉल्वेंसी का जो फ्रेमवर्क है, वह एक साथ देखा जाएगा... (व्यवधान) मैं एक मिनट में अपनी बात खत्म कर रहा हूं। पहले विदेशी निवेशक को क्या लगता था? अगर हमने भारत में इनवैस्ट किया तो हमारी इनवैस्टमेंट सुरक्षित रहेगा कि नहीं रहेगा? क्रॉस-बॉर्डर मामलों में स्पष्टीकरण नहीं था।

अब सेक्शन 240सी जोड़ा गया है। उस सेक्शन 240सी के तहत नया फ्रेमवर्क है—युनाइटेड नेशन्स कमीशन ऑन इंटरनेशनल ट्रेड लॉ। सेक्शन 240सी के बाद अब पूरी दुनिया को भरोसा बढ़ा है कि भारत में पूंजी निवेश करना सुरक्षित भी रहेगा और फायदे में भी रहेगा। अब भारत में निवेश करने वाली विदेशी कंपनियों को भरोसा होगा। पहले लोगों का फेवरिट डेस्टिनेशन क्या होता था—चाइना होता था, जापान होता था। कोविड के बाद दुनिया में निवेश का सबसे फेवरिट डेस्टिनेशन नरेन्द्र मोदी जी के नेतृत्व में भारत बना है। हम वर्ष 2027 तक दुनिया की

तीसरी अर्थव्यवस्था बनने जा रहे हैं और वर्ष 2047 तक विकसित भारत बनने जा रहे हैं। आज पूरी दुनिया को हमारे ऊपर भरोसा है। आप बताइये कि होर्मुज स्ट्रेट से अगर किसी का कूड ऑयल आ रहा है, किसी का शिप आ रहा है तो नरेन्द्र मोदी जी के नेतृत्व में भारत का आ रहा है। ये रोज पैनिक क्रिएट कर रहे हैं, रोज धरना देते हैं, अफरा-तफरी फैलाना चाहते हैं। न तेल की कमी है, न गैस की कमी है, न फर्टिलाइजर्स की कमी है।... (व्यवधान) आपके नेता कहां हैं? जब सदन का सत्र चल रहा है तो आपके नेता को रहना चाहिए। आखिर कंगना जी सवाल उठा रही थी कि राहुल क्या बोले?... (व्यवधान) मैं देख रहा हूँ कि वे मौजूद हैं। आपके नेता, प्रतिपक्ष सदन में नहीं रहते हैं।... (व्यवधान) लिक्विडेशन में एसेट की सुरक्षा रहती थी। आज लिक्विडेशन शुरू होते ही, जो एसेट है, उसका मोरेटोरियम प्रोटेक्शन बढ़ाया गया है। आज निश्चित तौर से नियम बदलने के लिए, पहले हर बदलाव के लिए कानून बदलना पड़ता था।... (व्यवधान) मैं बस एक मिनट में अपनी बात खत्म कर रहा हूँ। अब हर बदलाव के लिए कानून बदलना नहीं पड़ेगा। अब आईबीबीआई को ज्यादा पावर दे दी गई है। आईबीबीआई को जो ज्यादा पावर दी गई है, उससे सिस्टम में तेजी आएगी और उससे बदलाव होगा।

मैं एक और बात कहकर अपनी बात खत्म करना चाहूंगा। जिस तरीके से हमने इस इनसोल्वेंसी प्रोसेस में आज किया है, यह कोई ज्यूडीशियल ट्रायल नहीं है। यह एक कॉमर्शियल डिजीजन है, ताकि इसमें परफेक्शन हो और यह अधिक महत्वपूर्ण हो, क्योंकि निर्णय में देरी होगी तो एसेट वैल्यू गिरेगी। इसलिए डिजीजन मेकिंग को प्रैक्टिकल बनाने का प्रयास किया गया है। एक आखिरी बात कह दूँ कि आखिर निवेशक क्यों आएगा? अगर किसी निवेशक को लगे कि स्ट्रेस एसेट भी हमको ही निवेश करना पड़ेगा, वह यदि हमारे ऊपर आएगा, तो लायबिलिटी आ जाएगी, डिस्प्यूट आ जायेगा, तो कोई भी निवेशक यहाँ नहीं आएगा। इसी तरह से जो हमने सीआईआरपी को कहा है, तो मुझे लगता है कि यह एक अंतिम विकल्प है। मैं कह रहा हूँ कि यह बिल बदलाव नहीं है। जो कंपनियां ग्लोबल हैं, एसेट लायबिलिटी की, जो तमाम देशों में फैली हैं, आने वाले दिनों में भारत का बैंकिंग सिस्टम, भारत का निवेश, भारत की अर्थव्यवस्था नंबर एक अर्थव्यवस्था होगी।

