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Friday, August 07, 2026
Sravana 16, 1948 (Saka)

# LOK SABHA DEBATES

**(Original Version)**

**Eighth Session**

**(Eighteenth Lok Sabha)**




*(Vol. XVII contains Nos. 11 to 19)*

**LOK SABHA SECRETARIAT**

**NEW DELHI**

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**No. 15, Friday, August 07, 2026/ Sravana 16, 1948 (Saka)**


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# LOK SABHA DEBATES

LOK SABHA

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Friday, August 07, 2026/ Sravana 16, 1948 (Saka)

The Lok Sabha met at Eleven of the Clock.

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

## REFERENCE BY THE SPEAKER

Homage to Martyrs of Freedom Movement on 84th Anniversary of 'Quit India Movement'

**माननीय अध्यक्ष :** माननीय सदस्यगण, दिनांक 9 अगस्त को 'भारत छोड़ो आंदोलन' की 84वीं वर्षगांठ है। वर्ष 1942 में इसी दिन राष्ट्रपिता महात्मा गांधी जी ने देशवासियों को 'करो या मरो' का मंत्र दिया था।

'भारत छोड़ो आंदोलन' भारत के लोगों की एकता, अदम्य साहस तथा अन्याय के विरुद्ध सत्य एवं अहिंसा पर आधारित संघर्ष का अमर प्रतीक है। इस आंदोलन ने स्वतंत्रता प्राप्ति की दिशा में निर्णायक जन-जागरण का मार्ग प्रशस्त किया और राष्ट्र के आत्मविश्वास को नई ऊर्जा प्रदान की।

यह सभा राष्ट्रपिता महात्मा गांधी जी तथा भारत की स्वतंत्रता के लिए अपना बलिदान करने वाले अमर स्वतंत्रता सेनानियों और शहीदों को विनम्र श्रद्धांजलि अर्पित करती है। साथ ही, हम उनके त्याग, बलिदान और आदर्शों से प्रेरणा लेते हुए लोकतंत्र, स्वतंत्रता, राष्ट्रीय एकता और संविधान में निहित मूल्यों के प्रति अपनी अटूट प्रतिबद्धता को सुदृढ़ करने का पुनः संकल्प लेते हैं।

अब सभा भारत के स्वतंत्रता सेनानियों के सम्मान स्वरूप कुछ देर मौन रहेगी।

**11.01 hrs**

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

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

———

… (व्यवधान)

**11.02 hrs**

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

… (व्यवधान)

**माननीय अध्यक्ष :** राष्ट्रपिता महात्मा गांधी जी का योगदान केवल भारत नहीं, बल्कि पूरी दुनिया मानती है इसलिए दुनिया भी उनसे प्रेरणा लेती है। आप सब भी उनसे प्रेरणा लो।

… (व्यवधान)

**माननीय अध्यक्ष :** देश के अंदर लोकतंत्र को सशक्त, मजबूत करने के लिए यहां चर्चा, संवाद और अपने विचारों को अभिव्यक्त कीजिए। प्रश्न काल महत्वपूर्ण समय होता है।

… (व्यवधान)

**माननीय अध्यक्ष :** बाबा साहेब अम्बेडकर जी का यही विचार था कि देश के अंदर यदि लोकतंत्र को सशक्त एवं मजबूत करना है तो चर्चा और संवाद ही इसका रास्ता है।

… (व्यवधान)

**माननीय अध्यक्ष :** मैं आपसे हर बार आग्रह करता हूं, लेकिन आपका आचरण संसदीय मर्यादाओं के अनुरूप नहीं है। इस पर आपको विचार करना चाहिए।

… (व्यवधान)

**माननीय अध्यक्ष :** सदन चर्चा, संवाद और विशेष रूप से प्रश्न काल माननीय सदस्यों के महत्वपूर्ण प्रश्नों के लिए होता है।

… (व्यवधान)

**माननीय अध्यक्ष :** मेरा आपसे आग्रह है कि आप प्रश्न काल चलने दें। क्या आप सदन नहीं चलाना चाहते हैं?

… (व्यवधान)

**माननीय अध्यक्ष :** आपका यह व्यवहार, आचरण उचित नहीं है। आप अपनी-अपनी सीट्स पर बैठिये और प्रश्न काल चलने दें।

… (व्यवधान)

## WRITTEN ANSWERS TO QUESTIONS

### (i) Starred Question Nos. 281 to 300[#]

### ARREST OF FISHERMEN BY SRI LANKAN NAVY

***281. SHRI. A RAJA:**
**SHRI ARUN NEHRU:**

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

(a) the number of fishermen from Tamil Nadu arrested, attacked and their boats confiscated by the Sri Lankan Navy during the last five years and the current year, year-wise;

(b) the number of fishermen and boats still under the custody of the Sri Lankan authorities;

(c) the specific diplomatic interventions and high-level bilateral dialogues initiated by the Government to secure immediate release of these incarcerated Indian fishermen and their impounded boats during this period;

---

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

(d) whether the Government has assessed the economic impact on the families of fishermen whose fishing vessels continue to remain in Sri Lankan custody;

(e) the total financial assistance or legal aid provided by the Indian High Commission in Colombo to ensure fair judicial trials for these fishermen over the last three years; and

(f) whether the Government has any proposal to arrive at a permanent bilateral mechanism with Sri Lanka to prevent the apprehension of Indian fishermen and secure the early release of fishermen and fishing vessels?

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

(a) to (f): Indian fishermen are arrested from time to time by Sri Lankan authorities for allegedly crossing the International Maritime Boundary Line (IMBL) and fishing in Sri Lankan waters. Details in respect of Tamil Nadu fishermen apprehended, attacked/injured and their boats confiscated by the Sri Lankan authorities over the last five years are as below:

| **Year** | **Number of Tamil Nadu fishermen apprehended** | **Number of Tamil Nadu fishermen attacked/injured** | **Number of Tamil Nadu boats confiscated** |
|---|---|---|---|
| **2026*** | 119 | Nil | 17 |
| **2025** | 317 | 01 | 43 |
| **2024** | 526 | 04 | 72 |
| **2023** | 220 | 01 | 33 |

| | | | |
|---|---|---|---|
| **2022** | 229 | Nil | 31 |
| **2021** | 143 | 04 | 19 |

* As on 31 July 2026

As on 31 July 2026, 27 Tamil Nadu fishermen and 249 Tamil Nadu fishing boats are in Sri Lankan custody.

Government of India attaches the highest priority to the safety, security and welfare of Indian fishermen. The Government has been consistently taking up these issues, including the early release and repatriation of Indian fishermen and fishing boats, with the Sri Lankan Government through bilateral mechanisms, diplomatic channels, and various official and high-level interactions. In all our interactions, it has been conveyed that this issue may be considered purely on humanitarian and livelihood grounds.

In addition, all issues related to fishermen are also dealt with through bilateral institutional mechanisms such as the meetings of the Joint Working Group (JWG) on Fisheries, which includes representatives from the Government of Tamil Nadu.

Further, officials of the Indian Mission and Consulates in Sri Lanka make regular visits to local jails and detention centres to ascertain the condition of Indian fishermen and provide requisite support and legal assistance to ensure their well-being and assist in their early release and repatriation. The details of financial assistance towards legal aid and repatriation of Indian fishermen over the last three financial years are as below:

| Year | Total Financial Assistance (in INR) |
|---|---|
| **2025-2026** | 6,838,142 |
| **2024-2025** | 6,121,124 |
| **2023-2024** | 5,521,638 |

In order to address the economic concerns and wellbeing of fishermen of all States/UTs including Tamil Nadu, the Government has been undertaking various initiatives, such as the Pradhan Mantri Matsya Sampada Yojana, which promote the holistic development of the fisheries sector as well as fishermen's livelihood.

## PROMOTION OF PHARMACEUTICAL MANUFACTURING IN MAHARASHTRA

***282. SHRI ANUP SANJAY DHOTRE:**

**PROF. VARSHA EKNATH GAIKWAD:**

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

(a) whether the Government has reviewed the implementation of Production Linked Incentive (PLI) Schemes and other initiatives to promote domestic pharmaceutical manufacturing and reduce dependence on imported Active Pharmaceutical Ingredients (APIs), if so, the details thereof;

(b) the details of pharmaceutical manufacturing units approved/supported under Central Government schemes during the last five years, including investment attracted, employment generated and manufacturing capacity created, State-wise and year-wise including Maharashtra;

(c) whether Maharashtra has received an adequate share of the total outlay under the said schemes, if so, the details thereof and if not, the reasons therefor;

(d) whether the Government proposes to establish Pharmaceutical Parks, Bulk Drug Parks or Medical Device manufacturing clusters to promote industrial development and employment opportunities, if so, the details thereof, State-wise, particularly in the Vidarbha region of Maharashtra;

(e) whether entrepreneurs and MSMEs have received financial assistance, incentives or approvals under these schemes in Akola district of Maharashtra during the last five years, if so, the details thereof, year-wise; and

(f) the State-wise measures taken to strengthen the pharmaceutical manufacturing ecosystem, promote exports, reduce import dependence and ensure affordable medicines?

**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 regularly reviews the progress of PLI Schemes and other initiatives which are being implemented to promote domestic pharmaceutical

manufacturing and reduce dependence on imported Active Pharmaceutical Ingredients (APIs) throughout the country. The details of these schemes are as under:

(i) *PLI Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs) / Drug Intermediates (DIs) / Active Pharmaceutical Ingredients (APIs) in India (also known as the PLI Scheme for Bulk Drugs):* This scheme aims to avoid disruption in supply of active pharmaceutical ingredients (APIs) used to make critical drugs for which there are no alternatives by reducing supply disruption risk due to excessive dependence on imports. Under the scheme, 48 projects have been approved for manufacturing of 33 APIs. As of March 2026, against committed investment of ₹4,329.95 crore, cumulative investment for the projects approved under the scheme has substantially exceeded the target, reaching ₹5,070.45 crore.

(ii) *Production Linked Incentive (PLI) Scheme for Pharmaceuticals:* This scheme aims to enhance India’s manufacturing capabilities by increasing investment and production in the sector and also contribute to manufacturing of high-value goods in the pharmaceutical sector. Under the scheme, 55 companies/pharmaceutical entities have been selected for production of approved products under eligible product categories. As of March 2026, against committed investment of ₹17,275 crore, cumulative investment under the scheme has substantially exceeded the target, reaching ₹45,774 crore. An employment of 1,16,884 persons has been generated till March, 2026. More than 700 KSMs/DIs/APIs have been manufactured under the scheme.

(iii) Under the Scheme for Promotion of Bulk Drug Parks, which has a total budgetary outlay of ₹3,000 crore, three parks have been approved in the States of Andhra Pradesh, Gujarat and Himachal Pradesh, through their respective State Implementing Agencies. The total project cost of these is over ₹6,300 crore, with Central assistance to the tune of ₹1,000 crore each for creation of common infrastructure facilities. These parks would offer land and utilities such as power, water, effluent treatment plant, steam, solid waste management, warehouse facilities at a subsidised rate. The State Implementing Agencies of the three States are also offering 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.

(b): The State-wise details of approved projects, investment made, employment generated and capacity created for both PLI schemes for Bulk Drugs and PLI scheme for Pharmaceuticals are placed at **Statement**.

(c): The total outlay approved under the PLI Scheme for Bulk Drugs and PLI Scheme for Pharmaceuticals is ₹6,940 crore and ₹15,000 crore respectively. There is no provision for state-wise allocation of budget under total outlay approved for each scheme. Further, incentives are disbursed to approved applicants/manufacturing entities based on fulfilling investment criteria and sales targets prescribed under the schemes.

(d): (i) Under the Scheme for Promotion for Medical Device Parks, three medical device parks have been approved in Greater Noida (Uttar Pradesh), Ujjain (Madhya Pradesh), and Kanchipuram (Tamil Nadu).

(ii) Under the Scheme for Promotion for Bulk Drug Parks, three bulk drug parks have been approved in Bharuch (Gujarat), Nakkapalli (Andhra Pradesh) and Una (Himachal Pradesh).

(e): Under the PLI Scheme for Pharmaceuticals, there is a dedicated Category C for Micro, Small and Medium Enterprises (MSMEs) in which 20 applicants are approved and incentive amount of ₹185.52 crore has been disbursed till March 2026. However, no approved applicant belongs to Akola district of the State of Maharashtra.

(f): The schemes mentioned above are being implemented by the Government throughout the country to strengthen the pharmaceutical manufacturing ecosystem, promote exports, reduce import dependence and ensure affordable medicines.

## STATEMENT

**The State-wise details of approved projects, investment made, employment generated and capacity created for both PLI schemes for Bulk Drugs and PLI scheme for Pharmaceuticals**

i. The State-wise details of approved projects, investment made, employment generated and capacity created for PLI schemes for Bulk Drugs is given below:

| S. No. | Name of the State | No. of approved projects | Capacity Installed (in MT) | Employment (Nos.) generated as on March, 2026 | Investment made as on March 2026 (in crore ₹) |
|---|---|---|---|---|---|
| 1 | Andhra Pradesh | 10 | 16,468 | 3,065 | 2,676 |
| 2 | Gujarat | 8 | 13,959 | 351 | 407.3 |
| 3 | Haryana* | 1 | NIL | 42 | 37 |
| 4 | Himachal Pradesh | 2 | 400 | 476 | 502.6 |
| 5 | Jammu & Kashmir* | 1 | NIL | 38 | 338.65 |
| 6 | Karnataka | 3 | 16.7 | 159 | 201.4 |
| 7 | Madhya Pradesh | 2 | 15 | 45 | 101.8 |
| 8 | Maharashtra | 5 | 19,180 | 138 | 168.8 |
| 9 | Punjab | 1 | 206 | 81 | 161.1 |
| 10 | Tamil Nadu | 2 | 280 | 80 | 45.6 |
| 11 | Telangana | 13 | 7,820 | 751 | 430.2 |

* Projects in state of Haryana and UT of J&K are under commissioning stage.

ii. The State-wise details of approved projects, investment made and employment generated for PLI schemes for Pharmaceuticals is given below:

| S. No. | Name of the State | No. of approved applicants | Employment (Nos.) generated as on March, 2026 | Investment made as on March 2026 (in crore ₹) |
|---|---|---|---|---|
| 1 | Chandigarh | 1 | 465 | 126.20 |
| 2 | Delhi | 1 | 444 | 45.00 |
| 3 | Gujarat | 10 | 29,609 | 17,464.99 |
| 4 | Haryana | 1 | 4,542 | 50.50 |
| 5 | Himachal Pradesh | 1 | 633 | 40.62 |
| 6 | Karnataka | 3 | 4,578 | 3,925.16 |
| 7 | Madhya Pradesh | 1 | 910 | 100.46 |
| 8 | Maharashtra | 14 | 21,254 | 9,874.08 |
| 9 | Punjab | 1 | 1,070 | 129.43 |
| 10 | Tamil Nadu | 4 | 4,133 | 479.81 |
| 11 | Telangana | 18 | 49,312 | 13,584.12 |

## UTILISATION OF NIRBHAYA FUND

***283. SHRIMATI SMITA UDAY WAGH:**

**SHRIMATI KIRTI DEVI DEBBARMAN:**

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

(a) the funds sanctioned, released/utilised under the Nirbhaya Fund during the last three years, State/UT-wise including Jalgaon, Nabarangpur, Dewas-Shajapur, Keonjhar, Sidhi, Dumka and Dahod Parliamentary Constituencies;

(b) whether the Government maintains data on One Stop Centres, Women Helplines and other women safety initiatives strengthened/operationalised through the Fund, if so, the details thereof, State/UT-wise;

(c) the additional women's safety infrastructure projects approved under the Fund, State-wise including said constituencies;

(d) whether the Government has undertaken any review to identify delays in utilisation of the Fund, if so, the details thereof, alongwith the measures prescribed to improve timely implementation/monitoring of women's safety projects, State-wise;

(e) whether the Government proposes to sanction additional Nirbhaya Fund projects for strengthening women's safery infrastructure/support services, if so, the details thereof; State-wise including the said Constituencies; and

(f) whether the Government is also providing funds thereunder through NGOs for schemes relating to the safety and protection of women, if so, the details thereof, State-wise?

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

(a): Details of funds sanctioned/released/utilised under the Nirbhaya Fund for the projects and funds sanctioned/released/utilised to State/UTs including the States of Parliament Constituencies of Jalgaon, Nabarangpur, Dewas-Shajapur, Keonjhar, Sidhi, Dumka and Dahod are at **Statement-I** and **Statement-II.**

(b): The Ministry of Women and Child Development has implemented the schemes of One Stop Centre (OSC) and Women Helpline (WHL) under Nirbhaya Fund since 01.04.2015. OSCs provide integrated support and assistance to women in distress under one roof and facilitate immediate access to emergency services including police, medical, legal aid and counselling, psychological support. At present, 991 OSCs are functional across 36 States/UTs, covering entire geographical area of the country. These centers have assisted over 15.20 lakh women so far. Women Helpline (WHL), a toll-free 24-hours telecom service through short code 181, provides emergency and non-emergency response to women affected by violence across the country by referral service. Currently, WHL is operational in 35 States/ UTs. It has handled 3.16 crore calls and assisted over 1.04 crore women. State/UT-

wise details and other relevant data of OSCs/WHL are available on the Mission Shakti Dashboard on the link https://missionshakti.wcd.gov.in.

(c) to (e): Projects are conceptualized, planned and brought to the EC for appraisal and recommendation. Upon appraisal and recommendation of the proposals by the EC, the sponsoring Ministry's Competent Financial Authority (CFA) gives the approval, after which the allocation of funds from the Nirbhaya Fund is made in the Budget of the sponsoring Ministry / Department by the Ministry of Finance. The projects/ schemes under Nirbhaya Fund are demand driven and generally have staggered implementation schedules and the responsibility of implementation of the project lies with the concerned sponsoring Ministries/Departments/ State Governments.

The Inter Ministrerial Empowered Committee(EC) also reviews the status of implementation of projects, and expenditure on approved projects from time to time in conjunction with the concerned sponsoring Ministries/ Departments/ State Governments/ UTs. The Ministries / Departments / State Governments/ UTs also monitor the progress of implementation at their own levels.

(f): The government is not providing funds to NGOs under Nirbhaya Fund. Projects from Central Ministries/Departments/State Governments/ Autonomous and other Government bodies only are considered for funding under Nirbhaya Fund.

## STATEMENT-I

## Details of funds sanctioned/released/utilised for the projects under the Nirbhaya Fund

| S/N | Implementing Ministry/ Department | Project Name | Total Amount Released/ Utilised (Rs. In Crore) |
|---|---|---|---|
| 1 | Ministry of Home Affairs(MHA) | Emergency Response Support System (ERSS) | 358.15 |
| 2 | | Central Victim Compensation Fund (CVCF) | 200 |
| 3 | | Cyber Crime Prevention against Women & Children (CCPWC)<br><br>Sub-project under CCPWC | 179.00 |
| 4 | | Facility of Social Workers/ Counsellors at the District and Sub- Divisional Police Station Level in Delhi | 5.01 |
| 5 | | New building with Women Centric Facilities for Special Unit for Women & Children (SPUWAC) and Special Unit for North East Region (SPUNER) at Nanakpura | 21.35 |
| 6 | | Delhi Police Safety of Women's Scheme | 9.96 |
| 7 | | Safe City for 8 Cities i.e. Ahmedabad, Bengaluru, Chennai, Delhi, Hyderabad, Kolkata, Lucknow, Mumbai | 1686.73 |
| 8 | | State of Art DNA Lab. at CFSL, Chandigarh | 42.84 |
| 9 | | Strengthening DNA analysis, cyber forensic & related facilities in SFSLs in 30 States/ UTs | 184.80 |
| 10 | | Training of Investigation Officers (IOs)/ Prosecution Officers (POs) in Forensic Evidence collection and Procurement of forensic | 56.58 |

| | | | |
|---|---|---|---|
| | | kits for sexual assault cases | |
| 11 | | Setting up and strengthening Anti-Human Trafficking Units in all districts of States & UTs | 94.47 |
| 12 | | Setting up/ Strengthening Women Help Desks in Police Stations in all States & UTs | 159.73 |
| 13 | Ministry of Railways | Integrated Emergency Response Management System (IERMS) | 308.29 |
| 14 | | Provision of Video Surveillance System at Konkan Railway Station | 26.39 |
| 15 | | Procurement of 2109 Tabs for Security of Women | 4.62 |
| 16 | Ministry of Electronics and Information Technology | Development & Field Testing of Panic Switch based safety Device for Cars and Buses for aiding Women's Safety | 3.49 |
| 17 | Department of Justice | Setting up Fast Track Special Courts to dispose off cases pending trial under Rape & POCSO Act. The scheme has been extended upto FY 2025-26. | 1234.55 |
| 18 | Ministry of Tourism | Safe Tourism Destination for women in MP | 16.78 |
| 19 | Ministry of Road Transport & Highways | Abhayam Project for safety of women and girl child, Govt. of Andhra Pradesh | 58.64 |
| 20 | | Women's safety in public transport, UPSRTC, Govt. of U.P. | 80.92 |
| 21 | | Bengaluru Metropolitan Transport Corporation, Govt. of Karnataka on Training women for heavy passengers vehicles | 33.64 |
| 22 | | State-wise Vehicle Tracking Platform (VTP) | 257.07 |
| 23 | | Installation of Vehicles Tracking Devices with SoS button in Buses of Telangana State Road | 11.53 |

| | | | |
|---|---|---|---|
| | | Transport Corporation (TSRTC) with monitoring from Central Command Control Centre | |
| 24 | | Installation of CCTV in 100 Buses of Sikkim Nationalised Transport (SNT) for Women's Safety in Sikkim | 3.57 |
| 25 | Ministry of Women & Child Development | One Stop Centre (OSC) | 1299.10 |
| 26 | | Universalisation of Women Helpline (WHL) | 228.74 |
| 27 | | Mahila Police Volunteers (MPV) | 16.32 |
| 28 | | Chirali Proposal, Women Empowerment Directorate | 4.71 |
| 29 | | Smart and safe Cities Free from Violence against Women and Girls' Programme, Govt. of M.P. | 1.04 |
| 30 | | Safety and Security of Women, Govt. of Uttarakhand | 0.31 |
| 31 | | Nirbhaya Shelter Home, Govt. of Nagaland | 2.55 |
| 32 | | NICSI for Developing Nirbhaya Dashboard | 0.24 |
| 33 | | Mission Shakti for awareness and capacity building program for safety and empowerment of women and girls in industrial sectors in Uttar Pradesh | 8.25 |
| 34 | | Scheme for care and Support to victims under Section 4 & 6 of the POCSO Act, 2012 | 1.60 |
| 35 | | Installation of Storage boxes in the 16 Women markets in Manipur | 1.60 |
| 36 | | Installation of CCTV cameras in 16 women markets in Manipur | 0.88 |
| 37 | | Mission Shakti-2.0 for setting up of Mahila Swavalamban Kendra (MSK) at DIC centres for Entrepreneurship development, Vocational-Digital Training Safety and Empowerment of | 14.06 |

| | | | |
|---|---|---|---|
| | | Women and Girls in Uttar Pradesh | |
| 38 | | 7 Projects for construction of WWH in Pauri Garhwal, Champavat, Haridwar, Pithoragarh, Rudraprayag, Tehri Garhwal and Uttarkashi districts of Uttarakhand | 11.49 |
| 39 | | Construction of Working Women Hostel (WWH) in 7 districts of Mon, Kohima, Phek, Peren, Wokha, Zubheboto and Chumukedima in the State of Nagaland | 25.20 |
| 40 | | Construction of Working Women Hostel (WWH) in district SAS Nagar,Punjab | 3.77 |
| 41 | | Construction of WWH at Hosur, St Thomas and Tiruvannamalai in Tamil Nadu | 21.52 |
| 42 | Ministry of Housing & Urban Affairs | Implementation of women safety initiatives in Regional Rapid Transit System (RRTS)- National Capital Region Transport Corporation (NCRTC) | 20.00 |
| 43 | Ministry of External Affairs | Proposal for opening One Stop Centres (OSCs) in 10 Indian Missions abroad | 3.06 |
| 44 | Ministry of Panchayati Raj | Freedom from Violence: Capacity Building of Elected Women Representatives on Legal Provisions on safety and security of women | 0.46 |

## STATEMENT-II

**Details of funds sanctioned/released/utilised for the projects under the Nirbhaya Fund- State/UT- wise, including the constituencies of Jalgaon, Nabarangpur, Dewas-Shajapur, Keonjhar, Sidhi, Dumka and Dahod.**

| S/N | State/ UT | Amount released and utilized since inception(In Crores) |
|---|---|---|
| 1 | Andhra Pradesh | 147.70 |
| 2 | Arunachal Pradesh | 63.63 |
| 3 | Assam | 145.62 |
| 4 | Bihar | 178.29 |
| 5 | Chhattisgarh | 137.37 |
| 6 | Goa | 23.53 |
| 7 | Gujarat | 288.11 |
| 8 | Haryana | 102.94 |
| 9 | Himachal Pradesh | 57.89 |
| 10 | Jammu and Kashmir | 61.35 |
| 11 | Jharkhand | 82.12 |
| 12 | Karnataka | 602.20 |
| 13 | Kerala | 146.41 |
| 14 | Madhya Pradesh | 320.71 |
| 15 | Maharashtra | 361.31 |
| 16 | Manipur | 58.54 |
| 17 | Meghalaya | 52.78 |

| | | |
|---|---|---|
| 18 | Mizoram | 62.11 |
| 19 | Nagaland | 90.28 |
| 20 | Odisha | 196.97 |
| 21 | Punjab | 97.63 |
| 22 | Rajasthan | 237.09 |
| 23 | Sikkim | 28.13 |
| 24 | Tamil Nadu | 448.17 |
| 25 | Telangana | 318.65 |
| 26 | Tripura | 31.79 |
| 27 | Uttar Pradesh | 746.26 |
| 28 | Uttarakhand | 72.11 |
| 29 | West Bengal | 171.82 |
| 30 | A&N Islands | 15.90 |
| 31 | Chandigarh | 81.36 |
| 32 | DNH & DD | 20.25 |
| 33 | Delhi | 485.47 |
| 34 | Ladakh | 6.34 |
| 35 | Lakshadweep | 9.22 |
| 36 | Puducherry | 20.73 |

## EFFECTIVENESS OF TELEMEDICINE SERVICES

***284 DR. C N MANJUNATH**:

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

(a) whether the Government has assessed the utilisation and effectiveness of telemedicine services for the management of Non-Communicable Diseases (NCDs) under the Ayushman Bharat Digital Mission (ABDM) and the e-Sanjeevani platform in the country, if so, the details thereof;

(b) the number of Primary Health Centres (PHCs), Community Health Centres (CHCs) and Ayushman Arogya Mandirs, particularly in rural and aspirational districts, equipped to provide specialist teleconsultation services, State-wise;

(c) whether disease-specific teleconsultation protocols or standard treatment guidelines have been developed for heart disease, diabetes, cancer and other major NCDs, if so, the details thereof; and

(d) whether the Government proposes to strengthen digital health infrastructure and expand specialist telemedicine services under ABDM and e-Sanjeevani to improve NCD care in underserved areas 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): The Government of India has monitored, and reviewed the utilization and effectiveness of telemedicine services—specifically through eSanjeevani (the national telemedicine service) and the broader Ayushman Bharat Digital Mission (ABDM) ecosystem for providing access to healthcare and managing a

variety of ailments including both acute illnesses and non-communicable diseases (NCDs) like hypertension and diabetes.

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. Various national health programme platforms, including PM-JAY, National Programme for Prevention and Control of NCDs (NP-NCD), Nikshay, Reproductive and Child Health (RCH) program and e-Sanjeevani (telemedicine) including the integrated Swasth Bharat Portal are compliant with ABDM. This has enabled interoperable health record exchange in e-Sanjeevani further improving telemedicine services including health services for NCDs. Citizens can securely store and access their medical records (eg. prescriptions, diagnostic reports, discharge summaries) digitally and share them with healthcare providers after their consent. This enables the creation of a longitudinal health history, which is useful for the management/treatment of non-communicable and other diseases and also enables interoperable digital services to ensure accessible and affordable healthcare for all citizens.

The national telemedicine services eSanjeevani has been utilized by large number of women and elderly/senior citizens, thus indicating utilization of the platform for needy and vulnerable sections of population for consultancy for a wide range of health care services and diseases, including non-communicable diseases. This service is available in 14 languages on the app-

based platform and 15 languages on the web-based telemedicine services, thus ensuring access to even vulnerable population in remote, rural and hilly areas, including aspirational districts.

As on 30th July 2026, eSanjeevani has facilitated over 48.95 crore teleconsultations across all the States and Union Territories including rural areas and aspirational districts through a network of 19,257 hubs and 1,41,341 spokes, which includes Primary Health Centres (PHCs), Community Health Centres (CHCs), Ayushman Arogya Mandirs (AAMs), Sub-District Hospitals and District Hospitals. The state-wise details of teleconsultation on eSanjeevani are attached at **Statement**.

Further, the infrastructure of eSanjeevani, India's national telemedicine platform, has undergone regular technological upgrades to enhance its scalability, clinical efficacy, and user experience. The advanced version eSanjeevani 2.0 with integration of cloud computing and incorporation of artificial intelligence, has strengthened the digital platform as well as helped in provision of specialist services to remote and underserved areas. Features to request for specialist consultation are available on the eSanjeevani platform. Further, the AI based Clinical Decision Support System (CDSS) available on this platform also enables a systematic capture of the diseases symptoms through a detailed patient assistance form, and identification of possible diseases. It also makes recommendation of a specialist doctor through a ‘rule engine’ and offers a differential diagnosis of possible diseases to the doctor at

the hub end, thus facilitating connect of the patients with specialists as well as aiding consultations. Since its integration in April, 2023 till July, 2026, nearly 30.4 crore eSanjeevani consultations across all States/UTs have been benefited from standardized data capture and nearly 2.13 crore AI based differential diagnosis, ensuring consistency across health and wellness centres.

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), standard treatment protocols and operational guidelines are available for prevention, screening, diagnosis, treatment and follow-up of major NCDs including hypertension, diabetes and common cancers. Further, the national NCD portal has been rolled out by the Government in 2018 under NP-NCD for NCD screening and management and ensuring continuum of care for five common NCDs, i.e. hypertension, diabetes, oral cancer, breast cancer and cervical cancer. The protocol applies to all consultations under the NP-NCD.

## STATEMENT

**State/UT wise Status of eSanjeevani Teleconsultations (Cumulative till 30th July 2026)**

| S. No. | State Name | Total HUBs Operational | Total Spokes Operational | Total Number of Consultations in eSanjeevani AAM | Total Number of Consultations in eSanjeevani OPD | Total Number of Teleconsultations |
|---|---|---|---|---|---|---|
| 1 | Andaman And Nicobar Islands | 2 | 78 | 1257 | 5 | 1262 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | Andhra Pradesh | 1221 | 11429 | 85892219 | 36989 | 85929208 |
| 3 | Arunachal Pradesh | 12 | 198 | 8590 | 560 | 9150 |
| 4 | Assam | 365 | 3232 | 3224045 | 49266 | 3273311 |
| 5 | Bihar | 53 | 9907 | 32653643 | 124793 | 32778436 |
| 6 | Chandigarh | 6 | 56 | 135067 | 19197 | 154264 |
| 7 | Chhattisgarh | 280 | 4624 | 5021183 | 1231 | 5022414 |
| 8 | Delhi | 5 | 28 | 3545 | 92815 | 96360 |
| 9 | Goa | 23 | 106 | 3341 | 2194 | 5535 |
| 10 | Gujarat | 1957 | 9323 | 13478653 | 1015280 | 14493933 |
| 11 | Haryana | 198 | 1857 | 1186767 | 213715 | 1400482 |
| 12 | Himachal Pradesh | 548 | 1928 | 1191407 | 7482 | 1198889 |
| 13 | Jammu & Kashmir | 512 | 1903 | 1877633 | 146353 | 2023986 |
| 14 | Jharkhand | 30 | 3317 | 4259143 | 12584 | 4271727 |
| 15 | Karnataka | 2087 | 6409 | 25516332 | 5412497 | 30928829 |
| 16 | Kerala | 132 | 6831 | 3183132 | 582207 | 3765339 |
| 17 | Ladakh | 2 | 206 | 172567 | 76 | 172643 |
| 18 | Lakshadweep | 2 | 7 | 668 | 0 | 668 |
| 19 | Madhya Pradesh | 185 | 10215 | 12231251 | 8170 | 12239421 |
| 20 | Maharashtra | 1890 | 9573 | 13216801 | 767892 | 13984693 |
| 21 | Manipur | 30 | 275 | 103401 | 8714 | 112115 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 22 | Meghalaya | 49 | 566 | 399682 | 10 | 399692 |
| 23 | Mizoram | 88 | 297 | 52201 | 191 | 52392 |
| 24 | Nagaland | 1 | 231 | 16850 | 10 | 16860 |
| 25 | Odisha | 491 | 6597 | 5429753 | 305 | 5430058 |
| 26 | Puducherry | 4 | 46 | 6974 | 44 | 7018 |
| 27 | Punjab | 17 | 1650 | 949914 | 4401 | 954315 |
| 28 | Rajasthan | 2062 | 6258 | 3287809 | 114164 | 3401973 |
| 29 | Sikkim | 26 | 157 | 59104 | 11 | 59115 |
| 30 | Tamil Nadu | 1791 | 6928 | 72395726 | 1748214 | 74143940 |
| 31 | Telangana | 958 | 5714 | 33680835 | 28658 | 33709493 |
| 32 | The Dadra and Nagar Haveli and Daman And Diu | 25 | 113 | 155681 | 60 | 155741 |
| 33 | Tripura | 117 | 675 | 215537 | 145 | 215682 |
| 34 | Uttar Pradesh | 4019 | 18714 | 69260134 | 1836175 | 71096309 |
| 35 | Uttarakhand | 11 | 1226 | 626475 | 975430 | 1601905 |
| 36 | West Bengal | 68 | 10707 | 86395492 | 13054 | 86408546 |

## RELEASE OF SUBSIDY TO FERTILIZER COMPANIES UNDER DBT SYSTEM

***285. SHRI DHAIRYASHEEL RAJSINH MOHITE PATIL:**

**DR. C M RAMESH:**

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

(a) whether fertilizer subsidy under the Direct Benefit Transfer (DBT) system is released to fertilizer companies on the basis of Aadhaar-authenticated sales through PoS devices, if so, the details thereof.

(b) whether the Government has received complaints from farmers and fertilizer retailers regarding Aadhaar authentication failures, poor internet connectivity, biometric mismatches, exclusion of tenant farmers, delays in the supply of subsidised fertilizer or subsidy settlement across the country, if so, the details thereof, State/district-wise including Maharashtra and Andhra Pradesh.

(c) whether the Government has made any assessments regarding the impact of the DBT mechanism on timely availability of subsidized fertilizers, reduction in diversion and transparency in subsidy delivery during the sowing seasons across the country including the said States, if so, the findings thereof.

(d) the total fertilizer subsidy disbursed, and quantity of subsidised fertilizers supplied to Maharashtra during the last three years, year-wise; and

(e) the corrective measures taken to ensure uninterrupted fertilizer availability, strengthen the DBT system and provide alternative authentication mechanisms for farmers facing genuine difficulties?

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

(a): Yes, 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 Aadhaar authentication through PoS devices installed at each retail shop. The details of total fertilizer subsidy disbursed during the last three years i.e. 2023-24 to 2025-26 by the Government is placed at **Statement-I**.

(b): Under the Direct Benefit Transfer (DBT) in Fertilizers, the sale of subsidised Fertilizers is made with due Aadhaar based verification of the beneficiary i.e., the farmer under Section 7 of Aadhaar Act 2016. Under DBT in Fertilizers, the sale is made on no denial basis i.e., all eligible farmers get the benefits of subsidised fertilizers including tenant farmers. Furthermore, following Steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers across the States/ UTs, including the States of Andhra Pradesh and 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. 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 mon itors the availability.

II. 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).

III. The gap between demand (requirement) and production for Urea & other fertilizer is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

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.

Fertilizer companies generate/ submit weekly subsidy claims based on PoS recorded sales, which are processed in a chronological manner on a First-In-First-Out (FIFO) basis, subject to completeness of claims, with a view to ensuring effective monitoring, timely settlement and efficient fund management.

(c): The Direct Benefits Transfer (DBT) mechanism is for the identification of the beneficiaries i.e. the farmer under Section 7 of Aadhaar Act 2016. The subsidy payable to individual fertilizer companies under the various subsidy schemes of Department of Fertilizers is disbursed through an online system.

All the Fertilizer sale transactions are captured online in the Integrated Fertilizer Management System (iFMS) system on real time basis. The claims are processed on a weekly basis, and the amount of subsidy is remitted to the company's bank account through electronic mode based on the actual sales made through PoS machines. The payment of bills is processed on 'First in First out (FIFO)' principle in the sequence of the receipt of same based on duly completed bills received in the Department.

Additionally, to ensure equitable distribution among farmers and to curb diversion of subsidised fertilizers, a monthly ceiling of 50 bags per buyer per month is placed for equitable distribution of fertilizers except for Jammu & Kashmir which is having the ceiling of 60 bags per buyer per season. Based on the purchase, various reports are made available in the iFMS Dashboards for monitoring by respective State Officials. Additionally, under the 'Framework for Fertilizer Sale' rolled out in 56 identified districts of 22 States as on 05.08.2026, the fertilizer is being sold to the identified farmer as per General Fertilizer Recommendation (GFR) based on land area and crop sown. Ceiling of bags is different in the Pilot districts under the 'Framework for Fertilizer Sale' as decided by the respective states.

(d): The subsidy is released to Fertilizer companies, on actual sales to the beneficiaries based on Aadhaar authentication through PoS devices installed at each retail shop. Accordingly, all farmers including those in the state of Maharashtra are

being supplied fertilizers at the subsidized rates on no-denial basis. The Subsidized fertilizers supplied to Maharashtra State are UREA, DAP, MOP, NPKS. The quantity supply can be seen at **Statement-II**.

(e): In order to ensure uninterrupted fertilizer availability and its monitoring, Integrated Fertilizer Management System (iFMS) is an online platform developed for real-time monitoring and management of fertilizer movement across the country. Under the system, real-time monitoring of fertilizer dispatches, allocation, rake placement, stock position and state-wise supply status is done by respective States and stakeholders. Section 7 of Aadhaar Act 2016 provides alternative Aadhaar based mode of authentication under the DBT mechanism.

## STATEMENT-I

**The details of total fertilizer subsidy disbursed during the last three years i.e. 2023-24 to 2025-26 by the Government**

*(Figures in Rs. Crore)*

| **Nutrient Based Subsidy (NBS)** | **2023-24** | **2024-25** | **2025-26** |
|---|---|---|---|
| (a) Indigenous P&K | 36,270.00 | 34,010.00 | 41,000.00 |
| (b) Imported P&K | 28,929.57 | 18,800.00 | 33,999.99 |
| **NBS Total** | **65,199.57** | **52,810.00** | **74,999.99** |
| **Urea Subsidy** | | | |
| (a) Indigenous Urea | 1,02,027.00 | 1,03,319.50 | 94,219.50 |

| | | | |
|---|---|---|---|
| (b) Import of Urea | 28,193.94 | 21,000.00 | 47,956.24 |
| **Urea Subsidy Total** | **1,30,220.94** | **1,24,319.50** | **1,42,175.74** |
| **Total Subsidy (Gross)** | **1,95,420.51** | **1,77,129.50** | **2,17,175.73** |

## STATEMENT-II

**The quantity of the Subsidized fertilizers supplied to Maharashtra State are UREA, DAP, MOP, NPKS**

*(Figures in LMT)*

| Maharashtra | UREA | DAP | MOP | NPKS |
|---|---|---|---|---|
| 2023-24 | 31.06 | 8.93 | 2.18 | 34.08 |
| 2024-25 | 32.72 | 7.13 | 3.45 | 37.86 |
| 2025-26 | 32.37 | 8.06 | 3.37 | 41.95 |

## NEEM COATED UREA

***286. DR. SANJAY JAISWAL:**

**SHRIMATI ANITA NAGARSINGH CHOUHAN:**

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

(a) whether the Government has made neem-coating mandatory on urea available for agricultural use in the country;

(b) if so, the major objectives thereof alongwith the benefits likely to accrue to the farmers therefrom;

(c) whether the neem-coated urea has effectively controlled the illegal diversion of urea for industrial and other non-agricultural uses, if so, the details of data available in this regard alongwith the evaluation made thereof;

(d) the quantum of neem-coated urea produced, supplied and marketed in the country during the last three years, State-wise and year-wise;

(e) whether the Government proposes to make any special arrangements to ensure timely and adequate supply of neem-coated urea to farmers; and

(f) if so, the details thereof?

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

(a) to (f): It is mandatory for all the domestic producers and importers of Urea to supply 100% Neem Coated Urea (NCU) since 2015 onwards. One of the primary benefits of Neem Coating is that due to slow release, the consumption of NCU reduces as compared to normal Urea, improving crop uptake, and reducing environmental losses. Research findings indicated that the average yield enhancement due to use of NCU is 8.25%. Further, application of NCU, significantly reduced the nitrogen losses by about 10%-15%.

Neem-Coated Urea (NCU) acts as an effective nitrification inhibitors, leading to higher soil $NH_4^+$-N and lower $NO_2$-N compared to prilled Urea, though their performance varies with soil type, crop, and region. Several studies have

shown that NCU increases nitrogen availability, reduces $NO_3$ leaching, and minimizes $NH_3$ volatilization losses. Research across different soils consistently reports higher nitrogen recovery, improved yield at lower N application rates, and reduced nitrogen losses.

The Government of India in consultation with the State Government is regularly monitoring the enforcement action taken by State Government against the cases of Black marketing, Hoarding, Sub-standard and Diversion on weekly basis. In the country, Since April 2026, 1,69,031 raids have been conducted with 9,127 show cause notices issued, 2,868 licenses suspended/cancelled and 270 FIRs registered against defaulters. Additionally, in case of diversion 414 show cause notices issued, 113 licenses suspended/cancelled and 46 FIRs registered. This Ministry regularly pursue with the State Government to strictly implement the enforcement action against the defaulters.

Further, the Quantum of Neem Coated Urea produced in the country during the last three years, State-Wise and Year-Wise is as under:

| **Production of Neem-Coated Urea during Last Three Years** | | | |
|---|---|---|---|
| | | | Fig. In LMT |
| **Name of State** | **2023-24** | **2024-25** | **2025-26** |
| **Andhra Pradesh** | 13.1 | 2.2 | 0.0 |
| **Karnataka** | 4.3 | 4.4 | 4.4 |
| **Telangana** | 11.1 | 12.0 | 8.6 |

| | | | |
|---|---|---|---|
| **Tamil Nadu** | 9.6 | 12.5 | 12.1 |
| **Goa** | 3.5 | 4.2 | 4.0 |
| **Madhya Pradesh** | 21.7 | 21.4 | 19.7 |
| **Maharashtra** | 21.8 | 20.6 | 21.1 |
| **Gujarat** | 39.7 | 40.1 | 36.8 |
| **Rajasthan** | 37.9 | 38.7 | 37.7 |
| **Assam** | 1.8 | 1.9 | 2.3 |
| **West Bengal** | 15.0 | 14.7 | 14.5 |
| **Haryana** | 5.3 | 5.1 | 5.5 |
| **Punjab** | 9.9 | 10.6 | 11.2 |
| **Uttar Pradesh** | 97.4 | 97.0 | 89.4 |
| **Bihar** | 10.6 | 8.6 | 12.0 |
| **Jharkhand** | 11.4 | 12.5 | 13.8 |
| **GRAND TOTAL** | **314.1** | **306.4** | **293.2** |
| Source: dbfert.nic.in | | | |

In addition, following Steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers across the States/UTs:

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. 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.

II. 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).

III. The gap between demand (requirement) and production for Urea & other fertilizer is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

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.

Accordingly, the availability of Urea has remained adequate across the States/UTs during the last three years (i.e. in FYs 2023-24 to 2025-26). The information regarding requirement, availability and sales of Urea across the States/UTs during the said period is placed at **Statement**.

# STATEMENT

**The information regarding requirement, availability and sales of Urea across the States/UTs**

## UREA

## STATE WISE REQUIREMENT, AVAILABILITY & SALES FROM 2023-24 TO 2025-26

Fig. in LMT

| | | 2023-24 | | | 2024-25 | | | 2025-26 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| S.No | State | Requirement | Availability | Sales | Requirement | Availability | Sales | Requirement | Availability | Sales |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 15.73 | 17.89 | 14.99 | 15.90 | 18.68 | 15.70 | 15.60 | 19.22 | 17.06 |
| 3 | Arunachal Pradesh | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.02 | 0.01 |
| 4 | Assam | 3.46 | 4.56 | 3.73 | 3.28 | 4.48 | 4.10 | 3.35 | 5.13 | 4.60 |
| 5 | Bihar | 22.63 | 27.46 | 23.24 | 22.87 | 27.64 | 25.60 | 23.82 | 28.12 | 25.33 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 8.40 | 11.37 | 8.99 | 8.90 | 12.03 | 10.07 | 10.00 | 12.41 | 9.81 |
| 8 | Dadra and Nagar Haveli | 0.01 | 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 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10 | Delhi | 0.00 | 0.37 | 0.32 | 0.23 | 0.43 | 0.40 | 0.26 | 0.25 | 0.21 |
| 11 | Goa | 0.03 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 | 0.02 |
| 12 | Gujarat | 24.71 | 26.78 | 24.30 | 25.60 | 25.82 | 24.23 | 25.02 | 25.95 | 23.99 |
| 13 | Haryana | 20.63 | 24.86 | 21.77 | 21.50 | 25.32 | 22.65 | 21.67 | 26.08 | 23.20 |
| 14 | Himachal Pradesh | 0.68 | 0.82 | 0.68 | 0.71 | 0.81 | 0.65 | 0.66 | 0.94 | 0.79 |
| 15 | Jammu and kashmir | 1.40 | 2.01 | 1.45 | 1.48 | 2.05 | 1.36 | 1.46 | 2.24 | 1.60 |
| 16 | Jharkhand | 2.47 | 3.74 | 3.04 | 2.65 | 4.11 | 3.73 | 2.90 | 3.73 | 3.22 |
| 17 | Karnataka | 16.10 | 21.02 | 15.65 | 17.25 | 22.63 | 19.17 | 18.77 | 21.55 | 18.85 |
| 18 | Kerala | 1.19 | 1.13 | 0.96 | 1.11 | 1.37 | 1.15 | 1.14 | 1.30 | 1.14 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 33.46 | 41.73 | 34.37 | 35.38 | 42.43 | 38.09 | 40.42 | 47.16 | 42.43 |
| 21 | Maharashtra | 23.74 | 31.06 | 23.48 | 23.73 | 32.72 | 26.41 | 26.77 | 32.37 | 27.27 |
| 22 | Manipur | 0.30 | 0.26 | 0.25 | 0.25 | 0.16 | 0.14 | 0.20 | 0.24 | 0.19 |
| 23 | Meghalaya | 0.02 | 0.05 | 0.04 | 0.04 | 0.04 | 0.04 | 0.03 | 0.03 | 0.03 |
| 24 | Mizoram | 0.07 | 0.15 | 0.13 | 0.08 | 0.25 | 0.20 | 0.07 | 0.11 | 0.11 |
| 25 | Nagaland | 0.00 | 0.01 | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 | 0.02 | 0.02 |
| 26 | Odisha | 5.46 | 7.70 | 5.84 | 6.05 | 8.15 | 6.67 | 6.20 | 8.94 | 7.26 |
| 27 | Puducherry | 0.16 | 0.15 | 0.13 | 0.16 | 0.16 | 0.15 | 0.15 | 0.15 | 0.14 |
| 28 | Punjab | 29.48 | 37.35 | 30.68 | 26.50 | 36.70 | 32.56 | 29.92 | 35.36 | 31.39 |
| 29 | Rajasthan | 24.28 | 29.23 | 25.39 | 26.20 | 29.43 | 26.40 | 25.52 | 31.94 | 28.05 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 10.23 | 11.86 | 10.11 | 10.91 | 12.61 | 10.92 | 10.87 | 12.80 | 11.43 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 32 | Telangana | 18.94 | 23.77 | 19.03 | 20.20 | 22.15 | 20.08 | 20.20 | 21.80 | 20.94 |
| 33 | Tripura | 0.24 | 0.26 | 0.14 | 0.18 | 0.24 | 0.17 | 0.18 | 0.24 | 0.17 |
| 34 | Uttarakhand | 1.84 | 2.67 | 2.31 | 2.03 | 2.60 | 2.31 | 2.01 | 2.49 | 2.21 |
| 35 | Uttar Pradesh | 76.15 | 91.83 | 74.53 | 77.00 | 91.72 | 79.18 | 79.92 | 91.75 | 80.37 |
| 36 | West Bengal | 14.32 | 17.34 | 12.20 | 13.80 | 19.05 | 15.77 | 14.30 | 18.43 | 14.76 |
| | **All India** | **356.08** | **437.47** | **357.81** | **364.01** | **443.83** | **387.92** | **381.45** | **450.79** | **396.60** |

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > Sales

## FINANCIAL DISBURSEMENTS UNDER AB-PMJAY

***287. SHRI RAJESH VERMA:**

**SHRIMATI DAGGUBATI PURANDESWARI**:

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

(a) the operational progress and financial disbursements made under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) during the financial year 2025-2026, State-wise;

(b) the total number of Ayushman Cards generated and the total volume of cashless hospital admissions recorded across the country during the last one year;

(c) the total amount of Central funds released to the State Health Agencies for the settlement of the medical claims submitted by empanelled public and private hospitals in the country;

(d) whether the Government has identified instances of fraudulent medical claims or unauthorised billing by private healthcare providers operating across the country, if so, the details thereof; and

(e) the strict regulatory and penal measures implemented by the Government to de-empanel defaulting hospitals and recover misappropriated funds across the country?

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

(a) to (e): Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) provides cashless health coverage of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization to the bottom 40% of India's population. The Scheme is implemented across all States/UTs, with several States converging it with their respective health schemes.

During the Financial Year 2025–26, the following operational progress was achieved under AB-PMJAY:

- A total of 3.75 crore Ayushman cards were created for eligible beneficiaries.
- A total of 2.74 crore hospital admissions were authorized.

- A total of 5,074 hospitals were empanelled.
- An amount of Rs. 8,438.27 crore was released to the States/UTs.

The funding of AB-PMJAY is entirely demand driven. National Health Authority (NHA) releases funds for scheme implementation to the States/UTs on the basis of utilization certificates for previous releases and demand received from the States/UTs.

The State/UT-wise details of the operational progress and central share fund released under the scheme during the Financial Year 2025–26, along with the total funds released since its inception in FY 2018–19 to FY 2026–27 (as on 31.07.2026) are at **Statement**.

AB-PMJAY is governed by a zero-tolerance approach towards the frauds. National Anti-Fraud Unit under NHA uses Artificial Intelligence/Machine Learning-based automated triggers to flag unusual claim patterns such as unauthorised billing, duplicate entries, inflated procedures, or misuse of patient identity, etc.

All fraud detection triggers are executed within 24 hours of claim submission, and claims flagged suspicious through these triggers are examined before payment. The claims confirmed as fraudulent after examination, are not paid. This mechanism has strengthened the pre-payment scrutiny of claims and resulted in savings of Rs 676.14 crore as on 31.07.2026.

Further, appropriate actions including suspension, de-empanelment, levying penalty, lodging of FIRs, etc. are taken against hospitals which are found to be involved in violations of the scheme guidelines.

As on 31.05.2026, a total of 2,359 hospitals have been de-empanelled, 1,200 hospitals have been suspended by the States/UTs, 29 FIRs have been lodged and penalties amounting to Rs 328.49 crore have been levied for violation of scheme guidelines.

**STATEMENT**

**State/UT-wise details of Ayushman cards created, Hospital admissions authorized, Central share fund released during Financial Year 2025–26 and from FY 2018–19 to FY 2026–27**

| State/UT | No. of Ayushman cards created during FY 2025-26 (in lakh) | No. of hospital admissions authorized during FY 2025-26 (in lakh) | Central share fund released (in crore of Rs.) | |
|---|---|---|---|---|
| | | | During 2025-26 | From 2018–19 up to 2026–27* |
| Andaman Nicobar Islands | 0.05 | 0.01 | 1.45 | 6.72 |
| Andhra Pradesh | 31.08 | 21.50 | 505.45 | 3047.22 |
| Arunachal Pradesh | 0.18 | 0.07 | 10.60 | 29.76 |
| Assam | 3.42 | 5.35 | 301.86 | 1573.02 |
| Bihar | 45.10 | 13.72 | 808.62 | 2267.31 |
| Chandigarh | 0.15 | 0.30 | 10.15 | 48.22 |
| Chhattisgarh | 14.52 | 15.23 | 284.08 | 1975.84 |
| DNH & DD | 0.09 | 0.23 | 5.35 | 35.35 |
| Delhi | 7.50 | 0.37 | 59.25 | 59.25 |

| | | | | |
|---|---|---|---|---|
| Goa | 0.11 | 0.13 | 4.07 | 7.93 |
| Gujarat | 34.80 | 16.10 | 540.62 | 2548.03 |
| Haryana | 8.45 | 11.59 | 131.46 | 793.62 |
| Himachal Pradesh | 0.73 | 1.18 | 58.62 | 361.31 |
| Jammu and Kashmir | 2.97 | 4.08 | 96.58 | 430.74 |
| Jharkhand | 13.43 | 4.66 | 265.90 | 1095.83 |
| Karnataka | 5.69 | 30.10 | 549.83 | 3237.68 |
| Kerala | 3.06 | 9.88 | 173.26 | 1153.94 |
| Ladakh | 0.09 | 0.12 | 2.33 | 11.48 |
| Lakshadweep | 0.02 | 0.01 | 0.46 | 0.99 |
| Madhya Pradesh | 20.68 | 19.56 | 772.53 | 3812.39 |
| Maharashtra | 86.01 | 16.55 | 736.45 | 3631.00 |
| Manipur | 0.56 | 1.05 | 34.40 | 211.78 |
| Meghalaya | 0.96 | 2.71 | 41.10 | 288.72 |
| Mizoram | 0.21 | 0.39 | 23.32 | 168.79 |
| Nagaland | 0.51 | 0.32 | 25.54 | 157.57 |
| Odisha | 8.07 | 14.68 | 464.92 | 814.48 |
| Puducherry | 0.26 | 0.59 | 8.02 | 34.49 |
| Punjab | 23.44 | 7.92 | 214.42 | 691.10 |
| Rajasthan | 5.19 | 19.21 | 450.27 | 2563.15 |
| Sikkim | 0.14 | 0.16 | 6.13 | 26.30 |
| Tamil Nadu | 6.07 | 12.32 | 452.46 | 3335.13 |

| | | | | |
|---|---|---|---|---|
| Telangana | 0.15 | 7.44 | 230.34 | 917.91 |
| Tripura | 1.73 | 1.72 | 54.58 | 322.79 |
| Uttar Pradesh | 46.38 | 30.64 | 1047.53 | 4468.61 |
| Uttarakhand | 3.56 | 4.34 | 66.32 | 443.88 |

***** As on 31.07.2026

## ALLOCATION OF FUNDS UNDER PM-ABHIM

***288. SHRI ANURAG SINGH THAKUR:**

**DR. K SUDHAKAR:**

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

(a) the details of Integrated Public Health Laboratories, Block Public Health Units and Critical Care Blocks sanctioned under Pradhan Mantri-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) across the country, indicating their implementation status, State-wise, particularly in Himachal Pradesh and Karnataka including Chikkaballapur District;

(b) the details of funds sanctioned, released and utilised for the above components in the said States during the last three years, district wise; and

(c) whether the Government has undertaken any review of the implementation of PM-ABHIM in the said States, if so, the details and the outcome thereof?

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

(a) to (c): Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), a Centrally Sponsored Scheme (CSS) with certain Central Sector (CS) components, aims to strengthen India's public health system through reforms that integrate health service delivery, public health action and health research, thereby enhancing the capacity of public health systems to effectively respond to pandemics and other public health emergencies.

Under the CSS component of PM-ABHIM, administrative approvals have been accorded to all States/Union Territories for construction/strengthening and establishment of 2151 Block Public Health Units (BPHUs), 744 Integrated Public Health Laboratories (IPHLs) and 631 Critical Care Blocks (CCBs). The State/Union Territory-wise detailed status including Himachal Pradesh & Karnataka including Chikkaballapur District, is placed at **Statement-I**.

Under PM-ABHIM, funds are released to States/Union Territories on a lump-sum basis based on approved activities, enabling them to utilize the funds as per their assessed needs and priorities. The details of Central Release and Expenditure under PM-ABHIM for Himachal Pradesh and Karnataka from FY 2023-24 to FY 2025-26 are placed at **Statement-II**.

Public Health and Hospitals is a State subject and implementation of the scheme is the responsibility of the respective State/Union Territory

Governments. Monitoring under 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/Union Territories, monthly review meetings with States/Union Territories and 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.

The periodic reviews have facilitated closer monitoring of implementation, resolution of implementation bottlenecks, strengthened coordination with the States/Union Territories, and accelerated progress towards timely completion and operationalisation of the approved facilities.

**STATEMENT-I**

**State/Union Territory-wise details of units approved, work under progress and functional under CSS component of PM-ABHIM**

**A. Block Public Health Units (BPHUs)**

| S. No. | State/ UT | Units Approved | Work Under Progress (Functional) |
|---|---|---|---|
| 1 | Assam | 207 | 93 (78) |

| | | | |
|---|---|---|---|
| 2 | Bihar | 158 | 59 |
| 3 | Chhattisgarh | 91 | 50 (41) |
| **4** | **Himachal Pradesh** | **73** | **68** |
| 5 | Jammu & Kashmir | 287 | 267 (20) |
| 6 | Jharkhand | 165 | 96 (44) |
| 7 | Madhya Pradesh | 196 | 104 (92) |
| 8 | Odisha | 197 | 62 (130) |
| 9 | Rajasthan | 184 | 43 (141) |
| 10 | Uttar Pradesh | 515 | 68 (417) |
| 11 | Uttarakhand | 78 | 55 (20) |

## B. Integrated Public Health Laboratories (IPHLs)

| S. No. | State/ UT | Units Approved | Work Under Progress (Functional) |
|---|---|---|---|
| 1 | A & N Islands | 3 | 1 (2) |
| 2 | Andhra Pradesh | 26 | 12 (14) |
| 3 | Arunachal Pradesh | 22 | 17 (5) |
| 4 | Assam | 33 | 9 (10) |
| 5 | Bihar | 38 | 38 |
| 6 | Chandigarh | 1 | (1) |
| 7 | Chhattisgarh | 28 | 11 (17) |
| 8 | Delhi | 11 | 11 (0) |
| 9 | DNH & DD | 3 | (3) |

| S. No. | State/ UT | Units Approved | Work Under Progress (Functional) |
|---|---|---|---|
| 10 | Goa | 2 | (2) |
| 11 | Gujarat | 33 | 23 (7) |
| 12 | Haryana | 22 | (22) |
| **13** | **Himachal Pradesh** | **12** | **12** |
| 14 | Jammu & Kashmir | 20 | 17 (3) |
| 15 | Jharkhand | 24 | 11 (6) |
| **16** | **Karnataka** | **31** | **14 (17)** |
| 17 | Kerala | 14 | 7 (7) |
| 18 | Ladakh | 2 | (2) |
| 19 | Lakshadweep | 1 | (1) |
| 20 | Madhya Pradesh | 55 | 26 (29) |
| 21 | Maharashtra | 36 | 14 (22) |
| 22 | Manipur | 15 | 13 (2) |
| 23 | Meghalaya | 10 | 9 (1) |
| 24 | Mizoram | 10 | 3 (7) |
| 25 | Nagaland | 11 | 9 (2) |
| 26 | Odisha | 30 | 13 (15) |
| 27 | Puducherry | 4 | (4) |
| 28 | Punjab | 22 | 14 (8) |
| 29 | Rajasthan | 33 | 24 (9) |
| 30 | Sikkim | 3 | (3) |
| 31 | Tamil Nadu | 38 | 5 (33) |

| S. No. | State/ UT | Units Approved | Work Under Progress (Functional) |
|---|---|---|---|
| 32 | Telangana | 33 | 2 (31) |
| 33 | Tripura | 7 | 5 (2) |
| 34 | Uttar Pradesh | 75 | 14 (53) |
| 35 | Uttarakhand | 13 | 8 |
| 36 | West Bengal | 23 | 17 (6) |

**Note:** As reported by the Government of Karnataka, one Integrated Public Health Laboratory (IPHL) has been approved in Chikkaballapur district.

## C. Critical Care Blocks (CCBs)

| Sl. No. | State/ UT | Units Approved | Work Under Progress (Functional) |
|---|---|---|---|
| 1 | A & N Islands | 1 | 1 |
| 2 | Andhra Pradesh | 24 | 24 |
| 3 | Arunachal Pradesh | 1 | 0 |
| 4 | Assam | 27 | 18 |
| 5 | Bihar | 38 | 35 |
| 6 | Chandigarh | 1 | 0 |
| 7 | Chhattisgarh | 23 | 21 |
| 8 | Delhi | 9 | 0 |
| 9 | DNH & DD | 1 | (1) |
| 10 | Goa | 2 | 0 |
| 11 | Gujarat | 32 | 25 (3) |
| 12 | Haryana | 22 | 8 |

| Sl. No. | State/ UT | Units Approved | Work Under Progress (Functional) |
|---|---|---|---|
| **13** | **Himachal Pradesh** | **9** | **8** |
| 14 | Jammu & Kashmir | 10 | 9 |
| 15 | Jharkhand | 23 | 22 |
| **16** | **Karnataka** | **34** | **27 (4)** |
| 17 | Kerala | 14 | 11 |
| 18 | Madhya Pradesh | 50 | 42 (8) |
| 19 | Maharashtra | 36 | 36 |
| 20 | Manipur | 2 | 2 |
| 21 | Meghalaya | 3 | 3 |
| 22 | Mizoram | 1 | 1 |
| 23 | Nagaland | 1 | 1 |
| 24 | Odisha | 28 | 20 (6) |
| 25 | Puducherry | 4 | 4 |
| 26 | Punjab | 22 | 22 |
| 27 | Rajasthan | 38 | 32 (1) |
| 28 | Sikkim | 1 | 1 |
| 29 | Tamil Nadu | 39 | 22 (15) |
| 30 | Telangana | 31 | 21 (9) |
| 31 | Tripura | 2 | 1 |
| 32 | Uttar Pradesh | 74 | 63 |
| 33 | Uttarakhand | 5 | 4 |
| 34 | West Bengal | 23 | 22 |

**Note:** As reported by the Government of Karnataka, one Critical Care Block (CCB) has been approved in Chikkaballapur district.

## STATEMENT-II

## Central Release and Expenditure under PM-ABHIM for Himachal Pradesh and Karnataka from FY 2023-24 to FY 2025-26

**(Rs. in Crore)**

| Financial Year | Himachal Pradesh | | Karnataka | |
|---|---|---|---|---|
| | Central Release | Expenditure | Central Release | Expenditure |
| **2023-24** | 15.69 | 15.27 | 100.57 | 104.47 |
| **2024-25** | 44.81 | 52.92 | 118.91 | 198.19 |
| **2025-26** | 93.27 | 103.63 | 199.75 | 332.91 |

Note:

- The above releases relate to Central Govt. Grants & do not include State share contribution.
- Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year.
- Expenditure is as per FMRs submitted by State and is provisional.

## भारत और पाकिस्तान के बीच द्विपक्षीय संबंध

***289. श्री धर्मेन्द्र यादव:**

क्या **विदेश** मंत्री यह बताने की कृपा करेंगे कि:

(क) पुलवामा आतंकी हमले के बाद से अब तक भारत और पाकिस्तान के बीच द्विपक्षीय संबंधों की वर्तमान स्थिति क्या है और दोनों देशों के बीच राजनीतिक, राजनयिक और व्यापार स्तर पर क्या बदलाव हुए हैं;

(ख) विगत पांच वर्षों के दौरान भारत और पाकिस्तान के बीच विभिन्न स्तरों पर कितनी द्विपक्षीय वार्ताएं हुई हैं और उनमें किन-किन मुद्दों पर चर्चा की गई है;और

(ग) क्या सरकार अभी भी इस बात पर कायम है कि जब तक सीमा-पार आतंकवाद समाप्त नहीं हो जाता, तब तक पाकिस्तान के साथ सामान्य द्विपक्षीय संबंध संभव नहीं है और यदि हां, तो इस संबंध में वर्तमान में सरकार की नीति क्या है?

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

(क) से (ग) सरकार का यह निश्चित मत है कि पाकिस्तान के साथ भारत के संबंध आतंक, शत्रुता और हिंसा से मुक्त माहौल में ही आगे बढ़ सकते हैं। तथापि, पाकिस्तान सीमापार आतंकवाद की नीति पर चल रहा है और आतंकवाद का उपयोग भारत के विरुद्ध आधिकारिक नीति के रूप में कर रहा है।

भारत ने पुलवामा आतंकी हमले के बाद, पाकिस्तान से मोस्ट फेवर्ड नेशन (एमएफएन) स्टेटस को वापस ले लिया और पाकिस्तान में तैयार होने वाली या निर्यात की जाने वाले सभी वस्तुओं पर सीमा शुल्क बढ़ाकर 200% कर दिया। तत्पश्चात पाकिस्तान ने कुछ एकपक्षीय कदम उठाने का ऐलान किया, जिसमें भारत के साथ राजनयिक संबंधों को डाउन ग्रेड करना और द्विपक्षीय व्यापार को निलंबित करना शामिल है।

भारत ने 22 अप्रैल 2025 को पाकिस्तान प्रायोजित आतंकवादियों द्वारा पहलगाम आतंकी हमले की प्रतिक्रिया स्वरूप अनेक राजनयिक कदम उठाए, जिसमें सिंधु जल संधि को स्थगित करना, अटारी में चेक-पोस्ट बंद करना, वीज़ा पर रोक लगाना और संबंधित मिशनों में राजनयिक

और आधिकारिक उपस्थिति को कम करना शामिल है। पाकिस्तान और पाक अधिकृत जम्मू और कश्मीर में आतंकवादी अवसंरचना पर सैन्य कार्रवाई भी की गई।

वर्तमान में, भारत और पाकिस्तान एक-दूसरे की राजधानी में अपने-अपने राजनयिक मिशन संचालित कर रहे हैं। दोनों पक्षों के बीच कार्यात्मक संपर्क जारी है, जिसमें डीजीएमओ-स्तर की वार्ताएँ, बैलिस्टिक मिसाइलों की फ्लाइट टेस्टिंग की अग्रिम अधिसूचना साझा करना, परमाणु प्रतिष्ठानों की सूची का आदान-प्रदान और एक-दूसरे की हिरासत में मौजूद कैदियों की सूची का आदान-प्रदान शामिल है।

भारत ने सीमा पार आतंकवाद और इससे संबंधित अवसंरचना से समुचित ढंग से निपटने, किसी भी प्रकार के ब्लैकमेल को सहन न करने और अपने नागरिकों की सुरक्षा के लिए व्यापक स्तर पर कदम उठाने के संबंध में अपने दृष्टिकोण को स्पष्ट कर दिया है। इन कदमों से भारत का यह स्पष्ट मत है कि सामान्य द्विपक्षीय संबंधों के लिए सीमा पार आतंकवाद का खात्मा अनिवार्य है।

**आयुष्मान भारत-प्रधान मंत्री जन आरोग्य योजना के अंतर्गत डिजिटल स्वास्थ्य सेवाएं**

***290. श्री भोजराज नाग:**

**श्री विनोद लखमशी चावड़ा:**

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

(क) विशेषकर कच्छ संसदीय निर्वाचन क्षेत्र सहित गुजरात तथा मध्य प्रदेश के सीधी संसदीय निर्वाचन क्षेत्र सहित देश में वर्ष-वार और राज्य-वार कितने आयुष्मान भारत स्वास्थ्य खाते (एबीएचए) सृजित किए गए हैं और उनमें कितनी वार्षिक वृद्धि दर्ज की गई है;

(ख) सरकार द्वारा कच्छ संसदीय निर्वाचन क्षेत्र में 'आभा' पहचान पत्रों के पंजीकरण को बढ़ावा देने और डिजिटल स्वास्थ्य सेवाओं के विस्तार के लिए क्या कदम उठाए गए हैं; और

(ग) आयुष्मान भारत-प्रधान मंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत कितने निजी अस्पताल पैनलबद्ध हैं और राजस्थान के भीलवाड़ा संसदीय निर्वाचन क्षेत्र में कितने लाभार्थी हैं और उन्हें स्वास्थ्य से संबंधित प्रदान किए गए लाभों का ब्यौरा क्या है?

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

(क) से (ग): आयुष्मान भारत स्वास्थ्य खाता (एबीएचए), आयुष्मान भारत डिजिटल मिशन का एक प्रमुख आधारभूत घटक है। यह विशिष्ट 14 अंकों की स्वास्थ्य पहचान संख्या है, जो नागरिकों को संपूर्ण स्वास्थ्य सेवा पारितंत्र में अपने डिजिटल स्वास्थ्य अभिलेखों तक सुरक्षित रूप से पहुँच प्राप्त करने तथा उनका प्रबंधन करने की सुविधा प्रदान करती है। दिनांक 31.07.2026 की स्थिति के अनुसार, देशभर में कुल 95.99 करोड़ एबीएचए बनाए जा चुके हैं, जिनमें से 5.25 करोड़ एबीएचए गुजरात राज्य में बनाए गए हैं। एबीएचए सृजन में वर्षवार वृद्धि का ब्यौरा **विवरण-I** में है। राज्य/संघ राज्य क्षेत्रवार तथा वर्षवार एबीएचए सृजन का ब्यौरा **विवरण-II** में है।

एबीएचए के सृजन के समय संसदीय निर्वाचन क्षेत्र संबंधी विवरण नहीं रखा जाता है। तथापि, दिनांक 31.07.2026 की स्थिति के अनुसार, गुजरात राज्य के कच्छ संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले कच्छ तथा मोरबी जिलों में क्रमशः 17.55 लाख तथा 8.48 लाख एबीएचए बनाए गए हैं। वहीं, मध्य प्रदेश राज्य के सीधी संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले सीधी, सिंगरौली तथा शहडोल जिलों में क्रमशः 9.75 लाख, 9.16 लाख तथा 9.04 लाख एबीएचए बनाए गए हैं। गुजरात राज्य के कच्छ तथा मध्य प्रदेश राज्य के सीधी संसदीय निर्वाचन क्षेत्रों में एबीएचए सृजन की वर्षवार वृद्धि का ब्यौरा **विवरण-III** में है।

राष्ट्रीय स्वास्थ्य प्राधिकरण के समन्वय से कच्छ संसदीय निर्वाचन क्षेत्र में एबीडीएम के अंगीकरण को बढ़ावा देने हेतु कई पहल की गई हैं। इनमें 'स्कैन एंड रजिस्टर' सेवाएं, स्वास्थ्य पेशेवरों, अग्रिम पंक्ति के स्वास्थ्य कर्मियों तथा स्वास्थ्य सुविधा कर्मियों का प्रशिक्षण एवं क्षमता निर्माण करना शामिल है, ताकि एबीएचए सृजन तथा एबीडीएम-सक्षम डिजिटल स्वास्थ्य सेवाओं को अपनाने में सुविधा हो। इसके अलावा, कच्छ एवं मोरबी जिलों सहित अन्य जगहों पर जिला स्तरीय समीक्षा बैठकें आयोजित की जाती हैं, जिनमें एबीएचए पंजीकरण प्रगति की निगरानी तथा क्रियान्वयन संबंधी चुनौतियों का समाधान किया जाता है। साथ ही, नागरिकों को एबीएचए तथा डिजिटल स्वास्थ्य सेवाओं के लाभों के प्रति जागरूक करने के लिए सूचना, शिक्षा एवं संचार (आईईसी) गतिविधियाँ भी संचालित की गई हैं।

आयुष्मान भारत–प्रधानमंत्री जन आरोग्य योजना के अंतर्गत प्रत्येक पात्र परिवार को माध्यमिक एवं विशिष्ट स्तर के अस्पताल में भर्ती-उपचार हेतु प्रति वर्ष 5 लाख रुपये तक का स्वास्थ्य बीमा कवरेज उपलब्ध कराया जाता है। राजस्थान राज्य में स्वास्थ्य लाभ पैकेज के अंतर्गत 38 चिकित्सा विशेषज्ञताओं में 2,179 उपचार प्रक्रियाएँ शामिल हैं, जिनका लाभ भीलवाड़ा संसदीय निर्वाचन क्षेत्र में पैनलबद्ध अस्पताल सहित सार्वजनिक एवं निजी क्षेत्र के पैनलबद्ध अस्पतालों के नेटवर्क के माध्यम से उपलब्ध कराया जाता है।

भीलवाड़ा संसदीय निर्वाचन क्षेत्र में भीलवाड़ा एवं बूंदी नामक दो जिले सम्मिलित हैं। दिनांक 31.07.2026 की स्थिति के अनुसार, पैनलबद्ध निजी अस्पतालों, सृजित आयुष्मान कार्डों, अस्पताल में भर्ती की संख्या तथा अस्पताल में भर्ती-उपचार पर व्यय राशि का ब्यौरा **विवरण-IV** में है।

## विवरण-I

## एबीएचए सृजन में वर्षवार वृद्धि का ब्यौरा

एबीएचए सृजन में वर्षवार संचयी वृद्धि

| वित्त वर्ष | सृजित एबीएचए की संचयी संख्या |
|---|---|
| 2021-2022 | 21,09,84,745 |
| 2022-2023 | 36,54,48,040 |
| 2023-2024 | 58,83,35,380 |
| 2024-2025 | 76,53,08,691 |
| 2025-2026 | 87,33,52,557 |
| 2026-2027 (दिनांक 31.07.2026 तक की स्थितिनुसार) | 95,99,62,974 |

## विवरण-II

## राज्य/संघ राज्य क्षेत्रवार तथा वर्षवार एबीएचए सृजन का ब्यौरा

| राज्य/संघ राज्य क्षेत्र | राज्य/संघ राज्य क्षेत्रवार एबीएचए सृजन (संचयी) – वर्ष-वार (संख्या) | | | | | |
|---|---|---|---|---|---|---|
| | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 | 2025-2026 | 2026-2027 (दिनांक 31.07.2026 की स्थितिनुसार) |
| अंडमान और निकोबार द्वीप समूह | 4,18,224 | 4,23,464 | 4,40,724 | 4,52,420 | 4,67,517 | 4,75,177 |
| आंध्र प्रदेश | 2,19,10,444 | 3,79,12,979 | 4,12,21,788 | 4,44,48,144 | 4,92,04,946 | 5,04,19,457 |
| अरुणाचल प्रदेश | 1,98,125 | 2,21,813 | 3,45,592 | 4,08,183 | 5,59,722 | 6,51,151 |
| असम | 11,25,226 | 1,15,13,395 | 1,79,05,146 | 1,97,44,083 | 2,34,03,989 | 2,40,05,842 |
| बिहार | 1,66,63,230 | 1,75,29,769 | 3,33,39,272 | 4,54,32,804 | 6,25,15,683 | 6,56,98,279 |
| चंडीगढ़ | 5,08,432 | 5,79,808 | 6,83,544 | 9,13,150 | 9,99,358 | 10,22,637 |
| छत्तीसगढ़ | 1,26,63,524 | 1,46,44,144 | 2,03,93,794 | 2,28,99,547 | 2,55,14,747 | 2,62,62,010 |
| दिल्ली | 62,48,635 | 65,74,666 | 81,37,000 | 87,92,676 | 1,02,72,171 | 1,08,38,319 |

| | | | | | | |
|---|---|---|---|---|---|---|
| गोवा | 3,28,210 | 3,82,418 | 8,13,425 | 8,89,894 | 9,73,856 | 10,08,245 |
| गुजरात | 1,01,93,292 | 1,92,46,711 | 4,41,42,342 | 4,75,18,060 | 5,03,53,451 | 5,23,95,774 |
| हरियाणा | 43,67,698 | 87,79,741 | 1,29,92,355 | 1,60,73,990 | 1,83,53,691 | 1,89,88,723 |
| हिमाचल प्रदेश | 19,56,061 | 21,26,294 | 58,58,911 | 61,35,289 | 64,28,480 | 67,07,228 |
| जम्मू और कश्मीर | 40,71,230 | 63,43,992 | 87,81,033 | 93,89,568 | 1,10,50,577 | 1,12,81,735 |
| झारखंड | 47,32,059 | 64,99,596 | 1,37,03,040 | 1,44,97,461 | 1,75,38,490 | 2,00,65,162 |
| कर्नाटक | 66,27,780 | 2,15,47,750 | 2,70,10,136 | 3,23,92,603 | 3,69,24,327 | 3,91,95,237 |
| केरल | 1,30,40,333 | 1,38,85,166 | 1,74,71,582 | 2,54,32,030 | 2,58,29,262 | 2,60,33,529 |
| लद्दाख | 2,88,528 | 3,20,521 | 3,71,305 | 3,88,047 | 4,09,647 | 4,19,541 |
| लक्षद्वीप | 67,070 | 69,095 | 1,01,421 | 1,05,001 | 1,07,603 | 1,08,897 |
| मध्य प्रदेश | 1,52,89,591 | 3,68,50,474 | 4,38,94,604 | 4,87,44,968 | 5,70,71,939 | 5,89,10,571 |
| महाराष्ट्र | 1,49,38,356 | 2,19,98,380 | 4,93,04,113 | 5,88,37,121 | 6,93,26,370 | 7,35,26,053 |
| मणिपुर | 4,58,900 | 5,39,985 | 8,50,013 | 10,31,629 | 12,71,570 | 15,98,741 |
| मेघालय | 1,22,153 | 2,33,492 | 9,46,318 | 13,22,225 | 15,26,673 | 15,97,113 |
| मिजोरम | 2,96,706 | 3,55,757 | 6,12,806 | 6,59,412 | 8,11,744 | 8,32,936 |
| नागालैंड | 2,52,984 | 4,13,586 | 6,48,898 | 7,40,049 | 8,50,865 | 9,25,972 |

| | | | | | | |
|---|---|---|---|---|---|---|
| ओडिशा | 1,03,06,075 | 1,91,92,794 | 2,60,70,234 | 3,89,55,889 | 4,19,03,416 | 4,28,23,743 |
| पुडुचेरी | 8,54,893 | 8,87,450 | 11,05,967 | 11,57,449 | 12,09,120 | 12,37,229 |
| पंजाब | 50,43,368 | 56,22,515 | 1,21,73,223 | 1,39,69,136 | 1,69,51,717 | 1,80,17,255 |
| राजस्थान | 74,79,358 | 1,72,96,430 | 3,17,18,152 | 6,25,55,124 | 6,86,90,526 | 7,24,72,788 |
| सिक्किम | 2,95,904 | 3,24,196 | 4,03,513 | 4,38,335 | 4,64,740 | 4,83,811 |
| तमिलनाडु | 29,86,583 | 58,89,948 | 1,20,85,174 | 1,53,57,910 | 2,00,99,347 | 2,64,94,351 |
| तेलंगाना | 40,44,665 | 1,00,20,385 | 1,80,96,446 | 2,41,68,036 | 2,84,51,935 | 2,92,99,528 |
| दादरा एवं नगर हवेली और दमन एवं दीव | 5,18,089 | 5,36,936 | 6,63,562 | 8,18,167 | 8,53,659 | 8,63,034 |
| त्रिपुरा | 3,84,330 | 5,01,593 | 14,95,569 | 23,43,945 | 31,96,582 | 32,49,322 |
| उत्तर प्रदेश | 1,95,77,312 | 3,25,93,423 | 8,16,44,966 | 13,21,52,845 | 14,95,92,275 | 15,57,87,914 |
| उत्तराखंड | 25,96,353 | 30,43,606 | 65,93,431 | 70,16,807 | 74,81,300 | 77,50,206 |
| पश्चिम बंगाल | 1,12,29,622 | 2,87,48,009 | 3,40,67,487 | 4,68,73,334 | 5,04,27,053 | 9,62,51,188 |

* सितंबर, 2023 से पूर्व सृजित 1.22 करोड़ एबीएचए से संबंधित आँकड़ों को इसमें सम्मिलित नहीं किया गया है।

## विवरण-III

## गुजरात राज्य के कच्छ तथा मध्य प्रदेश राज्य के सीधी संसदीय निर्वाचन क्षेत्रों में एबीएचए सृजन की वर्षवार वृद्धि का ब्यौरा

| राज्य | संसदीय निर्वाचन क्षेत्र – जिला | एबीएचए सृजन (संचयी) – वित्त वर्ष-वार वृद्धि (संख्या) | | | | | |
|---|---|---|---|---|---|---|---|
| | | 2021-2022 | 2022-2023 | 2023-2024 | 2024-2025 | 2025-2026 | 2026-2027 (दिनांक 31.07.2026 की स्थितिनुसार) |
| गुजरात | मोरबी | 1,45,194 | 2,99,886 | 7,13,509 | 7,54,698 | 7,99,208 | 8,48,197 |
| | कच्छ | 2,48,059 | 4,79,176 | 14,30,960 | 15,23,836 | 16,67,382 | 17,55,194 |
| मध्य प्रदेश | शहडोल | 2,54,429 | 6,05,209 | 7,03,204 | 7,62,599 | 8,78,813 | 9,04,204 |
| | सीधी | 1,83,740 | 5,84,030 | 7,27,693 | 8,07,868 | 9,45,929 | 9,75,267 |
| | सिंगरौली | 1,98,699 | 5,98,513 | 6,75,837 | 7,72,098 | 8,83,230 | 9,16,571 |

## विवरण-IV

## दिनांक 31.07.2026 तक की स्थिति के अनुसार पैनलबद्ध निजी अस्पतालों, सृजित आयुष्मान कार्डों, अस्पताल में भर्ती की संख्या तथा अस्पताल में भर्ती-उपचार पर व्यय राशि का ब्यौरा

| ज़िला | पैनलबद्ध निजी अस्पतालों की संख्या | सृजित आयुष्मान कार्डों की संख्या (लाख में) | अस्पताल में भर्ती की संख्या (लाख में) | अस्पतालों में भर्ती की राशि (करोड़ रुपये में) |
|---|---|---|---|---|
| भीलवाड़ा | 20 | 7.47 | 5.10 | 529.50 |
| बूंदी | 5 | 3.59 | 2.52 | 260.00 |

## मिशन वात्सल्य का कार्यान्वयन

***291. श्री नीरज मौर्य:**

**श्री बाबू सिंह कुशवाहा:**

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

(क) क्या सरकार ने देश में विशेषकर उत्तर प्रदेश में वर्ष 2025-26 के दौरान मिशन वात्सल्य के अंतर्गत आबंटित बजट, किए गए वास्तविक व्यय और प्राप्त उपलब्धियों की समीक्षा की है, यदि हां, तो तत्संबंधी ब्यौरा क्या है और आबंटन और वास्तविक उपयोग के बीच अंतर के क्या कारण हैं;

(ख) क्या बच्चों को बाल संरक्षण गृहों की मूलभूत सुविधाओं और सुरक्षा मानकों में कमियों के साथ-साथ ग्रामीण क्षेत्रों में चाइल्ड हेल्पलाइन (1098) सेवाओं में कमियों के कारण समयबद्ध सहायता प्राप्त करने में कठिनाइयों का सामना करना पड़ रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या जटिल प्रशासनिक प्रक्रियाओं और विभागीय समन्वय की कमी के कारण अनाथ, निराश्रित और पीड़ित बच्चों को मिशन वात्सल्य और पीएम केयर्स फॉर चिल्ड्रन योजना के अंतर्गत समय पर वित्तीय, शैक्षिक और अन्य सहायता नहीं मिल रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) दूर-दराज के क्षेत्रों से वंचित, भूमिहीन और निरक्षर परिवारों के निराश्रित बच्चों के सामाजिक समावेशन और अवैध व्यापार से उनकी सुरक्षा के लिए विकसित की गई विशेष निगरानी प्रणाली का ब्यौरा क्या है?

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

(क) से (घ): महिला एवं बाल विकास मंत्रालय किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) के कार्यान्वयन के लिए नोडल मंत्रालय है, जो बच्चों

की सुरक्षा, संरक्षा, गरिमा और कल्याण सुनिश्चित करने के लिए प्राथमिक कानून है तथा इसे सभी राज्यों और संघ राज्य क्षेत्रों द्वारा कार्यान्वित किया जाता है। इस अधिनियम में राज्य और जिला स्तर पर सांविधिक निकायों की स्थापना का प्रावधान है जिनमें राज्य बाल संरक्षण सोसाइटी, बाल कल्याण समितियां, किशोर न्याय बोर्ड और जिला बाल संरक्षण इकाइयां शामिल हैं। इसमें बाल देखरेख संस्थाओं (सीसीआई) की स्थापना का भी प्रावधान है।

इस अधिनियम के कार्यान्वयन की प्राथमिक जिम्मेदारी राज्य सरकारों और संघ राज्य क्षेत्र प्रशासनों की है। राष्ट्रीय और राज्य स्तर पर, अधिनियम के कार्यान्वयन की निगरानी के लिए जेजे अधिनियम में राष्ट्रीय और राज्य बाल अधिकार संरक्षण आयोगों का प्रावधान है (धारा 109)।

महिला एवं बाल विकास मंत्रालय अनाथ बच्चों सहित कठिन परिस्थितियों में रह रहे बच्चों के लिए देखभाल, संरक्षण, पुनर्वास और परिवार/समाज में पुन: मिलाने जैसी विभिन्न सेवाएं प्रदान करने हेतु केंद्र और राज्य सरकारों के बीच पूर्व-निर्धारित लागत साझेदारी के आधार पर सभी राज्यों और संघ राज्य क्षेत्रों में 'मिशन वात्सल्य' नामक केंद्र प्रायोजित योजना कार्यान्वित कर रहा है। यह योजना संस्थागत देखरेख और गैर-संस्थागत देखरेख प्रदान करती है। मिशन वात्सल्य योजना के तहत स्थापित बाल देखरेख संस्थाएं (सीसीआई) अन्य के साथ-साथ आयु-अनुकूल शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखरेख, परामर्श इत्यादि सेवाएं प्रदान करती हैं। गैर-संस्थागत देखरेख सेवा के तहत, उत्तर प्रदेश राज्य सहित देश भर में प्रायोजन (स्पॉन्सरशिप), पालक देखरेख (फॉस्टर केयर) और पश्चात देखरेख (आफ्टर केयर) के माध्यम से सहायता प्रदान की जाती है।

मिशन वात्सल्य में अंतिम उपाय के रूप में बच्चों को देखरेख संस्थाओं में भेजने के सिद्धांत के आधार पर कठिन परिस्थितियों में रहने वाले बच्चों की परिवार-आधारित गैर-संस्थागत देखरेख को बढ़ावा दिया जाता है। गैर-संस्थागत देखरेख के तहत प्रायोजन, पालक देखरेख, दत्तक ग्रहण और पश्चात देखरेख के माध्यम से बच्चों को सहायता प्रदान की जाती है। इस योजना में गैर-

संस्थागत देखरेख (प्रायोजन/पालक देखरेख/पश्चात देखरेख) के लिए पात्र बच्चों को प्रति माह 4,000/- रुपये प्रदान किए जाते हैं। केंद्र सरकार ने 11.03.2020 से 05.05.2023 की अवधि के दौरान कोविड-19 महामारी के कारण माता-पिता या जीवित माता अथवा पिता या कानूनी अभिभावक या दत्तक माता-पिता दोनों को खोने वाले बच्चों की सहायता के लिए पीएम केयर्स फॉर चिल्ड्रन योजना तैयार की है। पीएम केयर्स फॉर चिल्ड्रन योजना के 18 वर्ष से कम आयु के लाभार्थी, जो अपने रिश्तेदारों के साथ रह रहे हैं, उन्हें भी मिशन वात्सल्य योजना के तहत प्रति माह 4000 रुपये मिलते हैं।

महिला एवं बाल विकास मंत्रालय ने सेवा प्रदायगी और उनकी तत्समय(रियल टाइम) निगरानी के लिए राज्यों और संघ राज्य क्षेत्रों के परामर्श और ताल मेल से राज्य और जिला स्तर पर हितधारकों के लिए एकीकृत समरूप मिशन वात्सल्य पोर्टल तैयार किया है। लापता/पाए गए बच्चों के लिए ट्रेक चाइल्ड पोर्टल तथा लापता/देखे गए बच्चों के लिए खोया-पाया एप्लीकेशन को इस एकीकृत मिशन वात्सल्य पोर्टल के साथ जोड़ा गया है। मिशन वात्सल्य पोर्टल का ट्रैक चाइल्ड माड्यूल विभिन्न हितधारकों जैसे गृह मंत्रालय, रेल मंत्रालय, राज्य सरकारों और संघ राज्य क्षेत्र प्रशासनों, बाल कल्याण समितियों, किशोर न्याय बोर्डों, राष्ट्रीय विधिक सेवा प्राधिकरण इत्यादि के सहयोग और भागीदारी से कार्यान्वित किया जाता है। इस संबंध में मानक प्रचालन प्रक्रिया जारी की गई है। सभी राज्यों और संघ राज्य क्षेत्रों के पुलिस महानिदेशकों सहित सभी राज्यों तथा संघ राज्य क्षेत्रों एवं अन्य हितधारकों को इस पोर्टल के कार्यान्वयन के बारे में दिशा-निर्देश (एडवाइजरी) जारी किए गए हैं। यह गृह मंत्रालय के क्राइम एंड क्रिमिनल ट्रैकिंग एंड नेटवर्क सिस्टम (सीसीटीएनएस) के साथ भी एकीकृत है, जिसमें लापता बच्चों के बारे में दर्ज प्राथमिकी (एफआईआर) को मिशन वात्सल्य पोर्टल के आंकड़ों से परस्पर मिलान करने की सुविधा है जिससे संबंधित राज्य और संघ राज्य क्षेत्र की पुलिस के लिए गुमशुदा बच्चों का पता लगाया जाना

और मिलान किया जाना सरल हो जाता है। इसके अलावा, खोया-पाया मॉड्यूल के माध्यम से कोई भी नागरिक किसी भी लापता या देखे गए बच्चे के बारे में सूचना दे सकता है।

मिशन वात्सल्य के तहत आपातकालीन प्रतिक्रिया और आउटरीच सेवा, टोल-फ्री चाइल्ड हेल्पलाइन (#1098) के माध्यम से प्रदान की जाती है जो संकटग्रस्त परिस्थितियों में फंसे बच्चों के लिए 24x7x365 उपलब्ध है। प्रत्येक राज्य और संघ राज्य क्षेत्र में चाइल्ड हेल्पलाइन के लिए विशिष्ट महिला एवं बाल विकास नियंत्रण कक्ष (डब्ल्यूसीडी-सीआर) स्थापित किया गया है और यह गृह मंत्रालय की आपातकालीन प्रतिक्रिया सहायता प्रणाली -112 (ईआरएसएस-112) हेल्पलाइन और महिला हेल्पलाइन (181) के साथ एकीकृत है। जिला मजिस्ट्रेट की समग्र देखरेख में काम करने वाली जिला बाल संरक्षण इकाई जिले में सेवा प्रदायगी और बच्चों की देखभाल तथा सुरक्षा सुनिश्चित करने के लिए नोडल एजेंसी है। डीसीपीयू को सभी बाल संरक्षण कानूनों, योजनाओं को क्रियान्वित करती है और मिशन वात्सल्य योजना के दिशानिर्देशों में निर्धारित बाल संरक्षण लक्ष्यों की प्राप्ति हेतु काम करना है।

महिला एवं बाल विकास मंत्रालय परियोजना अनुमोदन बोर्ड (पीएबी) की बैठकों सहित स्थापित संस्थागत तंत्रों के माध्यम से मिशन वात्सल्य के अंतर्गत बजट आवंटन, किए गए वास्तविक व्यय और हासिल वास्तविक तथा वित्तीय प्रगति की आवधिक और सुव्यवस्थित समीक्षा करता है। ये बैठकें वार्षिक कार्य योजनाओं, निधि के उपयोग और कार्यान्वयन की स्थिति का आकलन करने के लिए राज्यों और संघ राज्य क्षेत्रों के साथ की जाती हैं। राज्य सरकारें और संघ राज्य क्षेत्र प्रशासन यह सुनिश्चित करते हैं कि आबंटित निधियों का इष्टतम उपयोग किया जाए और योजना के उद्देश्यों को प्रभावी ढंग से प्राप्त किया जाए।

पिछले वर्ष के दौरान उत्तर प्रदेश सहित मिशन वात्सल्य योजना के तहत जारी राज्यवार निधियों का ब्यौरा **विवरण** में दिया गया है।

## विवरण

## पिछले वर्ष के दौरान उत्तर प्रदेश सहित मिशन वात्सल्य योजना के तहत जारी राज्यवार निधियों का ब्यौरा

**"(करोड़ रुपये)**

| **क्र. सं.** | **राज्य का नाम** | **वित्तीय वर्ष 2025-26 में जारी निधि** |
|---|---|---|
| 1 | आंध्र प्रदेश | 38.72 |
| 2 | अरुणाचल प्रदेश | 7.74 |
| 3 | असम | 29.61 |
| 4 | बिहार | 51.95 |
| 5 | छत्तीसगढ़ | 28.79 |
| 6 | गोवा | 3.07 |
| 7 | गुजरात | 2.49 |
| 8 | हरियाणा | 7.85 |
| 9 | हिमाचल प्रदेश | 22.56 |
| 10 | जम्मू एवं कश्मीर | 33.79 |
| 11 | झारखंड | 29.76 |
| 12 | कर्नाटक | 45.48 |
| 13 | केरल | 13.80 |
| 14 | मध्य प्रदेश | 61.82 |
| 15 | महाराष्ट्र | 78.90 |
| 16 | मणिपुर | 34.36 |
| 17 | मेघालय | 42.75 |
| 18 | मिजोरम | 33.65 |

| | | |
|---|---|---|
| 19 | नागालैंड | 28.36 |
| 20 | ओडिशा | 51.92 |
| 21 | पंजाब | 13.94 |
| 22 | राजस्थान | 30.43 |
| 23 | सिक्किम | 8.51 |
| 24 | तमिलनाडु | 89.14 |
| 25 | तेलंगाना | 27.26 |
| 26 | त्रिपुरा | 18.11 |
| 27 | उत्तर प्रदेश | 107.15 |
| 28 | उत्तराखंड | 20.14 |
| 29 | पश्चिम बंगाल | 47.50 |
| 30 | अंडमान एवं निकोबार द्वीप समूह | 3.60 |
| 31 | चंडीगढ़ | 4.90 |
| 32 | दादरा और नगर हवेली एवं दमन और दीव | 2.89 |
| 33 | दिल्ली | 6.63 |
| 34 | लक्षद्वीप | 0.09 |
| 35 | लद्दाख | 3.20 |
| 36 | पुदुच्चेरी | 3.21 |

## बिहार में अभिघात केंद्र की स्थापना

***292. श्री गिरिधारी यादव:**

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

(क) क्या विशेषकर बिहार सहित देश में अभिघात केन्द्रों के अभाव के कारण सड़क दुर्घटनाओं में घायल होने वाले अधिकांश व्यक्तियों की मृत्यु हो जाती है;

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

(ग) क्या सरकार का विचार विशेषकर बांका जिले सहित बिहार के प्रत्येक जिला मुख्यालय में एक अभिघात केंद्र स्थापित करने का विचार है; और

(घ) यदि हां, तो इसके लिए क्या समय-सीमा निर्धारित की गई है और यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (घ): "राष्ट्रीय ट्रॉमा और बर्न इंजरी निवारण एवं प्रबंधन कार्यक्रम" (एनपीपीएमटी एवं बीआई) के तहत, देश भर के सरकारी अस्पतालों/ मेडिकल कॉलेजों में 196 ट्रॉमा परिचर्या केंद्र (टीसीएफ़) स्वीकृत किए गए हैं। कुल 196 में से 09 टीसीएफ़ बिहार में स्वीकृत किए गए हैं (**विवरण**)।

स्वास्थ्य राज्य का विषय है। राज्य में ट्रॉमा परिचर्या केंद्रों का सुदृढीकरण राज्य की प्राथमिक जिम्मेदारी है। जैसा कि राज्य द्वारा सूचित किया गया है, बिहार सरकार ने ट्रॉमा परिचर्या सेवाओं को सुदृढ़ करने के लिए अधिसूचित ट्रॉमा केंद्रों का एक नेटवर्क स्थापित किया है। वर्तमान में, सभी मेडिकल कॉलेज एवं अस्पतालों को स्तर-II के ट्रॉमा केंद्र के रूप में अधिसूचित किया गया है और दिनांक 30.12.2020 की अधिसूचना के माध्यम से जिला अस्पताल बांका सहित सभी जिला अस्पतालों को ट्रॉमा परिचर्या सुविधाएँ प्रदान करने के लिए स्तर-III के ट्रॉमा केंद्र के रूप में अधिसूचित किया गया है। सड़क दुर्घटनाओं में घायल व्यक्तियों को ट्रॉमा सुविधाएँ प्रदान करने के

अतिरिक्त, राज्य सरकार ने बिहार के विभिन्न जिलों में राष्ट्रीय राजमार्गों के निकट स्थित 11 जन स्वास्थ्य केंद्रों को स्तर-III के ट्रॉमा सेंटर के रूप में चिन्हित किया है, जिनमें सामुदायिक स्वास्थ्य केंद्र, रजौन, बांका, बिहार शामिल है।

## विवरण

**एनपीपीएमटी एवं बीआई के तहत बिहार में स्थापित ट्रॉमा परिचर्या केंद्र**

(i) सिविल अस्पताल, किशनगंज

(ii) जिला अस्पताल, पूर्णिया

(iii) सिविल अस्पताल, मधेपुरा

(iv) दरभंगा मेडिकल कॉलेज अस्पताल, दरभंगा

(v) एस.के. मेडिकल कॉलेज अस्पताल, मुजफ्फरपुर

(vi) सिविल अस्पताल, गोपालगंज

(vii) सिविल अस्पताल, झंझारपुर

(viii) सदर अस्पताल, सासाराम, रोहतास

(ix) एएन मगध मेडिकल कॉलेज अस्पताल, गया

## FUNCTIONING AND PERFORMANCES OF COMMERCIAL TRIBUNALS

***293. SHRI MANISH TEWARI:**

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

(a) whether the Government has taken note of the findings regarding the challenges in the functioning of India's commercial tribunals, if so, the details thereof;

(b) whether it is a fact that a significant number of cases remain pending before commercial tribunals, affecting economic activity and ease of doing business, if so, the details thereof;

(c) the details of vacancies, case pendency and disposal rates in major tribunals such as the National Company Law Tribunal, the National Company Law Appellate Tribunal, the Debt Recovery Tribunal and the Income Tax Appellate Tribunal during the last three years;

(d) whether the Government has identified issues such as chronic vacancies, procedural inconsistencies, lack of transparency and jurisdictional overlaps affecting tribunal efficiency, if so, the details thereof;

(e) whether the Government proposes to establish institutional mechanisms such as a National Tribunals Commission or adopt technology-driven reforms to improve efficiency and accountability; and

(f) the steps taken or proposed to be taken to ensure timely disposal of commercial disputes and strengthen investor confidence in the country's dispute resolution framework?