बहुत-बहुत धन्यवाद।

ADV. GOWAAL KAGADA PADAVI (NANDURBAR): Hon. Chairperson, Madam, I have heard the hon. Member from the Treasury Bench speak. But I would start with the basic thing that this Bill just talks about timelines. It mandates faster decisions as procedural requirements. But I ask the Government how timelines can be enforced when institutions themselves are collapsing. The National Company Law Tribunal and the NCLAT are burdened with vacancies, infrastructure shortages, and mounting backlogs. The hon. Supreme Court, in multiple observations, including matters related to tribunal functioning, has clearly stated that justice delayed is justice denied. In cases concerning Tribunal vacancies, the Court has emphasised that adjudicatory bodies must be adequately staffed to uphold the rule of law. Yet this Bill is silent about that. This Government wants speed without capacity, deadlines without delivery, and reform without any kind of responsibility.

One of the biggest failures of the IBC regime has been the massive haircuts taken in the large corporate insolvency cases. Banks, mostly public sector banks, have accepted huge losses. And whose money is that? This is the money of the poor depositor, the money of the farmer, or a tribal from my constituency. Yet the Bill does nothing to regulate or even examine these haircuts. No transparency, no accountability, no safeguards.

The hon. Supreme Court, in the Committee of Creditors of SST Limited v. Satish Kumar Gupta, upheld the commercial wisdom of creditors, but also emphasised that the process must be fair, equitable, and within the framework

of the law. But what we see today is not fairness. It is institutionalised compromise at the cost of public wealth.

The Bill introduces definitions of avoidance transactions and fraudulent trading. But definitions are not enforcement. Where is the accountability? Where is the mechanism to ensure that those who syphon funds, mismanage companies, and defraud creditors, are punished? They very well know the names of the ones who have syphoned funds and escaped the country. But what are they doing to bring them back? The Supreme Court in *Swiss Ribbons v. Union of India* upheld the IBC precisely because it was designed to prevent errant promoters from regaining control without paying their dues. But in practise, what is the actual reality? They did not mention what is the actual status and what is the reality right now. Promoters are walking away; banks are taking losses; and the public has to pay.

The Bill does nothing to strengthen enforcement under Section 66. It does nothing to ensure recovery from those who have caused the damage. One of the most dangerous aspects of the Bill is excessive reliance on delegated legislation. We have seen that in all the other Government Bills that they bring into play. Especially in critical frameworks like group insolvency and cross-border insolvency, which are not defined in the law itself, they fail to mention that. Instead, they are left to rules and regulations. This is not reform. This is complete abdication.

The Supreme Court in multiple judgments has clearly held that essential legislative functions cannot be delegated. But the Government is

systematically bypassing the Parliament. So then, why are we here? Why are we debating upon these laws if you are giving everything to the executive authority, and through notifications, when it is not there in the part of the law or the part of the main body of the law? Yet the Bill introduces provisions to allow recovery from guarantor's assets during insolvency.

Let us be honest, this is half a reform. There is no comprehensive framework to trace hidden assets, break complex ownership structures, and recover funds from related parties. So, what happens? The company collapses, but the wealth remains hidden elsewhere. This is the actual reality that the Government refuses to accept. The Bill strengthens the role of Committee of Creditors, even allowing it to continue during liquidation. But who actually regulates these regulators? Who ensures that the decision is not arbitrary? Who ensures that the public interest is not sacrificed for private settlements? The Supreme Court in SS Steel has recognised that the primacy of CoC does not intend for it to become unchecked power. The Bill introduces procedural changes through operational creditors. But let us ask: who are the small suppliers, the MSMEs, and the workers truly protected? Are they actually protected? Are they still standing at the end of the line? The Supreme Court also acknowledges the distinction and also emphasises fairness. Yet today, small creditors wait while big financial institutions decide.