**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 in various judgments including the judgment dated 19.11.2025 in the matter of Madras Bar Association vs. UOI, W.P.(C) No.1018 of 2021 has given its findings regarding the working of the Tribunals under the Tribunal Reforms Act, 2021 and Rules framed thereon.

(b) to (d): The Government is making all efforts to fill the vacancies in the various Tribunals besides augmenting their infrastructural requirements and human resources. The details of vacancies in National Company Law Tribunal (NCLT), the National Company Law Appellate Tribunal (NCLAT), the Debt Recovery Tribunal (DRT) and the Income Tax Appellate Tribunal (ITAT) during the last three years including the current year is given at **Statement-I**. The details of case pendency and its disposal rates is given at **Statement-II**.

(e) and (f): Various steps including legislative measures and framing of standard operating procedures have been and are undertaken for efficient functioning of the Tribunals and for timely disposal of cases. This includes strengthening digital infrastructure, adoption of e-Office, Court Room hearing

by way of Video Conferencing, digitization of records, online case management systems, and continuous monitoring of administrative efficiency for early disposal of cases.

## STATEMENT-I

**The details of vacancies in National Company Law Tribunal (NCLT), the National Company Law Appellate Tribunal (NCLAT), the Debt Recovery Tribunal (DRT) and the Income Tax Appellate Tribunal (ITAT) during the last three years including the current year**

| Name of the Tribunal | Name of Post(s)/staff | Sanctioned | Filled | Vacant |
|---|---|---|---|---|
| **Income Tax Appellate Tribunal (ITAT)** | | | | |
| 2024-25 | Chairperson/Members | 126 | 80 | 46 |
| | Registry | 987 | 578 | 409 |
| 2025-26 | Chairperson/Members | 126 | 110 | 16 |
| | Registry | 987 | 565 | 422 |
| 2026-27 | Chairperson/Members | 126 | 112 | 14 |
| | Registry | 969 | 687 | 282 |
| **National Company Law Appellate Tribunal (NCLAT)** | | | | |
| 2023-24 | Chairperson/Members | 12 | 11 | 1 |
| | Registry | 51 | 10 | 41 |
| 2024-25 | Chairperson/Members | 12 | 10 | 2 |
| | Registry | 51 | 21 | 30 |

| | | | | |
|---|---|---|---|---|
| 2025-26<br><br>(upto 30.06.2026) | Chairperson/Members | 12 | 11 | 1 |
| | Registry | 111 | 26 | 85 |
| **National Company Law Tribunal (NCLT)** | | | | |
| As on 03.08.2026 | Chairperson/Members | 63 | 51 | 12 |
| | Registry | 320 | 67 | 253 |

| **Debt Recovery Tribunal (DRT)** |
|---|
| Currently, Seven (7) Debts Recovery Tribunals (DRTs) are vacant out of Thirty-Nine (39) DRTs. However, Presiding Officers of others DRTs have been assigned the additional charge for the above DRTs, in addition to their regular charge, for smooth functioning of these DRTs. |

## STATEMENT-II

## The details of case pendency and its disposal rates

| Name of the Tribunal | Years | Pendency (Brought forward) | Cases Instituted | Disposal | Disposal Rates (Avg.) % | Pendency |
|---|---|---|---|---|---|---|
| Income Tax Appellate Tribunal (ITAT | 2024-25 | 38759 | 51164 | 46370 | 51.57 | 43553 |
| | 2025-26 | 43553 | 72249 | 55794 | 48.18 | 60008 |
| | 2026-27 (upto 30.06.2026) | 60008 | 24664 | 16654 | 19.67 | 68018 |
| National Company Law Tribunal | 2023-24 | 21664 | 7947 | 9818 | 33.16 | 19793 |
| | 2024-25 | 19946 | 9065 | 14150 | 48.61 | 14961 |

| | | | | | | |
|---|---|---|---|---|---|---|
| (NCLT) | 2025-26 | 15045 | 8419 | 8651 | 36.87 | 14813 |
| National Company Law Appellate Tribunal | 2023-24 | 2192 | 2841 | 2319 | 46.07 | 2714 |
| | 2024-25 | 2714 | 3379 | 2575 | 42.26 | 3518 |
| | 2025-26 | 3518 | 3339 | 2779 | 40.52 | 4078 |

## THE PENDENCY AND DISPOSAL RATES DETAILS IN DRTS

| **Debt Recovery Tribunal (Original Application (OA) & Securitisation Application (SA))** | | | |
|---|---|---|---|
| **Financial Year** | **Cases Disposed** | **Cases Pending** | **Average Disposal per year per DRT** |
| 2023-24 | 52541 | 218060 | 1347.21 |
| 2024-25 | 45378 | 233901 | 1163.54 |
| 2025-26 | 52902 | 252771 | 1356.46 |
| 2026-27 (Upto 30.06.2026) | 12739 | 259814 | -- |

## DAY CARE CANCER CENTRES

***294 SHRI KESINENI SIVANATH:**

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

(a) the number of day care cancer centres set up/proposed to be set up in the country, State/UT-wise;

(b) the number of day care cancer centres operational in the country, State-wise and districtswise;

(c) the details of the amount of funds allocated, released and utilised for Day Care Cancer

Centres (DCCCs) in Andhra Pradesh, district wise; and

(d) whether a number of more Day Care Cancer Centres (DCCCs) have been proposed to be set up in the country, if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): As announced in the Union Budget 2025–26, Day Care Cancer Centres (DCCCs) were envisaged to be established in District Hospitals across the country in three years period.

As reported by the States/UTs, 524 Day Care Cancer Centres (DCCCs) are functional across the country. The State-wise details are at **Statement**.

In Andhra Pradesh, approval was accorded for establishment of 14 DCCCs during FY 2025-26. An amount of ₹2.40 crore is allowed for the initial setup of each DCCC, and ₹1.49 crore per year is allowed from the second year onwards. The total number of functional DCCCs in Andhra Pradesh is 23.

The requirement of DCCCs is assessed by the States/UTs through gap analysis and reflected in proposals submitted under the Programme

Implementation Plan (PIP) of the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). If States/UTs propose additional DCCCs, the proposals are examined in accordance with the prescribed norms. 313 DCCCs have been sanctioned accordingly.

**STATEMENT**

**The State-wise details of Day Care Cancer Centres (DCCCs) are functional across the country**

| Sl. No | State/ UT | No. of Functional DCCC |
|---|---|---|
| 1 | Andaman and Nicobar Islands | 1 |
| 2 | Andhra Pradesh | 23 |
| 3 | Arunachal Pradesh | 1 |
| 4 | Assam | 6 |
| 5 | Bihar | 32 |
| 6 | Chandigarh | 0 |
| 7 | Chhattisgarh | 26 |
| 8 | Delhi | 6 |
| 9 | DNH and D&D | 2 |
| 10 | Goa | 2 |
| 11 | Gujarat | 36 |
| 12 | Haryana | 10 |
| 13 | Himachal Pradesh | 13 |
| 14 | Jammu & Kashmir | 12 |

| | | |
|---|---|---|
| 15 | Jharkhand | 0 |
| 16 | Karnataka | 16 |
| 17 | Kerala | 28 |
| 18 | Ladakh | 2 |
| 19 | Lakshadweep | 1 |
| 20 | Madhya Pradesh | 52 |
| 21 | Maharashtra | 9 |
| 22 | Manipur | 8 |
| 23 | Meghalaya | 4 |
| 24 | Mizoram | 2 |
| 25 | Nagaland | 5 |
| 26 | Odisha | 32 |
| 27 | Puducherry | 0 |
| 28 | Punjab | 7 |
| 29 | Rajasthan | 41 |
| 30 | Sikkim | 0 |
| 31 | Tamil Nadu | 38 |
| 32 | Telangana | 34 |
| 33 | Tripura | 3 |
| 34 | Uttar Pradesh | 21 |
| 35 | Uttarakhand | 13 |
| 36 | West Bengal | 38 |
| | **Total** | **524** |

**प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत स्वास्थ्य अवसंरचना परियोजनाओं की स्थिति**

***295. डॉ. राजकुमार सांगवान:**

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

(क) प्रधान मंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) के अंतर्गत सरकार द्वारा अनुमोदित स्वास्थ्य अवसंरचना परियोजनाओं की राज्य-वार और संघटक-वार वर्तमान स्थिति क्या है;

(ख) देश में उक्त परियोजनाओं की प्रगति के साथ-साथ अब तक स्वीकृत, जारी की गई और उपयोग में लाई गई निधियों का राज्य-वार विशेषकर बागपत संसदीय निर्वाचन क्षेत्र, उत्तर प्रदेश के संबंध में ब्यौरा क्या है;

(ग) सरकार द्वारा परियोजनाओं के प्रभावी और समय पर कार्यान्वयन के लिए राज्यों के साथ समन्वय को सुदृढ़ करने और उनकी क्षमता में वृद्धि करने के लिए क्या कदम उठाए गए हैं; और

(घ) मिशन की नियमित निगरानी सुनिश्चित करने और परियोजनाओं को समय पर पूरा करने के लिए सरकार द्वारा अपनाई जा रही प्रक्रिया का ब्यौरा क्या है?

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

(क) से (घ): प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम), केंद्र प्रायोजित योजना (सीएसएस) है जिसमें कुछ केंद्रीय क्षेत्र (सीएस) के घटक शामिल हैं। जिसका उद्देश्य स्वास्थ्य सेवा प्रदायगी, जन स्वास्थ्य कार्य और स्वास्थ्य अनुसंधान को एकीकृत करने

वाले सुधारों के माध्यम से भारत की जन स्वास्थ्य प्रणाली को सुदृढ़ करना है, जिससे महामारी तथा अन्य जन स्वास्थ्य आपात स्थितियों का प्रभावी ढंग से सामना करने की जन स्वास्थ्य प्रणालियों की क्षमता में वृद्धि हो सके।

योजना के सीएसएस घटक के अंतर्गत, सभी राज्यों/संघ राज्य क्षेत्रों को 11001 भवन-रहित उप स्वास्थ्य केंद्र–आयुष्मान आरोग्य मंदिरों (एसएचसी-एएएम), 5456 शहरी आयुष्मान आरोग्य मंदिरों (यू-एएएम), 2151 ब्लॉक जन स्वास्थ्य इकाईयों (बीपीएचयू), 744 एकीकृत जन स्वास्थ्य प्रयोगशालाओं (आईपीएचएल) तथा 631 गहन परिचर्या ब्लॉकों (सीसीबी) के निर्माण/सुदृढ़ीकरण और स्थापना के लिए 32,961.10 करोड़ रुपये की राशि हेतु प्रशासनिक अनुमोदन प्रदान किए गए हैं। राज्य/संघ राज्य क्षेत्र-वार विस्तृत स्थिति **विवरण-I** में दी गई है।

उत्तर प्रदेश सरकार द्वारा प्रदत्त सूचना के अनुसार, बागपत संसदीय निर्वाचन क्षेत्र में पीएम-एबीएचआईएम के अंतर्गत 2375 लाख रुपये की लागत से एक गहन परिचर्या ब्लॉक (सीसीबी), 125 लाख रुपये की लागत से एक एकीकृत जन स्वास्थ्य प्रयोगशाला (आईपीएचएल) तथा 323.84 लाख रुपये की लागत से चार ब्लॉक जन स्वास्थ्य इकाईयों (बीपीएचयू) को अनुमोदन प्रदान किया गया है। उपर्युक्त परियोजनाओं के लिए 2,823.84 लाख रुपये का अनुमोदन प्रदान किया गया है, जिसकी तुलना में 1,802.74 लाख रुपये जारी किए जा चुके हैं तथा राज्य द्वारा 1,787.52 लाख रुपये के व्यय की सूचना दी गई है।

पीएम-एबीएचआईएम के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को अनुमोदित कार्यकलापों के आधार पर एकमुश्त निधियां जारी की जाती हैं, जिससे वे अपनी आकलित आवश्यकताओं और प्राथमिकताओं के अनुसार इन निधियों का उपयोग कर सकते हैं। पीएम-एबीएचआईएम के प्रारंभ से अब तक राज्य/संघ राज्य क्षेत्र-वार केंद्रीय निर्गत और व्यय का ब्यौरा **विवरण-II** में दिया गया है।

जन स्वास्थ्य और अस्पताल राज्य के विषय हैं और इस योजना का कार्यान्वयन संबंधित राज्य/संघ राज्य क्षेत्र सरकारों की जिम्मेदारी है। पीएम-एबीएचआईएम के अंतर्गत निगरानी एक सुदृढ़, बहु-स्तरीय ढाँचे के माध्यम से की जाती है, जिसमें सभी राज्यों/संघ राज्य क्षेत्रों के साथ एनपीसीसी बैठकों के दौरान अनुमोदित लक्ष्यों की तुलना में राज्य-वार प्रमुख उपलब्धियों की समीक्षा, राज्यों/संघ राज्य क्षेत्रों के साथ मासिक समीक्षा बैठकें तथा आउटपुट–आउटकम मॉनिटरिंग फ्रेमवर्क (ओओएमएफ) के माध्यम से प्रदर्शन का नियमित आकलन शामिल है। इसके अतिरिक्त, वार्षिक सामान्य समीक्षा मिशन (सीआरएम) कार्यक्रम के कार्यान्वयन, स्वास्थ्य प्रणाली सुदृढ़ीकरण और प्रमुख संकेतकों पर प्रगति का स्वतंत्र एवं जमीनी स्तर का आकलन प्रदान करते हैं, जिससे कमियों की पहचान, सुधारात्मक कदम उठाने तथा राज्य एवं जिला स्तर पर जवाबदेही को सुदृढ़ करने में सहायता मिलती है।

**<u>विवरण-I</u>**

**पीएम-एबीएचआईएम के सीएसएस घटक के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार स्वीकृत इकाईयों, चल रहे कार्यों तथा कार्यशील इकाईयों का ब्यौरा**

**क. भवन-रहित उप स्वास्थ्य केंद्र–आयुष्मान आरोग्य मंदिर (एसएचसी-एएएम)**

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 1 | आंध्र प्रदेश | 696 | 285 (8) |
| 2 | असम | 768 | 310 (389) |
| 3 | बिहार | 2546 | 1257 (225) |
| 4 | झारखंड | 893 | 144 (744) |
| 5 | कर्नाटक | 530 | 375 |

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 6 | मणिपुर | 64 | 27 (36) |
| 7 | मेघालय | 251 | 75 (96) |
| 8 | ओडिशा | 604 | 196 (376) |
| 9 | राजस्थान | 2518 | 594 (948) |
| 10 | उत्तर प्रदेश | 1670 | 142 (1416) |
| 11 | पश्चिम बंगाल | 461 | 230 (112) |

## ख. शहरी आयुष्मान आरोग्य मंदिर (यू-एएएम)

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 1 | अंडमान और निकोबार द्वीपसमूह | 4 | 4 |
| 2 | आंध्र प्रदेश | 45 | 0 (45) |
| 3 | चंडीगढ़ | 19 | 0 (19) |
| 4 | दिल्ली | 1139 | 109 (244) |
| 5 | दादरा और नगर हवेली एवं दमन और दीव | 4 | 0 (4) |
| 6 | गुजरात | 410 | 0 (410) |
| 7 | हिमाचल प्रदेश | 38 | 0 (29) |
| 8 | जम्मू और कश्मीर | 79 | 3 (55) |
| 9 | कर्नाटक | 817 | 0 (757) |
| 10 | मणिपुर | 3 | 0 (0) |

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 11 | मिजोरम | 1 | 0 (1) |
| 12 | ओडिशा | 140 | 0 (140) |
| 13 | पुडुचेरी | 32 | 0 (29) |
| 14 | राजस्थान | 639 | 0 (456) |
| 15 | तमिलनाडु | 708 | 0 (708) |
| 16 | तेलंगाना | 500 | 0 (473) |
| 17 | उत्तर प्रदेश | 674 | 0 (500) |
| 18 | पश्चिम बंगाल | 204 | 117 (20) |

## ग. ब्लॉक जन स्वास्थ्य इकाईयां (बीपीएचयू)

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 1 | असम | 207 | 93 (78) |
| 2 | बिहार | 158 | 59 |
| 3 | छत्तीसगढ़ | 91 | 50 (41) |
| 4 | हिमाचल प्रदेश | 73 | 68 |
| 5 | जम्मू और कश्मीर | 287 | 267 (20) |
| 6 | झारखंड | 165 | 96 (44) |
| 7 | मध्य प्रदेश | 196 | 104 (92) |
| 8 | ओडिशा | 197 | 62 (130) |
| 9 | राजस्थान | 184 | 43 (141) |

| | | | |
|---|---|---|---|
| **10** | **उत्तर प्रदेश** | **515** | **68 (417)** |
| **11** | **उत्तराखंड** | **78** | **55 (20)** |

## घ. एकीकृत जन स्वास्थ्य प्रयोगशालाएँ (आईपीएचएल)

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| **1** | **अंडमान और निकोबार द्वीपसमूह** | **3** | **1 (2)** |
| **2** | **आंध्र प्रदेश** | **26** | **12 (14)** |
| **3** | **अरुणाचल प्रदेश** | **22** | **17 (5)** |
| **4** | **असम** | **33** | **9 (10)** |
| **5** | **बिहार** | **38** | **38** |
| **6** | **चंडीगढ़** | **1** | **(1)** |
| **7** | **छत्तीसगढ़** | **28** | **11 (17)** |
| **8** | **दिल्ली** | **11** | **11 (0)** |
| **9** | **दादरा और नगर हवेली एवं दमन और दीव** | **3** | **(3)** |
| **10** | **गोवा** | **2** | **(2)** |
| **11** | **गुजरात** | **33** | **23 (7)** |
| **12** | **हरियाणा** | **22** | **(22)** |
| **13** | **हिमाचल प्रदेश** | **12** | **12** |
| **14** | **जम्मू और कश्मीर** | **20** | **17 (3)** |
| **15** | **झारखंड** | **24** | **11 (6)** |
| **16** | **कर्नाटक** | **31** | **14 (17)** |

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 17 | केरल | 14 | 7 (7) |
| 18 | लद्दाख | 2 | (2) |
| 19 | लक्षद्वीप | 1 | (1) |
| 20 | मध्य प्रदेश | 55 | 26 (29) |
| 21 | महाराष्ट्र | 36 | 14 (22) |
| 22 | मणिपुर | 15 | 13 (2) |
| 23 | मेघालय | 10 | 9 (1) |
| 24 | मिजोरम | 10 | 3 (7) |
| 25 | नागालैंड | 11 | 9 (2) |
| 26 | ओडिशा | 30 | 13 (15) |
| 27 | पुडुचेरी | 4 | (4) |
| 28 | पंजाब | 22 | 14 (8) |
| 29 | राजस्थान | 33 | 24 (9) |
| 30 | सिक्किम | 3 | (3) |
| 31 | तमिलनाडु | 38 | 5 (33) |
| 32 | तेलंगाना | 33 | 2 (31) |
| 33 | त्रिपुरा | 7 | 5 (2) |
| 34 | उत्तर प्रदेश | 75 | 14 (53) |
| 35 | उत्तराखंड | 13 | 8 |
| 36 | पश्चिम बंगाल | 23 | 17 (6) |

## ङ. गहन परिचर्या ब्लॉक (सीसीबी)

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 1 | अंडमान और निकोबार द्वीपसमूह | 1 | 1 |
| 2 | आंध्र प्रदेश | 24 | 24 |
| 3 | अरुणाचल प्रदेश | 1 | 0 |
| 4 | असम | 27 | 18 |
| 5 | बिहार | 38 | 35 |
| 6 | चंडीगढ़ | 1 | 0 |
| 7 | छत्तीसगढ़ | 23 | 21 |
| 8 | दिल्ली | 9 | 0 |
| 9 | दादरा और नगर हवेली एवं दमन और दीव | 1 | (1) |
| 10 | गोवा | 2 | 0 |
| 11 | गुजरात | 32 | 25 (3) |
| 12 | हरियाणा | 22 | 8 |
| 13 | हिमाचल प्रदेश | 9 | 8 |
| 14 | जम्मू और कश्मीर | 10 | 9 |
| 15 | झारखंड | 23 | 22 |
| 16 | कर्नाटक | 34 | 27 (4) |
| 17 | केरल | 14 | 11 |
| 18 | मध्य प्रदेश | 50 | 42 (8) |
| 19 | महाराष्ट्र | 36 | 36 |
| 20 | मणिपुर | 2 | 2 |

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | अनुमोदित इकाईयां | प्रगति पर कार्य (कार्यशील) |
|---|---|---|---|
| 21 | मेघालय | 3 | 3 |
| 22 | मिजोरम | 1 | 1 |
| 23 | नागालैंड | 1 | 1 |
| 24 | ओडिशा | 28 | 20 (6) |
| 25 | पुडुचेरी | 4 | 4 |
| 26 | पंजाब | 22 | 22 |
| 27 | राजस्थान | 38 | 32 (1) |
| 28 | सिक्किम | 1 | 1 |
| 29 | तमिलनाडु | 39 | 22 (15) |
| 30 | तेलंगाना | 31 | 21 (9) |
| 31 | त्रिपुरा | 2 | 1 |
| 32 | उत्तर प्रदेश | 74 | 63 |
| 33 | उत्तराखंड | 5 | 4 |
| 34 | पश्चिम बंगाल | 23 | 22 |

## विवरण-II

**प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन के अंतर्गत स्थापना से अब तक राज्य/संघ राज्य क्षेत्र-वार केंद्रीय निर्गत और व्यय**

**(करोड़ रुपये में)**

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | 2021-22 | | 2022-23 | | 2023-24 | | 2024-25 | | 2025-26 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | केंद्रीय निर्गत | व्यय | केंद्रीय निर्गत | व्यय | केंद्रीय निर्गत | व्यय | केंद्रीय निर्गत | व्यय | केंद्रीय निर्गत | व्यय |
| 1 | अंडमान और निकोबार द्वीपसमूह | 0.00 | 0.00 | 1.11 | 0.00 | 0.00 | 0.00 | 1.05 | 1.57 | 6.77 | 2.76 |
| 2 | आंध्र प्रदेश | 3.75 | 0.00 | 15.76 | 6.25 | 35.78 | 28.85 | 39.07 | 65.16 | 59.32 | 98.86 |
| 3 | अरुणाचल प्रदेश | 0.56 | 0.00 | 0.10 | 0.00 | 8.83 | 2.25 | 1.05 | 2.44 | 0.88 | 0.98 |
| 4 | असम | 57.90 | 0.00 | 2.26 | 1.16 | 91.45 | 68.45 | 159.61 | 177.34 | 164.17 | 209.85 |
| 5 | बिहार | 125.86 | 0.00 | 7.17 | 0.00 | 0.00 | 50.69 | 15.92 | 185.61 | 76.85 | 128.08 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 4.79 | 1.73 | 10.38 | 5.83 | 5.13 | 6.34 | 5.13 | 8.75 |
| 7 | छत्तीसगढ़ | 11.25 | 0.00 | 1.34 | 11.01 | 32.23 | 19.64 | 18.63 | 31.05 | 32.78 | 55.33 |
| 8 | दादरा और नगर हवेली एवं दमन और दीव | 0.00 | 0.00 | 0.24 | 0.00 | 0.28 | 0.21 | 0.53 | 0.51 | 7.18 | 1.02 |
| 9 | दिल्ली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 40.85 | 7.09 |
| 10 | गोवा | 0.00 | 0.00 | 0.06 | 0.00 | 3.75 | 0.00 | 0.10 | 0.21 | 0.61 | 1.06 |
| 11 | गुजरात | 0.00 | 0.00 | 29.54 | 32.24 | 46.04 | 56.13 | 79.38 | 146.63 | 100.52 | 167.54 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 12 | हरियाणा | 11.06 | 0.00 | 1.31 | 0.00 | 17.67 | 16.63 | 36.00 | 88.63 | 19.19 | 32.73 |
| 13 | हिमाचल प्रदेश | 0.00 | 0.00 | 28.05 | 9.98 | 15.69 | 15.27 | 44.81 | 52.92 | 93.27 | 103.63 |
| 14 | जम्मू और कश्मीर | 16.11 | 0.00 | 1.00 | 0.00 | 44.01 | 36.67 | 60.44 | 63.71 | 49.69 | 89.56 |
| 15 | झारखंड | 44.70 | 0.00 | 183.04 | 240.87 | 102.27 | 454.05 | 65.27 | 289.16 | 89.02 | 148.37 |
| 16 | कर्नाटक | 11.25 | 0.00 | 37.10 | 18.75 | 100.57 | 104.47 | 118.91 | 198.19 | 199.75 | 332.91 |
| 17 | केरल | 3.75 | 0.00 | 24.89 | 4.72 | 0.00 | 36.66 | 24.58 | 36.15 | 26.45 | 44.08 |
| 18 | लद्दाख | 0.00 | 0.00 | 0.00 | 0.00 | 0.62 | 0.31 | 0.62 | 0.62 | 1.03 | 0.93 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.63 | 0.00 | 0.00 | 0.07 | 0.00 | 0.51 | 0.32 | 0.29 |
| 20 | मध्य प्रदेश | 22.85 | 0.00 | 98.70 | 99.43 | 228.52 | 300.93 | 63.19 | 295.14 | 130.42 | 227.36 |
| 21 | महाराष्ट्र | 17.45 | 0.00 | 4.07 | 0.00 | 31.76 | 34.47 | 65.48 | 86.82 | 221.13 | 368.56 |
| 22 | मणिपुर | 4.56 | 0.00 | 10.92 | 4.56 | 13.78 | 16.89 | 5.74 | 21.20 | 8.77 | 13.37 |
| 23 | मेघालय | 9.65 | 0.00 | 43.28 | 8.80 | 4.42 | 28.02 | 10.50 | 27.34 | 23.03 | 25.12 |
| 24 | मिजोरम | 0.28 | 0.00 | 1.52 | 0.27 | 4.52 | 1.32 | 3.82 | 7.27 | 2.05 | 4.23 |
| 25 | नागालैंड | 0.28 | 0.00 | 0.08 | 0.00 | 4.42 | 0.60 | 0.00 | 1.71 | 3.30 | 6.57 |
| 26 | ओडिशा | 32.15 | 0.00 | 211.46 | 258.55 | 171.58 | 423.43 | 149.05 | 248.42 | 137.19 | 228.65 |
| 27 | पुडुचेरी | 0.42 | 0.00 | 0.19 | 0.62 | 2.67 | 2.88 | 2.50 | 4.28 | 9.00 | 13.76 |
| 28 | पंजाब | 0.00 | 0.00 | 24.16 | 0.00 | 0.00 | 2.07 | 8.92 | 45.33 | 71.66 | 119.44 |
| 29 | राजस्थान | 45.37 | 0.00 | 83.59 | 108.50 | 173.06 | 280.43 | 157.76 | 262.93 | 189.31 | 315.51 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.75 | 0.26 | 3.88 | 2.05 | 1.67 | 3.74 | 4.90 | 5.54 |
| 31 | तमिलनाडु | 17.45 | 29.08 | 150.42 | 183.35 | 279.36 | 389.37 | 224.99 | 512.33 | 172.51 | 283.44 |
| 32 | तेलंगाना | 11.25 | 0.00 | 53.88 | 83.75 | 95.21 | 141.73 | 208.82 | 348.04 | 151.12 | 251.87 |
| 33 | त्रिपुरा | 0.00 | 0.00 | 0.90 | 0.38 | 2.48 | 1.43 | 2.12 | 2.94 | 3.57 | 3.83 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | उत्तर प्रदेश | 124.63 | 0.00 | 173.71 | 254.04 | 247.96 | 252.69 | 400.95 | 544.74 | 211.88 | 511.46 |
| 35 | उत्तराखंड | 1.56 | 0.00 | 32.31 | 1.60 | 0.00 | 16.35 | 26.89 | 31.07 | 33.88 | 37.65 |
| 36 | पश्चिम बंगाल | 9.95 | 0.00 | 0.00 | 9.75 | 30.91 | 49.78 | 78.40 | 92.35 | 91.42 | 152.37 |

**नोट:**

1. **उपरोक्त निर्गत केंद्र सरकार के अनुदानों से संबंधित हैं और इनमें राज्य अंशदान शामिल नहीं है।**

2. **व्यय में केंद्रीय निगत, राज्य निर्गत तथा वर्ष के प्रारंभ में अप्रयुक्त शेष राशि के विरुद्ध किया गया व्यय शामिल है।**

3. **व्यय राज्य द्वारा प्रस्तुत एफएमआर के अनुसार है और यह अनंतिम है।**

## AYUSH NIVESH SAARTHI

***296. SHRI ANIL YESHWANT DESAI**

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

(a) whether the Government has taken any initiative to popularize Indian traditional medical system under the ‘AYUSH Nivesh Saarthi', if so, the details thereof;

(b) the details of the major traditional medicines being produced by Ayurvedic, Unani, Siddha and natural medicine production units in the country; and

(c) the details of the manufacturing units of Micro, Small and Medium Enterprises (MSMEs) producing the same and the number of people working therein?

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

(a): Ministry of Ayush has launched Ayush Nivesh Saarthi portal on 29th May 2025 which aims to boost traditional medicine systems as a strong economic sector of the country. The portal has acted as a comprehensive investment facilitation platform, promoting opportunities in Ayush sector. It serves as a global hub for information related to trade in medicinal plants and supports the growing export market for Ayush products encouraging research and development as well as collaborations between industry and academia.

(b): Ministry of Ayush has published the National List of Essential Ayush Medicines (NLEAM) comprising 201 Ayurveda, 200 Siddha, 200 Unani and 200 Homoeopathy drugs in year 2022 which are being produced by medicine production units in the country. (details available at https://ayush.gov.in/assets/pdf/health/List_of_essential_Ayush_Medicines.pdf)

(c): State-wise/system-wise total number of Own Licensed Pharmacies under Ayush including MSME is annexed at **Statement**. The details of people working therein is not available.

# STATEMENT

## State-wise/system-wise total number of Own Licensed Pharmacies under Ayush including MSME

| State-wise/System-wise total number of Own Licensed Pharmacies under Ayush as on 01.04.2024 | | | | | | |
|---|---|---|---|---|---|---|
| **S.No.** | **State / UT** | **Ayurveda** | **Unani** | **Siddha** | **Homoeopathy** | **Total** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** |
| 1 | Andhra Pradesh | 282 | 9 | 0 | 9 | **300** |
| 2 | Arunachal Pradesh | 1 | 0 | 0 | 0 | **1** |
| 3 | Assam | 40 | 0 | 0 | 0 | **40** |
| 4 | Bihar | 81 | 8 | 0 | 28 | **117** |
| 5 | Chhattisgarh | 33 | 0 | 0 | 0 | **33** |
| 6 | Delhi | 73 | 21 | 0 | 0 | **94** |
| 7 | Goa | 8 | 0 | 0 | 0 | **8** |
| 8 | Gujarat | 639 | 0 | 0 | 9 | **648** |
| 9 | Haryana | 841 | 1 | 0 | 0 | **842** |
| 10 | Himachal Pradesh | 143 | 0 | 0 | 7 | **150** |
| 11 | Jammu & Kashmir | 7 | 1 | 0 | 0 | **8** |
| 12 | Jharkhand | 6 | 0 | 0 | 3 | **9** |
| 13 | Karnataka | 222 | 0 | 0 | 11 | **233** |
| 14 | Kerala | 723 | 4 | 3 | 13 | **743** |
| 15 | Madhya Pradesh | 720 | 13 | 0 | 23 | **756** |
| 16 | Maharashtra | 204 | 6 | 0 | 4 | **214** |
| 17 | Manipur | 0 | 0 | 0 | 0 | **0** |
| 18 | Meghalaya | 0 | 0 | 0 | 20 | **20** |
| 19 | Mizoram | 0 | 0 | 0 | 0 | **0** |
| 20 | Nagaland | 0 | 0 | 0 | 0 | **0** |
| 21 | Odisha | 103 | 0 | 0 | 5 | **108** |
| 22 | Punjab | 399 | 0 | 0 | 0 | **399** |
| 23 | Rajasthan | 355 | 1 | 0 | 0 | **356** |
| 24 | Sikkim | 3 | 0 | 0 | 1 | **4** |
| 25 | Tamil Nadu | 174 | 14 | 285 | 0 | **473** |
| 26 | Telangana | 334 | 180 | 0 | 31 | **545** |
| 27 | Tripura | 0 | 0 | 0 | 0 | **0** |
| 28 | Uttar Pradesh | 1198 | 213 | 0 | 30 | **1441** |
| 29 | Uttarakhand | 245 | 2 | 0 | 0 | **247** |
| 30 | West Bengal | 173 | 5 | 0 | 80 | **258** |
| 31 | A&N Islands | 0 | 0 | 0 | 0 | **0** |
| 32 | Chandigarh | 1 | 0 | 0 | 0 | **1** |

| | | | | | | |
|---|---|---|---|---|---|---|
| 33 | D&N Haveli and Daman&Diu | 14 | 0 | 0 | 0 | **14** |
| 34 | Lakshadweep | 0 | 0 | 0 | 0 | **0** |
| 35 | Puducherry | 37 | 0 | 10 | 4 | **51** |
| 36 | Ladakh | 0 | 0 | 0 | 0 | **0** |
| | **TOTAL** | **7059** | **478** | **298** | **278** | **8113** |
| **Source:** Ayush In India 2024 | | | | | | |

## EXPANSION OF PG MEDICAL SEATS

***297 KUMARI SUDHA R:**

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

(a) the total number of post-graduate medical seats in Central Government institutions, State Government colleges and deemed universities, breakup-wise;

(b) the total number of Post-Graduate medical seats created by the Government since 2014 across the country, State/UT-wise;

(c) whether there is any proposal to increase the number of post-graduate medical seats keeping in view the increased demand for specialists, if so, the focus areas thereof;

(d) whether there is any proposal to convert all Diplomate of National Board (DNB) seats into full fledged post-graduate medical seats this year and if so, the details of the seats likely to be added to the PG medical course seat matrix in this regard; and

(e) the details of the steps taken by the Government to rein profiteering and uncontrolled fee structure by private medical colleges and deemed universities offering post-graduate medical courses?

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

(a) and (b): As informed by the National Medical Commission (NMC) and National Board of Examinations in Medical Sciences (NBEMS), there are a total of 86,360 Post-Graduate (PG) medical seats in the country. The State/UT-wise details of PG seats are given at **Statement-I.** The year-wise details of the total number of PG seats approved by the NMC & NBEMS since 2014-15 are at **Statement-II**.

(c): The National Medical Commission has put in place a regulatory framework under the Post Graduate Medical Education Regulations (PGMER), 2023 & Post Graduate Minimum Standards Requirement, 2024 for the establishment of new PG medical courses and increase of seats in existing courses. Proposals received from medical colleges/institutions for starting new PG courses or increasing the number of PG seats are considered by the NMC on the basis of application submitted by the medical colleges/ institutions and seats are granted subject to fulfilment of the prescribed requirements relating to faculty, infrastructure, clinical material, etc.

Further, National Board of Examinations in Medical Sciences (NBEMS) has also taken several initiatives to increase the availability of PG medical seats in the country. These include easing of accreditation criteria without compromising the quality of teaching and training, introduction of new Post-Graduate courses, implementation of the Joint Accreditation Scheme, encouraging District Hospitals to seek accreditation for NBEMS Post-Graduate courses, and undertaking outreach initiatives with State Governments, Public Sector Undertakings (PSUs), Employees State Insurance Corporation (ESIC) and other stakeholders to facilitate the commencement of NBEMS courses in hospitals under their administrative control.

Also, the Government has approved Phase-III of the Centrally Sponsored Scheme (CSS) for strengthening and upgradation of existing State Government/ Central Government Medical Colleges/ Standalone PG Institutes/ Government Hospitals for increasing 5,000 PG seats with an enhanced cost ceiling of ₹1.50 crore per seat from financial year 2025-26 to 2028-29.

(d): As informed by the National Board of Examinations in Medical Sciences (NBEMS), there is no proposal under its consideration to convert all Diploma seats into full-fledged PG medical degree (DNB) seats.

(e): Fixation of fees for medical courses, including Post-Graduate courses falls within the domain of respective State/UT Governments and differs from state to state. Further, with a view to making medical education more affordable, NMC has framed Guidelines under clause (i) of Sub-Section (1) of

Section 10 of National Medical Commission Act, 2019 for determination of fees and all other charges in respect of 50% of seats in private medical institutions and deemed to be universities which were issued on 03.02.2022. However, the above-mentioned guidelines have been challenged in various courts and are sub-judice. Further, as informed by the National Board of Examinations in Medical Sciences (NBEMS), the fees for NBEMS courses, namely Diplomate of National Board (DNB), Doctorate of National Board (DrNB), Fellowship of National Board (FNB) and Diploma courses is centrally regulated, uniform and affordable across the country. The annual course fee for these programmes is ₹1,25,000.

## STATEMENT-I

### State/UT-wise details of PG seats for AY 2026-27

| Sl. NO. | Name of the State | Govt. PG Seats | Private PG Seats |
|---|---|---|---|
| 1 | **Andaman and Nicobar Islands** | 19 | 0 |
| 2 | **Andhra Pradesh** | 2303 | 2479 |
| 3 | **Arunachal Pradesh** | 28 | 0 |
| 4 | **Assam** | 819 | 174 |
| 5 | **Bihar** | 1242 | 775 |
| 6 | **Chandigarh** | 635 | 0 |
| 7 | **Chhattisgarh** | 665 | 420 |
| 8 | **Dadra and Nagar Haveli and Daman and Diu** | 46 | 0 |

| | | | |
|---|---|---|---|
| 9 | **Delhi** | 3448 | 1281 |
| 10 | **Goa** | 164 | 9 |
| 11 | **Gujarat** | 3008 | 1442 |
| 12 | **Haryana** | 697 | 1371 |
| 13 | **Himachal Pradesh** | 345 | 93 |
| 14 | **Jammu & Kashmir** | 1175 | 63 |
| 15 | **Jharkhand** | 354 | 166 |
| 16 | **Karnataka** | 2805 | 7287 |
| 17 | **Kerala** | 1255 | 2424 |
| 18 | **Ladakh** | 14 | 0 |
| 19 | **Madhya Pradesh** | 1807 | 1690 |
| 20 | **Maharashtra** | 4277 | 4939 |
| 21 | **Manipur** | 262 | 35 |
| 22 | **Meghalaya** | 57 | 27 |
| 23 | **Mizoram** | 25 | 0 |
| 24 | **Nagaland** | 12 | 10 |
| 25 | **Odisha** | 967 | 973 |
| 26 | **Puducherry** | 410 | 830 |
| 27 | **Punjab** | 669 | 816 |
| 28 | **Rajasthan** | 2969 | 2056 |
| 29 | **Sikkim** | 0 | 37 |
| 30 | **Tamil Nadu** | 3030 | 4993 |
| 31 | **Telangana** | 1790 | 3458 |
| 32 | **Tripura** | 115 | 22 |

| | | | |
|---|---|---|---|
| 33 | **Uttarakhand** | 1673 | 483 |
| 34 | **Uttar Pradesh** | 3568 | 3869 |
| 35 | **West Bengal** | 2283 | 1202 |

## STATEMENT-II

### Year-wise details of the total number of PG seats approved

| Sl. No. | Academic Year | No. of PG seats approved by NMC | No. of PG seats approved by NBEMS |
|---|---|---|---|
| 1. | **2014-15** | 415 | 612 |
| 2. | **2015-16** | 504 | -261 |
| 3. | **2016-17** | 600 | 2035 |
| 4. | **2017-18** | 4965 | 624 |
| 5. | **2018-19** | 3511 | 538 |
| 6. | **2019-20** | 2802 | 1839 |
| 7. | **2020-21** | 4983 | 661 |
| 8. | **2021-22** | 4708 | 1954 |
| 9. | **2022-23** | 2874 | 963 |
| 10. | **2023-24** | 4713 | 1209 |
| 11. | **2024-25** | 4188 | 1667 |
| 12. | **2025-26** | 9084 | 2009 |

## लखीमपुर खीरी में स्वास्थ्य सेवा संबंधी अवसंरचना को मजबूत करना

***298. श्री उत्कर्ष वर्मा मधुर:**

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

(क) क्या लखीमपुर खीरी क्षेत्रफल की दृष्टि से उत्तर प्रदेश का सबसे बड़ा जिला है जहां बड़ी आबादी, विशेष रूप से नेपाल की सीमा से सटे पलिया ग्रामीण और जनजातीय क्षेत्रों को अभी भी गंभीर रोगों के लिए चिकित्सा देखभाल हेतु लखनऊ और अन्य प्रमुख शहरों पर निर्भर रहना पड़ता है;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और जिले में इस मुद्दे के समाधान के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं;

(ग) विगत तीन वर्षों के दौरान राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत जिले को कितनी धनराशि आवंटित की गई है;

(घ) क्या सरकार का विचार उक्त अंचल के बड़े भौगोलिक क्षेत्र को पर्याप्त रूप से कवर करने के लिए सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) की संख्या में वृद्धि करने और उन्हें चौबीसों घंटे चालू करने का है; और

(ङ) नवनिर्मित स्वायत्त राज्य चिकित्सा महाविद्यालय (एएसएमसी) को पूर्ण रूप से प्रचालित करने, वहां संकाय सदस्यों और विशेषज्ञ चिकित्सकों की कमी को दूर करने और इसे सुपर स्पेशियलिटी अस्पताल और अभिघात केन्द्र के रूप में उन्नयन/विकसित करने के लिए सहायता प्रदान करने की सरकार की योजना का ब्यौरा क्या है?

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

(क) से (ङ): “जन स्वास्थ्य” और “अस्पताल” राज्य के विषय हैं, इसलिए आवश्यकतानुसार पर्याप्त संख्या में स्वास्थ्य सुविधाओं की योजना बनाने, उन्हें लागू करने, उनका रखरखाव करने और उनकी स्थापना करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/संघ राज्य क्षेत्रों को उनके समग्र संसाधन बजट के भीतर, कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में प्राप्त प्रस्तावों के आधार पर जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में पीआईपी को मंजूरी प्रदान करती है।

उत्तर प्रदेश के लिए आरओपी के तहत किए गए बजटीय आवंटनों का विवरण निम्नलिखित लिंक के माध्यम से प्राप्त किया जा सकता है:

https://www.nhm.gov.in/index4.php?lang=1&level=0&linkid=49&lid=62

स्वास्थ्य परिचर्या तक पहुंच में क्षेत्रीय असमानताओं को कम करने के लिए, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत आयुष्मान आरोग्य मंदिरों (एएएम), प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), उप-जिला अस्पतालों (एसडीएच), जिला अस्पतालों (डीएच) को सुदृढ़ बनाने और टेलीमेडिसिन एवं मोबाइल मेडिकल यूनिट (एमएमयू), नि:शुल्क निदान सेवा पहल (एफडीएसआई), नि:शुल्क औषधि सेवा पहल (एफडीएसआई) आदि जैसी अन्य पहलों के माध्यम से विभिन्न उपायों को समर्थन दिया जाता है।

हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई), 2023-24 के अनुसार, लखीमपुर खीरी जिले में 9 सामुदायिक स्वास्थ्य केंद्र (सीएचसी), 29 प्राथमिक स्वास्थ्य केंद्र (पीएचसी) और 461 एएएम हैं, जिनमें से 4 सीएचसी, 7 पीएचसी और 8 एएएम नेपाल की सीमा से लगे जिले के ग्रामीण और जनजातीय क्षेत्रों में कार्यशील हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, राज्यों/ संघ राज्य क्षेत्रों को फ्लेक्सिबल पूल के अंतर्गत एकमुश्त आधार पर निधियां जारी की जाती हैं, ताकि राज्यों/संघ राज्य क्षेत्रों को अपनी आवश्यकता और प्राथमिकताओं के अनुसार निधियों का उपयोग करने में अधिक स्वतंत्रता मिल सके। वित्त वर्ष 2023-24 से वित्त वर्ष 2025-26 के दौरान एनएचएम के अंतर्गत उत्तर प्रदेश राज्य को स्वास्थ्य परिचर्या सेवाओं को सुदृढ़ करने के लिए जारी किये गए केंद्रीय अंश का विवरण नीचे दिया गया है:

(रुपये करोड़ में)

| वित्तीय वर्ष | केंद्र द्वारा निर्गत राशि |
|---|---|
| 2023-24 | 4928.14 |
| 2024-25 | 5853.43 |
| 2025-26 | 5686.12 |

इसके अतिरिक्त, प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम) के तहत, लखीमपुर खीरी को 1 गहन परिचर्या ब्लॉक (सीसीबी), 1 एकीकृत जन स्वास्थ्य प्रयोगशाला (आईपीएचएल), 10 ब्लॉक जन स्वास्थ्य इकाइयां (बीपीएचयू), 10 शहरी-आयुष्मान आरोग्य मंदिर (यू-एएएम) और 130 भवन रहित उप स्वास्थ्य केंद्र -एएएम की स्थापना के लिए अनुमोदन प्रदान किया गया, जिसमें नेपाल की सीमा से लगे जिले के ग्रामीण और जनजातीय क्षेत्रों में 2 ब्लॉक जन स्वास्थ्य इकाइयां (बीपीएचयू) और 16 भवन रहित उप स्वास्थ्य केंद्र -एएएम शामिल हैं।

उत्तर प्रदेश राज्य सरकार द्वारा प्रदत्त सूचना के अनुसार, राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा निर्धारित मानदंडों और मानकों के अनुसार स्नातक चिकित्सा शिक्षा प्रदान करने हेतु लखीमपुर खीरी स्थित स्वशासी राज्य चिकित्सा महाविद्यालय (एएसएमसी) की स्थापना की गई है। संकाय सदस्यों की भर्ती के लिए नियमित रूप से विज्ञापन और साक्षात्कार आयोजित किए जाते हैं। विशेषज्ञ परिचर्या की आवश्यकता वाले रोगियों का उपचार महाविद्यालय के विशेषज्ञ संकाय द्वारा किया जाता है और आपातकालीन परिचर्या के जरूरतमंद सभी रोगियों के लिए आपातकालीन चिकित्सा सेवाएं भी उपलब्ध हैं।

## WOMEN SAFETY INITIATIVES IN WEST BENGAL

***299. SHRI SAUMITRA KHAN**

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

(a) the details of initiatives approved in West Bengal under the Nirbhaya Fund including One Stop Centres, Women Help Desks, Emergency Response Support System (112), CCTV surveillance, safe transport and other women safety interventions, project-wise;

(b) the current status of the implementation of the said projects, indicating whether the sanctioned projects are functional/operational;

(c) the details of the monitoring/evaluation mechanisms in place to ensure timely completion/effective utilisation of funds, particularly in rural and remote areas of the State;

(d) whether any new projects have been proposed/approved to strengthen women's safety infrastructure in the State under the Nirbhaya Fund, if so, the details thereof; and

(e) the details of the funds allocated, sanctioned, released/utilised under the Nirbhaya Fund in the State during the last five years, year-wise?

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

(a): Aimed at enhancing the safety and security of women and girls in the country, Nirbhaya Fund has been set up as a dedicated non-lapsable corpus

fund administered by the Department of Economic Affairs (DEA), Ministry of Finance in accordance with the framework and guidelines issued from time to time. The Projects/ Schemes under Nirbhaya Fund that have been implemented/ are being implemented in the State of West Bengal include, (i) Emergency Response Support System (ERSS)-112, (ii) Safe City project implemented in 8 Cities including Kolkata, (iii) One Stop Centers (OSCs), (iv) Setting-up/ Strengthening Anti-Human Trafficking Units (AHTU), (v) Setting-up/ Strengthening Women Help Desk (WHDs), (vi) Cyber Crime Prevention against Women & Children (CCPWC), (vii) Cyber forensic and related facilities in State Forensic Science Laboratories (SFSLs) in Kolkata, (viii) Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection, (ix) Central Victim Compensation Funds (CVCF), (x) State-wise Vehicle Tracking Platform (VTP), (xi) Setting up Fast Track Special Courts (FTSCs) to dispose of cases pending trial under the rape and Protection of Children from Sexual Offences (POCSO) Act, (xii) Sensitization of men towards women related issues including safety and security of women and (xiii) Freedom from Violence: Capacity Building of Elected Women Representatives on Legal Provisions on safety and security of women.

(b): The Ministry of Home Affairs (MHA) has implemented many of the projects. Of these, the completed projects include, ERSS-112, CVCF, Setting-up/ Strengthening Anti-Human Trafficking Units (AHTU), Cyber Crime

Prevention against Women & Children (CCPWC), Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection. The ongoing projects are Safe City project implemented in 8 Cities including Kolkata, Setting-up/ Strengthening WHDs, Cyber forensics and related facilities in SFSL in Kolkata. In addition, ongoing projects include, the Ministry of Road Transport & Highways' State-wise VTP and the Ministry of Law and Justice's FTSCs including exclusive POCSO courts which is also ongoing. Further, the Ministry of Panchayati Raj has recently started implementing the projects namely Sensitization of men towards women related issues including safety and security of women and Freedom from Violence: Capacity Building of Elected Women Representatives on Legal Provisions on safety and security of women. At present 24 OSCs are functional in West Bengal, one in Darjeeling and the other in Siliguri and one each in rest of the 22 districts. All the OSCs are located in the buildings of Government Hospitals with the exception of Alipurduar, where it is located in Sufal Bangla building.

(c) and (d): Projects are conceptualized, planned and brought to the Inter-Ministerial Empowered Committee (EC) for appraisal and recommendation. Upon appraisal and recommendation of the proposals by the EC, the sponsoring Ministry's respective Competent Financial Authority (CFA) gives the approval, after which the allocation of funds from the Nirbhaya Fund is made in the Budget of the sponsoring Ministry/ Department by the Ministry of Finance from the Nirbhaya Fund. For projects/ schemes which require

recurring expenditure, funds are released upon receipt of Utilisation Certificates (UCs) and Statement of Expenditure (SoE) from the Implementing Ministries/Departments/ State Governments/ UTs, as required, as per provisions of General Financial Rules (GFR). The Inter Ministerial Empowered Committee reviews the status of implementation of projects, and expenditure on approved projects from time to time in conjunction with the concerned Ministries/ Departments/ State Governments/ UTs. The concerned sponsoring Ministries/ Departments/ State Governments/ UTs also monitor the progress of implementation at their own levels.

(e): The details of the funds allocated, sanctioned, released/utilised under the Nirbhaya Fund in West Bengal during the last five years, year-wise are at **Statement.**

## STATEMENT

**The details of the funds allocated, sanctioned, released/utilised under the Nirbhaya Fund in West Bengal during the last five years, year-wise**

**Details of funds released/ utilized for the projects in West Bengal**

**Amount in Rs Crores**

| Ministries | Sl.no | Project Name | FY 2021-22 | FY 2022-23 | FY 2023-24 | FY 2024-25 | FY 2025-26 |
|---|---|---|---|---|---|---|---|
| Ministry of Home Affairs | 1 | Safe City Kolkata | 0.00 | 26.25 | 0.00 | 25.00 | 1.97 |
| | 2 | Strengthening of SFSL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 3 | Setting up/ Strengthening Women Help Desks in Police Stations | 2.50 | 0.05 | 0.20 | 0.25 | 0.00 |
| | 4 | Cyber Crime Prevention against Women & Children (CCPWC) | 0.24 | 0.00 | 0.26 | 0.00 | 0.00 |
| Department of Justice | 5 | * Setting up Fast Track Special Courts to dispose off cases pending trial under Rape & POCSO Act | | | 0.71 | 1.11 | 1.29 |
| Ministry of Road Transport & Highway | 6 | ** State-wise Vehicle Tracking Platform (VTP) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Ministry of Women & Child Development | 7 | One Stop Centre (OSC) | 2.27 | 0.28 | 0.00 | 6.41 | 2.91 |

***** The State of West Bengal joined the scheme in 2023

****** No funds released in the last five years. However, Rs 4.19 Cr was released in FY 2020-21.

## दूसरे देशों में आयुष वेलनेस केन्द्र खोलना

***300. श्री रोडमल नागर**

**श्री दिनेशभाई मकवाणा**

क्या **आयुष मंत्री** यह बताने की कृपा करेंगे कि:

(क) अंतर्राष्ट्रीय सहयोग के माध्यम से विश्व स्तर पर आयुष उत्पादों और सेवाओं को कितना बढ़ावा दिया गया है;

(ख) क्या सरकार का विचार विदेशों में आयुष वेलनेस केन्द्र खोलने का है;

(ग) यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क): आयुष मंत्रालय आयुर्वेद, योग, यूनानी, सिद्ध, तथा होम्योपैथी सहित आयुष में अंतरराष्ट्रीय सहयोग को बढ़ावा देने के लिए केंद्रीय क्षेत्र की योजना का कार्यान्वयन कर रहा है। इस योजना के अंतर्गत मंत्रालय भारतीय आयुष औषधि विनिर्माताओं/आयुष सेवा प्रदाताओं को आयुष उत्पादों एवं सेवाओं के निर्यात को बढ़ावा देने हेतु सहायता प्रदान करता है; आयुष चिकित्सा पद्धतियों के अंतरराष्ट्रीय स्तर पर संवर्धन, विकास एवं मान्यता को सुगम बनाता है; हितधारकों के मध्य परस्पर संवाद तथा अंतरराष्ट्रीय स्तर पर आयुष के बाजार विकास को प्रोत्साहित करता है; विदेशों में आयुष अकादमिक पीठों की स्थापना के माध्यम से शिक्षण और अनुसंधान को बढ़ावा देता है तथा अंतरराष्ट्रीय स्तर पर आयुष चिकित्सा पद्धतियों के बारे में जागरूकता एवं अभिरुचि को बढ़ावा देने और इसके सुदृढ़ीकरण के लिए प्रशिक्षण कार्यशालाओं/संगोष्ठियों का आयोजन करता है।

आयुष मंत्रालय ने आयुष पद्धतियों के अंतरराष्ट्रीय प्रचार-प्रसार एवं संवर्धन के लिए 27 देश स्तरीय समझौता ज्ञापन, 16 आयुष पीठों से संबंधित समझौता ज्ञापन तथा 57 संस्थान-से-संस्थान स्तर के समझौता ज्ञापनों पर हस्ताक्षर किए हैं।

हाल के वर्षों में इन सहयोगात्मक पहलों ने भारत की पारंपरिक चिकित्सा पद्धतियों के प्रति जागरूकता एवं स्वीकार्यता को बढ़ाने में योगदान दिया है, जिसके परिणामस्वरूप भारत से इन उत्पादों के निर्यात में उल्लेखनीय वृद्धि दर्ज की गई है। एक्ज़िम बैंक से प्राप्त जानकारी के अनुसार (डीजीसीआईएंडएस के डेटा पर आधारित), भारत से आयुष एवं हर्बल उत्पादों का निर्यात वर्ष

2021-22 में ₹4,563.5 करोड़ (लगभग 612.1 मिलियन अमेरिकी डॉलर) से बढ़कर वर्ष 2025-26 में ₹5,639.2 करोड़ (लगभग 638.7 मिलियन अमेरिकी डॉलर) हो गया है, जो इस अवधि के दौरान 5.4% (₹ में) चक्रवृद्धि वार्षिक वृद्धि दर (सीएजीआर) दर्शाता है।

(ख) से (घ): सरकार द्विपक्षीय तथा बहुपक्षीय सहयोग के माध्यम से वैश्विक स्तर पर आयुष के विस्तार को प्रोत्साहित कर रही है। आयुष में अंतरराष्ट्रीय सहयोग को प्रोत्साहन संबंधी केंद्रीय क्षेत्र की योजना के अंतर्गत, विदेशों में नए स्वास्थ्य केंद्रों/संस्थानों के सुदृढ़ीकरण/स्थापना संबंधी प्रस्तावों पर साझेदार देश के साथ परस्पर सहयोग के आधार पर विचार किया जा सकता है। इसके अतिरिक्त, निम्नलिखित घोषणाएँ की गई हैं:

- दक्षिण और दक्षिण-पूर्व एशिया को शामिल करते हुए, बिम्सटेक देशों में पारंपरिक चिकित्सा पर अनुसंधान और प्रचार-प्रसार को बढ़ावा देने के लिए उत्कृष्टता केंद्र की स्थापना।
- विज्ञान, पारंपरिक पद्धतियों तथा स्वास्थ्य के एकीकरण के उद्देश्य से जापान के साथ सहयोग।
- भारत एवं मॉरीशस द्वारा संयुक्त रूप से कार्यान्वित किए जाने वाले आयुष उत्कृष्टता केंद्र की मॉरीशस में स्थापना।

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## (ii) Unstarred Question Nos. 3221 to 3450

## CROSS BORDER EXTORTION

**3221. SHRIMATI HARSIMRAT KAUR BADAL**

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

(a) whether the Government is aware that the US Federal Bureau of Investigation (FBI) has named a serving Punjab Police officer in an alleged cross-border extortion case involving an Indian-origin family based in the United States and if so, the details thereof;

(b) whether any formal communication, request for information or extradition request has been received by the Government from US authorities in this regard and if so, the action taken thereon; and

(c) whether the Government has received any other complaints or intelligence inputs regarding involvement of serving police officers in Punjab in extortion rackets, protection rackets or collusion with organized crime syndicates operating from abroad and if so, the corrective and preventive measures being taken to ensure institutional integrity of the State police force?

**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): It has come to the notice of the Government that, during a press briefing held by the U.S. Department of Justice on 7 July 2026 in connection

with a law enforcement action titled "*Operation Hard Ball"* and related indictments, allegations were made that members of the Bhagwanpuria transnational criminal syndicate had conspired with a Punjab Police officer in connection with an extortion scheme involving a U.S.-based Indian-origin family.

As per the press statement issued on 8th July 2026 by the Office of the Deputy Inspector General of Police, Jalandhar Range, the concerned officer was immediately relieved from his post as Station House Officer (SHO), Police Station Tanda. Following investigation, the officer was arrested on 17 July 2026 and departmental proceedings have been initiated.

No request for extradition of the said officer has been received from the U.S. authorities till date.

**FOREIGN MEDICAL GRADUATE EXAMINATION (FMGE)**

**3222. DR. T SUMATHY ALIAS THAMIZHACHI THANGAPANDIAN:**

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

(a) whether the Government has taken cognizance of complaints about the rising difficulty level and low pass rates in the recently conducted Foreign Medical Graduate Examination (FMGE), if so, the details thereof;

(b) whether the Government has assessed whether the current examination pattern, syllabus alignment and question design are disproportionately

affecting genuine foreign medical graduates, if so, the details thereof;

(c) the details of the steps the Government has taken or planning to take to improve

transparency, predictability and fairness in the FMGE while maintaining standards;

(d) whether the Government proposes to undertake any review of the FMGE framework in consultation with the National Medical Commission and other stakeholders; 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 Foreign Medical Graduate Examination (FMGE) is conducted by the National Board of Examinations in Medical Sciences (NBEMS) in accordance with the provisions of the Screening Test Regulations for Foreign Medical Graduates (FMGs) seeking provisional or permanent registration with the National Medical Commission (NMC) or the respective State Medical Councils (SMCs). The pass rate in FMGE depends on multiple factors including the quality of medical education imparted, individual candidate's level of knowledge and performance in the examination.

The Syllabus for the FMGE comprises Subjects/Knowledge Areas as per

the Competency based Undergraduate Curriculum published by NMC for the MBBS Course. Further, the questions for FMGE are developed through structured Question Banking and Item Writing workshops followed by Validation Workshops by a different group of subject experts. Each question is reviewed for content accuracy, relevance to the approved syllabus, reliability and validity. The overall process ensures that the examination maintains the expected standards of MBBS graduate and assesses the knowledge and competence required for safe medical practice in the Indian healthcare system.

The FMGE is conducted strictly in accordance with the notified regulations and prescribed qualifying criteria. Any changes relating to the eligibility criteria, syllabus or regulatory framework governing FMGs are considered by the NMC from time to time in accordance with the statutory provisions and stakeholder requirements.

## SALE OF STAKES IN VIZHINJAM PORT

**3223. ADV. ADOOR PRAKASH:**

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

(a) whether the Union Government is aware of the move by Adani Ports and Special Economic Zone Limited to sell 49 per cent stake in Vizhinjam Port to foreign company;

(b) if so, the details thereof;

(c) whether the Adani Ports and Special Economic Zone Limited have submitted any proposal before the Union Government for obtaining mandatory clearances for foreign investment; and

(d) if so, the details thereof?

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

(a) and (b): Ports other than Major Ports, also referred to as non-major or minor ports, are under the administrative control of the respective State Governments, and their development falls within the jurisdiction and responsibility of the States. Vizhinjam International Seaport is a non-major port being developed by the Government of Keralam under the Public Private Partnership (PPP) mode through a Concession Agreement with Adani Vizhinjam Port Private Limited (AVPPL). The Government of Keralam has informed that it has received a proposal from AVPPL for prior approval of the Concessioning Authority i.e., the Government of Keralam for transfer of 49 percent equity in the company (AVPPL).

(c) and (d): No proposal has been received by the Union Government.

## दीव पत्तन के लिए कैपिटल ड्रेजिंग परियोजनाएं

**3224. श्री उमेषभाई बाबूभाई पटेल:**

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

(क) क्या सरकार को इस बात की जानकारी है कि तकनीकी स्वीकृति मिलने और आवश्यक प्रशासनिक एवं निविदा प्रक्रियाओं के पूरा होने के बावजूद वित्तीय स्वीकृति न मिलने/निधि जारी न होने के कारण सागरमाला कार्यक्रम के अंतर्गत संघ राज्यक्षेत्र दादरा और नगर हवेली तथा दमण और दीव में दीव पत्तन और वणकबारा दर्रे के लिए कैपिटल ड्रेजिंग परियोजनाएं शुरू नहीं हुई हैं;

(ख) यदि हां, तो इसके क्या कारण हैं;

(ग) क्या वित्तीय स्वीकृति देने में विलंब के लिए प्रशासनिक और वित्तीय जवाबदेही तय की जाएगी, जिसके कारण परियोजना लागत में वृद्धि होती है या पुनः निविदा, पुनः मूल्यांकन या अन्य प्रशासनिक प्रक्रिया को अपनाना पड़ता है और जिससे समय और सार्वजनिक निधि का अतिरिक्त नुकसान होता है तथा स्थानीय लोगों को असुविधा होती है और यदि हां, तो तत्संबंधी ब्यौरा क्या है और उन अधिकारियों/विभागों के विरुद्ध क्या जवाबदेही तय की जाएगी;

(घ) क्या सरकार का उक्त दो परियोजनाओं के लिए शीघ्र वित्तीय स्वीकृति देने और निधि जारी करने के लिए कोई समयबद्ध कार्य योजना तैयार करने का विचार है; और

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

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

(क) से (ङ): पत्तन, पोत परिवहन और जलमार्ग मंत्रालय ने क्रमश: 46.44 करोड़ रुपए और 45.90 करोड़ रुपए की अनुमानित लागत पर और सागरमाला योजना के तहत 23.22 करोड़ रुपए और 22.95 करोड़ रुपए की वित्तीय सहायता के साथ 'दमन और दीव संघ राज्य क्षेत्र के वनकबरा

पत्तन में ड्रेजिंग' और 'दमन और दीव संघ राज्य क्षेत्र के दीव पत्तन पर ड्रेजिंग' परियोजनाओं के लिए अक्तूबर, 2018 में सैद्धांतिक अनुमोदन दिया है। तथापि, दादरा और नगर हवेली एवं दमन और दीव (डीएनएचएंडडीडी) संघ राज्य क्षेत्र प्रशासन, जो परियोजना निष्पादन एजेंसी है, द्वारा 5 वर्षों से अधिक समय से यह परियोजना निष्पादित नहीं की जा सकी। अत:, पत्तन, पोत परिवहन और जलमार्ग मंत्रालय द्वारा सागरमाला योजना के तहत राजकोषीय अनुशासन बनाए रखने के लिए दिनांक 04.06.2024 को इस परियोजना की मंजूरी रद्द कर दी गई।

इसके बाद, डीएनएचएंडडीडी संघ राज्य क्षेत्र प्रशासन ने परियोजना के प्रशासनिक अनुमोदन और क्रमश: 80.29 करोड़ रुपए और 81.34 करोड़ रुपए की संशोधित अनुमानित लागत पर परियोजनाओं के व्यय की स्वीकृति के लिए नवंबर, 2024 में पत्तन, पोत परिवहन और जलमार्ग मंत्रालय से संपर्क किया। तथापि, 15वें वित्त आयोग चक्र के दौरान वर्तमान सागरमाला योजना में राजकोषीय बाधा के कारण परियोजना को समायोजित नहीं किया जा सका।

पत्तन, पोत परिवहन और जलमार्ग मंत्रालय द्वारा इन दो परियोजनाओं के लिए वित्तीय सहायता की मंजूरी सागरमाला 2.0 योजना के अनुमोदन के अध्यधीन है। संघ राज्य क्षेत्र प्रशासन किसी भी विलंब से बचने के लिए इन दो परियोजनाओं को अलग-अलग अपने स्वयं के बजट से निष्पादित कर सकते हैं।

## REVIEW OF FOOD SAFETY AND STANDARDS ACT

**3225. SHRI AMRINDER SINGH RAJA WARRING:**

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

(a) whether any review of the existing framework of the Food Safety and Standards Act, 2006, has been carried out by the Government recently given the inadequacy of the existing penal framework, the shortage of

Food Safety Officers, ineffective laboratory infrastructure, delays in adjudication, non-recovery of penalties and widespread licensing irregularities, if so, the details thereof;

(b) whether the Government is aware that the Supreme Court has recently taken notice of the said issue, if so, the details thereof; and

(c) the steps taken by the Government to address the growing national concerns regarding food adulteration, contamination, misleading labelling, unsafe packaged food products and inadequate enforcement of food safety standards across the country?

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

(a) to (c): 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.

To strengthen food safety enforcement, FSSAI regularly reviews the performance and vacancies of Food Safety Officers of all States/UTs through various forums like Central Advisory Committee (CAC) meetings, Inter-State Zonal Council Meetings.

For the safety of the food and food products through testing, FSSAI has notified a network of 259 NABL accredited food testing laboratories comprising laboratories of State/UT Governments, Government institutions, and NABL-accredited private laboratories for the analysis of food samples. FSSAI has also notified 24 Referral Food Laboratories for the analysis of appeal samples. There are also 305 Mobile Food Testing Laboratories (Food Safety on Wheels) deployed across the country to conduct on-the-spot testing, distribute rapid kits, and drive public awareness in remote areas.

SoFTeL scheme (Strengthening of Food Testing System in the Country including provision of Mobile Food Testing Labs) is an initiative implemented by the FSSAI to upgrade state food labs, set up microbiology facilities, and deploys mobile food testing vans. Under this scheme, 47 State Food Testing Laboratories have been structurally upgraded with advanced analytical equipment.

Around 98% of the Food Business Operators (FBOs) fall within the jurisdiction of the State/UT Food Safety Authorities. Accordingly, the enforcement and implementation of the provisions of the FSS Act, 2006 primarily rests with the State/UT Food Safety Authorities within their respective jurisdictions. To ensure compliance with the standards, limits, and other statutory requirements prescribed under the FSS Act, 2006, and the regulations made thereunder, the State Food Safety Authorities undertake

regular surveillance, monitoring, targeted enforcement drives, inspections, and sampling activities across the food sector.

Court cases whenever filed are responded mentioning the provisions of FSS Act, 2006 and regulations made thereunder from time to time.

FSSAI has launched various campaigns such as “#No To Adulteration” & “How to Check for Adulteration” video on its official YouTube channel campaign to raise consumer awareness about food adulteration and how to identify adulterated products; "#HarLabelKuchKahtaHai" (Every Label Speaks) campaign to empower citizens with label literacy for healthier eating and informed choices. This initiative educates consumers on key elements like nutritional information (calories, fats, sugars, protein), ingredient lists, allergen warnings, and date markings. These initiatives include advertisements, educational materials, and online platforms to spread awareness.

FSSAI has introduced DART (Detect Adulteration with Rapid Test) book which covers 44 tests that can be performed easily at households with the help of water and simple solutions like tincture of iodine for food products such as Milk & Milk Products, Oils, Sugar & Confectionary, Food Grains & its products, Spices & Condiments. These tests also include sensory evaluation tests for establishing authentication of food products. DART book depicts differences between pure and adulterated food product through pictorial representation. The same is available on FSSAI Website.

Also, Food Safety Magic Box is a compact and user-friendly kit containing simple, rapid test methods to detect common food adulterants in seven types of food commodities. This kit is used and distributed in schools as part of food safety awareness initiative. It aims to engage students through hands-on learning, enabling them to identify adulteration in everyday food items such as milk, spices, oils, and grains.

## MICROPLASTICS IN PACKAGED AND PROCESSED FOODS

**3226. DR. M P ABDUSSAMAD SAMADANI:**

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

(a) whether the Government is aware of recent studies highlighting the rising contamination of microplastics leaching from plastic packaging into packaged foods and beverages, if so, the details thereof;

(b) whether any national survey or risk assessment has been conducted by food safety authorities to quantify human exposure to microplastics through packaged food products, if so, the details thereof;

(c) whether the Government plans to establish safety thresholds or standardised testing standards for microplastic levels in food items, if so, the details thereof; and

(d) the concrete regulatory steps being taken by the Government to promote safe, biodegradable packaging alternatives to safeguard public health?

**THE MINISTER 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): 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 has funded the project by CSIR-Indian Institute of Toxicology Research, Lucknow, ICAR-Central institute of Fisheries Technology (ICAR-CIFT), Kochi and Birla Institute of Technology and Science (BITS), Pilani titled "Micro-and nano-plastics as emerging food contaminants: Establishing validated Methodologies and understanding the prevalence in different food matrices". The objectives of the project are:-

i. Development and validation of analytical methods for identification and quantification of micro/nano-plastics in foods matrices.

ii. Inter- and intra-laboratory comparison of developed methods in identified food matrices.

iii. Surveillance and determination of exposure levels of micro-/nano-plastics in identified foods matrices.

FSSAI has also notified the Food Safety and Standards (Packaging) Regulations, 2018, wherein, requirements for food-grade packaging are specified. It mandates that any material which comes in direct contact with food or likely to come in contact with food used for packaging, preparation, storing, wrapping, transportation and sale or service of food shall be of food grade quality. It also prescribes standards for plastic materials intended to come into contact with food products, which makes reference to the corresponding Bureau of Indian Standards (BIS) specifications. These standards are on par with international standards, thereby ensuring consistency with global food safety practices. Further, it specifies that all packaging materials of plastic origin shall pass the prescribed overall migration limit of 60mg/kg or 10mg/dm2 when tested as per IS 9845 with no visible colour migration.

The Food Safety and Standards (Packaging) Regulations, 2018 also specifies that every food business operator shall obtain the certificate of conformity issued by National Accreditation Board for Testing and Calibration Laboratories (NABL) against these regulations for the packaging material which comes in direct contact with food or layers likely to come in contact with food to be used.

## मिलावटी और कृत्रिम उत्पादों की बिक्री

**3227. डॉ. भोला सिंह:**

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

(क) क्या सरकार ने दूध, पनीर, मावा और अन्य डेयरी उत्पादों के नाम पर मिलावटी, कृत्रिम या नकली उत्पादों की बिक्री से उपभोक्ताओं की रक्षा करने के उद्देश्य से बाजार की निगरानी करने और शिकायत निवारण की कोई व्यवस्था की है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) गत तीन वर्षों के दौरान ऐसे उत्पादों की बिक्री के संबंध में प्राप्त उपभोक्ता शिकायतों की राज्य/संघ राज्यक्षेत्र-वार संख्या कितनी है तथा सरकार द्वारा उन पर क्या कार्रवाई की गई है;

(ग) कृत्रिम मिलावटी या मिलावटी उत्पादों को शुद्ध डेयरी उत्पादों के रूप में बेचने या भ्रामक लेबलिंग या विज्ञापनों का सहारा लेने के लिए विक्रेताओं/निर्माताओं के विरुद्ध सरकार द्वारा क्या कार्रवाई की गई है और तत्संबंधी ब्यौरा क्या है;

(घ) बार-बार उक्त कृत्यों में शामिल होने वाले व्यापारियों के विरुद्ध सख्त कार्रवाई करने का क्या प्रावधान है; और

(ङ) सरकार द्वारा उपभोक्ताओं को ऐसे उत्पादों की पहचान करने के प्रति जागरूक करने तथा बाजार में शुद्ध डेयरी उत्पादों की उपलब्धता सुनिश्चित करने के लिए क्या कदम उठाए गए हैं?

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

(क) से (ङ): भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए विज्ञान-आधारित मानक निर्धारित करने तथा उनके विनिर्माण, भंडारण, वितरण, विक्रय और

आयात को विनियमित करने का अधिकार प्राप्त है, ताकि मानव उपभोग के लिए सुरक्षित और पौष्टिक भोजन की उपलब्धता सुनिश्चित की जा सके। खाद्य सुरक्षा और मानक (एफएसएस) अधिनियम, 2006 का कार्यान्वयन और प्रवर्तन केंद्र और राज्य सरकारों की साझा जिम्मेदारी है।

एफएसएसएआई ने खाद्य सुरक्षा से संबंधित शिकायतों के निवारण के लिए एक सशक्त उपभोक्ता शिकायत निवारण तंत्र स्थापित किया है। उपभोक्ताओं और खाद्य व्यवसाय संचालकों (एफबीओ) की शिकायतें/चिंताएँ वेब पोर्टल, मोबाइल ऐप, एफएसएसएआई हेल्पलाइन, राज्य हेल्पलाइन, ट्विटर, फेसबुक आदि जैसे विभिन्न माध्यमों से प्राप्त की जाती हैं। फूड सेफ्टी कनेक्ट पोर्टल पर शिकायतें ऑनलाइन खाद्य सुरक्षा अनुपालन प्रणाली (एफओएससीओएस) का हिस्सा हैं। विगत तीन वर्षों में दूध और दुग्ध उत्पादों से संबंधित उपभोक्ता शिकायतों का विवरण निम्नानुसार है:

| | **2023-24** | **2024-25** | **2025-26*** |
|---|---|---|---|
| प्राप्त शिकायतें | 356 | 531 | 846 |
| समाधान की गई शिकायतें | 334 | 488 | 635 |
| लंबित शिकायतें (राज्यों और संघ राज्य क्षेत्रों के पास) | 22 | 43 | 211 |

* आंकड़े अनंतिम है।

लगभग 98% खाद्य व्यवसाय संचालक (एफबीओ) राज्य/संघ राज्य क्षेत्र के खाद्य सुरक्षा प्राधिकरणों के अधिकार क्षेत्र में आते हैं। एफएसएस अधिनियम, 2006 एवं इसके अंतर्गत बनाए गए नियमों/विनियमों में निर्धारित मानकों, सीमाओं और अन्य वैधानिक आवश्यकताओं के अनुपालन के लिए, राज्य खाद्य सुरक्षा प्राधिकरण पूरे खाद्य क्षेत्र में देख-रेख, निगरानी अभियान, लक्षित प्रवर्तन अभियान, निरीक्षण और नमूना संग्रहण कार्यकलाप संचालित करते हैं।

निर्धारित मानकों से कोई भी विचलन या खाद्य सुरक्षा एवं मानक विनियम (एफएसएसआर) के प्रावधानों का उल्लंघन, पाए जाने पर, एफएसएस अधिनियम, 2006 और उसके अंतर्गत बनाए गए नियमों/विनियमों के अनुसार अनुपालन न करने वाले एफबीओ के खिलाफ कड़ी नियामक और दंडात्मक कार्रवाई की जाती है, इसमें लाइसेंस का निलंबन और रद्दीकरण तथा एफएसएस अधिनियम, 2006 में उल्लिखित प्रावधानों के अनुसार अननुरूप खाद्य पदार्थों का विक्रय, जब्ती और नष्ट करना तथा न्यायनिर्णयन (सिविल) और अभियोजन (आपराधिक) के माध्यम से न्यायिक कार्रवाई शामिल है।

एफएसएसएआई ने भ्रामक दावों, लेबलिंग और विज्ञापनों से जुड़े मुद्दों के समाधान के लिए खाद्य सुरक्षा एवं मानक (विज्ञापन और दावे) विनियम, 2018 बनाए है। इन विनियमों में खाद्य व्यवसायों द्वारा दावे करने के लिए स्पष्ट विनिर्देश निर्धारित किए गए हैं। यह विनियमन यह निर्धारित करता है कि खाद्य-संबंधी विज्ञापन और दावे सटीक, अप्रवचंक और खाद्य सुरक्षा मानकों के अनुरूप होने चाहिए। इन अपेक्षाओं का पालन करना खाद्य व्यवसाय की जिम्मेदारी है। विगत 3 वर्षों में अनुपालन न करने वाले खाद्य व्यवसाय संचालकों के विरुद्ध की गई कार्रवाई का विवरण इस प्रकार है:-

| वर्ष | विश्लेषण किए गए नमूनों की संख्या | अननुरूप पाए गए नमूनों की संख्या | सिविल मामले | अपराधिक मामले |
|---|---|---|---|---|
| | | | जुर्माने के साथ तय किए गए | दोषसिद्धि की संख्या |
| *** 2025-26** | 223,808 | 40023 | 31878 | 1918 |
| **2024-25** | 170535 | 34388 | 30142 | 1265 |
| **2023-24** | 170513 | 33808 | 29586 | 1161 |

*** वित्त वर्ष 2025–26 के आंकड़े अनंतिम है।**

एफएसएसएआई ने खाद्य उत्पादों में मिलावट को रोकने के लिए निम्नलिखित उपाय किए हैं:-

- एफएसएसएआई ने खाद्य मिलावट के बारे में उपभोक्ता जागरूकता बढ़ाने के लिए "#नो टू एडल्टरेशन" जैसे कई अभियान शुरू किए हैं। इन पहलों में जागरूकता फैलाने के लिए विज्ञापन, शैक्षिक सामग्री और ऑनलाइन प्लेटफ़ॉर्म शामिल हैं।
- अपने आधिकारिक यूट्यूब चैनल पर "मिलावट की जांच कैसे करें" पर वीडियो, जिनमें दूध और दुग्ध उत्पाद, खाद्य तेल आदि सहित विभिन्न खाद्य पदार्थों में मिलावट का पता लगाने के तरीकों को दिखाने वाले छोटे वीडियो शामिल हैं। ये सूचना शिक्षा संचार (आईईसी) सामग्री क्षेत्रीय भाषाओं में भी उपलब्ध हैं।
- एफएसएसएआई स्वस्थ खान-पान और जानकारीपूर्ण निर्णयों के लिए नागरिकों को लेबल साक्षरता से सशक्त बनाने हेतु "#हर लेबल कुछ कहता है" नामक एक जागरूकता अभियान भी चला रहा है। यह पहल उपभोक्ताओं को पोषण संबंधी जानकारी (कैलोरी, वसा, शर्करा, प्रोटीन), अवयव- सूची, एलर्जन चेतावनी, और तारीख अंकन जैसे प्रमुख तत्वों के बारे में शिक्षित करती है।
- उन्नत, उपयोग में आसान रैपिड एनालिटिकल फूड टेस्टिंग (रैपिड) किट पोर्टेबल और हाथ में आसानी से पकड़े जाने वाला उपकरण हैं। इन किटों के माध्यम से स्थल पर परीक्षण करने के लिए किसी परिष्कृत उपकरण या पारंपरिक अभिकर्मकों की आवश्यकता नहीं होती है।
- फूड सेफ्टी मैजिक बॉक्स, खाद्य पदार्थों में मिलावट का पता लगाने में सहायता करता है। इसमें विश्वसनीय "क्विक स्क्रीनिंग टेस्ट" होते हैं जिन्हें कोई भी सामान्य व्यक्ति घरेलू स्तर पर कर सकता है। इसमें 06 खाद्य श्रेणियों में कुल 107 परीक्षण शामिल हैं, जिनमें स्टार्च,

यूरिया, डिटर्जेंट, सेलूलोज़, माल्टोडेक्सट्रिन, सैलिसिलिक एसिड, ग्लूकोज आदि जैसे मिलावटी पदार्थों का पता लगाना शामिल है।

- डिटेक्ट एडल्टरेशन विद रैपिड टेस्ट (डार्ट) पुस्तिका में दूध और दुग्ध उत्पाद, तेल और वसा, शर्करा और मिठाई, खाद्य अनाज और उनके उत्पाद, मसाले और मसाला उत्पाद जैसी विभिन्न खाद्य श्रेणियों में मिलावट का पता लगाने के लिए 44 से अधिक त्वरित परीक्षण शामिल हैं।

## HEART AND LIVER TRANSPLANT SERVICES

**3228. SHRI RAJEEV RAI:**

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

(a) whether the Government is aware of reports that heart transplant and/or liver transplant services at AIIMS, New Delhi have been disrupted, suspended or significantly curtailed due to shortage of faculty or other reasons, if so, the details thereof, including the period of such disruption and if not, the reasons therefor;

(b) the number of heart transplants and liver transplants performed at AIIMS, New Delhi during each of the last five years, year-wise;

(c) the number of patients presently on the waiting list for heart transplantation and liver transplantation at AIIMS, New Delhi, along with

the number of surgeries deferred or cancelled during the last three years, year-wise; and

(d) the timeline by which the Government expects full transplant services to function at optimal capacity?

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

(a): There has been no disruption or suspension of heart and liver transplant services in AIIMS, New Delhi.

(b): The number of heart and liver transplants performed during the last five years is as under: -

| Sl. No. | Year | Heart Transplant | Liver Transplant |
|---|---|---|---|
| 1. | 2021 | 02 | 00 |
| 2. | 2022 | 06 | 04 |
| 3. | 2023 | 05 | 07 |
| 4. | 2024 | 06 | 03 |
| 5. | 2025 | 00 | 04 |

(c): At present, there are 02 patients for heart transplantation and 11 patients for liver transplantation in the active waiting list at AIIMS, New Delhi. No transplant surgeries were deferred or cancelled during the last three years.

(d): Transplant services are functional at AIIMS, New Delhi. The effectiveness of these services depends on multiple factors including donor organ availability and recipient suitability.

**STRENGTHENING OF QUALITY AND TESTING OF AYUSH MEDICINES**

**3229. SHRI K E PRAKASH:**

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

(a) whether, in the context of the BRICS Traditional, Complementary and Integrative Medicine (TCIM) initiative, the Union Government has proposed any measures to strengthen quality assurance, toxicity testing and the international standardisation of AYUSH medicines, if so, the details thereof;

(b) the details of the Central Drug Testing Laboratories, quality-testing facilities or laboratory upgradation projects supported in Tamil Nadu during the current year;

(c) whether the Government proposes to strengthen testing infrastructure for AYUSH products to facilitate compliance with international quality standards and support exports from herbal-producing regions, including Tamil Nadu, if so, the details thereof; and

(d) the measures taken by the Government to promote internationally accepted quality certification and scientific validation of AYUSH medicines?

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

(a): During the 16th BRICS Health Ministers' Meeting held in Chandigarh from 21st to 24th July, 2026, the BRICS Member States finalized the Terms of Reference (ToR) for the establishment of the BRICS Expert Working Group on Traditional, Complementary and Integrative Medicine (TCIM) under the BRICS Health Track. The Working Group has been established with the following objectives:

(i) To promote policy dialogue and exchange of experiences;

(ii) To strengthen collaboration in research and evidence-generation;

(iii) To enhancing capacity-building, academic exchanges and institutional partnerships;

(iv) To advance digital co-operation and knowledge-sharing;

(v) To encourage innovation and exchange of best practices in TCIM;

(vi)To strengthen cooperation for the development of policies and mechanisms for the recognition and protection of intellectual property

and use rights over the knowledge and care technologies of traditional and indigenous peoples;

(vii) To promote healthy lifestyles and holistic well-being through TCIM approaches.

(b): Ministry of Ayush, Government of India is implementing a Central Sector Scheme, namely Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards like World Health Organization Good Manufacturing Practices (WHO-GMP) and National Accreditation Board for Testing and Calibration Laboratories (NABL) respectively. The Scheme was approved by Standing Finance Committee (SFC) on 16.03.2021 with total budget outlay of Rs. 122.00 crores for five years.

During the current year i.e. 2026-27, State Govt. Drug Testing Laboratory, Tamil Nadu has been supported under AOGUSY scheme with a Grant-in-Aid of Rs.68,00,000/- in the component namely Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories.

(c) and (d): The Ministry of Ayush has undertaken following initiatives to strengthen the quality ecosystem for Ayush medicines, including support for quality certification and scientific validation to enhance global acceptance and exports of Ayush medicines across the country including Tamil Nadu -

i. Ministry of Ayush is implementing a Central Sector Scheme, namely, Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards like WHO-GMP and National Accreditation Board for Testing and Calibration Laboratories (NABL) respectively. Further, the scheme also supports for development of standards and accreditation/certification of Ayush products & materials in collaboration with Bureau of Indian Standards (BIS), Quality Council of India (QCI) and other relevant scientific institutions and industrial Research & Development centres.

ii. Drug Testing Laboratories are approved by Ministry of Ayush under Rules 160A to 160J of the Drugs Rules, 1945, for carrying out tests relating to the identity, purity, quality and strength of Ayush drugs. As on date, 118 private Drug Testing Laboratories have been approved by the Ministry across States and Union Territories for conducting such tests in accordance with the provisions of the Drugs Rules, 1945. In addition, there are 34 Drug Testing Laboratories available in State/UTs for testing of the Legal Samples drawn by the Drug Inspectors of concerned State/UTs.

iii. The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a subordinate organization under Ministry of Ayush, develops pharmacopoeial standards and formulary specifications for Ayush drugs, which serve as the official compendia for determining their identity, purity, and strength. Compliance with these standards is mandatory under the Drugs and Cosmetics Act, 1940 and the Rules made thereunder. PCIM&H

also functions as the Appellate Drug Testing Laboratory for Ayush drugs and conducts regular capacity-building programmes for Drug Regulatory Authorities, Drug Analysts, and other stakeholders on standardization, quality control, and testing methodologies to strengthen the quality assurance system for Ayush drugs.

iv. Ministry of Ayush has also set up Research Councils for undertaking, coordinating, formulating, developing, and promoting research on scientific lines in Ayush sciences. The research activities of the councils include Clinical Research, Drug Standardization, Pharmacological Research, Medicinal Plant Research, Literary Research & Documentation programme, Fundamental research, pharmaceutical research and Public Health Research.

v. WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs is issued by Central Drugs Standard Control Organization (CDSCO) after joint inspections of manufacturing units by Drug Inspectors posted in Ayush vertical along with drug inspectors of State/UTs and CDSCO for compliance with WHO Technical Report Series (TRS) guidelines for Herbal Medicines.

vi. Ministry of Ayush has launched Ayush Quality Mark (AQM) initiative through the Ayush Export Promotion Council (AYUSHEXCIL). Under this framework, the Ayush Quality Mark is being granted after scrutiny and verification of valid quality certifications and statutory approvals issued by the competent Government authorities, such as WHO-GMP, Ayush Premium Mark and other recognised certifications, as applicable.

vii. Ayush Standard Mark and Ayush Premium Mark are awarded to Ayush Drugs by Quality Council of India (QCI) based on third-party assessment of compliance with prescribed national and international quality standards.

**IMPLEMENTATION OF NIRBHAYA FUND PROJECTS IN KARNATAKA**

**3230. SHRI TEJASVI SURYA:**

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

(a) the details of initiatives approved under the Nirbhaya Fund, including Safe City Projects, One Stop Centres, Women Help Desks and other interventions, project-wise in Karnataka, particularly in Bengaluru Urban, Bengaluru Rural and Mysuru, during the last three years indicating the implementing agency and the current status of each project;

(b) the details of funds sanctioned, released and utilised under these initiatives, project-wise during the last three years, along with the reasons for any delay in implementation/under-utilisation of funds;

(c) the outcomes achieved under these initiatives, including infrastructure created, Safe City interventions operationalised, One Stop Centres established/strengthened, Women Help Desks supported, beneficiaries covered and the monitoring indicators used by the Government to assess their effectiveness; and

(d) the details of the measures taken/proposed to be taken by the Government to expedite pending projects and strengthen the implementation and monitoring of Nirbhaya Fund initiatives in Karnataka?

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

(a) and (b): Aimed at enhancing the safety and security of women and girls in the country, Nirbhaya Fund has been set up as a dedicated non-lapsable corpus fund administered by the Department of Economic Affairs (DEA), Ministry of Finance in accordance with the framework and guidelines issued by the Government from time to time. The Projects/ Schemes under Nirbhaya Fund that have been implemented/ being implemented in the State of Karnataka are at **Statement-I**. The details of funds sanctioned, released and utilised under these initiatives, project-wise during the last three years, are at **Statement-II**.

Under the Nirbhaya Fund, depending on the requirements for the year and taking in to account the balance amount already available in the Public Account of Nirbhaya Fund, Government allocates funds on a normative basis in the Annual Budget of the relevant nodal Ministries/ Departments.

(c): In Bengaluru Safe City project, in order to ensure safety of places where women work and live, all types of CCTV Surveillance Systems (11000+)

installed and integrated, GIS Based Crime Mapping Services have been completed, 50 Safety Islands installed and integrated, Integrated Command and Control Center (ICCC) and an Integrated Support Centre for Women and Children have been setup and operationalized, Women Help Desk established in 111 Police Stations and 08 Hospitals, Women Police Outposts established at 60 locations, Upgradation of Karnataka State Police App, Complaint Boxes setup in all 111 police stations, 8 Forensic Vans with SOC Kits are in operation, Gender Sensitization - Awareness Campaign have been conducted in Schools, Prison and Public, 250 Dash Cams procured, 10 Toilet facilities in stations and bandobast, 4 Cyber Labs established and 4 batches of Rani Chennama Team of highly-trained women police personnel set up.

To ensure that the Police Stations are more women friendly and approachable, 15,049 Women Help Desks (WHDs) have been set up in Police Stations across the country, of which 14,363 are headed by women police officers. Out of these, 1050 WHDs have been established in Karnataka. The officials posted at these Women Help Desks are trained to be sensitive towards women and are assisted by a panel of lawyers, psychologists and NGOs for counselling, rehabilitation and support services. Furthermore, Karnataka operates 30 functional FTSCs including 16 ePOCSO Courts that have disposed of 17,147 cases. The number of personnel trained in Cybercrime under CCPWC Scheme in Karnataka are 2240 and the State has established 35 Anti-Human Trafficking Units. Additionally, 44 OSCs are

functioning in Karnataka State. Out of which 6 OSCs are located in Bengaluru Urban, 01 in Bengaluru Rural and 2 in Mysuru district. The Women Helpline control room is functioning at Bengaluru Urban district. OSCs and WHL projects are implemented by the State Government. More than 1,23,600 women have been assisted via Women Helpline across Karnataka.

(d): Projects are conceptualized, planned and brought to the Inter Ministerial Empowered Committee (EC) for appraisal and recommendation. Upon appraisal and recommendation of the proposals by the EC, the sponsoring Ministry's respective Competent Financial Authority (CFA) gives the approval, after which the allocation of funds from the Nirbhaya Fund is made in the Budget of the sponsoring Ministry/ Department by the Ministry of Finance. For projects/ schemes which require recurring expenditure, funds are released upon receipt of Utilisation Certificates (UCs) and Statement of Expenditure (SoE) from the Implementing Ministries/Departments/ State Governments/ UTs, as required, as per provisions of General Financial Rules (GFR). The projects/ schemes under Nirbhaya Fund are demand driven and generally have staggered implementation schedules and the responsibility of implementation of the project lies with the concerned sponsoring Ministries/Departments/ State Governments.

The Inter Ministerial Empowered Committee also reviews the status of implementation of projects, and expenditure on approved projects from time to time in conjunction with the concerned sponsoring Ministries/ Departments/

State Governments/ UTs. The concerned Ministries/ Departments/ State Governments/ UTs also monitor the progress of implementation at their own levels.

**STATEMENT-I**

**The Projects/ Schemes under Nirbhaya Fund that have been implemented/ being implemented in the State of Karnataka**

(i) Emergency Response Support System (ERSS)-112, (ii) Safe City project implemented in 8 Cities including Bengaluru city, (iii) One Stop Center (OSCs), (iv) Universalisation of Women Helpline (WHL)-181, (v) Setting-up/ Strengthening Anti-Human Trafficking Units (AHTU), (vi) Setting-up/ Strengthening Women Help Desk (WHDs), (vii) Cyber Crime Prevention against Women & Children (CCPWC), (viii) Cyber forensic and related facilities in State Forensic Science Laboratories in Bengaluru (SFSLs), (ix) Training of Investigating Officers (IOs)/ Prosecution Officers (POs)/ Medical Officers (MOs) in Forensic Evidence collection, (x) Central Victim Compensation Funds (CVCF), (xi) State-wise Vehicle Tracking Platform (VTP), (xii) Setting up Fast Track Special Courts (FTSCs) to dispose of cases pending trial under rape and POCSO Act, (xiii) Bengaluru Metropolitan Transport Corporation (BMTC), implemented by Government of Karnataka, (xiv) Sensitization of men towards women related issues including safety and security of women and (xv)

Freedom from Violence: Capacity Building of Elected Women Representatives on Legal Provisions on safety and security of women.

## STATEMENT-II

**The details of funds sanctioned, released and utilised under these initiatives, project-wise during the last three years**

**(Amount in Rs Crores)**

| | | | | Amount Released/ Utilised | | |
|---|---|---|---|---|---|---|
| **Ministries** | **Sl.no** | **Project Name** | **Fund appraised by EC** | **FY 2023-24** | **FY 2024-25** | **FY 2025-26** |
| Ministry of Home Affairs | 1 | Safe City for Bengaluru | 2919.55 | 100.05 | 25.00 | 49.14 |
| | 2 | Strengthening DNA analysis, cyber forensic & related facilities in SFSLs | 252.79 | 0.0 | 0.0 | 0.0 |
| | 3 | Setting up/ Strengthening Women Help Desks in Police Stations | 164.69 | 0.03 | 0.12 | 0.00 |
| | 4 | Emergency Response Support System (ERSS) | 364.05 | 0.0 | 0.0 | 0.0 |
| | 5 | Cyber Crime Prevention against Women & Children (CCPWC) | 195.83 | 0.96 | 0.00 | 0.00 |
| | 6 | Setting up and strengthening | | 0.0 | 0.0 | 0.0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | Anti-Human Trafficking Units | 113.76 | | | |
| Department of Justice | 7 | Setting up Fast Track Special Courts to dispose off cases pending trial under Rape & POCSO Act. | 5123.20 | 7.45 | 7.65 | 8.03 |
| Ministry of Road Transport & Highway | 8 | Bengaluru Metropolitan Transport Corporation | 56.06 | 0.0 | 0.0 | 0.0 |
| Ministry of Women & Child Development | 9 | One Stop Centre (OSC) | 867.74 | 533.39 | 877.00 | 1500.00 |
| | 10 | Women Helpline | 155.94 | 94.50 | 18.90 | 72.30 |

## FUNDS FOR JUDICIAL INFRASTRUCTURE IN KARNATAKA

**3231. SHRI GOVIND MAKTHAPPA KARJOL:**

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

(a) the details of the funds allocated, sanctioned, released and utilised under the Centrally sponsored scheme for development of infrastructure facilities for the judiciary and the State share funds in the State of Karnataka during the last five years & the current year, year-wise & district- wise;

(b) the details of the court infrastructure works sanctioned, including the construction of court halls, residential units for judicial officers, lawyer's

halls, record rooms, toilet complexes and other judicial infrastructure, indicating the estimated cost, amount released, amount utilised and the present status of each project, district-wise;

(c) the details of the funds allocated, released and utilised for judicial infrastructure development in the Chitradurga Parliamentary Constituency during the last five years, along with the details of the works undertaken and their present status; and

(d) whether the Government proposes to sanction additional funds for strengthening judicial infrastructure in Karnataka, particularly in the Chitradurga Parliamentary Constituency and if so, the details thereof?

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

(a): The primary responsibility for development of infrastructure facilities for District and Subordinate Courts rests with the State Governments/UTs. However, to augment the resources of States/UTs, Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for District and Subordinate Courts since 1993-94. In case of Karnataka the funds are shared by Centre and State in the ratio of 60:40. The Scheme covers five components, namely, Court Halls, Residential

Units for Judicial Officers, Lawyers' Halls, Toilet Complexes and Digital Computer Rooms.

The central funds released to and utilized by the State of Karnataka under the CSS during last 5 years and current year, year-wise are as under:

**(Rs.in crore)**

| **Financial Year** | **Central Funds released** | **Central Funds utilized** |
|---|---|---|
| **2021-22** | 27.00 | 27.00 |
| **2022-23** | 82.01 | 82.01 |
| **2023-24** | 133.16 | 133.16 |
| **2024-25** | 73.92 | 73.92 |
| **2025-26** | 34.09 | 34.09 |
| **2026-27 (as on 03.08.2026)** | 5.33 (Mother Sanction issued) | 0.00 |

(b): Under the above CSS, projects are identified by the States/UTs and High Courts concerned. After receipt of the detailed demands from the States/UTs, tentative allocation of funds to States/UTs is done and Mother Sanction is issued to States/UTs. The States/UTs can incur expenditure on the identified projects within the limit of Mother Sanction while adhering to the guidelines of CSS. The funds under the CSS are allocated State-wise and not District wise. As per information uploaded by the State of Karnataka on the Nyaya Vikas portal and MIS portal, the details of Court Halls, Residential Units, Lawyer

Halls, Toilet Complexes and Digital Computer Rooms available and under construction, under the Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for District and Subordinate Courts (as on 31.05.2026) are as under:

| Component | Available | Under Construction |
|---|---|---|
| **Court Hall** | 1278 | 218 |
| **Residential Unit** | 1199 | 46 |
| **Lawyers Hall** | 20 | 40 |
| **Toilet Complex** | 240 | 672 |
| **Digital Computer Room** | 18 | 56 |

(c): As per the information provided by the State Government of Karnataka, sum of Rs.1.35 crore has been utilized for construction of 02 Judges Quarters building out of an estimated cost of 2.61 crore in the Chitradurga Constituency during last five years.

(d): For Financial Year 2026-27, against tentative allocation of Rs.10.66 crore, Mother Sanction of Rs 5.33 crore was issued to the State of Karnataka on 13.05.2026, against which the expenditure till date is Nil. As mentioned above, the State Government can incur expenditure on the projects identified in consultation with the High Courts, within the limit of Mother Sanction, while adhering to the guidelines of CSS.

## PM-JANMAN

**3232. SHRI BALASHOWRY VALLABHANENI:**

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

(a) whether it is true that the Ministry under PM-JANMAN has been given a target to provide 2,500 Anganwadi Centres (AWCs) in the country to PVTG communities within the Mission target period of 2023-26; and

(b) if so, whether 2,390 AWCs have been made operational across the country till March, 2026 and are running from their own premises, if so, the details thereof, State-wise and if not, by when all the 2,500 AWCs are going to be constructed and run from such centres?

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

(a) and (b): The PM JANMAN Mission launched by Ministry of Tribal Affairs, is aimed at targeted development of 75 Particularly Vulnerable Tribal Groups (PVTGs) residing in 18 States and a UT. This Mission focuses on 11 interventions related to 9 Ministries including Ministry of Women and Child Development. A total of 2498 Anganwadi Centres (AWCs) have been sanctioned for construction @ Rs 12 lakh per AWC during the three Financial Years i.e FY 2023-24, 2024-25 and 2025-26. Out of the 2498 sanctioned AWCs, 2487 AWCs have become operational and construction of new

buildings has been completed in 714 AWCs. The state wise details of operational AWCs under PM JANMAN are placed at **Statement.**

## STATEMENT

### State wise details of operational AWCs under PM JANMAN

| S.No. | States | Total no. of AWCs sanctioned | AWCs operational till date |
|---|---|---|---|
| 1 | **Madhya Pradesh** | 704 | 704 |
| 2 | **Tripura** | 221 | 221 |
| 3 | **Chhattisgarh** | 191 | 191 |
| 4 | **Maharashtra** | 178 | 178 |
| 5 | **Odisha** | 89 | 89 |
| 6 | **Manipur** | 75 | 75 |
| 7 | **Gujarat** | 67 | 67 |
| 8 | **Rajasthan** | 51 | 51 |
| 9 | **Karnataka** | 23 | 23 |
| 10 | **Kerala** | 5 | 5 |
| 11 | **Tamil Nadu** | 55 | 55 |
| 12 | **Uttarakhand** | 7 | 7 |
| 13 | **Uttar Pradesh** | 1 | 1 |
| 14 | **Telangana** | 85 | 85 |
| 15 | **Bihar** | 59 | 59 |
| 16 | **Jharkhand** | 495 | 487 |
| 17 | **Andhra Pradesh** | 192 | 189 |

## TOURISM AT LIGHTHOUSES

**3233.SHRI PRAVEEN PATEL:**

**SHRI VISHWESHWAR HEGDE KAGERI:**

**SHRI DILIP SAIKIA:**

**SHRI RAVINDRA SHUKLA ALIAS RAVI KISHAN:**

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

(a) the role of lighthouses beyond providing aids to Navigation along with the theme of the Lighthouse Tourism Project;

(b) the manner in which the project aligns with the Government's vision for preserving maritime heritage and promoting tourism; and

(c) the steps being taken by the Directorate General of Lighthouses and Lightships (DGLL) to establish lighthouses and promote tourism along inland waterways in the North-Eastern region, including site inspections and coordination with IWAI?

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

(a) to (c): Lighthouses primarily serve as Marine Aids to Navigation for ensuring safe and efficient maritime navigation. In addition to this core

function, the Government is actively promoting Lighthouse Tourism which is in line with its vision of preserving India's maritime heritage and promoting educational, cultural and tourism purposes under Section 23 of the Marine Aids to Navigation Act, 2021. As part of this initiative, Lighthouse Museums have been established at Chennai, Mahabalipuram, Alappuzha, Kannur, Muttom, Dwarka and Gopnath to showcase the evolution of lighthouse technology and India's maritime heritage. Under this initiative, tourism facilities have been developed at 75 lighthouses across the country as part of the Government's vision to preserve their historical and architectural significance. List is attached as **Statement**.

The Directorate General of Lighthouses and Lightships (DGLL) and the Inland Waterways Authority of India (IWAI) signed a Memorandum of Understanding (MoU) on 08.04.2025 to enhance river navigation safety and promote tourism through the development and establishment of lighthouses on National Waterway-2 (NW-2). Joint inspections were carried out by DGLL and IWAI to identify suitable sites for the establishment of lighthouses along NW-2. Feasibility studies were conducted based on the findings of the site inspections, considering navigational requirements, site accessibility, land availability and tourism potential. Based on these feasibility studies, four sites, namely Bogibeel, Silghat, Pandu and Biswanath Ghat along NW-2, have been identified, and work orders have been issued for the establishment of lighthouses.

# STATEMENT

## State-wise list of 75 Lighthouses developed for tourism purposes

| S. No. | State/ UT | Name of Lighthouse |
|---|---|---|
| 1 | Gujarat | Mandvi Lighthouse, Rawalpir Lighthouse, Samiyani Lighthouse, Okha Lighthouse, Kachchhigadh Lighthouse, Porbandar Lighthouse, Mangrol Lighthouse, Jaffrabad Lighthouse, Jegri Lighthouse, Alang Lighthouse, Ghogha Lighthouse, Hazira Lighthouse, Valsad Khadi Lighthouse, Gopnath Lighthouse, Veraval Lighthouse, Dwarka Lighthouse, Umargaon Lighthouse. |
| 2 | Goa | Aguada Lighthouse, |
| 3 | Karnataka | Tadri Lighthouse, Bhatkal Lighthouse, Kaup Lighthouse, Surathkal Lighthouse, Kundapur Lighthouse. |
| 4 | Kerala | Kannur Lighthouse, Ponnani Lighthouse, Chetwai Lighthouse, Vypin Lighthouse, Alappuzha Lighthouse, Valiyazhikal Lighthouse, Thangasseri Lighthouse, Anjengo Lighthouse, Vizhinjam Lighthouse, Azhikode Lighthouse, Kadalur Point Lighthouse. |
| 5 | Tamil Nadu | Kanniyakumari Lighthouse, Kuthenkuli Lighthouse, Manappad Lighthouse, Kilakkarai Lighthouse, Dhanushkodi Lighthouse, Pamban Lighthouse, Karaikal Lighthouse, Mallipattinam Lighthouse, Kodikkarai Lighthouse, Nagapattinam Lighthouse, Poompuhar Lighthouse, Pulicat Lighthouse, Muttom Point Lighthouse, Mahabalipuram Lighthouse, Chennai Lighthouse. |
| 6 | Andhra Pradesh | Ramayapatnam Lighthouse, Machilipatnam Lighthouse, Antervedi Lighthouse, Sacramento Lighthouse, Vakalapudi Lighthouse, Santapalli Lighthouse, Kalingapatnam Lighthouse, Baruva Lighthouse, Vodarevu Lighthouse, Pudimadaka Lighthouse. |
| 7 | Odisha | Gopalpur Lighthouse, Puri Lighthouse, Chandrabhaga Lighthouse, Paradip Lighthouse, False Point Lighthouse |
| 8 | West | Tajpur Lighthouse, Dariapur Lighthouse, Sagar Island Lighthouse |

| | | |
|---|---|---|
| | Bengal | |
| 9 | Maharashtra | Uttan Point Lighthouse, Korlai Fort Lighthouse, Jaigarh Lighthouse, Ratnagiri Lighthouse, Vengurla Point Lighthouse, Kelshi Lighthouse |
| 10 | Andaman and Nicobar Islands | North Point Lighthouse, Keating Point Lighthouse. |

## MODERNISATION OF MEDICAL EDUCATION IN INDIA

**3234. SHRI PUTTA MAHESH KUMAR:**

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

(a) whether the Government has undertaken any study to modernise medical education in the country;

(b) if so, the details thereof, along with the steps undertaken over the last five years, especially in this regards to use of emerging and modern technologies in medical colleges and hospitals across the country;

(c) the details of the total amount of funds allocated, released and utilised to modernise the curriculum and infrastructure in medical colleges across the country, State-wise particularly in Andhra Pradesh; and

(d) whether the Government has considered integrating emerging technologies such as artificial intelligence and blockchain based initiatives into medical education across the country and if so, the details thereof and if not, the reasons therefor?

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

(a) to (d): The National Medical Commission (NMC) is an apex statutory body constituted by an Act of Parliament, entrusted with the responsibility of regulating and overseeing medical education and practice across the country. The Commission has undertaken comprehensive measures to modernize the quality of medical education in the country including the Competency Based Medical Education (CBME) Curriculum, 2024. To fulfill the objective of CBME, the medical colleges are expected to offer a range of elective options in areas such as the use of Artificial Intelligence, computers in health and medical education and ethical use of technology including AI.

Minimum Standard Requirements for Post Graduate Courses (PGMSR-2023) mandates well equipped departmental and central research laboratories, modern diagnostic and imaging facilities, digital libraries, access to e-journals and online research databases, high speed internet and Wi-Fi connectivity in the medical colleges/institutions.

Further, the Postgraduate Medical Education Regulations, 2023 (PGMER 2023) requires that students maintain digital logbooks for recording clinical work, procedures and academic activities. Departments are encouraged to promote e-learning and digital documentation as part of training programme

In addition, the National Board of Examinations in Medical Sciences (NBEMS) has launched an online training programme on Artificial Intelligence in Medical Education for healthcare professionals from across the country.

The government has increased number of Medical Colleges, Under Graduate (UG) and Post Graduate (PG) seats. The number of Medical Colleges have increased from 387 to 846; UG seats from 51,348 to 1, 39,489 and PG seats from 31,185 to 86,360 from 2014 to as on date.

The Government has implemented following schemes to improve the infrastructure for Medical education in the country:

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 139 new medical colleges are functional out of 157 approved medical colleges.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.

During the last five financial years (2021-22 to 2025-26), Central assistance has been released to various States/UTs under the above schemes. The year-wise total Central funds released under the above components of Centrally Sponsored Scheme are as follows:

| Financial Year | Central Funds Released (₹ crore) |
|---|---|
| 2021-22 | 5,051.10 |

| | |
|---|---|
| 2022-23 | 1,974.87 |
| 2023-24 | 928.78 |
| 2024-25 | 294.26 |
| 2025-26 | 1,309.106 |

With regard to the State of Andhra Pradesh, Central funds released under the above schemes during the same period are as follows:

| Scheme | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 | Total (₹ crore) |
|---|---|---|---|---|---|---|
| Establishment of New Medical Colleges | 150.00 | 0.00 | 70.47 | 0.00 | 121.89 | 342.36 |
| Increase in PG Seats | 0.00 | 113.40 | 85.05 | 0.00 | 49.21 | 247.66 |
| **Grand Total** | **150.00** | **113.40** | **155.52** | **0.00** | **171.10** | **590.02** |

## PROGRESS ON LEGISLATIVE REFORMS

**3235. SHRI BALRAM NAIK PORIKA:**

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

(a) the progress made in legislative reforms, the new laws enacted to promote ease of doing business and their implementation status;

(b) the details of alternate dispute resolution mechanisms (mediation and arbitration) promoted and the number of cases resolved;

(c) the impact on contract enforcement and India's ranking in World Bank Ease of Doing Business parameters; and

(d) whether any performance audit has been conducted on judicial infrastructure development and the timely delivery of justice, 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): Legislative and policy interventions along with related reforms for promoting ease of doing business is a continuous process being undertaken by the Government, keeping in view the changing requirements of the stakeholders. The Government continues to take steps to reduce the criminalisation of minor violations and replace them with more proportionate civil penalties and administrative mechanisms under various enactments. In this regard, recognising the need to make laws more balanced and practical, the Government began a process of reviewing provisions. An important step in this direction was the Jan Vishwas (Amendment of Provisions) Act, 2023, which removed criminal penalties for a number of minor offences across several Central laws. Pursuant thereto, the Jan Vishwas (Amendment of

Provisions) Act, 2026 was published in the Official Gazette on 8 April 2026, which rationalizes provisions across 79 Central Acts administered by 23 Ministries and Departments. The reforms are aimed at promoting trust-based governance, reducing compliance burden, improving ease of doing business, and ensuring proportionate regulatory enforcement.

(b): The Government continues to promote alternate dispute resolution (ADR) mechanisms including arbitration and mediation in the country, as these mechanisms are less adversarial and are capable of providing a better substitute to the conventional methods of resolving disputes. The Government is further taking policy and legislative interventions, to strengthen these mechanisms and make them more efficacious and expeditious.

The major initiatives, steps and measures taken by the Central Government over the years in this regard include with respect to the Arbitration and Conciliation Act, 1996 which has been progressively amended in the years 2015, 2019 and 2020 to keep pace with current developments in the arbitration landscape and to enable arbitration as a viable dispute resolution mechanism. The amendments are aimed at ensuring timely conclusion of arbitration proceedings, neutrality of arbitrators, minimizing judicial intervention in the arbitral process, efficacious enforcement of arbitral awards and promotion of institutional arbitration.

The Commercial Courts Act, 2015 was also amended in the year 2018 to provide *inter-alia* for Pre-Institution Mediation and Settlement (PIMS)

mechanism. Under this mechanism, where a commercial dispute of specified value does not contemplate any urgent interim relief, the parties have to first exhaust the mandatory remedy of PIMS before approaching the Court. This is aimed at providing an opportunity to the parties to resolve the commercial disputes through mediation.

The India International Arbitration Centre Act, 2019, was enacted to provide for the establishment of the India International Arbitration Centre for the purpose of creating an independent, autonomous and world class body for facilitating institutional arbitration and to declare the Centre to be an institution of national importance. The Centre has since been established and aims to inspire confidence amongst parties, both domestic and international, by providing a neutral dispute resolution platform for resolution of commercial disputes through arbitration.

The Mediation Act, 2023, lays down the legislative framework for mediation to be adopted by disputing parties, especially under the aegis of institutional mediation. The Mediation Act, 2023 is also expected to be a pivotal legislative intervention towards providing standalone law on mediation and enabling the growth of a culture of amicable settlement of disputes out of court.

Further, the aforesaid interventions from time to time have contributed towards improving and strengthening the ADR landscape, supporting the ease of doing business and enabling the country being seen as an attractive destination for investments and economic growth.

The Authorities constituted under the Legal Services Authorities Act, 1987 are also promoting alternate dispute resolution mechanisms including Mediation. These Authorities have been making efforts through legal awareness programmes and to strengthen the court annexed mediation as well as Pre Institution Mediation.

The details of the cases settled by Legal Services Authorities through Mediation in the last two years is as under:

| **Years** | **Cases settled** |
|---|---|
| **2024-25** | 98,406 |
| **2025-26** | 2,25,647 |

(c): India has undertaken sustained reforms over the past years to improve its business regulatory environment. The government's focus has gradually shifted from a compliance-heavy system to a facilitation-driven ecosystem. Reforms have aimed at enhancing speed, transparency, and trust-based governance across processes. Consequently, this has resulted in growing investor confidence in India's business environment and improved Ease of Doing Business (EoDB).

In the latest Doing Business Report, 2020 released by the World Bank on 24th October, 2019, overall India stands at 63rd position out of 190 countries. Since 2014, India's rank has gone up from 142 to 63 in

2019. However, the EoDB exercise was discontinued by the World Bank in the year 2020.

(d): The Centrally Sponsored Scheme for the Development of Infrastructure Facilities for District and Subordinate Courts is regularly appraised by the Department Related Parliamentary Standing Committee and internal audit teams. In addition, the Scheme has been evaluated by third-party under the aegis of NITI Aayog at the time of extension of the Scheme. The latest third-party report *inter-alia* mentions that the Scheme demonstrates high relevance by strongly aligning its objective for infrastructure development with national policies, sustainable development goals and the needs of its beneficiaries. Further, the report mentions that the districts with higher court room density have reported a 3-8% decline in average case pendency and further highlighted that there is 16% reduction in case resolution time reducing from 3.1 years to 2.6 years in District Courts.

**PROGRESS OF AYUSH HEALTHCARE SERVICES FOR WOMEN**

**3236. SHRI G SELVAM:**

**SHRI C N ANNADURAI:**

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

(a) whether the Government has reviewed the progress of AYUSH healthcare services for women in Tamil Nadu, particularly through the

network of co-located AYUSH units under the National AYUSH Mission (NAM) in rural and coastal districts and if so, the details thereof;

(b) the total number of women beneficiaries who have availed of AYUSH services relating to maternal and child health, anaemia management, adolescent health, menopause care and wellness during the last three years, district-wise;

(c) whether the Government proposes to further strengthen the integration of AYUSH systems with public healthcare institutions in Tamil Nadu through Health and Wellness Centres, digital health initiatives and community outreach programmes; and

(d) the additional measures planned to promote preventive healthcare, nutrition, mental well-being, yoga and holistic women's health through AYUSH interventions across Tamil Nadu, particularly in underserved districts?

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

(a): Public Health being a State Subject, the primary responsibility to review the progress of Ayush healthcare services for women in Tamil Nadu, particularly through the network of co-located Ayush units under the National Ayush Mission (NAM) in rural and coastal districts, lies with respective State

Government. However, Ministry of Ayush is regularly and vigorously monitoring the progress of implementation of various activities under National Ayush Mission (NAM) scheme through various methods as under:-

I. Collecting activity-wise physical/financial progress on regular interval from the State/UT Governments.
II. Conducting the field visits by central team of the Ministry of Ayush, time to time, to analyse the actual progress of implementation of different activities for which State Government has reported expenditure and submitted utilization certificates.
III. Regional Review Meetings with State/UTs under the Chairmanship of Hon'ble Minister/Secretary to assess the implementation status and to decide way forward.
IV. One to one meeting with States/UTs conducted for detailed review of physical and financial progress.
V. Mid-term evaluation of NAM scheme implementation/progress by NITI Aayog through third party who undertakes field visits in State/UTs.

Further, State Government of Tamil Nadu reported that they regularly review the implementation and progress of Ayush healthcare services in Tamil Nadu under NAM. The performance of Ayush healthcare services is reviewed every month by the District Siddha Medical Officers at the district level and periodically at the State level. Under NAM, Ayush healthcare services for women are provided through a network of co-located Ayush units, Ayush

Health & Wellness Centres [now known as Ayushman Arogya Mandir (Ayush)], and Government Ayush institutions across the State, including rural and coastal districts. At present, 94 co-located Ayush units (**Statement-I)** are functioning in rural districts under NAM Scheme, 40 in rural coastal districts (**Statement-II**), and 16 in urban coastal districts under NAM (**Statement-III**). During last year, a total of 1,11,02,499 beneficiaries availed Ayush healthcare services through various Ayush health facilities in Tamil Nadu under NAM Scheme. Women-specific healthcare services, including maternal healthcare, are provided through various Ayush interventions. Under the Siddha system of medicine, the Magaperu Sanjeevi Scheme provides medicine kits to pregnant women, under which 1,27,084 pregnant women benefited during the last year.

(b): As reported by State Government of Tamil Nadu, a total of 3,47,112 women beneficiaries availed Ayush services relating to maternal and child health, anaemia management, adolescent health, menopause care and wellness during the last three years under the Magaperu Sanjeevi Scheme. The district-wise details of these women beneficiaries are enclosed as **Statement-IV**.

(c): As reported by State Government of Tamil Nadu, 650 Ayush Health & Wellness Centres [now known as Ayushman Arogya Mandir (Ayush)] across Tamil Nadu have been operationalized under the National Ayush Mission. Efforts are being made to further strengthen the integration of Ayush services with public healthcare institutions through digital health initiatives, including

telemedicine and Health Management Information Systems (HMIS). Community outreach programmes, health awareness camps, yoga sessions, wellness activities and preventive healthcare initiatives are being conducted regularly through Ayush institutions and Health & Wellness Centres.

(d): As reported by the State of Tamil Nadu, the Government is promoting preventive and holistic healthcare for women through AYUSH interventions across the State, including underserved districts. Regular Yoga and Naturopathy programmes for antenatal and postnatal care, lifestyle modification, stress management, nutrition counselling, mental well-being, and health awareness activities are being conducted through Government AYUSH institutions and AYUSH Health & Wellness Centres. During the last year, 1,31,160 women benefited from antenatal and postnatal Yoga and Naturopathy programmes. Further, awareness campaigns, yoga camps, wellness programmes and community-based preventive healthcare activities continue to be implemented to improve women's health and well-being.

## STATEMENT-I

**Details of Co-located Ayush wings located in rural districts under NAM in Tamil Nadu**

| S.NO | District | SAAP Year | Place | Facility Type | Stream |
|---|---|---|---|---|---|
| 1 | Cuddalore | 2017-2018 | Thookkanaampakkam | PHC | Siddha |

| | | | | | |
|---|---|---|---|---|---|
| 2 | Salem | 2021-2022 | Kaaripatti | PHC | siddha |
| 3 | Dharmapuri | 2016-2017 | Thoppur | PHC | Siddha |
| 4 | Dharmapuri | 2017-2018 | Eriyur | PHC | Siddha |
| 5 | Coimbatore | 2018-2019 | Somanur | GPHC | Y&N |
| 6 | Salem | 2021-2022 | kannankurichi | PHC | Y&N |
| 7 | Dharmapuri | 2016-2017 | Barur | PHC | Siddha |
| 8 | Dindigul | 2017-2018 | Ammainaayakkanur | GPHC | Siddha |
| 9 | Cuddalore | 2018-2019 | Srimushnam | PHC | Siddha |
| 10 | Madurai | 2016-2017 | Elumalai | PHC | Siddha |
| 11 | Erode | 2017-2018 | Chithode | GPHC | Siddha |
| 12 | Cuddalore | 2018-2019 | Chidhambaram | PHC | Homeopathy |
| 13 | Madurai | 2016-2017 | Kallikudi | PHC | Y&N |
| 14 | Kanchipuram | 2017-2018 | Acharapakkam | PHC | Siddha |
| 15 | Dharmapuri | 2018-2019 | Karimangalam | PHC | Y&N |
| 16 | Theni | 2016-2017 | Gudalur | PHC | Siddha |
| 17 | Krishnagiri | 2017-2018 | Bagalur | PHC | Siddha |
| 18 | Thanjavur | 2016-2017 | Murukkankudi | GPHC | Siddha |
| 19 | Namakkal | 2017-2018 | Paramathi | GPHC | Siddha |
| 20 | Namakkal | 2018-2019 | Mallasamuthiram | GPHC | Y&N |
| 21 | Perambalur | 2016-2017 | T.Pazhur | GPHC | siddha |
| 22 | Perambalur | 2017-2018 | Ammapalayam | GPHC | siddha |
| 23 | Pudukottai | 2017-2018 | Karaiyur | GPHC | Siddha |
| 24 | Sivagangai | 2017-2018 | Thamarakki | GPHC | siddha |
| 25 | Tiruchirapalli | 2016-2017 | Kulumani | GPHC | siddha |

| | | | | | |
|---|---|---|---|---|---|
| 26 | Theni | 2017-2018 | Veerapaandi | PHC | Siddha |
| 27 | Thanjavur | 2018-2019 | Cholapuram | GPHC | ayurveda |
| 28 | Salem | 2016-2017 | Tharamanagalam | GPHC | siddha |
| 29 | Tiruvarur | 2017-2018 | Alathampaadi | GPHC | Siddha |
| 30 | Tirunelveli | 2017-2018 | Rajavallipuram | GPHC | siddha |
| 31 | Thanjavur | 2018-2019 | Vaandaiyariruppu | GPHC | Homeopathy |
| 32 | Tuticorin | 2017-2018 | vallanadu | GPHC | siddha |
| 33 | Tirunelveli | 2018-2019 | Thalaivankottai | GPHC | Siddha |
| 34 | Kanniyakumari | 2017-2018 | Kuttakuzhi | PHC | Y&N |
| 35 | Karur | 2017-2018 | Panjapatti | GPHC | Y&N |
| 36 | Tuticorin | 2018-2019 | Ottanatham | GPHC | siddha |
| 37 | Tuticorin | 2018-2019 | Pudukottai | GPHC | siddha |
| 38 | Tuticorin | 2018-2019 | kayamozhi | GPHC | siddha |
| 39 | Tiruchirapalli | 2018-2019 | Uppliyapuram | GPHC | siddha |
| 40 | Viruthunagar | 2018-2019 | Nathampatti | GPHC | siddha |
| 41 | Erode | 2018-2019 | Chavadipalayam | GPHC | Siddha |
| 42 | Thiruvallur | 2018-2019 | Periyapalayam | PHC | Y&N |
| 43 | Erode | 2018-2019 | Chennimalai | GPHC | Siddha |
| 44 | Kanchipuram | 2018-2019 | Thiruppukkuzhi | PHC | Siddha |
| 45 | Kanniyakumari | 2018-2019 | Ganapathipuram | PHC | Siddha |
| 46 | Kanniyakumari | 2018-2019 | Alagappapuram | PHC | Siddha |
| 47 | Madurai | 2018-2019 | T.kallupatti | PHC | Y&N |
| 48 | Nagapattinam | 2018-2019 | Vaaimedu | GRD | Siddha |
| 49 | Pudukottai | 2018-2019 | Thiruvarangulam | GPHC | Siddha |

| | | | | | |
|---|---|---|---|---|---|
| 50 | Pudukottai | 2018-2019 | Andakulam | GPHC | ayurveda |
| 51 | Ramanathapuram | 2018-2019 | Parthibanoor | GPHC | siddha |
| 52 | Ramanathapuram | 2018-2019 | R.S Mangalam | GPHC | siddha |
| 53 | Pudukottai | 2018-2019 | Ponpethi | GPHC | siddha |
| 54 | Salem | 2018-2019 | Mohan Kumaramanagalam Medical College | PHC | siddha |
| 55 | Salem | 2018-2019 | Kolathur | GPHC | siddha |
| 56 | Villupuram | 2022-2023 | Anumanthai | GPHC | Siddha |
| 57 | Erode | 2022-2023 | Nambiyur | GPHC | Siddha |
| 58 | Salem | 2022-2023 | K.Moorur | Rural Dispensary | Siddha |
| 59 | Tiruvannamalai | 2022-2023 | SV Nagaram | GPHC | Siddha |
| 60 | Theni | 2022-2023 | Kamayagoundapatti | GPHC | Siddha |
| 61 | Theni | 2022-2023 | Kompai | GPHC | Siddha |
| 62 | Ranipet | 2022-2023 | Walajapet | GPHC | Siddha |
| 63 | Thiruvallur | 2022-2023 | Perambakkam | GPHC | Siddha |
| 64 | Chengulpaut | 2022-2023 | Nandhivaram | GPHC | Siddha |
| 65 | Tiruvannamalai | 2022-2023 | Vandavasi | PHC | Unani |
| 66 | Madurai | 2022-2023 | Melakkal | GPHC | Ayuveda |
| 67 | Namakkal | 2022-2023 | Kallankullam | GPHC | Siddha |
| 68 | Namakkal | 2022-2023 | O Sowthapuram | GPHC | Siddha |
| 69 | Coimbatore | 2022-2023 | Kalaam palayam | Rural Dispensary | Siddha |
| 70 | Madurai | 2022-2023 | Alanganallur | GPHC | Siddha |

| | | | | | |
|---|---|---|---|---|---|
| 71 | Kanniyakumari | 2022-2023 | Kothainallur | GPHC | Siddha |
| 72 | Kanniyakumari | 2022-2023 | Rajakkamangalam thurai | GPHC | Siddha |
| 73 | Ramanathapuram | 2022-2023 | Anandhur | NRHM | Siddha |
| 74 | Ramanathapuram | 2022-2023 | Nainarkoil | PHC | Siddha |
| 75 | Ramanathapuram | 2022-2023 | Sayalkudi | GPHC | Siddha |
| 76 | Dindigul | 2024-2025 | VIRUVEEDU | GPHC | Siddha |
| 77 | Dindugul | 2024-2025 | GPHC CHINNALAPATTI | GPHC | Siddha |
| 78 | Dindugul | 2024-2025 | GPHC VADAMADURAI | GPHC | Siddha |
| 79 | Tiruvannamalai | 2024-2025 | GPHC, Northampoondi | GPHC | Siddha |
| 80 | Tiruvannamalai | 2024-2025 | GPHC,KALAMBUR | GPHC | Siddha |
| 81 | Villupuram | 2024-2025 | GPHC- Ennayiram | GPHC | Siddha |
| 82 | Cuddalore | 2024-2025 | Thiruvanthipuram | GPHC | Ayurveda |
| 83 | Dindugul | 2024-2025 | GPHC AYYALUR (NRHM) | GPHC | Ayurveda |
| 84 | KANYAKUMARI | 2024-2025 | GPHC, Thiruvithancode | GPHC | Unani |
| 85 | Cuddalore | 2024-2025 | Vadalur | GPHC | Yoga & Naturopathy |
| 86 | Erode Dt. | 2024-2025 | Govt Primary Health Centre, Chennimalai, | GPHC | Yoga & Naturopathy |
| 87 | Kallakurichi Dt. | 2024-2025 | Kachirayapalayam | GPHC | Yoga & Naturopathy |
| 88 | Nagapatinam Dt. | 2024-2025 | Govt Primary Health Centre , Thirumarugal. | GPHC | Yoga & Naturopathy |
| 89 | Nilgiri Dt | 2024-2025 | Govt Primary Health Centre, keradamattam, | GPHC | Yoga & Naturopathy |
| 90 | Perambalur Dt. | 2024-2025 | Govt Primary Health Centre , Ammapalayam | GPHC | Yoga & Naturopathy |

| | | | | | |
|---|---|---|---|---|---|
| 91 | Tiruvarur Dt. | 2024-2025 | Govt Primary Health Centre,Thiruvizhimizhalai | GPHC | Yoga & Naturopathy |
| 92 | Cuddalore | 2024-2025 | Karaikkadu | GPHC | Homeopathy |
| 93 | Erode Dt. | 2024-2025 | GPHC, Thamaraipalayam | GPHC | Homeopathy |
| 94 | Villupuram | 2024-2025 | Kandamanadi | GPHC | Homeopathy |

## STATEMENT-II

## Details of Co-located Ayush wings located in rural-coastal districts under NAM in Tamil Nadu

| S.NO | District | SAAP Year | Place | Facility Type | Stream |
|---|---|---|---|---|---|
| 1 | Cuddalore | 2017-2018 | Thookkanaampakkam | PHC | Siddha |
| 2 | Cuddalore | 2018-2019 | Srimushnam | PHC | Siddha |
| 3 | Cuddalore | 2018-2019 | Chidhambaram | PHC | Homeopathy |
| 4 | Thanjavur | 2016-2017 | Murukkankudi | GPHC | Siddha |
| 5 | Pudukottai | 2017-2018 | Karaiyur | GPHC | Siddha |
| 6 | Thanjavur | 2018-2019 | Cholapuram | GPHC | ayurveda |
| 7 | Tiruvarur | 2017-2018 | Alathampaadi | GPHC | Siddha |
| 8 | Tirunelveli | 2017-2018 | Rajavallipuram | GPHC | siddha |
| 9 | Thanjavur | 2018-2019 | Vaandaiyariruppu | GPHC | Homeopathy |
| 10 | Tuticorin | 2017-2018 | vallanadu | GPHC | siddha |
| 11 | Tirunelveli | 2018-2019 | Thalaivankottai | GPHC | Siddha |
| 12 | Kanniyakumari | 2017-2018 | Kuttakuzhi | PHC | Y&N |

| | | | | | |
|---|---|---|---|---|---|
| 13 | Tuticorin | 2018-2019 | Ottanatham | GPHC | siddha |
| 14 | Tuticorin | 2018-2019 | Pudukottai | GPHC | siddha |
| 15 | Tuticorin | 2018-2019 | kayamozhi | GPHC | siddha |
| 16 | Thiruvallur | 2018-2019 | Periyapalayam | PHC | Y&N |
| 17 | Kanniyakumari | 2018-2019 | Ganapathipuram | PHC | Siddha |
| 18 | Kanniyakumari | 2018-2019 | Alagappapuram | PHC | Siddha |
| 19 | Nagapattinam | 2018-2019 | Vaaimedu | GRD | Siddha |
| 20 | Pudukottai | 2018-2019 | Thiruvarangulam | GPHC | Siddha |
| 21 | Pudukottai | 2018-2019 | Andakulam | GPHC | ayurveda |
| 22 | Ramanathapuram | 2018-2019 | Parthibanoor | GPHC | siddha |
| 23 | Ramanathapuram | 2018-2019 | R.S Mangalam | GPHC | siddha |
| 24 | Pudukottai | 2018-2019 | Ponpethi | GPHC | siddha |
| 25 | Villupuram | 2022-2023 | Anumanthai | GPHC | Siddha |
| 26 | Thiruvallur | 2022-2023 | Perambakkam | GPHC | Siddha |
| 27 | Chengulpaut | 2022-2023 | Nandhivaram | GPHC | Siddha |
| 28 | Kanniyakumari | 2022-2023 | Kothainallur | GPHC | Siddha |
| 29 | Kanniyakumari | 2022-2023 | Rajakkamangalam thurai | GPHC | Siddha |
| 30 | Ramanathapuram | 2022-2023 | Anandhur | NRHM | Siddha |
| 31 | Ramanathapuram | 2022-2023 | Nainarkoil | PHC | Siddha |
| 32 | Ramanathapuram | 2022-2023 | Sayalkudi | GPHC | Siddha |
| 33 | Villupuram | 2024-2025 | GPHC- Ennayiram | GPHC | Siddha |
| 34 | Cuddalore | 2024-2025 | Thiruvanthipuram | GPHC | Ayurveda |
| 35 | KANYAKUMARI | 2024-2025 | GPHC, Thiruvithancode | GPHC | Unani |
| 36 | Cuddalore | 2024-2025 | Vadalur | GPHC | Yoga & |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Naturopathy |
| 37 | Nagapatinam Dt. | 2024-2025 | Govt Primary Health Centre , Thirumarugal. | GPHC | Yoga & Naturopathy |
| 38 | Tiruvarur Dt. | 2024-2025 | Govt Primary Health Centre,Thiruvizhimizhalai | GPHC | Yoga & Naturopathy |
| 39 | Cuddalore | 2024-2025 | Karaikkadu | GPHC | Homeopathy |
| 40 | Villupuram | 2024-2025 | Kandamanadi | GPHC | Homeopathy |

## STATEMENT-III

**Details of Co-located Ayush wings located in Urban-coastal districts under NAM in Tamil:**

| S.NO | District | SAAP Year | Place | Facility Type | Stream |
|---|---|---|---|---|---|
| 1 | Thanjavur | 2018-2019 | Naatchiyarkoil | GH | siddha |
| 2 | Chennai | 2016-2017 | Pallavaram | Cantontment | siddha |
| 3 | Thanjavur | 2018-2019 | Peravoorani | GH | siddha |
| 4 | Chennai | 2016-2017 | Cantonment,St.Thomas Mount | Cantontment | Ayurveda |
| 5 | Thanjavur | 2018-2019 | Orathanaadu | GH | siddha |
| 6 | Thanjavur | 2018-2019 | Budalur | GH | Y&N |
| 7 | Tirunelveli | 2018- | Thenkasi DHQ | DHQH | Homeopathy |

| | | | | | |
|---|---|---|---|---|---|
| | | 2019 | | | |
| 8 | Tirunelveli | 2018-2019 | Thiruvenkadanathapuram | GH | Siddha |
| 9 | Tirunelveli | 2018-2019 | Sankarankovil | GH | Homeopathy |
| 10 | Nagapattinam | 2018-2019 | Thiruthurapoondi | GH | Siddha |
| 11 | Pudukottai | 2018-2019 | Illuppur | GH | Siddha |
| 12 | Pudukottai | 2018-2019 | Karambakkudi | GH | Siddha |
| 13 | Villupuram | 2022-2023 | Vaanur | GH | Siddha |
| 14 | Pudukottai | 2022-2023 | Subramaniyapuram | GH | Siddha |
| 15 | Pudukottai | 2022-2023 | Keeramanagalam | GH | Siddha |
| 16 | Chennai | 2024-2025 | ICH,Egmore | GPHC | Yoga & Naturopathy |

## STATEMENT-IV

**Number of beneficiaries under Magapperu Sanjeevi Scheme in the State of Tamil Nadu**

| S.No | District | 2023-24 | 2024-25 | 2025-26 | Total |
|---|---|---|---|---|---|
| 1 | Coimbatore | 3151 | 3975 | 173 | 7299 |
| 2 | Tiruppur | 2985 | 3507 | 223 | 6715 |

| | | | | | |
|---|---|---|---|---|---|
| 3 | Cuddalore | 2388 | 2400 | 257 | 5045 |
| 4 | Dharmapuri | 2242 | 2480 | 112 | 4834 |
| 5 | Krishnagiri | 1649 | 2041 | 86 | 3776 |
| 6 | Dindigul | 2860 | 2920 | 87 | 5867 |
| 7 | Erode | 4131 | 5020 | 75 | 9226 |
| 8 | Kancheepuram | 1507 | 2080 | 139 | 3726 |
| 9 | Thiruvallur | 3866 | 5080 | 388 | 9334 |
| 10 | Chengalpattu | 2013 | 3725 | 242 | 5980 |
| 11 | Kanniyakumari | 3404 | 3905 | 398 | 7707 |
| 12 | Madurai | 8006 | 9854 | 426 | 18286 |
| 13 | Theni | 6198 | 7664 | 453 | 14315 |
| 14 | Nagapattinam | 2285 | 3157 | 204 | 5646 |
| 15 | Tiruvarur | 4378 | 6279 | 356 | 11013 |
| 16 | Mayiladuthurai | 4224 | 6619 | 302 | 11145 |
| 17 | Pudukottai | 4012 | 6060 | 710 | 10782 |
| 18 | Ramnad | 3258 | 4172 | 155 | 7585 |
| 19 | Salem | 3859 | 4820 | 421 | 9100 |
| 20 | Namakkal | 2231 | 2880 | 358 | 5469 |
| 21 | Sivagangai | 5832 | 10200 | 200 | 16232 |
| 22 | Thanjavur | 8709 | 10540 | 346 | 19595 |
| 23 | The Nilgiris | 2461 | 2600 | 240 | 5301 |
| 24 | Tirunelveli | 5216 | 6334 | 202 | 11752 |
| 25 | Tenkasi | 6623 | 7180 | 273 | 14076 |
| 26 | Thiruvannamalai | 6538 | 7544 | 172 | 14254 |

| | | | | | |
|---|---|---|---|---|---|
| 27 | Thoothukudi | 2767 | 3168 | 182 | 6117 |
| 28 | Trichy | 8848 | 9200 | 107 | 18155 |
| 29 | Karur | 5912 | 5920 | 136 | 11968 |
| 30 | Perambalur | 2588 | 2600 | 19 | 5207 |
| 31 | Ariyalur | 4370 | 4440 | 79 | 8889 |
| 32 | Vellore | 2912 | 3320 | 75 | 6307 |
| 33 | Ranipettai | 3000 | 3160 | 56 | 6216 |
| 34 | Tirupattur | 2417 | 2760 | 195 | 5372 |
| 35 | Villupuram | 3651 | 4280 | 105 | 8036 |
| 36 | Kallakurichi | 2678 | 3040 | 16 | 5734 |
| 37 | Virudhu Nagar | 9707 | 10867 | 477 | 21051 |
| **Grand Total** | | **152876** | **185791** | **8445** | **347112** |

## मिश्रिख में प्राथमिक स्वास्थ्य परिचर्या केंद्रों में सुधार

**3237. श्री अशोक कुमार रावत:**

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

(क) उत्तर प्रदेश के मिश्रिख के ग्रामीण क्षेत्रों में प्राथमिक स्वास्थ्य परिचर्या केंद्रों (पीएचसी) में सुधार तथा गंभीर बीमारियों के इलाज के लिए जिला स्तर पर एक प्रमुख सुपर-स्पेशलिटी अस्पताल की स्थापना के संबंध में वर्तमान स्थिति क्या है;

(ख) क्या उक्त अस्पतालों की स्थापना से प्रतिदिन लाभान्वित होने वाले गरीब मरीजों की अनुमानित संख्या के संबंध में कोई आकलन किया गया है;

(ग) यदि हां, तो उक्त अस्पतालों को कब तक स्थापित किए जाने का प्रस्ताव है और इस संबंध में कितनी निधि खर्च किए जाने की संभावना है; और

(घ) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (घ): 'जन स्वास्थ्य और अस्पताल' राज्य का विषय है, और आवश्यकतानुसार पर्याप्त संख्या में स्वास्थ्य परिचर्या केंद्रों की आयोजना बनाने, उन्हें लागू करने, उनका रख-रखाव करने तथा स्थापित करने की प्राथमिक जिम्मेदारी उस राज्य सरकार की है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को कार्यक्रम कार्यान्वयन योजना (पीआईपी) में उनके संसाधन सीमा के दायरे में प्राप्त प्रस्तावों के आधार पर उनकी स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है।

उत्तर प्रदेश राज्य सरकार द्वारा प्रदान की गई जानकारी के अनुसार, सीतापुर जिले में मिश्रिख विकास खंड के अंतर्गत संचालित प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) पर राष्ट्रीय स्वास्थ्य मिशन और राज्य सरकार की योजनाओं के अंतर्गत उपलब्ध संसाधनों के अनुसार स्वास्थ्य सेवाएं प्रदान की जाती हैं। इमारतों, उपकरणों, औषधियों, मानव संसाधनों और अन्य बुनियादी अवसंरचना सुविधा केंद्रों को सुदृढ़ करने के लिए आवश्यक उपाय किए जाते हैं।

जैसा कि उत्तर प्रदेश राज्य सरकार द्वारा सूचित किया गया है, सुपर-स्पेशलिटी अस्पताल की स्थापना से दैनिक रूप से लाभान्वित होने वाले अनुमानित गरीब मरीजों की संख्या के संबंध में कोई अलग विस्तृत आकलन उपलब्ध नहीं है। तथापि, सीतापुर जिले में स्वास्थ्य परिचर्या सुविधा केंद्रों को सुदृढ़ किया गया है ताकि क्षेत्र के सभी निवासियों, विशेषकर आर्थिक रूप से कमजोर वर्गों के मरीजों को गुणवत्तापूर्ण स्वास्थ्य परिचर्या सेवाओं का लाभ मिल सके।

इसके अतिरिक्त, राज्य सरकार द्वारा सूचित किया गया है कि वर्तमान में एक नए अस्पताल की स्थापना के लिए कोई अलग परियोजना प्रस्तावित नहीं की गई है।

## विदेशों में भारतीय मिशन की भूमिका

**3238. श्री देवेश शाक्य:**

क्या **विदेश** मंत्री यह बताने की कृपा करेंगे किः

(क) क्या विदेश मंत्रालय, वाणिज्य मंत्रालय के सहयोग से एटा जिले के जलेसर के प्रसिद्ध पीतल उद्योग तथा कासगंज के स्थानीय कृषि उत्पादों को वैश्विक स्तर पर प्रोत्साहित करने के लिए विदेशों में स्थित भारतीय मिशनों के माध्यम से कोई पहल कर रहा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार 'एक जिला एक उत्पाद' (ओडीओपी) योजना के अंतर्गत इन जिलों के ग्रामीण शिल्पकारों और युवा निर्यातकों को अंतर्राष्ट्रीय व्यापार मेलों में उनकी भागीदारी को सुगम बनाने के लिए कोई विशेष राजनयिक या तकनीकी सहायता प्रदान करती है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या उक्त जिलों के बासमती चावल और तिलहन की खाड़ी देशों और यूरोप में बढ़ती मांग को देखते हुए प्रत्यक्ष निर्यात के संवर्धन के लिए विदेशी व्यापारिक शिष्टमंडलों के दौरों के आयोजन का कोई प्रस्ताव है, यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) सरकार द्वारा इन जिलों के ग्रामीण युवाओं को विदेश में सुरक्षित रोजगार के अवसर प्रदान करने के लिए जिला स्तर पर क्या उपाय किए गए हैं या किए जाने का विचार है?

**विदेश मंत्रालय में राज्य मंत्री; तथा वस्त्र मंत्रालय में राज्य मंत्री (श्री पबित्रा मार्गेरिटा):**

(क) से (घ): विदेशों में स्थित भारतीय मिशन और केंद्र कृषि उत्पादों सहित भारतीय निर्यात को बढ़ावा देने के लिए व्यापार संवर्धन और वाणिज्यिक पहुंच संबंधी गतिविधियों को संपन्न करते हैं। इनमें अंतर्राष्ट्रीय व्यापार मेलों, क्रेता-विक्रेता बैठकों, स्थानीय वाणिज्य मंडलों, व्यापार निकायों

और अन्य हितधारकों के साथ व्यापारिक जुड़ाव में भारतीय निर्यातकों और निर्यात संवर्धन परिषदों (ईपीसी) की भागीदारी शामिल है। वे भारतीय निर्यातकों की व्यापार संबंधी पूछताछ का समाधान भी करते हैं, साथ ही व्यापार के अवसरों, निविदाओं और नियामक आवश्यकताओं के बारे में जानकारी प्रसारित करते हैं।

इस संबंध में, विदेश मंत्रालय और विदेशों में स्थित इसके मिशन/ केंद्र व्यापार संवर्धन गतिविधियों के लिए वाणिज्य और उद्योग मंत्रालय के साथ मिलकर काम करते हैं। निर्यात संवर्धन मिशन (ईपीएम) के तहत, व्यापार मेलों और क्रेता-विक्रेता बैठकों में भाग लेने वाले प्रतिनिधिमंडलों को वित्तीय सहायता प्रदान की जाती है। इसके अलावा, 'एक जिला एक उत्पाद' (ओडीओपी) कार्यक्रम के तहत उत्पादों को विभिन्न पहलों के माध्यम से सक्रिय रूप से बढ़ावा दिया जा रहा है, जिसका मुख्य लाभ ग्रामीण कारीगरों और एमएसएमई को मिल रहा है।

मंत्रालय, द्विपक्षीय श्रम और आवाजाही व्यवस्थाओं, क्षमता निर्माण गतिविधियों, कोंसली सहायता और अन्य कल्याणकारी उपायों के माध्यम से भारतीय नागरिकों की सुरक्षित और वैध विदेशी आवाजाही को सुविधाजनक बनाता है; जो सभी पात्र भारतीय नागरिकों के लिए उपलब्ध हैं।

## न्यायाधीशों की कमी

**3239. श्री नीलेश ज्ञानदेव लंके:**

**श्री ज्ञानेश्वर पाटील:**

**श्रीमती कलाबेन मोहनभाई देलकर:**

**श्री संदिपनराव आसाराम भुमरे:**

क्या **विधि और न्याय** मंत्री यह बताने की कृपा करेंगे किः

(क) महाराष्ट्र, मध्य प्रदेश तथा दादरा और नगर हवेली एवं दमन और दीव संघ राज्यक्षेत्र की निचली अदालतों में तीन वर्ष से अधिक समय से लंबित मामलों की संख्या कितनी है और इसके क्या कारण हैं तथा उक्त मामलों का प्रतिशत कितना है;

(ख) उक्त न्यायालयों में न्यायाधीशों के कितने पद रिक्त पड़े हैं तथा राष्ट्रीय औसत की तुलना में उक्त रिक्तियां कितने प्रतिशत कम हैं;

(ग) निचली अदालतों, उच्च न्यायालयों और उच्चतम न्यायालय में कितने न्यायाधीशों की आवश्यकता है;

(घ) क्या न्यायाधीशों की उक्त आवश्यक संख्या के लिए कोई मानदंड निर्धारित किए गए हैं;

(ङ) महाराष्ट्र, मध्य प्रदेश तथा दादरा और नगर हवेली एवं दमन और दीव संघ राज्यक्षेत्र के विभिन्न न्यायालयों में प्रति दस लाख जनसंख्या पर उपलब्ध न्यायाधीशों की संख्या कितने प्रतिशत है ; और

(च) सरकार द्वारा उक्त मामलों के निपटान में विलंब और न्यायाधीशों की कमी की समस्या से निपटने के लिए उठाए गए कदमों का ब्यौरा क्या है?

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

(क): राष्ट्रीय न्यायिक आँकड़ा ग्रिड (एनजेडीजी) पर उपलब्ध आँकड़ों के अनुसार, 03.08.2026 तक महाराष्ट्र, मध्य प्रदेश और दादरा एवं नागर हवेली तथा दमण एवं दीव के संग राज्य क्षेत्रों की निचली अदालतों में तीन वर्ष से अधिक समय से लंबित मामलों की संख्या और ऐसे मामलों का प्रतिशत निम्नानुसार है:

| क्र.सं. | राज्य/संघ राज्य क्षेत्र का नाम | 3 वर्ष से अधिक समय से लंबित मामलों की संख्या | कुल लंबित मामलों का प्रतिशत |
|---|---|---|---|
| 1. | महाराष्ट्र | 24,69,089 | 40% |
| 2. | मध्य प्रदेश | 7,06,810 | 33% |
| 3. | दादरा और नागर हवेली और दमण और दीव केंद्र शासित प्रदेश | 2,958 | 34% |

(ख): न्याय विकास पोर्टल 2.0 पर उपलब्ध आंकड़ों के अनुसार, 03.08.2026 तक राष्ट्रीय स्तर पर न्यायिक अधिकारियों के 7,310 पद रिक्त हैं, जो जिला एवं अधीनस्थ न्यायालयों में स्वीकृत 30,868 पदों की कुल संख्या का 23.68% है। इसके अतिरिक्त, महाराष्ट्र, मध्य प्रदेश और दादरा और नगर हवेली तथा दमण और दीव संघ राज्य क्षेत्रों की निचली अदालतों में न्यायिक अधिकारियों की स्वीकृत संख्या की तुलना में उनके रिक्त पदों की संख्या इस प्रकार है:

| क्र.सं. | राज्य/संघ राज्य क्षेत्र का नाम | स्वीकृत शक्ति | रिक्ति | रिक्ति % |
|---|---|---|---|---|
| 1. | महाराष्ट्र | 5247 | 897 | 17.09 |
| 2. | मध्य प्रदेश | 2051 | 368 | 17.94 |
| 3. | दादरा और नागर हवेली और दमण और दीव संघ राज्य क्षेत्र | 7 | 1 | 14.28 |

(ग) और (घ): विधि आयोग ने अपनी 120वीं रिपोर्ट (1987) में प्रति दस लाख भारतीय जनसंख्या पर 50 न्यायाधीशों के अनुपात की सिफारिश की थी। इसके अतिरिक्त, 245वीं रिपोर्ट (2014) में विधि आयोग का मानना है कि प्रति व्यक्ति मुकदमों की संख्या भौगोलिक क्षेत्रों में काफी भिन्नता होती है, क्योंकि यह जनसंख्या की आर्थिक और सामाजिक स्थितियों से जुड़ी होती है। अतः विधि आयोग ने न्यायाधीश-जनसंख्या अनुपात को देश में न्यायाधीशों की पर्याप्त संख्या अवधारित करने

का वैज्ञानिक मानदंड नहीं है। विधि आयोग ने "निपटान दर" पद्धति को अधिक व्यावहारिक और उपयोगी पाया, जिसका उद्देश्य लंबित मामलों को निपटाने के लिए अपेक्षित अतिरिक्त न्यायाधीशों की संख्या निर्धारित करना और यह सुनिश्चित करना है कि लंबित मामलों का नया ढेर उत्पन्न न हो।

अगस्त 2014 में, उच्चतम न्यायालय ने राष्ट्रीय न्यायालय प्रबंधन प्रणाली समिति (एनसीएमएस समिति) को विधि आयोग द्वारा की गई सिफारिशों की जांच करने और इस संबंध में अपनी सिफारिशें प्रस्तुत करने के लिए कहा था। एनसीएमएस समिति ने मार्च 2016 में उच्चतम न्यायालय को अपनी रिपोर्ट प्रस्तुत की थी। समिति ने "भारित" निपटान दृष्टिकोण अर्थात् स्थानीय परिस्थितियों में मामलों की प्रकृति और जटिलता के आधार पर निपटान का प्रस्ताव दिया है। माननीय उच्चतम न्यायालय के तारीख 02.01.2017 के आदेश के अनुसार, न्याय विभाग ने एनसीएमएस समिति की अंतरिम रिपोर्ट की एक प्रति सभी राज्य सरकारों और उच्च न्यायालयों को भेजी है ताकि वे जिला और अधीनस्थ न्यायपालिका की अपेक्षित संख्या अवधारित करने के लिए आगे की कार्रवाई कर सकें।

(ङ): न्याय विकास पोर्टल 2.0 पर उपलब्ध आंकड़ों के अनुसार, 03.08.2026 तक महाराष्ट्र, मध्य प्रदेश और दादरा एवं नगर हवेली तथा दमन एवं दीव के जिला एवं अधीनस्थ न्यायालयों में प्रति मिलियन जनसंख्या (पिछली जनगणना के अनुसार) न्यायिक अधिकारियों की स्वीकृत संख्या निम्नानुसार है:

| क्र.सं. | राज्य/संघ राज्य क्षेत्र का नाम | प्रति दस लाख जनसंख्या पर न्यायाधीश |
|---|---|---|
| 1. | महाराष्ट्र | 46.69 |
| 2. | मध्य प्रदेश | 28.24 |
| 3. | दादरा और नागर हवेली और दमण और दीव | 11.92 |

(च): विभिन्न न्यायालयों में लंबित मामलों का निपटान न्यायपालिका के अधिकार क्षेत्र में आता है। न्यायालयों में मामलों का निपटान कई कारकों पर निर्भर करता है, जिनमें पर्याप्त संख्या में न्यायाधीशों और न्यायिक अधिकारियों की उपलब्धता, सहायक न्यायालय कर्मचारी, भौतिक अवसंरचना, अंतर्विष्ट तथ्यों की जटिलता, जांच की गुणवत्ता, साक्ष्य की प्रकृति, हितधारकों जैसे कि बार एसोसिएशन, जांच अभिकरणों, गवाहों और वादियों का सहयोग सम्मिलित है। यद्यपि, सरकार मामलों के शीघ्र निपटान और लंबित मामलों की संख्या कम करने के लिए पूरी तरह प्रतिबद्ध है। सरकार ने न्यायपालिका द्वारा मामलों के त्वरित निपटान के लिए अनुकूल वातावरण प्रदान करने हेतु कई पहल की हैं, जिनमें न्यायाधीशों की समयबद्ध नियुक्ति, कम्प्यूटरीकरण सहित न्यायालयों के लिए बेहतर अवसंरचना, अत्यधिक मुकदमेबाजी वाले क्षेत्रों में नीतिगत और विधायी उपाय, वैकल्पिक विवाद समाधान तंत्र का प्रोत्साहन, नई आपराधिक विधि, 2023 का अधिनियमन और कार्यान्वयन, त्वरित विशेष न्यायालयों की स्थापना, न्यायालय प्रक्रिया का पुनर्गठन और मानव संसाधन विकास पर बल देना सम्मिलित है।

उच्च न्यायपालिका में रिक्त पदों को भरना कार्यपालिका और न्यायपालिका के बीच एक सतत, एकीकृत और सहयोगात्मक प्रक्रिया है। इसके लिए राज्य और केंद्र स्तर पर विभिन्न संवैधानिक प्राधिकरणों से परामर्श और अनुमोदन अपेक्षित है, जो प्रक्रिया ज्ञापन (एमओपी) के अनुसार प्राप्त किए जाते हैं। विचाराधीन नामों के संबंध में सरकार द्वारा उपलब्ध अन्य रिपोर्टों को भी ध्यान में रखकर सिफारिशों पर विचार किया जाता है।

इसके अतिरिक्त, जिला एवं अधीनस्थ न्यायालयों में न्यायिक अधिकारियों के रिक्त पदों को भरना संबंधित उच्च न्यायालयों और राज्य सरकारों का दायित्व है। संवैधानिक ढांचे के अनुसार, संविधान के अनुच्छेद 309 के परंतुक के साथ अनुच्छेद 233 और 234 के अधीन प्रदत्त शक्तियों का प्रयोग करते हुए, संबंधित राज्य सरकार उच्च न्यायालय से परामर्श करके न्यायिक अधिकारियों की नियुक्ति एवं भर्ती संबंधी नियम एवं विनियम बनाती है। माननीय उच्चतम

न्यायालय ने जनवरी 2007 में मलिक मजहर सुल्तान मामले में पारित आदेश के माध्यम से, अन्य बातों के साथ-साथ, कुछ समयसीमाएं अनुबंधित की हैं, जिनका पालन राज्यों और संबंधित उच्च न्यायालयों को जिला और अधीनस्थ न्यायालयों में न्यायाधीशों की भर्ती के लिए किया जाएगा।

## FINANCIAL POWER OF DRDO

**3240. SHRI T.M. SELVAGANAPATHI:**

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

(a) whether the Government has released the Delegation of Financial Powers for the Defence Research and Development Organisation;

(b) if so, the details thereof;

(c) whether it is a fact that the same is aimed at improving efficiency, accountability and the timely execution of strategic research and development projects and if so, the details thereof;

(d) whether the new financial powers framework would enhance self-reliance in defence technologies and significantly strengthen the country's defence preparedness; and

(e) if so, the details thereof?

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

(a) and (b): Yes. The Delegation of Financial Power (DFP-2026) for Defence Research & Development Organisation, has been released by Hon'ble Raksha Mantri on 29 June, 2026.

(c) to (e): Yes. The new DFP-2026 is aimed at improving efficiency, accountability and the timely execution of strategic research and development projects. The delegated financial powers of various functionaries of DRDO have been enhanced to meet the objective of timely execution, self-reliance in defence technologies and strengthen the country's defence preparedness.

## PLI SCHEME FOR BULK DRUGS

**3241. SHRI RADHAKRISHNA:**

**SHRI G LAKSHMINARAYANA:**

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

(a) the number of projects approved under the Production Linked Incentive (PLI) Scheme for Active Pharmaceutical Ingredients (APIs), Key Starting Materials (KSMs) and Drug Intermediates, indicating the committed, approved and actual investment made thereunder, State-wise;

(b) the details of funds allocated/sanctioned/released/utilized and production capacity approved and commissioned under the scheme, State-wise;

(c) the quantity and value of production achieved by approved units during the last three years, State-wise and year-wise;

(d) the details of incentives sanctioned and disbursed under the said scheme along with the number of projects that have not commenced commercial production;

(e) whether any assessment has been made regarding reduction in import dependence for approved APIs and KSMs since commencement of the said scheme, if so, the details thereof indicating the reductions achieved in import dependence for specific APIs identified for import substitution, API-wise; and

(f) the details of APIs, if any where import dependence has not reduced despite scheme approval?

**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): 48 projects have been approved under the Production Linked Incentive (PLI) Scheme for promotion of domestic manufacturing of critical Key Starting Materials (KSMs) / Drug Intermediates (DIs) and Active Pharmaceutical Ingredients (APIs) in India (also known as the PLI Scheme for Bulk Drugs). The scheme has an approved outlay of ₹6,940 crore out of which ₹87.70 crore has been utilized in disbursement of incentive to approved applicants as of March, 2026. Further, production capacity has been created for 28 APIs/KSMs/DIs. Out of these 10 have not achieved commercial production. As of March 2026, cumulative investment of ₹5,070.45 crore has been achieved against a committed investment of ₹4,329.95 crore. The State-

wise details of approved projects, committed investment, actual investment made, production capacity approved, capacity created, quantity and value of production achieved and incentive disbursement are placed at **Statement-I**.

(f): The list of 41 products approved under PLI scheme for Bulk Drugs is placed at **Statement-II.** Out of these, production of following 18 APIs has commenced, thereby reducing import dependency – Penicillin G, Clavulanic Acid, Dexamethasone, Prednisolone, Para Amino Phenol, 1,1 Cyclohexane Diacetic Acid (CDA), Dicyandiamide (DCDA), Atorvastatin, Levofloxacin, Sulfadiazine, Ofloxacin, Norfloxacin, Artesunate, Telmisartan, Lopinavir, Carbamazepine, Oxcarbazepine and Diclofenac Sodium.

## STATEMENT-I

**The State-wise details of approved projects, committed investment, actual investment made, production capacity approved, capacity created, quantity and value of production achieved and incentive disbursement**

| Name of State | No. of projects approved | Investment(in crore ₹) | | Capacity (in MT) | | Production Qty.(in MT) | | | Production value(in crore ₹) | | | Incentive released (in crore ₹) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Committed | Actual | Committed | Installed | 2023- 24 | 2024- 25 | 2025- 26 | 2023-24 | 2024-25 | 2025-26 | |
| Andhra Pradesh | 10 | 1,745.7 | 2,676 | 24,390 | 16,468 | 224.4 | 1,207.4 | 5,498.6 | 63.2 | 258.4 | 865.7 | 31.91 |
| Gujarat | 8 | 330.9 | 407.3 | 14,270 | 13,959 | 7,028.7 | 4,170 | 5,572.7 | 209.5 | 133.1 | 162.9 | 11.3 |
| Haryana* | 1 | 81 | 37 | 800 | NIL | NIL | NIL | NIL | NIL | NIL | NIL | NIL |
| Himachal Pradesh | 2 | 806.8 | 502.6 | 1,100 | 400 | 0.01 | 69.9 | 172.1 | 0 | 115.9 | 242.6 | 11.98 |
| Jammu & Kashmir* | 1 | 185 | 338.65 | 1,000 | NIL | NIL | NIL | NIL | NIL | NIL | NIL | NIL |
| Karnataka | 3 | 96.9 | 201.4 | 37 | 16.7 | 0 | 0 | 0.9 | 0 | 0 | 3.12 | NIL |
| Madhya Pradesh | 2 | 280 | 101.8 | 1,015 | 15 | 3.63 | 4.93 | 0.32 | 24.71 | 33.37 | 3.2 | NIL |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Maharashtra | 5 | 308.4 | 168.8 | 40,185 | 19,180 | 611.9 | 500.3 | 1.14 | 27.51 | 26.41 | 0.01 | NIL |
| Punjab | 1 | 137.7 | 161.1 | 180 | 206 | 91.4 | 79.6 | 58.15 | 119.53 | 96.9 | 72.01 | 27.18 |
| Tamil Nadu | 2 | 31.5 | 45.6 | 280 | 280 | 3.1 | 0.0025 | 5.73 | 0.8 | 0.01 | 1.24 | NIL |
| Telangana | 13 | 326.02 | 430.2 | 7,820 | 7,820 | 103.1 | 89.4 | 108.03 | 87.4 | 85.8 | 101.5 | 5.23 |

* Projects in state of Haryana and UT of J&K are under commissioning stage.

# STATEMENT-II

## The list of 41 products approved under PLI scheme for Bulk Drugs

| S. No. | Name of KSM/DI/API |
|---|---|
| **Key Fermentation based KSMs / Drug Intermediates** | |
| 1 | Penicillin G |
| 2 | 7-ACA |
| 3 | Erythromycin Thiocynate (TIOC) |
| 4 | Clavulanic Acid |
| **Fermentation based niche KSMs I Drug Intermediates I APIs** | |
| 5 | Neomycin |
| 6 | Gentamycin |
| 7 | Betamethasone |
| 8 | Dexamethasone |
| 9 | Prednisolone |
| 10 | Rifampicin |
| 11 | Vitamin BI |
| 12 | Clindamycin Base |
| 13 | Streptomycin |
| 14 | Tetracycline |
| **Key Chemical Synthesis based KSMs I Drug Intermediates** | |
| 15 | 1,1 Cyclohexane Diacetic Acid (CDA) |
| 16 | 2-Methyl-5Nitro-Imidazole (2-MNI) |
| 17 | Dicyandiamide (DCDA) |
| 18 | Para amino phenol |
| **Other Chemical Synthesis based KSMs I Drug Intermediates / APIs** | |
| 19 | Meropenem |
| 20 | Atorvastatin |
| 21 | Olmesartan |
| 22 | Valsartan |
| 23 | Losartan |
| 24 | Levofloxacin |
| 25 | Sulfadiazine |

| | |
|---|---|
| 26 | Ciprofloxacin |
| 27 | Ofloxacin |
| 28 | Norfloxacin |
| 29 | Artesunate |
| 30 | Telmisartan |
| 31 | Aspirin |
| 32 | Diclofenac Sodium |
| 33 | Leveti racetam |
| 34 | Carbidopa |
| 35 | Ritonavir |
| 36 | Lopinavir |
| 37 | Acyclovir |
| 38 | Carbamazepine |
| 39 | Oxcarbazepine |
| 40 | Vitamin B6 |
| 41 | Levodopa |

## SHORTAGE OF DAP

**3242. SHRI B MANICKAM TAGORE:**

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

(a) whether it is a fact that farmers are being forced to purchase alternative additional fertilizers due to shortage of DAP, if so, the details thereof along with the steps taken to ensure adequate availability of DAP during agricultural cropping seasons;

(b) the details of fertilizer subsidy allocated, released and utilized for Urea and DAP during the last three years and the current financial year, along with its impact on retail prices for farmers, year-wise;

(c) whether the Government proposes to increase domestic production capacity of Urea and DAP to reduce dependence on imports and ensure fertilizer security, if so, the details thereof;

(d) whether any assessment has been conducted by the Government regarding the impact of Urea and DAP availability and prices on the cost of cultivation and farmers' income, if so, the findings thereof; and

(e) whether the Government has taken steps to improve fertilizer distribution through digital monitoring systems such as real-time tracking of stocks, movement and sales of Urea and DAP, 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): Following steps are taken by the Government every season for ensuring timely and adequate availability of DAP and other 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. 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.

(ii) 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).

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

(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 is done 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/block level is done by the concerned State government.

In view of above, the availability of DAP in the country has remained adequate during the ongoing Kharif 2026 season. The State-wise information regarding requirement, availability, sales and closing stock of DAP for the period 01.04.2026 to 03.08.2026 is placed at **Statement-I**.

The details of total fertilizer subsidy allocated, disbursed during the last three years i.e. 2023-24 to 2025-26 and current financial year 2026-27 (as on 04.08.2026) by the Government is placed at **Statement-II**.

Further, 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 rate.

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 269.42 LMTPA during 2026-27. 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. Further, setting up of a new Brownfield Ammonia-Urea Complex named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL) with an annual capacity of 12.7 Lakh Metric Tonne of Urea through Joint Venture within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Assam has been approved. These two projects are under execution phase.

Also, 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 2025-26, 293.30 LMT of Urea was produced in the country.

In addition to this, on 15.07.2026, CCEA approved National Investment Policy for Urea-2026 for Aatmanirbhar Bharat (NIPU-2026) for making fresh investments in Urea Sector.

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 Scheme, MRP of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The NBS 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 volatility in international prices of key fertilizers and raw materials is considered while fixing NBS rates for P&K fertilizers so that fertilizers remain affordable to the farmers.

However, to make DAP being 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 2026 season to keep the prices of fertilizers stable.

Under the NBS 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.

However, to reduce dependence on imported Phosphatic fertilizers and make country self-reliant measures have been taken to encourage domestic production through guidelines 18.01.2024 on reasonableness of MRP, wherein importers/ manufacturers and integrated manufacturers are given reasonable profit of 8%/10% and 12% respectively; 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; the number of P&K fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades; Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is being provided since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil. Further the rates of nutrients under NBS scheme are decided on biannual basis to ensure availability of fertilizers under the Scheme.

**STATEMENT-I**

**STATE WISE REQUIREMENT, AVAILABILITY, SALES & CLOSING STOCK OF DAP DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 03.08.26)**

Fig. in LMT

| S.No | State | DAP | | | |
|---|---|---|---|---|---|
| | | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 0.93 | 1.91 | 1.00 | 0.91 |
| 3 | Arunachal Pradesh | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 0.23 | 0.42 | 0.30 | 0.12 |
| 5 | Bihar | 1.72 | 2.46 | 1.09 | 1.37 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 2.60 | 2.13 | 1.59 | 0.54 |
| 8 | Dadra and Nagar Haveli | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.00 | 0.03 | 0.02 | 0.01 |
| 11 | Goa | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 | Gujarat | 2.63 | 2.35 | 1.75 | 0.60 |
| 13 | Haryana | 1.37 | 1.76 | 1.28 | 0.48 |
| 14 | Himachal Pradesh | 0.01 | 0.03 | 0.01 | 0.02 |
| 15 | Jammu and kashmir | 0.18 | 0.29 | 0.20 | 0.09 |
| 16 | Jharkhand | 0.45 | 0.43 | 0.29 | 0.15 |
| 17 | Karnataka | 2.91 | 3.46 | 2.54 | 0.93 |
| 18 | Kerala | 0.07 | 0.18 | 0.10 | 0.07 |

| | | | | | |
|---|---|---|---|---|---|
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 3.89 | 3.57 | 2.59 | 0.98 |
| 21 | Maharashtra | 3.72 | 4.00 | 2.93 | 1.07 |
| 22 | Manipur | 0.02 | 0.02 | 0.01 | 0.01 |
| 23 | Meghalaya | 0.02 | 0.01 | 0.00 | 0.00 |
| 24 | Mizoram | 0.02 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 1.47 | 1.69 | 1.07 | 0.62 |
| 27 | Puducherry | 0.00 | 0.01 | 0.00 | 0.01 |
| 28 | Punjab | 1.66 | 2.61 | 1.49 | 1.12 |
| 29 | Rajasthan | 3.35 | 2.75 | 2.17 | 0.58 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 0.86 | 1.17 | 0.64 | 0.53 |
| 32 | Telangana | 2.12 | 2.25 | 1.89 | 0.36 |
| 33 | Tripura | 0.02 | 0.02 | 0.01 | 0.01 |
| 34 | Uttarakhand | 0.15 | 0.30 | 0.15 | 0.14 |
| 35 | Uttar Pradesh | 5.83 | 9.25 | 4.44 | 4.80 |
| 36 | West Bengal | 0.92 | 1.50 | 0.70 | 0.80 |
| | **All India** | **37.17** | **44.60** | **28.28** | **16.33** |

1. Primary Indicator of comfortable availability: Availability > Requirement
2. Secondary Indicator of comfortable availability: Availability > Sales

## STATEMENT-II

**The details of total fertilizer subsidy allocated, disbursed during the last three years i.e. 2023-24 to 2025-26 and current financial year 2026-27 (as on 04.08.2026) by the Government**

*(Figures in Rs. Crore)*

| Financial Year | Subsidy Scheme | Allocation | Expenditure |
|---|---|---|---|
| 2023–24 | Imported P&K | 28,930.00 | 28,929.57 |
| | Indigenous P&K | 36,270.00 | 36,270.00 |
| | Indigenous Urea | 1,02,027.00 | 1,02,027.00 |

| | | | |
|---|---|---|---|
| | Import of Urea | 28,194.00 | 28,193.94 |
| | **Total** | **1,95,421.00** | **1,95,420.51** |
| 2024–25 | Imported P&K | 18,800.00 | 18,800.00 |
| | Indigenous P&K | 34,010.00 | 34,010.00 |
| | Indigenous Urea | 1,03,319.50 | 1,03,319.50 |
| | Import of Urea | 21,000.00 | 21,000.00 |
| | **Total** | **1,77,129.50** | **1,77,129.50** |
| 2025-26 | Imported P&K | 34,000.00 | 33,999.99 |
| | Indigenous P&K | 41,000.00 | 41,000.00 |
| | Indigenous Urea | 94,219.50 | 94,219.50 |
| | Import of Urea | 51,972.00 | 47,956.24 |
| | **Total** | **2,21,191.50** | **2,17,175.73** |
| 2026-27 (as on 04.08.2026) | Imported P&K | 20,000.00 | 6,953.45 |
| | Indigenous P&K | 34,000.00 | 13,503.54 |
| | Indigenous Urea | 91,000.00 | 38,564.42 |
| | Import of Urea | 31,999.00 | 31,166.01 |
| | **Total** | **1,76,999.00** | **90,187.42** |

## IMPLEMENTATION ASSESSMENT OF POSHAN TRACKER

**3243. SHRI KARTI P CHIDAMBARAM:**

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

(a) whether the Government has undertaken any assessment of the implementation of the Poshan Tracker to evaluate its impact on delivery of nutrition and child development services under Saksham Anganwadi and POSHAN 2.0, if so, the details thereof;

(b) whether such assessment has identified any challenges relating to digital authentication, data quality/service delivery through Poshan Tracker, if so, the details thereof;

(c) whether the Government has prescribed any mechanism for periodic evaluation of the impact of the Poshan Tracker on beneficiary coverage and service delivery, if so, the details thereof; and

(d) the details of the measures taken/proposed to be taken to address the challenges identified and strengthen the implementation of the POSHAN Tracker?

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

(a) to (d): To review the progress of the Mission Saksham Anganwadi and Poshan 2.0 digitally, the Ministry of Women and Child Development (MoWCD) has introduced ‘Poshan Tracker’ application as an ICT based governance tool. It provides facility for monitoring and review of all services provided to the beneficiaries at Anganwadi Centres and also at their home. Poshan Tracker has enabled the Ministry, as well as States and UTs to continuously review the

implementation of the Mission on various parameters and to make course correction.

An outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 was conducted by Development Monitoring and Evaluation Office (DMEO), NITI Aayog (2025). As per the study, digitalization through Poshan Tracker Application has a multi-dimensional impact on nutrition monitoring, Early Childhood Care and Education (ECCE), beneficiary authentication, and service delivery efficiency. The Report highlighted Poshan Tracker as a significant shift from manual, paper-based systems to a technology-enabled governance framework under the Supplementary Nutrition Programme (SNP). As per the report, Poshan Tracker has become the cornerstone for digital monitoring of beneficiaries, inventory, and service delivery at Anganwadi Centres (AWCs). The expansion of digital platforms like the Poshan Tracker represents a foundational shift in governance, enabling greater responsiveness, efficiency, and transparency in the SNP's last-mile delivery. Further, in pursuance to the Union Budget Speech of 2016, every scheme has been aligned with the Finance Commission cycles and its continuation is based on the evaluation of scheme by a third party.

To address network-related issues while using Poshan Tracker, such as low or no internet connectivity in some areas, the application provides offline functionality for conducting e-KYC and face matching under the Facial Recognition System (FRS) for distribution of Take-Home Ration (THR). OTP for e-KYC and Aadhar face matching has to be taken ONCE in the entire life cycle of a beneficiary.

It creates ease of living for the beneficiaries to avail the Anganwadi services even when network or server issues are present. The data entered on the application in the offline mode has provision of 5 days to sync, once network restores.

MoWCD provides continuous training and handholding support to Anganwadi Workers for effective use of the Poshan Tracker application through the following mechanisms:

- Learning Videos and awareness documents: In the Resource section of the Poshan Tracker application, learning videos and awareness documents are available for Anganwadi Workers which can be accessed by them at any point of time for effective delivery of their routine tasks.
- Under the Poshan Bhi Padhai Bhi (PBPB) initiative, the MoWCD is imparting training to all the officials and field functionaries in the States and UTs through a cascading model of training, wherein Master Trainers (District Officers, Block Coordinators and Supervisors) are trained, and the master trainers further train all Anganwadi Workers in the field. Training is imparted on different modules of Poshan Tracker, viz. Facial Recognition System (FRS), Geo-Tagging, Home Visit Scheduler etc. 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.
- Daily Virtual Classroom Sessions: Digital India Corporation (DIC) organises virtual classroom sessions every day (Monday to Friday) from 3:00 PM to 4:00 PM, in which Anganwadi Workers may join to raise operational queries and receive real-

time clarifications on use of the application. Further, training sessions from 4:15 PM to 5:15 PM for State officials (supervisor and above level) are organized to resolve implementation-related issues, disseminate updates, and provide training on newly introduced functionalities and enhancements in the Poshan Tracker application.

## ARCTIC POLICY OF INDIA

**3244. SHRI RAO RAJENDRA SINGH**

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

(a) the measures taken by the Government under Arctic Policy of India to strengthen transportation and connectivity with the Nordic countries;

(b) the steps taken in coordination with the Nordic countries to mitigate climate change under India's Arctic Policy; and

(c) the manner in which India's partnership with the Nordic countries is strengthening maritime and environmental cooperation?

**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) India’s Arctic Policy, titled “India and the Arctic: Building a Partnership for Sustainable Development”, was released in 2022. Guided by the Policy, India works

closely with all the Nordic countries on connectivity, climate action and maritime and environmental cooperation, including through Summit-level engagement.

At the 3rd India-Nordic Summit, held in Norway on 19 May 2026, it was decided to elevate the India-Nordic relationship to a Green Technology and Innovation Strategic Partnership. The leaders also agreed to improve connectivity between the Nordic and the Indo-Pacific regions, in line with the continued development of the India-Middle East-Europe Economic Corridor. There is also direct air connectivity with Finland and Denmark.

On climate change, India and the Nordic countries are working together on renewable energy, green hydrogen, zero- and low-emission technologies such as carbon capture, utilisation and storage and critical minerals in support of the transition to clean energy and sustainable economic growth. The Leadership Group for Industry Transition (LeadIT), launched by India and Sweden in 2019 to reduce emissions from industry, has since been joined by most Nordic countries.

Maritime and environmental cooperation is being strengthened through bilateral dialogues and the Indo-Pacific Oceans Initiative, covering maritime safety, welfare of seafarers, prevention of pollution at sea, green shipping, shipbuilding, sustainable ship recycling and sustainable management of ocean resources. India has recently commenced Maritime Security Dialogues with Nordic countries, including Norway and Denmark.

India also continues its scientific work in the Arctic through its research station, Himadri, in Svalbard, where winter expeditions have been undertaken since December 2023. India's National Centre for Polar and Ocean Research collaborates with institutions in the Nordic countries to study changes in Arctic glaciers, ocean life and marine pollution.

## CASES OF NIPAH VIRUS IN WEST BENGAL

**3245. SHRI ASADUDDIN OWAISI:**

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

(a) whether the Government is aware of the recent cases of Nipah virus outbreak reported in West Bengal, with at least five confirmed cases and the existing of the virus in Kerala, if so, the details thereof;

(b) the specific measures being taken by the Government to prevent the zoonotic transmission from animals to humans, including the details of active surveillance in the affected regions;

(c) whether the Government has issued any advisory for the commencement of screening for Nipah in containment zones across the country along with the details of critical care support in this regard;

(d) the measures taken by the Government to contain the outbreak, given its high fatality rate of 40 per cent to 75 per cent and the absence of approved vaccines or antivirals;

(e) whether a public health advisory has been issued to raise awareness about symptoms, prevention and hygiene in the country, if so, the details thereof; and

(f) whether the Government is aware that Thailand and Singapore are screening passengers arriving from West Bengal, if so, the details of the specific travel advisories issued for outbound passengers from the affected regions?

**THE MINISTER 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 is aware of the reported cases of Nipah virus disease in the States of West Bengal and Kerala. During 2026, West Bengal reported two laboratory-confirmed cases of Nipah virus disease, including one death, while Kerala reported one laboratory-confirmed case. All reported cases were promptly investigated by the respective State Governments with technical support from the National Centre for Disease Control (NCDC). National Joint Outbreak Response Teams (NJORTs) were deployed to both West Bengal and Kerala to support epidemiological investigations, strengthen surveillance, facilitate contact tracing, and assist the States in implementing appropriate public health measures for containment of the outbreaks.

The details of the measures undertaken by the Government to prevent the zoonotic transmission from animals to humans and to contain the outbreak are at **Statement.**

The NCDC has developed and disseminated technical guidance documents, including standard operating procedures, Learning Resource Packages and Communicable Disease Alert to support uniform preparedness, surveillance, diagnosis and response across States and Union Territories. The details may be seen on the links:

(https://ncdc.mohfw.gov.in/uploads/resource/1769335263_ZDPHI_Manual_2025_V2_06.11.2025.pdf) and

(https://ncdc.mohfw.gov.in/uploads/glimpse_pdfs/1770282425_CD-Alert-NIPAH-Virus.pdf)

To strengthen risk communication and community awareness, NCDC has developed and disseminated a range of Information, Education and Communication (IEC) materials, including print, audio and video resources, on priority zoonotic diseases, including Nipah Virus Disease. These materials are used for training of healthcare professionals as well as for public awareness and community outreach activities. The details may be accessed at link:

https://ncdc.mohfw.gov.in/includes/Health_Information/healthcare.php

(f): The Government is aware that during the Nipah virus outbreak reported in West Bengal in early 2026, Singapore and Thailand had introduced temporary public

health screening, including temperature screening, at airports and seaports for travellers arriving from the affected areas in India. These measures were implemented for a limited period and were subsequently discontinued.

**STATEMENT**

**The control measures undertaken and contingency plans for prevention and containment of Nipah virus disease outbreaks**

i. Ministry of Health & Family Welfare (MoHFW) maintained continued support and collaborative engagement with both Virus Research and Diagnostic Laboratories throughout the year, ensuring training, a steady supply of Personal protective equipment and diagnostic reagents.

ii. Integrated Disease Surveillance Program (IDSP) mandates surveillance & response to outbreak prone communicable diseases. IDSP plays a crucial role in prompt response and surveillance of emerging and re-emerging diseases including Nipah Virus disease in the country.

iii. Indian Council of Medical Research (ICMR) and ICMR- National Institute of Virology, Pune, have strengthened Nipah surveillance by enhancing Acute Encephalitis Syndrome in Kerala state and Severe Acute Respiratory Illness surveillance in West Bengal and Kerala since October-November 2024.

iv. A comprehensive guideline on Nipah Virus has been prepared which can be accessed on the link: https://ncdc.mohfw.gov.in/nipah-virus-guidelines/.

v. 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.

vi. 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

vii. 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.

viii. 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/.

## VACANCIES IN GOVERNMENT HOSPITALS AND MEDICAL COLLEGES

**3246. SUSHRI PRANITI SUSHILKUMAR SHINDE:**

**SHRI ARVIND GANPAT SAWANT:**

**SHRI K RADHAKRISHNAN:**

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

(a) the total number of sanctioned posts and vacancies of specialists, doctors, nurses, paramedical staff and faculty in Government hospitals and medical

colleges and the number of vacancies that have existed for more than one year across the country, State/UT-wise along with the reasons therefor;

(b) whether the Government has identified critical shortages in specific specialities especially in rural/underserved areas and if so, the details thereof;

(c) the steps taken by the Government to fill these vacancies including recruitment drives undertaken during the last five years, contractual appointments, and incentives for service in rural and remote areas; and

(d) whether any timeline has been fixed to address these vacancies and strengthen human resources in public healthcare institutions 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): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacancies lies with the respective State/Union Territory Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/Union Territory 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.

The NHM supplements the regular human resources by filling up the gaps in human resources in secondary and primary care facilities (District Hospital and below) as per Indian Public Health Standards (IPHS).

The details of specialists, doctors, nurses and paramedical staff in Government hospitals and their vacancies State/UT-wise can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

Under NHM, following types of incentives and honorarium are provided for encouraging doctors and healthcare workers to practice in rural and remote areas of the country to mitigate the impact of shortage of doctors and healthcare workers:

- 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 Gynaecologists/ 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 includes:-
- 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.

## INDIAN SEAFARERS IN CONFLICT ZONES

**3247 SHRI V K SREEKANDAN:**

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

(a) whether it is true that the Directorate General of Shipping has advised maritime recruitment and placement agencies not to deploy Indian seafarers to conflict zones until further notice;

(b) whether it is also true that these directives were issued after three Indian seafarers were killed and many were injured or missing in a U.S. strike on a ship off the coast of Oman;

(c) whether it is also true that the Directorate General of Shipping is closely monitoring the evolving situation in coordination with all concerned in the light of continued attack on ships that carry Indian seafarers; and

(d) if so, the details thereof?

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

(a) to (d): In view of the evolving maritime security situation, the Directorate General of Maritime Administration (DGMA), a subordinate body under this Ministry progressively updates its advisories in response to the evolving security situation across the region. Advisories are precautionary in nature and are intended to enhance the safety and security of Indian seafarers. They were issued in response to the evolving security situation and not to any single incident.

Further, from the onset of the security situation in the Strait of Hormuz, several measures have been taken to safeguard Indian seafarers. These include the establishment of a dedicated 24x7 Control Room, maintenance of a live vessel-and-crew database, and issuance of a Situation Report (SITREP) every 24 hours (currently SITREP No. 165) to monitor the movement of vessels, Indian seafarers, incidents and casualties. DGMA has also developed an integrated digital platform with dedicated 24x7 Marine Casualty Reporting, Crisis Management and

Seafarer Grievance Redressal modules to ensure prompt reporting and response. The evolving maritime security situation is being continuously monitored through the DG Communication Centre (DGCOMM) in coordination with the Indian Navy, Flag States, coastal authorities, shipowners, ship managers, Recruitment and Placement Services Licence (RPSL) agencies and other concerned stakeholders. The details are placed at **Statement**.

## STATEMENT

### The details of round-the-clock monitoring, reporting and crisis-response backbone

(1) **Round-the-clock monitoring, reporting and crisis-response backbone**

(i) DG Communication Centre (MMDAC) – the central maritime distress and coordination node, manned 24x7, together with a dedicated 24-hour Control Room.

(ii) Daily ship reporting advisory – vessels in the region report through the online Ship Reporting Form, maintaining a live vessel-and-crew database.

(iii) Continuous real-time monitoring – through the DGComm Centre, with a Situation Report issued every 24 hours (currently SITREP No. 165) to track vessels, seafarers, incidents and casualties.

(iv) eNavik Portal – an integrated digital platform with dedicated 24x7 Marine Casualty Reporting, Crisis Management and Seafarer Grievance Redressal

modules, providing digital incident reporting with automated routing to the concerned authorities and real-time tracking of response measures.

(2) **Whole-of-government and international coordination**

(i) Inter-agency coordination is maintained by DGMA/ Ministry of Ports, Shipping & Waterways with the Ministry of External Affairs, the Indian Navy, the Ministry of Petroleum & Natural Gas, the Department of Fertilizers, the IFC-IOR and Indian Missions abroad.

(ii) International coordination – evacuation of stranded seafarers is pursued through a coordinated mechanism involving the IMO, the UKMTO, the MICA Centre and coastal States.

(3) **Evacuation and repatriation**

As on 03 August 2026, 4052 seafarers have been repatriated from the Gulf region and 62 vessels have successfully transited Strait of Hormuz (23 Indian-flagged and 39 foreign-flagged) for India.

(4) **RPSL / e-migration system**

Single point of control – every Indian seafarer is engaged through a licensed RPSL agency and cannot clear e-migration or sign on to a vessel without formal, verified approval.

(5) **Welfare and Assistance**

i. Family support – close and continuing contact with the families of affected

seafarers is maintained.

ii. Compensation in fatality cases – immediate support including release of Rs. 10,00,000 through the Seafarers Welfare Fund Society.

iii. 24x7 grievance redressal – multiple always-on channels for assistance domestic toll-free 1800-889-7768; international toll-free (USA) +1-888-988-0256; WhatsApp +91 8655856830; email enavik.24x7@gov.in; and the e-Navik grievance portal.

(6) **Advisories to Ensure the Safety and Security of Indian Seafarers:**

i. **DGS Advisory (14.01.2026)** – *Advisory to Indian Seafarers and Shipping Stakeholders in view of MEA Advisory on Iran*, advising shipping companies not to deploy Indian seafarers to Iran until further orders, requiring close monitoring of Indian crews in the region, and directing seafarers to follow advisories issued by the Embassy of India and the Ministry of External Affairs.

ii. **DGS Circular 09 of 2026 (28.02.2026)** – *Urgent Advisory to Indian Seafarers and Shipping Stakeholders in view of Escalating Situation in Iran*, requiring Indian seafarers in Iran to remain vigilant, register with the Embassy of India, coordinate for safe departure where feasible, and directing stakeholders to immediately provide details of Indian seafarers in affected areas.

iii. **DGS Circular 10 of 2026 (06.03.2026)** – *Safety Advisory for Indian Seafarers and Shipping Stakeholders Operating in the Persian Gulf, Strait of Hormuz and Adjacent Waters*, advising continuous vigilance, compliance with ISPS Code security measures, establishment of 24x7 emergency contact mechanisms, liaison

with Indian Missions, emergency preparedness, and psychological counselling support for seafarers and their families where necessary.

iv. **DGS Circular 11 of 2026 (07.03.2026)** – *Social Media Advisory to Maritime Stakeholders and Seafarer Community*, directing maritime stakeholders to refrain from circulating unverified information, rumors, fake videos or speculative reports and to rely only on authenticated information from official sources.

v. **DGS Circular 21 of 2026 (07.04.2026)** – *Safety Advisory for Indian Seafarers Ashore in Iranian Ports and Onboard Vessels Operating in or Around Iranian Waters*, advising seafarers in Iran to remain at designated locations, avoid unnecessary travel, maintain heightened vigilance, follow Embassy advisories and remain in contact with company representatives, while also providing 24×7 emergency assistance contact details.

vi. **DGS Circular 31 of 2026 (13.06.2026)** – *Precautionary Measures for Indian Seafarers in view of the Heightened Security Situation in the Gulf Region*, reiterating heightened security vigilance, directing shipping companies and RPSL companies to restrict deployment of Indian seafarers to conflict areas until further orders (except emergency crew changes with consent), monitoring and reporting requirements, and dissemination of verified security information.

vii. **DGS Circular No. 36 of 2026 {15.07.2026)** : In view of renewed attacks on merchant vessels, DGS Circular No. 36 of 2026 mandated the implementation of full International Ship and Port Facility Security (ISPS) Code security measures and advised against the deployment of Indian seafarers on voyages transiting through the gulf region.

viii. **DGMA Circular No.41 of 2026 (23.07.2026)** – Advisory issued for Indian and foreign flagged vessels carrying Indian seafarers operating in the Black Sea, requiring enhanced caution, voyage specific security assessments, strict adherence to security advisories and immediate reporting of incidents.

ix. **DGS Circular No.42 of 2026 (23.07.2026)** - Advisory issued for vessels operating in the Bab-el-Mandeb Strait, Southern Red and adjoining Yemen waters, directing shipowners and masters to exercise utmost caution, continuous monitor security, developments and implement additional risk mitigation measures.

## बरेली में स्वास्थ्य अवसंरचना परियोजनाएं

**3248. श्री छत्रपाल सिंह गंगवार:**

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

(क) उत्तर प्रदेश में और विशेषकर बरेली ज़िले में, प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) और केंद्र सरकार की अन्य स्वास्थ्य योजनाओं के अंतर्गत स्वीकृत की गई स्वास्थ्य अवसंरचना परियोजनाओं की वर्तमान स्थिति क्या है;

(ख) इन परियोजनाओं के अंतर्गत अब तक हुई प्रगति क्या है और किए गए व्यय का ब्यौरा क्या है;

(ग) क्या सरकार का बरेली संभाग में तृतीयक स्वास्थ्य देख-रेख सेवाओं और चिकित्सा अवसंरचना को और सुदृढ़ करने के लिए किसी अतिरिक्त प्रस्ताव का विचार है; और

(घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम), केंद्रीय प्रायोजित योजना (सीएसएस) है जिसमें कुछ केंद्रीय क्षेत्र (सीएस) घटक हैं, को स्वास्थ्य सेवा प्रदायगी,

जन स्वास्थ्य कार्रवाई और स्वास्थ्य अनुसंधान को एकीकृत करने वाले सुधारों के माध्यम से भारत की जन स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए कार्यान्वित किया गया है, जिससे महामारियों और अन्य जन स्वास्थ्य आपात स्थितियों का प्रभावी ढंग से अनुक्रिया देने के लिए सार्वजनिक स्वास्थ्य प्रणालियों की क्षमता बढ़ती है।

योजना के सीएसएस घटक के तहत, उत्तर प्रदेश को 1670 भवन रहित उप स्वास्थ्य केंद्र–आयुष्मान आरोग्य मंदिर (एसएचसी-एएएम) के निर्माण/सुदृढ़ीकरण, 674 शहरी आयुष्मान आरोग्य मंदिर (यू-एएएम), 515 ब्लॉक जन स्वास्थ्य इकाइयाँ (बीपीएचयू), 75 एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाएँ (आईपीएचएल) और 74 क्रिटिकल केयर ब्लॉक (सीसीबी) शामिल हैं, की स्थापना के लिए प्रशासनिक अनुमोदन प्रदान किया गया है।

उत्तर प्रदेश सरकार द्वारा प्रदान की गई जानकारी के अनुसार, बरेली जिले में एक एकीकृत जन स्वास्थ्य प्रयोगशाला (आईपीएचएल), दस ब्लॉक जन स्वास्थ्य इकाइयाँ (बीपीएचयू) और 15 उप-स्वास्थ्य केंद्र- आयुष्मान आरोग्य मंदिर (एसएचसी- एएएम) को पीएम-अभिम के तहत अनुमोदित किया गया है।

पीएम-अभिम के अंतर्गत, अनुमोदित कार्यकलापों के आधार पर राज्यों/संघ राज्य क्षेत्रों को एकमुश्त आधार पर निधियाँ जारी की जाती हैं, जिससे वे अपनी आकलित आवश्यकताओं और प्राथमिकताओं के अनुसार इन निधियों का उपयोग कर सकें। पिछले तीन वित्तीय वर्षों अर्थात् वित्तीय वर्ष 2023-24 से वित्तीय वर्ष 2025-26 तक उत्तर प्रदेश के लिए पीएम-अभिम के अंतर्गत केंद्रीय निर्गत और व्यय का विवरण निम्नानुसार है:

**(करोड़ रु. में)**

| **राज्य** | **2023-24** | | **2024-25** | | **2025-26** | |
|---|---|---|---|---|---|---|
| | **केंद्रीय निर्गत** | **व्यय** | **केंद्रीय निर्गत** | **व्यय** | **केंद्रीय निर्गत** | **व्यय** |
| उत्तर प्रदेश | 247.96 | 252.69 | 400.95 | 544.74 | 211.88 | 511.46 |

नोट:

1. उपरोक्त जारी राशियों में केंद्रीय सरकारी अनुदान शामिल हैं और इनमें राज्य के हिस्से का योगदान शामिल नहीं है।

2. व्यय में केंद्रीय निर्गत, राज्य निर्गत के लिए किया गया व्यय और वर्ष की शुरुआत में शेष अव्ययित राशि शामिल है।
3. व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत एफएमआर के अनुसार है और यह अनंतिम है।

स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर, उत्तर प्रदेश सहित राज्यों/संघ राज्य क्षेत्रों को ग्रामीण क्षेत्रों में जन स्वास्थ्य सेवा प्रणाली के सुदृढ़ीकरण के लिए तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही रिकार्ड (आरओपी) के रूप में प्रस्ताव को मंजूरी प्रदान करती है। उत्तर प्रदेश में स्वास्थ्य सेवा के सुदृढ़ीकरण के लिए दी गई स्वीकृतियों का विवरण स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट पर निम्न यूनिफ़ॉर्म रिसोर्स लोकेटर (यूआरएल) पर उपलब्ध है:

www.nhm.gov.in/index4.php?lang=1&level=0&linkid=49&lid=62

**प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई)** का उद्देश्य देश में किफायती विशिष्ट स्वास्थ्य परिचर्या सेवाओं की उपलब्धता में क्षेत्रीय असंतुलन को दूर करना और गुणवत्तापूर्ण चिकित्सा शिक्षा के लिए सुविधाकेंद्रों का विस्तार करना है। योजना के अंतर्गत, उत्तर प्रदेश को रायबरेली और गोरखपुर में 2 नए अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना तथा चार सरकारी मेडिकल कॉलेजों/संस्थानों (जीएमसीआई) अर्थात् एसजीपीजीआईएमएस, लखनऊ; इंस्टीट्यूट ऑफ मेडिकल साइंसेज (आईएमएस), बीएचयू, वाराणसी में ट्रॉमा सेंटर (टीसी); जवाहरलाल नेहरू मेडिकल कॉलेज ऑफ अलीगढ़ मुस्लिम यूनिवर्सिटी (एएमयू), अलीगढ़; सरकारी मेडिकल कॉलेज, झांसी; बीआरडी मेडिकल कॉलेज, गोरखपुर; एमएलएन मेडिकल कॉलेज, इलाहाबाद; एलएलआरएम मेडिकल कॉलेज, मेरठ; सरकारी मेडिकल कॉलेज, आगरा; सरकारी मेडिकल कॉलेज, कानपुर; इंस्टीट्यूट ऑफ मेडिकल साइंसेज (आईएमएस), बीएचयू, वाराणसी में एसएसबी; और आरआईओ, आईएमएस, बीएचयू, वाराणसी को अनुमोदित किया गया है।

केंद्र प्रायोजित योजना (सीएसएस) के तहत 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता देते हुए

जहाँ कोई सरकारी या निजी मेडिकल कॉलेज नहीं है। उत्तर प्रदेश राज्य में बस्ती; फैजाबाद; फिरोजाबाद; शाहजहांपुर; बहराइच; एटा; हमीरपुर; प्रतापगढ़; फतेहपुर; सिद्धार्थनगर (डोमियागंज); देवरिया; गाज़ीपुर; मिर्ज़ापुर; बिजनौर; कुशीनगर; सुलतानपुर; गोंडा; ललितपुर; लखीमपुर खेरी; चंदौली; बुलंदशहर; सोनभद्र; पीलीभीत; औरैया; कानपुर देहात; कौशांबी और अमेठी जिलों के लिए 27 मेडिकल कॉलेजों को अनुमोदित किया गया।

## FACILITIES IN ANGANWADIS

**3249. SHRI VARUN CHAUDHRY:**

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

(a) the total number of operational Anganwadi Centres (AWCs) and the number of AWCs which lack the facilities of drinking water, toilets, electricity connection, etc.; and

(b) the time frame by which the facilities like drinking water, toilets, electricity connection etc. will be provided in the AWCs across the country?

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

(a) and (b): The state wise number of Anganwadi Centres (AWCs) and details of infrastructure are available at the link: https://www.poshantracker.in/statistics.

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 administration. The matter regarding infrastructure is regularly taken up with States and UTs through sustained engagements and video conferences so as to ensure uninterrupted delivery of services to the beneficiaries.

Also, in order to improve the infrastructure facilities at AWCs, funds @Rs.17,000/- for providing drinking water facilities and @Rs.36,000/- for construction of toilets are provided to States and UTs.

## HIGH ALTITUDE MEDICINAL PLANTS IN LADAKH

**3250. SHRI MOHMAD HANEEFA:**

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

(a) whether the Government has taken cognisance of the fact that Ladakh possesses significant potential for the cultivation of high-altitude medicinal plants such as Seabuckthorn, Rhodiola, Artemisia and Aconitum, but scientific cultivation, processing and market linkages remain limited, if so, the details thereof;

(b) the details of the projects sanctioned in Leh and Kargil under the National AYUSH Mission (NAM) and the National Medicinal Plants Board (NMPB) during the last five years, indicating the funds sanctioned, released and utilised, district-wise;

(c) whether the Government has assessed the commercial potential and constraints relating to cultivation, certification, processing, transportation and market access for medicinal plants in Ladakh, if so, the details thereof; and

(d) whether the Government proposes to establish processing centres, quality-testing laboratories, FPOs and assured market linkages in Ladakh to promote

sustainable cultivation and generate local employment and if so, the timeline 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): Yes.