In the end, I would just like to mention this महोदया, मैं केवल एक माननीय सांसद के रूप में नहीं बल्कि उन लोगों के प्रतिनिधि के रूप में बोल रहा हूँ जिनके पैसे दांव पर हैं। जब एक कॉर्पोरेट डिफॉल्ट करता है, तो वह केवल एक बैलेंस शीट का आंकड़ा नहीं होता है, वह

एक किसान की जमा पूंजी, एक आदिवासी परिवार की बचत है, वह इस राष्ट्र की संपत्ति है। आज यह सरकार हमसे कानून पारित करने को कह रही है, जो प्रक्रियाओं की रक्षा करती है, लेकिन लोगों की रक्षा नहीं करती है। हम इसे स्वीकार नहीं कर सकते हैं।

मैं सदन से आग्रह करता हूँ कि इस विधेयक को वापस भेजा जाए, इसे मजबूत बनाया जाए, इसे पारदर्शी और जवाबदेह बनाया जाए। चूंकि दिवाला कानून केवल कंपनियों के बारे में नहीं है, बल्कि यह इस बारे में है कि देश अपने लोगों के साथ खड़ा है, शक्तिशाली डिफाल्टर्स के साथ नहीं खड़ा है।

The hon. Member said, where is our *Neta*. I would like to mention that even if their leader is outstanding, it also means that they might be standing out somewhere and not sitting in the House. So, instead of raising issues against my leader, they should look at themselves. They should look at themselves in the mirror and look at making the reforms in the Insolvency and Bankruptcy Code, and actually look at the recovery rates in the banks. Therefore, this Bill should be sent to a Select Committee or a JPC for due consideration. That is all I want to say.

डॉ. निशिकान्त दुबे (गोड्डा) : सभापति महोदया, हिंदी में एक कहावत है कि ज्यादा जोगी मठ उजाड़ा मैं वर्ष 2009 में इस सदन का माननीय सदस्य बना। मैं भारतीय जनता पार्टी के नेतृत्व का शुक्रगुजार हूँ कि उन्होंने मुझे पहली ही बार फाइनेंस कमेटी और पब्लिक एकाउंट्स कमेटी का माननीय सदस्य बना दिया। हमारी कमेटी की जितनी भी रिपोर्ट्स हैं, मैं कांग्रेस के अपने साथियों से कहूंगा कि उनको उन सारी कमेटीज की रिपोर्ट्स पढ़नी चाहिए जो वर्ष 2009 से लेकर वर्ष 2014 तक हमारी कमेटी ने दी है। हमने लगातार कहा है कि आपका जो रेजोल्यूशन प्रॉसैस है, जिसके बारे में जगदम्बिका पाल साहब बता रहे थे कि एक कंपनी डाउन जाती है, वह पैसा पेमेंट करने की स्थिति में नहीं है, उसका एनपीए होता है। आप उसको दूसरे मद में लोन दे देते हैं और वह उसी

लोन से लोन चुकाता है। एक दिन यह मैन्युपुलेशन देश को बर्बाद कर देगा। मैंने कहा कि ज्यादा जोगी मठ उजाड़। वह सरकार भरपूर अर्थशास्त्रियों से भरी हुई थी। डॉक्टर मनमोहन सिंह जी, जिनकी पूरी दुनिया आदर करती है। वे खुद प्रधान मंत्री थे। उसमें चिदम्बरम साहब, प्रणब मुखर्जी साहब, मोंटेक सिंह अहलूवालिया साहब और रघुराम राजन साहब थे। उस वक्त दुनिया के अमर्त्य सेन से लेकर सारे बड़े लोग उस सरकार की मदद कर रहे थे, लेकिन इन लोगों को अमेरिका के वर्ष 2008 के सबप्राइम क्राइसिस से भी प्रेरणा नहीं मिली।

वर्ष 2009, 2010, 2011 और 2012 में कमेटी ने कहा कि एनपीए बढ़ रहा है, इसका कुछ करो। आप जो लोन दे रहे हैं, उतना कोलेटरल नहीं है, उन कंपनियों के पास उतना पैसा नहीं है। न वह इक्विपमेंट ला रहे हैं, न लोगों को रोजगार दे रहे हैं, न उसके पास जमीन है। आप सोनो बैंकिंग का सहारा ले रहे हैं, लेकिन किसी ने बात नहीं मानी।