The government has taken cognisance of the fact that Ladakh possesses significant potential for the cultivation of high-altitude medicinal plants such as Seabuckthorn, Rhodiola, Artemisia and Aconitum. National Medicinal Plants Board (NMPB) is implementing Central Sector Scheme (CSS) on “Conservation, Development and Sustainable Management of Medicinal Plants” throughout the country. The scheme is aimed at providing project based support for the different activities. The Forward and backward linkage in supply chain of medicinal plants (Integrated Component) is one of the component of CSS scheme 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.

NMPB has launched “e-CHARAK” mobile application as well as web portal for the promotion and marketing of medicinal plants/herbs. The “e-CHARAK” application supports different local languages and it also provides fortnightly market price of 100 MPs from 25 herbal markets across India including Ladakh.

NMPB facilitates market linkage to the farmers/ collectors involved in cultivation/collection of medicinal plants. The detailed requirements from major companies (along with contact details of person from purchase dept) is shared with all State Implementing Agencies and Regional-cum-Facilitation Centers supporting cultivation of Medicinal Plants.

Further, State Medicinal Plant Board (SMPB), Union Territory of Ladakh, has recognized the significant potential of high-altitude medicinal plants in the region due to its unique agro-climatic conditions and rich biodiversity. In this regard the SMPB, UT Ladakh conducts training programmes, seminars, workshops and buyer-seller meets to promote the scientific cultivation, conservation, and sustainable utilization of medicinal plants. In collaboration with concerned departments and research institutions, efforts are made to strengthen conservation, awareness and value addition.

(b): The detail of the projects sanctioned in Leh and Kargil under the National Medicinal Plants Board (NMPB) during the last five years, indicating the funds sanctioned, released and utilized is placed at **Statement.**

Ministry of Ayush is implementing the Centrally Sponsored Scheme of National AYUSH Mission (NAM) through State/UT Governments including Leh and Kargil in Ladakh and providing financial assistance to them for overall development

& promotion of Ayush systems of the medicine in the country against their proposals received through State Annual Action Plans (SAAPs) as per the provisions of NAM guidelines. The Mission inter-alia makes provision for the following activities: -

i. Ayush Health & Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) [AAM (Ayush)].
ii. Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).
iii. Upgradation of existing standalone Government Ayush Hospitals.
iv. Upgradation of existing Government/Panchayat/Government aided Ayush Dispensaries/Construction of building for existing Ayush Dispensary (Rented/ dilapidated accommodation)/Construction of building to establish new Ayush Dispensary in the area where there are no Ayush facilities available.
v. Setting up of upto 10/30/50 bedded Integrated Ayush Hospitals.
vi. Supply of essential drugs to Government Ayush Hospitals, Government Dispensaries and Government/Government aided Teaching Institutional Ayush Hospitals.
vii. Ayush Public Health Programmes.
viii. Establishment of new Ayush colleges in the States where availability of Ayush teaching institutions is inadequate in Government Sector.
ix. Infrastructural development of Ayush Under-Graduate Institutions and Ayush Post-Graduate Institutions/ add on PG/ Pharmacy /Para-Medical Course.

Further, as per the proposals received from UT Government of Ladakh through SAAPs, Ministry of Ayush has released an amount of Rs. 705.11 lakhs during last

05 years for implementation of different approved activities/projects of SAAPs and as reported they have utilized Rs. 534.24 lakhs. Further, there is no provision for release of district-wise funds under NAM.

(c): SMPB, Union Territory of Ladakh has assessed the opportunities and constraints in the medicinal plant sector. Efforts are made through capacity-building programmes to address constraints and promote sustainable cultivation and commercialization of medicinal plants. Further, RCFC NR-II has consistently supported the establishment of post-harvest processing and quality-testing infrastructure in Ladakh for promoting sustainable cultivation and generating local employment.

(d): Currently, NMPB Ministry of Ayush is implementing “Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants” throughout the country. Under the scheme, the project-based support is provided for following activities:

i. Livelihood linkages with Joint Forest Management Committees (JFMCs) for value addition and livelihood generation in forest areas / Panchayats / Van Panchayats / Biodiversity Management Committees (BMCs) / Self Help Groups (SHGs).
ii. Information Education and Communication (IEC) activities like Training / workshops / Seminars/ Conferences etc.
iii. Research & Development.
iv. Promotion of marketing and trade of medicinal plants produce.
v. Forward and backward linkage in supply chain of medicinal plants.

As per the information received from Ministry of Agriculture and Farmers Welfare, the Department of Agriculture & Farmers Welfare is implementing Mission for Integrated Development of Horticulture (MIDH) for holistic development of horticulture throughout the country. Under MIDH, financial assistance is provided to the Public Sector only for for establishment of Center of Excellence (CoE).

A Centre of Excellence in Horticulture (CoE) is a specialized facility established with the objective of promoting excellence in horticultural practices, enhancing productivity, and ensuring sustainable development in the sector. These centers function as hubs of advanced research, demonstration, and training for farmers, entrepreneurs, and horticultural professionals. The CoE serves as demonstration and training centre for latest technologies in horticulture development. The centre also serves as source of planting material for fruits and vegetable seedlings for protected cultivation.

Under MIDH, a Centre of Excellence (CoE) for Seabuckthorn has been established at Nimoo, Leh with financial assistance of Rs. 789.33 lakh. The project was initiated during 2020-21 and implemented by the Department of Horticulture, UT Ladakh with technical support from Defence Research and Development Organisation (DRDO) - Defence Institute of High-Altitude Research (DIHAR), Leh. The Centre comprises a scientific orchard, model nursery, demonstration and training facilities, primary processing unit and capacity-building programmes for farmers, Farmer Producer Organizations (FPOs), Self-Help Groups (SHGs), women and entrepreneurs.

The Centre promotes scientific cultivation, production of quality planting material, demonstration of primary processing technologies and capacity building of farmers, FPOs, SHGs, women and entrepreneurs. The Centre facilitates demonstration of pilot-scale processing, establishment of model orchards and nurseries, development of standard package of practices and knowledge transfer for strengthening the Seabuckthorn value chain.

## STATEMENT

**List of Projects approved by NMPB, Ministry of Ayush under the Central Sector Scheme for Conservation, Development and Sustainable management of Medicinal Plants during the last five years.**

| S. No. | Year | Title of the project | Organization | Amount Sanctioned (in Lakhs) | Amount Released (in Lakhs) | Amount Utilized (in Lakhs) |
|---|---|---|---|---|---|---|
| 1. | 2022-23 | National Level Conference on Identification and Conservation of Medicinal Plants and Flora of Ladakh | Biodiversity Research Centre, Kargil Campus, University of Ladakh | 5.00 | 5.00 | 0.00 |
| 2. | 2022-23 | National Seminar on Himalayan Medicinal Plants: Present and Future Prospects | Department of Botany Elizer Joldan Memorial College Leh, UT Ladakh | 5.00 | 5.00 | 5.00 |
| 3. | 2024-25 | Establishment of Herbal Garden at the campus of CIBS, Choglamsar, Leh, Ladakh | Central Institute of Buddhist Studies, (Deemed to be | 1.35 | 0.75 | - |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | University) Choglamsar, Leh Ladakh-194101 | | | |
| 4. | 2024-25 | Conservation Status, Germplasm Collection and Resource Augmentation of Priority Medicinal Plants in the Cold Deserts of Ladakh | Scientist In-charge National Research Institute Sowa - Rigpa (NRISR) Leh Ladakh | 13.48 | 13.48 | 13.46 |
| 5. | 2024-25 | National Seminar on Medicinal Plants conservation and Management: Trans-Himalayan Prospective | High Mountain Arid Agriculture Research Institute, SKUAST-K. Stakna, Leh Ladakh | 5.00 | 5.00 | 0.00 |
| 6. | 2025-26 | Enhancement of Salidroside Content through Various Means in *Rhodiola imbricata* Edgew. from the Cold Desert of Leh Ladakh: In Field and in vitro Approaches. | Co-Organization Institute of Sowa Rigpa, Leh-Ladakh | 9.92 | - | - |
| 7. | 2023-24 to 2025-26 | Nucleus center maintenance grant | SMPB UT LADAKH | 81.00 | 81.00 | 74.52 |

## VACANCIES IN THE JUDICIARY

**3251. SHRI TANGELLA UDAY SRINIVAS:**

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

(a) the sanctioned strength, working strength and vacancies of Judges in the Supreme Court, High Courts and subordinate courts, State-wise, as on date;

(b) the number of judicial appointments made and vacancies filled during the last five years, year-wise;

(c) whether the Government has undertaken any assessment of the impact of judicial vacancies on pendency of cases and, if so, the details thereof; and

(d) the steps taken or proposed to expedite judicial appointments and strengthen judicial capacity for timely disposal of cases?

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

(a): The data on Sanctioned Strength, Working Strength and Vacancies of Judges in the Supreme Court, High Courts and Subordinate Courts, State-wise, as on 03.08.2026, are at **Statement-I** and **Statement-II**.

(b) to (d): Appointment of Judges in the higher judiciary is a continuous, integrated and collaborative process between the executive and the judiciary. It requires consultation and approval from various Constitutional Authorities both at State and

Central level. From 2014 (May) till 03.08.2026, 77 Judges have been appointed in the Supreme Court and 1178 Judges have been appointed in various High Courts. The number of judicial appointments made and vacancies filled during the last five years in Supreme Court and High Courts, year-wise is as under:

| Year | Supreme Court | High Courts |
|---|---|---|
| **2021** | 09 | 120 |
| **2022** | 03 | 165 |
| **2023** | 14 | 110 |
| **2024** | 04 | 34 |
| **2025** | 07 | 157 |
| **2026(as on 03.08.2026)** | 05 | 22 |

Further, 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.

The details of Sanctioned and Working Strength of Judicial Officers in the District and Subordinate Courts, during the last five years, year-wise is as under:

| Year | Sanctioned Strength | Working Strength |
|---|---|---|
| **2021** | 24492 | 19328 |
| **2022** | 25077 | 19319 |
| **2023** | 25345 | 20018 |
| **2024** | 25753 | 20694 |
| **2025** | 25900 | 21093 |
| **2026(as on 03.08.2026)** | 30868 | 23558 |

Disposal of cases pending in various courts lies within the domain of the Judiciary. Disposal of cases in courts depends on several factors which, inter-alia, include availability of adequate number of Judges and Judicial officers, supporting court staff, physical infrastructure, complexity of facts involved, quality of investigation, nature of evidence, co-operation of stake holders viz bar, investigation agencies, witnesses, litigants. However, the Government is fully committed for speedy disposal of cases and reducing pendency. The Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary which, inter-alia, involves timely appointment of Judges, better infrastructure for courts including computerization, policy and legislative measures in the areas prone to excessive litigation, promoting Alternate Dispute Resolution mechanism, enactment and implementation of New Criminal Laws 2023, establishment of Fast Track Special Courts, re-engineering of court procedure and emphasis on human resource development.

## STATEMENT-I

## Sanctioned Strength, Working Strength and Vacancies of Judges in the Supreme Court and High Courts, State-wise, as on 03.08.2026

| | Name of Court | Sanctioned strength | Working strength | Vacancies |
|---|---|---|---|---|
| **A.** | **Supreme Court** | **38** | **35** | **3** |
| **B.** | **High Court** | | | |
| 1 | Allahabad | 160 | 107 | 53 |
| 2 | Andhra Pradesh | 37 | 32 | 5 |
| 3 | Bombay | 94 | 75 | 19 |
| 4 | Calcutta | 72 | 41 | 31 |
| 5 | Chhattisgarh | 22 | 13 | 9 |
| 6 | Delhi | 60 | 44 | 16 |
| 7 | Gauhati | 30 | 24 | 6 |
| 8 | Gujarat | 52 | 34 | 18 |
| 9 | Himachal Pradesh | 17 | 12 | 5 |
| 10 | J & K and Ladakh | 25 | 12 | 13 |
| 11 | Jharkhand | 25 | 13 | 12 |
| 12 | Karnataka | 62 | 48 | 14 |
| 13 | Kerala | 47 | 36 | 11 |
| 14 | Madhya Pradesh | 53 | 37 | 16 |
| 15 | Madras | 75 | 51 | 24 |
| 16 | Manipur | 5 | 3 | 2 |

| | | | | |
|---|---|---|---|---|
| 17 | Meghalaya | 4 | 4 | 0 |
| 18 | Orissa | 33 | 17 | 16 |
| 19 | Patna | 53 | 43 | 10 |
| 20 | Punjab & Haryana | 85 | 55 | 30 |
| 21 | Rajasthan | 50 | 39 | 11 |
| 22 | Sikkim | 3 | 2 | 1 |
| 23 | Telangana | 42 | 27 | 15 |
| 24 | Tripura | 5 | 4 | 1 |
| 25 | Uttarakhand | 11 | 8 | 3 |
| | **Total** | **1122** | **781** | **341** |

## STATEMENT-II

## Sanctioned Strength, Working Strength and Vacancies of Judges in the Subordinate Courts, State-wise, as on 03.08.2026

| Sl. No. | States/UTs | Sanctioned strength | Working strength | Vacancy |
|---|---|---|---|---|
| 1. | Andhra Pradesh | 739 | 565 | 174 |
| 2. | Arunachal Pradesh | 53 | 39 | 14 |
| 3. | Assam | 486 | 445 | 41 |
| 4. | Bihar | 2032 | 1658 | 374 |
| 5. | Chandigarh | 30 | 30 | 0 |
| 6. | Chhattisgarh | 677 | 500 | 177 |
| 7. | D & N Haveli | 3 | 2 | 1 |

| | | | | |
|---|---|---|---|---|
| 8. | Daman & Diu | 4 | 4 | 0 |
| 9. | Delhi | 950 | 832 | 118 |
| 10. | Goa | 60 | 57 | 3 |
| 11. | Gujarat | 1720 | 1185 | 535 |
| 12. | Haryana | 787 | 648 | 139 |
| 13. | Himachal Pradesh | 192 | 172 | 20 |
| 14. | Jammu and Kashmir | 322 | 267 | 55 |
| 15. | Jharkhand | 710 | 498 | 212 |
| 16. | Karnataka | 2812 | 1172 | 1640 |
| 17. | Kerala | 614 | 574 | 40 |
| 18. | Ladakh | 17 | 8 | 9 |
| 19. | Lakshadweep | 5 | 2 | 3 |
| 20. | Madhya Pradesh | 2051 | 1683 | 368 |
| 21. | Maharashtra | 5247 | 4350 | 897 |
| 22. | Manipur | 72 | 47 | 25 |
| 23. | Meghalaya | 99 | 57 | 42 |
| 24. | Mizoram | 74 | 45 | 29 |
| 25. | Nagaland | 34 | 24 | 10 |
| 26. | Odisha | 1183 | 854 | 329 |
| 27. | Puducherry | 38 | 26 | 12 |
| 28. | Punjab | 834 | 696 | 138 |
| 29. | Rajasthan | 1712 | 1517 | 195 |
| 30. | Sikkim | 36 | 31 | 5 |
| 31. | Tamil Nadu | 1400 | 1204 | 196 |

| | | | | |
|---|---|---|---|---|
| 32. | Telangana | 619 | 474 | 145 |
| 33. | Tripura | 133 | 119 | 14 |
| 34. | Uttar Pradesh | 3700 | 2618 | 1082 |
| 35. | Uttarakhand | 318 | 280 | 38 |
| 36. | West Bengal | | | |
| | Andaman and Nicobar | 1105 | 875 | 230 |
| | **Total** | **30,868** | **23,558** | **7,310** |

**Source: Nyaya Vikas Portal 2.0**

## निवारक स्वास्थ्य देख-रेख और जाँच कार्यक्रम

**3252. श्री ज्ञानेश्वर पाटील:**

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

(क) पूरे देश में प्राथमिक और द्वितीयक स्वास्थ्य देख-रेख सुविधाओं में डायबिटीज, हाइपरटेंशन और प्रमुख कैंसर की शुरुआती जाँच के कार्यक्रमों की वर्तमान स्थिति क्या है;

(ख) जन स्वास्थ्य पहलों के अंतर्गत पोषण शिक्षा को कितना संस्थागत रूप दिया गया है और तत्संबंधी ब्यौरा क्या है;

(ग) सरकार द्वारा अन्य मंत्रालयों के सहयोग से निवारक स्वास्थ्य उपायों के रूप में वायु प्रदूषण से निपटने और सुरक्षित पेयजल उपलब्ध कराने के लिए क्या कदम उठाए गए हैं; और

(घ) क्या निवारक स्वास्थ्य देख-रेख पर होने वाले व्यय की तुलना तृतीयक स्वास्थ्य देखरेख और आईसीयू अवसंरचना पर होने वाले व्यय के साथ किए जाने के लिए कोई लागत-लाभ संबंधी आकलन किया गया है, साथ ही, इसके परिणाम क्या हैं तथा सरकार द्वारा इस पर की गई कार्रवाई क्या है और मध्य प्रदेश राज्य का ब्यौरा क्या है?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार राष्ट्रीय गैर-संचारी रोग रोकथाम और नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत राज्यों और संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। एनपी-एनसीडी के अंतर्गत, देश भर में 770 जिला एनसीडी क्लिनिक, 233 कार्डियक केयर यूनिट और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लिनिक स्थापित किए गए हैं। इसके अतिरिक्त, जिला स्तर पर कैंसर परिचर्या की सुलभता सुनिश्चित करने के लिए देश भर में 524 डे केयर कैंसर सेंटर (डीसीसीसी) कार्यशील हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत व्यापक प्राथमिक स्वास्थ्य परिचर्या के एक भाग के रूप में, देश में सामान्य एनसीडी अर्थात मधुमेह, उच्च रक्तचाप, मुख, स्तन और गर्भाशय ग्रीवा कैंसर की रोकथाम, नियंत्रण और जांच के लिए जनसंख्या-आधारित पहल शुरू की गई थी। इस पहल के तहत, 30 वर्ष से अधिक आयु वर्ग के व्यक्तियों को जांच के लिए लक्षित किया जाता है। राष्ट्रीय एनसीडी पोर्टल के अनुसार, जुलाई, 2026 तक उच्च रक्तचाप के लिए 42.4 करोड़, मधुमेह के लिए 42.21 करोड़, मुख कैंसर के लिए 36.11 करोड़, स्तन कैंसर के लिए 16.94 करोड़ और गर्भाशय ग्रीवा कैंसर के लिए 9.31 करोड़ व्यक्तियों की जांच की गई है।

पोषण शिक्षा को राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और पोषण अभियान के तहत पूरे देश भर में मध्य प्रदेश सहित, जन स्वास्थ्य पहलों का एक अभिन्न घटक के रूप में स्थापित किया गया है। आयुष्मान आरोग्य मंदिर (एएएम), ग्राम स्वास्थ्य, स्वच्छता और पोषण दिवस (वीएचएसएनडी), और समुदाय-आधारित प्लेटफॉर्मों के माध्यम से पोषण शिक्षा और परामर्श प्रदान करने के लिए एक जीवनचक्र दृष्टिकोण अपनाया गया है। महिला एवं बाल विकास मंत्रालय के साथ अभिसरण में लागू पोषण अभियान के तहत, आईसीएमआर–राष्ट्रीय पोषण संस्थान (एनआईएन) द्वारा तैयार पोषण ई-लर्निंग मॉड्यूल के सहयोग से जन आंदोलन दृष्टिकोण के माध्यम से व्यवहार परिवर्तन संचार को बढ़ावा दिया जाता है। पोषण शिक्षा को राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके), राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम

(आरकेएसके) और ईट राइट इंडिया पहल के माध्यम से और सुदृढ़ किया जाता है। मध्य प्रदेश सहित सभी राज्यों और संघ राज्य क्षेत्रों में इन कार्यकलापों को समान रूप से कार्यान्वित किया जाता है।

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय ने वायु प्रदूषण से संबंधित मुद्दों का समाधान करने के लिए वर्ष 2019 में राष्ट्रीय स्वच्छ वायु कार्यक्रम (एनसीएपी) शुरू किया है। जल शक्ति मंत्रालय राज्यों के साथ साझेदारी में जल जीवन मिशन (जेजेएम) – हर घर जल को कार्यान्वित कर रहा है, ताकि देश के प्रत्येक ग्रामीण परिवारों को कार्यात्मक नल जल कनेक्शन के जरिए पेयजल उपलब्ध कराया जा सके।

आयुष्मान आरोग्य मंदिर के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के तहत एनसीडी के निवारक पहलू को सुदृढ़ किया जाता है, जिसमें मध्य प्रदेश सहित पूरे देश में सामुदायिक स्तर पर स्वास्थ्यवर्धक कार्यकलापों को बढ़ावा देना और लक्षित संचार करना शामिल है। एनसीडी के बारे में जन जागरूकता बढ़ाने और स्वस्थ जीवन शैली को बढ़ावा देने के लिए अन्य पहलों में राष्ट्रीय और अंतर्राष्ट्रीय स्वास्थ्य दिवसों को मनाने और निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग करना शामिल है। इसके अतिरिक्त, फिट इंडिया मूवमेंट नियमित शारीरिक कार्यकलाप और स्वस्थ जीवन को बढ़ावा देता है, जबकि खेलो इंडिया कार्यक्रम सभी आयु वर्गों में खेल और फिटनेस को प्रोत्साहित करता है। आयुष मंत्रालय द्वारा स्वास्थ्य और आरोग्य को बढ़ावा देने के लिए विभिन्न योग-संबंधी कार्यकलाप भी किए जाते हैं।

## RIVER PORTS ON NATIONAL WATERWAYS

**3253. DR. MOHAMMAD JAWED:**

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

(a) whether the Government maintains data on functional river ports, terminals and jetties operating on National Waterways and if so, the details thereof,

National Waterway-wise and State-wise indicating the status of each facility as functional or non-functional;

(b) whether the Government proposes to revive, modernise or redevelop non-functional river ports, terminals and jetties on National Waterways to promote inland water transport and enhance economic activity in the hinterland;

(c) if so, the details thereof, including the list of identified projects and the timeline likely to be taken for their implementation;

(d) whether the Government maintains data on the cargo and passenger traffic handled through river ports and terminals on National Waterways during the last five years; and

(e) if so, the details thereof including the volume of cargo handled (in metric tonnes), value of goods transported (in Rs. crore), passenger traffic and revenue generated, National Waterway-wise and State-wise along with the steps taken by the Government to increase the utilisation of inland waterways?

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

(a) to (c): Yes. The National Waterway(NW)-wise and State-wise details of 28 permanent river ports/ terminals and 116 floating jetties/ landing points are given at **Statement-I**. These river ports/ terminals and floating jetties developed by Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry

of Ports, Shipping and Waterways are functional and available for the public in ready to use condition.

(d): Details of cargo and passenger movement on NWs during last five years is given below.

| Year | Cargo (in Million Metric Tonnes) | Passenger (number) |
|---|---|---|
| 2021-22 | 108.79 | 24,32,041 |
| 2022-23 | 126.15 | 1,25,52,965 |
| 2023-24 | 133.03 | 1,41,39,552 |
| 2024-25 | 145.84 | 7,63,81,332 |
| 2025-26 | 218.24 | 10,55,70,442 |

(e): Details of NW-wise cargo movement during last five years and State-wise details of passengers traffic handled on NWs are given in **Statement-II** and **Statement-III** respectively. Further, the revenue generated by IWAI during last 5 years is given at **Statement-IV**. However, the data on value of the goods transported is not centrally maintained.

Infrastructure and policy measures taken for promotion of Inland Water Transport to increase utilization of NWs are given at **Statement-V**.

## STATEMENT-I

## The National Waterway(NW)-wise and State-wise details of 28 permanent river ports/ terminals and 116 floating jetties/ landing points

| | |
|---|---|
| **List of permanent terminals / Floating Jetties / Landing Points on NWs** | |
| **NW-1 – Uttar Pradesh, Bihar, Jharkhand and West Bengal** | |
| **Permanent Terminals** | |
| 1 | Multimodal Terminal (MMT) Varanasi |
| 2 | Gaighat Patna |
| 3 | MMT Sahibganj |
| 4 | Garden Reach Jetty II, Kolkata |
| 5 | MMT Haldia |
| 6 | Farakka Jetty (of Farakka Barrage Project) |
| 7 | Pakur Jetty (of Farakka Barrage Project) |
| 8 | Intermodal Terminal Kalughat |
| 9 | BTPS Jetty |
| **National Waterway-2 - Assam** | |
| 10 | Pandu, Guwahati |
| 11 | Dhubri |
| 12 | MMT Jogighopa |
| 13 | Bogibeel |
| **National Waterway-3 - Keralam** | |
| 14 | Kottapuram |
| 15 | Aluva |

| | |
|---|---|
| 16 | CSEZ Kakkanad |
| 17 | Maradu |
| 18 | Vaikkom |
| 19 | Thannermukkom |
| 20 | Alappuzha |
| 21 | Thrikunnappuzha |
| 22 | Kayamkulam |
| 23 | Chavara |
| 24 | Kollam |
| 25 | Bolgaty |
| 26 | Willingdon Island |
| **National Waterway-16 - Assam** | |
| 27 | Badarpur |
| 28 | Karimganj |
| **List of Floating Jetties / Landing Points on NWs** | |
| **NW-1– Uttar Pradesh, Bihar, Jharkhand and West Bengal** | |
| **Floating Jetties/ Landing Points** | |
| 29 | Chunar |
| 30 | Mirzapur |
| 31 | Ghazipur |
| 32 | Buxar |
| 33 | Doriganj |
| 34 | Chirand |
| 35 | Simaria |

| | |
|---|---|
| 36 | Munger |
| 37 | Sultanganj |
| 38 | Bateshwarsthan |
| 39 | Samtaghat |
| 40 | Jangipur |
| 41 | Murshidabad |
| 42 | Matiari |
| 43 | Kalna |
| 44 | Kolkata |
| 45 | Namkhana |
| 46 | Bhagabatpur |
| **National Waterway-97** | |
| 47 | Bali Island |
| 48 | Hemnagar |
| **National Waterway-2** | |
| 49 | Jogighopa |
| 50 | Goalpara |
| 51 | Bagbor |
| 52 | Bohiri |
| 53 | Sualkuchi |
| 54 | North Guwahati |
| 55 | Machkowa |
| 56 | Fancy Bazar |
| 57 | Uzan Bazar |

| | |
|---|---|
| 58 | Mayong Pahar |
| 59 | Pobitora |
| 60 | Singri |
| 61 | Tezpur |
| 62 | Silghat (Kaziranga National Park) |
| 63 | Biswanath Ghat |
| 64 | Dhansiri Mukh |
| 65 | Bindhyakata |
| 66 | Gamir Ghat |
| 67 | Subansiri Mukh |
| 68 | Majuli Island |
| 69 | Neamati Ghat |
| 70 | Aplamukh |
| 71 | Sibsagar (Dikhomukh) |
| 72 | Bogibeel |
| 73 | Dibrugarh |
| 74 | Okland |
| 75 | Orium Ghat |
| 76 | Guizan |
| 77 | Saikhowa |
| 78 | Sadiya |
| **Community jetties on NW-1** | |
| **Uttar Pradesh** | |
| 79 | Ramnagar |

| | |
|---|---|
| 80 | Raj ghat |
| 81 | Kaithy |
| 82 | Balua ghat |
| 83 | Saidpur |
| 84 | Chochakpur |
| 85 | Zamania |
| 86 | Collector ghat |
| 87 | Ujiyar ghat (Bharauli) |
| 88 | Majhaua |
| 89 | Ravidas ghat |
| 90 | Ravidas ghat (Shifted from Samne Ghat) |
| 91 | Saraikota |
| 92 | Dungurpur |
| 93 | Kanspur |
| 94 | Ravidas Ghat |
| 95 | Namo Ghat-1 |
| 96 | Namo Ghat-2 |
| **Bihar** | |
| 97 | Manihari |
| 98 | Tintanga |
| 99 | Kahalgaon |
| 100 | Aguani Ghat |
| 101 | Munger |
| 102 | Sultanganj |

| | |
|---|---|
| 103 | Digha, Bihar |
| 104 | Mithan Ghat |
| 105 | Kacchi Dargah |
| 106 | Mohanpur |
| 107 | Raghopur Diara |
| 108 | Nakta Diara |
| 109 | Nasiriganj |
| 110 | Panapur |
| 111 | Barh |
| 112 | Buxar |
| 113 | Mahuli Ghat |
| 114 | Karagola (NOC not received) |
| 115 | Ayodhya ghat |
| 116 | Simariya |
| 117 | NIT Ghat |
| **Jharkhand** | |
| 118 | Rajmahal (Manglaghat) |
| 119 | Samda Ghat |
| **West Bengal** | |
| 120 | Dainhat |
| 121 | Matiary |
| 122 | Sankhai |
| 123 | Sathiati |
| 124 | Agardwip (Ghazipur site) |

| | |
|---|---|
| 125 | Agradip (Agradip site) |
| 126 | Ghoriapara-1 |
| 127 | Ghoriapara-2 |
| 128 | Talatala |
| 129 | Fakirdanga |
| 130 | Maniknagar |
| 131 | Maganpara |
| 132 | Narkelbaria |
| 133 | Plassey (Palasi) |
| 134 | Ramnagar (WB) |
| 135 | Lalbagh Court Ghat |
| 136 | Sadar Ghat |
| 137 | Berhampore (Gopal Ghat) |
| 138 | Berhampore (Khagra Ghat) |
| 139 | Saptarishi Ghat |
| 140 | Majherchar |
| 141 | Guptipara |
| 142 | Baranagar |
| 143 | Devipur |
| 144 | Bazarpada |

## STATEMENT-II

## Details of Cargo movement on NWs

(Cargo in Million Metric Tonnes)

| National Waterways (NW) | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|
| NW-1 [Ganga-Bhagirathi-Hooghly River System (Haldia-Allahabad)] | 10.93 | 13.17 | 12.82 | 16.38 | 84.78 |
| NW-2 [(Brahmaputra River (Dhubri-Sadiya)] | 0.43 | 0.63 | 0.59 | 0.90 | 1.29 |
| NW-3 (West Coast Canal) | 1.70 | 3.23 | 3.29 | 3.49 | 4.04 |
| NW-4 (Krishna Godavari River Systems) | 11.23 | 8.42 | 4.30 | 10.40 | 5.71 |
| NW-5 (East Coast Canal And Matai River/Brahmani-Kharsua-Dhamra Rivers/Mahanadi Delta Rivers) | 0.01 | 0.40 | 0.64 | 0.38 | 0.66 |
| NW-8 (Alappuzha-Changanassery Canal) | - | 0.03 | 0.04 | 0.04 | 0.04 |
| NW-9 (Alappuzha-Kottayam Athirampuzha Canal) | - | 0.02 | 0.02 | 0.03 | 0.03 |
| NW-14 (Baitarni River) | - | - | 0.00 | - | 0.03 |
| NW-16 (Barak River) | 0.01 | 0.01 | 0.00 | 0.18 | 0.27 |
| NW-23 (Budha Balanga River) | - | 0.03 | 0.02 | 0.02 | 0.02 |
| NW-27 (Cumberjua River) | - | - | - | - | 0.36 |
| NW-31 (Dhansiri/Chathe River) | - | - | 0.01 | 0.00 | 0.00 |
| NW-44 (Ichamati River) | 0.82 | 0.46 | 0.48 | 0.49 | 0.49 |
| NW-47 (Jalangi River) | - | - | - | - | 0.11 |
| NW-48 (Jawai-Luni River and Rann of Kutch ) | - | - | - | 2.40 | 2.58 |
| NW-53 (Kalyan-Thane-Mumbai Waterway, Vasai Creek And Ulhas River) | - | - | - | 2.70 | 3.23 |
| NW-57 (Kopili River) | - | - | - | - | 0.00 |

| | | | | | |
|---|---|---|---|---|---|
| NW-64 (Mahanadi River) | 0.01 | 0.45 | 0.67 | 0.40 | 0.47 |
| NW-86 (Rupnarayan River) | 0.00 | 0.09 | 0.10 | 0.14 | 0.18 |
| NW-94 (Sone River) | - | - | 1.16 | 0.97 | 0.05 |
| NW-97 (Sunderbans Waterway) | 6.10 | 5.47 | 5.19 | 5.98 | 6.36 |
| **Sub Total (National Waterways 1,2,3,4,5,16,44,64,86,94,&97)** | **31.24** | **32.41** | **29.34** | **44.91** | **110.70** |
| **Maharashtra Waterways** | | | | - | |
| NW-10 (Amba River) | 20.23 | 28.54 | 30.17 | 29.69 | 31.07 |
| NW-83 (Rajpuri Creek) | 0.23 | 0.24 | 0.45 | 0.27 | 0.28 |
| NW-85 (Revadanda Creek-Kundalika River System) | 0.70 | 0.50 | 0.99 | 0.82 | 0.26 |
| NW-91 (Shastri River - Jaigad Creek System) | 22.45 | 33.87 | 37.05 | 32.64 | 34.41 |
| **Total Maharashtra Waterways** | **43.61** | **63.15** | **68.66** | **63.41** | **66.02** |
| **Goa Waterways** | | | | - | |
| NW-68 (Mandovi River) | 2.62 | 2.54 | 2.42 | 2.84 | 5.13 |
| NW-111 (Zuari River) | 1.96 | 0.39 | 1.10 | 1.32 | 1.57 |
| **Total Goa Waterways** | **4.58** | **2.93** | **3.52** | **4.16** | **6.70** |
| **Gujarat Waterways** | | | | - | |
| NW-73 (Narmada River) | 0.05 | 0.04 | 0.06 | 0.06 | 0.06 |
| NW-100 (Tapi River) | 29.32 | 27.62 | 31.46 | 33.31 | 34.75 |
| **Total Gujarat Waterways** | **29.37** | **27.66** | **31.51** | **33.36** | **34.81** |
| **GRAND TOTAL** | **108.79** | **126.15** | **133.03** | **145.84** | **218.24** |

## STATEMENT-III

## State wise number of passengers traffic handled on NWs

| S. No. | NW Number | State(s) | 2024-25 | 2025-26 |
|---|---|---|---|---|
| 1 | NW-1 | Uttar Pradesh, Bihar, Jharkhand, West Bengal | 4,72,02,730 | 4,91,51,933 |
| 2 | NW-2 | Assam | 50,71,938 | 88,67,999 |
| 3 | NW-3 | Kerala | 1,05,23,478 | 1,11,19,541 |
| 4 | NW-4 | Andhra Pradesh | - | 23,36,857 |
| 5 | NW-5 | Odisha | - | 41,25,827 |
| 6 | NW-8 | Kerala | 4,75,513 | 4,24,678 |
| 7 | NW-9 | Kerala | 2,78,024 | 2,95,768 |
| 8 | NW-10 | Maharashtra | 2,96,759 | 3,22,499 |
| 9 | NW-14 | Odisha | - | 4,80,385 |
| 10 | NW-16 | Assam | 20,06,940 | 37,38,567 |
| 11 | NW-23 | Odisha | - | 76,567 |
| 12 | NW-27 | Goa | - | 7,20,724 |
| 13 | NW-40 | Uttar Pradesh | - | 14,339 |
| 14 | NW-44 | West Bengal | 4,27,054 | 8,33,163 |
| 15 | NW-47 | West Bengal | - | 87,188 |
| 16 | NW-53 | Maharashtra | 24,40,300 | 31,70,252 |
| 17 | NW-64 | Odisha | - | 4,61,567 |
| 18 | NW-68 | Goa | 28,04,828 | 87,08,115 |
| 19 | NW-83 | Maharashtra | - | 2,36,672 |
| 20 | NW-86 | West Bengal | 7,13,113 | 9,39,412 |

| | | | | |
|---|---|---|---|---|
| 21 | NW-91 | Maharashtra | - | 1,02,425 |
| 22 | NW-97 | West Bengal | 31,85,723 | 67,02,172 |
| 23 | NW-100 | Gujarat | 3,25,900 | 3,50,914 |
| 24 | NW-111 | Goa | 6,29,032 | 23,02,878 |
| | **Total** | | **7,63,81,332** | **10,55,70,442** |

## STATEMENT -IV

### Revenue generated by IWAI during last 5 years

**(Rs. in Lakh**)

| Particulars | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 (Unaudited) |
|---|---|---|---|---|---|
| Revenue/ Internal receipt | 1182.34 | 1397.04 | 1988.29 | 2533.90 | 1717.64 |

## STATEMENT -V

### Infrastructure and policy measures taken for promotion of Inland Water Transport to increase utilization of NWs

**1. Infrastructure measures:**

(i) 66 community jetties, 20 floating terminals, 3 Multi-Modal Terminals (MMT), 1 Inter-Modal Terminal (IMT) and 4 Ro-Pax terminals have been constructed on NW-1 in addition to 5 pre-existing permanent terminals.

(ii) 13 floating terminals provided on NW-2 along with MMTs at Pandu, Jogighopa and terminals at Bogibeel and Dhubri. Four dedicated Jetties for cruise vessels have

been provided at Jogighopa, Pandu, Biswanath Ghat and Neamati. In addition to this, Jetties for cruise and passengers have been constructed at Sadiya, Lyka and Orium Ghat in Assam.

(iii) 2 existing terminals at Badarpur & Karimganj on NW-16 have been upgraded/ renovated and 1 terminal at Sonamura on Gumati river in Tripura on IBP route has been constructed.

(iv) 9 Permanent IWT terminals with godowns and 2 Ro-Ro/Ro-Pax terminals have been constructed on NW-3 in Kerala.

(v) 4 floating concrete jetties have been provided to Govt. of Goa and installed on NW-68.

(vi) 4 Tourist Jetties on NW-4 in Andhra Pradesh have been commissioned and 8 Floating Jetties on NW-110 in Mathura-Vrindavan stretch in Uttar Pradesh, 2 Jetties on NW-73 and 2 Jetties on NW-37 in Bihar have been established.

(vii) A new Navigation Lock at Farakka has been constructed.

(viii) 2 Quick Pontoon Opening Mechanisms (QPOMs) have been constructed on NW-1 to facilitate smooth and faster movement of vessels.

(ix) Fairway maintenance works (river training, maintenance dredging, channel marking and regular hydrographic surveys) have been taken up in various National Waterways for providing a navigation channel of 35/45 m width and 2.0 / 2.2 / 2.5 / 3.0 m least available depth (LAD) for operation of vessels.

**2. Policy Measures:**

- **Jalvahak Scheme:** A scheme for providing 35% incentive to promote the utilization of inland waterways transport sector by cargo owners and for scheduled service for cargo movement on NW-1 and NW-2 and NW-16 via IBP route by Inland & Coastal Shipping Limited (ICSL) has been approved by the Government. The scheme is implemented at a cost of INR 95.42 Crore for three years.
- **Tonnage tax:** An extension of the tonnage tax scheme to inland vessels registered under the Indian Vessels Act, 2021 was announced during the budget presented on 01.02.2025. Inland vessels operating on NWs, rivers, and canals, will be benefited. This move is expected to boost the industry's competitiveness and encourage more cargo owners to use inland waterways for transportation. A tonnage tax system is a special taxation policy for shipping companies where tax is not based on actual profits but on the size (tonnage) of the vessel. It provides stable, predictable, and lower taxation for vessel owners, reducing their financial burden.
- **The National Waterways (Construction of Jetties / Terminals) Regulations 2025** has been notified, allowing private companies to invest and operate Inland Waterways infrastructure by providing a clear regulatory framework to attract private sector investment for facilitating the growth of inland waterways sector.
- **Jalyan & Navic** : To increase ease of doing business in the IWT sector, along the same lines as ‘vahan’ and ‘sarathi’, a central data base and portal has been developed for registration of vessels and crew all over the country. This will facilitate

registration of vessels and crew digitally and would also provide accurate status on number of vessels and crew in the country and thus help in planning.

- **Cargo Aggregation** : The cargo movement on the waterways suffer from problems of multimodality because of lack of industries along the waterways. Therefore, projects for development of cargo aggregation hub – MMLP at Varanasi and Integrated Cluster- cum-Logistics Park, Sahibganj have been taken up. NHLML, a PSU under the Ministry of Road Transport and Highways has been engaged for development of these MMLPs. The work of Rail connectivity for three MMTs has been assigned to M/s Indian Port and Rail Company Ltd. (a PSU under MoPSW).
- **IBP Route** : Indo Bangladesh Protocol route no. 5 & 6 between Maia and Sultanganj has been operationalized recently with successful trial movements.
- **Shift of cargo by PSUs**: For modal shift of cargo to waterways, more than 140 PSUs have been approached to plan their movement using IWT mode. They have been requested to outline their current status of cargo movement through the waterways and their plan for modal shift of cargo. Ministries of PNG, Co-operation, Fertiliser, Food & Public Distribution, Heavy industries, Steel and Coal have been requested to advise the PSUs under their jurisdiction to utilise IWT mode as far as possible and earmark certain percentage of their cargo for IWT mode keeping in line the MIV targets.

## आवश्यक दवाओं की कमी

**3254. श्री सतपाल ब्रह्मचारी:**
**श्री जय प्रकाश:**

**श्री सनातन पांडेय:**

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

(क) क्या यह सच है कि सोनीपत, हिसार और बलिया संसदीय निर्वाचन क्षेत्रों के सरकारी अस्पतालों और स्वास्थ्य केंद्रों में डॉक्टरों द्वारा लिखी गई कई आवश्यक दवाएं अस्पतालों में उपलब्ध नहीं हैं, जिससे मरीजों को उन्हें निजी मेडिकल स्टोर से खरीदना पड़ता है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) पिछले तीन वर्षों के दौरान सोनीपत, हिसार और बलिया संसदीय निर्वाचन क्षेत्रों के लिए राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत स्वीकृत, जारी और व्यय की गई निधि कितनी है, साथ ही इसके द्वारा सुधार की गई स्वास्थ्य सुविधाओं का ब्यौरा क्या है;

(ग) सरकारी अस्पतालों में आवश्यक दवाओं की कमी के मुख्य कारण क्या हैं, साथ ही सरकार द्वारा सरकारी अस्पतालों में आवश्यक दवाओं की नियमित उपलब्धता सुनिश्चित करने, दवा आपूर्ति श्रृंखला को सुदृढ़ करने और दवा भंडार की डिजिटल निगरानी करने के लिए उठाए गए कदम क्या हैं; और

(घ) क्या सरकार अतिरिक्त बजट देकर, दवा भंडारण क्षमता में सुधार करके और आपूर्ति तंत्र में सुधार करके इस समस्या के स्थायी समाधान के लिए कोई कार्य योजना तैयार कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): 'जन स्वास्थ्य और अस्पताल' राज्य के विषय हैं। तथापि, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, हरियाणा और उत्तर प्रदेश सहित राज्यों/संघ राज्य क्षेत्रों को उनके समग्र संसाधनों के दायरे के भीतर उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) में निर्धारित आवश्यकताओं के आधार पर जन स्वास्थ्य सुविधा केंद्रों में नि:शुल्क आवश्यक दवाओं के प्रावधान के लिए सहायता सहित उनकी स्वास्थ्य परिचर्या प्रदायगी प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान

की जाती है। हरियाणा और उत्तर प्रदेश राज्यों को प्रदान किए गए अनुमोदनों का ब्यौरा स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट पर निम्नानुसार यूनिफॉर्म रिसोर्स लोकेटर (यूआरएल) के अंतर्गत उपलब्ध है:

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

विगत तीन वित्त वर्षों के दौरान राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत हरियाणा और उत्तर प्रदेश राज्यों को जारी केंद्रीय निधियों का विवरण निम्नानुसार है:

(करोड़ रु. में)

| राज्य | **2023-24** | | **2024-25** | | **2025-26** | |
|---|---|---|---|---|---|---|
| | केंद्रीय निधि | व्यय | केंद्रीय निधि | व्यय | केंद्रीय निधि | व्यय |
| हरियाणा | 524.01 | 1,221.41 | 562.49 | 1,127.06 | 636.01 | 1,402.07 |
| उत्तर प्रदेश | 4,928.14 | 10,572.60 | 5,853.43 | 10,377.16 | 5,686.12 | 11,069.32 |

टिप्पणी: जारी की गई राशि में केंद्रीय सरकार द्वारा जारी राशि शामिल है और इसमें राज्य के हिस्से का अंशदान शामिल नहीं है।

उत्तर प्रदेश सरकार ने सूचित किया है कि बलिया संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले अस्पतालों में आवश्यक दवा सूची (ईडीएल) और निर्धारित मानदंडों के अनुसार दवाओं की पर्याप्त उपलब्धता है। सभी डॉक्टरों को निदेश दिया गया है कि वे रोगियों के लिए बाहरी स्रोतों से दवाएं न लिखें। जन स्वास्थ्य सुविधाकेंद्रों 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 एनएचएम के अंतर्गत निःशुल्क औषधि सेवा पहल (एफडीएसआई) शुरू की है। मंत्रालय ने जन स्वास्थ्य सुविधाकेंद्रों पर सुविधाकेंद्रवार आवश्यक दवाओं की सूची (ईएमएल) उपलब्ध कराने की सिफारिश की है।

निःशुल्क औषधि सेवा पहल (एफडीएसआई) के तहत, भारत सरकार दवाओं की खरीद और पुख्ता-खरीद प्रणालियों, गुणवत्ता आश्वासन, आपूर्ति श्रृंखला प्रबंधन और भंडारण, प्रिस्क्रिप्शन ऑडिट एवं शिकायत निवारण को सुदृढ़ करने और मानक उपचार दिशानिर्देशों के प्रसार और आवश्यक दवाओं की खरीद और उपलब्धता की वास्तविक स्थिति की निगरानी के लिए आईटी-सक्षम प्लेटफॉर्म

डीवीडीएमएस (ड्रग्स एंड वैक्सीन डिस्ट्रीब्यूशन मैनेजमेंट सिस्टम) की स्थापना के लिए सहायता प्रदान करती है।

**उर्वरक राजसहायता का युक्तिसंगतीकरण**

**3255. श्री आशीष दुबे:**

**श्री दिलेश्वर कामैत:**

**श्रीमती डी. के. अरुणा:**

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

(क) सरकार द्वारा पिछले पांच वर्षों के दौरान प्रदान की गई कुल उर्वरक राजसहायता वर्ष-वार और उर्वरक-वार कितनी है;

(ख) क्या सरकार ने उर्वरक राजसहायता को युक्तियुक्त बनाने और इसके वितरण को अधिक प्रभावी ढंग से लक्षित करने के लिए कोई कदम उठाए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) उर्वरकों और उनके कच्चे माल की वैश्विक कीमतों में वृद्धि का उर्वरक राजसहायता व्यय पर क्या प्रभाव पड़ा है;

(घ) सरकार द्वारा उर्वरक राजसहायता के वितरण में दक्षता लाने और पारदर्शिता में सुधार करने के लिए क्या कदम उठाए गए हैं; और

(ङ) केंद्र सरकार द्वारा तेलंगाना के लिए पिछले दो वर्षों के दौरान आवश्यक और आवंटित कुल उर्वरक राजसहायता कितनी है?

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

(क) से (ङ): उर्वरकों की डीबीटी प्रणाली के तहत, लाभार्थियों को की गई वास्तविक बिक्री के आधार पर उर्वरक कंपनियों को विभिन्न उर्वरक ग्रेड पर 100% सब्सिडी जारी की जाती है। प्रत्येक खुदरा दुकान पर स्थापित पीओएस उपकरणों के माध्यम से लाभार्थियों के आधार प्रमाणीकरण के बाद सब्सिडी वितरित की जाती है। तदनुसार, सभी किसानों को बिना किसी मनाही के आधार पर रियायती दरों पर उर्वरक की आपूर्ति की जाती है। चूंकि धनराशि का आवंटन या संवितरण जिला-वार अथवा राज्य-वार आधार पर नहीं किया जाता है, इसलिए इस तरह का डेटा का रखरखाव नहीं किया जाता है। पिछले पांच वर्षों अर्थात 2021-22 से 2025-26 के दौरान सरकार द्वारा संवितरित उर्वरक सब्सिडी की कुल राशि का विवरण निम्नानुसार है:

*(आंकड़े करोड़ रुपये में)*

| वित्तीय वर्ष | सब्सिडी स्कीम | | | | | कुल |
|---|---|---|---|---|---|---|
| | स्वदेशी पीएंडके | स्वदेशी यूरिया | सिटी कंपोस्ट | आयातित पीएंडके | आयातित यूरिया | |
| **2021-22** | 31931.46 | 54619.72 | 43.71 | 20794.79 | 50250.40 | **157640.08** |
| **2022-23** | 50089.67 | 127311.10 | 0.00 | 36032.56 | 41365.60 | **254798.93** |
| **2023-24** | 36270.00 | 102027.00 | 0.00 | 28929.57 | 28193.94 | **195420.51** |
| **2024-25** | 34010.00 | 103319.50 | 0.00 | 18800.00 | 21000.00 | **177129.50** |
| **2025-26** | 41000.00 | 94219.50 | 0.00 | 33999.99 | 47956.24 | **217175.73** |

* सिटी कम्पोस्ट की स्कीम 1 अक्टूबर, 2021 से बंद कर दी गई है

उर्वरक विभाग, भारत सरकार और कृषि एवं किसान कल्याण विभाग, भारत सरकार ने संयुक्त रूप से राज्यों की सहमति से एक नई डिजिटल प्रणाली 'उर्वरक बिक्री के लिए फ्रेमवर्क' विकसित और लॉन्च की है, जो असमान रूप से प्रायोगिक रीति (पायलट मोड) में है, जिसका उद्देश्य उर्वरक वितरण प्रणाली को अधिक पारदर्शी, व्यवस्थित, किसान केंद्रित, भूमि और फसल डेटा एकीकृत और मांग आधारित बनाना है। इस प्रस्तावित व्यवस्था के तहत, किसान या उनके अधिकृत प्रतिनिधि एक मोबाइल एप्लिकेशन के माध्यम

से पंजीकरण करेंगे और उर्वरक आवश्यकताओं की अग्रिम बुकिंग (पूर्व-बुकिंग) के लिए भूमि और फसल से संबंधित विवरण दर्ज करेंगे। उर्वरकों की सफल बुकिंग पर, एक क्यूआर कोड-आधारित टोकन सृजित होगा। यह क्यूआर कोड पीओएस मशीन के माध्यम से उर्वरक खुदरा विक्रेता द्वारा स्कैन किया जाएगा, और मौजूदा प्रक्रिया के अनुसार आधार-आधारित बायोमेट्रिक प्रमाणीकरण के माध्यम से उर्वरक का वितरण किया जाएगा। इस पहल का प्रयोग (पायलट) 22 राज्यों के 56 जिलों में चरणबद्ध तरीके से लागू किया गया है।

इसके अलावा, एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) देश भर में उर्वरक संचलन की रियल टाइम निगरानी और प्रबंधन के लिए विकसित एक ऑनलाइन प्लेटफॉर्म है। इस प्रणाली के तहत, उर्वरक प्रेषण, आवंटन, रेक प्लेसमेंट, स्टॉक स्थिति और राज्य-वार आपूर्ति स्थिति की रियल टाइम निगरानी संबंधित राज्यों और हितधारकों द्वारा की जाती है।

हाल के भू-राजनीतिक तनावों ने उर्वरकों और कच्चे माल के लिए वैश्विक आपूर्ति श्रृंखलाओं को बाधित कर दिया, जिसके परिणामस्वरूप उच्च माल भाड़ा और बीमा लागत, शिपमेंट में देरी और मूल्य अस्थिरता हुई। तथापि, देश में उर्वरक उपलब्धता विविध स्रोतों और सरकारी हस्तक्षेपों के माध्यम से काफी हद तक पर्याप्त बनी रही। सरकार ने विभिन्न देशों से खरीद के अवसरों की खोज करके आयात स्रोतों में विविधता लाने के लिए उपाय किए हैं। इसके अलावा, उर्वरक उद्योग ने पारदर्शी मूल्य खोज सुनिश्चित करने, वैश्विक आपूर्तिकर्ताओं के साथ सौदेबाजी की शक्ति में सुधार करने और उर्वरकों और कच्चे माल की समय पर उपलब्धता सुनिश्चित करने के लिए एक उद्योग संघ के माध्यम से उर्वरकों और कच्चे माल की सामूहिक रूप से खरीद भी की है। मौजूदा प्रावधान के अनुसार, उर्वरक सब्सिडी के लिए बजटीय आवंटन की समय-समय पर समीक्षा की जाती है, जिसके आधार पर, आवश्यकतानुसार, अतिरिक्त बजटीय आवंटन की मांग करने की प्रक्रिया की जाती है।

उर्वरक विभाग की विभिन्न सब्सिडी स्कीमों के तहत व्यक्तिगत उर्वरक कंपनियों को देय सब्सिडी ऑनलाइन प्रणाली के माध्यम से संवितरित की जाती है। सभी उर्वरक बिक्री लेनदेन को रियल टाइम

आधार पर एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) प्रणाली में ऑनलाइन संग्रहीत किया जाता है। दावों को साप्ताहिक आधार पर संसाधित किया जाता है और सब्सिडी की राशि पीओएस मशीनों के माध्यम से की गई वास्तविक बिक्री के आधार पर इलेक्ट्रॉनिक माध्यम से कंपनी के बैंक खाते में भेजी जाती है। बिलों का भुगतान विभाग में विधिवत पूर्ण किए गए बिलों की प्राप्ति के आधार पर ऐसी प्राप्तियों के क्रम में "फ़र्स्ट इन फ़र्स्ट आउट (एफआईएफओ)" सिद्धांत पर किया जाता है।

**PETROLEUM, CHEMICAL AND PETROCHEMICAL INVESTMENT REGIONS**

**3256. SHRI G LAKSHMINARAYANA:**

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

(a) the details of Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs) in the county, including approved investment, actual investment realized and employment generated during the last five years, State-wise;

(b) the details of infrastructure projects completed, under implementation and pending in PCPIRs, indicating approved cost, funds released and expenditure incurred, State-wise;

(c) the extent of land allotted, land utilized and vacant land available in each PCPIR, State-wise;

(d) the number of manufacturing units operational / non-operational / under construction in each PCPIR, state -wise; and

(e) the present status of infrastructure development, investment realization and employment generation of Kakinada PCPIR in Visakhapatnam?

**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): Government of India notified the Petroleum, Chemical and Petrochemical Investment Region(s) (PCPIR) Policy, 2007 to attract investment and for generation of employment. PCPIRs are conceptualized in cluster-based approach with common infrastructure and basic utilities to provide a competitive environment conducive for setting up of industry in an integrated and environmentally friendly manner. Currently, three Petroleum, Chemical and Petrochemical Investment Regions (PCPIRs) have been notified in the states of Andhra Pradesh (Vishakhapatnam-Kakinada), Gujarat (Dahej) and Odisha (Paradeep).

The PCPR-wise details of employment generated, number of units established, total investment made as on date, and investment realized during the last five years are given as under:

| Indicator | Gujarat | Andhra Pradesh | Odisha | Total |
|---|---|---|---|---|
| **Location/ Region** | **Dahej, Bharuch** | **Vishakhapatnam–Kakinada** | **Paradeep** | **-** |
| **Approval** | Feb, 2009 | Feb, 2009 | Dec, 2010 | - |
| **MoA signed** | Jan, 2010 | Oct, 2009 | Nov, 2011 | - |
| **Total Area (Sq. kms.)** | 453.00 | 640.00 | 284.15 | 1,377.15 |
| **Investment made till 31.03.2021 (Rs. Crore)** | 1,21,227 | 51,481 | 47,000 | 2,19,708 |

| Indicator | Gujarat | Andhra Pradesh | Odisha | Total |
|---|---|---|---|---|
| **Investment made in last 5 years** | 15,936 | 16,667 | 96,881 | 1,29,484 |
| **Total investment made as on date (Rs. Crore)** | 1,37,163 | 68,148 | 1,43,881 | 3,49,192 |
| **Employment generated as on date (No.)** | 2,45,140 | 86,123 | 40,000 | 3,71,263 |
| **No. of Chemical Units as on date** | 2079 | 154 | 13 | 2246 |

(b) to (e): Details of infrastructure projects completed and under implementation in the three PCPIRs as provided by the respective State Governments, including Vishakhapatnam-Kakinada PCPIR, are placed at **Statement.**

The three PCPIR regions, including Vishakahpatnam-Kakinada PCPIR, till date have attracted a total investment of Rs.3,49,192 Crore. A total of 2,246 industrial units have been established, generating employment for 3,71,263 persons. Out of the total investment of Rs.3,49,192 Crore, an investment of Rs. 2,95,301 Crore has been made by the manufacturing units.

The total delineated area of the Dahej PCPIR in Gujarat is 453.00 sq. km, of which 230.06 sq. km has been earmarked as processing area. Out of this 230.06 sq. Km. of processing area, 97.03 sq. km is held by Gujarat Industrial Development Corporation (GIDC) and is fully occupied. Out of the balance processing area, approximately 27.18 sq. km. is partially occupied. This includes entities related to

medium and large scale Chemical and Petrochemical industries, engineering industries, ship building, warehousing, oil terminals, logistics etc. 105.76 sq. km of the delineated processing area presently remains un-utilized.

The total delineated area of the Visakhapatnam–Kakinada PCPIR in Andhra Pradesh is 640.00 sq. km. Out of this, 269.44 sq. km has been acquired by the State as processing area, which includes 247.94 sq. km for industrial use and 21.5 sq. km earmarked for Common Infrastructure facilities and basic utilities. Out of 247.94 sq. km. of land earmarked for industrial use, 195.00 sq. km is occupied by the industries, while the remaining 52.94 sq. km is presently vacant. Out of 21.5 sq. km. of land earmarked for common infrastructure facilities and basic utilities, 5.00 sq. km. has been developed while the remaining 16.50 sq. km. is presently vacant.

The Paradeep PCPIR in Odisha spans a total delineated area of 284.15 sq. km. Out of this 48.13 sq. km. has been earmarked for development, of which, 43.75 sq. km. has been allotted to industry, while the remaining 4.38 sq. km is presently vacant.

**STATEMENT**

**The details of the various infrastructure projects at Gujarat PCPIR**

**(i) Existing Infrastructure: -**

| **Infrastructure** | **Details** |
|---|---|
| **Roads & Highways** | (i) 50 km long stretch of Dahej - Bharuch State Highway<br>(ii) Construction of identified stretches of priority roads on need basis in Draft T.P. Scheme no.1 and 2A under process. Out of 5.3 Km Road 2.8 Km |

| | |
|---|---|
| | Road has been constructed. More 5.5. Km road possession has been taken in Draft T.P. Scheme no. 2A for development on road. |
| **Rail Links** | (i) Delhi - Mumbai Dedicated Freight Corridor (DFC), connecting PCPIR at Bharuch, which is 62 km from Dahej.<br>(ii) A cargo transportation line from Bharuch to Dahej |
| **Air Connectivity** | (i) International airport at Ahmedabad (distance-250 km) and<br>(ii) Vadodara international Airport (90 Km) and<br>(iii) Surat Airport (85 km) |
| **Ports** | (i) Adani Petro net Dahej Port Ltd. with the capacity of 11 MMTPA<br>(ii) Gujarat Chemical Port Ltd. (GCPTCL) Liquid Chemicals Terminal with the capacity of 4.9 MMTPA<br>(iii) LNG Petronet (Gas Terminal) with the capacity of 10 MMTPA<br>(iv) Reliance Jetty with capacity of 2 MMTPA<br>(v) Birla Copper Bulk Cargo Jetty with the capacity of 5 MMTPA |
| **Power Supply** | (i) Four 220 KV sub-stations are located at Dahej, Dahej SEZ, Rahiyad - Suva and Vilayat within PCPIR.<br>(ii) Eight 66 KV sub stations are located at Dahej, Luna, Bhensali, Vadadala, Genlanda, Sambheti, Jolva and Vilayat within PCPIR.<br>(iii) Gujarat Energy Transmission Corporation Limited (GETCO) has completed construction of 220 KV substations at Suva Dehej.<br>(iv) 1200 MW gas based power plant set up by Torrent Power Ltd. In Dahej SEZ.<br>(v) Two 66 KV substations in Saykha has been commenced. |
| **Water Supply:** | (i) GIDC has installed water supply capacity of 555 MLD based on Narmada River<br>(ii) 100 MLD Desalination plant has been commissioned by the joint venture of L&T Construction and Tecton Engineering & Construction LLC, UAE. (881 crore) |
| **Gas Supply** | (i) Gujarat Gas Company Limited (GGCL) currently owns and operates the distribution pipelines, nearly 900 Km in length, in Bharuch district.<br>(ii) All the gas suppliers operating in Gujarat will extend their pipeline network to the PCPIR. This will ensure adequate gas supply for industrial requirement in the PCPIR. |
| **Drainage & Effluent Treatment & Waste Management** | (i) **Common Effluent Treatment Plants:** GIDC has set up a CETP facility having a capacity of 40 MLD, at Dahej GIDC Estate and 40 MLD at sayakha<br>(ii) **Treatment Storage and Disposal Facility (TSDF):** Bharuch Envrio Infrastructure Ltd. has developed hazardous waste management facility having the capacity of 1.4 MMT per annum<br>(iii) GIDC has proposed to develop another Common Hazardous Waste site at Saykha having capacity of 3,58,285 MT<br>(iv) **Incinerators:** Incinerators with capacity of 10 Million Kcal/hour are installed by Detox India Pvt Ltd |

| | |
|---|---|
| **Multi Modal Logistic Park** | (i) Logistic Park is being developed by GIDC in joint venture with Container Corporation of India Ltd (CONCOR). First Phase is being developed in 25 ha at the cost of 200 Cr (excluding land). Phase-I of the project has been completed with cost of Rs. 100 Crore. |
| **Private Industrial Park** | (i) Payal Industrial Park is spread over 1416 hectares in Dahej PCPIR. It is a state of art infrastructure with adequate water infrastructure, utilities etc. Common facilities such as CETP, Common landfill sites, Multiple Effective evaporators, common hydrogen gas facility, common boiler and steam facilities are available in the park. |

## The details of the various infrastructure projects in pipeline at Gujarat PCPIR

| **Infrastructure** | **Details** |
|---|---|
| **Roads and Highways Connectivity** | Controlled access expressway from Dahej to Dahegam (near Ahmedabad), length of 40 km (**estimated cost: 800 crore).**<br><br>Elevated corridor: **(estimated cost: 400 crore)**<br><br>Other Roads **(estimated cost: 300 crore)** |
| **Drainage and Effluent Treatment and Waste Management** | ● Gujarat Industrial Development Corporation (GIDC) has commenced the work of 90 MLD effluent disposal pipeline from Sayakha CETP to deep into the sea at Dahej. **(estimated cost: 558 crore)**<br>● GIDC has proposed to develop another Common Hazardous Waste site at Sayakha having capacity of 2.69 MMT. |
| **Power Supply** | Two 220 KV, one 400 KV, six 66 KV substations are planned in Dahej and Saykha (Land has been recently allotted to Gujarat Energy Transmission Corporation Limited (GETCO) for substation having a capacity of 66 KV in Saykha area) area respectively within the PCPIR. **(estimated cost: 415 crore)** |
| **Water Supply** | Kalpasar Department, Govt of Gujarat is developing Bhadbhut Barrage with 599 million cubic meter (MCM) capacity reservoir. **(estimated cost: 4,254 crore)** |
| **Ports** | ● Development of Marine Shipbuilding Park (MSP) at Dahej<br>● Gujarat Chemical Port Limited (GCPL) is expanding capacity to 12 MMTPA by setting up 2nd berth **(estimated cost: 2000 crore)** |

## The details of the various infrastructure projects at Odisha PCPIR

## (i) Existing Infrastructure:

| Infrastructure | Details |
|---|---|
| **Road Connectivity** | (i) Chandikhol is the junction of NH5A (Paradeep Chandikhol) & NH 53<br>(ii) State Highway (SH)-12 (Paradeep to Katak)<br>(iii) Cuttak-Chandbali 106 Km (2 LANE) Crosses NH53 at Duhuria |
| **Railway Connectivity** | (i) Paradeep Cuttack BG Line<br>(ii) Haridaspur to Cuttack BG |
| **Air port** | (i) Biju Patnaik International Airport |
| **Power Supply** | (i) 2x40 MVA 220/33 KV substation by OPTCL under operation |
| **Water Supply** | (i) IOCL has been fed by 34 Cusec water<br>(ii) Instream storage of capacity 120 Cusec is under implementation near Paradip |
| **Sea Port** | (i) Paradeep Port - Deep drought all weather port with a capacity of 277 MTPA |

## The details of the various infrastructure projects in pipeline at Odisha PCPIR

| Infrastructure | Details |
|---|---|
| **Road Network** | (i) Chadikhole-Paradeep (NH5A) -72 Km from 4 lane to 8 lane<br>(ii) Cuttack-Tritol (SH-12) - 53 Km from 2 lanes to 4 lanes<br>(iii) Marsaghai-Mahakalpada Road of 23 Km from 2 lanes to 4 lanes<br>(iv) Freight priority Corridor (also a part of Industrial and port connectivity) of 32 Km from 2 lanes to 6 lanes<br>(v) Industrial Connectivity road in Mahakalpada - 9 km: 4 lanes<br>(vi) JSW road of 8 Km from 2 lanes to 4 lanes. |
| **Power Supply** | 765 KVA ISS approved by Energy Department 400 KVA substation under implementation |

## The details of the various infrastructure projects at Andhra Pradesh PCPIR

## (i) Existing Infrastructure:

| Infrastructure | Details |
|---|---|
| **CETPS** | (i) 1 MLD CETP at Atchutapuram SEZ is commissioned.<br>(ii) CETP at Brandix has been completed.<br>(iii) CETP at JNPC-Parawada has been completed.<br>(iv) CETP at HETERO SEZ Nakkapalli has been completed. |
| **Power Supply** | (i) 220 KV Sub station at Brandix has been completed |
| **Waste Management** | (i) Solid Waste Management Plant work has been completed at Parawada<br>(ii) Liquid Waste discharge outfall works completed at AP SEZ, Brandix, JNPC and HETERO |
| **Airport** | (i) International Airport at Visakhapatnam<br>(ii) Rajmundary Airport has been established in 2023.<br>(iii) Bhogapuram International Airport inaugurated in August 2026. |
| **Ports** | There are 3 existing ports at<br><br>(i) Kakinada (ii) Gangavaram and (iii) Vishakhapatnam |

## The details of the various infrastructure projects in pipeline at Andhra Pradesh PCPIR

| Infrastructure | Details |
|---|---|
| **Road Works** | (i) State Highway-97:2 lane to 4 lane upgradation<br>(ii) NH-16- Anakapalli - Atchutapuram Road under PPP mode<br>(iii) NH 215: 4 lane to 6 lane upgradation<br>(iv) Asian Development Bank road widening is under progress. |
| **Rail Links** | (i) South Central Railway (SCR) Gangawaram Lane<br>(ii) PCPIR Freight line<br>(iii) Kakinada SEZ freight lane |
| **Port** | (i) Captive port at Nakkapalli<br>(ii) Upgradation of Vishakhapatnam Port |

| | | |
|---|---|---|
| | (iii) | Kakinada Deep Water Sea Port work |
| **Water Resources** | (i) | Polavaram Project work has commenced. |
| **CETP Works** | (i)<br>(ii) | 5 MLD CETP at Atchutapuram<br>12 MLD CETP at Nakkapalli with 5.27 MLD marine discharge |
| **Power Supply** | (i) | 400 KV substation at Nakapalli & Annavaram |

## FREE LEGAL AID THROUGH NATIONAL LEGAL SERVICES AUTHORITY

**3257. DR. KALANIDHI VEERASWAMY:**

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

(a) the details of persons who have received free legal aid through the National Legal Services Authority (NALSA), State Legal Services Authorities (SLSA) and District Legal Services Authorities (DLSA) during the last three years and the current year, category-wise, including women, Scheduled Castes, Scheduled Tribes, senior citizens, persons with disabilities and economically weaker sections, State-wise;

(b) the number of beneficiaries who received free legal aid in Tamil Nadu during the said period, district-wise;

(c) details of legal aid clinics, legal awareness programmes and Lok Adalats conducted during the said period, along with the number of beneficiaries covered;

(d) whether the Government has undertaken any assessment of the accessibility and effectiveness of free legal aid services and, if so, the details thereof; and

(e) the steps taken by the Government to strengthen legal aid delivery, improve outreach in rural and underserved areas and ensure timely access to justice for eligible persons, including those in Tamil Nadu?

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

(a) and (b): The State/UT-wise and category-wise details of persons who have received free legal aid through the Legal Services Authorities, including Tamil Nadu during the last three years (2023-24, 2024-25 and 2025-26) are at **Statement**. National Legal Services Authority (NALSA) does not maintain district-wise data of beneficiaries.

(c): The details of Legal Services Clinics functional, Legal Literacy/Awareness Camps/Programmes organized and Lok Adalats conducted in the Country and the number of persons provided legal assistance through these Legal Services Clinics during the said period are as follows: -

**Legal Services Clinics**

| Financial Year | Number of Legal Services Clinics functional | Number of Persons provided Legal Assistance |
|---|---|---|
| 2023-24 | 11,384 | 10,36,040 |
| 2024-25 | 12,019 | 13,41,986 |
| 2025-26 | 14,813 | 19,68,005 |

**Legal Literacy/Awareness Camps/Programmes**

| Financial Year | Number of Camps/Programmes Organised | Number of Persons attended |
|---|---|---|
| 2023-24 | 4,30,306 | 4,49,22,092 |
| 2024-25 | 4,62,988 | 3,72,32,850 |
| 2025-26 | 5,88,014 | 4,74,12,862 |

## Lok Adalats

**National Lok Adalats** is organised by NALSA simultaneously across the country on quarterly basis on a single day, from the States/UTs down to the Taluk levels. The number of cases disposed of by National Lok Adalats during the last three years is as follows: -

| Year | Pre-litigation Cases | Pending Cases | Total Cases |
|---|---|---|---|
| 2024 | 8,70,19,059 | 1,75,07,060 | 10,45,26,119 |
| 2025 | 12,65,89,535 | 2,18,35,515 | 14,84,25,050 |
| 2026 (upto March, 2026) | 3,46,87,917 | 59,51,139 | 4,06,39,056 |

**State Lok Adalats** are organised regularly by the respective State Legal Services Authorities within the State. The State Authorities are free to schedule and organise State Lok Adalats, as per requirements. The number of cases disposed of by various State Lok Adalats during the last three years is as follows:-

| Financial Year | Pre-litigation Cases | Pending Cases | Total Cases |
|---|---|---|---|
| 2023-24 | 2,19,230 | 9,87,873 | 12,07,103 |
| 2024-25 | 8,05,731 | 5,39,083 | 13,44,814 |
| 2025-26 | 4,69,914 | 5,11,431 | 9,81,345 |

**Permanent Lok Adalats** are permanent establishments set up by the State under Section 22-B of the Legal Services Authorities Act, 1987, to provide compulsory pre-litigative mechanism for settlement of disputes related to Public Utility Services. The number of cases disposed of by various Permanent Lok Adalats in the Country is as follows:-

| Financial Year | Total Cases Disposed Of |
|---|---|
| 2023-24 | 2,32,763 |
| 2024-25 | 2,37,980 |
| 2025-26 | 2,70,685 |

(d) and (e): The National Legal Services Authority (Free and Competent Legal Services) Regulations, 2010 provides for a robust framework for monitoring and evaluating the quality and progress of legal aid services through the constitution of Monitoring and Mentoring Committees (MMCs). The Department-related Parliamentary Standing Committee on Personnel, Public Grievances, Law and Justice also assesses the working of Legal Aid under the Legal Services Authorities Act, 1987.

The assessment of accessibility and effectiveness of free legal services is done under the aegis of NALSA from time to time, both virtually and physically. NALSA is consistently working to enhance the accessibility and outreach of legal aid services pan-India, including Tamil Nadu by incorporating technology-driven initiatives to ensure that legal assistance reaches those in need. Proactive steps are taken to publicize its toll-free helpline number, 15100, across the country. This initiative involved placing the number in various public spaces to maximize visibility and ensure that individuals, particularly those from marginalized communities, could easily seek legal assistance. NALSA continues to provide ongoing support to SLSAs and DLSAs to enable them to fulfil their responsibilities under the Legal Services Authorities Act, 1987.

In 2023-24, a Central Sector Scheme, namely, Legal Aid Defense Counsel System (LADCS) Scheme has been launched to provide legal services in criminal cases from early stage to appellate stage at district level to the persons eligible under Section 12 of Legal Services Authority (LSA) Act, 1987. NALSA has also

created a web portal to file applications online for legal assistance in Ten (10) different languages.

## STATEMENT

**The State/UT-wise and category-wise details of persons who have received free legal aid through the Legal Services Authorities, including Tamil Nadu during the last three years (2023-24, 2024-25 and 2025-26)**

| The number of persons received Free Legal Services provided by Legal Services Authorities (LSAs) under Legal Services Authorities Act, 1987 during financial year 2023-24 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **S. No.** | **Name of the LSA** | **SC** | **ST** | **Women** | **Children** | **In custody** | **Persons with Disability** | **Industrial Workmen** | **Transgender** | **Victim of Trafficking in Human beings or Begar** | **Victims of Mass Disaster Violence, Flood, Draught, Earthquake and Industrial Disaster** | **General (whose annual income does not exceed the prescribed limit)** | **Others** | **Total** |
| 1 | Andaman & Nicobar Islands | 0 | 0 | 42 | 0 | 64 | 8 | 0 | 0 | 0 | 0 | 14 | 92 | **220** |
| 2 | Andhra Pradesh | 318 | 75 | 983 | 61 | 2,220 | 24 | 1 | 1 | 0 | 0 | 1,128 | 3,454 | **8,265** |
| 3 | Arunachal Pradesh | 628 | 2,006 | 1,453 | 84 | 1,440 | 4 | 17 | 0 | 0 | 0 | 41 | 23 | **5,696** |
| 4 | Assam | 1,254 | 3,098 | 6,168 | 2,366 | 17,711 | 188 | 1,286 | 1 | 2 | 813 | 8,922 | 21,940 | **63,749** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | Bihar | 7,306 | 1,270 | 15,307 | 6,889 | 34,778 | 163 | 429 | 21 | 0 | 549 | 2,575 | 82,126 | **1,51,413** |
| 6 | Chandigarh | 15 | 0 | 1,355 | 238 | 418 | 8 | 0 | 1 | 0 | 0 | 692 | 95 | **2,822** |
| 7 | Chhattisgarh | 6,884 | 12,701 | 9,621 | 544 | 14,601 | 10 | 12 | 1 | 5 | 21 | 8,489 | 9,275 | **62,164** |
| 8 | Dadra & Nagar Haveli | 2 | 6 | 21 | 0 | 15 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | **55** |
| | Daman & Diu | 4 | 2 | 14 | 1 | 7 | 0 | 2 | 0 | 0 | 0 | 4 | 0 | **34** |
| 9 | Delhi | 1,705 | 16 | 22,631 | 2,761 | 24,794 | 342 | 1,538 | 13 | 912 | 32,940 | 12,984 | 21,246 | **1,21,882** |
| 10 | Goa | 6 | 4 | 790 | 4 | 232 | 38 | 0 | 0 | 0 | 0 | 480 | 4 | **1,558** |
| 11 | Gujarat | 3,825 | 2,716 | 11,560 | 565 | 10,184 | 123 | 101 | 0 | 3 | 62 | 7,981 | 3,449 | **40,569** |
| 12 | Haryana | 1,568 | 0 | 7,818 | 468 | 35,367 | 137 | 7 | 3 | 0 | 26,611 | 3,151 | 1,733 | **76,863** |
| 13 | Himachal Pradesh | 547 | 143 | 3,195 | 90 | 725 | 81 | 0 | 8 | 13 | 553 | 897 | 1,094 | **7,346** |
| 14 | Jammu & Kashmir | 757 | 398 | 4,082 | 510 | 1,184 | 145 | 1 | 3 | 0 | 32 | 2,759 | 1,525 | **11,396** |
| 15 | Jharkhand | 21,387 | 27,451 | 47,687 | 14,730 | 19,352 | 770 | 5,266 | 664 | 34 | 59 | 2,534 | 1,29,369 | **2,69,303** |
| 16 | Karnataka | 6,751 | 3,876 | 11,955 | 932 | 8,647 | 340 | 314 | 39 | 2 | 0 | 3,210 | 17,340 | **53,406** |
| 17 | Kerala | 2,789 | 441 | 15,812 | 3,899 | 5,653 | 225 | 137 | 54 | 85 | 49 | 5,822 | 1,532 | **36,498** |
| 18 | Ladakh | 29 | 333 | 105 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | **505** |
| 19 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | Madhya Pradesh | 30,163 | 25,563 | 41,291 | 19,955 | 58,171 | 1,444 | 1,110 | 0 | 1 | 5 | 20,759 | 27,048 | **2,25,510** |
| 21 | Maharashtra | 2,298 | 635 | 17,566 | 964 | 20,687 | 287 | 158 | 52 | 389 | 17 | 5,823 | 4,880 | **53,756** |
| 22 | Manipur | 751 | 8,585 | 7,621 | 2,487 | 282 | 129 | 17 | 26 | 686 | 38,304 | 2,881 | 866 | **62,635** |
| 23 | Meghalaya | 27 | 716 | 490 | 68 | 865 | 0 | 0 | 0 | 0 | 3 | 81 | 121 | **2,371** |
| 24 | Mizoram | 4 | 2,528 | 537 | 62 | 599 | 218 | 0 | 0 | 0 | 0 | 62 | 791 | **4,801** |
| 25 | Nagaland | 373 | 2,342 | 557 | 137 | 628 | 56 | 0 | 0 | 0 | 0 | 510 | 0 | **4,603** |
| 26 | Odisha | 1,375 | 1,073 | 3,264 | 39 | 4,473 | 6,020 | 15 | 100 | 11 | 4 | 1,967 | 948 | **19,289** |
| 27 | Puducherry | 26 | 0 | 181 | 256 | 71 | 0 | 1 | 0 | 0 | 0 | 49 | 37 | **621** |
| 28 | Punjab | 5,287 | 28 | 13,714 | 419 | 24,764 | 243 | 101 | 6 | 1 | 447 | 9,968 | 5,383 | **60,361** |
| 29 | Rajasthan | 333 | 132 | 1,337 | 6,274 | 11,000 | 19 | 36 | 0 | 0 | 0 | 938 | 221 | **20,290** |
| 30 | Sikkim | 32 | 118 | 553 | 18 | 218 | 2 | 0 | 0 | 0 | 0 | 127 | 6 | **1,074** |
| 31 | Tamil Nadu | 1,881 | 782 | 10,962 | 178 | 8,989 | 135 | 90 | 6 | 11 | 32 | 7,186 | 14,928 | **45,180** |
| 32 | Telangana | 131 | 66 | 2,066 | 334 | 4,258 | 12 | 0 | 0 | 0 | 0 | 3,198 | 3,128 | **13,193** |
| 33 | Tripura | 795 | 831 | 3,732 | 286 | 1,115 | 41 | 0 | 38 | 24 | 0 | 1,610 | 1,492 | **9,964** |
| 34 | Uttar Pradesh | 2,776 | 83 | 2,487 | 1,654 | 7,328 | 231 | 89 | 251 | 0 | 1 | 4,964 | 9,215 | **29,079** |
| 35 | Uttarakhand | 626 | 215 | 2,358 | 846 | 14,701 | 47 | 49 | 2 | 0 | 32 | 1,570 | 893 | **21,339** |
| 36 | West Bengal | 5,020 | 2,590 | 14,423 | 1,404 | 18,383 | 101 | 111 | 18 | 69 | 7 | 18,516 | 1,712 | **62,354** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total | 1,07,673 | 1,00,823 | 2,83,738 | 69,526 | 3,53,924 | 11,591 | 10,899 | 1,308 | 2,248 | 1,00,541 | 1,41,892 | 3,66,001 | **15,50,164** |

**The number of persons received Free Legal Services provided by Legal Services Authorities (LSAs) under Legal Services Authorities Act, 1987 during financial year 2024-25**

| S. No. | Name of the LSA | SC | ST | Women | Children | In custody | Persons with Disability | Industrial Workmen | Transgender | Victim of Trafficking in Human beings or Begar | Victims of Mass Disaster Violence, Flood, Draught, Earthquake and Industrial Disaster | General (whose annual income does not exceed the prescribed limit) | Others | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Andaman & Nicobar Islands | 0 | 0 | 120 | 20 | 3 | 1 | 42 | 0 | 0 | 0 | 28 | 127 | **341** |
| 2 | Andhra Pradesh | 234 | 47 | 1,162 | 107 | 3,289 | 8 | 1 | 3 | 0 | 0 | 1,437 | 4,978 | **11,266** |
| 3 | Arunachal Pradesh | 1,658 | 3,946 | 1,979 | 237 | 1,330 | 8 | 30 | 2 | 1 | 0 | 33 | 12 | **9,236** |
| 4 | Assam | 1,536 | 6,183 | 9,000 | 3,130 | 25,489 | 276 | 1,464 | 122 | 2 | 8 | 12,126 | 23,358 | **82,694** |
| 5 | Bihar | 4,673 | 1,399 | 10,374 | 6,550 | 31,677 | 162 | 585 | 48 | 0 | 618 | 2,647 | 25,772 | **84,505** |
| 6 | Chandigarh | 30 | 0 | 1,330 | 106 | 780 | 7 | 0 | 0 | 0 | 0 | 667 | 31 | **2,951** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Chhattisgarh | 10,815 | 14,336 | 12,068 | 607 | 21,610 | 109 | 0 | 6 | 0 | 4 | 11,868 | 9,451 | **80,874** |
| 8 | Dadra & Nagar Haveli | 1 | 4 | 28 | 0 | 7 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | **45** |
| | Daman & Diu | 10 | 10 | 39 | 4 | 24 | 3 | 12 | 1 | 1 | 1 | 14 | 0 | **119** |
| 9 | Delhi | 1,652 | 163 | 19,060 | 2,942 | 18,630 | 336 | 955 | 7 | 510 | 0 | 10,869 | 21,402 | **76,526** |
| 10 | Goa | 17 | 20 | 892 | 14 | 314 | 15 | 0 | 0 | 0 | 0 | 569 | 48 | **1,889** |
| 11 | Gujarat | 3,882 | 8,271 | 12,828 | 1,404 | 10,862 | 173 | 83 | 0 | 0 | 8 | 7,999 | 4,957 | **50,467** |
| 12 | Haryana | 1,689 | 0 | 7,766 | 572 | 66,229 | 65 | 7 | 2 | 0 | 0 | 3,936 | 1,928 | **82,194** |
| 13 | Himachal Pradesh | 545 | 88 | 3,159 | 112 | 703 | 86 | 8 | 1 | 0 | 3 | 835 | 682 | **6,222** |
| 14 | Jammu & Kashmir | 1,269 | 573 | 5,592 | 1,730 | 1,299 | 705 | 1 | 5 | 1 | 40 | 6,159 | 1,228 | **18,602** |
| 15 | Jharkhand | 41,537 | 42,987 | 72,003 | 30,572 | 33,281 | 3,560 | 3,703 | 194 | 78 | 173 | 5,741 | 94,536 | **3,28,365** |
| 16 | Karnataka | 6,051 | 3,329 | 12,167 | 790 | 8,972 | 254 | 191 | 32 | 9 | 9 | 7,659 | 11,782 | **51,245** |
| 17 | Kerala | 1,362 | 724 | 12,741 | 2,330 | 3,473 | 176 | 85 | 31 | 73 | 37 | 3,794 | 1,745 | **26,571** |
| 18 | Ladakh | 0 | 80 | 192 | 9 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **324** |
| 19 | Lakshadweep | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **1** |
| 20 | Madhya Pradesh | 22,764 | 23,211 | 35,058 | 18,240 | 93,264 | 669 | 2,908 | 0 | 0 | 241 | 15,748 | 20,906 | **2,33,009** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | Maharashtra | 3,351 | 1,620 | 20,167 | 1,230 | 20,535 | 374 | 240 | 21 | 2 | 36 | 6,248 | 5,630 | **59,454** |
| 22 | Manipur | 346 | 6,989 | 7,697 | 1,504 | 498 | 159 | 48 | 19 | 0 | 78,868 | 2,433 | 501 | **99,062** |
| 23 | Meghalaya | 20 | 710 | 544 | 86 | 877 | 1 | 0 | 11 | 6 | 0 | 233 | 266 | **2,754** |
| 24 | Mizoram | 26 | 2,145 | 696 | 20 | 676 | 0 | 0 | 0 | 0 | 0 | 0 | 150 | **3,713** |
| 25 | Nagaland | 608 | 2,365 | 604 | 432 | 499 | 52 | 0 | 0 | 0 | 0 | 452 | 0 | **5,012** |
| 26 | Odisha | 1,609 | 1,111 | 3,957 | 221 | 11,536 | 179 | 5 | 40 | 7 | 468 | 2,027 | 974 | **22,134** |
| 27 | Puducherry | 31 | 0 | 155 | 240 | 100 | 0 | 0 | 0 | 0 | 0 | 53 | 37 | **616** |
| 28 | Punjab | 5,516 | 2 | 14,762 | 526 | 33,615 | 86 | 38 | 0 | 0 | 0 | 9,879 | 1,089 | **65,513** |
| 29 | Rajasthan | 333 | 103 | 1,812 | 5,755 | 13,064 | 27 | 2 | 1 | 0 | 0 | 1,109 | 10 | **22,216** |
| 30 | Sikkim | 18 | 118 | 464 | 25 | 167 | 1 | 0 | 0 | 0 | 0 | 103 | 5 | **901** |
| 31 | Tamil Nadu | 2,214 | 357 | 12,479 | 323 | 12,088 | 201 | 197 | 15 | 0 | 59 | 11,110 | 13,485 | **52,528** |
| 32 | Telangana | 323 | 189 | 2,586 | 158 | 5,635 | 31 | 0 | 0 | 0 | 0 | 3,053 | 4,046 | **16,021** |
| 33 | Tripura | 829 | 621 | 3,348 | 192 | 1,588 | 61 | 36 | 115 | 0 | 1,460 | 1,244 | 809 | **10,303** |
| 34 | Uttar Pradesh | 1,799 | 5 | 2,091 | 616 | 6,979 | 176 | 32 | 107 | 0 | 0 | 5,315 | 5,612 | **22,732** |
| 35 | Uttarakhand | 1,974 | 704 | 4,174 | 2,332 | 19,420 | 204 | 378 | 8 | 47 | 8 | 2,922 | 2,037 | **34,208** |
| 36 | West Bengal | 10,680 | 6,029 | 23,057 | 4,394 | 24,398 | 148 | 1,722 | 53 | 56 | 124 | 19,523 | 2,730 | **92,914** |
| | Total | 1,29,402 | 1,28,440 | 3,16,151 | 87,530 | 4,72,954 | 8,313 | 12,778 | 844 | 793 | 82,165 | 1,57,833 | 2,60,324 | **16,57,527** |

| The number of persons received Free Legal Services provided by Legal Services Authorities under Legal Services Authorities Act, 1987 during financial year 2025-26 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **S. No.** | **SLSAs** | **SC** | **ST** | **Women** | **Children** | **In custody** | **Persons with Disability** | **Industrial Workmen** | **Transgender** | **Victim of Trafficking in Human beings or Begar** | **Victims of Mass Disaster Violence, Flood, Draught, Earthquake and Industrial Disaster** | **General (whose annual income does not exceed the prescribed limit)** | **Others** | **Total** |
| 1 | Andaman & Nicobar Islands | 0 | 0 | 141 | 38 | 53 | 6 | 42 | 0 | 3 | 0 | 36 | 125 | **444** |
| 2 | Andhra Pradesh | 351 | 96 | 1,969 | 205 | 3,728 | 31 | 0 | 0 | 0 | 0 | 2,487 | 4,492 | **13,359** |
| 3 | Arunachal Pradesh | 1,562 | 3,423 | 2,016 | 174 | 1,053 | 43 | 115 | 0 | 1 | 6 | 53 | 775 | **9,221** |
| 4 | Assam | 3,085 | 5,417 | 10,645 | 5,295 | 28,004 | 105 | 3,406 | 61 | 50 | 50 | 13,911 | 29,992 | **1,00,021** |
| 5 | Bihar | 2,740 | 1,099 | 10,354 | 8,715 | 31,326 | 266 | 850 | 36 | 0 | 957 | 2,945 | 17,073 | **76,361** |
| 6 | Chandigarh | 15,299 | 15,442 | 14,140 | 1,082 | 22,786 | 29 | 0 | 0 | 0 | 1 | 11,786 | 13,317 | **93,882** |
| 7 | Chhattisgarh | 0 | 7 | 63 | 0 | 9 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | **83** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Dadra & Nagar Haveli | 7 | 4 | 64 | 3 | 18 | 0 | 30 | 0 | 0 | 0 | 25 | 13 | **164** |
| | Daman & Diu | 1,709 | 66 | 19,698 | 3,443 | 19,886 | 368 | 305 | 8 | 2 | 0 | 9,467 | 17,602 | **72,554** |
| 9 | Delhi | 23 | 38 | 2,501 | 7 | 297 | 17 | 0 | 0 | 0 | 0 | 1,088 | 312 | **4,283** |
| 10 | Goa | 7,809 | 17,685 | 22,593 | 15,485 | 16,824 | 679 | 254 | 56 | 0 | 29 | 13,994 | 19,244 | **1,14,652** |
| 11 | Gujarat | 1,819 | 2 | 10,505 | 835 | 1,13,459 | 205 | 54 | 2 | 0 | 0 | 5,772 | 3,122 | **1,35,775** |
| 12 | Haryana | 628 | 101 | 3,131 | 113 | 785 | 91 | 18 | 0 | 233 | 43 | 952 | 417 | **6,512** |
| 13 | Himachal Pradesh | 1,712 | 2,030 | 5,182 | 2,775 | 3,165 | 1,029 | 9 | 3 | 0 | 620 | 8,201 | 1,604 | **26,330** |
| 14 | Jammu & Kashmir | 49,418 | 53,577 | 1,21,543 | 49,663 | 33,731 | 3,827 | 3,747 | 118 | 62 | 1 | 11,485 | 1,16,585 | **4,43,757** |
| 15 | Jharkhand | 6,752 | 3,846 | 15,644 | 1,018 | 12,871 | 167 | 188 | 83 | 2 | 5 | 8,493 | 16,450 | **65,519** |
| 16 | Karnataka | 1,464 | 564 | 16,471 | 1,501 | 6,684 | 151 | 311 | 8 | 6 | 0 | 5,140 | 3,868 | **36,168** |
| 17 | Kerala | 5 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **14** |
| 18 | Ladakh | 17,587 | 18,706 | 44,609 | 20,900 | 84,331 | 360 | 2,341 | 2 | 5 | 2 | 17,399 | 24,859 | **2,31,101** |
| 19 | Lakshadweep | 3,340 | 1,105 | 20,346 | 2,736 | 20,322 | 1,220 | 270 | 29 | 74 | 101 | 7,915 | 7,607 | **65,065** |
| 20 | Madhya Pradesh | 390 | 6,589 | 8,937 | 2,082 | 1,016 | 240 | 174 | 39 | 0 | 51,190 | 2,162 | 2,329 | **75,148** |
| 21 | Maharashtra | 26 | 1,880 | 667 | 308 | 652 | 1 | 0 | 0 | 0 | 5 | 167 | 1,203 | **4,909** |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | Manipur | 2 | 3,026 | 1,160 | 78 | 84 | 1 | 0 | 0 | 15 | 0 | 35 | 388 | **4,789** |
| 23 | Meghalaya | 1,757 | 3,296 | 1,813 | 2,002 | 680 | 532 | 0 | 0 | 11 | 8 | 1,252 | 0 | **11,351** |
| 24 | Mizoram | 1,500 | 1,123 | 4,032 | 362 | 7,844 | 135 | 10 | 12 | 21 | 25 | 1,910 | 775 | **17,749** |
| 25 | Nagaland | 29 | 0 | 159 | 145 | 130 | 0 | 0 | 0 | 0 | 0 | 50 | 23 | **536** |
| 26 | Odisha | 8,360 | 6 | 16,704 | 645 | 42,114 | 1,062 | 101 | 6 | 0 | 0 | 13,502 | 2,628 | **85,128** |
| 27 | Puducherry | 564 | 158 | 2,871 | 6,528 | 16,135 | 58 | 5 | 0 | 0 | 0 | 2,729 | 133 | **29,181** |
| 28 | Punjab | 29 | 113 | 619 | 25 | 167 | 7 | 0 | 0 | 0 | 0 | 169 | 14 | **1,143** |
| 29 | Rajasthan | 2,005 | 425 | 12,619 | 551 | 13,828 | 200 | 71 | 26 | 3 | 2 | 12,578 | 13,666 | **55,974** |
| 30 | Sikkim | 572 | 457 | 2,864 | 626 | 8,183 | 31 | 0 | 0 | 0 | 0 | 3,303 | 5,068 | **21,104** |
| 31 | Tamil Nadu | 1,005 | 898 | 3,195 | 214 | 1,453 | 42 | 0 | 36 | 0 | 0 | 1,057 | 2,282 | **10,182** |
| 32 | Telangana | 9 | 8 | 1,455 | 126 | 727 | 7 | 0 | 0 | 0 | 0 | 1,005 | 34 | **3,371** |
| 33 | Tripura | 2,325 | 313 | 3,712 | 1,793 | 9,776 | 797 | 289 | 486 | 0 | 0 | 5,165 | 7,092 | **31,748** |
| 34 | Uttar Pradesh | 2,553 | 1,178 | 7,493 | 4,618 | 24,724 | 1,722 | 739 | 6 | 0 | 0 | 4,700 | 4,326 | **52,059** |
| 35 | Uttarakhand | 10,884 | 5,137 | 24,765 | 3,905 | 30,895 | 1,851 | 597 | 55 | 65 | 52 | 23,415 | 6,263 | **1,07,884** |
| 36 | West Bengal | 0 | 108 | 115 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **255** |
| | Total | 1,47,320 | 1,47,932 | 4,14,795 | 1,37,996 | 5,57,772 | 15,280 | 13,930 | 1,072 | 553 | 53,097 | 1,94,348 | 3,23,681 | **20,07,776** |

## अखिल भारतीय आयुर्वेद संस्थान

**3258. श्री सुधाकर सिंह:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या सरकार को जानकारी है कि अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), नई दिल्ली, आयुर्वेदिक चिकित्सा, शिक्षा, अनुसंधान और सुपर-स्पेशियलिटी स्वास्थ्य सेवाओं के लिए एक प्रमुख राष्ट्रीय संस्थान है, जबकि बिहार राज्य में इस स्तर का कोई संस्थान विद्यमान नहीं है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार का एआईआईए, नई दिल्ली के जैसे अखिल भारतीय आयुर्वेद संस्थान बिहार में भी स्थापित करने का विचार है;

(ग) यदि हाँ, तो इसकी वर्तमान स्थिति क्या है, प्रस्तावित स्थान क्या है, स्वीकृत लागत कितनी है और निर्माण की समय-सीमा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(घ) सरकार की बिहार में आयुर्वेदिक चिकित्सा, उच्च शिक्षा, अनुसंधान और पंचकर्म जैसी उन्नत सुविधाओं के विस्तार के लिए कार्य-योजना का ब्यौरा क्या है?

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

(क) से (घ): वर्तमान में ऐसा कोई प्रस्ताव विचाराधीन नहीं है। तथापि, हाल ही में प्रस्तुत केंद्रीय बजट में तीन नए एआईआईए संस्थान स्थापित किए जाने की घोषणा के अनुपालन में, आयुष मंत्रालय द्वारा चैलेंज पद्धति से स्थल चयन के उद्देश्य से चयन समिति तथा परियोजना कोर समिति (पीसीसी) नामक दो समितियों का गठन किया गया है। तदनुसार, बजट घोषणा के अनुरूप आवश्यक कार्रवाई प्रारंभ कर दी गई है।

**'एक राष्ट्र-एक उर्वरक' पहल**

**3259. श्री दामोदर अग्रवाल:**

**श्री दिलीप शइकीया:**

**श्री अनिल फिरोजिया:**

**श्री भोजराज नाग:**

**श्री विजय बघेल:**

**श्री आलोक शर्मा:**

**श्री सुरेश कुमार कश्यप:**

**श्री चन्द्र प्रकाश जोशी:**

**श्री त्रिवेन्द्र सिंह रावत:**

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

(क) 'एक राष्ट्र-एक उर्वरक' पहल से उर्वरकों के अनावश्यक अंतर-राज्यीय परिवहन, परिवहन लागत और आपूर्ति में आने वाली बाधाओं को कितना कम किया गया है और इससे किसानों को क्या लाभ हुए हैं;

(ख) क्या सरकार का देश में भारत ब्रांड के उर्वरकों की उपलब्धता, भंडारण क्षमता और वितरण तंत्र को और सुदृढ़ करने का विचार है और यदि हां, तो हिमाचल प्रदेश और विशेषकर शिमला संसदीय निर्वाचन क्षेत्र सहित तत्संबंधी राज्य/जिला-वार ब्यौरा क्या है; और

(ग) राजस्थान और विशेषकर चित्तौड़गढ़ संसदीय निर्वाचन क्षेत्र सहित पिछले दो वर्षों के दौरान उक्त पहल के अंतर्गत किसानों को 'भारत' ब्रांड के उर्वरकों की मांग, आपूर्ति और सुचारू वितरण से संबंधित उर्वरक-वार और राज्य/जिला-वार सांख्यिकीय आंकड़े क्या हैं?

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

(क): एक राष्ट्र एक उर्वरक स्कीम 24 अगस्त, 2022 से "प्रधानमंत्री भारतीय जनउर्वरक परियोजना" (पीएमबीजेपी) के तहत लागू की गई है। सभी उर्वरक कंपनियों, अर्थात सार्वजनिक क्षेत्र, सहकारी और निजी क्षेत्र की कंपनियों से पूरे देश में "भारत" ब्रांड के तहत सब्सिडी युक्त उर्वरक बेचने की अपेक्षा की गई है। इस स्कीम का उद्देश्य उर्वरकों की उपलब्धता को बढ़ाना है; बाजारों में उपलब्ध विभिन्न कंपनियों द्वारा उत्पादित विभिन्न ब्रांड के उर्वरकों में से चयन करने की किसानों की दुविधा को दूर करना है, क्रिसक्रॉस संचलन को कम करना और देश भर में उर्वरकों की समय पर आपूर्ति सुनिश्चित करना है। एकल "भारत" ब्रांड के तहत ब्रांडिंग को समेकित करके, यह स्कीम पारदर्शिता को बढ़ावा देती है, कदाचारों को दूर करती है और फसलों के लिए आवश्यक पोषक तत्वों तक समान पहुंच सुनिश्चित करती है।

(ख) और (ग): हिमाचल प्रदेश और राजस्थान राज्यों सहित राज्यों/संघ राज्य क्षेत्रों में उर्वरकों की समय पर और पर्याप्त आपूर्ति सुनिश्चित करने के लिए सरकार द्वारा प्रत्येक मौसम में निम्नलिखित कदम उठाए जाते हैं:

I. प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। डीएएंडएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

II. देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।

III. यूरिया और अन्य उर्वरकों की मांग (आवश्यकता) और उत्पादन के अंतर को आयात द्वारा पूरा किया जाता है। मौसम के लिए आयात को पहले ही निश्चित कर लिया जाता है ताकि समय पर उपलब्धता सुनिश्चित की जा सके।

IV. राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

V. राज्यों के लिए रेलगाड़ियों के पर्याप्त रैक देने, उर्वरकों को प्राथमिकता देने और रेलगाड़ियों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय किया जाता है।

VI. राज्य के भीतर जिला/ब्लॉक स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है।

तदनुसार, पिछले दो वर्षों (अर्थात वित्त वर्ष 2024-25 से 2025-26) के दौरान हिमाचल प्रदेश और राजस्थान सहित राज्यों/ संघ राज्य क्षेत्रों में उर्वरकों अर्थात यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त रही है। उक्त अवधि के दौरान हिमाचल प्रदेश और राजस्थान राज्यों सहित राज्यों/ संघ राज्य क्षेत्रों में इन उर्वरकों की आवश्यकता, उपलब्धता और बिक्री के संबंध में जानकारी **विवरण** में दी गई है।

चित्तौड़गढ़ संसदीय निर्वाचन क्षेत्र, राजस्थान में मांग और आपूर्ति का विवरण इस प्रकार है:

(मात्रा: एमटी)

| | **यूरिया** | | **डीएपी** | | **एनपीके** | |
|---|---|---|---|---|---|---|
| **वर्ष** | मांग | आपूर्ति | मांग | आपूर्ति | मांग | आपूर्ति |
| **2024-25** | 175502 | 185058 | 37983 | 26785 | 13958 | 19894 |
| **2025-26** | 183068 | 197121 | 41026 | 39479 | 19134 | 26883 |

जबकि, शिमला संसदीय निर्वाचन क्षेत्र, हिमाचल प्रदेश में मांग और आपूर्ति का विवरण इस प्रकार है:

(मात्रा: एमटी)

| | यूरिया | | डीएपी | | एनपीकेएस | | एमओपी | |
|---|---|---|---|---|---|---|---|---|
| **वर्ष** | **मांग** | **आपूर्ति** | **मांग** | **आपूर्ति** | **मांग** | **आपूर्ति** | **मांग** | **आपूर्ति** |
| **2024-25** | 22270 | 22147 | 470 | 454 | 13000 | 12692 | 2300 | 2249 |
| **2025-26** | 27000 | 26114 | 500 | 482 | 10000 | 9739 | 1100 | 1079 |
| **कुल** | 49270 | 48261 | 970 | 936 | 23000 | 22431 | 3400 | 3328 |

# विवरण

**वित्त वर्ष 2024-25 के दौरान उर्वरकों की राज्य-वार आवश्यकता, उपलब्धता और बिक्री**

आंकड़े एलएमटी में

| क्र.सं | राज्य | यूरिया | | | डीएपी | | | एमओपी | | | एनपीकेएस | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | आवश्यकता | उपलब्धता | बिक्री | आवश्यकता | उपलब्धता | बिक्री | आवश्यकता | उपलब्धता | बिक्री | आवश्यकता | उपलब्धता | बिक्री |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 15.90 | 18.68 | 15.70 | 4.30 | 4.80 | 4.34 | 1.50 | 2.38 | 1.71 | 16.00 | 18.36 | 15.78 |
| 3 | अरुणाचल प्रदेश | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 3.28 | 4.48 | 4.10 | 0.61 | 0.70 | 0.62 | 0.47 | 0.80 | 0.57 | 0.55 | 0.63 | 0.48 |
| 5 | बिहार | 22.87 | 27.64 | 25.60 | 5.50 | 6.40 | 5.83 | 1.50 | 2.54 | 1.84 | 6.00 | 7.46 | 6.04 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | छत्तीसगढ़ | 8.90 | 12.03 | 10.07 | 4.10 | 4.19 | 3.83 | 0.73 | 1.13 | 0.76 | 1.80 | 2.84 | 2.34 |
| 8 | दादरा और नगर हवेली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.23 | 0.43 | 0.40 | 0.01 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | गोवा | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.04 | 0.03 | 0.03 |
| 12 | गुजरात | 25.60 | 25.82 | 24.23 | 6.25 | 5.84 | 5.42 | 0.99 | 1.18 | 0.92 | 7.00 | 9.98 | 8.35 |
| 13 | हरियाणा | 21.50 | 25.32 | 22.65 | 5.80 | 5.49 | 5.34 | 0.60 | 0.74 | 0.47 | 1.70 | 1.31 | 1.03 |
| 14 | हिमाचल प्रदेश | 0.71 | 0.81 | 0.65 | 0.01 | 0.04 | 0.03 | 0.04 | 0.05 | 0.03 | 0.37 | 0.41 | 0.32 |
| 15 | जम्मू और कश्मीर | 1.48 | 2.05 | 1.36 | 0.49 | 0.58 | 0.43 | 0.22 | 0.26 | 0.14 | 0.04 | 0.02 | 0.01 |
| 16 | झारखंड | 2.65 | 4.11 | 3.73 | 0.90 | 0.87 | 0.84 | 0.06 | 0.05 | 0.03 | 0.65 | 1.08 | 0.85 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | कर्नाटक | 17.25 | 22.63 | 19.17 | 5.64 | 6.55 | 5.86 | 1.95 | 3.08 | 2.21 | 16.20 | 25.46 | 20.90 |
| 18 | केरल | 1.11 | 1.37 | 1.15 | 0.17 | 0.21 | 0.20 | 0.82 | 1.06 | 0.83 | 1.37 | 1.50 | 1.26 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 35.38 | 42.43 | 38.09 | 16.57 | 12.70 | 11.66 | 1.05 | 1.59 | 1.08 | 8.50 | 11.94 | 9.77 |
| 21 | महाराष्ट्र | 23.73 | 32.72 | 26.41 | 7.50 | 7.13 | 6.47 | 2.30 | 3.45 | 2.22 | 30.00 | 37.86 | 28.79 |
| 22 | मणिपुर | 0.25 | 0.16 | 0.14 | 0.03 | 0.03 | 0.02 | 0.04 | 0.02 | 0.02 | 0.02 | 0.01 | 0.01 |
| 23 | मेघालय | 0.04 | 0.04 | 0.04 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 24 | मिजोरम | 0.08 | 0.25 | 0.20 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | ओडिशा | 6.05 | 8.15 | 6.67 | 2.86 | 2.83 | 2.56 | 0.85 | 1.11 | 0.77 | 2.75 | 4.04 | 3.28 |
| 27 | पुदुचेरी | 0.16 | 0.16 | 0.15 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.01 | 0.07 | 0.11 | 0.08 |
| 28 | पंजाब | 26.50 | 36.70 | 32.56 | 8.10 | 6.99 | 6.61 | 1.00 | 1.06 | 0.71 | 2.50 | 1.73 | 1.41 |
| 29 | राजस्थान | 26.20 | 29.43 | 26.40 | 8.50 | 7.11 | 6.90 | 0.21 | 0.28 | 0.20 | 2.25 | 3.04 | 2.55 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 10.91 | 12.61 | 10.92 | 2.70 | 2.98 | 2.56 | 2.24 | 2.56 | 1.94 | 10.54 | 10.19 | 8.49 |
| 32 | तेलंगाना | 20.20 | 22.15 | 20.08 | 3.90 | 3.91 | 3.64 | 1.30 | 1.44 | 1.14 | 17.00 | 17.54 | 14.97 |
| 33 | त्रिपुरा | 0.18 | 0.24 | 0.17 | 0.04 | 0.03 | 0.02 | 0.03 | 0.06 | 0.04 | 0.04 | 0.04 | 0.03 |
| 34 | उत्तराखंड | 2.03 | 2.60 | 2.31 | 0.30 | 0.52 | 0.40 | 0.08 | 0.08 | 0.04 | 0.40 | 0.28 | 0.21 |
| 35 | उत्तर प्रदेश | 77.00 | 91.72 | 79.18 | 24.05 | 21.55 | 19.51 | 1.72 | 2.50 | 1.76 | 14.50 | 12.85 | 10.50 |
| 36 | पश्चिम बंगाल | 13.80 | 19.05 | 15.77 | 3.55 | 3.62 | 3.12 | 2.50 | 3.41 | 2.57 | 11.00 | 15.25 | 12.24 |
| | **अखिल भारत** | **364.01** | **443.83** | **387.92** | **111.92** | **105.14** | **96.29** | **22.21** | **30.85** | **22.02** | **151.29** | **183.98** | **149.72** |

**वित्त वर्ष 2025-26 के दौरान उर्वरकों की राज्य-वार आवश्यकता, उपलब्धता और बिक्री**

आंकड़े एलएमटी में

| क्र.सं | राज्य | यूरिया | | | डीएपी | | | एमओपी | | | एनपीकेएस | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | आवश्यकता | उपलब्धता | बिक्री | आवश्यकता | उपलब्धता | बिक्री | आवश्यकता | उपलब्धता | बिक्री | आवश्यकता | उपलब्धता | बिक्री |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 15.60 | 19.22 | 17.06 | 4.80 | 6.32 | 5.45 | 1.70 | 2.22 | 1.82 | 15.80 | 19.06 | 15.59 |
| 3 | अरुणाचल प्रदेश | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 3.35 | 5.13 | 4.60 | 0.56 | 0.95 | 0.72 | 0.57 | 0.78 | 0.55 | 0.58 | 0.55 | 0.40 |
| 5 | बिहार | 23.82 | 28.12 | 25.33 | 6.10 | 8.04 | 6.57 | 2.00 | 2.23 | 1.80 | 6.00 | 8.01 | 5.89 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | छत्तीसगढ़ | 10.00 | 12.41 | 9.81 | 4.10 | 4.29 | 3.25 | 1.10 | 1.33 | 0.82 | 2.40 | 4.34 | 2.57 |
| 8 | दादरा और नगर हवेली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.26 | 0.25 | 0.21 | 0.05 | 0.05 | 0.05 | 0.01 | 0.00 | 0.00 | 0.02 | 0.00 | 0.00 |
| 11 | गोवा | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.03 | 0.03 | 0.03 |
| 12 | गुजरात | 25.02 | 25.95 | 23.99 | 6.30 | 5.82 | 5.32 | 1.09 | 1.16 | 0.95 | 7.45 | 10.18 | 8.28 |
| 13 | हरियाणा | 21.67 | 26.08 | 23.20 | 5.53 | 6.10 | 5.46 | 0.58 | 0.67 | 0.44 | 1.57 | 1.10 | 0.82 |
| 14 | हिमाचल प्रदेश | 0.66 | 0.94 | 0.79 | 0.02 | 0.05 | 0.05 | 0.04 | 0.04 | 0.03 | 0.41 | 0.37 | 0.28 |
| 15 | जम्मू और कश्मीर | 1.46 | 2.24 | 1.60 | 0.46 | 0.61 | 0.43 | 0.21 | 0.35 | 0.21 | 0.03 | 0.06 | 0.02 |
| 16 | झारखंड | 2.90 | 3.73 | 3.22 | 0.80 | 1.13 | 0.93 | 0.07 | 0.07 | 0.05 | 0.65 | 1.02 | 0.76 |
| 17 | कर्नाटक | 18.77 | 21.55 | 18.85 | 5.98 | 7.79 | 6.09 | 2.27 | 3.25 | 2.46 | 17.10 | 27.20 | 21.35 |
| 18 | केरल | 1.14 | 1.30 | 1.14 | 0.20 | 0.31 | 0.22 | 0.90 | 1.07 | 0.87 | 1.30 | 1.60 | 1.25 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 40.42 | 47.16 | 42.43 | 15.00 | 13.09 | 11.47 | 1.50 | 1.51 | 1.08 | 16.50 | 14.70 | 11.16 |
| 21 | महाराष्ट्र | 26.77 | 32.37 | 27.27 | 7.20 | 8.06 | 5.81 | 2.70 | 3.37 | 2.55 | 30.00 | 41.95 | 29.63 |
| 22 | मणिपुर | 0.20 | 0.24 | 0.19 | 0.03 | 0.05 | 0.04 | 0.06 | 0.02 | 0.01 | 0.02 | 0.02 | 0.02 |
| 23 | मेघालय | 0.03 | 0.03 | 0.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | मिजोरम | 0.07 | 0.11 | 0.11 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.01 | 0.02 | 0.02 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 26 | ओडिशा | 6.20 | 8.94 | 7.26 | 2.75 | 3.42 | 2.78 | 0.85 | 1.11 | 0.74 | 3.30 | 4.39 | 3.57 |
| 27 | पुदुचेरी | 0.15 | 0.15 | 0.14 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.09 | 0.11 | 0.08 |
| 28 | पंजाब | 29.92 | 35.36 | 31.39 | 7.35 | 8.13 | 6.66 | 1.10 | 1.02 | 0.61 | 2.00 | 1.67 | 1.29 |
| 29 | राजस्थान | 25.52 | 31.94 | 28.05 | 8.43 | 8.61 | 7.80 | 0.20 | 0.23 | 0.18 | 3.00 | 3.24 | 2.56 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 10.87 | 12.80 | 11.43 | 2.95 | 3.46 | 2.89 | 2.60 | 2.35 | 2.02 | 9.25 | 11.08 | 8.73 |
| 32 | तेलंगाना | 20.20 | 21.80 | 20.94 | 3.85 | 4.92 | 4.38 | 1.20 | 1.38 | 1.04 | 17.00 | 18.44 | 14.74 |
| 33 | त्रिपुरा | 0.18 | 0.24 | 0.17 | 0.03 | 0.05 | 0.03 | 0.04 | 0.05 | 0.02 | 0.05 | 0.05 | 0.03 |
| 34 | उत्तराखंड | 2.01 | 2.49 | 2.21 | 0.30 | 0.67 | 0.48 | 0.07 | 0.09 | 0.04 | 0.35 | 0.21 | 0.17 |
| 35 | उत्तर प्रदेश | 79.92 | 91.75 | 80.37 | 24.00 | 25.30 | 20.25 | 2.75 | 2.89 | 1.91 | 12.50 | 14.80 | 10.01 |
| 36 | पश्चिम बंगाल | 14.30 | 18.43 | 14.76 | 3.59 | 4.47 | 3.65 | 3.20 | 3.35 | 2.34 | 11.10 | 14.80 | 11.14 |
| | **अखिल भारत** | **381.45** | **450.79** | **396.60** | **110.42** | **121.72** | **100.80** | **26.82** | **30.58** | **22.56** | **158.49** | **198.97** | **150.37** |

## गुणवत्तापूर्ण और विशिष्ट स्वास्थ्य सेवाओं की उपलब्धता

**3260. श्रीमती संध्या राय:**

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

(क) क्या सरकार ने देश के प्रत्येक संसदीय निर्वाचन क्षेत्र में गुणवत्तापूर्ण और विशिष्ट स्वास्थ्य सेवाओं की एकसमान उपलब्धता सुनिश्चित करने के लिए कोई समयबद्ध राष्ट्रीय कार्य योजना तैयार की है;

(ख) यदि हाँ, तो 2014 से अब तक इन परियोजनाओं के लिए स्वीकृत की गई निधि कितनी है, वर्षवार व्यय कितना है और वर्तमान प्रगति का ब्यौरा क्या है;

(ग) यदि नहीं, तो सरकार की भिंड और दतिया सहित ऐसे संसदीय निर्वाचन क्षेत्रों में स्वास्थ्य सुविधाओं को सुदृढ़ करने के लिए भावी कार्य योजना क्या है; और

(घ) देश में उत्त कार्य योजना के अंतर्गत स्वीकृत किए गए चिकित्सा महाविद्यालयों, नर्सिंग महाविद्यालयों, गंभीर देखरेख ब्लॉकों, ज़िला अस्पतालों के उन्नयन, स्वास्थ्य और कल्याण केंद्रों और अन्य स्वास्थ्य अवसंरचनात्मक परियोजनाओं का राज्य-वार, विशेषकर मध्य प्रदेश में और विशेष रूप से भिंड तथा दतिया संसदीय निर्वाचन क्षेत्रों में 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 के विषय हैं। देश में गुणवत्तापूर्ण और विशेष स्वास्थ्य सेवाओं की उपलब्धता की प्राथमिक जिम्मेदारी संबंधित राज्य सरकारों की है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) मध्य प्रदेश सहित पूरे देश में स्वास्थ्य अवसंरचना, स्वास्थ्य सुविधाकेंद्रों में मानव संसाधनों, गुणवत्तापूर्ण स्वास्थ्य परिचर्या की उपलब्धता और पहुँच में सुधार के लिए सहायता प्रदान करता है। स्वास्थ्य और परिवार कल्याण मंत्रालय एनएचएम के अंतर्गत 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। नियमों

और उपलब्ध संसाधनों के अनुसार कार्यवाही रिकार्ड (आरओपी) के रूप में प्रस्ताव को स्वीकृति दी जाती है। मध्य प्रदेश सहित अन्य राज्यों/संघ राज्य क्षेत्रों को जारी किए गए आरओपी का विवरण निम्नलिखित वेब लिंक पर उपलब्ध है:

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

भारत सरकार द्वारा प्रारंभ किए गए राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएएस), जन स्वास्थ्य सुविधाकेंद्रों में परिचर्या की गुणवत्ता को बढ़ाने के उद्देश्य से एक व्यापक रूपरेखा उपलब्ध कराता है। इनमें सेवा प्रावधान, रोगी अधिकार, इनपुट, सहायक सेवाएं, नैदानिक परिचर्या, संक्रमण नियंत्रण, गुणवत्ता प्रबंधन जैसे क्षेत्रों पर ध्यान केंद्रित किया जाता है। इससे रोगियों के लिए बेहतर परिणाम प्राप्त होते हैं और स्वास्थ्य परिचर्या सेवाओं के प्रति सार्वजनिक भरोसे में वृद्धि होती है।

हेल्थ डायनेमिक्स ऑफ इंडिया (एचडीआई), एक वार्षिक प्रकाशन है, जो राज्यों/संघ राज्य क्षेत्रों द्वारा रिपोर्ट किए गए स्वास्थ्य परिचर्या प्रशासनिक डेटा पर आधारित है। मध्य प्रदेश के भिंड और दतिया संसदीय निर्वाचन क्षेत्रों सहित पूरे देश के राज्य/संघ राज्य क्षेत्र-वार, चिकित्सा महाविद्यालयों, जिला अस्पतालों (डीएच) और अन्य स्वास्थ्य अवसंरचना की उपलब्धता का विवरण, एचडीआई 2023-24 के निम्नलिखित लिंक पर एचएमआईएस पोर्टल के तहत प्रकाशनों के अंतर्गत देखा जा सकता है: https://hmis.mohfw.gov.in

एएएम पोर्टल पर राज्यों/संघ राज्य क्षेत्रों द्वारा किए गए रिपोर्ट के अनुसार, दिनांक 31.07.2026 की स्थिति के अनुसार देश में उप-स्वास्थ्य केंद्रों (एसएचसी) और प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) को सुदृढ़ करके मध्य प्रदेश में 12,789 एएएम सहित 1,86,696 एएएम को कार्यशील किया गया था। इनमें से, भिंड और दतिया संसदीय क्षेत्रों के भिंड जिले में 258 और दतिया जिले में 141 एएएम को कार्यशील किया गया।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-अभिम) केंद्र प्रायोजित योजना (सीएसएस) है, जिसमें केंद्रीय क्षेत्र (सीएस) के कुछ घटक शामिल हैं, जिसे स्वास्थ्य सेवा प्रदायगी, जन स्वास्थ्य कार्रवाई और स्वास्थ्य अनुसंधान को एकीकृत करने वाले सुधारों के माध्यम से भारत की जन

स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए कार्यान्वित किया गया था, जिसमें महामारियों और अन्य जन स्वास्थ्य आपात स्थितियों का प्रभावी ढंग से सामना करने के लिए जन स्वास्थ्य प्रणालियों की क्षमता को बढ़ाया जाता है।

योजना के सीएसएस घटक के अंतर्गत, पीएम-एबीएचआईएम के अंतर्गत राज्यों/संघ राज्य क्षेत्रों को 5 वर्षों की अवधि अर्थात वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक 11001 भवन-रहित उप-स्वास्थ्य केंद्रों– आयुष्मान आरोग्य मंदिर (एसएचसी-एएएम), 5456 शहरी आयुष्मान आरोग्य मंदिर (शहरी-एएएम), 2151 ब्लॉक जन स्वास्थ्य इकाइयाँ (बीपीएचयू), जिला अस्पताल/सरकारी मेडिकल कॉलेज स्तर पर 744 एकीकृत सार्वजनिक स्वास्थ्य प्रयोगशालाएं (आईपीएचएल) और 631 क्रिटिकल केयर ब्लॉक (सीसीबी), जिसमें मध्य प्रदेश में 50 सीसीबी (भिंड और दतिया जिले में 1-1) शामिल हैं, के निर्माण/सुदृढ़ीकरण और स्थापना के लिए 32,961.10 करोड़ रुपये की राशि हेतु प्रशासनिक अनुमोदन प्रदान किए गए।

स्वास्थ्य और परिवार कल्याण मंत्रालय, 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए सीएसएस का प्रबंधन करता है, जिसमें उन क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। इस योजना के अंतर्गत, देश में प्रस्तावित सभी 157 सरकारी मेडिकल कॉलेजों को पहले ही मंजूरी दे दी गई है, जिसमें मध्य प्रदेश के 14 कॉलेज शामिल हैं। दतिया में एक मेडिकल कॉलेज को मंजूरी दी गई थी। नर्सिंग शिक्षा को बढ़ाने के लिए सीएसएस - चिकित्सा महाविद्यालयों के पास ही नर्सिंग महाविद्यालयों की स्थापना के तहत, सरकार ने मौजूदा चिकित्सा महाविद्यालयों के साथ सह-स्थान पर 157 नर्सिंग महाविद्यालयों की स्थापना को मंजूरी दी है। इस योजना के अंतर्गत, मध्य प्रदेश में 14 नर्सिंग महाविद्यालयों की स्थापना को मंजूरी दी गई थी, जिसमें दतिया जिले में 1 शामिल है।

## AVAILABILITY AND ACCESSIBILITY OF FERTILIZERS

**3261. SHRI VISHNU DATT SHARMA:**

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

(a) whether the Government has made any assessment regarding fertiliser availability and accessibility, under the Nutrient Based Subsidy (NBS), Urea Subsidy and One Nation One Fertilizer initiatives in Bundelkhand region, if so, the details thereof, district-wise, particularly Khajuraho Constituency;

(b) whether the delays in fertiliser supply, inadequate storage and long travel distances to fertiliser outlets have affected farmers during the short Kharif and Rabi sowing windows, if so, the details thereof, district-wise;

(c) whether the Government proposes a Bundelkhand Fertiliser Logistics Plan including block-level buffer stocks, advance seasonal allocation, strengthened rural distribution and promotion of balanced fertiliser use; and

(d) if so, the details thereof alongwith timeline for its implementation?

**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 Bundelkhand region:

(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. 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.

(ii) 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).

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

(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 is done 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/block level is done by the concerned State government.

In view of above, the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the Bundelkhand region in the Rabi 2025-26 season and during the ongoing Kharif 2026 season. The information regarding availability position of fertilizers in the Bundelkhand region during the ongoing Kharif 2026

season, as informed by State Governments of Uttar Pradesh and Madhya Pradesh, is placed at **Statement**.

Further, the State Government of Madhya Pradesh has informed that they make arrangements for distribution of fertilizers through PACS, MARKFED, MP Agro and authorized private dealers. The distribution of fertilizers is also being monitored through the E-Vikas (Distribution and Agricultural Fertilizer Supply Solution) system, which provides for monitoring of fertilizer movement from the source/production point up to the retailer level and for distribution according to farmers' land and crop requirements. In respect of the Khajuraho Parliamentary Constituency, fertilizer availability is being monitored through the concerned district administration and agriculture/cooperative machinery.

Moreover, the State Governments of Madhya Pradesh and Uttar Pradesh have informed that at present, there is no separate proposal under consideration for a formally notified “Bundelkhand Fertilizer Logistics Plan” as a standalone scheme.

## STATEMENT

**The information regarding availability position of fertilizers in the Bundelkhand region during the ongoing Kharif 2026 season, as informed by State Governments of Uttar Pradesh and Madhya Pradesh**

| FERTILIZER AVAILABILITY POSITION IN BUNDELKHAND REGION OF UTTAR PRADESH DURING KHARIF 2025-26 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S NO. | DISTRICT | UREA | | | DAP | | | NPK | | | MOP | | |
| | | AVAILABILTY | SALE | CLOSING BALANCE | AVAILABILTY | SALE | CLOSING BALANCE | AVAILABILTY | SALE | CLOSING BALANCE | AVAILABILTY | SALE | CLOSING BALANCE |
| 1 | Banda | 19,956 | 3,922 | 16,035 | 5,717 | 2,219 | 3,498 | 3,464 | 649 | 2,815 | 90 | 23 | 68 |
| 2 | Chitrakoot | 15,278 | 3,654 | 11,624 | 4,948 | 2,703 | 2,246 | 2,007 | 458 | 1,550 | 69 | 5 | 64 |
| 3 | Hamirpur | 18,298 | 4,948 | 13,349 | 6,212 | 1,950 | 4,262 | 2,780 | 577 | 2,202 | 30 | 16 | 14 |
| 4 | Jalaun | 21,105 | 6,509 | 14,595 | 12,693 | 4,776 | 7,918 | 1,775 | 160 | 1,615 | 356 | 19 | 337 |
| 5 | Jhansi | 24,840 | 6,628 | 18,212 | 14,227 | 6,455 | 7,772 | 2,659 | 455 | 2,204 | 31 | - | 31 |
| 6 | Lalitpur | 16,620 | 2,646 | 13,974 | 12,928 | 1,977 | 10,952 | 7,163 | 381 | 6,782 | 71 | 6 | 65 |
| 7 | Mahoba | 10,805 | 619 | 10,186 | 5,625 | 290 | 5,334 | 1,433 | 37 | 1,396 | - | - | - |

| FERTILIZER AVAILABILITY POSITION IN BUNDELKHAND REGION OF MADHYA PRADESH DURING KHARIF 2026 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S NO. | DISTRICT | UREA | | | DAP | | | NPK | | | MOP | | |
| | | AVAILABILTY | SALE | CLOSING BALANCE | AVAILABILTY | SALE | CLOSING BALANCE | AVAILABILTY | SALE | CLOSING BALANCE | AVAILABILTY | SALE | CLOSING BALANCE |
| 1 | **Chhatarpur** | 10,043 | 3,579 | 6,464 | 3,864 | 1,988 | 1,876 | 14,294 | 4,500 | 9,795 | 391 | 14 | 377 |
| 2 | **Tikamgarh** | 8,817 | 760 | 8,057 | 3,119 | 1,228 | 1,891 | 2,777 | 986 | 1,791 | 362 | 20 | 342 |
| 3 | **Datia** | 26,419 | 14,264 | 12,155 | 8,637 | 5,668 | 2,969 | 15,754 | 8,840 | 6,914 | 194 | 46 | 148 |
| 4 | **Damoh** | 15,644 | 11,149 | 4,495 | 8,960 | 7,714 | 1,246 | 7,839 | 4,526 | 3,314 | 345 | 35 | 310 |
| 5 | **Panna** | 15,257 | 8,871 | 6,385 | 4,991 | 3,768 | 1,223 | 9,557 | 3,506 | 6,052 | 99 | 25 | 74 |
| 6 | **Sagar** | 40,213 | 29,931 | 10,282 | 6,520 | 5,908 | 612 | 12,632 | 6,952 | 5,679 | 851 | 386 | 465 |

## MULTILATERAL RESPONSE TO THE GLOBAL ENERGY CRISIS

**3262 SHRI DUSHYANT SINGH**

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

(a) the recent initiatives undertaken by India through platforms such as the G20, BRICS, SCO and the Voice of Global South Summit (VOGSS) to strengthen multilateralism and deepen cooperation among countries of the Global South in the context of the recent energy disruptions arising from the conflict in West Asia;

(b) the steps taken by Government to build consensus among developing countries on issues of energy security, resilient supply chains, food and fertilizer security and climate-resilient development, particularly in light of the disruptions in global oil and LNG flows through the Strait of Hormuz;

(c) whether Government has initiated or proposed any collective South-South cooperation mechanism for strategic energy reserves, renewable energy partnerships and crisis-response coordination to support developing countries affected by the present crisis, if so, the details thereof; and

(d) the manner in which these initiatives further India’s vision of a more inclusive, representative and resilient multilateral order reflecting the priorities of the Global South?

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

(a) to (d): India has consistently worked to strengthen multilateralism and deepen cooperation among countries of the Global South through platforms such as the G20, BRICS, SCO and the Voice of Global South Summit, including on concerns arising from recent disruptions in global energy markets. India advocates greater cooperation among developing countries on energy security, food and fertilizer security, resilient supply chains, while safeguarding developmental priorities. India engages with partner countries through bilateral and multilateral mechanisms, to exchange views, build consensus and support coordinated approaches aimed at mitigating adverse impacts on developing economies in the context of the recent energy disruptions, as also fostering discussions on renewable energy partnerships, clean energy transitions, capacity building and sharing of technology.

India assumed the BRICS Chairship in 2026 under the overarching theme "Building for Resilience, Innovation, Cooperation and Sustainability". Resilience is one of the substantive pillars of the Chairship under which deliberations on resilience of energy systems, supply chains and infrastructure are taking place. India is actively engaged in the discussions in G20 this year on matters relating to energy supply, diversification of energy sources and systems, greater investment in energy infrastructure, and increasing resilience of energy supply chains, while safeguarding the developmental priorities and policy space of developing countries.

India's international initiatives, including the International Solar Alliance and the Global Biofuels Alliance, promote clean energy deployment, energy access, capacity building and sustainable energy transitions, contributing to South–South energy cooperation and to ensuring that the concerns and development priorities of the Global South are placed on the agenda of global decision-making processes. These initiatives contribute to India's consistent advocacy of a more inclusive, representative, equitable and resilient multilateral order. The inclusion of the African Union as a permanent member of the G20 during India's Presidency, and the expansion of BRICS membership, reflect India's sustained efforts to widen representation of developing countries in global decision-making.

**दाहोद में एबी-पीएमजेएवाई का कार्यान्वयन**

**3263. श्री जसवंतसिंह सुमनभाई भाभोर:**

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

(क) गुजरात के दाहोद संसदीय निर्वाचन क्षेत्र में जनवरी 2023 से मई 2026 तक आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत लाभार्थियों और अस्पताल में भर्ती होने वाले रोगियों की कुल संख्या कितनी है;

(ख) उक्त निर्वाचन क्षेत्र के टियर-II और टियर-III शहरों तथा जनजातीय क्षेत्रों में एबी-पीएमजेएवाई के अंतर्गत सार्वजनिक और निजी अस्पतालों के सूचीबद्धता का ब्यौरा क्या है;

(ग) उक्त निर्वाचन क्षेत्र में संचालित आयुष्मान आरोग्य मंदिरों (एएमएम) की संख्या कितनी है तथा ग्रामीण लोगों के लिए आयुष्मान भारत स्वास्थ्य खाते (आभा) बनाने की दिशा में क्या प्रगति हुई है; और

(घ) एबी-पीएमजेएवाई के शुभारंभ के बाद से उक्त निर्वाचन क्षेत्र में महिलाओं के अस्पताल में भर्ती होने की दर और परिवारों के लिए अपनी जेब से होने वाले चिकित्सा व्यय में अनुमानित कमी से संबंधित विशिष्ट आंकड़े क्या हैं?

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

(क) और (ख): आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के अंतर्गत निर्वाचन क्षेत्र-वार डेटा का विवरण नहीं रखा गया है, तथापि, दाहोद लोकसभा निर्वाचन क्षेत्र के अंतर्गत आने वाले जिलों में बनाए गए आयुष्मान कार्डों का जिला-वार विवरण इस वेबसाइट पर देखा जा सकता है: https://dashboard.nha.gov.in/public/card

इसके अतिरिक्त, जनवरी, 2023 से मई, 2026 तक इस योजना के अंतर्गत दाहोद लोकसभा निर्वाचन क्षेत्र के दाहोद जिले में कुल 73,021 और दाहोद लोकसभा निर्वाचन क्षेत्र के महिसागर जिले में कुल 38,270 अस्पताल में भर्ती होने की अनुमति दी गई है।

योजना के अंतर्गत पैनलबद्ध सरकारी और निजी अस्पतालों का जिला-वार विवरण यहाँ देखा जा सकता है: https://hem.nha.gov.in/search

(ग): 1.86 लाख आयुष्मान आरोग्य मंदिर (एएएम) के माध्यम से, उप स्वास्थ्य केंद्रों और प्राथमिक स्वास्थ्य केंद्रों को सुदृढ़ करके व्यापक प्राथमिक स्वास्थ्य परिचर्या प्रदान की जाती है। दिनांक 30.06.2026 की स्थिति के अनुसार एएएम पोर्टल के अनुसार, गुजरात राज्य में संचालित एएएम की संख्या 10625 है, जिसमें दाहोद और महिसागर जिलों में क्रमशः 528 और 227 एएएम शामिल हैं।

आयुष्मान भारत स्वास्थ्य खाता (आभा) आयुष्मान भारत डिजिटल मिशन (एबीएडीएम) का एक मुख्य आधारभूत घटक है। यह एक विशिष्ट 14-अंकीय स्वास्थ्य पहचान संख्या है जो नागरिकों को स्वास्थ्य परिचर्या पारितंत्र में अपने डिजिटल स्वास्थ्य रिकॉर्ड तक सुरक्षित रूप से पहुँचने और उनका प्रबंधन करने की अनुमति देती है। आभा कार्ड बनाते समय, केवल आधार में उपलब्ध पते के विवरण के आधार पर जिला-स्तरीय विवरण ही दर्ज किए जाते हैं और एबीडीएम के तहत आभा कार्ड तैयार करने का

ग्रामीण-शहरी वर्गीकरण नहीं रखा जाता है। दिनांक 31.07.2026 की स्थिति के अनुसार, गुजरात राज्य में दाहोद संसदीय निर्वाचन क्षेत्र के अंतर्गत आने वाले महिसागर और दाहोद जिलों में क्रमशः कुल 8.60 लाख और 17.93 लाख आभा कार्ड बनाए गए हैं।

(घ): दिनांक 31.07.2026 की स्थिति के अनुसार, दाहोद जिले में एबी-पीएमजेएवाई के अंतर्गत कुल 1.34 लाख अस्पताल में भर्ती अधिकृत किए गए, जिनकी लागत 285.99 करोड़ रुपये थी। महिसागर जिले में, इस अवधि के दौरान 68,167 अस्पताल में भर्ती अधिकृत किए गए, जिनकी लागत 187.71 करोड़ रुपये थी। इनमें से, दाहोद जिले में 63,917 भर्तियां, जो कुल भर्तियों का 47.7% हैं और लागत ₹113.51 करोड़ है, जो पात्र महिला लाभार्थियों से संबंधित थे। इसी प्रकार, महिसागर जिले में, 29,327 भर्तियां, जो कुल भर्तियों का 43.02% हैं और लागत ₹70.82 करोड़ है, जो पात्र महिला लाभार्थियों से संबंधित थे।

पात्र लाभार्थी परिवारों को पैनलबद्ध अस्पतालों में द्वितीयक और विशिष्ट स्वास्थ्य परिचर्या सेवाओं तक कैशलेस सुविधा प्रदान करके, अस्पताल में भर्ती होने से जुड़े वित्तीय बोझ को बहुत कम कर दिया है और स्वास्थ्य पर होने वाले अत्यधिक व्यय से सुरक्षा प्रदान की है।

## BENEFICIARIES UNDER PMMVY

**3264. SHRI IMRAN MASOOD:**

**SHRI RAMVIR SINGH BIDHURI:**

**SHRI ASHISH DUBEY:**

**SHRI RAHUL SINGH LODHI:**

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

(a) the number of applications received, approved, rejected/pending under the Pradhan Mantri Matru Vandana Yojana (PMMVY) since 2019, State/UT-wise and year-wise;

(b) the number of applications rejected/benefits withheld due to Aadhaar authentication failures, bank account linkage issues, mobile number verification issues and other technical reasons, since 2019, State/UT-wise and year-wise;

(c) the number of payment failures recorded due to technical reasons under PMMVY during the said period, State/UT-wise and year-wise;

(d) whether the Government has conducted any assessment regarding exclusion of eligible beneficiaries from PMMVY due to technical reasons, if so, the details thereof;

(e) the details of the steps being taken by the Government to ensure that eligible beneficiaries are not denied PMMVY benefits due to technical/digital failures; and

(f) whether the funds allocated to States remained unutilized due to administrative/verification hurdles, if so, the details thereof?

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

(a) to (f): The implementation of Pradhan Mantri Matru Vandana Yojana (PMMVY) was shifted from the old software (PMMVY-CAS) to the new system (PMMVYSoft) w.e.f. 01.04.2023. The details of the number of applications received, approved and rejected from 01.04.2023 till 05.08.2026 are placed at **Statement-I.**

The number of beneficiaries who have been entered in the PMMVY Portal but have not received maternity benefits under the scheme due to non-mapping of Aadhaar number with NPCI or due to non-authentication of Aadhaar are placed at **Statement-II.**

Applications under PMMVY may be rejected for any of the following reasons:

- Not eligible for availing benefits under the scheme guidelines
- Uploaded Documents (MCH/ RCH Card or Eligibility Document) are not correct
- Already availed full benefit under PMMVY

In recent times, the Government of India has undertaken several measures to minimize payment failures, to prevent exclusion of eligible beneficiaries and to ensure that eligible beneficiaries are not denied benefits under PMMVY due to technical reasons or digital failures. Some of these are as under:

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 compliant 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 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.

Further, in order to increase the coverage of the scheme, 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.

Funds are released to the States and UTs 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). Furthermore, in compliance of the guidelines of Ministry of Finance, PMMVY scheme has now been onboarded on SNA-SPARSH mechanism, under which funds are released in "Just-in-Time" framework.

There exists a well- structured mechanism for effective implementation of the Scheme and its monitoring that includes utilization of funds. Further, Ministry has also created a dedicated portal for submission of Utilization Certificate (UCs) and Statement of Expenditure (SOE), so as to ensure that all the UCs and SOEs are available at a single place for effective monitoring of funds utilization. Additionally,

the Ministry also monitors the implementation of schemes including utilization of funds through meetings/ VCs with the States /UTs.

Regular monitoring of the pendency clearances is being done through Video Conferences, wherein pendency clearance at different stages of application process is monitored. The Ministry has also introduced 'Track Application Status' module and 'Integrated Grievance Redressal' module on the PMMVY portal, which has increased accountability and expedited payments.

## STATEMENT-I

### Instalments Applied, Approved and Rejected under PMMVY

| Sl.N | State | FY 2023-24 | | | FY 2024-25 | | |
|---|---|---|---|---|---|---|---|
| | | Applied | Approved^ | Rejected | Applied | Approved^ | Rejected |
| | **Total** | **75,27,732** | **32,67,223** | **1,50,056** | **70,58,576** | **83,37,282** | **12,17,835** |
| 1 | ANDAMAN & NICOBAR ISLANDS | 2,363 | 945 | 291 | 1,681 | 2,011 | 495 |
| 2 | ANDHRA PRADESH | 3,08,436 | 1,83,230 | 1,251 | 2,29,126 | 2,61,854 | 57,070 |
| 3 | ARUNACHAL PRADESH | 7,515 | 1,896 | 965 | 5,293 | 5,146 | 2,585 |
| 4 | ASSAM | 4,10,920 | 2,06,510 | 13,410 | 3,47,832 | 4,31,314 | 62,467 |
| 5 | BIHAR | 5,77,157 | 1,45,433 | 73,404 | 10,30,937 | 9,83,062 | 3,38,496 |
| 6 | CHANDIGARH | 5,489 | 3,467 | 39 | 4,832 | 5,457 | 362 |
| 7 | CHHATTISGARH | 2,44,857 | 1,19,211 | 2,325 | 2,84,506 | 3,28,314 | 33,439 |
| 8 | DELHI | 1,38,166 | 53,396 | 2,654 | 1,22,188 | 1,50,997 | 12,763 |
| 9 | GOA | 8,779 | 1,683 | 474 | 4,864 | 7,705 | 2,853 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 10 | GUJARAT | 4,55,206 | 1,81,251 | 4,877 | 3,11,383 | 4,59,477 | 51,520 |
| 11 | HARYANA | 1,61,314 | 19,188 | 1,725 | 1,74,759 | 2,62,698 | 12,132 |
| 12 | HIMACHAL PRADESH | 68,571 | 9,919 | 999 | 60,268 | 99,677 | 9,594 |
| 13 | JAMMU AND KASHMIR | 1,13,411 | 14,793 | 1,918 | 1,21,125 | 1,83,102 | 13,274 |
| 14 | JHARKHAND | 1,82,402 | 88,880 | 2,229 | 1,52,974 | 2,02,043 | 14,822 |
| 15 | KARNATAKA | 5,70,626 | 2,63,111 | 2,346 | 6,19,912 | 8,08,341 | 65,384 |
| 16 | KERALA | 2,18,698 | 98,737 | 4,422 | 1,65,366 | 2,14,485 | 26,586 |
| 17 | LADAKH | 2,074 | 2,061 | 1 | 2,676 | 2,735 | 31 |
| 18 | LAKSHADWEEP | 1,655 | 930 | 3 | 931 | 1,523 | 169 |
| 19 | MADHYA PRADESH | 8,85,821 | 4,32,512 | 3,097 | 7,84,531 | 10,89,203 | 46,961 |
| 20 | MAHARASHTRA | 5,38,949 | 1,39,869 | 8,648 | 7,17,135 | 9,61,999 | 73,212 |
| 21 | MANIPUR | 18,002 | 14,224 | 86 | 27,213 | 23,122 | 6,862 |
| 22 | MEGHALAYA | 12,970 | 5,035 | 949 | 26,056 | 25,498 | 5,138 |
| 23 | MIZORAM | 8,987 | 5,316 | 220 | 9,153 | 10,029 | 1,344 |
| 24 | NAGALAND | 9,054 | 4,313 | 1,030 | 13,723 | 13,066 | 1,624 |
| 25 | PUDUCHERRY | 10,033 | 4,837 | 1,375 | 6,784 | 8,355 | 166 |
| 26 | PUNJAB | 1,83,303 | 1,08,250 | 1,526 | 1,65,250 | 1,92,589 | 16,960 |
| 27 | RAJASTHAN | 6,00,402 | 2,27,258 | 8,631 | 5,56,946 | 7,53,533 | 52,002 |
| 28 | SIKKIM | 11,383 | 894 | 203 | 4,313 | 5,223 | 8,553 |
| 29 | TAMIL NADU | 2,04,039 | 1,34,597 | 190 | 4,26,141 | 1,12,470 | 51 |
| 30 | DADRA & NAGAR HAVELI & DAMAN & DIU | 4,139 | 2,954 | 7 | 4,872 | 6,065 | 275 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 31 | TRIPURA | 27,017 | 15,985 | 702 | 29,559 | 34,262 | 2,332 |
| 32 | UTTAR PRADESH | 8,58,418 | 3,87,242 | 6,257 | 2,85,286 | 4,31,442 | 2,66,545 |
| 33 | UTTARAKHAND | 95,857 | 59,779 | 965 | 1,15,077 | 1,12,184 | 18,640 |
| 34 | WEST BENGAL | 5,81,719 | 3,29,517 | 2,837 | 2,45,884 | 1,48,301 | 13,128 |

| **Sl. No** | **State** | **FY 2025-26** | | | **FY 2026-27 (till 05.08.26)** | | |
|---|---|---|---|---|---|---|---|
| | | **Applied** | **Approved^** | **Rejected** | **Applied** | **Approved^** | **Rejected** |
| | **Total** | **75,95,187** | **68,78,987** | **4,16,715** | **37,12,175** | **41,73,572** | **1,32,283** |
| **1** | ANDAMAN AND NICOBAR ISLANDS | 2,193 | 2,219 | 39 | 1,073 | 982 | 4 |
| **2** | ANDHRA PRADESH | 2,47,481 | 1,59,343 | 29,834 | 2,48,754 | 3,03,660 | 7,945 |
| **3** | ARUNACHAL PRADESH | 6,428 | 7,083 | 797 | 2,383 | 2,687 | 54 |
| **4** | ASSAM | 2,94,974 | 2,64,856 | 13,722 | 1,14,948 | 85,653 | 3,823 |
| **5** | BIHAR | 7,50,374 | 6,51,511 | 75,564 | 2,40,104 | 1,35,593 | 18,440 |
| **6** | CHANDIGARH | 8,624 | 8,435 | 463 | 2,936 | 3,097 | 112 |
| **7** | CHHATTISGARH | 3,50,565 | 3,55,209 | 14,314 | 1,54,287 | 1,65,982 | 3,774 |
| **8** | DELHI | 1,52,690 | 1,31,147 | 12,678 | 46,986 | 64,900 | 1,550 |
| **9** | GOA | 7,432 | 5,353 | 158 | 3,870 | 5,648 | 98 |
| **10** | GUJARAT | 3,47,540 | 2,85,971 | 13,755 | 1,49,892 | 1,99,259 | 5,285 |
| **11** | HARYANA | 2,07,702 | 1,91,709 | 5,943 | 70,030 | 69,003 | 1,678 |
| **12** | HIMACHAL PRADESH | 69,581 | 60,403 | 4,566 | 31,759 | 35,841 | 1,318 |
| **13** | JAMMU AND KASHMIR | 1,44,436 | 1,33,559 | 14,902 | 55,571 | 56,717 | 2,864 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **14** | JHARKHAND | 2,10,339 | 2,02,587 | 12,124 | 1,79,222 | 1,92,761 | 6,044 |
| **15** | KARNATAKA | 5,97,494 | 5,60,741 | 21,175 | 2,86,441 | 3,16,105 | 3,303 |
| **16** | KERALA | 2,02,628 | 2,08,317 | 10,742 | 80,850 | 72,715 | 2,808 |
| **17** | LADAKH | 2,379 | 2,542 | 6 | 807 | 845 | 5 |
| **18** | LAKSHADWEEP | 734 | 549 | 6 | 308 | 458 | 3 |
| **19** | MADHYA PRADESH | 10,01,316 | 9,82,594 | 24,529 | 5,46,698 | 5,48,978 | 9,686 |
| **20** | MAHARASHTRA | 5,52,529 | 4,93,331 | 38,466 | 3,47,835 | 3,90,641 | 10,798 |
| **21** | MANIPUR | 19,164 | 17,906 | 661 | 7,425 | 3,435 | 175 |
| **22** | MEGHALAYA | 18,780 | 17,314 | 899 | 8,138 | 7,243 | 119 |
| **23** | MIZORAM | 10,745 | 9,763 | 466 | 4,572 | 5,147 | 130 |
| **24** | NAGALAND | 10,237 | 10,427 | 845 | 5,203 | 3,927 | 274 |
| **25** | ODISHA* | 2,93,404 | 1,50,581 | 12 | 73,352 | 1,92,642 | 3 |
| **26** | PUDUCHERRY | 9,199 | 8,489 | 57 | 3,864 | 5,220 | 17 |
| **27** | PUNJAB | 1,75,290 | 1,62,792 | 5,883 | 57,872 | 54,165 | 1,328 |
| **28** | RAJASTHAN | 6,08,579 | 5,79,698 | 26,379 | 2,94,221 | 3,06,754 | 6,786 |
| **29** | SIKKIM | 2,160 | 2,105 | 136 | 1,954 | 1,424 | 26 |
| **30** | TAMIL NADU | 2,52,078 | 3,19,580 | - | 2,945 | 2,21,594 | - |
| **31** | DADRA & NAGAR HAVELI & DAMAN & DIU | 6,613 | 6,027 | 797 | 2,458 | 2,395 | 40 |
| **32** | TRIPURA | 31,560 | 29,784 | 2,396 | 11,813 | 12,429 | 687 |
| **33** | UTTAR PRADESH | 8,45,720 | 6,73,858 | 74,346 | 6,20,094 | 6,41,302 | 41,931 |
| **34** | UTTARAKHAND | 98,748 | 97,419 | 3,656 | 40,643 | 44,501 | 560 |
| **35** | WEST BENGAL | 55,471 | 85,785 | 6,399 | 12,867 | 19,869 | 615 |

^ may include instalments applied in previous year(s).

* The State Govt. of Odisha started implementation of PMMVY in their State during FY 2025-26.

## STATEMENT-II

**Beneficiaries entered in PMMVY Portal but not received maternity benefits due to non-mapping of Aadhaar number with NPCI or due to non-authentication of Aadhaar**

| S. No | State | Aadhar not mapped with NPCI | Biometrics (face) not authenticated from UIDAI |
|---|---|---|---|
| | **Total** | **6,13,633** | **5,29,554** |
| 1 | ANDAMAN AND NICOBAR ISLANDS | 62 | 36 |
| 2 | ANDHRA PRADESH | 40,796 | 12,249 |
| 3 | ARUNACHAL PRADESH | 661 | 627 |
| 4 | ASSAM | 29,579 | 27,488 |
| 5 | BIHAR | 76,794 | 84,784 |
| 6 | CHANDIGARH | 103 | 67 |
| 7 | CHHATTISGARH | 5,912 | 5,827 |
| 8 | DELHI | 6,219 | 6,094 |
| 9 | GOA | 159 | 163 |
| 10 | GUJARAT | 93,572 | 60,108 |
| 11 | HARYANA | 7,558 | 9,399 |
| 12 | HIMACHAL PRADESH | 1,217 | 1,497 |
| 13 | JAMMU AND KASHMIR | 1,576 | 1,958 |
| 14 | JHARKHAND | 12,132 | 20,132 |
| 15 | KARNATAKA | 23,296 | 15,199 |
| 16 | KERALA | 10,472 | 5,138 |
| 17 | LADAKH | 179 | 182 |

| | | | |
|---|---|---|---|
| 18 | LAKSHADWEEP | 16 | 6 |
| 19 | MADHYA PRADESH | 27,144 | 26,362 |
| 20 | MAHARASHTRA | 46,418 | 33,054 |
| 21 | MANIPUR | 761 | 865 |
| 22 | MEGHALAYA | 1,959 | 2,125 |
| 23 | MIZORAM | 514 | 489 |
| 24 | NAGALAND | 1,007 | 855 |
| 25 | ODISHA | - | - |
| 26 | PUDUCHERRY | 928 | 437 |
| 27 | PUNJAB | 7,857 | 11,352 |
| 28 | RAJASTHAN | 49,208 | 40,525 |
| 29 | SIKKIM | 689 | 428 |
| 30 | TAMIL NADU | 5,481 | 48,896 |
| 31 | DADRA & NAGAR HAVELI & DAMAN & DIU | 232 | 84 |
| 32 | TRIPURA | 1,891 | 1,091 |
| 33 | UTTAR PRADESH | 1,41,474 | 85,001 |
| 34 | UTTARAKHAND | 2,691 | 3,340 |
| 35 | WEST BENGAL | 15,076 | 23,696 |

**Note:** As the beneficiary entered in any year may exit from the above list (at the instance when her Aadhaar is mapped with NPCI/ after successful biometric authentication with UIDAI), the year-wise list is not maintained.

## IMPLEMENTATION OF WOMEN AND CHILD WELFARE SCHEMES

### 3265. SHRI MANOJ TIWARI:

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

(a) whether the Government has reviewed the implementation of women and child welfare schemes, including Mission Shakti, Saksham Anganwadi and POSHAN 2.0, and PM CARES for Children in the National Capital Territory of Delhi, if so, the details thereof;

(b) the details of beneficiaries, funds released and Anganwadi infrastructure strengthened in Delhi during the last three years;

(c) the details of the steps taken to improve nutrition, maternal and child health, safety of women and early childhood care through convergence with other Ministries; and

(d) whether the Government proposes to establish additional Anganwadi Centres, Creches, One Stop Centres and women empowerment facilities in North East Delhi in view of its dense population and growing demand, if so, the details thereof?

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

(a) to (d): NITI Aayog had got conducted a third-party evaluation of the Integrated Child Development Scheme (ICDS) in 2020 and again a third party evaluation of all the schemes of the Ministry of Women and Child Development in 2025 for Financial Years 2019 to 2024. The study found that the schemes of the Ministry are relevant. In addition, the study found evidence indicating that in its current form, Mission

Saksham Anganwadi and Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach. The study also found that the SAMARTHYA vertical of Mission Shakti including Pradhan Mantri Matru Vandana Yojana (PMMVY) is highly relevant and PMMVY Scheme has good awareness at grassroot level.

The details of funds released under the schemes of the Ministry to National Capital Territory of Delhi during the last three years are at **Statement-I**.

The details of beneficiaries covered under the schemes of the Ministry in National Capital Territory of Delhi during the last three years are at **Statement-II.**

The details of Anganwadi infrastructure in National Capital Territory of Delhi are available on the Poshan Tracker public dashboard at the link: https://www.poshantracker.in/statistics. Further, following steps have been undertaken to improve the infrastructure facilities at Anganwadi Centres (AWCs):

- During 15$^{th}$ 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 Ministry of Women and Child Development per AWC shared between Centre and States and UTs in the prescribed cost sharing ratio.

- Directions have been issued to States/UTs to co-locate Anganwadi Centres, which are running on rent without sufficient infrastructure, at nearby Primary Schools, where space is available. Guidelines for Co-locating Anganwadi Centres within Government Primary Schools have been issued jointly with Ministry of Education.
- 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.
- 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.

The following steps have been taken to improve nutrition, maternal and child health, safety of women and early childhood care through convergence with other Ministries:

**(i) Samagra Shiksha:** The Department of School Education and Literacy is implementing an integrated centrally sponsored scheme for School education- Samagra Shiksha which treats school education holistically, without segmentation from pre-primary to class XII and is in accordance with Sustainable Development Goal for Education (SDG-4). The Scheme is aligned with the recommendations of the National Education Policy (NEP) 2020 and aims to ensure that all children have

access to quality education with an equitable and inclusive classroom environment which should take care of their diverse background, multilingual needs, different academic abilities and make them active participants in the learning process.

**(ii) PM SHRI Schools:** PM SHRI schools are set up by strengthening the existing schools from amongst schools managed by Central Government/State Government /UT Government/local bodies. These schools are to showcase all the initiatives of National Education Policy 2020 and emerge as exemplar schools over a period of time, and also offer leadership to other schools in the neighbourhood. They provide leadership in their respective regions in providing high-quality education in an equitable, inclusive and joyful school environment that takes care of the diverse background, multilingual needs, and different academic abilities of children and makes them active participants in their own learning process as per the vision of NEP 2020.

**(iii) PM POSHAN:** The Pradhan Mantri Poshan Shakti Nirman (PM POSHAN) Scheme is one of the foremost rights based Centrally Sponsored Schemes. Under the Scheme, one hot cooked meal is served to students studying in Bal Vatika and Classes I-VIII in Government and Government aided Schools on all school working days. The PM POSHAN Scheme aims to improve the nutritional status of children, to encourage poor children belonging to disadvantaged sections to attend school more regularly and help them concentrate on classroom activities and also to provide nutritional support to children of elementary stage in drought affected areas during summer vacation and during disaster times.

(iv) Emergency Response Support System provides a pan-India, single recognisable number (112) based system for all emergencies with a location-based service/global positioning service for identifying location of distressed caller and facilitating dispatch of field resources to the location of distress.

(v) The Government has launched the National Cyber Crime Reporting Portal (www.cybercrime.gov.in) to enable the public to report all types of cyber crimes, with special focus on cyber crimes against women and children. Ministry of Home Affairs (MHA) provides financial assistance under the 'Cyber Crime Prevention against Women and Children (CCPWC) Scheme, to the States/UTs for their capacity building.

(vi) Government has implemented projects for setting up and strengthening of Women Help Desks in Police Stations and Anti-Human Trafficking Units in all districts of the country.

(vii) The Ministry of Health and Family Welfare implements Reproductive, Maternal, Newborn, child, Adolescent Health and Nutrition (RMNCAH+N) strategy in a life cycle approach under National Health Mission (NHM). This includes interventions to address nutrition concerns among adolescent girls, pregnant women, lactating mothers and children under 5 years, across the country as detailed below:

- Nutrition Rehabilitation centers (NRCs) to provide in-patient medical and nutritional care to children under 5 years suffering from Moderate and Severe Acute Malnourishment with medical complications.

- Anemia Mukt Bharat (AMB) addresses the high prevalence of anemia through the 7x7x7 strategy covering seven beneficiary age groups and seven interventions through robust institutional mechanisms.
- Mothers' Absolute Affection (MAA) Programme to improve breastfeeding coverage.
- Under National Deworming Day (NDD) albendazole tablets are administered to reduce the Soil Transmitted Helminth (STH) infestation.
- Lactation Management Centres to ensure availability of safe, pasteurized Donor Human Milk for feeding sick, preterm and low birth weight babies admitted in Neonatal Intensive Care Units and Special Newborn Care Units.
- In Vitamin A Supplementation Programme, all children age 6-59 months are administered Vitamin A every 6 months in two rounds during Village Health Sanitation and Nutrition Days or in campaign approach.
- Village Health Sanitation and Nutrition Days (VHSNDs) are observed for provision of maternal and child health services and creating awareness on maternal and childcare including nutrition in convergence with MoWCD.

## STATEMENT-I

**Details of the funds released under the schemes of the Ministry to National Capital Territory of Delhi during the last three years**

**(Rs. in crores)**

| Sl. No. | Financial Year | Mission Saksham Anganwadi & Poshan 2.0 | Mission Vatsalya | Mission Shakti |
|---|---|---|---|---|
| 1. | 2023-24 | 161.81 | 3.89 | 31.45 |
| 2. | 2024-25 | 160.41 | 7.62 | 25.80 |
| 3. | 2025-26 | 150.21 | 6.63 | 8.77 |

## STATEMENT-II

**Details of beneficiaries covered under the schemes of the Ministry in National Capital Territory of Delhi during the last three years**

| Mission | Scheme | Category | Number of Beneficiaries | | |
|---|---|---|---|---|---|
| | | | FY 2023-24 | FY 2024-25 | FY 2025-26 |
| Mission Saksham Anganwadi & Poshan 2.0 | | Poshan tracker data on number of beneficiaries is available at the following link: **https://www.poshantracker.in/statistics**. | | | |

| | | | | | |
|---|---|---|---|---|---|
| Mission Vatsalya | | Beneficiaries in Institutional Care | 1216 | 1012 | 1630 |
| | | Beneficiaries in Non-Institutional Care | 635 | 952 | 846 |
| Mission Shakti | One Stop Centre | Women assisted | 35,814 | | |
| | Women Helpline | Women assisted | 9.51 lakh | | |
| | Pradhan Mantri Matru Vandana Yojana | Beneficiaries paid | 42,130 | 1,11,333 | 89,096 |
| | Shakti Sadan | Beneficiaries in Shakti Sadan | 128 | 403 | 156 |
| | Sakhi Niwas | Beneficiaries in Sakhi Niwas | 1,750 | 1,952 | 1,516 |
| | SANKALP: HEW | Women Beneficiaries | 0 | 811 | 4,782 |
| | Palna | Beneficiaries in Palna | 1,115 | 2,280 | 5,868 |

## TRANSFER OF SALT LAND IN ODISHA

**3266. SHRI MATHESWARAN V S:**

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

(a) the details of compensation paid to lease-holders and tender-allottees as per the Department for Promotion of Industry and Internal Trade (DPIIT) order dated 03.02.2025 which transferred 6718.91 acres of Salt Land in Odisha to the Ministry of Ports, Shipping and Waterways, lease-holders and tender-allottees wise; and

(b) the details of developmental activities undertaken by Ministry of Ports, Shipping and Waterways in respect of 6718.91 acres of Salt Land in Odisha?

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

(a): As per the Internal Policy Guidelines 2024 of Department for Promotion of Industry and Internal Trade (DPIIT), the transferee agency shall pay the compensation to the lessees, if any, for extinguishing the lease hold rights and meeting the cost of rehabilitation of the salt workers. The in-principle approval of DPIIT for transfer of Salt Land to the Ministry of Ports Shipping and Waterways has been received. However, the ownership of 6718.91 acres of Salt land in Odisha vests with the Salt Department as on date.

(b): The survey and demarcation of land is being undertaken by the Salt Commissioner's Office and Paradip Port Authority in coordination with the local District Authorities.

## REQUIREMENT OF ELEMENTAL SULPHUR

**3267. SHRI BRIJMOHAN AGRAWAL:**

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

(a) the total requirement of elemental sulphur in the country during FY 2025-26 alongwith details of major sectors in which elemental sulphur is consumed;

(b) the details of sulphur imports during last five years, including the quantity imported from each country, country-wise;

(c) the details of major Indian companies that imported sulphur along with the quantity imported by each such company during the financial year 2025-26, country-wise;

(d) whether there is a shortage in sulphur supply on account of the ongoing conflict/tensions in West Asia, if so, the details thereof;

(e) the steps taken by the Government to meet domestic sulphur demand in view of the prevailing West Asia crisis; and

(f) whether the Government is exploring diversification of sulphur import sources to other countries and if so, the details thereof?

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

(a) and (b): The total estimated annual requirement of sulphur in Phosphatic & Potassic (P&K) fertilizer industry is 30-35 lakh metric tonne. Sulphur is also consumed in non-fertilizer sectors including chemicals (sulphuric acid, dyes, and intermediates), petroleum refining, metal processing, rubber industry, and other

industrial applications. The country-wise details of sulphur imports during last five years, including the quantity imported from each country is placed at **Statement**.

(c): As per the policy of the Directorate General of Commercial Intelligence and Statistics (DGCI&S) company-wise details of sulphur imports are sensitive and are not disclosed.

(d) to (f): In view of the ongoing conflict/tensions in West Asia, there have been disruptions in global supply chains, leading to increased freight costs, insurance premiums, and shipment delays. The Government is monitoring the availability of sulphur in fertilizer sector, the matter been has taken up with the Ministry of Petroleum and Natural Gas (MoPNG) to advise PSU and private sector refineries to prioritize supply of sulphur to the fertilizer sector, in view of its critical importance for production of phosphatic fertilizers.

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/raw materials including sulphur as per their business dynamics.

## STATEMENT

**The country-wise details of sulphur imports during last five years, including the quantity imported from each country**

**Country and Commodity wise import of Sulphur for last Five FYs, i.e. FY 2021-22 to FY 2025-26**

| | | | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|---|---|
| **COUNTRIES** | **8-Digit ITCHS** | **COMMODITY DESCRIPTION** | **Quantity (KG)** | **Quantity (KG)** | **Quantity (KG)** | **Quantity (KG)** | **Quantity (KG)** |
| ARGENTINA | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 0 | 0 | 4050 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1170 | 0 | 0 | 0 | 0 |
| AUSTRALIA | 28070010 | SULPHURIC ACID | 18376000 | 38799689 | 45581031 | 83539256 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 6 | 5 | 0 | 2 | 0 |
| AUSTRIA | 25030090 | OTHER SULPHUR | 0 | 0 | 2 | 0 | 0 |
| | 29309099 | OTHER ORGANO- | 0 | 0 | 0 | 1 | 1 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | SULPHUR COMPNDS | | | | | |
| BAHARAIN IS | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 16442497 | 0 | 6458715 | 41063700 | 0 |
| | 25030090 | OTHER SULPHUR | 0 | 0 | 0 | 0 | 54560 |
| | 28020030 | COLLOIDAL SULPHUR | 0 | 1 | 0 | 0 | 0 |
| BELGIUM | 25030090 | OTHER SULPHUR | 2001 | 0 | 0 | 0 | 20 |
| | 28020030 | COLLOIDAL SULPHUR | 17886 | 7452 | 7605 | 4471 | 0 |
| | 28062000 | CHLORO-SULPHURIC ACID | 0 | 0 | 0 | 10 | 0 |
| | 28070010 | SULPHURIC ACID | 144 | 18114 | 93 | 104 | 51 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1214678 | 953374 | 471949 | 879839 | 1888885 |
| | 72279060 | BARS AND RODS OF SULPHUR-FREE CUTNG QULTY | 0 | 6340 | 0 | 0 | 0 |
| BRAZIL | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 0 | 0 | 15200 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 5 | 0 | 0 | 3 |
| | 32041967 | SULPHUR BLACKS | 920 | 0 | 2530 | 575 | 0 |
| BULGARIA | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 0 | 0 | 0 | 200 | 0 |
| CANADA | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 0 | 0 | 0 | 53850500 |
| | 25030090 | OTHER SULPHUR | 2784 | 0 | 0 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 9 | 13 | 61 | 23226 | 69784 |
| | 32041965 | SULPHUR GREENS | 0 | 0 | 0 | 23 | 0 |
| CHILE | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 10 | 0 | 0 | 0 | 0 |
| CHINA P RP | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), | 0 | 51 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | FRSH,FRZN,DRIED/PR | | | | | |
| | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 0 | 0 | 2700 | 24100 |
| | 25030090 | OTHER SULPHUR | 13100 | 46750 | 0 | 250 | 0 |
| | 28020010 | SUBLIMED SULPHUR | 44250 | 158700 | 206925 | 195500 | 216400 |
| | 28062000 | CHLORO-SULPHURIC ACID | 50 | 50 | 30 | 180 | 75 |
| | 28070010 | SULPHURIC ACID | 340651564 | 417161672 | 235830362 | 250924123 | 415047833 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 865367 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 29351421 | 25053151 | 24985880 | 37884638 | 38436887 |
| | 32041961 | SULPHUR YELLOWS | 108500 | 122275 | 116125 | 158800 | 199775 |
| | 32041963 | SULPHUR REDS | 300 | 4125 | 14300 | 25500 | 38275 |
| | 32041964 | SULPHUR BLUES | 396050 | 381730 | 558425 | 707375 | 663600 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 32041965 | SULPHUR GREENS | 13250 | 19450 | 23400 | 35000 | 27500 |
| | 32041966 | SULPHUR BROWNS | 18000 | 13250 | 15300 | 41800 | 33000 |
| | 32041967 | SULPHUR BLACKS | 679450 | 2241875 | 2901476 | 3181326 | 4376500 |
| | 32041969 | OTHER SULPHURS | 257975 | 332200 | 285503 | 344126 | 268990 |
| | 72283023 | BARS AND RODS OF SULPHUR BEARING STEEL | 0 | 0 | 1008 | 155542 | 0 |
| CROATIA | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 100 | 2120 | 740 | 4431 | 8470 |
| | 25030090 | OTHER SULPHUR | 360000 | 0 | 0 | 0 | 0 |
| CYPRUS | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 0 | 0 | 42499991 | 0 |
| CZECH REPUBLIC | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 50 | 2 | 0 | 29 |
| DENMARK | 25030090 | OTHER SULPHUR | 35 | 12 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 600 | 0 | 0 | 0 |
| DJIBOUTI | 28070010 | SULPHURIC ACID | 0 | 180872 | 0 | 0 | 0 |
| EGYPT A RP | 28070010 | SULPHURIC ACID | 0 | 0 | 104000 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 430 | 0 | 0 | 150 |
| FINLAND | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 0 | 0 | 0 | 5 |
| FRANCE | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 8 | 0 | 0 | 0 | 0 |
| | 25030090 | OTHER SULPHUR | 0 | 8 | 0 | 0 | 25 |
| | 28070010 | SULPHURIC ACID | 441 | 313 | 394 | 322 | 735 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1326956 | 2211120 | 1354835 | 1194019 | 913340 |
| GERMANY | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 250 | 392 | 75 | 7586 | 962 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 25030090 | OTHER SULPHUR | 8363 | 5625 | 4400 | 6000 | 17500 |
| | 28020010 | SUBLIMED SULPHUR | 479 | 75 | 400 | 755 | 13400 |
| | 28020020 | PRECIPITATED SULPHUR | 35900 | 27600 | 16100 | 25500 | 5500 |
| | 28020030 | COLLOIDAL SULPHUR | 0 | 8943 | 83 | 0 | 0 |
| | 28062000 | CHLORO-SULPHURIC ACID | 9 | 1 | 4 | 1 | 0 |
| | 28070010 | SULPHURIC ACID | 2220 | 3534 | 5274 | 29016 | 5001 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 336802 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 370771 | 406966 | 150403 | 245082 | 226789 |
| | 32041964 | SULPHUR BLUES | 0 | 5020 | 0 | 0 | 0 |
| | 32041965 | SULPHUR GREENS | 1079 | 250 | 0 | 0 | 0 |
| | 32041967 | SULPHUR BLACKS | 0 | 130 | 0 | 0 | 0 |
| | 32041969 | OTHER SULPHURS | 0 | 0 | 1525 | 2500 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| GREECE | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 4 | 106 | 100 | 60 | 108 |
| HONG KONG | 28062000 | CHLORO-SULPHURIC ACID | 0 | 0 | 0 | 0 | 45 |
| | 28070010 | SULPHURIC ACID | 0 | 12 | 0 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 31999 | 95173 | 33344 | 316808 | 450500 |
| | 32041967 | SULPHUR BLACKS | 0 | 0 | 27000 | 0 | 0 |
| HUNGARY | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1 | 0 | 37715 | 72360 | 76980 |
| INDONESIA | 28020010 | SUBLIMED SULPHUR | 5500 | 0 | 0 | 0 | 0 |
| | 28070010 | SULPHURIC ACID | 0 | 6 | 7 | 563 | 0 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 100 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 285 | 55 | 75235 | 180 | 126 |
| | 32041964 | SULPHUR BLUES | 0 | 0 | 0 | 750 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 32041967 | SULPHUR BLACKS | 0 | 0 | 0 | 0 | 1250 |
| IRAN | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 1603483 | 2967468 | 0 | 0 | 1568048 |
| | 25030090 | OTHER SULPHUR | 257000 | 0 | 0 | 0 | 0 |
| IRAQ | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 38554481 | 12225210 | 4341802 | 0 | 2099700 |
| | 25030090 | OTHER SULPHUR | 533004 | 718000 | 0 | 0 | 0 |
| | 32041969 | OTHER SULPHURS | 0 | 0 | 3 | 0 | 0 |
| ISRAEL | 25030090 | OTHER SULPHUR | 0 | 5 | 10 | 0 | 0 |
| | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 0 | 0 | 20360 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 4914 | 2639 | 1628 | 2248 | 1743 |
| ITALY | 25030090 | OTHER SULPHUR | 23750 | 4 | 0 | 2500 | 8000 |
| | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 0 | 0 | 50400 |
| | 29309099 | OTHER ORGANO- | 38525 | 62308 | 161302 | 96430 | 53387 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | SULPHUR COMPNDS | | | | | |
| | 32041961 | SULPHUR YELLOWS | 10 | 0 | 10 | 0 | 0 |
| JAPAN | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 120 | 0 | 0 | 0 | 30 |
| | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 47997310 | 37998691 | 74808603 | 71281748 | 105231128 |
| | 25030090 | OTHER SULPHUR | 0 | 0 | 0 | 10 | 44 |
| | 28020010 | SUBLIMED SULPHUR | 2000 | 0 | 0 | 0 | 0 |
| | 28020020 | PRECIPITATED SULPHUR | 3360 | 3920 | 2800 | 5960 | 10405436 |
| | 28020030 | COLLOIDAL SULPHUR | 300 | 300 | 300 | 200 | 80 |
| | 28070010 | SULPHURIC ACID | 458861115 | 499907702 | 514277477 | 541752852 | 539273702 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1099788 | 831737 | 1172050 | 900075 | 724911 |
| | 32041964 | SULPHUR BLUES | 4080 | 0 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 32041965 | SULPHUR GREENS | 60 | 0 | 0 | 0 | 0 |
| | 32041966 | SULPHUR BROWNS | 150 | 0 | 0 | 0 | 0 |
| | 32041967 | SULPHUR BLACKS | 750 | 0 | 0 | 50 | 0 |
| | 32041969 | OTHER SULPHURS | 0 | 510 | 30 | 0 | 0 |
| JORDAN | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 1320 | 0 | 0 | 0 |
| KOREA RP | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 176000 | 20076116 | 3144000 | 4429029 | 144000 |
| | 25030090 | OTHER SULPHUR | 420 | 1615 | 2800 | 1800 | 2000 |
| | 28020010 | SUBLIMED SULPHUR | 15000 | 7500 | 3000 | 0 | 34875 |
| | 28070010 | SULPHURIC ACID | 770669658 | 755946487 | 768684385 | 811332787 | 911463361 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 21500 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 191920 | 198977 | 362776 | 569797 | 1030927 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 32041961 | SULPHUR YELLOWS | 0 | 0 | 1728 | 0 | 0 |
| | 32041962 | SULPHUR ORANGES | 0 | 0 | 175 | 0 | 0 |
| | 32041963 | SULPHUR REDS | 0 | 0 | 375 | 0 | 0 |
| | 32041964 | SULPHUR BLUES | 0 | 0 | 233 | 0 | 0 |
| | 32041965 | SULPHUR GREENS | 0 | 0 | 216 | 0 | 0 |
| | 32041966 | SULPHUR BROWNS | 0 | 0 | 825 | 0 | 0 |
| | 32041969 | OTHER SULPHURS | 3570 | 4405 | 4309 | 5395 | 3005 |
| KUWAIT | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 169333000 | 91398000 | 152711000 | 180510000 | 116225000 |
| LATVIA | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 2 | 1 | 0 | 0 | 0 |
| LITHUANIA | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 2 | 1 | 0 | 0 | 1 |
| MALAYSIA | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 164629 | 0 | 275174 | 0 | 283876 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 25030090 | OTHER SULPHUR | 6000 | 5 | 3792 | 23001 | 0 |
| | 28020010 | SUBLIMED SULPHUR | 44850 | 28800 | 16000 | 8000 | 25601 |
| | 28020020 | PRECIPITATED SULPHUR | 0 | 220000 | 0 | 0 | 0 |
| | 28020030 | COLLOIDAL SULPHUR | 3000 | 7000 | 0 | 15000 | 0 |
| | 28070010 | SULPHURIC ACID | 52 | 2 | 0 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 20 | 115511 | 282232 | 61710 | 495 |
| | 32041969 | OTHER SULPHURS | 0 | 0 | 0 | 0 | 350 |
| MOROCCO | 25030090 | OTHER SULPHUR | 11500 | 0 | 0 | 0 | 0 |
| NAMIBIA | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 9506690 | 0 | 0 | 0 | 0 |
| NETHERLAND | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 180 | 0 | 0 | 0 | 0 |
| | 28020030 | COLLOIDAL SULPHUR | 5962 | 3974 | 10930 | 8942 | 13413 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 28070010 | SULPHURIC ACID | 0 | 11 | 0 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 19542 | 56449 | 47127 | 100090 | 49157 |
| NIGERIA | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 0 | 0 | 33825 | 108525 | 0 |
| OMAN | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 272691649 | 181897318 | 244365643 | 589965547 | 502602808 |
| | 25030090 | OTHER SULPHUR | 14325000 | 4918590 | 4010860 | 150000 | 1600000 |
| | 28070010 | SULPHURIC ACID | 0 | 0 | 0 | 0 | 104000 |
| PHILIPPINES | 28070010 | SULPHURIC ACID | 283424961 | 219522281 | 141996800 | 151729162 | 19500091 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 16 | 0 | 0 | 0 |
| POLAND | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1 | 3101 | 28 | 1115 | 1691 |
| QATAR | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN | 612999734 | 431740915 | 191013264 | 457225439 | 161534729 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | REFINING OF CRUDE | | | | | |
| | 25030090 | OTHER SULPHUR | 0 | 0 | 0 | 2925000 | 5850000 |
| ROMANIA | 25030090 | OTHER SULPHUR | 80 | 320 | 140 | 140 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 0 | 0 | 0 | 160 |
| RUSSIA | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 51818890 | 55000000 | 0 | 147130528 |
| | 25030090 | OTHER SULPHUR | 259871 | 0 | 0 | 0 | 0 |
| SAUDI ARAB | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 195095956 | 44507275 | 123575390 | 131459050 | 168227582 |
| | 25030090 | OTHER SULPHUR | 15072000 | 3469000 | 2600000 | 6530000 | 700000 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 40000 | 80000 | 55000 | 150000 | 20000 |
| SINGAPORE | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 19498690 | 8144416 | 54168604 | 67507433 | 99314029 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 28070010 | SULPHURIC ACID | 320 | 340 | 56487811 | 14832117 | 78201687 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 50 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 257597 | 46838 | 114335 | 35731 | 14556 |
| | 32041964 | SULPHUR BLUES | 0 | 4830 | 0 | 20010 | 4810 |
| | 32041966 | SULPHUR BROWNS | 0 | 2760 | 0 | 0 | 0 |
| | 32041969 | OTHER SULPHURS | 0 | 3630 | 0 | 0 | 1560 |
| SLOVENIA | 28070010 | SULPHURIC ACID | 25 | 0 | 0 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 760 | 521 | 1381 | 871 |
| SOUTH AFRICA | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 0 | 0 | 0 | 3873356 |
| | 25030090 | OTHER SULPHUR | 0 | 0 | 0 | 4 | 0 |
| SPAIN | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), | 500 | 0 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | FRSH,FRZN,DRIED/PR | | | | | |
| | 25030090 | OTHER SULPHUR | 0 | 0 | 501 | 455 | 601 |
| | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 0 | 3 | 0 |
| | 28020030 | COLLOIDAL SULPHUR | 0 | 0 | 0 | 25 | 0 |
| | 28070010 | SULPHURIC ACID | 20 | 24 | 90 | 117 | 30 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 300 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 11580 | 2271 | 23202 | 41327 | 48774 |
| | 32041961 | SULPHUR YELLOWS | 17940 | 6570 | 13900 | 23441 | 18980 |
| | 32041962 | SULPHUR ORANGES | 0 | 0 | 0 | 130 | 0 |
| | 32041963 | SULPHUR REDS | 0 | 0 | 0 | 1 | 0 |
| | 32041964 | SULPHUR BLUES | 232549 | 154877 | 84065 | 87397 | 30174 |
| | 32041966 | SULPHUR BROWNS | 37260 | 32200 | 28560 | 45707 | 28470 |
| | 32041967 | SULPHUR BLACKS | 4491 | 2760 | 3400 | 2341 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 32041969 | OTHER SULPHURS | 31052 | 28564 | 20835 | 20952 | 39110 |
| SRI LANKA DSR | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 80 | 60 | 0 | 40 | 100 |
| | 32041964 | SULPHUR BLUES | 0 | 0 | 0 | 345 | 115 |
| SWAZILAND | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 0 | 0 | 5 | 0 |
| SWEDEN | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 0 | 0 | 1 | 0 |
| | 32041969 | OTHER SULPHURS | 0 | 1000 | 6000 | 0 | 0 |
| SWITZERLAND | 28070010 | SULPHURIC ACID | 0 | 0 | 57000545 | 18599000 | 42263979 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 49 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 5674 | 435 | 299 | 332 | 2687 |
| | 32041964 | SULPHUR BLUES | 0 | 400 | 0 | 0 | 0 |
| TAIWAN | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN | 0 | 0 | 0 | 32600 | 6950 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | REFINING OF CRUDE | | | | | |
| | 25030090 | OTHER SULPHUR | 77285 | 42950 | 6100 | 0 | 74451 |
| | 28020010 | SUBLIMED SULPHUR | 778629 | 545789 | 614572 | 91305 | 37350 |
| | 28020020 | PRECIPITATED SULPHUR | 0 | 0 | 0 | 300 | 0 |
| | 28070010 | SULPHURIC ACID | 50508357 | 42400749 | 24156188 | 27049739 | 9000059 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 94621 | 127825 | 90975 | 255100 | 128862 |
| TANZANIA REP | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 0 | 3115008 | 0 | 153000 |
| THAILAND | 25030090 | OTHER SULPHUR | 0 | 0 | 0 | 675 | 3500 |
| | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 2250 | 0 | 0 |
| | 28070010 | SULPHURIC ACID | 251 | 156 | 5099 | 5171 | 8856 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 1320 | 13508 | 7348 | 1286 | 20468 |
| TURKEY | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL | 14470 | 8220 | 4505 | 4400 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | WTRMELNS), FRSH,FRZN,DRIED/PR | | | | | |
| | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 0 | 0 | 3439626 | 0 | 267723 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 200 | 0 | 0 | 2520 |
| U ARAB EMTS | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 0 | 0 | 0 | 14280 | 0 |
| | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 469883562 | 439163795 | 777887396 | 538685321 | 624535046 |
| | 25030090 | OTHER SULPHUR | 8113592 | 4022035 | 7666567 | 8167000 | 101579492 |
| | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 0 | 0 | 16 |
| | 28070010 | SULPHURIC ACID | 0 | 1 | 0 | 0 | 0 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 534640 | 1180100 | 423346 | 566062 | 651086 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| U K | 08140000 | PEEL OF CITRS FRUIT/MELNS(INCL WTRMELNS), FRSH,FRZN,DRIED/PR | 560 | 2087 | 220 | 507 | 594 |
| | 28020010 | SUBLIMED SULPHUR | 0 | 0 | 0 | 0 | 1 |
| | 28020020 | PRECIPITATED SULPHUR | 3 | 0 | 0 | 0 | 0 |
| | 28020030 | COLLOIDAL SULPHUR | 406 | 4 | 6 | 4 | 11 |
| | 28070010 | SULPHURIC ACID | 14 | 0 | 2 | 10 | 13 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 2 |
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 89549 | 65775 | 112266 | 37304 | 5202 |
| | 32041962 | SULPHUR ORANGES | 1000 | 0 | 0 | 0 | 0 |
| | 32041965 | SULPHUR GREENS | 1000 | 0 | 0 | 0 | 0 |
| | 32041967 | SULPHUR BLACKS | 0 | 0 | 0 | 20000 | 0 |
| | 72279060 | BARS AND RODS OF SULPHUR-FREE | 0 | 0 | 0 | 0 | 44 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | CUTNG QULTY | | | | | |
| U S A | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 57198 | 0 | 0 | 50300636 | 15000001 |
| | 25030090 | OTHER SULPHUR | 48002 | 131866 | 63334 | 62708 | 122519 |
| | 28020010 | SUBLIMED SULPHUR | 62 | 77 | 11 | 329 | 10 |
| | 28020020 | PRECIPITATED SULPHUR | 1 | 1 | 0 | 0 | 0 |
| | 28020030 | COLLOIDAL SULPHUR | 1 | 0 | 12 | 145 | 9 |
| | 28062000 | CHLORO-SULPHURIC ACID | 0 | 0 | 0 | 6 | 0 |
| | 28070010 | SULPHURIC ACID | 798 | 645 | 694 | 1698 | 1278 |
| | 28112950 | SULPHUR TRIOXIDE (SULPHURIC ANHYDRIDE) | 0 | 1365 | 0 | 0 | 0 |
| | 29309014 | L-CYSTINE (ALPHA-AMINO BETA-THIO PROPIONICACID)-SUL | 0 | 0 | 0 | 0 | 232 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 401772 | 671663 | 538804 | 388669 | 701090 |
| | 32041962 | SULPHUR ORANGES | 0 | 446 | 0 | 0 | 0 |
| | 32041963 | SULPHUR REDS | 182 | 0 | 0 | 144 | 91 |
| | 32041965 | SULPHUR GREENS | 387 | 218 | 509 | 533 | 548 |
| | 32041969 | OTHER SULPHURS | 10 | 0 | 0 | 100 | 871 |
| | 72283023 | BARS AND RODS OF SULPHUR BEARING STEEL | 0 | 0 | 10 | 0 | 0 |
| UNSPECIFIED | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 400 | 0 | 50 | 0 |
| UZBEKISTAN | 25030010 | SULPHUR RECOVERED AS BY-PRODUCT IN REFINING OF CRUDE | 2091613 | 2494417 | 0 | 1644480 | 1547933 |
| | 25030090 | OTHER SULPHUR | 0 | 0 | 0 | 845210 | 0 |
| VIETNAM SOC REP | 25030090 | OTHER SULPHUR | 0 | 5 | 0 | 0 | 0 |
| | 28020010 | SUBLIMED SULPHUR | 1819 | 14550 | 0 | 0 | 0 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | 29309099 | OTHER ORGANO-SULPHUR COMPNDS | 0 | 0 | 0 | 0 | 400 |
| Total | | | **3855580746** | **3348333641** | **3588331964** | **4144319860** | **4191835758** |

## LACK OF TRANSPARENCY IN PHARMACEUTICAL SECTOR

**3268. DR. M K VISHNU PRASAD:**

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

(a) whether the Government has taken note of the lack of transparency in the pharmaceutical sector regarding production costs, pricing, trade margins and profit on medicines, if so, the details thereof;

(b) whether any action has been taken against pharmaceutical companies found indulging in overpricing, unethical profiteering or violation of drug pricing norms, if so, the details thereof;

(c) whether the Government has made any assessment regarding the impact of excessive marketing and promotional expenditure by pharmaceutical companies on the prices of medicines, if so, the details thereof;

(d) whether the Government proposes to regulate or cap such marketing and promotional expenses to make essential medicines more affordable, if so, the details thereof; and

(e) the plans for international best practices and regulations to ensure that healthcare and medicines remain affordable and accessible to all citizens 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): Prices of drugs are regulated as per the provisions of the Drugs (Prices Control) Order 2013 (DPCO, 2013) which has been promulgated based on the principles of the National Pharmaceutical Pricing Policy, 2012 (“NPPP, 2012”). National Pharmaceutical Pricing Authority (NPPA) fixes ceiling prices of formulations specified in Schedule-I to DPCO, 2013 in accordance with the provisions of DPCO based on market data and retail price of a new drug as defined under 2(1)(u) of DPCO, 2013 that is applicable to the applicant manufacturer and marketer, who are required to sell the new drug within the price notified by NPPA. In case of non-scheduled formulations, a manufacturer is required to not increase MRP of a non-scheduled drug by more than 10% of MRP during the preceding 12 months.

As a transparency measure, a draft version of the price calculation sheets for the proposed revised price notifications, are uploaded on the website of NPPA for 10 working days to invite comments from stakeholders. Only after taking into account comments received and any additional data received within the said time period, NPPA finalises ceiling and retail prices. Thus, the entire procedure of price fixation is available in the public domain, which ensures transparency and accountability of the process. All price notifications issued by NPPA are available on its website (https://nppa.gov.in).

(b): NPPA monitors the compliance with the provisions of the DPCO, 2013 and takes appropriate action in cases of overcharging and other violations, in accordance with the provisions of DPCO, 2013, based on references received from various sources, including Price Monitoring and Resource Units set up in States,

State Drugs Controllers, samples purchased from open market, reports from market database and complaints lodged through various grievance redress channels. In addition, to prevent overpricing, DPCO 2013 requires every manufacturer of a formulation to print the maximum retail price on the label of the container of such formulation. Further, no person is permitted to sell any formulation to any consumer at a price exceeding the price specified on the current price list or price indicated on the label of the container or the pack thereof, whichever is less.

(c) and (d): With the aim to prevent unethical marketing and ensuring responsible promotion of pharmaceutical products by regulating interactions between doctors / registered medical practitioners (RMPs) and representatives of pharmaceutical companies, the DoP, on 12.3.2024, has issued the Uniform Code of Pharmaceuticals Marketing Practices 2024. The code outlines guidelines regarding promotion of drugs among doctors/RMPs. Pharmaceutical companies are accountable for the actions of their medical representatives and other employees. The code prohibits provision of gifts, monetary benefits and hospitality to doctors and their family members by pharmaceutical companies. It includes requirements for pharmaceutical companies to self-declare adherence to the code and disclose expenditures related to conferences, seminars and workshops organised for continuing medical education and continuing professional development. Companies may undergo independent, random or risk-based audits. The code establishes a two-layer complaint adjudication process, with appeals handled by the Department of Pharmaceuticals. Penalties under the code include the following:

(i) Reprimand to the pharmaceutical entity and publication of full details thereof;

(ii) Recovery of money or items given in violation of the code by the pharmaceutical entity from the persons concerned and notification of the action taken to the Ethics Committee under the code;

(iii) Issuance of a corrective statement in the media, if promotional material issued therein does not comply with the requirements specified in the code; and

(iv) Pharmaceutical companies may face action under existing laws by relevant government departments, based on violations detected during administration of the code.

For expenditure incurred by pharmaceutical companies on promotional activities to be tax deductible under the Income-tax Act, 1961, the same has to be in accordance with the guideline contained in the Uniform Code for Pharmaceutical Marketing Practices, 2024 and the provisions of the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002. Thus, promotional expenditure incurred by pharmaceutical companies is subject to regulation.

(e): In addition to regulating the prices of drugs under DPCO, 2013, various other measures have been taken by the Government to improve the access of medicines at affordable rates to the common man which, *inter alia*, include the following:

(i) The Government has launched the Pradhan Mantri Bhartiya Janaushadhi Pariyojana scheme under which quality generic medicines is provided through more than 20,000 Janaushadhi Kendras at rates that are typically 50% to 80% cheaper than branded medicines.

(ii) Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) of the Department of Health and Family Welfare, health assurance/insurance cover of

₹5 lakh per family per year is provided for secondary or tertiary care hospitalisation, including for medicines.

(iii) Under the Free Drugs Service Initiative of the National Health Mission, essential medicines list recommended under the Indian Public Health Standards (IPHS) are made available free of any charge at public health facilities ranging from Primary Health Centres (PHCs) to district hospitals across the country.

(iv) Under the Amrit (Affordable Medicines and Reliable Implants for Treatment) initiative of the Department of Health and Family Welfare, affordable medicines are provided for the treatment of cancer, cardiovascular and other diseases, implants, surgical disposables and other consumables etc., at an average discount of up to 50% on market rates through AMRIT Pharmacy stores set up in number of hospitals and healthcare institutions.

(v) Financial assistance is provided to poor patients belonging to families living below the poverty line, who suffer from major life-threatening diseases including cancer, under the umbrella scheme of Rashtriya Arogya Nidhi and the Health Minister's Discretionary Grant.

## IMPACT OF NEEM-COATED UREA

**3269. SHRI MAHENDRA SINGH SOLANKY:**

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

(a) whether the Government has made neem-coating of urea mandatory across the country, if so, the details and the objectives thereof;

(b) the benefits achieved through neem-coated urea in improving nitrogen-use efficiency, reducing fertilizer misuse and enhancing crop productivity, particularly for farmers of the Dewas–Shajapur Parliamentary Constituency of Madhya Pradesh;

(c) whether the Government has made any assessment regarding the impact of neem-coated urea in preventing diversion of subsidized urea for industrial and other non-agricultural purposes, if so, the details thereof; and

(d) the quantity of neem-coated urea produced, supplied and marketed during the last three years, along with the details of allocation and distribution made to the State including the said Constituency, 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) to (c): It is mandatory for all the domestic producers and importers of Urea to supply 100% Neem Coated Urea (NCU) since 2015 onwards.One of the primary benefits of Neem Coating is that due to slow release, the consumption of NCU reduces as compared to normal Urea, improving crop uptake, and reducing environmental losses. Research findings indicated that the average yield enhancement due to use of NCU is 8.25%. Further, application of NCU, significantly reduced the nitrogen losses by about 10%-15%.

Neem-Coated Urea (NCU) acts as an effective nitrification inhibitors, leading to higher soil $NH_4^+$-N and lower $NO_2$-N compared to prilled Urea, though their

performance varies with soil type, crop, and region. Several studies have shown that NCU increases nitrogen availability, reduces $NO_3$ leaching, and minimizes $NH_3$ volatilization losses. Research across different soils consistently reports higher nitrogen recovery, improved yield at lower N application rates, and reduced nitrogen losses.

The Government of India in consultation with the State Government is regularly monitoring the enforcement action taken by State Government against the cases of Black marketing, Hoarding, Sub-standard and Diversion on weekly basis. In the country, Since April 2026, 1,69,031 raids have been conducted with 9,127 show cause notices issued, 2,868 licenses suspended/cancelled and 270 FIRs registered against defaulters. Additionally, in case of diversion 414 show cause notices issued, 113 licenses suspended/cancelled and 46 FIRs registered. This Ministry regularly pursue with the State Government to strictly implement the enforcement action against the defaulters.

(d): The Quantum of Neem Coated Urea produced in the country during the last three years is as under:

| Year | Production of Neem-Coated Urea (Fig. in LMT) |
|---|---|
| 2023-24 | 314.06 |
| 2024-25 | 306.41 |
| 2025-26 | 293.15 |

Source: dbfert.nic.in

In addition, following steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers across the States/UTs, including the State of Madhya 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. 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.

ii. 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).

iii. The gap between demand (requirement) and production for Urea & other fertilizer is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

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.

Accordingly, the availability of Urea has remained adequate in the State of Madhya Pradesh during the last three years (i.e. in FYs 2023-24 to 2025-26). The information regarding requirement, availability and sales of Urea in the State during the said period is placed at **Statement.**

## STATEMENT

**The information regarding requirement, availability and sales of Urea in the State during the last three years (i.e. in FYs 2023-24 to 2025-26)**

| MADHYA PRADESH | | | | |
|---|---|---|---|---|
| REQUIREMENT, AVAILABILITY & SALES OF UREA FROM 2023-24 TO 2025-26 | | | | |
| Fig. in LMT | | | | |
| **S. No** | **YEAR** | **UREA** | | |
| | | **Requirement** | **Availability** | **Sales** |
| 1 | **2023-24** | 33.46 | 41.73 | 34.37 |
| 2 | **2024-25** | 35.38 | 42.43 | 38.09 |
| 3 | **2025-26** | 40.42 | 47.16 | 42.43 |

## VIOLATIONS OF FOOD SAFETY STANDARDS

**3270. SHRI RAHUL GANDHI**:

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

(a) the reasons for the rising cases of food adulteration, contamination, counterfeiting and repeated violations of food safety standards across the country;

(b) the details of food samples tested and found unsafe, prosecutions launched, convictions secured, and the number of deaths due to food adulteration during the last five years, year wise and State-wise;

(c) the details of food-testing infrastructure, including the number of functional laboratories, the average testing time and vacancies of Food Safety Officers, State-wise;

(d) the number of notified FSSAI laboratories lacking facilities to test for heavy metals, pesticide residues and bacterial contamination, along with the reasons therefor;

(e) whether any regulatory framework specifically governs storage conditions, temperature control, hygiene, traceability and inspection frequency at quick-commerce dark stores, if so, the details thereof and if not, the reasons therefor; and

(f) whether the Government proposes to launch a comprehensive National Food Safety Mission to ensure food traceability, strengthen surveillance and safeguard public health, 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): 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.

Around 98% of the Food Business Operators (FBOs) fall within the jurisdiction of the State/UT Food Safety Authorities. Accordingly, the enforcement and implementation of the provisions of the Food Safety and Standards Act, 2006 (FSS Act, 2006) primarily rests with the State/UT Food Safety Authorities within their respective jurisdictions. For compliance with the standards, limits, and other statutory requirements prescribed under the Food Safety and Standards Act, 2006, and the regulations made thereunder, the State Food Safety Authorities undertake surveillance, monitoring, targeted enforcement drives, inspections, and sampling activities across the food sector.

Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the last 5 years (state wise) are placed at **Statement-I.**

For the quality and safety of the food and food products, FSSAI has notified 259 NABL accredited food testing laboratories for analysis of food samples and 24 Referral Food Laboratories for the analysis of appellate samples. These laboratories are notified for analysis of food samples in accordance with their NABL-accredited scope. The Food analyst is required to submit the report of analysis within fourteen days of receipt of the sample. State-wise details of food testing laboratories are placed at **Statement-II.**

Matters related to vacancies of Food Safety Officers (FSOs) in states are taken up regularly with the Commissioner of Food Safety of States/UTs through

Central Advisory Committee (CAC) meetings. State-wise details of sanctioned strength, actual strength and vacancies of Food Safety Officers, are attached as **Statement-III.**

The number of FSSAI notified laboratories lacking the facilities to test heavy metals, pesticides, microbiological parameters etc. are 13 across the country. In order to upgrade and strengthen the testing infrastructure of State Food Testing Laboratories (SFTL), FSSAI has provided financial and technical assistance for establishment of facilities for microbiological analysis and procurement of High End Equipment (HEE) for heavy metals and pesticide residues analysis.

FSSAI has specified General Hygienic and Sanitary Practices to be followed by Licensed/Registered Food Business Operators under Schedule 4 of FSS (Licensing and Registration of Food Businesses) Regulations, 2011 which is applicable to all food business operators including those involved in storage activity such as quick-commerce dark stores. Schedule 4 of the said Regulations lays down the sanitary and hygienic requirements to be complied with by Food Business Operators, including requirements relating to storage conditions, temperature control, hygiene, transportation, pest control, personnel hygiene, cleaning and sanitation, and maintenance of records to facilitate traceability, as applicable.