वर्ष 2014 में जब माननीय मोदी जी के नेतृत्व में सरकार बनी तो बैंक की हालत खराब थी। आप जीडीपी की बात कर रहे हैं, कांग्रेस के जितने भी लोग भाषण देते हैं उनसे मुझे बड़ी निराशा होती है। आप पढ़े-लिखे आदमी हैं, कोई डॉक्टर है, कोई इंजीनियर है, कोई लॉयर है। आप कहते हैं कि लोन रि-पे नहीं हो रहा है, राइट ऑफ कर दे रहे हैं, बिजनेसमैन भाग गया।

मैं आपकी सारी बातों से सहमत हूँ, आप एकदम सही बोलते हैं। लेकिन क्या कभी आपने देखा कि वह लोन कब का है ? लोन वर्ष 2004 से लेकर 2014 तक है। वर्ष 2014 के बाद से कोई लोन नहीं है। हो सकता है, लोन लेकर भाग गए हों, यह हो सकता है कि हमारी सरकार के समय ही भाग गए हों, मैं इससे इंकार नहीं करता हूँ। लेकिन लोन किसके समय लिया, आप नीरव मोदी और मेहुल चौकसी की बात करते हैं।

राहुल कस्वां जी उस दिन लगातार बोल रहे थे। आपने कभी सुना कि नीरव मोदी क्यों पैदा हुआ, आपको ध्यान है? मणिकम टैगोर आपको जरूर जानना चाहिए और अपने नेता को बताना चाहिए। वर्ष 2013-14 में चिदम्बरम साहब ने कस्टम का रेट ऐसा तय किया कि जो आर्टिफिशियल डायमंड आएगा, उसका एक अलग टैक्स लिया जाएगा और जो नेचुरल डायमंड बाहर से आएगा

उसका एक अलग टैक्स लिया जाएगा।

आप एक स्कीम लेकर आए, इसको 80/20 स्कीम कहते हैं। आप गोल्ड लाइए, आप डायमंड लाइए। यहां के लोकल मार्केट में 20 परसेंट दीजिए, 80 परसेंट बाहर भेज दीजिए। वर्ष 2014-15 की सीएजी की रिपोर्ट है। इसकी कॉपी आपके नेतृत्व को भेज दूंगा। इसमें कहा गया कि 5 घंटे में डायमंड आया, पांच घंटे में गोल्ड आया, पांच घंटे में चांदी आयी, प्रोसेसिंग करने के लिए कभी हरिद्वार चला गया, कभी सूरत चला गया? कभी मुंबई चला गया। सब दिल्ली एयरपोर्ट पर आया, पांच घंटे में प्रोसेस करके एक्सपोर्ट कर दी।

नीरव मोदी ने क्या किया। सब धन बाइस पसेरी हो गया। नेचुरल डायमंड और आर्टिफिशियल डायमंड था, सब आर्टिफिशियल डायमंड की तरह बेचना शुरू कर दिया। पैदा आप करो, करप्शन आप करवाओ, ऊपर से फिर मेरे ऊपर क्वेश्चन करो।

इस देश के बैंक का 15 लाख करोड़ रुपये डूब गया। इसका कोई अता-पता नहीं। आप 2004 इकोनॉमिक सर्वे देख लीजिए। जब यूपीए सरकार ने चार्ज लिया तो आपने 2005 के इकोनॉमिक सर्वे में कहा कि अटल बिहारी वाजपेयी जी ने रोबस्ट इकोनॉमी छोड़ी है। जीडीपी का लेवल 9 परसेंट था, 9 परसेंट की दर से देश आगे बढ़ रहा था। लेकिन जब माननीय मोदी जी ने पद भार ग्रहण किया तो इकोनॉमी 4.28 की रेट से बढ़ रही थी।

बैंक का टोटल लोन वर्ष 1947 से 2014 तक लगभग 52 लाख करोड़ रुपये में से 15 लाख करोड़ रुपये डूब गया था। नौ लाख करोड़ रुपये ऐसा था कि वह रिकवर होगा या नहीं। बैंक का 50 परसेंट लोन डूबा हुआ था। किसी भी बैंक का चेयरमैन एक भी फाइल साइन करने को तैयार नहीं था। इनफ्लेशन का रेट 10 से 11 परसेंट पर था, महंगाई रात-दिन बढ़ रही थी। हमारी सरकार क्या करती ?