# STATEMENT-I

| Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the Year 2025-2026 | | | | | |
|---|---|---|---|---|---|
| **S. No.** | **State** | **Samples analyzed** | **No. of Samples found Non-Conforming** | **Civil Cases** | **Criminal Cases** |
| | | | | **Decided with Penalty** | **No. of Convictions** |
| 1 | Andaman And Nicobar Islands | 0 | 0 | 0 | 0 |
| 2 | Andhra Pradesh | 5,798 | 429 | 196 | 16 |
| 3 | Arunachal Pradesh | 191 | 10 | 1 | 0 |
| 4 | Assam | 1,444 | 117 | 0 | 0 |
| 5 | Bihar | 1,850 | 94 | 25 | 0 |
| 6 | Chandigarh | 603 | 53 | 71 | 17 |
| 7 | Chhattisgarh | 2,065 | 214 | 200 | 2 |
| 8 | Dadra and Nagar Haveli & Daman & Diu | 151 | 0 | 0 | 0 |
| 9 | Delhi | 1,684 | 109 | 32 | 16 |
| 10 | Goa | 2,492 | 321 | 12 | 0 |
| 11 | Gujarat | 11,903 | 824 | 842 | 65 |
| 12 | Haryana | 2,335 | 723 | 1,424 | 116 |
| 13 | Himachal Pradesh | 1,589 | 321 | 359 | 9 |
| 14 | Jammu & Kashmir | 6,546 | 664 | 1,368 | 14 |
| 15 | Jharkhand | 1,281 | 356 | 73 | 0 |
| 16 | Karnataka | 13,349 | 537 | 248 | 33 |
| 17 | Kerala | 16,746 | 1,863 | 1,026 | 330 |
| 18 | Ladakh | 519 | 26 | 12 | 0 |
| 19 | Lakshadweep | 0 | 0 | 0 | 0 |
| 20 | Madhya Pradesh | 12,448 | 757 | 1,790 | 32 |
| 21 | Maharashtra | 7,694 | 1,335 | 2,445 | 8 |
| 22 | Manipur | 570 | 0 | 1 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| 23 | Meghalaya | 388 | 22 | 0 | 0 |
| 24 | Mizoram | 198 | 1 | 0 | 0 |
| 25 | Nagaland | 238 | 13 | 0 | 0 |
| 26 | Orissa | 1,110 | 61 | 0 | 0 |
| 27 | Puducherry | 388 | 84 | 0 | 0 |
| 28 | Punjab | 7,809 | 1,031 | 723 | 25 |
| 29 | Rajasthan | 17,325 | 4,594 | 2,695 | 31 |
| 30 | Sikkim | 418 | 7 | 6 | 0 |
| 31 | Tamil Nadu | 44,603 | 3,984 | 1,359 | 857 |
| 32 | Telangana | 3,576 | 398 | 0 | 0 |
| 33 | Tripura | 304 | 14 | 0 | 0 |
| 34 | Uttar Pradesh | 39,519 | 20,427 | 14,890 | 342 |
| 35 | Uttarakhand | 1,937 | 224 | 243 | 5 |
| 36 | West Bengal | 14,737 | 410 | 1,837 | 0 |
| | **Total** | **2,23,808** | **40,023** | **31,878** | **1,918** |

*** The data for FY 2025–26 is provisional and subject to revision based on the outcome of further lab testing and court proceedings.**

**Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2024-2025**

| S. No. | State/UT | No. of Samples Analysed | No. of Samples found Non-Conforming | Civil Cases | Criminal Cases |
|---|---|---|---|---|---|
| | | | | Decided with Penalty | No. of Convictions |
| 1 | Andaman And Nicobar Islands | 810 | 4 | 0 | 0 |
| 2 | Andhra Pradesh | 5984 | 514 | 464 | 8 |
| 3 | Arunachal Pradesh | 125 | 9 | 7 | 0 |
| 4 | Assam | 1705 | 234 | 0 | 0 |
| 5 | Bihar | 2863 | 124 | 25 | 0 |
| 6 | Chandigarh | 374 | 65 | 116 | 41 |
| 7 | Chhattisgarh | 2069 | 270 | 143 | 6 |
| 8 | Dadra and Nagar Haveli & Daman & Diu | 56 | 0 | 0 | 0 |
| 9 | Delhi | 2624 | 130 | 18 | 16 |
| 10 | Goa | 1172 | 74 | 11 | 0 |
| 11 | Gujarat | 12387 | 901 | 859 | 91 |
| 12 | Haryana | 2233 | 500 | 599 | 59 |
| 13 | Himachal Pradesh | 1587 | 293 | 471 | 0 |
| 14 | Jammu & Kashmir | 6955 | 651 | 1,239 | 29 |
| 15 | Jharkhand | 364 | 138 | 52 | 0 |
| 16 | Karnataka | 9371 | 662 | 283 | 32 |
| 17 | Kerala | 10767 | 1635 | 1,088 | 206 |
| 18 | Ladakh | 417 | 45 | 38 | 0 |
| 19 | Lakshadweep | 0 | 0 | 0 | 0 |
| 20 | Madhya Pradesh | 13920 | 1635 | 2,597 | 22 |
| 21 | Maharashtra | 5403 | 1250 | 1,147 | 0 |
| 22 | Manipur | 126 | 1 | 2 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| 23 | Meghalaya | 388 | 5 | 0 | 0 |
| 24 | Mizoram | 0 | 2 | 0 | 0 |
| 25 | Nagaland | 223 | 11 | 0 | 0 |
| 26 | Orissa | 2282 | 273 | 27 | 0 |
| 27 | Puducherry | 173 | 0 | 0 | 0 |
| 28 | Punjab | 4131 | 748 | 333 | 8 |
| 29 | Rajasthan | 13840 | 3788 | 3,114 | 30 |
| 30 | Sikkim | 254 | 0 | 0 | 0 |
| 31 | Tamil Nadu | 18071 | 2240 | 1,536 | 492 |
| 32 | Telangana | 3347 | 324 | 125 | 0 |
| 33 | Tripura | 123 | 5 | 0 | 0 |
| 34 | Uttar Pradesh | 30380 | 16500 | 14,920 | 215 |
| 35 | Uttarakhand | 1509 | 140 | 256 | 4 |
| 36 | West Bengal | 14502 | 1217 | 672 | 6 |
| | **Total** | **170535** | **34388** | **30142** | **1265** |

**Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2023-24**

| S. No. | State/UT | No. of Samples Analysed | No. of samples found Non-Conforming | Civil Cases | Criminal Cases |
|---|---|---|---|---|---|
| | | | | Decided with penalty | No. of Convictions |
| 1 | Andaman And Nicobar Islands | 0 | 0 | 0 | 0 |
| 2 | Andhra Pradesh | 6439 | 472 | 646 | 8 |
| 3 | Arunachal Pradesh | 501 | 11 | 2 | 0 |
| 4 | Assam | 1139 | 125 | 0 | 0 |
| 5 | Bihar | 2806 | 126 | 79 | 0 |
| 6 | Chandigarh | 311 | 49 | 87 | 52 |
| 7 | Chhattisgarh | 1373 | 167 | 86 | 2 |
| 8 | Dadra and Nagar Haveli & Daman & Diu | 185 | 0 | 0 | 0 |
| 9 | Delhi | 3412 | 150 | 36 | 12 |
| 10 | Goa | 599 | 16 | 17 | 0 |
| 11 | Gujarat | 15841 | 910 | 1701 | 65 |
| 12 | Haryana | 3485 | 856 | 593 | 47 |
| 13 | Himachal Pradesh | 1618 | 401 | 376 | 2 |
| 14 | Jammu & Kashmir | 9057 | 750 | 1612 | 22 |
| 15 | Jharkhand | 384 | 292 | 59 | 0 |
| 16 | Karnataka | 5492 | 286 | 75 | 16 |
| 17 | Kerala | 10792 | 1304 | 854 | 134 |
| 18 | Ladakh | 638 | 11 | 19 | 0 |
| 19 | Lakshadweep | 0 | 0 | 0 | 0 |
| 20 | Madhya Pradesh | 13998 | 2022 | 1938 | 46 |
| 21 | Maharashtra | 5087 | 1174 | 154 | 0 |

| | | | | | |
|---|---|---|---|---|---|
| 22 | Manipur | 168 | 3 | 0 | 0 |
| 23 | Meghalaya | 123 | 7 | 0 | 0 |
| 24 | Mizoram | 0 | 0 | 0 | 0 |
| 25 | Nagaland | 138 | 3 | 3 | 0 |
| 26 | Orissa | 2003 | 252 | 0 | 0 |
| 27 | Puducherry | 31 | 0 | 0 | 0 |
| 28 | Punjab | 6041 | 929 | 1204 | 102 |
| 29 | Rajasthan | 18536 | 3493 | 2181 | 12 |
| 30 | Sikkim | 231 | 0 | 0 | 0 |
| 31 | Tamil Nadu | 18146 | 2237 | 2195 | 478 |
| 32 | Telangana | 6156 | 973 | 425 | 0 |
| 33 | Tripura | 87 | 0 | 0 | 0 |
| 34 | Uttar Pradesh | 27750 | 16183 | 14627 | 163 |
| 35 | Uttarakhand | 1998 | 192 | 332 | 0 |
| 36 | West Bengal | 5948 | 414 | 285 | 0 |
| | **Total** | **170513** | **33808** | **29586** | **1161** |

**Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2022-23**

| S. No. | Name of State/UT | No. of Samples Analysed | No. of Samples found Non-Conforming | Civil Cases | Criminal Cases |
|---|---|---|---|---|---|
| | | | | Convicted with penalty | No. of Conviction |
| 1 | Andaman & Nicobar Islands | 1200 | 46 | 58 | 0 |
| 2 | Andhra Pradesh | 3607 | 314 | 339 | 12 |
| 3 | Arunachal Pradesh | 258 | 11 | 0 | 0 |
| 4 | Assam | 602 | 99 | 0 | 0 |
| 5 | Bihar | 2935 | 92 | 39 | 0 |
| 6 | Chandigarh | 473 | 64 | 27 | 8 |
| 7 | Chhattisgarh | 1468 | 96 | 119 | 8 |
| 8 | Dadra Nagar Haveli & Daman & Diu | 164 | 10 | 13 | 0 |
| 9 | Delhi | 3133 | 255 | 86 | 10 |
| 10 | Goa | 699 | 103 | 11 | 0 |
| 11 | Gujarat | 14562 | 978 | 547 | 24 |
| 12 | Haryana | 4445 | 1425 | 915 | 35 |
| 13 | Himachal Pradesh | 2720 | 729 | 93 | 1 |
| 14 | Jammu & Kashmir | 13502 | 1195 | 1592 | 15 |
| 15 | Jharkhand | 943 | 370 | 44 | 8 |
| 16 | Karnataka | 3416 | 322 | 191 | 15 |
| 17 | Kerala | 8533 | 1362 | 454 | 33 |
| 18 | Ladakh | 220 | 6 | 23 | 0 |
| 19 | Lakshadweep | 0 | 0 | 0 | 0 |
| 20 | Madhya Pradesh | 12507 | 2092 | 1908 | 71 |
| 21 | Maharashtra | 11077 | 1340 | 198 | 5 |
| 22 | Manipur | 169 | 4 | 0 | 0 |
| 23 | Meghalaya | 409 | 41 | 0 | 0 |
| 24 | Mizoram | 140 | 0 | 0 | 0 |
| 25 | Nagaland | 109 | 6 | 0 | 0 |
| 26 | Odisha | 1368 | 367 | 47 | 0 |
| 27 | Puducherry | 0 | 0 | 0 | 0 |
| 28 | Punjab | 8179 | 1724 | 1404 | 5 |
| 29 | Rajasthan | 13184 | 3965 | 2435 | 4 |
| 30 | Sikkim | 279 | 0 | 4 | 0 |
| 31 | Tamil Nadu | 24188 | 7924 | 3714 | 678 |
| 32 | Telangana | 4809 | 894 | 315 | 0 |
| 33 | Tripura | 31 | 8 | 0 | 0 |
| 34 | Uttar Pradesh | 30140 | 18108 | 13148 | 251 |
| 35 | Uttarakhand | 1839 | 342 | 507 | 5 |
| 36 | West Bengal | 6203 | 334 | 233 | 0 |
| **Total** | | **177511** | **44626** | **28464** | **1188** |

**Details of enforcement action taken by the State/UT Food Safety Authorities against non-conforming food products (including adulteration) during the year 2021-22**

| S. No. | Name of State/UT | No. of Samples Analysed | No. of Samples found Non-Conforming | Civil Cases | Criminal Cases |
|---|---|---|---|---|---|
| | | | | Convicted with penalty | No. of Conviction |
| 1 | Andaman & Nicobar Islands | 850 | 4 | 5 | 0 |
| 2 | Andhra Pradesh | 5290 | 533 | 484 | 6 |
| 3 | Arunachal Pradesh | 108 | 2 | 0 | 0 |
| 4 | Assam | 520 | 67 | 5 | 0 |
| 5 | Bihar | 555 | 17 | 75 | 0 |
| 6 | Chandigarh | 388 | 28 | 60 | 1 |
| 7 | Chhattisgarh | 1436 | 180 | 90 | 6 |
| 8 | Dadra Nagar Haveli & Daman & Diu | 234 | 0 | 7 | 0 |
| 9 | Delhi | 1956 | 218 | 89 | 27 |
| 10 | Goa | 200 | 14 | 2 | 0 |
| 11 | Gujarat | 13663 | 824 | 668 | 14 |
| 12 | Haryana | 4235 | 1182 | 78 | 21 |
| 13 | Himachal Pradesh | 1745 | 308 | 249 | 0 |
| 14 | Jammu & Kashmir | 8109 | 1735 | 1931 | 4 |
| 15 | Jharkhand | 175 | 85 | 42 | 8 |
| 16 | Karnataka | 5844 | 150 | 125 | 0 |
| 17 | Kerala | 7855 | 925 | 237 | 10 |
| 18 | Ladakh | 47 | 19 | 12 | 0 |
| 19 | Lakshadweep | 0 | 0 | 0 | 0 |
| 20 | Madhya Pradesh | 16059 | 2900 | 2030 | 72 |
| 21 | Maharashtra | 9580 | 1454 | 787 | 12 |
| 22 | Manipur | 236 | 3 | 1 | 1 |
| 23 | Meghalaya | 70 | 5 | 0 | 0 |
| 24 | Mizoram | 0 | 0 | 0 | 0 |
| 25 | Nagaland | 127 | 14 | 0 | 0 |
| 26 | Odisha | 1168 | 260 | 52 | 0 |
| 27 | Puducherry | 5 | 2 | 2 | 0 |
| 28 | Punjab | 6768 | 1059 | 0 | 8 |
| 29 | Rajasthan | 10386 | 2891 | 626 | 1 |
| 30 | Sikkim | 66 | 5 | 0 | 0 |
| 31 | Tamil Nadu | 16363 | 3778 | 2884 | 360 |
| 32 | Telangana | 3077 | 353 | 77 | 0 |
| 33 | Tripura | 31 | 0 | 0 | 0 |
| 34 | Uttar Pradesh | 21987 | 13153 | 8585 | 118 |

| | | | | | |
|---|---|---|---|---|---|
| 35 | Uttarakhand | 2511 | 560 | 182 | 1 |
| 36 | West Bengal | 2701 | 207 | 52 | 1 |
| **Total** | | **144345** | **32935** | **19437** | **671** |

## STATEMENT- II

## State-wise Number of Primary and Referral Laboratories

| **No. of Primary labs notified by FSSAI u/s 43 (1), FSSA 2006** | | | | | | | **No. of Referral labs notified by FSSAI u/s 43 (2), FSSA 2006** |
|---|---|---|---|---|---|---|---|
| S, No. | **State/UT** | **State Govt. Owned Labs** | **FSSAI Owned Labs** | **FSSAI Owned and Run on PPP (Public Private Partnership) mode** | **Labs owned by Govt. Institutions (Other than FSSAI)** | **Private Owned Labs** | **Referral labs (All Govt. Owned Labs)** |
| 1 | Andhra Pradesh | | | | 1 | 4 | 1 |
| 2 | A & N Islands | | | | | | |
| 3 | Arunachal Pradesh | | | | | | |
| 4 | Assam | 1 | | | 1 | 1 | |
| 5 | Bihar | 1 | 1 | | | 2 | |
| 6 | Chandigarh | | | | | | |
| 7 | Chhattisgarh | 1 | | | | | |
| 8 | Dadar Nagar Haveli and Daman & Diu | | | | | 1 | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | Delhi | 1 | | | 1 | 14 | |
| 10 | Goa | 1 | | | | 1 | |
| 11 | Gujarat | 6 | | | 3 | 10 | 2 |
| 12 | Haryana | 2 | | | 1 | 17 | 2 |
| 13 | Himachal Pradesh | 1 | | | | 1 | |
| 14 | Jammu & Kashmir | 2 | | | | | |
| 15 | Jharkhand | 1 | | | | 1 | |
| 16 | Karnataka | 4 | | | | 18 | 2 |
| 17 | Kerala | 3 | | | 9 | 7 | 2 |
| 18 | Ladakh | | | | | | |
| 19 | Lakshadweep | | | | | | |
| 20 | Madhya Pradesh | 1 | | | | 9 | |
| 21 | Maharashtra | 5 | | 1 | 1 | 32 | 4 |
| 22 | Manipur | 1 | | | | | |
| 23 | Meghalaya | 1 | | | | | |
| 24 | Mizoram | | | | | | |
| 25 | Nagaland | 1 | | | | | |
| 26 | Odisha | 1 | | | | 1 | |
| 27 | Puducherry | | | | | | |
| 28 | Punjab | 1 | | | 1 | 1 | 1 |
| 29 | Rajasthan | 10 | | | 1 | 5 | |
| 30 | Sikkim | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 31 | Tamil Nadu | 6 | | 1 | 1 | 17 | 3 |
| 32 | Telangana | 1 | | | 2 | 9 | 4 |
| 33 | Tripura | 1 | | | 1 | | |
| 34 | Uttar Pradesh | 6 | | 1 | 3 | 5 | 2 |
| 35 | Uttarakhand | 1 | | | | 1 | |
| 36 | West Bengal | 2 | 1 | | 3 | 6 | 1 |
| **Total** | | **62** | **2** | **3** | **29** | **163** | **24** |
| | | **259** | | | | | |

## STATEMENT-III

**State-wise details of sanctioned strength, actual strength and vacancies of Food Safety Officers**

| S. No. | State/UT | Food Safety Officer | | |
|---|---|---|---|---|
| | | Sanctioned | Filled Post | Vacant Post |
| **1** | A & N Islands | 19 | 17 | 2 |
| **2** | Andhra Pradesh | 145 | 47 | 98 |
| **3** | Arunachal Pradesh | 3 | 16* | 0 |
| **4** | Assam | 77 | 41 | 26 |
| **5** | Bihar | 105 | 9 | 96 |
| **6** | Chandigarh | 8 | 5 | 3 |
| **7** | Chhattisgarh | 125 | 37 | 88 |
| **8** | DNHDD | 4 | 3 | 1 |
| **9** | Delhi | 32 | 19 | 13 |
| **10** | Goa | 39 | 35 | 4 |

| | | | | |
|---|---|---|---|---|
| **11** | Gujarat | 306 | 162 | 144 |
| **12** | Haryana | 45 | 23 | 22 |
| **13** | Himachal Pradesh | 22 | 14 | 8 |
| **14** | Jammu & Kashmir | 101 | 79 | 22 |
| **15** | Jharkhand | 77 | 20 | 57 |
| **16** | Karnataka | 210 | 210 | 0 |
| **17** | Kerala | 160 | 160 | 0 |
| **18** | Ladakh | 7 | 8* | 0 |
| **19** | Lakshadweep | 0 | 9* | 0 |
| **20** | Madhya Pradesh | 367 | 157 | 210 |
| **21** | Maharashtra | 350 | 318 | 32 |
| **22** | Manipur | 34 | 17 | 17 |
| **23** | Meghalaya | 25 | 21 | 4 |
| **24** | Mizoram | 9 | 7 | 2 |
| **25** | Nagaland | 7 | 5 | 2 |
| **26** | Orissa | 147 | 63 | 84 |
| **27** | Puducherry | 7 | 0 | 7 |
| **28** | Punjab | 60 | 52 | 8 |
| **29** | Rajasthan | 398 | 318 | 80 |
| **30** | Sikkim | 4 | 2 | 2 |
| **31** | Tamil Nadu | 394 | 326 | 68 |
| **32** | Telangana | 81 | 44 | 37 |
| **33** | Tripura | 23 | 11 | 12 |
| **34** | Uttar Pradesh | 662 | 552 | 110 |

| | | | | |
|---|---|---|---|---|
| **35** | Uttarakhand | 57 | 20 | 37 |
| **36** | West Bengal | 190 | 174 | 16 |
| | **Total** | **4300** | **3001** | **1312** |

***Working on contract basis or given additional charge as per requirement.

## REFORMS IN ARBITRATION LAW

**3271. SHRIMATI ROOPKUMARI CHOUDHARY:**

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

(a) whether the Government has undertaken any review of the implementation of the Arbitration and Conciliation Act, 1996, with regard to achieving its objective of promoting speedy and efficient dispute resolution and reducing the burden on courts;

(b) if so, the details thereof, including the major challenges identified in the implementation of the Act, particularly with regard to frequent judicial intervention and delays in arbitral proceedings;

(c) whether the Government is considering any amendments to the Arbitration and Conciliation Act, 1996, to simplify procedures, minimise avoidable litigation arising out of arbitral proceedings and strengthen institutional arbitration in the country;

(d) the steps taken to promote institutional arbitration, the capacity building of arbitrators, the adoption of technology and development of India as a preferred international arbitration hub; and

(e) the measures proposed to ensure the time-bound enforcement of arbitral awards while maintaining minimal judicial intervention, in line with international best practices?

**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): During the past more than a decade, the Government, *inter-alia* based on the recommendations of the 246th Report of the Law Commission of India and the report of the High Level Committee (HLC) chaired by Justice (Retd.) B. N. Srikrishna, Former Judge, Supreme Court of India, has progressively amended the Arbitration and Conciliation Act, 1996 in the years 2015, 2019 and 2020, *inter-alia* to keep pace with developments in the arbitration landscape and to enable arbitration as a viable dispute resolution mechanism. The amendments are aimed at ensuring timely conclusion of arbitration proceedings, neutrality of arbitrators, minimizing judicial intervention in the arbitral process, efficacious enforcement of arbitral awards and promotion of institutional arbitration.

(c): Legislative and policy interventions including through amendments along with related reforms in the field of alternative dispute resolution including arbitration, is a continuous process, keeping in view the changing requirements of the stakeholders.

Further, the interventions taken from time to time have contributed towards improving and strengthening the institutional arbitration landscape, making arbitration more efficacious and enabling the country being seen as an arbitration conducive jurisdiction.

(d) and (e): The amendments made to the Arbitration and Conciliation Act, in the year 2019 have enabled the statutory framework for institutional arbitration in India *inter-alia* through inclusion of Part IA in the Act. Further, the India International Arbitration Centre Act, 2019, was enacted to provide for the establishment of the India International Arbitration Centre for the purpose of creating an independent, autonomous and world class body for facilitating institutional arbitration and to declare the Centre to be an institution of national importance. The Centre has since been established and aims to inspire confidence amongst parties, both domestic and international, by providing a neutral dispute resolution platform for resolution of commercial disputes through arbitration. The Centre is envisaged to become a model arbitral institution in the country, thereby paving the way for enhancing the quality of institutional framework for arbitration. The Centre has also notified the India International Arbitration Centre (Conduct of Arbitration) Regulations, 2023 to facilitate conduct of domestic and international arbitrations, including through use of technology, with a focus on efficient and time-bound arbitration process. Section 15 of the India International Arbitration Centre Act, 2019 also provides for the functions of the Centre and *inter-alia* states that the Centre shall impart training in alternative dispute resolution and related matters to those who are handling arbitration,

conciliation and mediation. The Centre since its establishment, has conducted workshops, conferences and seminars relating to domestic and international arbitrations, for awareness and training where officials from Central Public Sector Enterprises and other stakeholders have participated.

These legislative and policy interventions taken from time to time, *inter-alia* including amendments made to Section 34 and 36 of the Arbitration and Conciliation Act, 1996 in the year 2015 have contributed towards improving the arbitration ecosystem, minimizing judicial intervention in arbitration and better enforcement of arbitral awards thereby supporting the ease of doing business and enhancing investor confidence.

## WAITING LIST OF ORGAN TRANSPLANT

**3272. SHRI KUNDURU RAGHUVEER:**

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

(a) whether the Government is aware that a large number of patients suffering from end-stage kidney failure remain on waiting lists for organ transplantation under programmes such as Jeevandan and other organ allocation systems, resulting in avoidable deaths due to the shortage of donor organs, if so, the details thereof;

(b) the number of patients currently awaiting kidney transplantation, the number of transplants performed and the mortality reported among patients on waiting lists during the last five years, year-wise and State-wise;

(c) whether the Government has assessed the gap between the demand for donor organs and the availability of organs for transplantation, if so, the details thereof;

(d) whether the Government proposes to intensify nationwide awareness campaigns, simplify organ donation procedures and strengthen hospital-based organ retrieval programmes to increase deceased organ donation, if so, the details thereof; and

(e) the measures taken by the Government to reduce transplant waiting periods and encourage voluntary organ donation to save lives and improve access to organ transplantation?

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

(a) to (c): As per the provisions of the Transplantation of Human Organs and Tissues Act (THOTA), 1994, and Rules made thereunder, respective State Governments are to ensure compliance with respect to reporting of data by the transplant hospitals on the National Organ and Tissue Transplant Registry (NOTTR) maintained by National Organ and Tissue Transplant Organisation (NOTTO). As on

27th July, 2026, number of patients currently awaiting kidney transplantation is 73,646. The States/UTs wise details of kidney transplants performed and the number of patients who died while on waiting list for kidney transplant, during the last five years are placed at **Statement-I** and **Statement-II** respectively.

(d) and (e): Under the National Organ Transplant Programme (NOTP), funds are provided to the States/UTs for augmentation of organ donation and transplantation including awareness activities.

NOTTO along with Regional Organ and Tissue Transplant Organisations (ROTTOs) and State Organ and Tissue Transplant Organisations (SOTTOs) carries out awareness programs across the country to disseminate information to promote organ and tissue donation engaging with various stakeholders. Various awareness activities like poster making, slogan writing, special pledge campaigns are organized regularly. The information about organ and tissue donation including display of IEC materials are disseminated through the NOTTO website www.notto.mohfw.gov.in. Also, a 24x7 call centre having a toll-free helpline number (1800114770) is functional to provide information, tele-counselling and coordination for organ donation. Dissemination of messages through social media platforms are also being done on day-to-day basis. The citizens can take pledge for organ and tissue donation through web portal https://notto.abdm.gov.in. As on date, more than 5 lakh Aadhaar verified pledges have been registered.

In addition, a nationwide year-long public awareness campaign, “Jug Jug Jiyo Abhiyaan (जुग जुग जियो अभियान)” has been launched on 3rd August, 2026 with the aim

to promote organ and tissue donation. Further, the National Registry Portal has been upgraded and launched on 3rd August 2026 into a digital platform called e-प्रत्यारोपण (e-Pratyaaropan) to digitize organ donation and transplantation processes, improve transparency and ensure smooth services to the needy patients.

## STATEMENT-I

**Details of States/UTs wise number of Kidney Transplants performed during last five years (2021-2025) as per National Registry Portal**

| States/UTs | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Andhra Pradesh | 245 | 351 | 422 | 410 | 518 |
| Assam | 38 | 64 | 57 | 70 | 84 |
| Bihar | 25 | 22 | 25 | 31 | 60 |
| Chandigarh | 187 | 201 | 325 | 317 | 250 |
| Chhattisgarh | 29 | 61 | 59 | 76 | 68 |
| Delhi | 1200 | 2249 | 2576 | 2490 | 2458 |
| Goa | 8 | 3 | 6 | 10 | 7 |
| Gujarat | 685 | 869 | 818 | 1018 | 1099 |
| Haryana | 598 | 81 | 94 | 118 | 123 |
| Himachal Pradesh | 2 | 2 | 0 | 9 | 23 |
| Jammu and Kashmir | 21 | 52 | 51 | 48 | 51 |
| Jharkhand | 2 | 7 | 8 | 9 | 8 |
| Karnataka | 349 | 523 | 901 | 516 | 859 |
| Kerala | 701 | 1120 | 1065 | 1139 | 1108 |

| | | | | | |
|---|---|---|---|---|---|
| Madhya Pradesh | 170 | 226 | 267 | 318 | 328 |
| Maharashtra | 928 | 1056 | 1305 | 1461 | 1475 |
| Manipur | 10 | 17 | 43 | 40 | 22 |
| Odisha | 125 | 177 | 197 | 180 | 234 |
| Puducherry | 23 | 33 | 61 | 61 | 93 |
| Punjab | 482 | 535 | 602 | 466 | 591 |
| Rajasthan | 396 | 566 | 687 | 604 | 571 |
| Tamil Nadu | 1085 | 1476 | 1633 | 1796 | 1909 |
| Telangana | 654 | 687 | 775 | 821 | 882 |
| Tripura | 0 | 0 | 0 | 2 | 3 |
| Uttar Pradesh | 349 | 225 | 378 | 447 | 599 |
| Uttarakhand | 3 | 4 | 26 | 16 | 33 |
| West Bengal | 790 | 1098 | 1045 | 1003 | 1021 |

## STATEMENT-II

**Details of States/UTs wise number of patients who died while in the waiting list for kidney transplant, during the last five years(2021-2025), as per National Registry Portal**

| State Name | 2021 | 2022 | 2023 | 2024 | 2025 |
|---|---|---|---|---|---|
| Bihar | 0 | 0 | 0 | 0 | 5 |
| Chandigarh | 0 | 1 | 0 | 17 | 0 |
| Chhattisgarh | 0 | 0 | 2 | 1 | 2 |

| | | | | | |
|---|---|---|---|---|---|
| Delhi | 176 | 118 | 159 | 148 | 132 |
| Goa | 1 | 10 | 0 | 0 | 17 |
| Gujarat | 6 | 0 | 2 | 1 | 7 |
| Haryana | 13 | 9 | 7 | 9 | 10 |
| Himachal Pradesh | 0 | 0 | 0 | 1 | 1 |
| Karnataka | 0 | 0 | 0 | 0 | 10 |
| Madhya Pradesh | 9 | 11 | 62 | 13 | 11 |
| Maharashtra | 50 | 9 | 30 | 29 | 15 |
| Odisha | 0 | 0 | 0 | 1 | 0 |
| Puducherry | 0 | 0 | 0 | 1 | 1 |
| Punjab | 2 | 0 | 0 | 1 | 4 |
| Rajasthan | 3 | 0 | 5 | 6 | 19 |
| Tamil Nadu | 1 | 1 | 0 | 1 | 2 |
| Uttar Pradesh | 4 | 3 | 26 | 20 | 7 |
| West Bengal | 0 | 0 | 13 | 0 | 1 |

## ACCESS TO QUALITY HEALTHCARE IN UTTAR PRADESH

**3273 SHRI LAXMIKANT PAPPU NISHAD:**

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

(a) whether the Government has assessed the disparities in access to quality and affordable healthcare in Uttar Pradesh, particularly in the Sant Kabir Nagar and Ambedkar Nagar districts and if so, the details thereof;

(b) the details of the sanctioned and vacant posts of doctors, specialists and paramedical staff in District Hospitals, Community/ Primary Health Centres in the said district;

(c) the details of the healthcare infrastructure available in the said districts, including ICU beds, trauma care facilities, diagnostic laboratories, dialysis units, CT and MRI facilities, ambulances and maternal and child healthcare services;

(d) the details of the funds allocated, released and utilised under the National Health Mission, Ayushman Bharat and other Central health schemes in the said districts during the last five years; and

(e) whether the Government proposes to establish new medical colleges, upgrade District Hospitals, strengthen specialist services and fill all vacancies in the said districts 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): ‘Public Health’ and ‘Hospital’ is a State subject, the primary responsibility for planning, implementing, maintaining and to set up adequate number of healthcare facilities as per requirement lies with the State Government. Under the National Health Mission (NHM), financial and technical support is provided to States/UTs to

strengthen their healthcare system based on proposals received from States/UTs in their Programme Implementation Plan (PIP) within their resource envelop.

As per the information provided by the State Government of Uttar Pradesh, the assessment of health institutions, human resources, essential medicines, diagnostic facilities in all the districts including Sant Kabir Nagar and Ambedkar Nagar is done by State Government. Quality and accessible health facilities are provided to the general public throughout the State including at the medical units of Sant Kabir Nagar and Ambedkar Nagar districts.

(b): As per Health Dynamics of India (HDI), 2023-24, the details regarding the availability of doctors, specialists and paramedical staff in District Hospitals, Community/ Primary Health Centres in Sant Kabir Nagar and Ambedkar Nagar districts of Uttar Pradesh is available at following link:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

(c): As per the Ayushman Arogya Mandir (AAM) Portal, 230 AAMs and 344 AAMs are operational in Sant Kabir Nagar and Ambedkar Nagar districts respectively. As per the Health Dynamics of India (HDI) Report 2023–24, Sant Kabir Nagar district has 6 Community Health Centres (CHCs) and one District Hospital, while Ambedkar Nagar district has 11 CHCs, one District Hospital, and one Medical College. Adequate healthcare infrastructure is available at Sant Kabir Nagar and Ambedkar Nagar districts, including ICU beds, trauma care facilities, diagnostic

laboratories, dialysis units, CT and MRI facilities, ambulances and maternal and child healthcare services.

As per the information provided by the State Government of Uttar Pradesh, Mahatma Jyotiba Phule Joint District Hospital, Ambedkar Nagar, is equipped with 8 ICU beds, 10 Special Newborn Care Unit (SNCU) beds, 6 trauma care beds, one Integrated Public Health Laboratory (IPHL), a dialysis unit, one CT scan unit, two ultrasound machines, one digital X-ray machine, one general X-ray machine, and a 100-bed Maternal and Child Health (MCH) Wing.

Further, the State informed that ambulance services are operational in both districts through the 108 Emergency Medical Transport Service (EMTS), with 23 and 26 ambulances in Sant Kabir Nagar and Ambedkar Nagar districts respectively, the Advanced Life Support (ALS) Ambulance Service, with 6 and 5 ambulances in Sant Kabir Nagar and Ambedkar Nagar districts respectively, and the 102 Ambulance Service, with 21 and 26 ambulances in Sant Kabir Nagar and Ambedkar Nagar districts respectively.

(d): The details of the Central Share released and utilised under the National Health Mission (NHM), Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and other Central health schemes for the State of Uttar Pradesh for the F.Y. 2021-22 to 2025-26 are given below:

**Rs. In Crore**

| **Financial Year** | **NHM** | | **PM-ABHIM** | |
|---|---|---|---|---|
| | **Central Release** | **Expenditure** | **Central Release** | **Expenditure** |
| 2021-22 | 3,235.46 | 6,210.20 | 124.63 | 0.00 |

| | | | | |
|---|---|---|---|---|
| 2022-23 | 5,133.59 | 8,828.29 | 173.71 | 254.04 |
| 2023-24 | 4,928.14 | 10,572.60 | 247.96 | 252.69 |
| 2024-25 | 5,853.43 | 10,377.16 | 400.95 | 544.74 |
| 2025-26 | 5,686.12 | 11,069.32 | 211.88 | 511.46 |

Note:

Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

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

Additionally, under Fifteenth Finance Commission (FC-XV) for the State of Uttar Pradesh Rs. 9,328.15 Crore has been approved for the five-year period from FY 2021-22 to FY 2025-26 and Rs. 5,727.27 Cr. has been released.

(e): The upgradation of District Hospitals (DHs) and other healthcare facilities and deployment of additional healthcare professionals as per requirement are proposed in PIP by the States and are approved as per norms.

## जीवनरक्षक दवाएं

**3274. श्री हनुमान बेनीवालः**

**श्री राजकुमार रोतः**

क्या **रसायन और उर्वरक** मंत्री यह बताने की कृपा करेंगे किः

(क) क्या सरकार को इस बात की जानकारी है कि आवश्यक और जीवनरक्षक दवाओं की कीमतों में वृद्धि से आम नागरिकों, विशेषरूप से निम्न और मध्यम आय वर्ग के रोगियों पर वित्तीय बोझ बढ़ा है और यदि हां, तो पिछले तीन वर्षों के दौरान दवाओं की मूल्य वृद्धि का श्रेणी-वार ब्यौरा क्या है;

(ख) पिछले तीन वर्षों के दौरान सरकार द्वारा उक्त दवाओं की कीमतों को किफायती बनाए रखने तथा अनुचित मूल्य वृद्धि को नियंत्रित करने के लिए क्या कदम उठाए गए हैं;

(ग) पिछले तीन वर्षों के दौरान देश में सामने आए नकली, मिलावटी/मानक गुणवत्ता के न होने (एनएसक्यू) संबंधी दवाओं के मामलों की राज्य-वार संख्या कितनी है; और

(घ) इस संबंध में सरकार द्वारा संबंधित दवा निर्माता कंपनियों, वितरकों तथा अन्य चूककर्ता संस्थाओं के विरुद्ध की गई जांच, अभियोजन, लाइसेंस के निलंबन/रद्दीकरण तथा अन्य दंडात्मक कार्रवाइयों 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): औषधियों की कीमतें औषधि (मूल्य नियंत्रण) आदेश 2013 (डीपीसीओ, 2013) के प्रावधानों के अनुसार विनियमित की जाती हैं। औषध विभाग के अन्तर्गत राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण (एनपीपीए) डीपीसीओ, 2013 के मौजूदा प्रावधानों के अनुसार औषधियों की कीमतों को विनियमित करता है। एनपीपीए, डीपीसीओ, 2013 की अनुसूची-I, जो स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा समय-समय पर प्रकाशित राष्ट्रीय आवश्यक औषधि सूची (एनएलईएम) पर आधारित होती हैं, में विनिर्दिष्ट औषधियों की अधिकतम कीमतें निर्धारित करता है। दिनांक 23.07.2026 की स्थिति के अनुसार, 935 औषधियों की अधिकतम कीमतें प्रभावी हैं। एनएलईएम, 2022 के तहत कीमतों के पुनर्निर्धारण के कारण औसत मूल्य में लगभग 17% की कमी आई है। एनपीपीए, डीपीसीओ, 2013 के पैरा 2(1)(प) में परिभाषित नई दवाओं, अर्थात् एनएलईएम में सूचीबद्ध किसी औषधि के मौजूदा

विनिर्माताओं द्वारा किसी अन्य औषधि के साथ मिलाकर या उसकी क्षमता या खुराक या दोनों में परिवर्तन करके तैयार किए गए नए फॉर्मूलेशन, के खुदरा मूल्य भी निर्धारित करता है। नई दवाओं के खुदरा मूल्य आवेदक विनिर्माता और विपणनकर्ता पर लागू होते हैं और वे एनपीपीए द्वारा अधिसूचित मूल्य से अधिक मूल्य पर नई औषधि की बिक्री नहीं कर सकते। एनपीपीए ने दिनांक 23.07.2026 तक 3,845 नई दवाओं के खुदरा मूल्य निर्धारित किए हैं। इसके अलावा, गैर-अनुसूचित फॉर्मूलेशनों के मामले में, विनिर्माताओं के लिए यह आवश्यक है कि वे किसी फॉर्मूलेशन के अधिकतम खुदरा मूल्य (एमआरपी) में पिछले 12 महीनों के दौरान व्याप्त एमआरपी के दस प्रतिशत से अधिक की वृद्धि न करें। इसके अतिरिक्त, एनपीपीए ने जनहित में सस्ती कीमतों पर दवाओं की उपलब्धता सुनिश्चित करने के लिए पैरा 19 के तहत दवाओं के मूल्य निर्धारित किए हैं। एनपीपीए द्वारा निर्धारित या संशोधित कीमतों का विवरण एनपीपीए की वेबसाइट (www.nppa.gov.in) पर उपलब्ध है।

अनुसूचित दवाओं के अधिकतम मूल्य प्रत्येक वर्ष 1 अप्रैल को या उससे पहले पिछले कैलेंडर वर्ष के थोक मूल्य सूचकांक (डब्ल्यूपीआई) (सभी वस्तुएं) के आधार पर संशोधित किए जाते हैं, जिसे सरकार द्वारा प्रत्येक वर्ष 1 अप्रैल को अधिसूचित किया जाता है। यह अधिसूचित वृद्धि उस वर्ष के लिए अनुसूचित दवा की अधिकतम अनुमत वृद्धि होती है, और विनिर्माता ऐसी दवाओं की कीमत को उसके समान रख सकते हैं अथवा कम वृद्धि का लाभ उठा सकते हैं। पिछले 3 वर्षों के डब्ल्यूपीआई इस प्रकार हैं:

| **वर्ष** | **डब्ल्यूपीआई** |
|---|---|
| 1.04.2024 | 0.00551% |
| 1.04.2025 | 1.74028% |
| 1.04.2026 | 0.64956% |

गैर-अनुसूचित फॉर्मुलेशनों के मामले में, विनिर्माता उस दवा के एमआरपी पर पिछले 12 महीनों के दौरान व्याप्त एमआरपी के 10 प्रतिशत तक की वृद्धि का लाभ उठा सकते हैं। तथापि, बाजार के आंकड़ों (जून 2026 के लिए फार्मरैक डेटाबेस पर आधारित) से पता चलता है कि पिछले तीन वर्षों में गैर-

अनुसूचित औषधियों की भारित औसत वार्षिक मूल्य वृद्धि 6.94% है, जो कि अनुमत 10% प्रति वर्ष की मूल्य वृद्धि से कम है।

एनपीपीए नियमित रूप से अनुसूचित और गैर-अनुसूचित दोनों प्रकार के फॉर्मूलेशनों की कीमतों की निगरानी करता है और उपभोक्ताओं से अधिप्रभारन करने वाली कंपनियों के विरुद्ध डीपीसीओ, 2013 के प्रावधानों के अनुसार कार्रवाई करता है।

मूल्य विनियमन के अलावा, सरकार ने प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के माध्यम से आवश्यक दवाओं की सस्ती उपलब्धता सुनिश्चित की है, जिसके तहत जन औषधि केंद्रों (जेएके) में गुणवत्तापूर्ण दवाएं ब्रांडेड दवाओं की तुलना में आमतौर पर 50% से 80% कम दरों पर उपलब्ध कराई जाती हैं। इसके अतिरिक्त, स्वास्थ्य और परिवार कल्याण विभाग की अमृत (उपचार के लिए सस्ती दवाएं और विश्वसनीय प्रत्यारोपण) पहल के तहत, कई अस्पतालों और स्वास्थ्य संस्थानों में स्थापित अमृत फार्मेसी स्टोरों के माध्यम से कैंसर, हृदयवाहिका रोग और अन्य बीमारियों के उपचार के लिए सस्ती दवाएं, प्रत्यारोपण, शल्य चिकित्सा संबंधी डिस्पोजेबल और अन्य उपभोज्य वस्तुएं बाजार दरों पर औसतन 50% तक की छूट पर उपलब्ध कराई जाती हैं। साथ ही, राष्ट्रीय स्वास्थ्य मिशन की निःशुल्क औषधि सेवा पहल के तहत, भारतीय जन स्वास्थ्य मानकों (आईपीएचएस) के तहत अनुशंसित आवश्यक औषधि सूची देश भर के प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) से लेकर जिला अस्पतालों तक के जन स्वास्थ्य केंद्रों में निःशुल्क उपलब्ध कराई जाती है।

(ग) और (घ): स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा प्रदान की गई सूचना के अनुसार, देश में औषधियों का विनिर्माण, विक्रय एवं वितरण औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 और उसके अंतर्गत नियम, 1945 के प्रावधानों के तहत लाइसेंसिंग और निरीक्षण प्रणाली द्वारा विनियमित होता है। औषधियों के विनिर्माण, विक्रय एवं वितरण के लिए लाइसेंस संबंधित राज्य सरकारों द्वारा नियुक्त राज्य लाइसेंसिंग प्राधिकरणों (एसएलए) द्वारा प्रदान किए जाते हैं।

इसके अतिरिक्त, विभिन्न राज्यों/केंद्र शासित प्रदेशों के औषधि नियंत्रकों (एसडीसी) से प्राप्त सूचना के अनुसार, पिछले तीन वर्षों के दौरान राज्यों/केंद्र शासित प्रदेशों के औषधि नियंत्रकों द्वारा गैर-मानक गुणवत्ता/नकली/मिलावटी सूचित किए गए औषधि नमूनों की संख्या इस प्रकार है:

| वर्ष | जांचे गए औषधि नमूने | मानक गुणवत्ता के अननुरूप घोषित औषधि नमूने | नकली / मिलावटी घोषित औषधि नमूने | नकली/मिलावटी दवाओं के विनिर्माण, बिक्री और वितरण के लिए अभियोजन के मामले |
|---|---|---|---|---|
| 2023-24 | 1,06,150 | 2,988 | 282 | 604 |
| 2024-25 | 1,16,323 | 3,104 | 245 | 961 |
| 2025-26 | 1,41,322 | 3,012 | 283 | 779* |

** अनंतिम आंकड़ें*

राज्य लाइसेंसिंग प्राधिकारी अधिनियम और उसके अंतर्गत नियमों के अनुपालन की पुष्टि करने के लिए लाइसेंस प्राप्त परिसरों का समय-समय पर या जोखिम-आधारित दृष्टिकोण के अनुसार निरीक्षण करते हैं। दोषी फर्मों के विरुद्ध राज्य लाइसेंसिंग प्राधिकरणों द्वारा लाइसेंस निलंबित करने, रद्द करने और न्यायालयों में मुकदमा चलाने जैसी कार्रवाई की जाती है।

## CONSTITUTIONAL SAFEGUARDS OF UNDERTRIAL PRISONERS

**3275. DR. GANAPATHY RAJKUMAR P:**

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

(a) whether the Supreme Court has proposed a nationwide mechanism for daily judicial access inside prisons and has proposed a policy exploring under which court-appointed judges visit jails everyday to ensure that undertrial prisoners are not deprived of constitutional safeguards when they are not produced before the courts; and

(b) if so, the details thereof?

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

(a) and (b): The National Legal Services Authority (NALSA) constituted under Legal Services Authorities Act, 1987, whose Patron-in-Chief is the Chief Justice of India, is providing free and competent legal services to all undertrial prisoners and other inmates across the country. NALSA has taken several steps for providing free legal services/ assistance to the undertrial prisoners by way of Legal Services Clinics and Prison Legal Aid Clinics (PLACs). The Secretary, District Legal Services Authority (DLSA), and the Chairman, DLSA (District & Sessions Judge), undertake periodic prison visits under the NALSA Standard Operating Procedure on Access to Legal Aid Services to Prisoners and Functioning of the Prison Legal Aid Clinics, 2022 (SOP- 2022), to ensure effective legal aid delivery and institutional oversight of prisoners. As mandated by the SOP, the Secretary, DLSA visits and inspects every PLAC at least once every month and ensures that all eligible undertrial prisoners are provided legal representation, monitors prison conditions, reviews instances of non-production of prisoners before courts and take immediate steps to address the lapses. There are dedicated Undertrial Review Committees (UTRCs) constituted at the district level to examine instances where undertrial prisoners are not produced before the Remand or Trial Court, whether physically or through video-conferencing, due to logistical or other constraints, and to recommend appropriate remedial measures.

## MISSION SHAKTI AND PMMVY IN KARNATAKA

**3276. SHRI E TUKARAM:**

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

(a) whether the Government has reviewed the implementation of Mission Shakti in the Ballari Parliamentary Constituency, Karnataka, if so, the details of the One Stop Centres, Women Helpline and other women support services functioning therein;

(b) the number of women who have benefited under the Pradhan Mantri Matru Vandana Yojana (PMMVY) and other major women welfare schemes in the said Parliamentary Constituency during the last three years;

(c) whether adequate shelter homes, creche facilities/other support services for women are available in the said Parliamentary Constituency, if not, the reasons therefor; and

(d) whether the Government proposes to strengthen these facilities and sanction additional support services in the said Parliamentary Constituency, if so, the details thereof?

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

(a) to (d): The Government gives utmost priority to the safety, security, rehabilitation 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 the fast paced process of sustainable national development. This vision of ‘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.

The ‘Mission Shakti’ aims at strengthening interventions for women safety, security and empowerment. Mission Shakti comprises of two verticals ‘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.

1. **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 across the country. It provides services like medical aid, legal aid and advice, temporary shelter, police assistance and psycho-social counselling to needy women across the country. As on date, 991 One Stop Centres have been made operational across the country. Since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.20 lakh women have been assisted through One Stop Centres across the country. In the State of Karnataka, 44 One Stop Centre are operational including one OSC in Ballari district and two OSC in Vijayanagar district in the Ballari Parliamentary Constituency and over 44,926 women have been assisted through these OSCs in the State of Karnataka. As the scheme is demand driven, the States and UTs are encouraged to set-up at least one OSC in each district and additional OSC(s) in those districts which have higher rate of crime against women or have bigger geographical area and in aspirational districts.
2. **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. Since inception (1st April, 2015 to 30th June, 2026), over 1.04 crore women have been assisted through Women Helplines across the country including 1,23,643 women have been assisted in the State of Karnataka.

3. **Beti Bachao Beti Padhao (BBBP)** helps to address issues relating to Child Sex Ratio (CSR) and related issues of empowerment of girls and women. The scheme tries to create mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the public at large.
4. **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).

1. **Pradhan Mantri Matru Vandana Yojana (PMMVY):** The Ministry of Women and Child Development is implementing Pradhan Mantri Matru Vandana Yojana (PMMVY) w.e.f. 01.01.2017 across 35 States and UTs in the country including Ballari district of Karnataka (excluding Telangana, which is under process of onboarding on the PMMVY portal). 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.

The number of beneficiaries paid under the PMMVY Scheme during the last three financial years in the Ballari Parliamentary Constituency of Karnataka (Ballari and Vijayanagar Districts) are as under:

| S. No. | Financial Year | No of beneficiaries paid under PMMVY in Ballari District | No of beneficiaries paid under PMMVY in Vijayanagar District | No of beneficiaries paid under PMMVY in Karnataka |
|---|---|---|---|---|
| 1. | 2023-24 | 4,321 | 170 | 1,64,345 |
| 2. | 2024-25 | 26,519 | 15,499 | 7,30,921 |
| 3. | 2025-26 | 21,609* | 9,309* | 6,97,073# |

**Data till 31.10.2025. District-wise payment data from 01.11.2025 is not available with the Ministry due to the ongoing process at State level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system.*

*#Due to ongoing process at States and UTs level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system, the beneficiary payment data (for FY 2025-26) is only an estimate based on data from PFMS portal.*

2. **Shakti Sadan-** Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' - Home for women in difficult circumstances and 'Ujjawala'- Home for women rescued from Trafficking, have been merged w.e.f. 01.04.2022 and are now 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 women in such difficult situations, to enable them to overcome the adverse circumstances. Shakti Sadan is helpful towards support for women in distress, providing shelter and rehabilitation support including those affected of trafficking. The States/UTs assess their requirement as per local needs and proposals are approved every year by the Programme Approval Board (PAB) after discussion with States/UTs. Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises. At present, 40 Shakti Sadans are functional in Karnataka.
3. **Sakhi Niwas-** The 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 and women undergoing job-related training. Provision of a Day Care Centre for the children of residents is an important component of the Scheme. At present, 57 Sakhi Niwas are operational in Karnataka, including 3 Sakhi Niwas in Ballari district and 26 beneficiaries are being benefited under the Scheme in Ballari district.

4. **Palna-** The Ministry introduced Anganwadi cum Creches (Palna) scheme w.e.f. 01 April 2022, for providing day care creche facilities in safe and secure environment to children (aged 06 months – 06 years) of all mothers irrespective of their employment status along with nutritional support, health and cognitive development of children, growth monitoring, immunization, education etc. 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. Currently, 164 AWCCs are operational in Karnataka including 03 in Ballari district. Year wise details of beneficiaries in Ballari district of Karnataka are as under:

| Financial Year | **FY 2024-25** | **FY 2025-26** |
|---|---|---|
| No. of Beneficiaries in Ballari district of Karnataka | **75** | **75** |

5. **SANKALP: Hub for Empowerment of Women (HEW)-** The SANKALP: HEW (Hub for Empowerment of Women) 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. As on date, total 35 State SANKALP: HEWs and 742 District SANKALP: HEWs are functional, including one District Hub for Empowerment of Women (DHEW) each in Ballari and Vijayanagara districts. Year wise details of beneficiaries in Ballari and Vijayanagara district of Karnataka are as under:

| Financial Year | **FY 2024-25** | **FY 2025-26** |
|---|---|---|
| No. of Beneficiaries in Ballari district of Karnataka | **362** | **0** |
| No. of Beneficiaries in Vijayanagara district of Karnataka | **85** | **1063** |

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. 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.

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).

Further, a number of steps and initiatives have been undertaken by the Government of India to strengthen the implementation of the PMMVY scheme and to expand coverage of the scheme across the country. Some of these are as under:

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 Adhaar Bridge Payment System [ABPS] as PMMVY portal is enabled for Aadhar-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 compliant 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 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.

Additionally, the Ministry of Women & Child Development conducts various awareness programs including those on Maternity Benefits through SANKALP-Hub for Empowerment of Women (HEW) scheme for all States and UTs. It includes 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 which are conducted at field functionary levels. Further, the Ministry also runs special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

To strengthen digital monitoring, the Ministry has developed the Mission Shakti Dashboard for real-time monitoring and effective implementation of the Scheme. The Dashboard facilitates monitoring of beneficiaries assisted, services provided, infrastructure, activities and facilities at the District, State and National levels.

The Ministry has also undertaken measures to strengthen the capacity of Women Helpline and One Stop Centre functionaries through regular training, technical support and continuous handholding of States/UTs. Capacity building programmes have been organised with the support of NIMHANS, SPNIWCD and C-DAC,

covering areas such as psycho-social counselling, gender sensitisation, ethical call management, case management, dashboard operations, referral mechanisms and convergence with various stakeholders. C-DAC also provides regional and hands-on training, technical support, dashboard support, troubleshooting and MIS/data analytics support to States/UTs.

**WORKING WOMEN HOSTELS IN ANDHRA PRADESH**

**3277. DR. GUMMA THANUJA RANI:**

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

(a) whether Government has reviewed the adequacy of Working Women Hostel facilities (WWH) in view of increasing migration of women for education, employment and industrial work in Andhra Pradesh, if so, the details thereof;

(b) whether the Government has received any proposals from the said State for establishment/expansion of WWH outside Visakhapatnam district;

(c) if so, the details thereof along with the steps taken thereon; and

(d) the details of steps taken to ensure safety, affordability/accessibility of said hostels for working women?

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

(a) to (d): 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 and component of construction has been discontinued. Funds under the Scheme are released to the States/UTs in accordance with the guidelines of the Department of Expenditure through the Single Nodal Agency (SNA)/SNA-SPARSH mechanism of the Public Financial Management System (PFMS).

Presently, 23 Sakhi Niwas(WWH) are operational in the State of Andhra Pradesh. The details of the operational Sakhi Niwas in the State of Andhra Pradesh are given at **Statement-I.**

Further, under Part (X) – Construction of Working Women Hostels of the Special Assistance to States for Capital Investment (SASCI) Scheme, an amount of ₹172.00 crore was allocated to the Government of Andhra Pradesh. The State Government submitted three proposals for the construction of Working Women Hostels in Visakhapatnam district, with a total project cost of ₹172.00 crore. These proposals were approved by the Department of Expenditure, and the first instalment of ₹113.52 crore was released to the State Government during 2024–25. The details of the approved proposals are given at **Statement-II**.

To ensure the safety, affordability and accessibility of Working Women Hostels, secure accommodation is provided with boundary walls, security personnel, CCTV surveillance, biometric access/visitor registers, and adequate lighting, wherever applicable. Basic amenities such as furnished rooms, safe drinking water, sanitation, electricity, internet connectivity, and common facilities are also provided. The Ministry also continuously monitors the implementation of the Scheme through physical and virtual review meetings with States/UTs, field visits by Ministry officials, and digital monitoring mechanisms. Based on the findings, appropriate measures are taken, and advisories are issued to States/UTs from time to time to facilitate effective implementation of the Scheme.

## STATEMENT-I

**The details of the operational Sakhi Niwas in the State of Andhra Pradesh**

| Sl. No. | District | Functional Sakhi Niwas Name & Address | Capacity |
|---|---|---|---|
| 1 | Srikakulam | MRO office Etcherla Srikakulam | 100 |
| 2 | Vizianagaram | B.C.Colony, V.T. Agraharam, Vizianagaram | 100 |
| 3 | Visakapatanam | NTR CSD&EW<br>Pineapple Colony, Visakapatanam | 100 |
| 4 | Marripalem | WWH<br>Marripalem Near R&B, Visakapatanam | 30 |
| 5 | Guntur | Beside Collector Bungalow, OppZPP Nagarampalem, Guntur | 100 |
| 6 | Nellore | NTR CSD & EW,<br>Gandhi Nagar Nellore. | 100 |
| 7 | Tirupati | Opp. Mango Market yard, Padmavathipuram, Tiruchanoor Road, Tirupati. | 100 |

| | | | |
|---|---|---|---|
| 8 | NTR CSD & EW,<br>Sathyavedu | Madanapalem Village, Cherivi Check post, Opp. Hero Moto Corp Ltd., Sri City,<br>Sathyavedu | 100 |
| 9 | East Godavari | NTRCSD&EW<br>Beside A.P Transco, Bommuru Rural, Rajahmundry, E.G. District 533124 | 100 |
| 10 | Prakasam | District NTRCSD&EW Endlurudonka, Near S.S.N. Engineering College, Santhanuthalapadu Mandal,<br>Prakasam - 523225 | 100 |
| 11 | Ananthapuramu | NTRCSD&EW<br>J.N.T.U. Road, Sarada Nagar, Opp.LRG High School, Ananthapuramu 515002<br>Phone: 08554 - 272486, | 50 |
| 12 | KADAPA | NTRCSD&EW, 58/389-19,<br>Chowta Palli Road, R.V.Nagar Post, KADAPA.Y.S.R.Dist – 516003. | 100 |
| 13 | East Godavari | D.No: 47-4 ½, Danavaipet,,Opp SKR Women's College, Rajahmundry | 60 |
| 14 | Eluru | Working Womens Hostel<br>(Sakhi Niwas), St.Xavier nagar, Side of ACB office, Eluru, Eluru 534006 | 60 |
| 15 | Thirupati | Working Women Hostel , D.No:1-5-599,<br>Revenue Ward -1, Balagi Nagar, | 50 |
| 16 | Visakhapatnam -2 | 50-8-41, Near Eenadu Raitubhazar,<br>Visakhapathanm | 50 |
| 17 | Visakhapatnam – 1 | 50-8-41, Near Eenadu Raitubhazar,<br>Visakhapathanm | 75 |
| 18 | Kurnool | Working Women Hostel, D,No: 50-706-D, Near Silverjublee College, B-Camp,<br>Kurnool | 60 |
| 19 | NTR | Kamala Nehru Working Womens Hostel, D.NO-29-16-3, Opp. AS Rama Rao Hall, Gopalareddy Road,Governorpet,<br>Vijayawada-520002 | 60 |
| 20 | Vizainagaram | BC Colony, VT Agraharam,<br>Near Water Tank | 45 |
| 21 | Guntur | Mahila Pranganam, Guntur | 60 |

| | | | |
|---|---|---|---|
| 22 | Srikakulam | Sakhi Niwas, Srikakulam, Neat Collector Office gate, Srikakulam | 50 |
| 23 | Nellore | Working Women Hostel<br>Police Colony, Dargamitta, Nellore | 60 |
| | | **TOTAL** | **1710** |

## 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** |

## SHIP REPAIR CLUSTERS

**3278. SHRI DHAIRYASHEEL SAMBHAJIRAO MANE:**

**SHRI SUDHEER GUPTA:**

**SHRI RAVINDRA VASANTRAO CHAVAN:**

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

(a) the current status of the two proposed ship repair clusters at Kochi, Kerala and Vadinar, Gujarat, including the status of the DPR for the Vadinar cluster under review by the Government;

(b) the current physical progress of the Pandu Ship Repair Facility, Assam and the connecting road project from Pandu Port to NH-27/NH-31; and

(c) the current status and performance of the New Dry Dock and International Ship Repair Facility (ISRF) at CSL, Kochi, including the progress in onboarding an Operations & Maintenance partner?

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

(a): International Ship Repair Facility (ISRF), Kochi of Cochin Shipyard Limited (CSL) was inaugurated in January 2024 and repair of commercial and naval vessels are undertaken at this facility. The project of Vadinar Ship Repair Cluster has been approved by the Cabinet Committee on Economic Affairs (CCEA) on May 05, 2026.

(b): The current physical progress for ship repair facility at Pandu is 97%. The construction of alternative road from Pandu Port to NH-27 has been completed in March 2026.

(c): The New Dry Dock (NDD) at CSL, Kochi, was inaugurated in January 2024. Since its operationalisation, shipbuilding of 05 vessels and ship repair of 02 vessels has been undertaken.

At the ISRF, repair of 45 vessels has been undertaken since its operationalisation in January 2024.

To strengthen the operational capabilities of the ship repair facilities, an enabling umbrella Memorandum of Understanding (MoU) was signed between the CSL and Drydocks World (DDW) on 08.04.2025 to explore opportunities for collaboration in the development and operation of ship repair clusters, particularly at Kochi and Vadinar.

## CENTRAL ADOPTION RESOURCE AUTHORITY

**3279. SHRI P P CHAUDHARY:**

**SHRI P C MOHAN:**

**SHRI BHOJRAJ NAG:**

**SHRI VIJAY KUMAR DUBEY:**

**SHRI MANISH JAISWAL:**

**SHRI KOTA SRINIVASA POOJARY:**

**SHRI ANURAG SINGH THAKUR:**

**DR. HEMANT VISHNU SAVARA:**

**SHRIMATI ANITA NAGARSINGH CHOUHAN:**

**DR. HEMANG JOSHI:**

**SHRI NABA CHARAN MAJHI:**

**SHRI NALIN SOREN:**

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

(a) whether the Government has taken any new initiative through the Central Adoption Resource Authority (CARA) to make the adoption process, more transparent, simplified and timebound in the country;

(b) if so, the details thereof;

(c) the number of children adopted through CARA in the country during the last two years, along with the average waiting period for adoption, State/UT-wise including Rajasthan, Madhya Pradesh, Karnataka and Maharashtra;

(d) whether the Government proposes to increase the number of Specialised Adoption Agencies (SAAs)/strengthen the necessary facilities for the rehabilitation of abandoned and orphaned children in the country, if so, the details thereof along with the estimated timeline in this regard State/UT-wise and constituency-wise;

(e) the details of the measures taken to reduce the average time taken for completion of adoption process; and

(f) the details of the steps proposed to expand awareness and outreach services in the country?

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

(a) to (f): The Ministry of Women and Child Development is the nodal Ministry for the administration of Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015), the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 and the Adoption Regulations, 2022 for adoption through the Central Adoption Resource Authority (CARA). Under the JJ Act 2015, the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection including orphaned, abandoned and surrendered.

The District Magistrate has been empowered to issue Adoption Orders as per Section 58(3) and Section 61 of the JJ Act, 2015 read with Regulation 36 of Adoption Regulations, 2022. As per Schedule XIV of the Adoption Regulations 2022, timelines have been defined for each stakeholder.

The waiting period of the Prospective Adoptive Parents (PAPs) depends on the availability of children who are declared legally free for adoption by CWC. It also depends on the choice of the PAPs to adopt from the age group preferred.

In order to reduce delays and to maintain transparency, CARA has digitized end-to-end process through the digital platform of Adoption Module under Mission Vatsalya portal and regular monitoring and follow-ups is done with the State Governments and UT Administrations including all stakeholders to expedite the

process, as per the Schedule XIV of the Adoption Regulation, 2022 which has stipulated timeline for authorities and agencies working in adoption.

The Ministry 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. The Scheme also supports the Specialized Adoption Agencies (SAAs) registered under the Juvenile Justice (Care and Protection of Children) Act,2015, where adoptable children of below six years of age are provided residential care.

States and UTs have been advised to establish at least one Specialised Adoption Agency (SAA) in each district in accordance with Sections 65 and 66 of the JJ Act, 2015, read with Adoption Regulations, 2022 (Regulations 3 & 5). 795 SAAs have been approved under Mission Vatsalya Scheme for all State Governments and Union Territory Administrations as on 29.07.2026. All SAAs are mandatorily onboarded onto the integrated CARINGS-Mission Vatsalya system, enabling end-to-end digital processing of adoption cases including referral, matching, and documentation. Compliance is monitored through real-time dashboards at Central and State levels, and through periodic review meetings.

The nationwide Information, Education and Communication (IEC) activities as well as localized outreach programmes to promote adoption and foster care are conducted under Mission Vatsalya. CARA also undertakes awareness and outreach activities across the country to create awareness and promote legal adoption including workshops, seminars and orientation sessions for stakeholders. Awareness regarding legal adoption procedures and the importance of child adoption through print, electronic and social media platforms, etc is also undertaken regularly by CARA.

States and UTs Administration wise detail of children adopted through CARA in the country during the last two years including Rajasthan, Madhya Pradesh, Karnataka and Maharashtra is at **Statement.**

## STATEMENT

**STATES AND UTS ADMINISTRATION WISE DETAIL OF CHILDREN ADOPTED THROUGH CARA IN THE COUNTRY DURING THE LAST TWO YEARS INCLUDING RAJASTHAN, MADHYA PRADESH, KARNATAKA AND MAHARASHTRA**

| S. No. | State | Adoption Data | |
|---|---|---|---|
| | | 2024-25 | 2025-26 |
| 1 | Andaman and Nicobar Islands | 16 | 11 |
| 2 | Andhra Pradesh | 109 | 140 |
| 3 | Arunachal Pradesh | 6 | 5 |
| 4 | Assam | 153 | 186 |
| 5 | Bihar | 155 | 125 |

| | | | |
|---|---|---|---|
| 6 | Chandigarh | 15 | 18 |
| 7 | Chhattisgarh | 120 | 114 |
| 8 | Delhi | 110 | 109 |
| 9 | Goa | 26 | 25 |
| 10 | Gujarat | 156 | 547 |
| 11 | Haryana | 91 | 68 |
| 12 | Himachal Pradesh | 8 | 14 |
| 13 | Jammu and Kashmir | 39 | 42 |
| 14 | Jharkhand | 71 | 60 |
| 15 | Karnataka | 306 | 377 |
| 16 | Kerala | 176 | 170 |
| 17 | Ladakh | 0 | 0 |
| 18 | Lakshadweep | 0 | 0 |
| 19 | Madhya Pradesh | 133 | 221 |
| 20 | Maharashtra | 849 | 792 |
| 21 | Manipur | 8 | 4 |
| 22 | Meghalaya | 16 | 13 |
| 23 | Mizoram | 47 | 78 |
| 24 | Nagaland | 12 | 13 |
| 25 | Odisha | 287 | 308 |
| 26 | Puducherry | 17 | 15 |
| 27 | Punjab | 109 | 49 |
| 28 | Rajasthan | 160 | 172 |
| 29 | Sikkim | 26 | 28 |

| | | | |
|---|---|---|---|
| 30 | Tamil Nadu | 465 | 501 |
| 31 | Telangana | 267 | 307 |
| 32 | Dadra and Nagar Haveli & Daman and Diu | 7 | 5 |
| 33 | Tripura | 3 | 7 |
| 34 | Uttar Pradesh | 205 | 231 |
| 35 | Uttarakhand | 19 | 30 |
| 36 | West Bengal | 328 | 237 |

## CONSTRUCTION OF JETTIES AND PASSENGER TERMINALS UNDER SAGARMALA PROGRAMME

**3280. SHRIMATI BHARTI PARDHI:**

**SHRI RAVINDRA DATTARAM WAIKAR:**

**SHRI NARESH GANPAT MHASKE:**

**SHRI SHRIRANG APPA CHANDU BARNE:**

**DR. SHRIKANT EKNATH SHINDE:**

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

(a) the total financial and technical assistance sanctioned by the Union Government during the current year under the 'Sagarmala Programme' to construct new jetties and passenger terminals along the eastern and western coasts of Mumbai;

(b) whether these water transport projects will alleviate overcrowding on roads and suburban railways, thereby saving travel time and money for the general public;

(c) the details of the policy of the Union Government to ensure that the ticket fares remain affordable for ordinary citizens;

(d) the specific financial provisions made to empower the traditional business of the local Koli community and fishermen through modern jetties without causing any disruption to their livelihoods; and

(e) the current status of projects undertaken to expand Ro-Ro (Roll-on/Roll-off) and passenger ferry services in Maharashtra and Madhya Pradesh?

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

(a): On account of non-availability of fiscal space in the current Sagarmala scheme, no new project for construction of jetties and passenger terminals along the eastern and western coasts of Mumbai has been sanctioned in the current financial year.

(b): Under the current Sagarmala Scheme, 18 Ro-Ro / Ro-Pax infrastructure projects worth ₹ 561 crore have been sanctioned in the state of Maharashtra to improve coastal connectivity. Development of water transport infrastructure, including passenger jetties, ferry terminals and Ro-Ro/Ro-Pax facilities, promotes coastal shipping and inland water transport as sustainable and efficient modes of

transport. These projects provide an alternative mode of passenger and vehicular movement, thereby reducing pressure on congested roads and suburban rail networks, reducing travel time, fuel consumption and logistics costs, while contributing to environmental sustainability.

(c): The Central Government provides financial assistance under Sagarmala scheme for development of water transport infrastructure. As per the notification no.12/2017- Central Tax (Rate) dated 28.06.2017, transportation of passengers, with or without accompanied belongings, by public transport, other than predominantly for tourism purpose, in a vessel between places located in India is exempted from GST. The Ministry of Ports, Shipping and Waterways (MoPSW) has also exempted port & vessel related charges for the Ro-Pax and passenger ferry operations till 22.01.2027.

(d): Government of Maharashtra has informed that the Department of Fisheries is undertaking the development of modern fishing jetties and allied infrastructure to strengthen the traditional livelihoods of the Koli community and fishermen. The details of financial assistance provided by MoPSW under the Sagarmala scheme for fishing harbours / fish landing centres in the state of Maharashtra is available at **Statement-I**.

(e): Under Sagarmala Scheme, in the state of Maharashtra 18 Ro-Ro / Ro-Pax infrastructure projects worth ₹ 561 crore have been sanctioned to improve coastal connectivity. Out of these, 13 projects worth ₹ 340 crore are completed in the state of Maharashtra. The details are available at **Statement-II**. No Ro-Ro/Ro-Pax/ferry

projects have been sanctioned in the state of Madhya Pradesh under Sagarmala scheme.

## STATEMENT – I

**The details of financial assistance provided by MoPSW under the Sagarmala scheme for fishing harbours / fish landing centres in the state of Maharashtra**

| Sl. No. | Project name | Implementing Agency | Project Cost | MoPSW share | Project Status |
|---|---|---|---|---|---|
| 1 | Modernization of existing Fishing Harbor at Sassoon Dock, Mumbai | MFDCL | 92.52 | 23.13 | Under Implementation |
| 2 | Development of Fishing Harbour at Mallet Bunder, Mazgaon | Mumbai Port Authority | 96.60 | 48.30 | Under Implementation |
| 3 | Construction of fishing harbour at Anandwadi (Deogad) in Sindhudurg District | MFDCL | 88.44 | 12.50 | Under Implementation |
| 4 | Stage II expansion of Mirkawada Fishing Harbour in Ratnagiri District | Maharashtra Maritime Board | 75.00 | 17.95 | Completed |
| 5 | Construction of Fishing Harbor at Karanja, Raigad district, Maharashtra | Maharashtra Maritime Board | 149.80 | 68.51 | Completed |

## STATEMENT–II

**The details Ro-Ro / Ro-Pax infrastructure projects Under Sagarmala Scheme sanctioned to improve coastal connectivity in the state of Maharashtra**

| Sl. No. | Project name | Implementing Agency | Project Cost (₹ crore) | MoPSW share (₹ crore) | Project Status |
|---|---|---|---|---|---|
| 1 | Construction of Ro-Pax jetty and Terminal at Mora, Distt. Raigad, Maharashtra | Maharashtra Maritime Board | 82.92 | 41.46 | Under implementation |
| 2 | Development of Ro-Ro Service at Rewas | Maharashtra Maritime Board | 21.66 | 10.83 | Under implementation |
| 3 | Construction of Approach Jetty and sloping berth jetty and Approach Road to facilitate Ro-Ro Jetty at Manori, Maharashtra | Maharashtra Maritime Board | 6.59 | 3.29 | Under implementation |
| 4 | Construction of jetty at Arnala fort- Tal Vasai-Dist. Thane. | Maharashtra Maritime Board | 9.94 | 4.97 | Under implementation |
| 5 | Passenger Jetty at Janjira Fort, Raigad District | Maharashtra Maritime Board | 121.23 | 55.41 | Completed |
| 6 | Tourism Jetty at Kashid in Raigad District | Maharashtra Maritime Board | 99.82 | 49.91 | Under implementation |
| 7 | Construction of break water at Mandwa | Maharashtra Maritime Board | 72.14 | 30.00 | Completed |
| 8 | Ro Ro service at Mandwa -Phase 2 of Mandwa port development | Maharashtra Maritime Board | 63.00 | 27.51 | Completed |
| 9 | Construction of Ro-Ro jetties at Vasai | Maharashtra Maritime Board | 6.73 | 3.33 | Completed |
| 10 | Construction of approach jetty and sloping berth jetty and approach road to facilitate Ro | Maharashtra | 7.25 | 3.54 | Completed |

| | | | | | |
|---|---|---|---|---|---|
| | Ro jetty at Bhayander, Maharashtra | Maritime Board | | | |
| 11 | Construction of Ro Ro jetty at Narangi(Virar)' in Maharashtra. | Maharashtra Maritime Board | 6.75 | 3.40 | Completed |
| 12 | Construction of jetties at Ghodbunder | Maharashtra Maritime Board | 7.40 | 3.70 | Completed |
| 13 | Construction of Ro Ro Jetty at Malvan Passenger Jetty at Sindhudurg Port in Maharashtra | Maharashtra Maritime Board | 10.63 | 4.84 | Completed |
| 14 | Dredging in the Navigational Channel for Ro-Ro Pax Services at Mandwa | Maharashtra Maritime Board | 16.54 | 8.27 | Completed |
| 15 | Construction of passenger boat landing jetty at Kanhoji Angre Island | Mumbai Port Authority | 7.68 | 3.84 | Completed |
| 16 | Construction of Tourism jetty at Belapur, Maharashtra. | Maharashtra Maritime Board | 6.50 | 4.05 | Completed |
| 17 | Construction of tourism Jetty at Veldur, Distt.-Ratnagiri, Maharashtra | Maharashtra Maritime Board | 7.06 | 3.45 | Completed |
| 18 | Construction of Ro-Ro Jetty at Ambadave Shigwan in Raigad District". | Maharashtra Maritime Board | 7.37 | 3.44 | Completed |

## PENDENCY OF CASES IN MUMBAI COURTS

**3281. SHRI SANJAY DINA PATIL:**

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

(a) whether the Government has undertaken any assessment of the pendency of civil, criminal and commercial cases in courts functioning in Mumbai during the last three years, particularly in view of the city's importance as the financial and commercial capital of the country;

(b) the details of financial assistance, infrastructure projects and technological initiatives undertaken by the Central Government for strengthening judicial infrastructure, the construction of court complexes, the establishment of additional courts and the implementation of e-Courts projects in Mumbai;

(c) whether the Government has identified shortages of judicial officers, courtrooms, digital infrastructure and support staff affecting the timely disposal of cases in Mumbai, if so, the details of action taken/proposed to be taken in this regard; and

(d) the measures taken or proposed to reduce pendency, strengthen judicial infrastructure, expand digital court services and improve access to speedy and affordable justice for litigants in Mumbai?

**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 details of pendency of civil, criminal and commercial cases in courts functioning in Mumbai during the last three years are at **Statement**.

(b): The primary responsibility for development of infrastructure facilities for District and Subordinate Courts rests with the State Governments/UTs. However, to augment the resources of States/UTs, Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts since 1993-94, by

providing financial assistance in the prescribed fund sharing pattern between the Centre and States/UTs. Financial assistance of Rs. 1127.89 cr has been released to the State of Maharashtra under the scheme since its inception. In the current financial year, a tentative allocation of Rs. 27.05 cr has been made for the State of Maharashtra, out of which Mother Sanction for an amount of Rs. 13.525 cr has been issued.

The High Court of Bombay and all working courts in Mumbai have been equipped with the necessary ICT infrastructure as provisioned under the eCourts Project. Further, 13 eSewa Kendras have been established in Mumbai City and equipped with essential infrastructure. An amount of Rs. 104.32 crore has been released to the High Court of Bombay under the eCourts Project in the FY 2025-26. The High Court of Bombay has also established 6 Online Courts and 6 Paperless Courts which are equipped with the necessary ICT infrastructure to facilitate efficient paperless and digital court proceedings.

(c) and (d): The Government of Maharashtra *vide* letter 07.02.2025 sanctioned 2863 new posts of Judicial Officers for State of Maharashtra taking the sanctioned strength to 5247.

Disposal of cases pending in various courts lies within the domain of the Judiciary. Disposal of cases in courts depends on several factors which, inter-alia, include availability of adequate number of Judges and Judicial officers, supporting court staff, physical infrastructure, complexity of facts involved, quality of investigation, nature of evidence, co-operation of stake holders viz bar, investigation

agencies, witnesses, litigants. However, the Government is fully committed for speedy disposal of cases and reducing pendency. The Government has taken several initiatives to provide an ecosystem for faster disposal of cases by the judiciary which, inter-alia, involves timely appointment of Judges, better infrastructure for courts including computerization, policy and legislative measures in the areas prone to excessive litigation, promoting Alternate Dispute Resolution mechanism, enactment and implementation of New Criminal Laws 2023, establishment of Fast Track Special Courts, re-engineering of court procedure and emphasis on human resource development.

In addition, the State Courts Management System (SCMS) Committee of Hon'ble Bombay High Court has been preparing Action Plan on yearly basis since November 2017 for speedy disposal of old cases pending before Courts of District Judiciary. This Action Plan aims to dispose of old cases in speedy manner. The said Action Plan also focus on fixed timelines for disposal of cases and holding regular meetings with Advocates, Bar Association, Senior police officers/Pubic Prosecutors, Senior Nodal Officer from Revenue Department for quick disposal of old cases.

Further, in order to provide legal assistance and representation in courts to marginalized and disadvantaged sections of society, 845 advocates from the Bar Council of Maharashtra and Goa have been registered as Pro Bono lawyers under the Nyaya Bandhu Programme, as on 31.07.2026.

# STATEMENT

| Pendency of Civil, Criminal and Commercial Cases in Mumbai during last three years | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2023 | | | 2024 | | | 2025 | | | 2026 (as on 04.08.2026) | | |
| **Sr No.** | **District** | **Civil** | **Criminal** | **Commercial** | **Civil** | **Criminal** | **Commercial** | **Civil** | **Criminal** | **Commercial** | **Civil** | **Criminal** | **Commercial** |
| 1 | Mumbai City Civil Court | 10491 | 6082 | 535 | 17310 | 7046 | 1626 | 17773 | 9288 | 1157 | 12793 | 7643 | 686 |
| 2 | Mumbai CMM Courts | 0 | 63997 | 0 | 0 | 95140 | 0 | 0 | 109444 | 0 | 0 | 94338 | 0 |
| 3 | Mumbai Motor Accident Claims T | 943 | 0 | 0 | 1405 | 0 | 0 | 2157 | 0 | 0 | 1504 | 0 | 0 |
| 4 | Mumbai Small Causes Court | 2018 | 0 | 0 | 2586 | 0 | 0 | 3367 | 0 | 0 | 3149 | 0 | 0 |
| | **Total** | **13452** | **70079** | **535** | **21301** | **102186** | **1626** | **23297** | **118732** | **1157** | **17446** | **101981** | **686** |

**Source: National Judicial Data Grid (NJDG)**

## DAMAGE TO EMBANKMENTS IN SUNDERBANS DUE TO CARGO SHIP MOVEMENT

**3282. SHRI BAPI HALDAR:**

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

(a) whether the Government is aware that the frequent movement of large cargo vessels through the inland waterways of the Sundarbans delta is causing severe erosion and damage to riverbank embankments in districts such as South 24 Parganas, including the Mathurapur region;

(b) whether any study has been undertaken to assess the ecological and structural impact of heavy ship traffic on small islands such as Mousuni, Ghoramara, Kumirmari, Satjelia, Chhotomollakhali and Amtoli that are facing existential threats due to embankment breaches, saline water ingress and wave pressure;

(c) if so, the details thereof and the corrective steps taken by the Government in this regard; and

(d) whether the Government is considering either limiting or regulating the cargo movement through ecologically fragile zones or allocating special funds under Sagarmala or any other scheme for long-term protection and fortification of embankments, if so, the details thereof?

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

(a): Riverbank erosion is a complex natural phenomenon influenced by several factors, including river morphology, sediment transport, hydrological regime, tidal action, bank material and local hydraulic conditions. Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways (MoPSW) undertakes only navigational interventions for maintenance of fairways in only 30-45 meter channel of the river and no specific evidence has been established indicating that movement of shallow-draft Inland Water Transport (IWT) vessels operating on National Waterway (NW)-97 (Sundarbans Waterways) has caused riverbank or embankment erosion. Fairway maintenance activities are planned keeping in view navigational requirements and applicable environmental safeguards.

(b) and (c): No dedicated study has been undertaken by IWAI and Govt. of West Bengal to establish a direct correlation between IWT operations and riverbank erosion in NW-97. However, IWAI carries out periodic hydrographic surveys and continuous monitoring of channel conditions for maintenance of navigable fairways. The hydrographic data, together with river behaviour and navigational requirements, forms the basis for planning and implementation of fairway maintenance measures.

(d): IWAI regulates the movement of vessels through ecologically fragile zones with following measures:

- Restricting speed of the vessels within the sanctuary.
- Fitting vessels with propeller guards and dolphin deflectors.
- Restricting navigation to designated channels.
- Using non-toxic anti-fouling paints.

MoPSW has not allocated special funds under Sagarmala or any other scheme for long-term protection and fortification of embankments.

## रासायनिक उर्वरकों की आवश्यकता

**3283. श्री अमरा राम:**

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

(क) देश में रासायनिक उर्वरकों की कुल कितनी आवश्यकता है और उसमें से प्रत्येक वर्ष घरेलू उत्पादन की मात्रा और अन्य देशों से आयातित मात्रा कितनी है;

(ख) यह सुनिश्चित करने के लिए कि केवल कच्चे माल का आयात किया जाए, सरकार द्वारा रासायनिक उर्वरकों के संबंध में आत्मनिर्भरता प्राप्त करने के लिए तैयार की गई योजना का ब्यौरा क्या है; और

(ग) देश में सार्वजनिक क्षेत्र की उर्वरक विनिर्माण इकाइयों का ब्यौरा क्या है और कितनी इकाइयां स्थापित तथा वर्तमान में कार्यशील या बंद पड़ी हुई हैं?

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

(क): वर्ष 2023-24 से 2025-26 तक की अवधि के दौरान यूरिया, डीएपी, एमओपी तथा एनपीकेएस उर्वरकों की आवश्यकता का विवरण निम्नानुसार है:

| अखिल भारत | | | | | |
|---|---|---|---|---|---|
| **2023-24 से 2025-26 तक उर्वरकों की आवश्यकता** | | | | | |
| आँकड़े एलएमटी में | | | | | |
| **S. No.** | **वर्ष** | **आवश्यकता** | | | |
| | | **यूरिया** | **डीएपी** | **एमओपी** | **एनपीकेएस** |
| 1 | 2023-24 | 356.08 | 110.18 | 27.62 | 126.31 |
| 2 | 2024-25 | 364.01 | 111.92 | 22.21 | 151.29 |
| 3 | 2025-26 | 381.45 | 110.42 | 26.82 | 158.49 |

इसके अतिरिक्त, इसी अवधि के दौरान प्रमुख उर्वरकों के उत्पादन का विवरण निम्नानुसार है:

| प्रमुख उर्वरकों का वर्षवार उत्पादन | | | | | |
|---|---|---|---|---|---|
| **उत्पादन** (आँकड़े एलएमटी में) | | | | | |
| **वर्ष** | **यूरिया** | **डीएपी** | **एनपीकेएस** | **एसएसपी** | **कुल उर्वरक** |
| 2023-24 | 314.09 | 42.97 | 101.85 | 44.44 | 503.35 |
| 2024-25 | 306.67 | 37.72 | 121.05 | 52.44 | 517.88 |
| 2025-26 | 293.26 | 39.14 | 128.37 | 56.72 | 517.49 |
| स्रोत: dbtfert.nic.in | | | | | |

इसके अतिरिक्त, वर्ष 2023-24 से 2025-26 तक की अवधि के दौरान यूरिया, डीएपी, एमओपी तथा एनपीके के आयात का विवरण निम्नानुसार है:

| **वर्ष 2021-22 से 2025-26 तक यूरिया, डीएपी, एमओपी तथा एनपीके उर्वरकों का आयात** | | | | |
|---|---|---|---|---|
| | | | | मात्रा एलएमटी में |
| वर्ष | यूरिया | **कंपनियों द्वारा उपलब्ध कराई गई जानकारी के अनुसार** | | |
| | | डीएपी | एमओपी* | एनपीके |
| 2023-24 | 70.42 | 55.67 | 28.69 | 22.17 |
| 2024-25 | 56.47 | 45.69 | 35.41 | 22.72 |
| 2025-26 | 103.50 | 61.94 | 29.00 | 37.08 |
| *एमओपी में कृषि एवं औद्योगिक उपयोग, दोनों सम्मिलित हैं** | | | | |

(ख): यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामत: गोरखपुर, सिंदरी और बरौनी क्रमश: उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अत:, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान रही 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2026-27 के दौरान बढ़कर 269.42 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामत: तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से

एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फ़र्टिलाइज़र कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप असम के मौजूदा परिसर के भीतर 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है। जिसें असम वैली फर्टिलाइजर एण्ड केमिकल कंपनी लिमिटेड (एवीएफसीसीएल) के नाम से जाना जाएगा। इन दोनों परियोजनाओं पर काम चल रहा है।

इसके अतिरिक्त, सरकार ने स्वदेशी यूरिया उत्पादन क्षमता को आरएसी से अधिक करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)–2015 भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन वर्ष 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटी बढ़ा है।

उपरोक्त उपायों से 2014-15 के दौरान रहा यूरिया उत्पादन प्रति वर्ष 225 एलएमटी के स्तर से 2023-24 के दौरान रिकॉर्ड स्तर पर 314.07 एलएमटी हो गया है। 2025-26 के दौरान, देश में 293.30 एलएमटी यूरिया का उत्पादन किया गया था।

इसके अलावा, सीसीईए ने यूरिया क्षेत्र में नए निवेश के लिए आत्मनिर्भर भारत के लिए राष्ट्रीय यूरिया निवेश नीति-2026 (एनआईपीयू-2026) को 15.07.2026 को मंजूरी दी।

इसके अतिरिक्त, सरकार ने फॉस्फेटयुक्त और पोटाशयुक्त (पीएंडके) उर्वरकों के लिए, दिनांक 01.04.2010 से पोषक तत्व आधारित सब्सिडी (एनबीएस) नीति लागू की है। इस स्कीम के तहत, पीएंडके उर्वरकों को मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किया गया है और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

हालांकि, आयातित फॉस्फेटयुक्त उर्वरकों पर निर्भरता कम करने तथा देश को आत्मनिर्भर बनाने के उद्देश्य से घरेलू उत्पादन को प्रोत्साहित करने हेतु 18.01.2024 को युक्तिसंगत अधिकतम खुदरा मूल्य

संबंधी दिशा-निर्देश जारी किए गए, जिनके अंतर्गत आयातकों / उत्पादकों को क्रमशः 8 प्रतिशत, 10 प्रतिशत एवं 12 प्रतिशत तक का युक्तिसंगत लाभ प्रदान किया गया है। प्राप्त अनुरोधों के आधार पर मौजूदा इकाइयों की नई उत्पादन क्षमता को एनबीएस स्कीम के अंतर्गत मान्यता प्रदान की गई है/अभिलेख में दर्ज किया गया है। एनबीएस स्कीम के अंतर्गत शामिल पीएंडके उर्वरकों की श्रेणियों (ग्रेडों) की संख्या जो वर्ष 2021 में 22 थी, से बढ़कर 28 हो गई है। सिंगल सुपर फॉस्फेट (एसएसपी) के उपयोग को बढ़ावा देने तथा मिट्टी में फॉस्फोरसयुक्त (पी) पोषक तत्व की उपलब्धता सुनिश्चित करने के उद्देश्य से स्वदेशी रूप से निर्मित उर्वरक एसएसपी पर खरीफ 2022 से मालभाड़ा सब्सिडी प्रदान की जा रही है। इसके अलावा, इस स्कीम के अंतर्गत उर्वरकों की उपलब्धता सुनिश्चित करने के लिए एनबीएस स्कीम के अंतर्गत पोषक तत्वों की दरें अर्द्धवार्षिक आधार पर तय की जाती हैं।

(ग): वर्तमान में उर्वरक विभाग के प्रशासनिक नियंत्रणाधीन निम्नलिखित नौ (9) सार्वजनिक क्षेत्र के उर्वरक उपक्रम (PSUs) हैं। इनके प्रचालनरत संयंत्रों की सूची निम्नानुसार है:

1. राष्ट्रीय केमिकल्स एंड फर्टिलाइजर्स लिमिटेड (आरसीएफएल):-

   थल (रायगढ़, महाराष्ट्र), ट्रॉम्बे (मुंबई, महाराष्ट्र)

2. नेशनल फर्टिलाइजर्स लिमिटेड (एनएफएल):-

   पंजाब में नांगल और बठिंडा प्लांट, हरियाणा में पानीपत प्लांट और मध्य प्रदेश में विजयपुर (गुना ज़िला) में दो प्लांट।

3. मद्रास फर्टिलाइजर्स लिमिटेड (एमएफएल):-

   मणली, चेन्नई।

4. द फर्टिलाइजर एंड केमिकल्स त्रावणकोर लिमिटेड (फ़ैक्ट):-

   उद्योगमंडल कॉम्प्लेक्स, कोच्चि, केरल

5. ब्रह्मपुत्र वैली फर्टिलाइजर्स कॉर्पोरेशन लिमिटेड (बीवीएफसीएल):-

असम में नामरूप-II, नामरूप-III

6. FCI अरावली जिप्सम एंड मिनरल्स इंडिया लिमिटेड (फैगमिल):- जोधपुर (राजस्थान), जिप्सम माइनिंग का काम करती है।

7. प्रोजेक्ट्स एंड डेवलपमेंट इंडिया लिमिटेड (पीडीआईएल) फर्टिलाइजर इंडस्ट्री को कंसल्टेंसी और इंजीनियरिंग सर्विस देती है।

नीचे दी गई दो सीपीएसई अभी काम नहीं कर रही हैं:-

8. हिंदुस्तान फर्टिलाइजर्स कॉर्पोरेशन लिमिटेड (एचएफसीएल), उत्तर प्रदेश।

9. द फर्टिलाइजर्स कॉर्पोरेशन ऑफ इंडिया लिमिटेड (एफसीआई), उत्तर प्रदेश।

## UNUTILISED FUND UNDER NPRD 2021

**3284. SHRI JOYANTA BASUMATARY:**

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

(a) whether the Government has taken a formal decision regarding unutilised funds under National Policy for Rare Diseases (NPRD) 2021 for the current and previous financial years, if so, the details thereof and if not, the reasons therefor;

(b) whether these funds are proposed to be carried forward, reallocated or allowed to lapse, if so, the details thereof including the quantum of funds

proposed to be carried forward, reallocated and allowed to lapse along with the reasons for each of the same and the rules governing such decisions;

(c) whether the Government is likely to permit immediate utilisation of unspent funds to support patients who have exhausted the one-time assistance, if so, the details thereof and if not, the reasons therefor;

(d) whether the Government accepts responsibility for the denial of treatment despite the availability of funds in this regard, if so, the details thereof; and

(e) the time-bound measures being taken by the Government to ensure full utilisation of funds meant for life-saving care?

**THE MINISTER 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 National Policy for Rare Diseases (NPRD), 2021 has utilized approximately 98.80% of the Revised Estimate (RE) for FY 2023-24, 97.60% for FY 2024-25 and 98.90% for FY 2025-26. In FY 2026-27, around 39.08% of the Budget Estimate (BE) has already been utilized as on date. The lumpsum funds released to the Centers of Excellence (CoEs) based on the recommendation of the dedicated Rare Disease Committee at each CoE after clinical examination of the patients on case-to-case basis are carried forward to the next year.

The matter of providing financial assistance above the ceiling of ₹50 lakhs under NPRD is sub judice before Hon'ble Supreme Court, wherein the Government has been directed to comply with the extant guidelines of the policy.

(e): Some of the measures taken by the Government to ensure full utilization of funds under NPRD are:

- The number of Rare Diseases identified under NPRD has increased from 51 to 63, enabling more patients to get benefit under the policy.
- The number of Centers of Excellence (CoEs) has doubled from 8 to 16 since the inception of the policy in 2021, thereby increasing geographical outreach and accessibility of treatment.
- The guidelines of the policy have been amended to enable the CoEs to outsource transplant facilities to fast track the treatment of patients suffering from Group 1 Rare Diseases.

## STRENGTHENING PHARMACY EDUCATION IN MANIPUR

**3285. DR. ANGOMCHA BIMOL AKOIJAM:**

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

(a) whether the Government is aware that the State of Manipur does not have a Government institution offering the Bachelor of Pharmacy (B. Pharm) programme, while the Government Polytechnic, Takyel, Manipur has been offering the Diploma in Pharmacy (D. Pharm) programme for several years;

(b) if so, the details thereof;

(c) whether the Central Government has received any proposal from the Government of Manipur for the establishment of a Government Degree College Pharmacy or for upgrading the existing Government Polytechnic, Takyel, into a Degree level Pharmacy institution; and

(d) if so, the details thereof, including the status of such proposal and any financial assistance proposed or sanctioned by the Government?

**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): Government Polytechnic, Takyel, Manipur is currently conducting the Diploma in Pharmacy (D. Pharm.) course, which has been approved for the academic session 2026–27 by the Pharmacy Council of India (PCI). However, the Central Government has not received any proposal from the Government of Manipur for either the establishment of a Government Pharmacy College offering degree-level pharmacy courses or the upgradation of the existing Government Polytechnic, Takyel into a degree-level pharmacy institution.

## जेनेरिक दवाओं की गुणवत्ता

**3286. श्रीमती संजना जाटवः**

**डॉ. राजकुमार सांगवानः**

**श्री राहुल कस्वां:**

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

(क) क्या सरकार ने सरकारी और निजी चिकित्सकों द्वारा जेनेरिक दवाएं लिखे जाने और जन औषधि केंद्रों से दवाइयां खरीदने वाले रोगियों के अनुपात की वर्तमान स्थिति के संबंध में राज्य-वार, विशेषकर राजस्थान के भरतपुर संसदीय निर्वाचन क्षेत्र में, कोई अध्ययन किया है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या उक्त जिले में कई रोगियों को अभी भी जेनेरिक दवाओं की गुणवत्ता के संबंध में गलतफहमी और अविश्वास है और यदि हाँ, तो इस संबंध में सरकार द्वारा जनता के विश्वास को बढ़ाने के लिए उठाए गए ठोस कदमों सहित तत्संबंधी ब्यौरा क्या है; और

(ग) क्या सरकार का जिला-वार, विशेषकर उक्त निर्वाचन क्षेत्र में, जनऔषधि परियोजना को आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई), सरकारी अस्पतालों, ई-स्वास्थ्य प्रणालियों और डिजिटल प्रिस्क्रिप्शन तंत्र के साथ प्रभावी ढंग से एकीकृत करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): भारतीय आयुर्विज्ञान परिषद (व्यावसायिक आचरण, शिष्टाचार एवं नैतिकता) विनियम, 2002 के खंड 1.5 के अनुसार प्रत्येक चिकित्सक को औषधियों का पर्चा स्पष्ट रूप से तथा अधिमानतः बड़े अक्षरों (कैपिटल लेटर्स) में जेनेरिक नामों से लिखना चाहिए तथा यह सुनिश्चित करना चाहिए कि औषधियों का पर्चा और उपयोग युक्तिसंगत हो। इसके अतिरिक्त, स्वास्थ्य सेवा महानिदेशालय ने दिनांक 12.05.2023 के आदेश के माध्यम से अनुदेश दिया है कि केन्द्र सरकार के अस्पतालों, सीजीएचएस आरोग्य केन्द्रों तथा पॉलीक्लीनिकों के सभी चिकित्सक जेनेरिक औषधियां ही लिखें।

जन औषधि केन्द्र (जेएके) ऐसे खुदरा विक्रय केन्द्र हैं, जहां औषधियां सीधे उपभोक्ताओं को बेची जाती हैं। देशभर में स्थित जन औषधि केन्द्रों पर प्रतिदिन अनुमानतः 15 लाख नागरिक आते हैं। वित्त वर्ष 2025-26 के दौरान जन औषधि योजना के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार बिक्री का ब्यौरा संलग्न **विवरण** में दिया गया है। राजस्थान के भरतपुर संसदीय निर्वाचन क्षेत्र में जन औषधि केन्द्रों से औषधियां प्राप्त करने वाले लाभार्थियों की संख्या संबंधी पृथक आंकड़े केन्द्र स्तर पर नहीं रखे जाते हैं।

जन औषधि केन्द्रों के माध्यम से उपलब्ध कराई जाने वाली औषधियों की गुणवत्ता सुनिश्चित करने के लिए निम्नलिखित कड़े उपाय किए गए हैं:

(i) औषधियों की खरीद केवल विश्व स्वास्थ्य संगठन–गुड मैन्युफैक्चरिंग प्रैक्टिसेज (डब्ल्यूएचओ-जीएमपी) से प्रमाणित आपूर्तिकर्ताओं से की जाती है।

(ii) योजना के अंतर्गत आपूर्ति की जाने वाली औषधियों के प्रत्येक बैच का परीक्षण राष्ट्रीय परीक्षण और अंशशोधन प्रयोगशाला प्रत्यायन बोर्ड (एनएबीएल) से मान्यता प्राप्त प्रयोगशालाओं में कराया जाता है तथा गुणवत्ता परीक्षण में सफल होने के उपरांत ही औषधियां जन औषधि केन्द्रों को भेजी जाती हैं।

(iii) भारतीय औषधि एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा विक्रेताओं के भंडार गृहों की नियमित गुणवत्ता लेखा-परीक्षा की जाती है।

जन औषधि केन्द्रों के माध्यम से उपलब्ध कराई जाने वाली औषधियों की स्वीकार्यता बढ़ाने तथा उनकी बिक्री में वृद्धि के उद्देश्य से जनऔषधि दवाओं के लाभों के बारे में निम्नलिखित लक्षित जन-जागरूकता अभियान नियमित रूप से संचालित किए जाते हैं:

• बहु-माध्यम जन-जागरूकता अभियान: भारतीय औषधि एवं चिकित्सा उपकरण ब्यूरो (पीएमबीआई) द्वारा जन औषधि दवाओं के लाभों के प्रचार-प्रसार हेतु केन्द्रीय संचार ब्यूरो, प्रेस सूचना ब्यूरो (पीआईबी), माईजीओवी तथा माई भारत जैसे संगठनों के सहयोग से प्रिंट मीडिया,

टेलीविजन, रेडियो, सोशल मीडिया, बाह्य प्रचार तथा सामुदायिक जनसंपर्क के माध्यम से नियमित जागरूकता अभियान चलाए जाते हैं।

• नागरिक संपर्क एवं हितधारक सहभागिता: व्हाट्सएप चैटबॉट, आउटबाउंड कॉल, जन औषधि सप्ताह गतिविधियों (स्वास्थ्य शिविर, रैलियां, संगोष्ठियां तथा जनसंपर्क कार्यक्रमों सहित) के माध्यम से और प्रतिष्ठित जनप्रतिनिधियों एवं चिकित्सकों के ऑडियो/वीडियो संदेशों के माध्यम से जन औषधि दवाओं की गुणवत्ता के प्रति विश्वास सुदृढ़ करने तथा भ्रांतियों का निवारण करने हेतु जागरूकता बढ़ाई जाती है।

• ग्रामीण क्षेत्रों पर विशेष ध्यान: ग्रामीण क्षेत्रों में स्वास्थ्य शिविरों, नुक्कड़ नाटकों, सामान्य सेवा केंद्रों पर श्रव्य-दृश्य प्रदर्शन तथा जन औषधि केन्द्रों (जेएके) के सहयोग से स्थानीय भाषाओं में कार्यशालाओं का आयोजन किया जाता है, ताकि जन औषधि दवाओं के प्रति जागरूकता, स्वीकार्यता तथा उपयोग में वृद्धि हो सके।

साथ ही, "जन औषधि सुगम" नामक मोबाइल एप्लीकेशन आम नागरिकों को निकटतम जन औषधि केन्द्र का पता लगाने, जन औषधि दवाओं की उपलब्धता जानने तथा जेनेरिक एवं ब्रांडेड औषधियों की अधिकतम खुदरा मूल्य (एमआरपी) के आधार पर तुलना एवं संभावित बचत जैसी उपयोगकर्ता-अनुकूल डिजिटल सेवाएं उपलब्ध कराता है। जन औषधि सुगम ऐप को आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएम-जेएवाई) के आरोग्य सेतु 2.0 प्लेटफॉर्म पर भी एकीकृत किया गया है।

इसके अतिरिक्त, आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएम-जेएवाई) के अंतर्गत पात्र लाभार्थी परिवारों को मध्यम एवं विशिष्ट स्तर की अस्पताल में भर्ती उपचार सेवाओं के लिए प्रति परिवार प्रति वर्ष 5 लाख रुपये तक का कैशलेस स्वास्थ्य बीमा कवरेज प्रदान किया जाता है। योजना के अंतर्गत अधिसूचित स्वास्थ्य लाभ पैकेज (एचबीपी) व्यापक समेकित पैकेज हैं, जिनमें उपचार की संपूर्ण

प्रक्रिया शामिल है। इसमें अस्पताल में भर्ती होने से 3 दिन पूर्व तक के व्यय, निदान, औषधियां, प्रत्यारोपण (जहां लागू हो) और उपभोग्य सामग्री जैसे अस्पताल भर्ती व्यय साथ ही अस्पताल से छुट्टी के बाद 15 दिनों तक की देखभाल, जिसमें औषधियां एवं अनुवर्ती परामर्श भी शामिल हैं, का प्रावधान है।

## विवरण

**वित्त वर्ष 2025-26 के दौरान जन औषधि योजना के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार बिक्री का ब्यौरा**

| क्र. सं. | राज्य/संघ राज्य क्षेत्र का नाम | बिक्री (रु. करोड़ में) |
|---|---|---|
| 1 | अंडमान एवं निकोबार द्वीपसमूह | 0.00 |
| 2 | आंध्र प्रदेश | 1.44 |
| 3 | अरुणाचल प्रदेश | 0.28 |
| 4 | असम | 2.37 |
| 5 | बिहार | 68.91 |
| 6 | चंडीगढ़ | 20.90 |
| 7 | छत्तीसगढ़ | 276.01 |
| 8 | दिल्ली | 59.06 |
| 9 | गोवा | 0.02 |
| 10 | गुजरात | 46.83 |
| 11 | हरियाणा | 1.98 |
| 12 | हिमाचल प्रदेश | 7.74 |
| 13 | जम्मू एवं कश्मीर | 69.37 |
| 14 | झारखंड | 146.94 |
| 15 | कर्नाटक | 213.81 |
| 16 | केरल | 274.61 |

| | | |
|---|---|---|
| 17 | लद्दाख | 0.00 |
| 18 | लक्षद्वीप | 0.00 |
| 19 | मध्य प्रदेश | 36.00 |
| 20 | महाराष्ट्र | 24.31 |
| 21 | मणिपुर | 10.81 |
| 22 | मेघालय | 0.84 |
| 23 | मिजोरम | 0.20 |
| 24 | नागालैंड | 0.26 |
| 25 | ओडिशा | 31.85 |
| 26 | पुडुचेरी | 0.12 |
| 27 | पंजाब | 67.97 |
| 28 | राजस्थान | 94.11 |
| 29 | सिक्किम | 0.00 |
| 30 | तमिलनाडु | 188.98 |
| 31 | तेलंगाना | 32.42 |
| 32 | दादरा एवं नगर हवेली और दमन एवं दीव | 0.00 |
| 33 | त्रिपुरा | 2.29 |
| 34 | उत्तर प्रदेश | 320.71 |
| 35 | उत्तराखंड | 96.48 |
| 36 | पश्चिम बंगाल | 154.59 |
| **कुल** | | 2252.21 |

## TIMELY AVAILABILITY OF FERTILIZERS

**3287. DR. ALOK KUMAR SUMAN:**

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

(a) whether the Government has made any assessment regarding the availability of fertilizers to farmers across the country, if so, the details of production, allocation and distribution of major fertilizers during the last three years, State-wise and year-wise;

(b) whether any shortage of fertilizers has been reported, if so, the details thereof along with the corrective measures taken thereon;

(c) the details of subsidies provided on fertilizers during the said period;

(d) the steps taken to promote balanced and efficient use of fertilizers and encourage alternative nutrient sources; and

(e) the timeline fixed by the Government to ensure timely availability of fertilizers 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 (e): 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. 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.

(ii) 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).

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

(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 is done 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/block level is done by the concerned State government.

In view of above, the availability of fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate in the country during the ongoing Kharif 2026 season. The State-wise information regarding availability position of these fertilizers in last 3 years and during the ongoing Kharif 2026 season (as on 03.08.2026) is placed at **Statement**.

The information regarding production of Urea, DAP and NPKs fertilizers in the country during last 3 years 2023-24 to 2025-26 is as under:

| PRODUCTION OF UREA, DAP & NPKS IN THE COUNTRY IN LAST 3 YEARS | | | |
|---|---|---|---|
| | | | **Fig. in LMT** |
| **YEAR** | **UREA** | **DAP** | **NPKs** |
| 2023-24 | 314.09 | 42.97 | 101.85 |
| 2024-25 | 306.67 | 37.72 | 121.05 |
| 2025-26 | 293.26 | 39.14 | 128.37 |
| Source : dbtfert.nic.in | | | |
| MOP is not produced domestically | | | |
| NPKs includes Complex fertilizers and Ammonium Sulphate | | | |

The details of total fertilizer subsidy disbursed during the last three years i.e. 2023-24 to 2025-26 by the Government are as under:

| | | | (Figures in Rs. Crore) |
|---|---|---|---|
| Financial Year | 2023-24 | 2024-25 | 2025-26 |
| Amount disbursed | 195420.51 | 177129.50 | 217175.73 |

Further, the Government is promoting sustainable and balanced use of fertilizers through judicious use of synthetic fertilizers, adopting alternate fertilizers, promoting organic/natural farming and implementing resource conservation technologies. Soil test based recommendations in conjunction with organic fertilizer

and bio-fertilizers is holds the key for balanced used of fertilizers. Further, the Government is implementing various schemes such as National Mission on Natural Farming, Paramparagat Krishi Vikas Yojana (PKVY), Namami Gange, Bhartiya Prakritik Krishi Padhati (BPKP), Mission Organic Value Chain Development for North- Eastern Region (MOVCDNER), National Project on Organic Farming (NPOF) etc., farmers are provided assistance for use of organic and bio-fertilizers. Further, National Centre for Organic and Natural Farming (NCONF) is involved in awareness generation & training activities for promotion of organic farming. Achieving balanced fertilization requires a multi-pronged strategy that integrates policy, technology, and farmer participation. The following measures have been adopted for balanced use of fertilizers:

I. Balanced use of fertilizer is promoted under the Soil Health & Fertility Scheme, being implemented since 2014-15. Under the scheme, Soil Health Cards (SHCs) are generated which provide nutrient status of soil, based on which crop-wise fertilizer recommendations are provided to farmers, thereby promoting balanced and efficient nutrient management. SHC helps in enhancing crop productivity, reduce cultivation costs, and promote sustainable agriculture. So far, 26.09 crore Soil Health Cards have been generated and issued to farmers. 130627 farmer's trainings, 7.17 lakh demonstrations, 7425 farmer's Melas/ campaigns on soil health card recommendations have been organized across the country.

II. National Mission on Natural Farming (NMNF) was approved by the Union

Cabinet on 25 November 2024. NMNF promotes chemical-free, nature-based farming practices using on-farm inputs. Under the scheme, 23.13 lakh farmers have been registered and 11.44 lakh hectares area have been covered,

III. Special awareness Campaign and Khet Bachao Abhiyan on balanced use of fertilizers have been conducted by Department of Agriculture and Farmers Welfare (DA&FW) and ICAR during the current Kharif Season 2026 wherein total 2,94,554 programs covering 1,36,73,465 farmers have been achieved. During the campaign, farmers have also been made aware on Natural/Organic Farming, bio-inputs, alternative fertilizers etc.

IV. Paramparagat Krishi Vikas Yojana (PKVY) is implemented since 2015-16. PKVY promotes organic farming by providing end-to-end support covering production, processing, certification, and marketing. So far, 18.93 lakh hectares have been brought under organic farming and 33.63 lakh farmers have been benefited.

V. Mission Organic Value Chain Development for North Eastern Region (MOVCDNER) is implemented since 2015-16 to promote organic farming in North Eastern States. So far, 2.36 lakh hectares have been brought under organic farming and 2.74 lakh farmers have been benefited.

VI. The Government also promotes Soil Organic Carbon Enhancer namely, Fermented Organic Manure (FOM) /Liquid Fermented Organic Manure (LFOM) as a part of judicious use of fertilizers. During 2024-25, the annual consumption of FOM/LFOM was 3.36 LMT. During the current Kharif Season (1.4.2026 to 16.7.2026), the consumption of FOM/LFOM is 11.86 LMT.

Besides, 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 organic 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, with total outlay of Rs.1451.84 Crore (FY 2023-24 to 2025-26), which includes, a corpus of Rs. 360 Crore for research gap funding, etc.

These initiatives of the Government are expected to address the imbalanced use of chemical fertilizers thereby reducing chemical fertilizer use.

Year-wise MDA released on sale of FOM/LFOM/PROM during the last three years and current year, as on 06.08.2026, is as under:

| **Year** | **MDA Released**<br><br>**(Rs. in Crore)** |
|---|---|
| 2023-24 | 0.00 |
| 2024-25 | 28.00 |
| 2025-26 | 100.00 |
| 2026-27 (as on 06.08.2026) | 75.00 |
| **Total** | **203.00** |

Moreover, In order to promote the use of Nano Fertilizers among farmers across the country, the following measures have been undertaken by the Government:

- Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- Nano Fertilizers, like Nano Urea and Nano DAP, are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- For ease in application and utilization of Nano fertilizers, like Nano Urea and Nano DAP, 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.

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 23,389 Camps/Kisan Sangoshthis across the Country during February 2025 to June 2026 . Camps/Kian Sangoshthis are being organised 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). This 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.

# STATEMENT

**The State-wise information regarding availability position of these fertilizers in last 3 years and during the ongoing Kharif 2026 season (as on 03.08.2026)**

**STATE WISE REQUIREMENT, AVAILABILITY & DBT Sales OF FERTILIZERS DURING THE FY 2023-24**

Fig. in LMT

| | | UREA | | | DAP | | | MOP | | | NPKS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S.No | State | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 15.73 | 17.89 | 14.99 | 4.13 | 4.86 | 4.20 | 1.84 | 1.81 | 1.31 | 13.28 | 17.87 | 14.02 |
| 3 | Arunachal Pradesh | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 3.46 | 4.56 | 3.73 | 0.75 | 0.87 | 0.72 | 0.66 | 0.69 | 0.44 | 0.30 | 0.39 | 0.23 |
| 5 | Bihar | 22.63 | 27.46 | 23.24 | 6.82 | 7.78 | 6.51 | 2.28 | 1.75 | 1.39 | 4.50 | 6.09 | 4.39 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 8.40 | 11.37 | 8.99 | 3.10 | 5.28 | 4.34 | 0.66 | 0.97 | 0.60 | 1.07 | 1.90 | 1.30 |
| 8 | Dadra and Nagar Haveli | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.00 | 0.37 | 0.32 | 0.00 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | Goa | 0.03 | 0.02 | 0.02 | 0.01 | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.04 | 0.03 | 0.02 |
| 12 | Gujarat | 24.71 | 26.78 | 24.30 | 5.86 | 6.71 | 6.29 | 1.30 | 1.00 | 0.80 | 6.00 | 8.93 | 6.97 |
| 13 | Haryana | 20.63 | 24.86 | 21.77 | 5.60 | 6.29 | 5.83 | 0.55 | 0.50 | 0.36 | 1.20 | 0.64 | 0.44 |
| 14 | Himachal Pradesh | 0.68 | 0.82 | 0.68 | 0.01 | 0.01 | 0.01 | 0.05 | 0.05 | 0.03 | 0.37 | 0.39 | 0.32 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | Jammu and kashmir | 1.40 | 2.01 | 1.45 | 0.55 | 0.59 | 0.44 | 0.32 | 0.24 | 0.16 | 0.03 | 0.00 | 0.00 |
| 16 | Jharkhand | 2.47 | 3.74 | 3.04 | 1.02 | 1.06 | 0.94 | 0.21 | 0.03 | 0.03 | 0.41 | 0.46 | 0.33 |
| 17 | Karnataka | 16.10 | 21.02 | 15.65 | 5.90 | 8.13 | 6.42 | 2.45 | 1.97 | 1.54 | 16.50 | 21.09 | 15.84 |
| 18 | Kerala | 1.19 | 1.13 | 0.96 | 0.20 | 0.18 | 0.16 | 0.97 | 0.87 | 0.70 | 1.42 | 1.56 | 1.26 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 33.46 | 41.73 | 34.37 | 14.22 | 17.81 | 15.50 | 0.87 | 1.05 | 0.67 | 5.40 | 6.99 | 5.41 |
| 21 | Maharashtra | 23.74 | 31.06 | 23.48 | 7.00 | 8.93 | 7.36 | 3.00 | 2.18 | 1.42 | 26.50 | 34.08 | 23.04 |
| 22 | Manipur | 0.30 | 0.26 | 0.25 | 0.04 | 0.01 | 0.01 | 0.05 | 0.02 | 0.02 | 0.00 | 0.01 | 0.00 |
| 23 | Meghalaya | 0.02 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 24 | Mizoram | 0.07 | 0.15 | 0.13 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 5.46 | 7.70 | 5.84 | 2.33 | 3.12 | 2.74 | 1.03 | 0.93 | 0.66 | 2.80 | 3.16 | 2.42 |
| 27 | Puducherry | 0.16 | 0.15 | 0.13 | 0.02 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.06 | 0.10 | 0.07 |
| 28 | Punjab | 29.48 | 37.35 | 30.68 | 8.00 | 8.23 | 7.24 | 0.85 | 0.62 | 0.50 | 1.50 | 1.02 | 0.73 |
| 29 | Rajasthan | 24.28 | 29.23 | 25.39 | 8.95 | 9.80 | 9.37 | 0.23 | 0.20 | 0.15 | 1.11 | 1.40 | 1.08 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 10.23 | 11.86 | 10.11 | 2.95 | 3.22 | 2.71 | 2.45 | 2.05 | 1.63 | 7.30 | 10.19 | 7.94 |
| 32 | Telangana | 18.94 | 23.77 | 19.03 | 3.80 | 4.34 | 3.68 | 2.00 | 1.18 | 0.92 | 15.99 | 17.09 | 13.62 |
| 33 | Tripura | 0.24 | 0.26 | 0.14 | 0.05 | 0.04 | 0.03 | 0.07 | 0.06 | 0.02 | 0.02 | 0.03 | 0.02 |
| 34 | Uttarakhand | 1.84 | 2.67 | 2.31 | 0.35 | 0.49 | 0.38 | 0.08 | 0.08 | 0.04 | 0.35 | 0.24 | 0.20 |
| 35 | Uttar Pradesh | 76.15 | 91.83 | 74.53 | 24.50 | 25.76 | 21.61 | 2.35 | 1.62 | 1.21 | 9.50 | 10.13 | 7.93 |
| 36 | West Bengal | 14.32 | 17.34 | 12.20 | 4.02 | 3.83 | 3.20 | 3.35 | 2.85 | 1.83 | 10.65 | 12.74 | 9.20 |
| | **All India** | **356.08** | **437.47** | **357.81** | **110.18** | **127.42** | **109.73** | **27.62** | **22.74** | **16.45** | **126.31** | **156.51** | **116.80** |

**STATE WISE REQUIREMENT, AVAILABILITY & DBT Sales OF FERTILIZERS DURING THE FY 2024-25**

Fig. in LMT

| | | UREA | | | DAP | | | MOP | | | NPKS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S.No | State | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 15.90 | 18.68 | 15.70 | 4.30 | 4.80 | 4.34 | 1.50 | 2.38 | 1.71 | 16.00 | 18.36 | 15.78 |
| 3 | Arunachal Pradesh | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 3.28 | 4.48 | 4.10 | 0.61 | 0.70 | 0.62 | 0.47 | 0.80 | 0.57 | 0.55 | 0.63 | 0.48 |
| 5 | Bihar | 22.87 | 27.64 | 25.60 | 5.50 | 6.40 | 5.83 | 1.50 | 2.54 | 1.84 | 6.00 | 7.46 | 6.04 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 8.90 | 12.03 | 10.07 | 4.10 | 4.19 | 3.83 | 0.73 | 1.13 | 0.76 | 1.80 | 2.84 | 2.34 |
| 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 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.23 | 0.43 | 0.40 | 0.01 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | Goa | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.04 | 0.03 | 0.03 |
| 12 | Gujarat | 25.60 | 25.82 | 24.23 | 6.25 | 5.84 | 5.42 | 0.99 | 1.18 | 0.92 | 7.00 | 9.98 | 8.35 |
| 13 | Haryana | 21.50 | 25.32 | 22.65 | 5.80 | 5.49 | 5.34 | 0.60 | 0.74 | 0.47 | 1.70 | 1.31 | 1.03 |
| 14 | Himachal Pradesh | 0.71 | 0.81 | 0.65 | 0.01 | 0.04 | 0.03 | 0.04 | 0.05 | 0.03 | 0.37 | 0.41 | 0.32 |
| 15 | Jammu and kashmir | 1.48 | 2.05 | 1.36 | 0.49 | 0.58 | 0.43 | 0.22 | 0.26 | 0.14 | 0.04 | 0.02 | 0.01 |
| 16 | Jharkhand | 2.65 | 4.11 | 3.73 | 0.90 | 0.87 | 0.84 | 0.06 | 0.05 | 0.03 | 0.65 | 1.08 | 0.85 |
| 17 | Karnataka | 17.25 | 22.63 | 19.17 | 5.64 | 6.55 | 5.86 | 1.95 | 3.08 | 2.21 | 16.20 | 25.46 | 20.90 |
| 18 | Kerala | 1.11 | 1.37 | 1.15 | 0.17 | 0.21 | 0.20 | 0.82 | 1.06 | 0.83 | 1.37 | 1.50 | 1.26 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 35.38 | 42.43 | 38.09 | 16.57 | 12.70 | 11.66 | 1.05 | 1.59 | 1.08 | 8.50 | 11.94 | 9.77 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | Maharashtra | 23.73 | 32.72 | 26.41 | 7.50 | 7.13 | 6.47 | 2.30 | 3.45 | 2.22 | 30.00 | 37.86 | 28.79 |
| 22 | Manipur | 0.25 | 0.16 | 0.14 | 0.03 | 0.03 | 0.02 | 0.04 | 0.02 | 0.02 | 0.02 | 0.01 | 0.01 |
| 23 | Meghalaya | 0.04 | 0.04 | 0.04 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 24 | Mizoram | 0.08 | 0.25 | 0.20 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 6.05 | 8.15 | 6.67 | 2.86 | 2.83 | 2.56 | 0.85 | 1.11 | 0.77 | 2.75 | 4.04 | 3.28 |
| 27 | Puducherry | 0.16 | 0.16 | 0.15 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.01 | 0.07 | 0.11 | 0.08 |
| 28 | Punjab | 26.50 | 36.70 | 32.56 | 8.10 | 6.99 | 6.61 | 1.00 | 1.06 | 0.71 | 2.50 | 1.73 | 1.41 |
| 29 | Rajasthan | 26.20 | 29.43 | 26.40 | 8.50 | 7.11 | 6.90 | 0.21 | 0.28 | 0.20 | 2.25 | 3.04 | 2.55 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 10.91 | 12.61 | 10.92 | 2.70 | 2.98 | 2.56 | 2.24 | 2.56 | 1.94 | 10.54 | 10.19 | 8.49 |
| 32 | Telangana | 20.20 | 22.15 | 20.08 | 3.90 | 3.91 | 3.64 | 1.30 | 1.44 | 1.14 | 17.00 | 17.54 | 14.97 |
| 33 | Tripura | 0.18 | 0.24 | 0.17 | 0.04 | 0.03 | 0.02 | 0.03 | 0.06 | 0.04 | 0.04 | 0.04 | 0.03 |
| 34 | Uttarakhand | 2.03 | 2.60 | 2.31 | 0.30 | 0.52 | 0.40 | 0.08 | 0.08 | 0.04 | 0.40 | 0.28 | 0.21 |
| 35 | Uttar Pradesh | 77.00 | 91.72 | 79.18 | 24.05 | 21.55 | 19.51 | 1.72 | 2.50 | 1.76 | 14.50 | 12.85 | 10.50 |
| 36 | West Bengal | 13.80 | 19.05 | 15.77 | 3.55 | 3.62 | 3.12 | 2.50 | 3.41 | 2.57 | 11.00 | 15.25 | 12.24 |
| | **All India** | **364.01** | **443.83** | **387.92** | **111.92** | **105.14** | **96.29** | **22.21** | **30.85** | **22.02** | **151.29** | **183.98** | **149.72** |

1. Primary Indicator of comfortable availability: Availability > Requirement
2. Secondary Indicator of comfortable availability: Availability > DBT Sales

**STATE WISE REQUIREMENT, AVAILABILITY & DBT Sales OF FERTILIZERS DURING THE FY 2025-26**

Fig. in LMT

| | | UREA | | | DAP | | | MOP | | | NPKS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S. No | State | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 15.60 | 19.22 | 17.06 | 4.80 | 6.32 | 5.45 | 1.70 | 2.22 | 1.82 | 15.80 | 19.06 | 15.59 |
| 3 | Arunachal Pradesh | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 3.35 | 5.13 | 4.60 | 0.56 | 0.95 | 0.72 | 0.57 | 0.78 | 0.55 | 0.58 | 0.55 | 0.40 |
| 5 | Bihar | 23.82 | 28.12 | 25.33 | 6.10 | 8.04 | 6.57 | 2.00 | 2.23 | 1.80 | 6.00 | 8.01 | 5.89 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 10.00 | 12.41 | 9.81 | 4.10 | 4.29 | 3.25 | 1.10 | 1.33 | 0.82 | 2.40 | 4.34 | 2.57 |
| 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 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.26 | 0.25 | 0.21 | 0.05 | 0.05 | 0.05 | 0.01 | 0.00 | 0.00 | 0.02 | 0.00 | 0.00 |
| 11 | Goa | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.03 | 0.03 | 0.03 |
| 12 | Gujarat | 25.02 | 25.95 | 23.99 | 6.30 | 5.82 | 5.32 | 1.09 | 1.16 | 0.95 | 7.45 | 10.18 | 8.28 |
| 13 | Haryana | 21.67 | 26.08 | 23.20 | 5.53 | 6.10 | 5.46 | 0.58 | 0.67 | 0.44 | 1.57 | 1.10 | 0.82 |
| 14 | Himachal Pradesh | 0.66 | 0.94 | 0.79 | 0.02 | 0.05 | 0.05 | 0.04 | 0.04 | 0.03 | 0.41 | 0.37 | 0.28 |
| 15 | Jammu and kashmir | 1.46 | 2.24 | 1.60 | 0.46 | 0.61 | 0.43 | 0.21 | 0.35 | 0.21 | 0.03 | 0.06 | 0.02 |
| 16 | Jharkhand | 2.90 | 3.73 | 3.22 | 0.80 | 1.13 | 0.93 | 0.07 | 0.07 | 0.05 | 0.65 | 1.02 | 0.76 |
| 17 | Karnataka | 18.77 | 21.55 | 18.85 | 5.98 | 7.79 | 6.09 | 2.27 | 3.25 | 2.46 | 17.10 | 27.20 | 21.35 |
| 18 | Kerala | 1.14 | 1.30 | 1.14 | 0.20 | 0.31 | 0.22 | 0.90 | 1.07 | 0.87 | 1.30 | 1.60 | 1.25 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 40.42 | 47.16 | 42.43 | 15.00 | 13.09 | 11.47 | 1.50 | 1.51 | 1.08 | 16.50 | 14.70 | 11.16 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | Maharashtra | 26.77 | 32.37 | 27.27 | 7.20 | 8.06 | 5.81 | 2.70 | 3.37 | 2.55 | 30.00 | 41.95 | 29.63 |
| 22 | Manipur | 0.20 | 0.24 | 0.19 | 0.03 | 0.05 | 0.04 | 0.06 | 0.02 | 0.01 | 0.02 | 0.02 | 0.02 |
| 23 | Meghalaya | 0.03 | 0.03 | 0.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | Mizoram | 0.07 | 0.11 | 0.11 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.01 | 0.02 | 0.02 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 26 | Odisha | 6.20 | 8.94 | 7.26 | 2.75 | 3.42 | 2.78 | 0.85 | 1.11 | 0.74 | 3.30 | 4.39 | 3.57 |
| 27 | Puducherry | 0.15 | 0.15 | 0.14 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.09 | 0.11 | 0.08 |
| 28 | Punjab | 29.92 | 35.36 | 31.39 | 7.35 | 8.13 | 6.66 | 1.10 | 1.02 | 0.61 | 2.00 | 1.67 | 1.29 |
| 29 | Rajasthan | 25.52 | 31.94 | 28.05 | 8.43 | 8.61 | 7.80 | 0.20 | 0.23 | 0.18 | 3.00 | 3.24 | 2.56 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 10.87 | 12.80 | 11.43 | 2.95 | 3.46 | 2.89 | 2.60 | 2.35 | 2.02 | 9.25 | 11.08 | 8.73 |
| 32 | Telangana | 20.20 | 21.80 | 20.94 | 3.85 | 4.92 | 4.38 | 1.20 | 1.38 | 1.04 | 17.00 | 18.44 | 14.74 |
| 33 | Tripura | 0.18 | 0.24 | 0.17 | 0.03 | 0.05 | 0.03 | 0.04 | 0.05 | 0.02 | 0.05 | 0.05 | 0.03 |
| 34 | Uttarakhand | 2.01 | 2.49 | 2.21 | 0.30 | 0.67 | 0.48 | 0.07 | 0.09 | 0.04 | 0.35 | 0.21 | 0.17 |
| 35 | Uttar Pradesh | 79.92 | 91.75 | 80.37 | 24.00 | 25.30 | 20.25 | 2.75 | 2.89 | 1.91 | 12.50 | 14.80 | 10.01 |
| 36 | West Bengal | 14.30 | 18.43 | 14.76 | 3.59 | 4.47 | 3.65 | 3.20 | 3.35 | 2.34 | 11.10 | 14.80 | 11.14 |
| | **All India** | **381.45** | **450.79** | **396.60** | **110.42** | **121.72** | **100.80** | **26.82** | **30.58** | **22.56** | **158.49** | **198.97** | **150.37** |

1. Primary Indicator of comfortable availability: Availability > Requirement
2. Secondary Indicator of comfortable availability: Availability > DBT Sa

**STATE WISE REQUIREMENT, AVAILABILITY, DBT Sales & CLOSING STOCK OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 03.08.26)**

Fig. in LMT

| | | UREA | | | | DAP | | | | MOP | | | | NPKS | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S.No | State | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 4.07 | 6.92 | 3.18 | 3.75 | 0.93 | 1.91 | 1.00 | 0.91 | 0.45 | 0.81 | 0.35 | 0.46 | 2.45 | 7.09 | 3.00 | 4.09 |
| 3 | Arunachal Pradesh | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 1.39 | 2.22 | 1.85 | 0.37 | 0.23 | 0.42 | 0.30 | 0.12 | 0.15 | 0.43 | 0.22 | 0.20 | 0.14 | 0.28 | 0.12 | 0.16 |
| 5 | Bihar | 5.33 | 8.89 | 4.46 | 4.42 | 1.72 | 2.46 | 1.09 | 1.37 | 0.90 | 0.86 | 0.16 | 0.70 | 2.03 | 3.40 | 0.90 | 2.50 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 6.15 | 7.71 | 5.58 | 2.13 | 2.60 | 2.13 | 1.59 | 0.54 | 0.66 | 0.84 | 0.54 | 0.30 | 2.10 | 2.39 | 1.69 | 0.70 |
| 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 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.02 | 0.10 | 0.09 | 0.01 | 0.00 | 0.03 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | Goa | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.02 | 0.02 | 0.02 | 0.00 |
| 12 | Gujarat | 6.84 | 9.20 | 6.78 | 2.41 | 2.63 | 2.35 | 1.75 | 0.60 | 0.33 | 0.43 | 0.23 | 0.20 | 3.54 | 4.37 | 2.56 | 1.82 |
| 13 | Haryana | 6.87 | 10.41 | 8.44 | 1.97 | 1.37 | 1.76 | 1.28 | 0.48 | 0.46 | 0.38 | 0.15 | 0.23 | 0.36 | 0.49 | 0.17 | 0.32 |
| 14 | Himachal Pradesh | 0.19 | 0.45 | 0.31 | 0.14 | 0.01 | 0.03 | 0.01 | 0.02 | 0.00 | 0.02 | 0.00 | 0.01 | 0.10 | 0.09 | 0.06 | 0.03 |
| 15 | Jammu and | 0.63 | 1.15 | 0.82 | 0.34 | 0.18 | 0.29 | 0.20 | 0.09 | 0.08 | 0.15 | 0.11 | 0.04 | 0.02 | 0.06 | 0.03 | 0.04 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | kashmir | | | | | | | | | | | | | | | | |
| 16 | Jharkhand | 1.53 | 2.25 | 1.28 | 0.97 | 0.45 | 0.43 | 0.29 | 0.15 | 0.05 | 0.06 | 0.01 | 0.05 | 0.55 | 0.62 | 0.33 | 0.29 |
| 17 | Karnataka | 7.16 | 9.54 | 5.31 | 4.23 | 2.91 | 3.46 | 2.54 | 0.93 | 1.42 | 1.65 | 0.86 | 0.79 | 8.14 | 12.87 | 7.62 | 5.25 |
| 18 | Kerala | 0.34 | 0.73 | 0.44 | 0.29 | 0.07 | 0.18 | 0.10 | 0.07 | 0.24 | 0.51 | 0.32 | 0.19 | 0.57 | 0.60 | 0.36 | 0.24 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 11.39 | 15.81 | 10.89 | 4.92 | 3.89 | 3.57 | 2.59 | 0.98 | 0.81 | 0.61 | 0.30 | 0.31 | 4.60 | 6.93 | 3.86 | 3.07 |
| 21 | Maharashtra | 11.18 | 15.44 | 10.40 | 5.04 | 3.72 | 4.00 | 2.93 | 1.07 | 0.96 | 1.91 | 0.97 | 0.94 | 13.08 | 22.46 | 13.20 | 9.25 |
| 22 | Manipur | 0.11 | 0.18 | 0.13 | 0.05 | 0.02 | 0.02 | 0.01 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.01 | 0.02 | 0.01 | 0.01 |
| 23 | Meghalaya | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | Mizoram | 0.03 | 0.01 | 0.00 | 0.01 | 0.02 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 3.33 | 4.62 | 2.38 | 2.24 | 1.47 | 1.69 | 1.07 | 0.62 | 0.66 | 0.80 | 0.28 | 0.52 | 2.02 | 2.41 | 1.15 | 1.26 |
| 27 | Puducherry | 0.04 | 0.06 | 0.05 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.02 | 0.05 | 0.03 | 0.02 |
| 28 | Punjab | 12.60 | 16.28 | 13.18 | 3.10 | 1.66 | 2.61 | 1.49 | 1.12 | 0.62 | 0.64 | 0.24 | 0.41 | 0.51 | 0.61 | 0.21 | 0.41 |
| 29 | Rajasthan | 7.10 | 11.89 | 8.61 | 3.28 | 3.35 | 2.75 | 2.17 | 0.58 | 0.05 | 0.15 | 0.05 | 0.10 | 0.83 | 1.43 | 0.70 | 0.73 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 2.96 | 4.93 | 3.19 | 1.74 | 0.86 | 1.17 | 0.64 | 0.53 | 0.66 | 0.76 | 0.44 | 0.33 | 2.95 | 3.94 | 2.14 | 1.80 |
| 32 | Telangana | 7.65 | 8.43 | 4.83 | 3.60 | 2.12 | 2.25 | 1.89 | 0.36 | 0.62 | 0.56 | 0.17 | 0.39 | 7.60 | 8.12 | 5.08 | 3.04 |
| 33 | Tripura | 0.05 | 0.13 | 0.05 | 0.08 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.02 | 0.03 | 0.01 | 0.02 |
| 34 | Uttarakhand | 0.75 | 0.98 | 0.80 | 0.18 | 0.15 | 0.30 | 0.15 | 0.14 | 0.04 | 0.05 | 0.01 | 0.05 | 0.12 | 0.04 | 0.02 | 0.02 |
| 35 | Uttar Pradesh | 27.70 | 37.60 | 23.73 | 13.87 | 5.83 | 9.25 | 4.44 | 4.80 | 1.65 | 1.39 | 0.27 | 1.12 | 2.35 | 6.59 | 1.57 | 5.02 |
| **36** | **West Bengal** | **3.76** | **7.84** | **3.89** | **3.95** | **0.92** | **1.50** | **0.70** | **0.80** | **0.89** | **1.56** | **0.46** | **1.11** | **2.42** | **5.92** | **2.19** | **3.74** |
| | **All India** | **129.21** | **183.84** | **120.73** | **63.12** | **37.17** | **44.60** | **28.28** | **16.33** | **11.75** | **14.62** | **6.16** | **8.48** | **56.57** | **90.84** | **47.03** | **43.82** |

## अखिल भारतीय आयुर्वेद संस्थान में अध्ययन

**3288. श्री रामवीर सिंह बिधूड़ी:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) दिल्ली राष्ट्रीय राजधानी क्षेत्र (एन.सी.टी.) के सरिता विहार स्थित अखिल भारतीय आयुर्वेद संस्थान में पढ़ाए जाने वाले विषयों का ब्यौरा क्या है;

(ख) इस संबंध में उक्त संस्थान के प्रत्येक विभाग में सीटों की कुल संख्या कितनी है; और

(ग) उक्त संस्थान में प्रवेश लेने वाले विद्यार्थियों की कुल संख्या कितनी है?

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

(क)**:** अखिल भारतीय आयुर्वेद संस्थान, सरिता विहार, राष्ट्रीय राजधानी क्षेत्र (एनसीटी) दिल्ली में पढ़ाए जाने वाले विषयों का विवरण निम्नानुसार है:-

1. आयुर्वेद संहिता एवं सिद्धांत
2. द्रव्यगुण
3. कौमारभृत्य
4. कायचिकित्सा
5. क्रिया शरीर
6. रोगनिदान एवं विकृति विज्ञान
7. रसशास्त्र एवं भैषज्य कल्पना
8. पंचकर्म
9. प्रसूति तंत्र एवं स्त्री रोग
10. शालाक्य तंत्र
11. शल्य तंत्र

12.स्वस्थवृत्त

(ख): अखिल भारतीय आयुर्वेद संस्थान के प्रत्येक विभाग में उपलब्ध सीटों की कुल संख्या **विवरण-I** में दी गई है।

(ग): विगत तीन वर्षों के दौरान प्रवेश लेने वाले विद्यार्थियों की कुल संख्या का विवरण **विवरण-II** में दिया गया है।

**विवरण-I**

**अखिल भारतीय आयुर्वेद संस्थान, सरिता विहार, नई दिल्ली के प्रत्येक विभाग में उपलब्ध सीटों की कुल संख्या का विवरण:-**

| **क्र.सं.** | **विभाग का नाम** | **सीटों की संख्य (ईडब्ल्यूएस सहित)** |
|---|---|---|
| 1. | आयुर्वेद संहिता एवं सिद्धांत विभाग | 5+1 |
| 2. | द्रव्यगुण विभाग | 6+1 |
| 3. | कौमारभृत्य विभाग | 6+2 |
| 4. | कायचिकित्सा विभाग | 10+3 |
| 5. | क्रिया शरीर विभाग | 6+2 |
| 6. | रोगनिदान एवं विकृति विज्ञान विभाग | 6+1 |
| 7. | रसशास्त्र एवं भैषज्य कल्पना विभाग | 5+1 |
| 8. | पंचकर्म विभाग | 6+2 |
| 9. | प्रसूति तंत्र एवं स्त्री रोग विभाग | 6+2 |
| 10. | शालाक्य तंत्र विभाग | 7+2 |
| 11. | शल्य तंत्र विभाग | 6+2 |
| 12. | स्वस्थवृत्त विभाग | 6+1 |
| | **कुल सीटें** | **75+20 = 95** |

**विवरण-II**

**अखिल भारतीय आयुर्वेद संस्थान, सरिता विहार, नई दिल्ली में विगत तीन वर्षों के दौरान प्रवेश लेने वाले विद्यार्थियों की कुल संख्या**

| शैक्षणिक वर्ष | पीजी विद्यार्थी | पीएच. डी विद्यार्थी |
|---|---|---|
| 2023 | 84 | 29 |
| 2024 | 92 | 36 |
| 2025 | 95 | 23 |

## DISTRIBUTION OF FERTILIZERS IN KARNATAKA

**3289. SHRI P C MOHAN:**

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

(a) whether Bharat brand fertilizers under the One Nation One Fertilizer initiative are being distributed in Karnataka and if so, the details thereof along with the quantity of Bharat Urea, Bharat DAP, Bharat MOP and Bharat NPK supplied to the said State during the last two years, year-wise;

(b) the number of fertilizer companies, State Trading Entities and Fertiliser Marketing Entities distributing fertilisers under the Bharat brand in the said State;

(c) whether the criss-cross movement of fertilizers has reduced in the said State, if so, the details thereof along with the benefits accrued to farmers; and

(d) whether the current availability position of fertilizers in the said State is sufficient to meet the requirement for Kharif season 2026, if so, the details thereof?

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

(a) to (d): One Nation One Fertilizer scheme stands implemented under "Pradhanmantri Bhartiya Janurvarak Pariyojna" (PMBJP) with effect from 24th August, 2022. All fertilizers companies viz Public sector, Cooperative and Private sector are required to sell subsidized fertilizers under brand name "BHARAT" across the country. The objective of the scheme is to increase the availability basket of fertilizers; take care of dilemma among farmers in choosing from plethora of brands manufactured by various companies available in the markets, reduce the crisscross movement and further ensure timely supply of fertilizers across the country, including the State of Karnataka. By consolidating branding under a single "BHARAT" brand, the scheme fosters transparency, combats malpractices, and ensures equitable access to essential nutrients for crops.

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. 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.

Accordingly, the available of fertilizers, viz. Urea, DAP, MOP and NPKS has remained adequate in the State of Karnataka during the last two years and ongoing Kharif 2026 season. The information regarding the requirement, availability and sales of said fertilizers in the State during the last two years is placed at **Statement-I** and ongoing season is placed at **Statement-II.**

Moreover, the major fertilizer suppliers/companies operating in the State of Karnataka are GSFC, IFFCO, KRIBHCO, MFL, PPL, RCF, RFCL, SPIC, FACT, IPL, CIL, GFL, STL, NBCL and NFL.

## STATEMENT-I

**The information regarding the requirement, availability and sales of said fertilizers in the State during the last two years**

**KARNATAKA**

**REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS FROM 2024-25 TO 2025-26**

Fig. in LMT

| S.No | YEAR | UREA | | | DAP | | | MOP | | | NPKS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | 2024-25 | 17.25 | 22.63 | 19.17 | 5.64 | 6.55 | 5.86 | 1.95 | 3.08 | 2.21 | 16.20 | 25.46 | 20.90 |
| 2 | 2025-26 | 18.77 | 21.55 | 18.85 | 5.98 | 7.79 | 6.09 | 2.27 | 3.25 | 2.46 | 17.10 | 27.20 | 21.35 |
| 1. Primary Indicator of comfortable availability: Availability > Requirement | | | | | | | | | | | | | |
| 2. Secondary Indicator of comfortable availability: Availability > Sales | | | | | | | | | | | | | |

## STATEMENT-II

**The information regarding the requirement, availability and sales of said fertilizers in the State in the ongoing season**

**KARNATAKA**

**FERTILIZERS AVAILABILITY POSITION DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 03.08.26)**

Fig. in LMT

| S. NO. | PRODUCT | Requirement | Availability | DBT Sales |
|---|---|---|---|---|
| 1 | UREA | 7.16 | 9.54 | 5.31 |
| 2 | DAP | 2.91 | 3.46 | 2.54 |
| 3 | MOP | 1.42 | 1.65 | 0.86 |
| 4 | NPKS | 8.14 | 12.87 | 7.62 |
| 1. Primary Indicator of comfortable availability: Availability > Requirement | | | | |
| 2. Secondary Indicator of comfortable availability: Availability > Sales | | | | |

**REVIEW OF THE PROHIBITION OF CHILD MARRIAGE (AMENDMENT) BILL, 2021**

**3290. DR. SHASHI THAROOR:**

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

(a) whether the Government received any report, recommendations/other material from the Department-related Parliamentary Standing Committee on Education, Women, Children, Youth and Sports arising out of its examination of the Prohibition of Child Marriage (Amendment) Bill, 2021 before the Bill lapsed with the dissolution of the 17th Lok Sabha;

(b) if so, the details thereof;

(c) whether the Government has undertaken any fresh review/stakeholder consultations on raising the minimum age of marriage for women to 21 years, if so, the details thereof; and

(d) whether the Government proposes to reintroduce the proposal, taking into account the inputs received during the Committee's examination, if so, the details along with the timeline 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 introduced 'the Prohibition of Child Marriage (Amendment) Bill, 2021' in the Parliament on 21.12.2021. The Bill was referred to the Department Related Parliamentary Standing Committee on Education,

Women, Children, Youth and Sports for examination. Consequent upon the dissolution of 17th Lok Sabha, the aforesaid Bill lapsed.

No report was received from the Committee. However, during the Committee's examination of the Bill, some memoranda were received from the Committee seeking comments from this Ministry, to which responses were furnished by the Ministry to the Committee.

(c) and (d): The Government reviews the laws, policies and programmes from time to time and takes appropriate measures, based on the experience gathered during the implementation and feedback received from stakeholders.

## INTERNATIONAL COOPERATION ON DIGITAL PUBLIC INFRASTRUCTURE

**3291. SHRI MITESH PATEL (BAKABHAI):**

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

(a) the number of countries with which India has signed Memoranda of Understanding or cooperation agreements for Digital Public Infrastructure (DPI), along with the key areas of cooperation;

(b) the key details of all such agreements;

(c) the progress made in the implementation of these agreements, including the deployment of India's digital public goods and capacity-building initiatives in partner countries;

(d) the institutional framework adopted for coordinating DPI partnerships with partner countries and the concerned Ministries and agencies; and

(e) the roadmap for expanding India's international cooperation on Digital Public Infrastructure, particularly with countries of the Global South for the next 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): The framework inter-Governmental Memorandum of Understanding (MoU) on Digital Public Infrastructure (DPI), titled “Cooperation in the Field of Sharing Successful Digital Solutions Implemented at Population scale for Digital Transformation” has been signed with 24 countries till date to facilitate the exchange of experiences, best practices, and India Stack technology solutions.

(b): The key objective of the framework MoU on DPI is to advance digital transformation for the benefit of partner countries through capacity building for public officials, exchange of best practices, development of pilot solutions, facilitation of private sector contacts, among others.

(c): The Government regularly facilitates study visits and technical interactions for delegations from partner countries, enabling their engagement with key DPI institutions in India, such as the Unique Identification Authority of

India (UIDAI), the National e-Governance Division (NeGD) of MeitY, the National Payments Corporation of India (NPCI) etc. These engagements enable partner countries to draw on India's experience in developing their DPI and to discuss collaboration opportunities and implementation modalities for DPI solutions. Some of the recent visits include delegations from Sri Lanka, Kenya, Rwanda, Nepal, Indonesia, and South Africa. DPI-based projects funded by GoI are currently being implemented in Sri Lanka, Myanmar, Kenya, and Guyana; with DPI projects under finalisation with Mauritius and Seychelles.

(d) and (e) The roadmap for cooperation on DPI is developed in close consultation with the respective partner countries, as India's developmental cooperation model is demand driven and as per the needs, priorities and aspirations of partner countries. Finalisation of individual DPI solutions with partner countries is coordinated through technical discussions with their designated authorities, for which representatives of concerned Ministries and agencies are invited to participate, as required.

**SHIPBUILDING AND SHIP REPAIR CLUSTERS IN ANDHRA PRADESH**

**3292. SHRI APPALANAIDU KALISETTI:**

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

(a) the details of shipbuilding and ship repair clusters approved across the country, including their locations, key features and funds allocated and released for their development;

(b) the specific details of the shipbuilding and ship repair cluster approved in Andhra Pradesh, including the estimated investment, expected employment opportunities and key stakeholders involved;

(c) the major upcoming investments aimed at enhancing container handling capacity and generating employment at ports in Andhra Pradesh;

(d) the key shipbuilding and repair companies that have established or are planning to set up facilities within the shipbuilding and repair clusters in Andhra Pradesh; and

(e) the current operational capacity of the shipbuilding and ship repair sector in Andhra Pradesh, key challenges being faced and the policy initiatives or incentives under consideration?

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

(a) and (b): Under the Shipbuilding Development Scheme (SbDS), the Ministry of Ports, Shipping and Waterways (MoPSW) has accorded in-principle approval for development of greenfield shipbuilding clusters at Dugarajapatnam in Andhra Pradesh, Kuchhadi in Gujarat and Thoothukudi in Tamil Nadu, based on the applications submitted by the Special Purpose

Vehicles (SPVs) formed between the respective State Government entities and the corresponding Major Port Authority under MoPSW. The details of the proposed clusters as per the preliminary Techno-Economic Feasibility Report (TEFR) are at **Statement**. At present no funds has been allocated or released for their development as DPRs for these projects are under preparation.

The total indicative project cost for the shipbuilding cluster at Dugarajapatnam is ₹29,254 crore, as per the preliminary TEFR, comprising investment in the shipyard and port facilities, marine infrastructure, common infrastructure, land development, utilities and associated facilities.

The estimated investment and employment potential of all these proposed clusters is contingent upon finalization of detailed project report (DPR) by respective SPVs. The key stakeholders include SPV concerned and the prospective anchor shipyard.

(c): As informed by the Govt. of Andhra Pradesh, development of a container terminal at Ramayapatnam Port in Andhra Pradesh is a major upcoming investment envisaged for enhancing container handling capacity and to generate direct and indirect employment.

(d): Government of Andhra Pradesh has entered into non-binding MoUs with Hindustan Shipyard Limited (HSL) and M/s J M Baxi Marine Services Private Limited for establishment of shipbuilding and ship repair facilities in the State.

(e): As informed by the Government of Andhra Pradesh, the current operational capacity of the shipbuilding and ship repair sector in Andhra Pradesh is concentrated at HSL in Visakhapatnam which features facilities such as a 80,000 deadweight tonnage (DWT) covered building dock, two slipways of 30,000 DWT capacity each and a 70,000 DWT dry dock. In addition, Kakinada has a number of private shipyards undertaking construction and repair of tugs, barges, fishing vessels, offshore support vessels and other small commercial vessels, catering primarily to the coastal and offshore sectors.

The key challenges include high capital investment requirements, availability of contiguous waterfront land, development of common marine infrastructure, availability of skilled manpower and development of a supporting ancillary ecosystem. To address these challenges, the Government of Andhra Pradesh has notified the Andhra Pradesh Maritime Policy, 2024-29, under which shipbuilding and ship repair have been identified as focus sectors by providing incentives for eligible projects. Further shipbuilding and ship repair yards in Andhra Pradesh are also eligible to claim benefits under Shipbuilding Financial Assistance Scheme, Maritime Development Fund and Shipbuilding Development Scheme of Government of India.

## STATEMENT

**The details of the proposed clusters as per the preliminary Techno-Economic Feasibility Report (TEFR)**

| Cluster | Approximate land area | Waterfront length |
|---|---|---|
| **Dugarajapatnam, Andhra Pradesh** | 3,488 acres | 2.1 km |
| **Thoothukudi, Tamil Nadu** | 2,049 acres | 2.4 km |
| **Kuchhadi, Gujarat** | 2,290 acres | 5 km |

## डॉक्टरों द्वारा काम के घंटों के बाद भी काम करना

**3293. श्री अजेन्द्र सिंह लोधीः**

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

(क) क्या राष्ट्रीय मानवाधिकार आयोग (एन.एच.आर.सी.) ने कोलकाता के आर.जी. कर मेडिकल कॉलेज में स्नातकोत्तर रेजिडेंट डॉक्टरों से निर्धारित समय से अधिक काम कराए जाने और स्नातकोत्तर चिकित्सा शिक्षा विनियम, 2023 के उल्लंघन के मुद्दे पर स्वास्थ्य मंत्रालय से अनुपालन रिपोर्ट मांगी है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और इस मामले में संबंधित अधिकारियों और संस्थान के विरुद्ध अब तक क्या कार्रवाई की गई है और समय पर अनुपालन रिपोर्ट प्रस्तुत न करने के लिए उत्तरदायी ठहराए गए व्यक्ति का ब्यौरा क्या है;

(ग) क्या विभिन्न मेडिकल कॉलेजों में रेजिडेंट डॉक्टरों से प्रति सप्ताह 80 से 100 घंटे तक काम कराया जा रहा है, जो देशभर में निर्धारित मानदंडों का उल्लंघन है और यदि हाँ, तो तत्संबंधी राज्य-वार/संघ राज्यक्षेत्र-वार ब्यौरा क्या है; और

(घ) क्या सरकार रेजिडेंट डॉक्टरों के लिए सुरक्षा और काम करने के घंटों की सीमा का कड़ाई से अनुपालन सुनिश्चित कर रही है और यदि हाँ, तो तत्संबंधी व्यौरा क्या है?

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

(क) से (घ): राष्ट्रीय मानवाधिकार आयोग (एनएचआरसी) के मामला संख्या 441/90/0/2025 के अंतर्गत दिनांक 17.03.2025 की शिकायत पर की गई कार्रवाई रिपोर्ट प्रस्तुत करने हेतु यह मामला मंत्रालय को भेजा गया था।

इस मामले की जांच मंत्रालय द्वारा राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) से परामर्श करके की गई थी तथा राष्ट्रीय मानवाधिकार आयोग को रिपोर्ट प्रस्तुत की गई, जिसमें निम्नलिखित से अवगत कराया गया:

(i) स्नातकोत्तर आयुर्विज्ञान शिक्षा विनियम, 2023 (पीजीएमईआर, 2023) के विनियम 5.2 (ii) के अनुसार, "सभी स्नातकोत्तर विद्यार्थी पूर्णकालिक रेजिडेंट डॉक्टर के रूप में कार्य करेंगे। वे युक्तिसंगत कार्य अवधि तक कार्य करेंगे तथा उन्हें प्रतिदिन पर्याप्त विश्राम का समय प्रदान किया जाएगा।" इसके अतिरिक्त, पीजीएमईआर, 2023 के विनियम 9.1 के अनुसार, "अननुपालन अथवा किसी प्रकार की चूक की स्थिति में स्नातकोत्तर आयुर्विज्ञान शिक्षा बोर्ड (पीजीएमईबी) संबंधित चिकित्सा महाविद्यालय/संस्थान पर दंडात्मक कार्रवाई करेगा।" पीजीएमईबी, एनएमसी को पीजीएमईआर, 2023 के विनियम 9.2 में उल्लिखित के अनुसार, संबंधित चिकित्सा महाविद्यालय/संस्थान के विरुद्ध कार्रवाई करने की शक्ति-प्राप्त है।

(ii) एनएमसी की रैगिंग-रोधी समिति ने दिनांक 14.08.2024 को एक बैठक आयोजित कर इस घटना तथा देशभर में चिकित्सा विद्यार्थियों एवं रेजिडेंट डॉक्टरों की सुरक्षा, कल्याण एवं कार्य परिस्थितियों पर उसके व्यापक प्रभावों पर विचार-विमर्श किया। तात्कालिक उपाय के रूप में, एनएमसी ने दिनांक 13.08.2024 को सभी चिकित्सा महाविद्यालयों एवं संस्थानों को एडवाइजरी जारी की।

(iii) स्वास्थ्य और परिवार कल्याण मंत्रालय/स्वास्थ्य सेवा महानिदेशालय (डीजीएचएस) द्वारा दिनांक 16.08.2024 के कार्यालय ज्ञापन के माध्यम से सभी केंद्रीय सरकारी अस्पतालों/संस्थानों, अखिल भारतीय आयुर्विज्ञान संस्थानों (एम्स) तथा सभी चिकित्सा महाविद्यालयों को यह सुनिश्चित करने के निर्देश जारी किए गए कि चिकित्सकों एवं अन्य स्वास्थ्यकर्मियों के विरुद्ध हिंसा के किसी भी मामले की स्थिति में संबंधित संस्थान द्वारा अधिकतम 6 घंटे के भीतर एफआईआर दर्ज कराई जाए। इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्र प्रशासनों को दिनांक 23.08.2024 तथा 03.09.2024 के अर्द्धशासकीय (डी.ओ.) पत्रों के माध्यम से चिकित्सा पेशेवरों की सुरक्षा बढ़ाने तथा उन्हें सुरक्षित कार्यस्थल वातावरण उपलब्ध कराने हेतु तत्काल आवश्यक उपाय करने संबंधी एडवाइजरी भी जारी किए गए।

(iv) आर.जी. कर मेडिकल कॉलेज, पश्चिम बंगाल के मामले पर भारत के माननीय उच्चतम न्यायालय द्वारा एसएमडब्ल्यू (आपराधिक) संख्या 2/2024 में विचार किया गया, जिसमें माननीय न्यायालय ने चिकित्सा पेशेवरों की सुरक्षा, कल्याण एवं कार्यस्थल परिस्थितियों से संबंधित मुद्दों के समाधान हेतु अनुशंसाएँ तैयार करने के लिए राष्ट्रीय कार्य बल (एनटीएफ) का गठन किया। राष्ट्रीय कार्यबल ने अपनी रिपोर्ट नवंबर, 2024 में माननीय न्यायालय के समक्ष प्रस्तुत कर दी थी।

इसके अतिरिक्त, चूँकि "जन स्वास्थ्य एवं अस्पताल" राज्य का विषय है, अतः संबंधित राज्य सरकारें/संघ राज्य क्षेत्र प्रशासन स्थानीय आवश्यकताओं तथा लागू सेवा नियमों को ध्यान

में रखते हुए अपने-अपने संस्थानों में चिकित्सकों के कार्यावधि घंटे, सेवा शर्तों तथा ड्यूटी रोस्टर संबंधी मानदंड निर्धारित करते हैं।

**निर्भया फंड के माध्यम से महिलाओं की सुरक्षा और संरक्षा**

**3294. श्री बंटी विवेक साहू:**

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

(क) क्या सरकार ने निर्भय फंड के माध्यम से महिलाओं की सुरक्षा और संरक्षा के लिए प्रभावी उपाय किए हैं और यदि हाँ, तो मध्य प्रदेश को, विशेषकर छिंदवाड़ा जिले में, प्राप्त हुए लाभों सहित तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार उक्त जिले में महिलाओं की सुरक्षा और संरक्षा को सुदृढ़ करने के लिए वन स्टॉप सेंटर, महिला सहायता सेवाओं और अन्य सुरक्षा अवसंरचना के विस्तार पर विचार कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ग्रामीण और जनजातीय क्षेत्रों में महिलाओं और बालिकाओं के लिए सुरक्षा जागरूकता को और अधिक सुदृढ़ करने तथा त्वरित सहायता तंत्र स्थापित करने हेतु कोई विशेष अभियान चला रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार उक्त राज्य में निर्भया फंड के प्रभावी और त्वरित उपयोग को सुनिश्चित करने के लिए कोई विशेष कार्य योजना लागू कर रही है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): देश में महिलाओं एवं बालिकाओं की सुरक्षा तथा संरक्षा को सुदृढ़ करने के उद्देश्य से निर्भया कोष की स्थापना एक समर्पित गैर-व्यपगत कोष के रूप में की गई है, जिसका प्रशासन भारत सरकार द्वारा समय-समय पर जारी रूपरेखा एवं दिशा-निर्देशों के अनुसार वित्त मंत्रालय के आर्थिक कार्य विभाग द्वारा किया जाता है। निर्भया कोष के अंतर्गत स्थापित संस्थागत तंत्र में

परियोजनाओं की परिकल्पना, क्रियान्वयन एवं निगरानी के लिए संबंधित केंद्रीय मंत्रालयों, राज्य सरकारों तथा कार्यान्वयन एजेंसियों को शामिल करते हुए समन्वित दृष्टिकोण का प्रावधान किया गया है। परियोजनाओं की परिकल्पना एवं योजना तैयार कर उन्हें अंतर-मंत्रालयी अधिकार प्राप्त समिति के समक्ष मूल्यांकन एवं अनुशंसा हेतु प्रस्तुत किया जाता है। अधिकार प्राप्त समिति द्वारा प्रस्तावों का मूल्यांकन एवं अनुशंसा किए जाने के उपरांत संबंधित प्रायोजक मंत्रालय की सक्षम वित्तीय प्राधिकारी द्वारा वित्तीय अनुमोदन प्रदान किया जाता है। इसके पश्चात, परियोजना निर्भया कोष से संबंधित प्रायोजक मंत्रालय/विभाग के बजट में वित्त मंत्रालय द्वारा निधियों का आवंटन किया जाता है। निर्भया कोष के अंतर्गत संचालित परियोजनाएँ एवं योजनाएँ मांग-आधारित होती हैं तथा सामान्यतः उनका क्रियान्वयन चरणबद्ध रूप से किया जाता है। इन परियोजनाओं के प्रभावी क्रियान्वयन की जिम्मेदारी संबंधित प्रायोजक मंत्रालयों, विभागों तथा राज्य सरकारों की होती है। अंतर-मंत्रालयी अधिकार प्राप्त समिति समय-समय पर संबंधित प्रायोजक मंत्रालयों/विभागों/राज्य सरकारों/संघ राज्य क्षेत्रों के साथ समन्वय स्थापित करते हुए परियोजनाओं के क्रियान्वयन की प्रगति तथा अनुमोदित परियोजनाओं पर किए गए व्यय की स्थिति की भी समीक्षा करती है। इसके अतिरिक्त, संबंधित मंत्रालय/विभाग/राज्य सरकारें/संघ राज्य क्षेत्र भी अपने-अपने स्तर पर परियोजनाओं के क्रियान्वयन की प्रगति की नियमित निगरानी एवं समीक्षा करते हैं।

वित्तीय वर्ष 2025–26 तक निर्भया कोष के अंतर्गत मध्य प्रदेश राज्य में विभिन्न कार्यान्वयन एजेंसियों द्वारा क्रियान्वित परियोजनाओं, जिनमें महिला एवं बाल विकास मंत्रालय की वन स्टॉप सेंटर तथा महिला हेल्पलाइन परियोजनाएँ भी सम्मिलित हैं, के लिए कुल 320.71 करोड़ रुपये की राशि जारी/उपयोग की गई है।

वन स्टॉप सेंटर देशभर में निजी एवं सार्वजनिक दोनों स्थानों पर हिंसा से प्रभावित तथा संकटग्रस्त महिलाओं को एक ही स्थान पर समेकित एवं त्वरित सहायता उपलब्ध कराता है। यह केंद्र देशभर की जरूरतमंद महिलाओं को चिकित्सीय सहायता, कानूनी सहायता एवं परामर्श, अस्थायी आश्रय, पुलिस सहायता तथा मनोसामाजिक परामर्श जैसी सेवाएँ प्रदान करता है।

वर्तमान में देशभर में 991 वन स्टॉप सेंटर संचालित हैं। योजना के प्रारंभ अर्थात 1 अप्रैल, 2015 से 30 जून, 2026 तक इन केंद्रों के माध्यम से 15.20 लाख से अधिक महिलाओं को सहायता प्रदान की जा चुकी है। वर्तमान में मध्य प्रदेश में 63 वन स्टॉप सेंटर संचालित हैं, जिनके माध्यम से अब तक 1,65,475 से अधिक महिलाओं को सहायता प्रदान की गई है। इनमें से छिंदवाड़ा में संचालित एक वन स्टॉप सेंटर द्वारा अब तक 1,095 महिलाओं को सहायता उपलब्ध कराई गई है।

महिला हेल्पलाइन-181 के माध्यम से महिलाओं को 24 घंटे निःशुल्क दूरसंचार सेवाएँ उपलब्ध कराई जाती हैं, ताकि उन्हें आपातकालीन एवं गैर-आपातकालीन दोनों परिस्थितियों में सहायता प्रदान की जा सके। यह हेल्पलाइन हिंसा से प्रभावित महिलाओं को आवश्यक सहायता उपलब्ध कराने के साथ-साथ उन्हें सरकारी योजनाओं एवं सेवाओं के संबंध में जानकारी भी प्रदान करती है। योजना के प्रारंभ अर्थात 1 अप्रैल, 2015 से 30 जून, 2026 तक देशभर में महिला हेल्पलाइन के माध्यम से 1.04 करोड़ से अधिक महिलाओं को सहायता प्रदान की जा चुकी है। 30 जून, 2026 तक मध्य प्रदेश में महिला हेल्पलाइन -181) के माध्यम से 3,83,834 से अधिक महिलाओं को सहायता प्रदान की गई है।

सहायता सेवाओं तक निर्बाध पहुँच सुनिश्चित करने तथा विभिन्न सेवाओं के मध्य तालमेल को सुदृढ़ बनाने के उद्देश्य से वन स्टॉप सेंटरों को महिला हेल्पलाइन के साथ एकीकृत किया गया है। अब तक 661 वन स्टॉप सेंटरों का महिला हेल्पलाइन के साथ एकीकरण किया जा चुका है। इस एकीकरण के माध्यम से महिलाओं को आवश्यकतानुसार उपयुक्त सेवाओं के लिए समयबद्ध एवं समन्वित रूप से रेफर किया जा सकता है। इसके अतिरिक्त, महिला हेल्पलाइन को आपातकालीन प्रतिक्रिया सहायता प्रणाली -112), चाइल्ड हेल्पलाइन (1098) तथा अन्य संबंधित सेवा प्रदायगी तंत्रों के साथ भी एकीकृत किया गया है, ताकि आपातकालीन परिस्थितियों में त्वरित सहायता उपलब्ध कराई जा सके तथा विभिन्न एजेंसियों के मध्य प्रभावी समन्वय सुनिश्चित किया जा सके। इसके अलावा, दीर्घकालिक संस्थागत सहायता, पुनर्वास एवं सुरक्षित आवास की आवश्यकता वाली महिलाओं की सहायता करने के उद्देश्य से वन स्टॉप सेंटरों का

शक्ति सदन के साथ भी एकीकरण किया गया है और इसके माध्यम से मिशन शक्ति के अंतर्गत महिलाओं की निरंतर एवं समग्र देखभाल सुनिश्चित की जा रही है।

मध्य प्रदेश राज्य के लिए निर्भया कोष के अंतर्गत स्वीकृत परियोजनाओं तथा जारी/उपयोग की गई निधियों का ब्यौरा **विवरण** में दिया गया है।

# विवरण

## मध्य प्रदेश राज्य के लिए निर्भया कोष के अंतर्गत स्वीकृत परियोजनाओं तथा जारी/उपयोग की गई निधियों का ब्यौरा

(राशि करोड़ रुपये में)

| **गृह मंत्रालय** | | | | | | **एमओआरटीएच*** | **न्याय विभाग**** | **म.बा.वि.मंत्रालय#** | | | | **पर्यटन विभाग** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| आपातकालीन प्रतिक्रिया सहायता प्रणाली | केंद्रीय पीड़ित प्रतिकर निधि (सीवीसीएफ) | महिलाओं एवं बच्चों के प्रति साइबर अपराधों की रोकथाम (सीसीपीडब्ल्यूसी) | 30 राज्यों/संघ राज्य क्षेत्रों की एसएफएसए में डीएनए विश्लेषण, साइबर फॉरेंसिक तथा संबंधित सुविधाओं क सुदृढ़ीकरण | सभी राज्यों एवं संघ राज्य क्षेत्रों के पुलिस थानों में महिला सहायता डेस्कों की स्थापना/सुदृढ़ीकरण | सभी राज्यों एवं संघ राज्य क्षेत्रों के सभी जिलों में मानव दुर्व्यापार निरोधक इकाइयों की स्थापना एवं सुदृढ़ीकरण | राज्यवार वाहन ट्रैकिंग प्लेटफॉर्म (वीटीपी) | बलात्कार तथा पॉक्सो अधिनियम के अंतर्गत लंबित विचाराधीन मामलों के त्वरित निस्तारण हेतु फास्ट ट्रैक विशेष न्यायालयों की स्थापना | वन स्टॉप सेंटर (ओएससी) | महिला हेल्पलाइन (डब्ल्यूएचएल) | महिला पुलिस स्वयंसेवक (एमपीवी) | मध्य प्रदेश सरकार का 'महिलाओं एवं बालिकाओं के विरुद्ध हिंसा से मुक्त स्मार्ट एवं सुरक्षित शहर' कार्यक्रम | मध्य प्रदेश में महिलाओं के लिए सुरक्षित पर्यटन स्थल | **कुल जारी/उपयोग की गई राशि (करोड़ में)** |
| **जारी/उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/ उपयोग की गई राशि** | **जारी/उपयोग की गई राशि** | **जारी/उपयोग की गई राशि** | **जारी/उपयोग की गई राशि** | | |
| 14.19 | 21.80 | 3.91 | 8.66 | 10.65 | 6.93 | 4.19 | 127.29 | 101.37 | 3.60 | 0.30 | 1.04 | **16.78** | 320.71 |

* सड़क परिवहन और राजमार्ग मंत्रालय

** न्याय विभाग

# महिला एवं बाल विकास मंत्रालय

## न्यायपालिका में लंबित मामले

**3295. श्री संजय हरिभाऊ जाधव :**

**श्री संजय उत्तमराव देशमुख :**

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

(क) वर्तमान में देशभर में उच्चतम न्यायालय, उच्च न्यायालयों और अधीनस्थ न्यायालयों में लंबित मामलों की संख्या कितनी है;

(ख) विगत पांच वर्षों में से प्रत्येक वर्ष के दौरान लंबित मामलों की संख्या में दर्ज किए गए उतार-चढ़ाव का राज्य-वार ब्यौरा क्या है;

(ग) न्यायालयों में लंबित मामलों के शीघ्र निपटान को सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

(घ) क्या सरकार जिला न्यायालयों का डेटा भी रखती है ;

(ङ) यदि हाँ, तो महाराष्ट्र के जिला न्यायालयों में जिला-वार कितने मामले लंबित हैं ; और

(च) उक्त लंबित मामलों के शीघ्र निपटान 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) और (ख): उच्चतम न्यायालय, उच्च न्यायालयों और अधीनस्थ न्यायालयों में देश भर में वर्तमान में लंबित मामलों की संख्या के साथ-साथ पिछले पाँच वर्षों में से प्रत्येक के दौरान राज्य-वार लंबित मामलों की संख्या का विवरण **विवरण-I और विवरण-II** में दिया गया है।

(ग) से (च): देश भर के न्यायालयों में लंबित सभी मामलों के आंकड़े राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी) पर उपलब्ध है। किसी जिले में लंबित न्यायालयी मामलों के आंकड़े राष्ट्रीय न्यायिक डेटा ग्रिड से प्राप्त किये जा सकते हैं। महाराष्ट्र के जिला न्यायालयों में लंबित मामलों की जिला वार संख्या, **विवरण-III** में दी गई है।

विभिन्न न्यायालयों में लंबित मामलों के निपटारे का कार्य न्यायपालिका के अधिकार क्षेत्र में आता है। न्यायालयों में मामलों का समय पर निपटान कई कारकों पर निर्भर करता है जिनमें अन्य बातों के साथ-साथ न्यायाधीशों और न्यायिक अधिकारियों की पर्याप्त संख्या की उपलब्धता, सहायक न्यायालय कर्मचारी और भौतिक अवसंरचना, शामिल तथ्यों की जटिलता, साक्ष्य की प्रकृति, और हितधारकों अर्थात् बार, जांच अभिकरणों, साक्षियों और मुवक्किलों का सहयोग शामिल है। हालाँकि, सरकार मामलों के शीघ्र निपटान और लंबित मामलों को कम करने के लिए पूरी तरह प्रतिबद्ध है। सरकार ने न्यायपालिका द्वारा मामलों के तेजी से निपटान के लिए एक पारिस्थितिकी तंत्र प्रदान करने के लिए कई कदम उठाए गए हैं, जिनमें अन्य बातों के साथ-साथ ई-न्यायालय मिशन मोड प्रोजेक्ट के तहत न्याय तक पहुंच बढ़ाने और अधिक पारदर्शिता के लिए नवीनतम तकनीकों का समन्वय, न्यायालयों के लिए बेहतर अवसंरचना, अत्यधिक वादग्रस्त के प्रति संभावित क्षेत्रों में नीतिगत और विधायी उपायों, नए आपराधिक कानूनों के अधिनियमन, त्वरित विशेष न्यायालयों की स्थापना, वैकल्पिक विवाद समाधान तंत्र को बढ़ावा देने और मानव संसाधन विकास को महत्व दिया गया है।

# विवरण-I

| उच्चतम न्यायालय और उच्च न्यायालयों में लंबित मामलों की संख्या | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **न्यायालय का नाम** | **2021** | **2022** | **2023** | **2024** | **2025** | **2026 (28.07.2026 को यथाविद्यमान)** |
| **क.** | **उच्चतम न्यायालय** | 70,239 | 78,797 | 80,674 | 82,496 | 92,101 | 92,755 |
| **ख.** | **उच्च न्यायालय** | | | | | | |
| 1 | इलाहाबाद | 10,24,931 | 10,34,695 | 10,66,874 | 11,39,915 | 12,18,984 | 12,28,562 |
| 2 | बंबई | 5,91,536 | 6,36,907 | 6,67,961 | 6,95,578 | 6,64,979 | 6,43,107 |
| 3 | कलकत्ता | 2,29,563 | 2,14,903 | 2,01,489 | 2,03,782 | 2,05,591 | 1,99,599 |
| 4 | गुवाहाटी | 55,281 | 57,977 | 60,471 | 61,685 | 63,886 | 65,223 |
| 5 | तेलंगाना | 2,40,314 | 2,37,872 | 2,31,980 | 2,30,343 | 2,33,834 | 2,43,154 |
| 6 | आंध्र प्रदेश | 2,22,637 | 2,40,375 | 2,47,901 | 2,45,735 | 2,49,088 | 2,53,639 |
| 7 | छत्तीसगढ़ | 81,613 | 91,714 | 90,518 | 84,629 | 76,337 | 74,019 |
| 8 | दिल्ली | 1,02,025 | 1,06,050 | 1,13,368 | 1,18,662 | 1,24,951 | 1,26,208 |
| 9 | गुजरात | 1,54,698 | 1,61,422 | 1,67,273 | 1,71,238 | 1,75,605 | 1,75,773 |
| 10 | हिमाचल प्रदेश | 76,218 | 82,660 | 88,326 | 93,881 | 1,02,361 | 1,05,207 |
| 11 | जम्मू-कश्मीर और लद्दाख | 47,371 | 43,575 | 42,934 | 43,296 | 43,039 | 44,551 |
| 12 | झारखंड | 88,721 | 87,904 | 85,736 | 74,353 | 72,192 | 73,339 |
| 13 | कर्नाटक | 2,49,451 | 2,67,541 | 2,84,694 | 2,98,662 | 3,28,599 | 3,36,263 |
| 14 | केरल | 2,28,019 | 2,41,902 | 2,54,878 | 2,51,150 | 2,50,602 | 2,45,835 |
| 15 | मध्य प्रदेश | 4,11,909 | 4,33,447 | 4,49,347 | 4,66,125 | 4,80,537 | 4,92,469 |
| 16 | मणिपुर | 4,230 | 4,254 | 4,663 | 5,282 | 5,793 | 6,279 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 17 | मेघालय | 1,581 | 1,183 | 1,124 | 1,252 | 1,739 | 2,019 |
| 18 | पंजाब और हरियाणा | 4,52,548 | 4,49,860 | 4,44,200 | 4,34,641 | 4,23,466 | 4,22,815 |
| 19 | राजस्थान | 5,42,658 | 5,93,601 | 6,00,434 | 6,16,341 | 6,82,725 | 7,00,347 |
| 20 | सिक्किम | 180 | 164 | 180 | 207 | 272 | 323 |
| 21 | त्रिपुरा | 1,771 | 1,616 | 1,280 | 1,056 | 1,429 | 1,621 |
| 22 | उत्तराखंड | 41,463 | 45,100 | 50,399 | 55,629 | 59,682 | 63,416 |
| 23 | मद्रास | 5,99,825 | 5,86,964 | 5,74,292 | 5,59,584 | 5,46,285 | 5,69,345 |
| 24 | उड़ीसा | 1,93,123 | 1,59,578 | 1,46,540 | 1,45,205 | 1,58,915 | 1,70,305 |
| 25 | पटना | 2,26,757 | 2,12,870 | 1,97,465 | 2,02,249 | 2,19,639 | 2,23,973 |
| | **कुल** | **58,68,423** | **59,94,134** | **60,74,327** | **62,00,480** | **63,90,530** | **64,67,391** |

***स्रोत*** **:राष्ट्रीय न्यायिक डेटा ग्रिड (एनजेडीजी)**

## विवरण-II

| **देशभर के अधीनस्थ न्यायालयों में लंबित मामलों की संख्या** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **क्र.सं.** | **राज्य / संघ राज्यक्षेत्र** | **2021** | **2022** | **2023** | **2024** | **2025** | **2026 (28.07.2026 को यथाविद्यमान )** |
| 1 | अंदमान और निकोबार द्वीपसमूह | 9,321 | 9,234 | 9,070 | 8,514 | 8,329 | 8,983 |
| 2 | आंध्र प्रदेश | 7,85,379 | 841998 | 8,95,282 | 9,21,948 | 9,15,398 | 9,46,039 |
| 3 | अरुणाचल प्रदेश | 14,318 | 15923 | 10,671 | 9,784 | 10,665 | 17,067 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 4 | असम | 4,15,024 | 485455 | 4,51,138 | 4,96,819 | 5,64,945 | 6,06,018 |
| 5 | बिहार | 32,76,696 | 3464725 | 36,08,014 | 36,60,802 | 37,00,012 | 37,74,246 |
| 6 | चंडीगढ़ | 72,384 | 89254 | 91,078 | 1,04,194 | 1,00,498 | 99,923 |
| 7 | छत्तीसगढ़ | 3,81,984 | 414839 | 4,18,688 | 4,20,661 | 4,52,049 | 4,93,408 |
| 8 | दिल्ली | 12,31,373 | 1440549 | 12,29,806 | 14,52,717 | 15,87,493 | 17,29,177 |
| 9 | गोवा | 59,414 | 56319 | 63,159 | 60,895 | 61,285 | 63,359 |
| 10 | गुजरात | 19,52,262 | 1725939 | 15,56,371 | 15,03,763 | 15,90,844 | 16,08,966 |
| 11 | हरियाणा | 13,13,881 | 1496883 | 15,24,118 | 14,46,433 | 15,21,463 | 15,25,279 |
| 12 | हिमाचल प्रदेश | 4,64,892 | 4,83,642 | 5,93,875 | 6,46,753 | 5,90,988 | 6,25,693 |
| 13 | जम्मू-कश्मीर | 2,16,245 | 2,72,543 | 3,10,486 | 3,11,925 | 3,45,785 | 3,65,191 |
| 14 | लद्दाख | | | 1,244 | 1,407 | 1,583 | 1,748 |
| 15 | झारखंड | 4,90,905 | 5,04,697 | 5,60,102 | 5,47,977 | 5,64,410 | 5,84,908 |
| 16 | कर्नाटक | 17,80,802 | 18,64,827 | 19,87,983 | 21,13,569 | 22,37,391 | 23,35,212 |
| 17 | केरल | 20,89,147 | 19,91,193 | 18,97,469 | 17,83,932 | 17,88,680 | 18,15,072 |
| 18 | लक्षद्वीप | 470 | 540 | 492 | 518 | 539 | 601 |
| 19 | मध्य प्रदेश | 19,20,613 | 20,08,566 | 20,55,620 | 20,54,704 | 20,98,396 | 21,41,123 |
| 20 | महाराष्ट्र | 48,00,895 | 49,53,521 | 53,26,823 | 56,12,876 | 59,26,999 | 62,01,462 |
| 21 | मणिपुर | 8,183 | 7,590 | 13,286 | 12,857 | 13,931 | 14,949 |
| 22 | मेघालय | 16,010 | 15,014 | 16,068 | 15,178 | 16,343 | 19,262 |
| 23 | मिजोरम | 6,304 | 5,620 | 3,983 | 6,298 | 6,875 | 9,627 |
| 24 | नागालैंड | 4,569 | 4,443 | 3,201 | 3,357 | 3,856 | 4,095 |
| 25 | ओडिशा | 17,89,677 | 18,26,100 | 16,87,827 | 17,41,306 | 17,93,888 | 18,73,199 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 26 | पुडुचेरी | 32,998 | 31,868 | 37,477 | 35,381 | 36,495 | 36,940 |
| 27 | पंजाब | 9,45,609 | 9,23,581 | 8,76,134 | 8,64,524 | 9,14,711 | 10,23,855 |
| 28 | राजस्थान | 21,62,774 | 22,72,463 | 25,25,123 | 24,96,501 | 25,42,253 | 27,59,573 |
| 29 | सिक्किम | 1,616 | 1,696 | 1,819 | 1,727 | 1,962 | 2,300 |
| 30 | तमिलनाडु | 13,31,944 | 13,87,919 | 15,08,744 | 15,20,258 | 17,35,167 | 17,87,155 |
| 31 | तेलंगाना | 7,90,360 | 8,41,405 | 9,20,101 | 9,47,417 | 9,76,399 | 10,04,580 |
| 32 | दादरा और नागर हवेली और दमण और दीव | 6,523 | 6,733 | 7,314 | 7,750 | 8,346 | 8,631 |
| 33 | त्रिपुरा | 43,096 | 40,661 | 44,490 | 44,085 | 58,295 | 73,557 |
| 34 | उत्तर प्रदेश | 99,66,606 | 1,09,86,875 | 1,14,44,974 | 1,16,48,631 | 1,13,45,328 | 1,19,06,663 |
| 35 | उत्तराखंड | 2,87,204 | 3,08,694 | 3,50,474 | 3,50,069 | 3,00,614 | 3,10,778 |
| 36 | पश्चिमी बंगाल | 23,84,020 | 25,12,418 | 29,96,527 | 33,80,587 | 38,35,113 | 41,38,014 |
| | **कुल** | **4,10,53,498** | **4,32,93,727** | **4,50,29,031** | **4,62,36,117** | **4,76,57,328** | **4,99,16,653** |

***स्रोत* : राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी)**

## विवरण –III

| **28.07.2026 को यथास्थिति, महाराष्ट्र के जिला न्यायालयों में लंबित मामलों की जिला-वार संख्या** | | |
|---|---|---|
| **क्र.सं.** | **जिले का नाम** | **कुल लंबित मामले** |
| 1 | अहमदनगर | 2,46,885 |
| 2 | अकोला | 1,06,954 |
| 3 | अमरावती | 1,59,839 |

| | | |
|---|---|---|
| 4 | औरंगाबाद | 2,70,635 |
| 5 | बीड | 1,29,636 |
| 6 | भंडारा | 38,643 |
| 7 | बुलढाणा | 1,19,774 |
| 8 | चंद्रपुर | 1,08,045 |
| 9 | धुले | 53,997 |
| 10 | गड़चिरोली | 22,502 |
| 11 | गोंदिया | 34,209 |
| 12 | हिंगोली | 84,146 |
| 13 | जलगांव | 1,38,989 |
| 14 | जालना | 92,764 |
| 15 | कोल्हापुर | 1,83,185 |
| 16 | लातूर | 1,12,656 |
| 17 | महाराष्ट्र राज्य सहकारी अपील न्यायालय | 21,076 |
| 18 | महाराष्ट्र कुटुंब न्यायालय | 67,322 |
| 19 | महाराष्ट्र औद्योगिक एवं श्रम न्यायालय | 57,294 |
| 20 | महाराष्ट्र विद्यालय अधिकरण | 1,023 |
| 21 | मुंबई सिटी सिविल न्यायालय | 1,55,376 |
| 22 | मुंबई मुख्य महानगर दंडाधिकारी (सीएमएम) न्यायालय | 6,84,641 |
| 23 | मुंबई मोटर दुर्घटना दावा अधिकरण | 7,596 |
| 24 | मुंबई लघु वाद न्यायालय | 26,961 |
| 25 | नागपुर | 3,27,602 |
| 26 | नांदेड़ | 1,22,709 |
| 27 | नंदुरबार | 32,813 |

| | | |
|---|---|---|
| 28 | नाशिक | 2,68,826 |
| 29 | उस्मानाबाद | 96,240 |
| 30 | परभणी | 77,145 |
| 31 | पुणे | 8,53,921 |
| 32 | रायगढ़ | 1,13,676 |
| 33 | रत्नागिरी | 32,618 |
| 34 | सांगली | 1,23,989 |
| 35 | सतारा | 1,35,241 |
| 36 | सिंधुदुर्ग | 21,555 |
| 37 | सोलापुर | 2,58,519 |
| 38 | ठाणे | 5,38,074 |
| 39 | वर्धा | 87,678 |
| 40 | वाशिम | 51,782 |
| 41 | यवतमाल | 1,34,926 |
| | **कुल** | **62,01,462** |

***स्रोत* : राष्ट्रीय न्यायिक डाटा ग्रिड (एनजेडीजी)**

## HEALTHY DIETS FOR CHILDREN

**3296. SHRI D M KATHIR ANAND:**

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

(a) the details of the focus accorded to enhancing nutritional security for children through improved access to balanced diets, micronutrient-rich

foods, protein supplementation and nutrition education under Government programmes;

(b) the details of the approach adopted for encouraging informed dietary choices among parents, caregivers and educational institutions by promoting awareness of healthy eating habits, quality food ingredients and age-appropriate nutrition for children;

(c) the details of the support extended for strengthening nutrition interventions through the Integrated Child Development Services, Poshan Abhiyaan/related schemes to States and Union Territories;

(d) the details of the collaboration with healthcare professionals, nutrition experts, educational institutions and food industry stakeholders for promoting scientific nutrition awareness; and

(e) the details of the measures being proposed for improving the availability, affordability/accessibility of nutritious foods to ensure better growth, health and cognitive development among children?

**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) has provisioned Supplementary Nutrition to all beneficiaries including Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls (14-18 years). It is provided in the form of Take-Home Ration (THR), Morning Snacks and Hot Cooked Meal (HCM). Supplementary Nutrition is provided to the beneficiaries in accordance with the nutrition norms

contained in Schedule-II of the National Food Security Act, 2013, revised in January 2023. The old norms were largely calorie-specific; however, the revised norms are more comprehensive and balanced in terms of both quantity and quality based on the principles of diet diversity that provides for quality protein, healthy fats and micronutrients (Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin-B6 and Vitamin B-12). Additional Nutrition is also provided to Severely Acute Malnourished (SAM) children (6 months to 5 years) in the form of THR.

The Ministry has recently issued the Comprehensive Guidelines for Supplementary Nutrition which emphasize on improving the quality, diversity and acceptability of Supplementary Nutrition, adherence to prescribed nutritional norms and quality standards. Guidelines also focus on nutrition and health education for caregivers, promoting the use and benefits of THR including counselling on age-appropriate complementary feeding practices and to conduct targeted awareness programmes focusing on reducing consumption of edible oils, salt and sugars in daily diets in line with the Dietary Guidelines for Indians, 2024, released by the Indian Council of Medical Research – National Institute of Nutrition (ICMR-NIN). States and UTs are also advised to consult nutrition experts and technical institutes, like ICMR-NIN, Agricultural Universities, Home Science Colleges, etc., for formulating State-specific recipes for supplementary nutrition based on local palate/tastes using locally available foods.

To improve acceptability and consumption of Supplementary Nutrition, States and UTs have been given full flexibility to design menus and recipes based on local food habits, cultural preferences and availability of indigenous ingredients. Supplementary nutrition incorporates locally available cereals, millets, pulses, vegetables, nuts and other nutrient-rich foods, thereby promoting dietary diversity while ensuring greater acceptance among beneficiaries.

One of the major activities undertaken under Mission Poshan 2.0 is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and UTs are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada, celebrated in the months of September and March-April, respectively. More than 150 crore Jan Andolan activities have been conducted since 2018 through 16 Jan Andolans, each helped sensitizing not only the target beneficiaries but communities at large.

Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers (AWWs) are required to conduct two Community Based Events every month. So far, around 10.5 crore CBEs have been reported on Poshan Tracker from April 2022 to June 2026.

## MALNUTRITION IN ANDHRA PRADESH

**3297. SHRI P V MIDHUN REDDY:**

**DR. GUMMA THANUJA RANI:**

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

(a) whether Government has conducted any assessment regarding malnutrition and anaemia among women and children in Andhra Pradesh, district-wise, particularly in tribal and rural districts, if so, the details thereof;

(b) whether the Government has reviewed utilisation gaps under Mission Saksham Anganwadi, if so, the details thereof; and

(c) if not, the reasons therefor?

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

(a) to (c): A third-party evaluation and impact assessment of Poshan Abhiyaan was conducted by NITI Aayog in 2020 and it found the relevance of Poshan Abhiyaan to be satisfactory for tackling malnutrition in the country.

In 2021, the World Bank conducted a survey under Poshan Abhiyaan across 11 States including Andhra Pradesh. The States were selected based on high prevalence of stunting among children and anaemia among women. The findings of the survey demonstrated improved nutrition behaviors with respect to the services delivered through the Poshan Abhiyaan. The survey also found that the program's nutrition messages reached more than 80% of

women, and that 81% of women practiced exclusive breastfeeding for the first six months.

An outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) was conducted again by Development Monitoring and Evaluation Office (DMEO), NITI Aayog in 2025 in 12 States (including Andhra Pradesh) and one Union Territory. Evidence indicated that in its current form, Mission Poshan 2.0 represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach. High uptake and utilisation of Anganwadi services, such as supplementary nutrition, growth monitoring, and counselling, serves as a strong indicator that Poshan Abhiyaan has been fruitful in driving awareness and encouraging behavioural change among beneficiaries.

Ministry of Women and Child Development (MoWCD) under Mission Poshan 2.0, has rolled out 'Poshan Tracker' digital application as an ICT based governance tool for monitoring and reviewing of services being provided to beneficiaries. The application has enabled the Ministry as well as States & UTs to review the implementation of the scheme on various parameters including health and nutrition status of the women and children and to make course corrections. For last mile tracking of Service Delivery, Facial Recognition System (FRS) in Poshan Tracker Application has been introduced for distribution of Take-Home Ration and to ensure that benefit is given only to the intended beneficiary registered in the application. Such Aadhaar based

tracking has enabled proper identification of beneficiaries, prevention of leakages and eliminating ghost entries.

## ADVOCATES PROTECTION ACT

**3298. SHRI RAMASAHAYAM RAGHURAM REDDY:**

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

(a) whether the Government has assessed the financial and professional challenges faced by young advocates during the initial years of legal practice, if so, the details thereof and if not, the reasons therefor;

(b) whether the proposed Advocates Bill contains provisions for monthly stipends, skill development programmes, legal aid incentives, interest-free education loans, or other financial assistance for newly enrolled advocates, if so, the details thereof and if not, the reasons therefor;

(c) whether the Government proposes to introduce a national policy for the welfare and social security of advocates, including mental health support and retirement benefits, if so, the details thereof and if not, the reasons therefor;

(d) whether any timeline has been fixed for implementing these welfare measures after the enactment of the Bill; and

(e) if so, the details thereof and if not, the reasons therefor along with the steps being taken to improve the professional welfare and economic security of advocates in the country?

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

(a) to (e): The Government is conscious of the financial and professional difficulties experienced by a substantial number of young advocates during the initial years of practice. In this regard, the Bar Council of India (BCI), a regulatory body for legal profession under the Advocates Act, 1961 vide Circular No. BCI:D:5383/2024 dated 15 October 2024, has recommended a minimum monthly stipend of Rs 20,000 for junior advocates working in urban areas and Rs 15,000 for junior advocates working in rural areas, ordinarily for at least three years from the date of engagement. There is no proposal under consideration regarding introducing a national policy for the welfare and social security of Advocates, including mental health support and retirement benefits with the Government. The welfare of Advocates is governed by the Advocates' Welfare Fund Act, 2001, under which the respective State Bar Councils administer the State Advocates' Welfare Funds and are empowered to extend financial assistance to Advocates in accordance with the provisions of the Act. Further, under the extant provisions as per Section 6(2) and Section 7(2) of the Advocates Act, 1961, the State Bar Councils and the Bar Council of India, respectively, are empowered to constitute one or more funds in the prescribed manner for providing financial assistance and implementing welfare schemes for indigent, disabled or other Advocates.

## ANGANWADI-CUM-CRECHES IN BIHAR

**3299. SHRI SUDAMA PRASAD:**

**SHRIMATI KANIMOZHI KARUNANIDHI:**

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

(a) the number of Anganwadi-cum-Creches (AWCCs) and standalone Creches approved, currently operational along with the total number of Creche workers under the Palna Scheme under Mission Shakti, district-wise in Bihar and Tamil Nadu;

(b) whether Bihar has no functional Creches according to various reports, if so, the reasons therefor;

(c) whether the Government has observed low utilisation of Central funds released under the Palna Scheme in said States, if so, the details thereof; and

(d) the steps taken by the Government to ensure that all sanctioned Creches become operational within a time-bound manner in said States, if so, the details thereof?

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

(a) to (d): The Ministry introduced Anganwadi cum Creches (AWCCs) under Palna Scheme w.e.f. 01 April 2022, for providing day care creche facilities in safe and secure environment to children (aged 06 months – 06 years) of all mothers irrespective of their employment status along with nutritional support,

health and cognitive development of children, growth monitoring, immunization, education etc. Palna component under Samarthya vertical of Mission Shakti is a centrally sponsored scheme and is implemented with a funding ratio of 60:40 between Centre and State Governments and UTs with legislature except North East & Special Category States where ratio is 90:10. For UTs without legislature, 100% funding is provided by the Central Government. Funds under the Scheme are released to the States/UTs in accordance with the guidelines of the Department of Expenditure through the Single Nodal Agency (SNA)/SNA-SPARSH mechanism of the Public Financial Management System (PFMS).

The State Government of Bihar has informed that 504 AWCCs are operational in the State and State Government of Tamil Nadu has informed that no AWCCs are operational in the State.