हमारी सरकार को डेवलपमेंट करना था, जिसके आधार पर भारत की जनता ने माननीय मोदी जी को वोट दिया था। फाइनली पूरी दुनिया से प्रेरणा लेकर हम इनसॉल्वेंसी एंड बैंकरप्सी कोड लेकर आए। मुझे फख्र है कि वर्ष 2009 के बाद से इस देश में जितने भी बड़े कानून बने, चाहे

आपने बनाए, चाहे यूपीए के समय बने, चाहे एनडीए के समय बने, लगभग सभी कमेटियों का मैं सदस्य रहा। मैं इस आईबीसी कमेटी का भी सदस्य था। ये कहते हैं कि आईबीसी कमेटी में चर्चा ही नहीं हुई। जब आईबीसी आया, उस वक्त भी जेपीसी बनी। भूपेंद्र यादव जी उसके अध्यक्ष थे। अभी जब ये रिपोर्ट आई है, अभी भी जेपीसी है। हमने पूरा कंसल्टेशन किया है। कई कमेटियां हमने बनाई हैं।

महोदया, इसमें एक फ्लॉ था कि फाइनली एक ऐसा रॉबस्ट सिस्टम स्ट्रेंगथेन किया जाए, जिससे कि बैंकों को भी बचाएं, विकास भी हो और करप्शन का दायरा न आए। अतः हमने कई अधिकार दिए। जब आप अधिकार देते हैं, कानून जब आप बनाते हैं, तो सबसे पहले कानून को तोड़ने के रास्ते खोजे जाते हैं। मैं मिनर्वा कंपनी का जिक्र कर रहा हूं। उसे 80 हजार करोड़ रुपये लोन दिया गया। उसके कोलैटरल केवल 100 रुपये के थे। जब यह कानून बना, तब इसमें लूप होल्स थे। पहला लूप होल्स जो मैन्डेट्री एडमिशन था, जिसके बारे में पाल साहब कह रहे थे कि इसमें कोई भी आदमी, जो सिक्योर्ड क्रेडिटर है, अनसिक्योर्ड क्रेडिटर है, जो वहां काम करने वाले लोग हैं, जहां सोसायटी या मकान का मामला आता है, जिसे एक आम आदमी ने बुक कराया है, एक क्रेडिटर के तौर पर हमने वाटर फॉल मैकेनिज्म बनाया। इस मैकेनिज्म में यह बताया गया है कि यदि यह सामान बिकेगा, तो किसको सबसे पहले इसका पैसा जाएगा। उसमें हमने यह तय किया कि जो रोज काम करने वाले लोग हैं, जो वहां के कर्मचारी हैं, जो वहां के गरीब लोग हैं, पैसे पर सबसे पहला अधिकार उनका होगा।

महोदया, दूसरा, जो बैंकिंग सिस्टम है, जो सिक्योर्ड क्रेडिटर है, जिसके बारे में यह पता है कि यह पैसा इसी बैंक का है, इसी वित्तीय संस्थान का है। अतः वाटर फॉल मैकेनिज्म में यह प्रावधान रखा गया कि दूसरा पैसा सिक्योर्ड क्रेडिटर को जाएगा। तीसरा अनसिक्योर्ड क्रेडिटर, जैसे कंपनी में किसी ने गिट्टी, बालू, मैटेरियल के सप्लाई किया। वह अनसिक्योर्ड क्रेडिटर है। उसे थर्ड माना गया। यह वाटर फॉल मैकेनिज्म हमारे द्वारा बनाया गया। जब यह मैकेनिज्म हमने बनाया, तो सुप्रीम कोर्ट में विदर्भ इंडस्ट्रीज पावर लिमिटेड वर्सेज एक्सिस बैंक का केस आ गया। इस केस

ने कहा कि एनसीएलटी को यह अधिकार है कि वह किसी रिजोल्यूशन प्रोसेस को स्वीकार करे या अस्वीकार करे। हम तो राजनेता हैं। यदि हम लॉयर होते, तो सुप्रीम कोर्ट में ही सारे एमपीज़ प्रैक्टिस करते। सुप्रीम कोर्ट ने अपने जजमेंट में may और shall का फर्क बता दिया और कहा कि एनसीएलटी को यह अधिकार है कि वह किसी चीज को स्वीकार या अस्वीकार कर सकता है।

मान लीजिए एक गरीब आदमी, जो अनसिक्योर्ड क्रेडिटर है, जिसने एक लाख, दो लाख रुपये का सप्लाई किया। वह तो मर जाएगा। वह बड़ा आदमी तो है नहीं। बैंक में तो भारत सरकार की सोर्वेन गारंटी है, तो बैंक में बचने की काफी संभावना है। वह कैसे बचेगा? अतः एनसीएलटी को यह अधिकार हो गया।

यह जो इन्सॉल्वेंसी बिल आया है, हमने इसे सुधारने की कोशिश की और हमने 'May' शब्द को 'Shell' से कर दिया। अब एनसीएलटी के चारों तरफ के बंधन को हमने बांध दिया कि आपको उसको स्वीकार करना है। पहले आप उस प्रोसेस को स्वीकार कीजिए और फिर जो दूसरा प्रोसेस पाल साहब ने बताया है कि अब, पहले यह था कि यदि 66 परसेंट, 70 परसेंट सिक्योर्ड क्रेडिटर्स वोट देंगे तो होगा। अब ऐसा नहीं है। कई एक बार प्रोसेस में हुआ कि कुछ लोग सहमत हो सकते हैं, कुछ लोग असहमत हो सकते हैं, किसी बैंक का एक अलग स्टाइल है, किसी का नया स्टाइल है। भारत सरकार के संस्थान हैं, वे एक साथ काम करना चाहते हैं। यहां प्राइवेट सेक्टर का अब और डेवलपमेंट हो गया है। उस प्रोसेस को हम नीचे लेकर आए कि अब ऐसे नहीं चलेगा। अब 51 परसेंट लोग यदि यह चाहते हैं कि नहीं, इसका रेजोल्यूशन प्रोसेस हो तो वह हम करेंगे।

पाडवी साहब, लगता है कि आपने बिल को पढ़ा नहीं है। आरपी कौन बनाएगा, आरपी वह बनाएगा, जो सिक्योर्ड क्रेडिटर है। ये जितने रेजोल्यूशन प्रोसेस में आरपी जो है, जो प्रोफेशनल बनाए जाएंगे और वह प्रोफेशनल इसलिए बनाया जाएगा, जो हमारे सारे पहले वक्ताओं ने कहा कि वे इसलिए बनाए जाएंगे कि यदि चलती हुई कंपनी है और किसी घाटे में है, तो हम दो-तीन महीने, जब तक कि यह रेजोल्यूशन प्रोसेस पूरा नहीं हो जाता है, हम यह प्रयास करेंगे कि वह कंपनी बैठ न जाए, वह कंपनी बंद न हो जाए। यदि कंपनी बंद हो जायेगी तो हम कहां से पैसा देंगे? चलती हुई

कंपनी ही तो अच्छे से बिकेगी। इसलिए ऐसा किया गया है। आपको पता है कि अभी तक लगभग-लगभग 1300 कंपनियों का सफलतापूर्वक रेजोल्यूशन हो चुका है और भारत सरकार को लगभग वर्ष 2024-25 तक 4.5 लाख करोड़ रुपया मिला है। बैंकों का डूबा हुआ जो पैसा है, वह 4.5 लाख करोड़ रुपया हम लेकर आए हैं। आप जो कह रहे थे कि कम आया, लगभग-लगभग 49.3 परसेंट मतलब यदि हमने एक लाख करोड़ रुपया दिया था तो 50 हजार करोड़ रुपये की हम रिकवरी कर चुके हैं।

आपके समय जो हालत थी, जिसमें आप डीआरटी के माध्यम से बेच रहे थे। कभी आपने देखा है कि वर्ष 2004 से वर्ष 2014 तक डीआरटी प्रोसेस में जो कंपनियां बिकी हैं, उसकी कितनी रिकवरी है। उसकी रिकवरी केवल 18 परसेंट है। जो 18 परसेंट में कंपनियां बिकी हैं, 10 कंपनियों के नाम आपको बता सकता हूँ। वे कंपनियां ऐसी हैं, जो आज बहुत सफल हैं। आपने कौड़ी के दाम पर उन्हें बेच दिया। कोर्ट का यह जो प्रोसेस है, एनसीएलटी का जो प्रोसेस है, आईबीसी का जो यह प्रोसेस है, हम लगभग-लगभग 50 परसेंट इसकी रिकवरी करके आए हैं। यह एक सबसे बड़ा हमने इसमें चेंज किया है। इसके बाद आपने क्रॉस बॉर्डर इन्सॉल्वेंसी की बात कही। इसमें वह है। यह कहाँ से आया, मैं आपको बताऊँ कि एक जेट एयरवेज का केस आया। अब जेट एयरवेज का केस यह आया कि जेट एयरवेज की इन्सॉल्वेंसी का प्रोसेस भारत तय करेगा। यह सुप्रीम कोर्ट का जजमेंट है, जिसके आधार पर यह चेंज करने की बात आयी या नीदरलैंड तय करेगा।

यहां जितनी कंपनियां हैं, यहां पहले सिविल एविएशन मिनिस्टर ज्योतिरादित्य सिंधिया साहब बैठे हुए हैं, जितने भी लोग हैं, यदि उन्होंने रीइंश्योरेंस कर लिया है, यदि लीज पर लिया है, जितनी भी विमानन कंपनियों ने काम किया है, उन सबके मुख्यालय या ऑफिस बाहर हैं। भारत के कानून उनके ऊपर लागू होंगे या नहीं होंगे, क्योंकि हमारा पैसा है, हमारा पैसा यदि डूब रहा है, बैंकों से पैसा लिया हुआ है, बैंकों के पैसे से वे हवाई जहाज खरीद रहे हैं और यह जो चेंज करने का आया, क्रॉस बॉर्डर इन्सॉल्वेंसी में सबसे बड़ा सवाल जेट एयरवेज का ही था। जेट एयरवेज के जजमेंट के बाद भारत सरकार ने यह तय किया कि कोई लीगल फ्रेमवर्क नहीं होने के कारण हमको

काफी लिटिगेशन में जाना पड़ता है। इसलिए एनसीएलटी में यह संशोधन करना होगा कि यदि लीज में एयरक्रॉफ्ट यहां आया है तो आपको भारत सरकार का ही कानून मानना पड़ेगा और वह पहले से साइन करना पड़ेगा, क्योंकि जिस तरह से एविएशन सेक्टर आगे बढ़ रहा है, जिस तरह से चप्पल पहनने वाले लोगों को हवाई जहाज में चढ़ना है, वे तब चढ़ेंगे, जब यहां का पैसा बचेगा, नहीं तो लोग तो भाग जाते हैं।

अब आप ही समझिए कि विजय माल्या, विजय माल्या की बात करते हैं, किंगफिशर को लोन किसने दिया? किंगफिशर को लोन तो आपकी सरकार ने दिया। मैं सेन्ट्रल हॉल में बैठता था, मणिकम टैगोर भी संयोग से हमारे साथ सदस्य थे, वे जैसे ही राज्य सभा से बाहर आते थे, पूरी कांग्रेस उनके पीछे-पीछे चलती थी, क्योंकि वे रोज आपके सदस्यों को बॉम्बे लेकर जाते थे और बॉम्बे से सोमवार को लेकर आते थे। उस दिन शुक्रवार होता था। इस तरह की सिचुएशन में यह जो इन्सॉल्वेंसी प्रोसेस है।

माननीय सभापति : माननीय सदस्य, जब भी आगे सदन चलेगा, आपका भाषण जारी रहेगा।

सभा की कार्यवाही सोमवार, दिनांक 30 मार्च, 2026 को प्रातः 11 बजे तक के लिए स्थगित की जाती है।

18.00 hrs

*The Lok Sabha then adjourned till Eleven of the Clock
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Published under Rules 379 and 382 of the Rules of Procedure and Conduct of Business
in Lok Sabha (Seventeenth Edition)