## उर्वरकों हेतु कच्चे माल की आपूर्ति

**3300. श्री अजय कुमार मंडल:**

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

(क) क्या मध्य-पूर्व क्षेत्र में चल रहे युद्ध ने देश में उर्वरकों और उर्वरक संबंधी कच्चे माल की आपूर्ति के साथ-साथ आयात लागत और परिवहन को प्रतिकूल रूप से प्रभावित किया है;

(ख) यदि हां, तो विगत पांच वर्षों और वर्तमान वर्ष के दौरान आयातित यूरिया, डी.ए.पी., एम.ओ.पी और अन्य प्रमुख उर्वरकों की मात्रा का वर्ष-वार ब्यौरा क्या है और इनकी उपलब्धता के साथ-साथ इनमें कितनी वृद्धि/कमी दर्ज की गई है;

(ग) क्या सरकार ने आयात के वैकल्पिक स्रोतों, दीर्घकालिक आपूर्ति समझौतों और घरेलू उत्पादन वृद्धि के माध्यम से उर्वरकों की संभावित कमी से निपटने के लिए कोई विशेष कदम उठाए हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार यह सुनिश्चित करेगी कि देश के किसानों को महत्वपूर्ण बुआई और फसल सीजन के दौरान उर्वरकों की किसी भी कमी का सामना न करना पड़े और यदि हां, तो तत्संबंधी राज्य-वार और बिहार के भागलपुर संसदीय निर्वाचन क्षेत्र सहित जिला-वार 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): मध्य-पूर्व क्षेत्र में चल रहे युद्ध से उर्वरकों और कच्चे माल के लिए वैश्विक आपूर्ति श्रृंखला बाधित हुई है, जिसके परिणामस्वरूप माल भाड़ा और बीमा लागत, शिपमेंट में देरी और मूल्य अस्थिरता में वृद्धि हुई है। तथापि, देश में उर्वरक उपलब्धता काफी हद तक विविध सोर्सिंग और सरकारी हस्तक्षेपों के माध्यम से पर्याप्त बनी रही।

पिछले पांच वर्षों और वर्तमान वर्ष के दौरान आयातित प्रमुख उर्वरकों की मात्रा निम्नानुसार है:

| वर्ष | यूरिया (एलएमटी) | डीएपी (एलएमटी) | एमओपी (एलएमटी) | एनपीके (एलएमटी) |
|---|---|---|---|---|
| **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 |
| **2025-26** | 103.50 | 61.94 | 29.00 | 37.08 |
| **2026-27 (जून-26 तक)** | 25.08 | 7.11 | 6.09 | 4.91 |

वर्ष 2021-22 से 2025-26 तक और खरीफ 2026 (01.04.2026 से 03.08.2026 तक) के लिए प्रमुख उर्वरकों की वर्षवार उपलब्धता का ब्यौरा **विवरण-I** में दिया गया है।

(ग) और (घ): सरकार ने विदेशों में भारतीय मिशनों से बातचीत कर विभिन्न देशों से खरीद के अवसरों की खोज करके आयात स्रोतों में विविधता लाने के लिए उपाय किए हैं। जिसका उद्देश्य उर्वरक आपूर्ति श्रृंखला को मजबूत करने और वैश्विक बाजार व्यवधानों से उत्पन्न अनियमितताओं को कम करना था।

इसके अलावा, भारत सरकार भारतीय उर्वरक कंपनियों को विदेशी आपूर्तिकर्ताओं के साथ दीर्घकालिक समझौते करने में सुविधा प्रदान करती है। इसके अनुरूप, भारतीय कंपनियों ने इस वर्ष में भारत को डीएपी/एनपीके की क्रमशः लगभग 31 एलएमटी और 26.50 एलएमटी वार्षिक आपूर्ति के लिए सऊदी अरब और रूसी कंपनियों के साथ समझौते को अंतिम रूप दिया है। म्यूरेट ऑफ पोटाश (एमओपी) के लिए, भारतीय कंपनियों ने इस वर्ष रूस, जर्मनी और तुर्कमेनिस्तान से प्राप्त 4.80 एलएमटी की आपूर्ति के लिए समझौते को अंतिम रूप दिया है।

घरेलू उत्पादन को गति प्रदान करने के लिए सरकार ने निम्नलिखित कदम उठाए हैं

**क. यूरिया :**

- यूरिया के संबंध में, सरकार ने यूरिया क्षेत्र में नए निवेश को सुविधाजनक बनाने और यूरिया क्षेत्र में भारत को आत्मनिर्भर बनाने के लिए 2 जनवरी, 2013 को नई निवेश नीति (एनआईपी)-2012 की घोषणा की और 7 अक्टूबर, 2014 को इसमें संशोधन किया। एनआईपी-2012 के तहत कुल 6 नई यूरिया इकाइयां स्थापित की गई हैं जिनमें नामित सार्वजनिक क्षेत्र के उपक्रमों की संयुक्त उद्यम कंपनियों (जेवीसी) के माध्यम से स्थापित 4 यूरिया इकाइयां और निजी कंपनियों द्वारा स्थापित 2 यूरिया इकाइयां शामिल हैं। तेलंगाना में रामागुंडम फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (आरएफसीएल) की रामागुण्डम यूरिया इकाई तथा हिंदुस्तान उर्वरक एंड रसायन

लिमिटेड (एचयूआरएल) की 3 यूरिया इकाइयां नामत: गोरखपुर, सिंदरी और बरौनी क्रमश: उत्तर प्रदेश, झारखंड और बिहार में जेवीसी के माध्यम से स्थापित इकाइयां हैं। पश्चिम बंगाल में मैटिक्स फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (मैटिक्स) की पानागढ़ यूरिया इकाई; और राजस्थान में चंबल फर्टिलाइजर्स एंड केमिकल्स लिमिटेड (सीएफसीएल) की गड़ेपान-III यूरिया इकाई निजी कंपनियों द्वारा स्थापित इकाइयां हैं। इनमें से प्रत्येक इकाई की संस्थापित क्षमता 12.7 लाख मीट्रिक टन प्रति वर्ष (एलएमटीपीए) है। ये इकाइयां अत्यधिक ऊर्जा दक्ष हैं क्योंकि ये अद्यतन प्रौद्योगिकी पर आधारित हैं। अत:, इन इकाइयों ने मिलकर यूरिया उत्पादन क्षमता में 76.2 एलएमटीपीए की वृद्धि की है जिससे वर्ष 2014-15 के दौरान रही 207.54 एलएमटीपीए की कुल स्वदेशी यूरिया उत्पादन क्षमता (पुनर्आकलित क्षमता, आरएसी) वर्ष 2026-27 के दौरान बढ़कर 269.42 एलएमटीपीए हो गई है। इसके अलावा, कोयला गैसीकरण रूट पर 12.7 एलएमटीपीए का एक नया ग्रीनफील्ड यूरिया संयंत्र स्थापित करके नामित सार्वजनिक क्षेत्र के उपक्रमों की जेवीसी नामत: तालचेर फर्टिलाइजर्स लिमिटेड (टीएफएल) के माध्यम से एफसीआईएल की तालचेर इकाई को पुनर्जीवित करने के लिए एक विशेष नीति भी अनुमोदित की गई है। हाल ही में, केंद्रीय मंत्रिमंडल ने ब्रह्मपुत्र वैली फ़र्टिलाइज़र कारपोरेशन लिमिटेड (बीवीएफसीएल), नामरूप, असम के मौजूदा परिसर के भीतर नामित पीएसयू के जेवीसी के माध्यम से 12.7 लाख मीट्रिक टन (एलएमटी) वार्षिक यूरिया उत्पादन क्षमता के एक नए ब्राउनफील्ड अमोनिया-यूरिया कॉम्प्लेक्स की स्थापना के प्रस्ताव को मंजूरी दी है जिसे असम वैली फर्टिलाइजर एण्ड केमिकल कंपनी लिमिटेड (एवीएफसीसीएल) के नाम से जाना जाएगा। ये दोनो परियोजनाएं कार्यान्वयन के चरण में हैं।

- सरकार ने स्वदेशी यूरिया उत्पादन को आरएसी से अधिक करने के एक उद्देश्य से मौजूदा 25 गैस-आधारित यूरिया इकाइयों के लिए 25 मई, 2015 को नई यूरिया नीति (एनयूपी)–2015

भी अधिसूचित की है। एनयूपी-2015 से यूरिया का उत्पादन वर्ष 2014-15 के दौरान हुए वार्षिक उत्पादन की तुलना में 20-25 एलएमटीपीए बढ़ा है।

- उपर्युक्त सभी उपायों से रिकार्ड यूरिया उत्पादन हुआ है, जो वर्ष 2014-15 के दौरान 225 एलएमटी प्रतिवर्ष था वर्ष 2023-24 के दौरान बढ़कर 314.07 एलएमटी का रिकार्ड उत्पादन हो गया है। वर्ष 2025-26 के दौरान देश में 293.30 एलएमटी यूरिया का उत्पादन हुआ है।

- इसके अलावा, आर्थिक कार्य संबंधी मंत्रिमंडल समिति (सीसीईए) ने यूरिया क्षेत्र में नए निवेश करने के लिए आत्मनिर्भर भारत के लिए राष्ट्रीय यूरिया निवेश नीति-2026 (एनआईपीयू-2026) को 15.07.2026 को मंजूरी दी।

**ख. पीएंडके उर्वरक**

सरकार ने 01.04.2010 से फॉस्फेटयुक्त और पोटाशयुक्त (पीएंडके) उर्वरकों के लिए पोषक तत्व आधारित सब्सिडी (एनबीएस) स्कीम लागू की है। इस स्कीम के तहत, पीएंडके उर्वरकों को मुक्त सामान्य लाइसेंस (ओजीएल) के तहत शामिल किया गया है और कंपनियां अपने व्यावसायिक उतार-चढ़ाव के अनुसार इन उर्वरकों का आयात/उत्पादन करने के लिए स्वतंत्र हैं।

- आयातित फॉस्फेटयुक्त उर्वरकों पर निर्भरता कम करने और देश को आत्मनिर्भर बनाने के लिए एमआरपी की तर्कसंगतता पर दिनांक 18.01.2024 को जारी दिशानिर्देश के माध्यम से घरेलू उत्पादन को बढ़ावा देने के लिए उपाय किए गए हैं, जिसमें आयातकों/उत्पादकों और एकीकृत उत्पादकों को क्रमशः 8%/10% और 12% का उचित लाभ दिया जाता है।

- अनुरोधों के आधार पर, एनबीएस सब्सिडी स्कीम के तहत नई उत्पादन इकाइयों अथवा मौजूदा इकाइयों की उत्पादन क्षमता बढ़ाने को अहमियत दी गई है/संज्ञान में लिया गया है;

- एनबीएस नीति के तहत शामिल किए गए पीएण्डके उर्वरकों की संख्या वर्ष 2021 की 22 ग्रेड से बढ़ाकर 28 ग्रेड कर दी गई है।

- मृदा में फॉस्फेटयुक्त अथवा 'पी' पोषक तत्व प्रदान करने हेतु एसएसपी, जो एक स्वदेशी रूप से उत्पादित उर्वरक है, के उपयोग को बढ़ावा देने के लिए इस पर मालभाड़ा सब्सिडी, खरीफ, 2022 से लागू की गई है।

- इसके अलावा स्कीम के तहत उर्वरकों की उपलब्धता सुनिश्चित करने के लिए एनबीएस स्कीम के तहत पोषक तत्वों की दरें द्विवार्षिक आधार पर तय की जाती हैं।

उपर्युक्त प्रयासों के परिणामस्वरूप, 2025-26 के दौरान पीएंडके उर्वरकों का अब तक का सर्वाधिक घरेलू उत्पादन 224.10 एलएमटी दर्ज किया गया है।

देश में 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 के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। डीएएंडएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(ii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।

(iii) यूरिया और अन्य उर्वरकों की मांग (आवश्यकता) और उत्पादन के अंतर को आयात द्वारा पूरा किया जाता है। मौसम के लिए आयात को पहले ही निश्चित कर लिया जाता है ताकि समय पर उपलब्धता सुनिश्चित की जा सके।

(iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

(v) राज्यों के लिए रेलगाड़ियों के पर्याप्त रैक देने, उर्वरकों को प्राथमिकता देने और रेलगाड़ियों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय किया जाता है।

(vi) राज्य के भीतर जिला/ब्लॉक स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है।

तदनुसार, पिछले पांच वर्षों (वित्तीय वर्ष 2021-22 से 2025-26) और चल रहे खरीफ मौसम 2026 (01.04.2026 से 03.08.2026) के दौरान देश में उर्वरकों अर्थात यूरिया, डीएपी, एमओपी और एनपीके की उपलब्धता पर्याप्त रही है। जिसका ब्यौरा **विवरण-I** पर संलग्न किया गया है।

इसके अलावा, चल रहे खरीफ मौसम 2026 (01.04.2026 से 03.08.2026 तक) के दौरान बिहार सहित उर्वरक की उपलब्धता, आवश्यकता, बिक्री और शेष स्टॉक की स्थिति का राज्य-वार ब्यौरा **विवरण-II** पर दिया गया है।

खरीफ 2026 में 06.08.2026 तक बिहार के भागलपुर जिले सहित उर्वरक की जिलावार आवश्यकता, प्राप्ति और उपलब्धता का ब्यौरा **विवरण-III** पर संलग्न है।

## विवरण-I

## 2021-22 से 2026-27 (खरीफ 2026) तक उर्वरकों की वर्ष-वार उपलब्धता

आंकड़े एलएमटी में

| क्र.सं. | वर्ष | उर्वरकों की उपलब्धता | | | |
|---|---|---|---|---|---|
| | | यूरिया | डीएपी | एमओपी | एनपीकेएस |
| 1 | **2021-22** | 389.68 | 100.49 | 27.06 | 135.74 |
| 2 | **2022-23** | 415.82 | 130.93 | 19.55 | 138.15 |
| 3 | **2023-24** | 437.47 | 127.42 | 22.74 | 156.51 |
| 4 | **2024-25** | 443.83 | 105.14 | 30.85 | 183.72 |
| 5 | **2025-26** | 450.79 | 121.72 | 30.58 | 198.97 |
| 6 | **खरीफ 2026 (01.04.26 से 03.08.26 तक)** | 183.84 | 44.60 | 14.62 | 90.84 |

## विवरण-II

**चल रहे खरीफ़ 2026 मौसम (01.04.26 से 03.08.26 तक) के दौरान बिहार सहित सभी राज्यों में उर्वरकों की उपलब्धता, आवश्यकता, बिक्री और अंतिम स्टॉक**

आंकड़े एलएमटी में

| | | यूरिया | | | | डीएपी | | | | एमओपी | | | | एनपीकेएस | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **क्र म. सं** | **राज्य** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **अंतिम स्टॉक 03.08.2026 तक** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **अंतिम स्टॉक 03.08.2026 तक** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **अंतिम स्टॉक 03.08.2026 तक** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **अंतिम स्टॉक 03.08.2026 तक** |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 4.07 | 6.92 | 3.18 | 3.75 | 0.93 | 1.91 | 1.00 | 0.91 | 0.45 | 0.81 | 0.35 | 0.46 | 2.45 | 7.09 | 3.00 | 4.09 |
| 3 | अरुणाचल प्रदेश | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 1.39 | 2.22 | 1.85 | 0.37 | 0.23 | 0.42 | 0.30 | 0.12 | 0.15 | 0.43 | 0.22 | 0.20 | 0.14 | 0.28 | 0.12 | 0.16 |
| 5 | बिहार | **5.33** | **8.89** | **4.46** | **4.42** | **1.72** | **2.46** | **1.09** | **1.37** | **0.90** | **0.86** | **0.16** | **0.70** | **2.03** | **3.40** | **0.90** | **2.50** |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | छत्तीसगढ | 6.15 | 7.71 | 5.58 | 2.13 | 2.60 | 2.13 | 1.59 | 0.54 | 0.66 | 0.84 | 0.54 | 0.30 | 2.10 | 2.39 | 1.69 | 0.70 |
| 8 | दादरा और नगर हवेली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.02 | 0.10 | 0.09 | 0.01 | 0.00 | 0.03 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | गोवा | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.02 | 0.02 | 0.02 | 0.00 |
| 12 | गुजरात | 6.84 | 9.20 | 6.78 | 2.41 | 2.63 | 2.35 | 1.75 | 0.60 | 0.33 | 0.43 | 0.23 | 0.20 | 3.54 | 4.37 | 2.56 | 1.82 |
| 13 | हरियाणा | 6.87 | 10.41 | 8.44 | 1.97 | 1.37 | 1.76 | 1.28 | 0.48 | 0.46 | 0.38 | 0.15 | 0.23 | 0.36 | 0.49 | 0.17 | 0.32 |
| 14 | हिमाचल प्रदेश | 0.19 | 0.45 | 0.31 | 0.14 | 0.01 | 0.03 | 0.01 | 0.02 | 0.00 | 0.02 | 0.00 | 0.01 | 0.10 | 0.09 | 0.06 | 0.03 |
| 15 | जम्मू और कश्मीर | 0.63 | 1.15 | 0.82 | 0.34 | 0.18 | 0.29 | 0.20 | 0.09 | 0.08 | 0.15 | 0.11 | 0.04 | 0.02 | 0.06 | 0.03 | 0.04 |
| 16 | झारखंड | 1.53 | 2.25 | 1.28 | 0.97 | 0.45 | 0.43 | 0.29 | 0.15 | 0.05 | 0.06 | 0.01 | 0.05 | 0.55 | 0.62 | 0.33 | 0.29 |
| 17 | कर्नाटक | 7.16 | 9.54 | 5.31 | 4.23 | 2.91 | 3.46 | 2.54 | 0.93 | 1.42 | 1.65 | 0.86 | 0.79 | 8.14 | 12.87 | 7.62 | 5.25 |
| 18 | केरल | 0.34 | 0.73 | 0.44 | 0.29 | 0.07 | 0.18 | 0.10 | 0.07 | 0.24 | 0.51 | 0.32 | 0.19 | 0.57 | 0.60 | 0.36 | 0.24 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 11.39 | 15.81 | 10.89 | 4.92 | 3.89 | 3.57 | 2.59 | 0.98 | 0.81 | 0.61 | 0.30 | 0.31 | 4.60 | 6.93 | 3.86 | 3.07 |
| 21 | महाराष्ट्र | 11.18 | 15.44 | 10.40 | 5.04 | 3.72 | 4.00 | 2.93 | 1.07 | 0.96 | 1.91 | 0.97 | 0.94 | 13.08 | 22.46 | 13.20 | 9.25 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | मणिपुर | 0.11 | 0.18 | 0.13 | 0.05 | 0.02 | 0.02 | 0.01 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.01 | 0.02 | 0.01 | 0.01 |
| 23 | मेघालय | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | मिजोरम | 0.03 | 0.01 | 0.00 | 0.01 | 0.02 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | ओडिशा | 3.33 | 4.62 | 2.38 | 2.24 | 1.47 | 1.69 | 1.07 | 0.62 | 0.66 | 0.80 | 0.28 | 0.52 | 2.02 | 2.41 | 1.15 | 1.26 |
| 27 | पुदुचेरी | 0.04 | 0.06 | 0.05 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.02 | 0.05 | 0.03 | 0.02 |
| 28 | पंजाब | 12.60 | 16.28 | 13.18 | 3.10 | 1.66 | 2.61 | 1.49 | 1.12 | 0.62 | 0.64 | 0.24 | 0.41 | 0.51 | 0.61 | 0.21 | 0.41 |
| 29 | राजस्थान | 7.10 | 11.89 | 8.61 | 3.28 | 3.35 | 2.75 | 2.17 | 0.58 | 0.05 | 0.15 | 0.05 | 0.10 | 0.83 | 1.43 | 0.70 | 0.73 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 2.96 | 4.93 | 3.19 | 1.74 | 0.86 | 1.17 | 0.64 | 0.53 | 0.66 | 0.76 | 0.44 | 0.33 | 2.95 | 3.94 | 2.14 | 1.80 |
| 32 | तेलंगाना | 7.65 | 8.43 | 4.83 | 3.60 | 2.12 | 2.25 | 1.89 | 0.36 | 0.62 | 0.56 | 0.17 | 0.39 | 7.60 | 8.12 | 5.08 | 3.04 |
| 33 | त्रिपुरा | 0.05 | 0.13 | 0.05 | 0.08 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.02 | 0.03 | 0.01 | 0.02 |
| 34 | उत्तराखंड | 0.75 | 0.98 | 0.80 | 0.18 | 0.15 | 0.30 | 0.15 | 0.14 | 0.04 | 0.05 | 0.01 | 0.05 | 0.12 | 0.04 | 0.02 | 0.02 |
| 35 | उत्तर प्रदेश | 27.70 | 37.60 | 23.73 | 13.87 | 5.83 | 9.25 | 4.44 | 4.80 | 1.65 | 1.39 | 0.27 | 1.12 | 2.35 | 6.59 | 1.57 | 5.02 |
| 36 | पश्चिम बंगाल | 3.76 | 7.84 | 3.89 | 3.95 | 0.92 | 1.50 | 0.70 | 0.80 | 0.89 | 1.56 | 0.46 | 1.11 | 2.42 | 5.92 | 2.19 | 3.74 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **अखिल भारत** | **129.21** | **183.84** | **120.73** | **63.12** | **37.17** | **44.60** | **28.28** | **16.33** | **11.75** | **14.62** | **6.16** | **8.48** | **56.57** | **90.84** | **47.03** | **43.82** |

1. सुविधाजनक उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सुविधाजनक उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

# विवरण-III

**बिहार सरकार द्वारा उपलब्ध कराई गई जानकारी के अनुसार, खरीफ 2026 (06.08.26 तक) में ज़िला-वार उर्वरकों की आवश्यकता, प्राप्ति और उपलब्धता**

**उत्पाद: यूरिया**

| जिला | आवश्यकता (06.08.26 तक) | प्राप्ति (06.08.26 तक) | % आवश्यकता के अनुसार प्राप्ति | बिक्री (06.08.26 तक) | राज्य स्टॉक |
|---|---|---|---|---|---|
| पूर्णिया | 17980 | 30965 | 172 | 16302 | 22180 |
| मुंगेर | 4546 | 7287 | 160 | 1928 | 8191 |
| अररिया | 13220 | 19066 | 144 | 11380 | 13316 |
| कैमूर (भबुआ) | 14091 | 20165 | 143 | 16247 | 12891 |
| बक्सर | 13182 | 18706 | 142 | 12369 | 15179 |
| लखीसराय | 5227 | 7240 | 139 | 3874 | 6559 |
| खगरिया | 10672 | 14190 | 133 | 6652 | 14532 |
| भोजपुर | 18182 | 24100 | 133 | 13192 | 22094 |
| औरंगाबाद | 18182 | 23826 | 131 | 15726 | 16414 |
| भागलपुर | 11591 | 14665 | 127 | 5895 | 15281 |
| रोहतास | 23182 | 29118 | 126 | 22148 | 19585 |
| बेगूसराय | 14635 | 18023 | 123 | 14509 | 12081 |
| जमुई | 8409 | 9872 | 117 | 3382 | 13085 |
| कटिहार | 12427 | 14584 | 117 | 10452 | 11673 |
| नालन्दा | 25119 | 29432 | 117 | 24023 | 11873 |
| पटना | 24590 | 27934 | 114 | 23092 | 14143 |
| शेखपुरा | 4773 | 5408 | 113 | 3195 | 4563 |
| मुजफ्फरपुर | 24392 | 27375 | 112 | 16101 | 19310 |
| सारण | 15336 | 16770 | 109 | 10856 | 16405 |
| किशनगंज | 7932 | 8646 | 109 | 8008 | 5735 |
| मधेपुरा | 12956 | 13729 | 106 | 12499 | 6672 |
| पश्चिम चंपारण | 30795 | 32583 | 106 | 42026 | 4327 |
| सहरसा | 8990 | 9406 | 105 | 9204 | 6764 |
| समस्तीपुर | 18294 | 18763 | 103 | 12900 | 12175 |
| वैशाली | 21038 | 21267 | 101 | 15440 | 17926 |
| बांका | 10000 | 9845 | 98 | 4339 | 10159 |
| सुपौल | 12956 | 12632 | 97 | 10885 | 8817 |
| गया | 21681 | 20557 | 95 | 11796 | 16229 |
| नवादा | 9783 | 9031 | 92 | 5507 | 10351 |

| | | | | | |
|---|---|---|---|---|---|
| शिवहर | 4269 | 3897 | 91 | 4033 | 1350 |
| मधुबनी | 17074 | 15402 | 90 | 15504 | 11691 |
| दरभंगा | 15855 | 13883 | 88 | 9626 | 10326 |
| पूर्वी चंपारण | 31710 | 26812 | 85 | 33533 | 8141 |
| गोपालगंज | 12427 | 10486 | 84 | 14495 | 1039 |
| सिवान | 14278 | 11437 | 80 | 13169 | 5498 |
| सीतामढ़ी | 17074 | 12856 | 75 | 15097 | 7328 |
| अरवल | 6875 | 5092 | 74 | 4847 | 2494 |
| जहानाबाद | 7403 | 5376 | 73 | 4105 | 4081 |
| **कुल** | **561129** | **620426** | **111** | **478337** | **420458** |

## उत्पाद: डीएपी

| जिला | आवश्यकता (06.08.26 तक) | प्राप्ति (06.08.26 तक) | % आवश्यकता के अनुसार प्राप्ति | बिक्री (06.08.26 तक) | राज्य स्टॉक |
|---|---|---|---|---|---|
| सहरसा | 2380 | 2891 | 121 | 1383 | 5780 |
| पूर्णिया | 7141 | 7452 | 104 | 4299 | 15311 |
| मधेपुरा | 3570 | 3636 | 102 | 3009 | 7779 |
| कैमूर (भभुआ) | 5013 | 4379 | 87 | 4854 | 1174 |
| अरवल | 1745 | 1483 | 85 | 1342 | 655 |
| पटना | 5554 | 4605 | 83 | 4186 | 3462 |
| रोहतास | 7162 | 5921 | 83 | 5455 | 3436 |
| कटिहार | 5554 | 4566 | 82 | 3644 | 4730 |
| लखीसराय | 2435 | 1969 | 81 | 1334 | 1254 |
| मुंगेर | 1791 | 1445 | 81 | 673 | 1369 |
| जहानाबाद | 1984 | 1467 | 74 | 1177 | 1157 |
| शेखपुरा | 1432 | 996 | 70 | 743 | 563 |
| अररिया | 4760 | 3206 | 67 | 2378 | 4869 |
| पश्चिम चंपारण | 6988 | 4606 | 66 | 7141 | 4233 |
| नालन्दा | 6347 | 4076 | 64 | 4226 | 2664 |
| औरंगाबाद | 7162 | 4449 | 62 | 5075 | 1201 |
| मुजफ्फरपुर | 6552 | 3836 | 59 | 3862 | 5930 |
| किशनगंज | 2380 | 1345 | 57 | 1665 | 2592 |
| पूर्वी चंपारण | 8735 | 4797 | 55 | 6797 | 5439 |
| जमुई | 3223 | 1764 | 55 | 1461 | 1797 |
| बांका | 3581 | 1959 | 55 | 1742 | 2860 |
| नवादा | 2777 | 1514 | 55 | 1200 | 971 |
| बक्सर | 5013 | 2678 | 53 | 3977 | 1577 |
| दरभंगा | 3494 | 1840 | 53 | 1761 | 2637 |

| | | | | | |
|---|---|---|---|---|---|
| गया | 7141 | 3639 | 51 | 3707 | 2959 |
| भोजपुर | 6446 | 3167 | 49 | 4133 | 2970 |
| भागलपुर | 5730 | 2704 | 47 | 2248 | 6918 |
| सीतामढ़ी | 3494 | 1562 | 45 | 3419 | 3234 |
| वैशाली | 7425 | 3115 | 42 | 6568 | 4252 |
| सारण | 3967 | 1534 | 39 | 1626 | 3459 |
| बेगूसराय | 6552 | 2381 | 36 | 3080 | 8408 |
| समस्तीपुर | 6552 | 2349 | 36 | 3521 | 4361 |
| गोपालगंज | 1984 | 708 | 36 | 1259 | 1020 |
| खगरिया | 3494 | 1144 | 33 | 1143 | 6861 |
| शिवहर | 1310 | 420 | 32 | 966 | 435 |
| मधुबनी | 6115 | 1779 | 29 | 3999 | 2034 |
| सुपौल | 5078 | 1309 | 26 | 3877 | 3414 |
| सीवान | 2777 | 664 | 24 | 1353 | 2122 |
| **कुल** | **174839** | **103349** | **59** | **114282** | **135887** |



## उत्पाद: एनपीके

| जिला | आवश्यकता (06.08.26 तक) | प्राप्ति (06.08.26 तक) | % आवश्यकता के अनुसार प्राप्ति | बिक्री (06.08.26 तक) | राज्य स्टॉक |
|---|---|---|---|---|---|
| सहरसा | 2899 | 3537 | 122 | 1762 | 5450 |
| रोहतास | 11730 | 13028 | 111 | 6982 | 15295 |
| पूर्णिया | 7039 | 7411 | 105 | 4066 | 19845 |
| समस्तीपुर | 5385 | 5374 | 100 | 2528 | 10005 |
| जहानाबाद | 2485 | 2350 | 95 | 763 | 4024 |
| मुजफ्फरपुर | 7179 | 6379 | 89 | 2417 | 11782 |
| मधेपुरा | 6211 | 5408 | 87 | 5110 | 9569 |
| भोजपुर | 7568 | 6037 | 80 | 3580 | 10202 |
| पश्चिम चंपारण | 9199 | 6841 | 74 | 5160 | 9895 |
| भागलपुर | 6054 | 4341 | 72 | 2508 | 10865 |
| वैशाली | 7179 | 5065 | 71 | 5769 | 12117 |
| औरंगाबाद | 7568 | 5264 | 70 | 4269 | 5706 |
| पटना | 7454 | 5176 | 69 | 3048 | 7244 |
| गया | 8282 | 5639 | 68 | 2247 | 10586 |
| बांका | 3405 | 2315 | 68 | 1155 | 4572 |
| जमुई | 3405 | 2162 | 63 | 742 | 2824 |
| पूर्वी चंपारण | 11218 | 6863 | 61 | 4508 | 12946 |
| किशनगंज | 2485 | 1488 | 60 | 1490 | 3331 |
| बक्सर | 5676 | 3373 | 59 | 3711 | 5788 |

| | | | | | |
|---|---|---|---|---|---|
| कैमूर (भभुआ) | 6433 | 3814 | 59 | 3159 | 4063 |
| बेगूसराय | 6282 | 3679 | 59 | 1813 | 11027 |
| मधुबनी | 6282 | 3621 | 58 | 3263 | 3186 |
| सीतामढ़ी | 4936 | 2815 | 57 | 1870 | 6726 |
| नालंदा | 8282 | 4435 | 54 | 4875 | 6993 |
| दरभंगा | 4936 | 2594 | 53 | 937 | 5091 |
| कटिहार | 5797 | 2913 | 50 | 2831 | 9624 |
| लखीसराय | 2270 | 1078 | 47 | 576 | 1490 |
| खगड़िया | 3590 | 1637 | 46 | 853 | 6975 |
| नवादा | 3313 | 1486 | 45 | 795 | 2043 |
| मुंगेर | 1892 | 728 | 38 | 209 | 1172 |
| अररिया | 5383 | 2029 | 38 | 3108 | 5815 |
| शिवहर | 1122 | 379 | 34 | 299 | 553 |
| सुपौल | 6625 | 2154 | 33 | 4767 | 5869 |
| अरवल | 2070 | 664 | 32 | 759 | 1034 |
| सीवान | 4389 | 1256 | 29 | 797 | 3463 |
| गोपालगंज | 3892 | 889 | 23 | 687 | 1496 |
| शेखपुरा | 1892 | 370 | 20 | 281 | 683 |
| सारण | 4969 | 900 | 18 | 659 | 2995 |
| **कुल** | **206774** | **135489** | **66** | **94352** | **252344** |

## उत्पाद: एमओपी

| जिला | आवश्यकता (06.08.26 तक) | प्राप्ति (06.08.26 तक) | % आवश्यकता के अनुसार प्राप्ति | बिक्री (06.08.26 तक) | राज्य स्टॉक |
|---|---|---|---|---|---|
| पूर्णिया | 4532 | 11405 | 252 | 872 | 15045 |
| अररिया | 2719 | 2483 | 91 | 752 | 3485 |
| समस्तीपुर | 2783 | 2279 | 82 | 889 | 2713 |
| पश्चिम चंपारण | 4639 | 3763 | 81 | 2467 | 4535 |
| कटिहार | 2719 | 2044 | 75 | 576 | 2712 |
| मधेपुरा | 2719 | 1906 | 70 | 654 | 3802 |
| सहरसा | 1813 | 1159 | 64 | 355 | 3094 |
| पूर्वी चंपारण | 3711 | 2004 | 54 | 643 | 3458 |
| गया | 2719 | 1441 | 53 | 317 | 1992 |
| रोहतास | 2667 | 1313 | 49 | 271 | 1352 |
| सुपौल | 2719 | 1178 | 43 | 821 | 1949 |
| पटना | 2719 | 1158 | 43 | 168 | 1310 |
| भागलपुर | 3556 | 1461 | 41 | 408 | 3316 |
| वैशाली | 3711 | 1466 | 40 | 1351 | 3508 |

| | | | | | |
|---|---|---|---|---|---|
| किशनगंज | 1813 | 608 | 34 | 392 | 899 |
| मुजफ्फरपुर | 3711 | 1101 | 30 | 626 | 2897 |
| बेगूसराय | 2783 | 770 | 28 | 473 | 1954 |
| नालन्दा | 2719 | 734 | 27 | 387 | 610 |
| भोजपुर | 1778 | 468 | 26 | 255 | 798 |
| जहानाबाद | 906 | 225 | 25 | 55 | 366 |
| औरंगाबाद | 2667 | 661 | 25 | 313 | 712 |
| बांका | 1778 | 414 | 23 | 136 | 1232 |
| अरवल | 906 | 162 | 18 | 29 | 167 |
| कैमूर (भभुआ) | 1778 | 283 | 16 | 244 | 222 |
| सीतामढ़ी | 2783 | 418 | 15 | 369 | 1557 |
| बक्सर | 1778 | 240 | 13 | 138 | 352 |
| मधुबनी | 2227 | 255 | 11 | 226 | 714 |
| नवादा | 906 | 102 | 11 | 31 | 140 |
| जमुई | 1778 | 164 | 9 | 47 | 184 |
| खगरिया | 2783 | 252 | 9 | 225 | 2492 |
| दरभंगा | 2783 | 228 | 8 | 166 | 565 |
| मुंगेर | 1778 | 130 | 7 | 59 | 283 |
| गोपालगंज | 1813 | 73 | 4 | 66 | 377 |
| शिवहर | 1484 | 53 | 4 | 50 | 106 |
| लखीसराय | 1778 | 30 | 2 | 25 | 82 |
| सारण | 1813 | 20 | 1 | 83 | 315 |
| शेखपुरा | 889 | 10 | 1 | 7 | 58 |
| सीवान | 1813 | 0 | 0 | 43 | 374 |
| **कुल** | **90968** | **42456** | **47** | **14990** | **69727** |

## उत्पाद: एसएसपी

| जिला | आवश्यकता (06.08.26 तक) | प्राप्ति (06.08.26 तक) | % आवश्यकता के अनुसार प्राप्ति | बिक्री (06.08.26 तक) | राज्य स्टॉक |
|---|---|---|---|---|---|
| कैमूर (भभुआ) | 1920 | 6487 | 338 | 3976 | 5137 |
| नालन्दा | 2644 | 8005 | 303 | 3555 | 9524 |
| औरंगाबाद | 2733 | 7681 | 281 | 2524 | 8288 |
| रोहतास | 3324 | 9291 | 280 | 4257 | 12977 |
| भोजपुर | 2068 | 4317 | 209 | 1299 | 7872 |
| बक्सर | 1625 | 2739 | 169 | 1484 | 3666 |
| पटना | 2479 | 3248 | 131 | 1672 | 7790 |
| नवादा | 1488 | 1935 | 130 | 825 | 2678 |
| पूर्णिया | 2727 | 2930 | 107 | 706 | 8070 |

| | | | | | |
|---|---|---|---|---|---|
| अरवल | 578 | 565 | 98 | 431 | 821 |
| शेखपुरा | 665 | 639 | 96 | 293 | 845 |
| वैशाली | 2183 | 1986 | 91 | 486 | 3490 |
| पश्चिम चंपारण | 3755 | 3076 | 82 | 3407 | 7661 |
| भागलपुर | 1920 | 1430 | 74 | 468 | 3162 |
| बांका | 1920 | 1355 | 71 | 237 | 2355 |
| पूर्वी चंपारण | 4191 | 2698 | 64 | 3008 | 6759 |
| जहानाबाद | 1074 | 613 | 57 | 221 | 1018 |
| जमुई | 1182 | 573 | 48 | 98 | 1024 |
| गया | 2892 | 1324 | 46 | 676 | 6487 |
| सीतामढ़ी | 2096 | 811 | 39 | 797 | 2898 |
| मुजफ्फरपुर | 3580 | 1361 | 38 | 591 | 3871 |
| अररिया | 2149 | 792 | 37 | 598 | 2838 |
| किशनगंज | 2727 | 850 | 31 | 1042 | 2945 |
| मुंगेर | 739 | 225 | 30 | 64 | 660 |
| बेगूसराय | 2445 | 644 | 26 | 303 | 3183 |
| खगरिया | 1223 | 315 | 26 | 180 | 2965 |
| मधेपुरा | 2066 | 530 | 26 | 252 | 1126 |
| शिवहर | 611 | 155 | 25 | 166 | 331 |
| कटिहार | 2314 | 534 | 23 | 643 | 1904 |
| लखीसराय | 665 | 143 | 21 | 197 | 367 |
| समस्तीपुर | 2620 | 417 | 16 | 710 | 2371 |
| गोपालगंज | 2149 | 305 | 14 | 298 | 747 |
| दरभंगा | 2183 | 305 | 14 | 97 | 1420 |
| सुपौल | 2231 | 276 | 12 | 98 | 566 |
| मधुबनी | 3580 | 389 | 11 | 317 | 928 |
| सारण | 2644 | 190 | 7 | 72 | 785 |
| सहरसा | 1901 | 115 | 6 | 133 | 554 |
| सीवान | 2644 | 111 | 4 | 138 | 711 |
| **कुल** | **81936** | **69359** | **85** | **36313** | **130794** |

## ESTABLISHMENT OF MEDICAL COLLEGE AT PORT

**3301. SHRI JAGANNATH SARKAR:**

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

(a) whether there was any proposal to establish a Medical College along with the upgradation of the Centenary Hospital at Syama Prasad Mookerjee Port into a super-speciality hospital;

(b) if so, the details of the proposal, including capacity, investment and timeline and whether the same has been dropped or kept in abeyance;

(c) whether the recently awarded PPP project for development of the hospital to a 450-bedded facility includes any provision for a teaching institution or medical college; and

(d) if so, the reasons for not including or proceeding with the Medical College component despite expansion of hospital infrastructure?

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

(a) and (b): Yes. A proposal was envisaged to establish a Medical College along with the upgradation of the Centenary Hospital at Syama Prasad Mookerjee Port Authority (SMPA) into a Super Speciality Hospital. The salient features of the proposal were as under:

| Sl. No. | Particulars | Details |
|---|---|---|
| (i) | Proposed capacity of the Medical College | 100 seats |
| (ii) | Investment for the proposed Medical College | Not specified in the Tender and was left to be determined by the selected Concessionaire. |

| | | |
|---|---|---|
| (iii) | Timeline for the proposed Medical College | No timeline was specified, as the development of the Medical College was an optional component under the tender. |

However, following a review of the project structure during the tendering process, the proposal for establishment of a Medical College was not taken forward by SMPA.

(c) and (d): The project aims to provide better and improved treatment facilities for the SMPA employees, pensioners and other beneficiaries through development of a Super Speciality Hospital and accordingly, the Medical College component was excluded from the project as potential bidders were not interested in the combined project.

## GLOBAL TUBERCULOSIS REPORT 2024

**3302. SHRI SUNIL BOSE:**

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

(a) whether the Government is aware of the Global Tuberculosis Report 2024, which states that India had the highest tuberculosis burden in the year 2023 contributing to 26 per cent of global TB deaths, if so, the details thereof;

(b) the details of the allocation of funds for TB elimination in the country during each of the last five years, year-wise and State/UT-wise;

(c) the initiatives taken by the Government to address the issue of multi drug-resistant TB in the country; and

(d) whether the Government has been successful in the implementation of the National Strategic Plan for Tuberculosis to eliminate TB by 2025, 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 Government has implemented National TB Elimination Programme (NTEP) under the aegis of National Health Mission (NHM). As per World Health Organisation's Global TB report 2024, it was estimated that India contributed to 26% of total TB deaths globally in 2023, however as per Global TB Report 2025, the proportion reduced to 25% in 2024.

With the implementation of the National Strategic Plan for TB, as per the World Health Organization's Global TB Report 2025 the country's estimated TB incidence (per lakh population) has declined by 21% from 237 in year 2015 to 187 in year 2024, almost twice the global decline (12%). Estimated TB mortality (per lakh population) declined by 25% from 28 in year 2015 to 21 in year 2024. The treatment coverage increased from 53% in 2015 to 92% in 2024, which led to reduction in missing cases from 15 lakhs to less than 1 lakh.

Measures taken by the Government to address multi drug-resistant TB across the country are as under:

- Early detection through intensified screening in OPD/IPD and community based active case finding campaign with focus on vulnerable population and congregate settings
- Provision of free drugs and diagnostics to TB patients including for drug-resistant TB
- Universal Drug Susceptibility Testing (UDST) for all TB patients to detect drug-resistant TB through 11,296 Nucleic Acid Amplification Test (NAAT) laboratories at district & sub-district levels
- Established a network of 108 Line Probe Assay, 74 Liquid Culture Testing Laboratories, 37 Intermediate Reference Laboratories and 6 National Reference Laboratories for diagnosis of drug resistance and quality assurance
- For decentralized treatment, 815 Drug Resistant TB treatment centres are established
- Introduction of shorter, safer, all oral drug-resistant TB treatment regimen, which includes BPaLM regimen (Bedaquiline, Pretomanid, Linezolid and Moxifloxacin) for management of drug- resistant TB cases
- Intensified Information, Education & Communication (IEC) campaigns to reduce stigma, enhance community awareness and improve health seeking behaviour
- Track & monitor notified TB cases through Ni-kshay portal

Under NHM, funds for NTEP are provided as part of RCH Flexipool to all State/UTs. Further, the details of allocation of funds for TB elimination in the country during last five years, year-wise and State/UT-wise, is placed as **Statement.**

## STATEMENT

**Details of Funds Allocation to States/UTs under National TB Elimination Programme (NTEP)**

***(Rs. in crores)***

| State/UTs | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|
| Andhra Pradesh | 55.87 | 56.36 | 71.89 | 91.74 | 193.80 |
| Andaman & Nicobar | 2.06 | 2.16 | 2.38 | 1.71 | 2.78 |
| Arunachal Pradesh | 17.83 | 18.14 | 19.95 | 16.27 | 19.79 |
| Assam | 48.28 | 46.58 | 51.24 | 58.97 | 159.71 |
| Bihar | 41.18 | 43.24 | 58.28 | 75.37 | 233.81 |
| Chandigarh | 4.18 | 4.17 | 4.59 | 4.96 | 19.25 |
| Chhattisgarh | 38.32 | 40.23 | 48.53 | 60.73 | 118.46 |
| Dadra & Nagar Haveli and Daman & Diu | 3.23 | 3.39 | 3.72 | 3.39 | 4.70 |
| Delhi | 17.96 | 17.71 | 19.48 | 41.05 | 236.16 |
| Goa | 3.22 | 3.38 | 3.85 | 7.56 | 9.09 |
| Gujarat | 57.55 | 57.27 | 70.02 | 80.81 | 252.38 |
| Haryana | 44.54 | 46.77 | 54.05 | 54.01 | 102.32 |
| Himachal Pradesh | 16.62 | 17.46 | 20.07 | 25.99 | 44.95 |
| Jammu & Kashmir | 23.00 | 23.64 | 26.00 | 35.33 | 65.47 |

| | | | | | |
|---|---|---|---|---|---|
| Jharkhand | 42.57 | 44.69 | 54.31 | 68.75 | 141.64 |
| Karnataka | 69.92 | 67.69 | 81.52 | 96.73 | 271.63 |
| Keralam | 41.63 | 42.64 | 49.74 | 49.24 | 90.83 |
| Ladakh | 3.90 | 4.10 | 4.51 | 4.14 | 5.16 |
| Lakshadweep | 0.62 | 0.65 | 0.72 | 0.71 | 1.41 |
| Madhya Pradesh | 77.67 | 80.64 | 99.66 | 123.75 | 398.84 |
| Maharashtra | 104.92 | 105.08 | 128.35 | 179.17 | 541.68 |
| Manipur | 23.59 | 24.26 | 26.69 | 24.86 | 29.68 |
| Meghalaya | 11.28 | 11.84 | 13.02 | 14.23 | 22.12 |
| Mizoram | 14.14 | 14.85 | 16.33 | 14.13 | 19.12 |
| Nagaland | 19.09 | 19.46 | 21.41 | 20.14 | 26.36 |
| Odisha | 52.37 | 54.99 | 67.11 | 77.02 | 213.31 |
| Puducherry | 4.17 | 4.38 | 4.82 | 5.21 | 10.17 |
| Punjab | 41.34 | 43.41 | 51.24 | 60.28 | 231.84 |
| Rajasthan | 40.02 | 41.00 | 54.40 | 57.83 | 255.39 |
| Sikkim | 9.41 | 9.88 | 10.87 | 10.47 | 14.77 |
| Tamil Nadu | 64.97 | 67.27 | 81.86 | 145.36 | 345.52 |
| Telangana | 52.15 | 54.76 | 64.38 | 95.02 | 287.78 |
| Tripura | 11.35 | 11.66 | 12.83 | 12.92 | 23.26 |
| Uttar Pradesh | 135.17 | 137.93 | 173.74 | 246.19 | 853.92 |
| Uttarakhand | 22.27 | 23.39 | 26.81 | 31.51 | 58.80 |
| West Bengal | 79.40 | 83.37 | 103.43 | 146.10 | 344.05 |

**ESTABLISHMENT OF FERTILIZER MANUFACTURING UNITS IN AMRITSAR**

**3303. SHRI GURJEET SINGH AUJLA:**

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

(a) whether the Union Government is considering to support fertilizer unit in Amritsar to reduce import dependency, if so, the details thereof;

(b) whether it is true that such a unit would not only reduce transportation costs and import dependency, but also generate massive employment opportunities for local youth, support agriculture and reduce the burden of excessive subsidy by enabling cheaper domestic production, if so, the details thereof; and

(c) whether the proposal of such units under the schemes promoting self-reliance in agri-inputs and prioritise border areas like Amritsar for such strategic investment, if so, the details thereof?

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

(a) to (c): 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 269.42 LMTPA during 2026-27. 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. Also, setting up of a new Brownfield Ammonia-Urea Complex named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL) with an annual capacity of 12.7 Lakh Metric Tonne of Urea through Joint Venture within the existing premises of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Assam has been approved. These two projects are under execution phase.

Also, the Government 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 2025-26, 293.30 LMT of Urea was produced in the country.

In addition to this, on 15.07.2026, CCEA approved National Investment Policy for Urea-2026 for Aatmanirbhar Bharat (NIPU-2026) for making fresh investments in Urea Sector.

For P&K Fertilizers, 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) revival, expansion and modernisation of manufacturing units 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 measures have been taken to encourage domestic production through guidelines 18.01.2024 on reasonableness of MRP, wherein importers/ manufacturers and integrated manufacturers are given reasonable profit of 8%/10% and 12% respectively; 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; the number of P&K

fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades; Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is being provided since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil. Further the rates of nutrients under NBS scheme are decided on biannual basis to ensure availability of fertilizers under the Scheme.

To reduce the country's dependence on imports of fertilizer raw materials, the Government, under the Mode-2A of Strategic Interventions for Green Hydrogen Transition (SIGHT) scheme of National Green Hydrogen Mission (NGHM), MNRE, a provision has been made for procurement of approx. 7 LMT per annum of Green Ammonia for a period of 10 years by the Fertilizer companies for production of P&K fertilizers. Towards operationalization of this initiative, Green Ammonia Purchase Agreements (GAPA) between Green Ammonia Producers and Solar Energy Corporation of India Limited (SECI), and Green Ammonia Sales Agreements (GASA) between Fertilizer Companies and SECI, were signed on 30.03.2026.

However, at present there is no proposal for setting up or extending support to a urea fertilizer manufacturing unit in Amritsar is under consideration of the Government.

## ESTABLISHMENT OF GOVERNMENT MEDICAL COLLEGE

**3304. SHRI MALVINDER SINGH KANG:**

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

(a) whether the Government has undertaken any scheme to establish Government Medical Colleges in all districts of the country;

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

(c) whether Rupnagar (Ropar) district in Punjab has been considered under the said scheme; and

(d) if so, the current status of the proposal and the likely timeline for the commencement of construction of the Medical College in the district?

**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 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. The fund sharing mechanism between the Centre and State Governments is in the ratio of 90:10 for North Eastern and Special Category States, and 60:40 for others. Under the Scheme, all the envisaged 157 medical colleges have been approved in three phases, including 03 medical colleges in Punjab at SAS Nagar, Kapurthala and Hoshiarpur. The phase wise details of medical colleges approved in the country are at **Statement**. However, no

proposal for setting up of Medical College at Rupnagar (Ropar) has been received from the State of Punjab.

## STATEMENT

**State-wise details of 157 Medical Colleges approved under the Centrally Sponsored scheme for 'Establishment of new medical colleges attached with existing district/referral hospitals'**

| S.No | State/UT | No. of colleges | Districts |
|---|---|---|---|
| **Phase-I (58)** | | | |
| 1 | A & N Islands | 1 | Port Blair |
| 2 | Arunachal Pradesh | 1 | Naharlagun |
| 3 | Assam | 4 | Dhubri, Nagaon, North Lakhimpur, Diphu |
| 4 | Bihar | 3 | Purnia, Saran (Chhapara), Samastipur |
| 5 | Chhattisgarh | 2 | Rajnandgaon, Sarguja |
| 6 | Himachal Pradesh | 3 | Chamba, Hamirpur, Nahan (Sirmour) |
| 7 | Haryana | 1 | Bhiwani |
| 8 | Jharkhand | 3 | Dumka, Hazaribagh, Palamu (Daltonganj) |
| 9 | Jammu & Kashmir | 5 | Anantnag, Baramulla, Rajouri, Doda, Kathua |
| 10 | Madhya Pradesh | 7 | Datia, Khandwa, Ratlam, Shahdol, Vidisha, Chindwara, Shivpuri |
| 11 | Maharashtra | 1 | Gondia |
| 12 | Meghalaya | 1 | West Garo Hills (Tura) |
| 13 | Mizoram | 1 | Falkawn |
| 14 | Nagaland | 1 | Naga Hospital (Kohima) |
| 15 | Odisha | 5 | Balasore, Baripada (Mayurbhanj), Bolangir, Koraput, Puri |
| 16 | Punjab | 1 | SAS Nagar |
| 17 | Rajasthan | 7 | Barmer, Bharatpur, Bhilwara, Churu, Dungarpur, Pali, Sikar |
| 18 | Uttar Pradesh | 5 | Basti, Faizabad, Firozabad, Shahjahanpur, Bahraich |
| 19 | Uttarakhand | 1 | Almora |
| 20 | West Bengal | 5 | Birbhum (Rampur Hat), Cooch Behar, Diamond Harbour, Purulia, Raiganj (North Dinajpur) |
| **Phase –II (24)** | | | |
| 1 | Bihar | 5 | Sitamarhi, Jhanjharpur, Siwan, Buxar, Jamui |

| S.No | State/UT | No. of colleges | Districts |
|---|---|---|---|
| 2 | Jharkhand | 2 | Koderma, Chaibasa (Singhbhum) |
| 3 | Madhya Pradesh | 1 | Satna |
| 4 | Odisha | 1 | Jajpur |
| 5 | Rajasthan | 1 | Dholpur |
| 6 | Uttar Pradesh | 8 | Etah, Hardoi, Pratapgarh, Fatehpur, Siddharthnagar (Domariyaganj), Deoria, Ghazipur, Mirzapur |
| 7 | West Bengal | 5 | Barasat, Uluberia, Arambagh, Jhargram, Tamluk |
| 8 | Sikkim | 1 | Gangtok |
| | | | **Phase-III (75)** |
| 1 | Andhra Pradesh | 3 | Piduguralla, Paderu, Machilipatnam |
| 2 | Assam | 1 | Kokrajhar |
| 3 | Chhattisgarh | 3 | Korba, Mahasamund, Kanker |
| 4 | Gujarat | 5 | Narmada, Navsari, Panchmahal, Porbandar, Morbi |
| 5 | Jammu & Kashmir | 2 | Udhampur, Handwara (Distt. Kupwara) |
| 6 | Karnataka | 4 | Chikkamagaluru, Haveri, Yadgiri, Chikkaballapura |
| 7 | Ladakh | 1 | Leh |
| 8 | Madhya Pradesh | 6 | Rajgarh, Mandla, Neemuch, Mandsaur, Sheopur, Singrauli |
| 9 | Maharashtra | 1 | Nandurbar |
| 10 | Manipur | 1 | Churachandpur |
| 11 | Nagaland | 1 | Mon |
| 12 | Odisha | 1 | Kalahandi |
| 13 | Punjab | 2 | Kapurthala, Hoshiarpur |
| 14 | Rajasthan | 15 | Alwar, Baran, Bansawara, Chittorgarh, Jaisalmer, Karauli, Nagaur, Shri Ganganagar, Sirohi, Bundi, SawaiMadhopur, Tonk, Hanumangarh, Jhunjhunu, Dausa |
| 15 | Uttarakhand | 3 | Rudrapur (Distt. Udham Singh Nagar), Pithoragarh, Haridwar |
| 16 | Uttar Pradesh | 14 | Bijnaur, Kushinagar, Sultanpur, Gonda, Lalitpur, LakhimpurKheri, Chandauli, Bulandshahar, Sonbhadra, Pilibhit, Auraiya, Kanpur Dehat, Kaushambi, Amethi |
| 17 | Tamil Nadu | 11 | Tiruppur, Nilgiris, Ramanathapuram, Namakkal, Dindigul, Virudhunagar, Krishnagiri, Tiruvallur, Nagapattinam, Ariyalur, Kallakurichi |
| 18 | West Bengal | 1 | Jalpaiguri |

## योग विज्ञान के प्रोफ़ेसरों की नियुक्ति

**3305. डॉ. राजेश मिश्रा**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या सरकार सभी विश्वविद्यालयों और कॉलेजों में योग विज्ञान के प्रोफेसरों और सहायक प्रोफेसरों की नियुक्ति करने पर विचार कर रही है;

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

(ग) मध्य प्रदेश के उन संस्थानों का ब्यौरा और कुल संख्या कितनी है जिनमें योग के प्रोफेसर और सहायक प्रोफेसर वर्तमान में तैनात हैं;

(घ) क्या भविष्य में योग प्रोफेसरों के लिए किसी भर्ती अभियान की योजना बनाई गई है; और

(ङ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो उसके क्या कारण हैं?

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

(क) और (ख): वर्तमान में, आयुष मंत्रालय में सभी विश्वविद्यालयों और कॉलेजों में योग विज्ञान के प्रोफेसरों और सहायक प्रोफेसरों की तैनाती पर विचार करने का कोई प्रस्ताव नहीं है।

(ग): मध्य प्रदेश में विश्वविद्यालयों और कॉलेजों में तैनात योग के प्रोफेसरों और सहायक प्रोफेसरों के संबंध में ऐसी संस्था-वार सूचना आयुष मंत्रालय द्वारा केन्द्रीय स्तर पर नहीं रखी जाती है।

(घ) और (ङ): जी नहीं, विश्वविद्यालयों/कॉलेजों में शिक्षण पदों पर भर्ती, इस संबंध में लागू नियमों और विनियमों के अनुसार संबंधित संस्थानों/सक्षम प्राधिकारियों द्वारा की जाती है।

**PERFORMANCE UNDER THE NUTRITION MISSION (POSHAN ABHIYAAN)**

**3306. SHRI ABHISHEK BANERJEE**

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

(a) the details of the funds released/utilised under POSHAN Abhiyaan since FY 2020-21;

(b) the details of the 531nganwadi centres equipped with functional devices for real-time monitoring;

(c) the details of the decline in child malnutrition recorded in the country, State-wise; and

(d) the details of the corrective steps being undertaken in low-performing States?

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

(a) to (d): To address the challenge of malnutrition, Anganwadi services, Poshan Abhiyaan and Scheme for Adolescent Girls (of 14-18 years age in Aspirational Districts and North-Eastern region) have been subsumed under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0). It is a Centrally Sponsored Mission where the responsibility for implementation of various activities lies with the States and Uts.

The details of funds released under Mission Saksham Anganwadi and Poshan 2.0 is placed below:

| | | | | | | Rupees in crores |
|---|---|---|---|---|---|---|
| Mission Saksham Anganwadi and Poshan 2.0 | Funds released 2020-21 | Funds released 2021-22 | Funds released 2022-23 | Funds released 2023-24 | Funds released 2024-25 | Funds released 2025-26 |
| | 16105.78 | 18368.01 | 19849.82 | 21741.17 | 20904.83 | 16777.37 |

Mission Poshan 2.0 empowers the frontline functionaries by providing them with smartphones. All Anganwadi Workers (AWWs) are provided with internet connectivity charges. Additionally, there is a provision of a set of 4 Growth Monitoring Devices (GMDs) (Infantometer and Stadiometer for length and height measurement, Weighing Scale-Infant and Weighing Scale-Mother & Child for weight measurement) at all Anganwadi Centres (AWC) in the country for regular growth measurement of all registered beneficiaries. Further, data entry on Poshan Tracker application of all indicators including growth measurement is done by the Anganwadi Workers using smartphones. Additionally, a 2% buffer for smartphones and 5% buffer for GMDs has been provisioned to be kept and maintained at the district level so that input is not adversely affected because of malfunctioning/non-availability of these items. As per guidelines, smartphones and GMDs beyond 4 years are eligible for replacement.

Data of malnutrition indicators is collected under National Family Health Survey (NFHS) by the Ministry of Health and Family Welfare. Various rounds of the NFHS since 1992-93 have shown improvement over the years in

malnutrition indicators across India. Details of these indicators from NFHS-1 to NFHS-6 are given below:

| NFHS Survey | Stunting % | Underweight % | Wasting % |
|---|---|---|---|
| NFHS-1 (1992-93) * | 52 | 53.4 | 17.5 |
| NFHS-2 (1998-99) ** | 45.5 | 47 | 15.5 |
| NFHS-3 (2005-06) *** | 48.0 | 42.5 | 19.8 |
| NFHS-4 (2015-16) *** | 38.4 | 35.8 | 21.0 |
| NFHS-5 (2019-21) *** | 35.5 | 32.1 | 19.3 |
| NFHS-6 (2023-24) *** | 29.3 | 31.8 | 19.0 |

* Under 4 years ** Under 3 years *** Under 5 years

Ministry of Women and Child Development (MoWCD) under the Mission has rolled out 'Poshan Tracker' digital application as an ICT based governance tool for monitoring and tracking of all beneficiaries on various indicators. The State-wise data of nutrition indicators among children under five years in the country is available at the Poshan Tracker public dashboard: https://www.poshantracker.in/statistics.

Various measures have been taken by the MoWCD to improve nutritional outcomes including in low performing States are placed below:

- Supplementary Nutrition in the form of Hot cooked meal (HCM) and Take-Home Ration (THR) is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013.

Additional Nutrition is also provided to Severely Acute Malnourished (SAM) children in form of Take-Home Ration (THR).

- One of the major activities undertaken under Mission Poshan 2.0 is Community Mobilization and Awareness Advocacy to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change. State and Uts are conducting and reporting regular sensitisation activities under Jan Andolans during Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April, respectively. More than 150 crore Jan Andolan activities have been conducted since 2018 through 16 Jan Andolans, each helped sensitizing not only the target beneficiaries but communities at large.
- Community Based Events (CBEs) have served as a significant strategy in changing nutritional practices and all Anganwadi workers (AWWs) are required to conduct two Community Based Events every month. So far, around 10.5 crore CBEs have been reported on Poshan Tracker from April 2022 to June 2026.
- MoWCD and Ministry of Health & Family Welfare (MoHFW) have jointly released the Protocol for Management of Malnutrition in Children to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.
- Under the Mission, two lakh Anganwadi Centres (AWCs) have been approved to be upgraded as Saksham Anganwadis for delivery of improved nutrition and for ECCE activities. These Saksham Anganwadis are equipped

with better infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BaLA) paintings.

- Ministry of Tribal Affairs has launched Dharti Aaba Janjati Gram Unnat Abhiyan (DAJGUA) aimed at improving the socio-economic condition of tribal communities by adopting saturation coverage of tribal families in tribal majority areas and aspirational block ST villages. Under DAGJUA, 875 AWCs have been sanctioned for construction.
- Under PM-JANMAN (Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan) being implemented by the Ministry of Tribal Affairs (MoTA) which aims to provide basic facilities such as safe housing, clean drinking water and improved access to education, health and nutrition, road and telecom connectivity, electrification of unelectrified households and sustainable livelihood opportunities in convergence with 9-line Ministries including MoWCD. A total of 2,500 Anganwadi Centres (AWCs) have been sanctioned for construction in PVTG (Particularly Vulnerable Tribal Groups) areas.
- In convergence with the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development, construction of AWCs is facilitated. 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.

- MoHFW organises Village Health Sanitation and Nutrition Days (VHSNDs) for provision of maternal and child health services and creating awareness on maternal and child-care including nutrition in convergence with MoWCD.

## SANCTIONED STRENGTH OF JUDGES IN HIGH COURTS

**3307. PROF. SOUGATA RAY:**

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

(a) whether the Government has taken note of the growing pendency of cases in various High Courts despite periodic increase in the sanctioned strength of Judges, if so, the details thereof;

(b) whether the Government proposes to substantially increase the sanctioned strength of Judges in all High Courts, on the lines of the recent increase in the sanctioned strength of Judges of the Supreme Court;

(c) if so, the details thereof including the proposed increase and the timeline for implementation, High Court-wise;

(d) whether the Government has undertaken any assessment of the additional number of Judges required in each High Court based on

pendency, institution and disposal of cases, judge-to-population ratio and regional requirements, if so, the details thereof; and

(e) the measures being taken by the Government in consultation with the judiciary to ensure timely filling of vacancies, strengthening of judicial infrastructure and reduction of pendency in the High Courts?

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

(a) to (e): The Judges of the High Courts are appointed under Article 217 and 224 of the Constitution of India and according to the procedure laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case).

As per the Memorandum of Procedure (MoP), the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. However, this time limit is rarely observed. For appointments to the High Courts, the views of concerned State Government are obtained in accordance with the

MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice. Appointment of Judges in the higher judiciary is a continuous, integrated and collaborative process between the executive and the judiciary. It requires consultation and approval from various Constitutional Authorities both at State and Central level. Only those persons whose names have been recommended by the SCC are appointed as Judges of the High Courts.

The Judge strength of the High Courts is increased from time to time. The strength of High Courts has increased from 906 in 2014 to 1122 Judges in 2026. Disposal of cases pending in various courts lies within the domain of the judiciary. Timely disposal of cases in courts depends on several factors which, inter-alia, include availability of adequate number of judges and judicial officers, supporting court staff and physical infrastructure, complexity of facts involved, nature of evidence, co-operation of stake holders viz. bar, investigation agencies, witnesses and litigants. However, the Government is fully committed for speedy disposal of cases and reducing pendency. 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, better infrastructure for courts, increase in strength of

subordinate judiciary, policy and legislative measures in the areas prone to excessive litigation, enactment of New Criminal Laws, promoting Alternate Dispute Resolution mechanism and emphasis on human resource development.

## FERTILIZER SUBSIDY IN KERALA

**3308. SHRI KODIKUNNIL SURESH:**

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

(a) the details of fertilizer subsidy released along with the quantity of subsidised fertilizers made available in Kerala since 2019-20, fertilizer-wise and year-wise;

(b) whether the Union Government has received any representations from the Government of Kerala regarding shortage, delayed supply/inadequate allocation of subsidised fertilizers, if so, the details thereof and the action taken thereon;

(c) whether the Government has made any assessment regarding the impact of rising international fertilizer prices and import costs on the availability and timely supply of subsidised fertilizers in the said State, if so, the details thereof;

(d) the quantity of urea, DAP, MOP, NPK and other subsidised fertilizers supplied to the said State during the last five years, district-wise; and

(e) the steps taken/proposed to be taken by the Government to ensure adequate, timely and affordable availability of subsidised fertilizers to farmers in the said State, particularly paddy, coconut, rubber, spice and horticultural growers?

**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): Under the DBT in Fertilizers system, 100% subsidy on various fertilizer grades is released to fertilizer companies based on the actual sales made to beneficiaries. The subsidy is disbursed after Aadhaar authentication of the beneficiaries through PoS devices installed at each retail shop. Accordingly, fertilizers are supplied to all farmers at subsidized rates on a no-denial basis. Since funds are not allocated or disbursed in a district-wise or State-wise basis, such data is not maintained. The details of the total amount of fertilizer subsidy disbursed by the Government since 2019-20 is as given below:

*(Figures in Rs. Crore)*

| Financial Year | Subsidy Scheme | | | | | Total |
|---|---|---|---|---|---|---|
| | Indigenous P&K | Indigenous Urea | City Compost | Imported P&K | Imported Urea | |
| **2019-20** | 15906.00 | 43050.00 | 33.85 | 10429.00 | 14049.00 | **83467.85** |
| **2020-21** | 22288.37 | 68807.41 | 68.74 | 15015.37 | 25049.62 | **131229.51** |
| **2021-22** | 31931.46 | 54619.72 | 43.71 | 20794.79 | 50250.40 | **157640.08** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **2022-23** | 50089.67 | 127311.10 | 0.00* | 36032.56 | 41365.60 | **254798.93** | |
| **2023-24** | 36270.00 | 102027.00 | 0.00* | 28929.57 | 28193.94 | **195420.51** | |
| **2024-25** | 34010.00 | 103319.50 | 0.00* | 18800.00 | 21000.00 | **177129.50** | |
| **2025-26** | 41000.00 | 94219.50 | 0.00* | 33999.99 | 47956.24 | **217175.73** | |
| * The Scheme of City Compost has been discontinued w.e.f. 1st October, 2021 | | | | | | | |

The recent geopolitical tensions disrupted global supply chains for fertilizers and raw materials, resulting in higher freight and insurance costs, shipment delays, and price volatility. However, fertilizer availability in the country remained largely adequate through diversified sourcing and Government interventions. Government has undertaken measures to diversify import sources by exploring procurement opportunities from various countries. Moreover, the fertilizer industry has also collectively procured fertilizers and raw materials through an industry consortium to ensure transparent price discovery, improve bargaining power with global suppliers, and secure timely availability of fertilizers and raw materials. The budgetary allocation for fertilizer subsidy is reviewed periodically, based on which, the process for seeking additional budgetary allocation, on requirement, is undertaken, as per the extant provision.

The following Steps are taken by the Government every season for ensuring timely and adequate supply of fertilizers across the States/Uts, including the State of Kerala:

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. 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.

II. The movement of all major subsidized fertilizers is monitored throughout the country by an online web-based monitoring system called integrated Fertilizer Management System (iFMS).

III. The gap between demand (requirement) and production for Urea & other fertilizer is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

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.

Accordingly, the availability of fertilizers i.e. Urea, DAP, MOP and NPKS has remained adequate in the State of Kerala since 2019-20 (i.e. in Fys 2019-20

to 2025-26). The information regarding requirement, availability and sales of these fertilizers in the State during the said period is placed at **Statement.**

## STATEMENT

**The information regarding requirement, availability and sales of these fertilizers in the State during Fys 2019-20 to 2025-26**

**KERALA**
**REQUIREMENT, AVAILABILITY & SALES OF FERTILIZERS FROM 2019-20 TO 2025-26**

*(Fig. in LMT)*

| S.No | YEAR | UREA | | | DAP | | | MOP | | | NPKS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | **2019-20** | 1.17 | 1.34 | 1.14 | 0.33 | 0.20 | 0.17 | 1.25 | 1.07 | 0.89 | 1.20 | 1.64 | 1.32 |
| 2 | **2020-21** | 1.13 | 1.51 | 1.27 | 0.19 | 0.22 | 0.21 | 0.85 | 1.28 | 1.09 | 1.25 | 1.72 | 1.44 |
| 3 | **2021-22** | 1.22 | 1.29 | 1.15 | 0.20 | 0.14 | 0.14 | 1.10 | 0.86 | 0.77 | 1.45 | 1.43 | 1.26 |
| 4 | **2022-23** | 1.23 | 1.32 | 1.12 | 0.20 | 0.22 | 0.19 | 1.07 | 0.86 | 0.78 | 1.42 | 1.32 | 1.02 |
| 5 | **2023-24** | 1.19 | 1.13 | 0.96 | 0.20 | 0.18 | 0.16 | 0.97 | 0.87 | 0.70 | 1.42 | 1.56 | 1.26 |
| 6 | **2024-25** | 1.11 | 1.37 | 1.15 | 0.17 | 0.21 | 0.20 | 0.82 | 1.06 | 0.83 | 1.37 | 1.50 | 1.26 |
| 7 | **2025-26** | 1.14 | 1.30 | 1.14 | 0.20 | 0.31 | 0.22 | 0.90 | 1.07 | 0.87 | 1.30 | 1.60 | 1.25 |

1. Primary Indicator of comfortable availability: Availability > Requirement
2. Secondary Indicator of comfortable availability: Availability > Sales

## NUTRITIONAL STATUS OF WOMEN AND CHILDREN

**3309. SHRI ZIA UR REHMAN:**

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

(a) whether the Government has assessed the nutritional status of children and pregnant women under POSHAN Abhiyaan, if so, the details thereof;

(b) the details of malnutrition cases reported during the last three years, State-wise; and

(c) the details of the corrective measures being taken to improve nutrition and strengthen Anganwadi services?

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

(a) to (c): Under the Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0), the 'Poshan Tracker' digital application has been rolled out by Ministry of Women and Child Development (MoWCD) as an ICT based governance tool for continuous monitoring and tracking of all services being provided to the beneficiaries registered at Anganwadi Centres (AWCs). Technology under Poshan Tracker is being leveraged for dynamic identification of stunting, wasting, under-weight prevalence among children under 5 years of age group. The State-wise and year-wise information on nutrition indicators

among children under 5 years is available at Poshan Tracker dashboard: https://www.poshantracker.in/statistics.

Various measures have been taken by the MoWCD to improve nutritional outcomes and strengthen Anganwadi services:

- Under Mission Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings have been approved to be upgraded as Saksham Anganwadis for delivery of improved nutrition and for ECCE activities. These Saksham Anganwadis are equipped with better infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BaLA) paintings.
- Supplementary Nutrition in the form of Hot cooked meal (HCM) and Take-Home Ration (THR) is provided to Children (6 months to 6 years), Pregnant Women, Lactating Mothers and Adolescent Girls in accordance with the nutrition norms contained in Schedule-II of the National Food Security Act, 2013. Additional Nutrition is also provided to Severely Acute Malnourished (SAM) children in form of Take-Home Ration (THR).
- MoWCD and Ministry of Health & Family Welfare have jointly released the Protocol for Management of Malnutrition in Children to prevent and treat severely acute malnutrition in children and for reducing associated morbidity and mortality.
- Mission Poshan 2.0 empowers the frontline functionaries by providing them with smartphones along with data recharge facility. Further, there is a

provision of Growth Monitoring Devices (GMDs) as Infantometer, Stadiometer, Weighing Scale-Infant and Weighing Scale-Mother & Child at each Anganwadi Centre (AWC) for the regular growth monitoring of registered beneficiaries.

- Anganwadi Workers (AWWs) conduct structured home visits to support pregnant women, lactating mothers, and young children (0-3 years) through nutrition counselling, caregiving guidance, and promotion of early childhood development.
- One of the major activities undertaken is Community Mobilization and Awareness Advocacy in the form of Jan Andolans (Poshan Maah and Poshan Pakhwada celebrated in the months of September and March-April respectively) to educate people on nutritional aspects as adoption of good nutrition habit requires sustained efforts for behavioural change.
- Poshan Vatikas are set up under Mission Poshan 2.0 at Anganwadi Centers across the country to encourage consumption of local and seasonal fruits, vegetables, thereby improving diet-diversity and increase the intake of micronutrients.

## नाविकों की निकासी

**3310. श्री तनुज पुनिया:**

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

(क) सीफेयरर फर्स्ट प्लान के तहत त्वरित चिकित्सीय प्रतिक्रिया और आपातकालीन निकासी के लिए किन-किन मंत्रालयों और भारतीय दूतावासों के साथ समन्वय तंत्र स्थापित किए गए हैं और तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने जहाज मालिकों और भर्ती एजेंसियों के लिए यह अनिवार्य कर दिया है कि वे किसी भी भारतीय नाविक को पर्याप्त सुरक्षा के बिना संवेदनशील मार्गों पर ड्यूटी करने के लिए बाध्य न करें; और

(ग) प्रभावित नाविकों के परिवारों की सहायता के लिए नियुक्त किए जाने वाले समर्पित संपर्क अधिकारियों की क्या भूमिका है?

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

(क): पत्तन, पोत परिवहन और जलमार्ग मंत्रालय, विदेश मंत्रालय और विश्व भर में भारतीय दूतावासों के माध्यम से तथा इस मंत्रालय के तहत एक अधीनस्थ निकाय समुद्री प्रशासन महानिदेशालय (डीजीएमए) के माध्यम से भी, नाविक फर्स्ट प्लान के तहत त्वरित चिकित्सा प्रतिक्रिया और आपातकालीन निकासी के लिए पोर्ट स्टेट अथॉरिटीज, फ्लैग स्टेट अथॉरिटीज और रिक्रूटमेंट एंड प्लेसमेंट सर्विस लाइसेंस (आरएसपीएल) एजेंसियों के साथ समन्वय कर रहा है।

(ख): फारस की खाड़ी, होर्मुज जलडमरूमध्य, काला सागर और यमन/ लाल सागर क्षेत्र सहित संघर्ष प्रभावित क्षेत्रों में समुद्री सुरक्षा के माहौल को ध्यान में रखते हुए, समुद्री प्रशासन महानिदेशालय (डीजीएमए) ने कई एडवाइजरी जारी की हैं। ये एडवाइजरी की प्रकृति एहतियाती हैं और इनका उद्देश्य भारतीय नाविकों की सुरक्षा और संरक्षा को बढ़ाना है। इसका ब्यौरा **विवरण** में दिया गया है।

(ग): सरकार ने समुद्री प्रशासन महानिदेशालय (डीजीएमए) के माध्यम से, समुद्री आपात स्थितियों और संकट की स्थितियों के दौरान भारतीय नाविकों और उनके परिवारों को निरंतर समन्वय, संचार और कल्याणकारी सहायता प्रदान करने के लिए समर्पित अधिकारियों को नामित किया है। ये अधिकारी संपर्क अधिकारियों के रूप में कार्य करते हैं और समय पर सहायता तथा समन्वित प्रतिक्रिया सुनिश्चित करने के लिए निकट संबंधियों, रिक्रूटमेंट एंड प्लेसमेंट सर्विस लाइसेंस

(आरएसपीएल) एजेंसियों, शिपिंग कंपनियों, विदेशों में भारतीय मिशनों, समुद्री प्रशासनों और अन्य संबंधित हितधारकों के साथ नियमित संपर्क बनाए रखने के लिए जिम्मेदार हैं। दिनांक 02.03.2026 के आदेश के तहत, तत्काल प्रतिक्रिया, निकासी समन्वय, संकट प्रबंधन और कल्याणकारी सहायता प्रदान करने के लिए डीजीएमए में एक समर्पित 24×7 त्वरित प्रतिक्रिया टीम का गठन किया गया है। नामित अधिकारियों को सौंपी गई जिम्मेदारियों में शामिल हैं:

- प्रभावित नाविकों के परिवारों और निकट संबंधियों के साथ निरंतर संचार बनाए रखना।
- रियल टाइम जानकारी प्राप्त करने और समय पर सहायता प्रदान करने के लिए, आरपीएसएल (आरएसपीएल) एजेंसियों, शिपिंग कंपनियों, विदेशों में भारतीय मिशनों, पत्तन प्राधिकारियों और अन्य हितधारकों के साथ समन्वय करना।
- डीजी संचार केन्द्र के माध्यम से समर्पित टेलीफोन, व्हाट्सएप और ईमेल चैनलों के माध्यम से चौबीस घंटे तत्काल सहायता प्रदान करना।
- समुद्री प्रशासन महानिदेशालय (डीजीएमए) और पत्तन, पोत परिवहन और जलमार्ग मंत्रालय द्वारा, निकासी, स्वदेश वापसी, कल्याणकारी सहायता और जारी एडवाइजरियों का प्रसार सुविधाजनक बनाना।
- प्रभावित नाविकों की स्थिति और स्थान की मॉनिटरिंग करना, समय-समय पर स्थिति रिपोर्ट प्रस्तुत करना, और भारतीय नाविकों की सुरक्षा, संरक्षा और कल्याण को प्रभावित करने वाली आपात स्थितियों के लिए त्वरित प्रतिक्रिया सुनिश्चित करना।

तदनुसार, प्रभावित परिवारों के साथ निरंतर संबंध और सभी कल्याणकारी, राहत, संचार तथा सहायता से संबंधित मामलों के लिए समय पर समन्वय सुनिश्चित करने हेतु, नामित संपर्क अधिकारियों और एक समर्पित 24×7 प्रतिक्रिया टीम के माध्यम से एक संरचित तंत्र स्थापित किया गया है।

## <u>विवरण</u>

**भारतीय नाविकों की सुरक्षा और संरक्षा सुनिश्चित करने के लिए एडवाइजरी**

निम्नलिखित एडवाइजरी दिनांक 10.04.2024 के डीजीएस परिपत्र संख्या 08/2024 के तहत स्थापित स्थायी समुद्री सुरक्षा आर्किटेक्चर के साथ-साथ प्रचालित की जाती हैं और 24 घंटे के कंट्रोल रूम, डीजीएमए के तहत डीजी कम्यूनिकेशन सेंटर के माध्यम से निरंतर रियल टाइम मॉनिटरिंग, तथा हर 24 घंटे में एक स्थिति रिपोर्ट जारी करने द्वारा समर्थित हैं।

i. **डीजीएस एडवाइजरी (14.01.2026)** - ईरान पर विदेश मंत्रालय की एडवाइजरी को देखते हुए भारतीय नाविकों और शिपिंग हितधारकों के लिए एडवाइजरी, जिसमें शिपिंग कंपनियों को परामर्श दिया गया था कि अगले आदेश होने तक भारतीय नाविकों को ईरान न भेजा जाए, इस क्षेत्र में भारतीय कर्मीदलों की बारीकी से मॉनिटरिंग अपेक्षित है, और नाविकों को निर्देश जाएं कि वे भारत के दूतावास और विदेश मंत्रालय द्वारा जारी एडवाइजरी का पालन करें।

ii. **डीजीएस का 2026 परिपत्र 09 (28.02.2026)** - ईरान में बढ़ते तनाव की स्थिति को देखते हुए भारतीय नाविकों और शिपिंग हितधारकों के लिए तत्काल एडवाइजरी, जिसमें ईरान में भारतीय नाविकों को सतर्क रहने, भारतीय दूतावास में पंजीकरण कराने, जहां संभव हो, सुरक्षित प्रस्थान के लिए समन्वय करने की आवश्यकता और हितधारकों को प्रभावित क्षेत्रों में भारतीय नाविकों का विवरण तत्काल प्रदान करने का निर्देश दिया गया है।

iii. **डीजीएस का 2026 का परिपत्र 10 (06.03.2026)** - फारस की खाड़ी, होर्मुज जलडमरूमध्य और आसपास के जलक्षेत्र में कार्यरत भारतीय नाविकों और शिपिंग हितधारकों के लिए सुरक्षा एडवाइजरी, जिसमें निरंतर सतर्कता बनाए रखने, आईएसपीएस कोड सुरक्षा उपायों का अनुपालन करने, 24x7 आपातकालीन संपर्क तंत्र स्थापित करने, भारतीय मिशनों से संपर्क बनाए रखने,

आपातकालीन तैयारी, और जहां आवश्यकता हो, नाविकों व उनके परिवारों के लिए मनोवैज्ञानिक काउंसिलिंग सहायता प्रदान करने का परामर्श दिया गया है।

iv. **डीजीएस का 2026 का परिपत्र 11 (07.03.2026)** - समुद्री हितधारकों और नाविक समुदाय के लिए सोशल मीडिया एडवाइजरी, जिसमें समुद्री हितधारकों को अप्रमाणित जानकारी, अफवाहों, नकली वीडियो या अटकलबाजी वाली रिपोर्टों को प्रसारित करने से बचने और केवल आधिकारिक स्रोतों से प्रमाणित जानकारी पर भरोसा करने का निर्देश दिया गया है।

v. **डीजीएस का 2026 का परिपत्र 21 (07.04.2026)** - ईरानी पत्तनों में किनारे पर और ईरानी जलक्षेत्र में या उसके आसपास प्रचालित जलयानों पर भारतीय नाविकों के लिए सुरक्षा एडवाइजरी, जिसमें ईरान में नाविकों को निर्दिष्ट स्थानों पर रहने, अनावश्यक यात्रा से बचने, अत्यधिक सतर्कता बनाए रखने, दूतावास की एडवाइजरी का पालन करने और कंपनी प्रतिनिधियों के संपर्क में रहने का परामर्श दिया गया, साथ ही 24x7 आपातकालीन सहायता संपर्क विवरण भी प्रदान किए गए हैं।

vi. **डीजीएस का 2026 का परिपत्र 31 (13.06.2026)** - खाड़ी क्षेत्र में बढ़ी हुई सुरक्षा स्थिति को देखते हुए भारतीय नाविकों के लिए सुरक्षात्मक उपाय, जिसमें बढ़ी हुई सुरक्षा सतर्कता को दोहराया गया है, शिपिंग कंपनियों और आरपीएसएल कंपनियों को अगले आदेश होने तक भारतीय नाविकों को संघर्ष क्षेत्रों में तैनाती पर प्रतिबंध लगाने का निर्देश दिया गया है (सहमति से आपातकालीन क्रू परिवर्तन को छोड़कर), मॉनिटरिंग और रिपोर्टिंग आवश्यकताएं, और सत्यापित सुरक्षा जानकारी का प्रसार किया गया है।

vii. **डीजीएस का 2026 का परिपत्र 36 (15.07.2026):** व्यापारी जलयानों पर नए हमलों को देखते हुए, डीजीएस परिपत्र संख्या 36/2026 ने पूर्ण अंतर्राष्ट्रीय जलयान और पत्तन सुविधा सुरक्षा (आईएसपीएस) कोड सुरक्षा उपायों के कार्यान्वयन को अनिवार्य कर दिया है और खाड़ी क्षेत्र से गुजरने वाली यात्राओं पर भारतीय नाविकों को तैनात करने के खिलाफ सलाह दी।

viii. **डीजीएस का 2026 का परिपत्र 41 (23.07.2026) –** काले सागर में प्रचालन करने वाले भारतीय नाविकों को ले जाने वाले भारतीय और विदेशी ध्वज वाले जलयानों के लिए जारी एडवाइजरी, जिसमें अतिरिक्त सावधानी, यात्रा-विशिष्ट सुरक्षा मूल्यांकन, सुरक्षा एडवाइजरियों का कड़ाई से पालन और घटनाओं की तत्काल रिपोर्टिंग की आवश्यकता है।

ix. **डीजीएस का 2026 का परिपत्र 42 (23.07.2026) -** बाब-अल-मंदेब जलडमरूमध्य, दक्षिणी लाल सागर और उसके पास यमन के जल में प्रचालन करने वाले जलयानों के लिए जारी एडवाइजरी, जिसमें जलयान स्वामियों और मास्टर्स को अत्यधिक सावधानी बरतने, सुरक्षा घटनाक्रमों की निरंतर मॉनिटरिंग करने और अतिरिक्त जोखिम कम करने के उपायों को लागू करने का निर्देश दिया गया है।

## WARANGAL RAKE POINT

**3311. SHRI CHAMALA KIRAN KUMAR REDDY:**

**SHRI EATALA RAJENDER:**

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

(a) whether the rake point remained non-operational for fertilizer handling at Warangal in the State of Telangana for Rabi Season 2025-26, if so, the details thereof and the reasons therefor;

(b) whether it is true that the said rake point caters to the fertilizer requirements of six districts of the erstwhile Warangal region, accounting for approximately twelve per cent of the Rabi cropped area of the said State, if so, the details thereof, district-wise;

(c) whether it is a fact that although Chintalpally in the said State has been notified as the new rake point and an iFMS code has been created, operations have not yet commenced, if so, the reasons therefor;

(d) whether alternative arrangements are insufficient to meet this scale of demand immediately, if so, the details thereof; and

(e) whether the State Government of Telangana requested Union Government to permit fertilizer operations at the said district rake point, to avoid any inconvenience to the 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) to (e): As per the information received from Ministry of Railways, Warangal Goods shed (WL) has been kept under restriction for handling bagged consignment from 27.10.2025, due to safety reasons. However, Chintalapally (CLE) goods shed at 12.3 km from Warangal has been notified for handling bagged consignment and operational since 10-09-2025. A total of 83 rakes of fertilizers during the FY 2025-26 and 74 fertilizer rakes during the FY 2026-27 (upto July 2026) have been handled here. Further, alternate arrangements made at Chintalapally (CLE) Goods Shed are sufficient enough to handle the inward traffic of Warangal (WL). Due to availability of full length line at Chintalapally, the unloading time has been reduced by avoiding split placement. Being away from busy city area, it is avoiding pollution and road

congestion in Warangal. Hence, more number of rakes can be dealt at Chintalapally. Besides, State Government of Telangana has informed that fertilizer operations have commenced through Chintalpally with effect from November-2025.

Further, State Government of Telangana has informed that the Warangal Rake Point used to cater to the requirement of erstwhile Warangal District. The details are as below:

| S.No. | Name of the District | Rabi Cropped Area – 2025-26(In Acres) |
|---|---|---|
| 1 | Warangal | 260749 |
| 2 | Hanamkonda | 234074 |
| 3 | Mahabubabad | 322044 |
| 4 | Mulugu | 98930 |
| 5 | Jayashankar | 156571 |
| 6 | Janagaon | 263047 |
| | **Total of erstwhile Warangal districts** | **13,35,415** |
| | **Total Cropped Area for the Sate in Rabi 2025-26** | **92,42,089** |
| | **per cent of the Rabi cropped area of the said State** | **14.44%** |

## EXCESSIVE USE OF FERTILIZERS

**3312. DR. PRABHA MALLIKARJUN:**

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

(a) whether the Government has made any assessment regarding nitrate contamination of groundwater, pesticide residues and environmental impacts associated with excessive fertilizer usage, if so, the details thereof;

(b) whether any studies has been conducted regarding the impact of fertilizer and agrochemical use on human health, water quality and ecosystem sustainability during the last five years, if so, the details thereof;

(c) whether the Government has identified regions affected by groundwater contamination and soil degradation linked to agricultural chemical use, if so, the details thereof;

(d) the measures being taken to promote sustainable fertilizer practices, nano-fertilizers, bio-fertilizers and environmentally responsible nutrient management; and

(e) whether any groundwater quality monitoring, soil restoration/sustainable agriculture initiatives have been implemented in Karnataka, particularly in Davanagere district, if so, the details thereof, district-wise?

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

(a) to (c): The Central Ground Water Board (CGWB) informed that they generate groundwater quality data at the regional scale through its groundwater quality monitoring programme and various scientific studies. Groundwater quality is monitored across the country through the Ground Water Quality

Monitoring Stations, and the analyzed data are published in the Annual Ground Water Quality Reports of CGWB. As per the Annual Ground Water Quality Report–2025, 20.71% of groundwater samples analyzed were found to contain nitrate above the permissible limit of 45 mg/L (BIS IS 10500). Nitrate contamination above the permissible limit has been observed in parts of 502 districts across 26 States/UTs. The State/UT-wise details are placed at **Statement-I**. Further, CGWB informed that they have not conducted any specific studies on pesticide residues, environmental impacts of excessive fertilizer usage, health impacts of fertilizer/ agrochemical use, or soil degradation specifically linked to agricultural chemical use.

Department of Agriculture, Government of Karnataka informed that they have not conducted any exclusive study on nitrate contamination of groundwater, pesticide residues and environmental impacts associated with excessive fertilizer usage. However, balanced application of NPK fertilizers in conjunction with organic manure (FYM/bio-fertilizers) to maintain soil health, organic carbon content and crop productivity is being promoted. Imbalanced and excessive use of nitrogenous fertilizers (especially Urea) leads to soil acidity/alkalinity, secondary and micronutrient deficiencies (such as Zinc and Boron) and secondary leaching of nitrates into shallow aquifers. Further, ICAR and the Directorate of Plant Protection, Quarantine & Storage (DPPQ&S) under the Monitoring of Pesticide Residues at National Level (MPRNL) scheme regularly analyse the samples of food commodities and surface water sources.

Pesticide residue levels exceeding Maximum Residue Limits (MRL) remain under control. Under the MPRNL project and the State Sector Program, samples of fruits, vegetables, grains, fish/marine products, herbs, and water are drawn to test for pesticide residues. If samples are found to contain residues exceeding the Maximum Residue Limit (MRL) or traces of off-label pesticide usage, farmers in the concerned areas are sensitized about the ill effects of excessive and off-label chemical applications.

Indian Council of Agricultural Research (ICAR) informed that long-term studies conducted by them have shown that imbalanced nutrient application, particularly sole application of nitrogen, leads to decline in crop yield and soil health. Excess nitrogen is primarily lost through nitrate leaching, resulting in groundwater nitrate contamination, with Nitrate concentrations exceeding the permissible limit of 10 mg/L in some areas. Studies also showed that groundwater nitrate levels increase with fertilizer application rates, with higher contamination observed in high fertilizer-use areas.

(d): Government of India is promoting sustainable and balanced use of fertilizers through judicious use of synthetic fertilizers, adopting alternate fertilizers, promoting organic/natural farming and implementing resource conservation technologies. Achieving balanced fertilization requires a multi-pronged strategy that integrates policy, technology, and farmer participation. The following measures have been adopted for balanced use of fertilizers:

**(i) Integrated Nutrient Management (INM):** It enables the efficient, economical, and sustainable application of nutrients by judiciously integrating organic inputs, mineral fertilizers, and biological sources. INM recognises that neither chemical fertilizers nor organic inputs alone are sufficient to meet the complete nutritional requirements of crops. It also promotes crop rotation and residue management that enhance system diversity, disrupt pest and disease cycles, and improve nutrient use efficiency.

**(ii) Soil Health & Fertility Scheme:** Government promotes judicious use of fertilizer through Soil Health & Fertility scheme since 2014-15. Under the scheme Soil Health Cards (SHCs) is provided to farmers, to promote balanced and integrated nutrient management for improving productivity and soil fertility. Soil samples are processed as per standard procedures and analyzed for parameters such as pH, Electrical Conductivity, Organic Carbon, available Nitrogen, Phosphorus, Potassium, Sulphur, and micronutrients (Zinc, Copper, Iron, Manganese & Boron). The diagnostic soil health assessment of farmer fields is taken up periodically so as to issue SHCs at least once in 3 years. Since 2014-15 as on date, 25.90 crore Soil Health Cards have been generated/ distributed. Total of 8313 Soil Testing Labs have been established across the country. Soil Test-Based Fertilizer Recommendations is a fundamental and essential step in balanced fertilization. Based on test results, soils are classified as low, medium, or high in nutrient content. Fertilizer doses are increased for nutrient-deficient soils and reduced where nutrient levels are already sufficient.

The Soil Health Card Scheme supports this approach by providing farmers with field-specific soil data, enabling them to apply fertilizers more accurately and avoid excessive use.

**(iii) National Mission on Natural Farming (NMNF):** NMNF was approved by the Union Cabinet on 25.11.2024 as a standalone Centrally Sponsored Scheme to promote Natural Farming. Natural Farming (NF) is a chemical free farming, involving livestock (preferably local breed of cow) integrated natural farming methods and diversified crop systems rooted in the Indian traditional knowledge. The mission aims to promote nature-based sustainable systems of farming with on farm inputs thus reducing dependency on chemical inputs, improve soil health, and reduction in input cost. Budget outlay approved for NMNF is ₹2481.00 crore (GoI share: ₹1584.00 crore and States' share: ₹897.00 ). So far, 18,825 clusters have been formed, 19.00 lakh farmers have been registered, 9.00 lakh hectares area has been covered and 6,388 Bio-Input Resource Centres (BRCs) established. The Participatory Guarantee System (PGS) – Online Certification System has been initiated for the certification of natural agricultural products. Till date more than 14.00 lakh farmers have been registered with more than 6 lakh certificates issued.

**(iv) Paramparagat Krishi Vikas Yojana (PKVY):** Paramparagat Krishi Vikas Yojana of RKVY is being implemented since 2015-16 in all States/UTs except North Eastern States for promoting organic farming. The scheme stresses 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. Till date, 18.84 lakh hectares area has been covered and 33.94 lakh farmers benefited from the scheme. A total of ₹2608.72 crore (central share) has been released under PKVY Scheme to States/UTs.

**(v) Mission Organic Value Chain Development for North Eastern Region (MOVCDNER):** MOVCDNER is being implemented since 2015-16 to promote organic farming in the North Eastern States. MOVCDNER is a centrally sponsored scheme with 100% GoI share. The scheme focuses on enhancing farmers participation in agriculture value chain through promotion of organic farming and development of **Farmer Producer Organisations (**FPOs). Till date, 2.36 lakh hectares brought under organic farming and 2.70 lakh farmers benefited. 427 Unique FPOs and 52 extended FPOs (Total-479 FPOs) have been formed under MOVDCDNER. 933 infrastructure such as storage, processing units etc. have been created. All 8 north east states have developed their own organic product brands through the support of the scheme. Till date an amount of ₹1491.14 crore (central share) has been released.

**(vi) PM-PRANAM (PM Programme for Restoration, Awareness, Nourishment and Amelioration of Mother Earth) Scheme:** PM Programme for Restoration, Awareness Generation, Nourishment, and Amelioration of Mother-Earth (PM-PRANAM) is an initiative which 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.

- **(vii) Promotion of Nano Fertilizers :** Nano Fertilizers are plant nutrients packaged in tiny particles called nanomaterials, allowing nutrients to be released slowly and absorbed by crops more efficiently, with minimal waste. In order to promote the use of Nano Fertilizers among farmers across the country, the following measures have been undertaken by the Government:

- Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.

- Nano Fertilizers, like Nano Urea and Nano DAP, are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.

- For ease in application and utilization of Nano fertilizers, like Nano Urea and Nano DAP, 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.

**(viii) Market Development Assistance (MDA):** To promote production of soil carbon enhancers namely Fermented Organic Manure (FOM), Liquid FOM (LFOM), and Phosphate Rich Organic Manure (PROM), Department of Fertilizers provides assistance of Rs. 1500/MT to Compressed Biogas (CBG) operators under Central Sector GOBAR-dhan (Galvanized Organic Bio Agro Resources-Dhan) scheme.

**(ix) Promotional efforts by ICAR :** ICAR promotes soil test-based balanced and Integrated Nutrient Management (INM) through the combined use of organic and inorganic nutrient sources. The Council has developed Soil Test Crop Response (STCR)-based district general fertilizer recommendations, site-specific nutrient management tools, crop- and soil-specific biofertilizers, including phosphorus-solubilizing microorganisms and liquid biofertilizers, besides technologies for organic manures, biomineral fertilizers and Fermented Organic Manure (FOM). ICAR also promotes slow and controlled-release fertilizers, band placement of fertilizers, efficient irrigation and fertigation practices, and has developed organic farming packages for 80 cropping systems under its Natural Farming Network Programme. These technologies are disseminated through frontline demonstrations, farmer training and awareness programmes.

Department of Agriculture, Government of Karnataka informed that following measures being taken in the State:

(i) Balanced use of Fertilizers is being recommended based on soil test reports and also through promotion of adoption of Nano Urea and Nano DAP, Fermented Organic Manure (FOM), Liquid Fermented Organic Manure (LFOM), green manure crops and biofertilizers for which extensive awareness campaigns are being conducted through newspapers, handouts, training programmes, and other publicity initiatives in collaboration with IFFCO and other fertilizer manufacturing companies. As of now, a total of 10,85,560 bottles of Nano Urea and 4,77,610 bottles of Nano DAP have been sold across the State. Extensive awareness campaigns are being conducted under the **'Khet Bachao Andolan' and other departmental schemes** to educate farmers about the harmful effects of excessive use of urea and other chemical fertilizers. The campaigns promote balanced and judicious fertilizer application. Use of Bio-fertilizers helps to fix nitrogen and to dissolve/mobilize nutrients naturally.

(ii) Promoting sustainable agricultural practices such as crop rotation and agroforestry to mitigate soil degradation. Plant cover crops between seasons to trap nutrients and reduce soil erosion. Use of Green manure seeds is being promoted to increase the organic carbon content, to improve the physical, chemical and biological activities of the soil.

(iii) Promoting precision farming.

(iv) Natural farming / organic farming is being promoted in 1,272 clusters Under National Mission on Natural Farming (NMNF) by providing incentives to the farmers.

(e): The Central Ground Water Board (CGWB) informed that they monitor groundwater quality across the country including Karnataka state and its Davanagere district through its Ground Water Quality Monitoring Stations. As per the Annual Ground Water Quality Report, 2025, the district-wise and parameter-wise number and percentage of groundwater samples exceeding the permissible limits in the State of Karnataka including Davanagere district is placed at **Statement-II**. In Davanagere district, out of 19 groundwater samples analyzed, 7 samples (36.8%) exceeded the permissible limit for nitrate, 2 samples (10.53%) exceeded the permissible limit for fluoride, while none exceeded the permissible limit for electrical conductivity.

Indian Council of Agricultural Research (ICAR) informed that they have undertaken high-resolution (1:10,000 scale) Land Resource Inventory (LRI) in several districts of Karnataka, including Davanagere, through ICAR-National Bureau of Soil Survey and Land Use Planning (NBSS&LUP). The LRI provides detailed information on soils, land capability, erosion, drainage and land suitability, and supports soil restoration, sustainable land use planning, watershed development, crop diversification, site-specific nutrient management

and climate-resilient agriculture, enabling efficient management of land and water resources.

Department of Agriculture, Government of Karnataka informed that during 2026–27, under various State sector and Central Sector schemes organic inputs viz green manure seeds, organic fertilizers, bio-fertilizers, micronutrients and soil amendments are being distributed to farmers through Raitha Samparka Kendras at subsidized rates as an initiative towards sustainable agriculture. District wise target details are at **Statement-III**. Soil restoration & sustainable agriculture initiatives initiated in Davanagere district are as mentioned below:

(i) **Vasudhamrutha Scheme**: A flagship initiative to increase organic carbon levels and to improve physical, chemical, and biological properties of soil. An amount of Rs. 14.78 Lakhs earmarked for distribution of Green manure seeds at 75% subsidy.

(ii) **Soil Health Card (SHC) Scheme:** Customized nutrient recommendations are delivered to farmers to prevent over-fertilization and rectify site-specific deficiencies by analysing for 12 parameters. During last five years 51,380 soil health cards have been distributed to farmers.

(iii) **Integrated Nutrient Management (INM):** Micro-nutrients, bio-fertilizers (such as Azotobacter and Rhizobium), and soil amendments (e.g., gypsum and lime for acidic/alkaline soils) through Raitha Samparka Kendra's (RSKs) are being distributed through various schemes of department.

(iv) **National Mission on Natural Farming (NMNF):** Natural Farming practices are being promoted in 48 clusters covering in 2400 Ha.

Further, Governemnt of Karnataka informed that to minimize top soil run-off and recharge groundwater levels, soil and water conservation structures such as check dams, trench-cum-bunds, nala bunds, and contour bunding are being promoted through Watershed Development Programmes (Pradhan Mantri Krishi Sinchayee Yojana (PMKSY) and Rashtriya Krishi Vikas Yojana (RKVY)).

# STATEMENT–I

## State/Union Territory-wise Number and Name(s) of Partially Affected Districts for Nitrate

| S. No. | State/UT | No. of Samples | % of samples (Nitrate > 45mg/L) | No. of partially affected districts (Nitrate > 45mg/L) | Name of Partially affected districts |
|---|---|---|---|---|---|
| 1 | Andhra Pradesh | 1135 | 24.23 | 27 | Alluri Sita Rama Raju, Anakapalli, Anantapuram, Annamayya, Bapatla, Chittoor, East Godavari, Eluru, Guntur, Kakinada, Konaseema, Krishna, Kurnool, Manyam, Nandyal, Nellore, Ntr, Palnadu, Parvathipuram Manyam, Prakasham, Sri Satya Sai, Srikakulam, Tirupati, Visakhapatnam, Vizianagaram, West Godavari, Ysr Kadapa |
| 2 | Assam | 145 | 1.38 | 2 | Morigaon, Tinsukia |
| 3 | Bihar | 584 | 13.36 | 28 | Araria, Arwal, Aurangabad, Begusarai, Bhojpur, Buxar, East Chamapran, Gaya, Gopalganj, Jehanabad, Katihar, Khagaria, Kishanganj, Madhepura, Madhubani, Muzzafarpur, Nalanda, Nawada, Patna, Saharsa, Samastipur, Saran, Sheikhpura, Sitamarhi, Siwan, Supaul, Vaishali, West Champaran |
| 4 | Chhattisgarh | 830 | 10.6 | 19 | Balod, Balodabazar, Balrampur, Bemetara, Bilaspur, Dhamtari, Durg, Gariyabandh, Janjgir-Champa, Jashpur, Kawardha, Korba, Mahasamund, Mungeli, Raigarh, Raipur, Rajnandgaon, Surajpur, Surguja |
| 5 | Delhi | 135 | 24.44 | 8 | Central, East, North, North West, South, South East, South West, West |
| 6 | Goa | 7 | 14.29 | 1 | North Goa |
| 7 | Gujarat | 618 | 18.93 | 25 | Ahmedabad, Amreli, Anand, Arvalli, Banaskantha, Bharuch, Bhavnagar, Chhota Udaipur, Dahod, Devbhumi Dwarka, Gir Somnath, Jamnagar, Junagadh, Kachchh, Kheda, Morbi, Panchmahal, |

| S. No. | State/UT | No. of Samples | % of samples (Nitrate > 45mg/L) | No. of partially affected districts (Nitrate > 45mg/L) | Name of Partially affected districts |
|---|---|---|---|---|---|
| | | | | | Porbandar, Rajkot, Sabarkantha, Surat, Surendranagar, Tapi, Vadodara, Valsad |
| 8 | Haryana | 811 | 14.18 | 22 | Ambala, Bhiwani, Charkhi Dadri, Faridabad, Fatehabad, Gurugram, Hisar, Jhajjar, Jind, Kaithal, Karnal, Kurukshetra, Mahendragarh, Mewat, Palwal, Panchkula, Panipat, Rewari, Rohtak, Sirsa, Sonipat, Yamuna Nagar |
| 9 | Himachal Pradesh | 161 | 11.8 | 6 | Kangra, Kullu, Mandi, Sirmour, Solan, Una |
| 10 | Jammu & Kashmir | 247 | 9.31 | 6 | Baramulla, Jammu, Kupwara, Rajouri, Samba, Udhampur |
| 11 | Jharkhand | 381 | 17.32 | 17 | Bokaro, Deoghar, Dhanbad, Dumka, Garhwa, Giridih, Godda, Gumla, Hazaribagh, Jamtara, Koderma, Latehar, Loherdaga, Palamu, Ranchi, Sahibganj, Simdega |
| 12 | Karnataka | 398 | 45.48 | 27 | Bagalkot, Belagavi, Bellary, Bengaluru Rural, Bengaluru Urban, Bidar, Chamarajanagaraa, Chikkballapura, Chitradurga, Dakshina Kannada, Davanagere, Dharwad, Gadag, Hassan, Haveri, Kalaburagi, Kodagu, Kolar, Koppal, Mandya, Mysuru, Raichur, Ramanagara, Tumkur, Vijayanagara, Vijayapura, Yadgiri |
| 13 | Kerala | 361 | 10.8 | 15 | Alappuzha, Ernakulam, Idukki, Kannur, Kasargod, Kollam, Kottayam, Kozhikode, Malappuram, Palakkad, Pathanamthitta, Thiruvanantapuramam, Thrissur, Trivandrum, Wayanad |
| 14 | Madhya Pradesh | 726 | 22.04 | 44 | Agar Malwa, Alirajpur, Balaghat, Barwani, Betul, Bhind, Burhanpur, Chhatarpur, Chhindwara, Damoh, Datia, Dewas, Dhar, Guna, Gwalior, Harda, Indore, Jabalpur, Jhabua, Katni, Khandwa, Khargone, Mandla, Mandsaur, Morena, Neemuch, Panna, Raisen, Rajgarh, Ratlam, Rewa, Sagar, Satna, Sehore, Shahdol, Shajapur, Sheopur, Shivpuri, Sidhi, Singrauli, Tikamgarh, Ujjain, Umaria, Vidisha |
| 15 | Maharashtra | 1565 | 33.93 | 33 | Ahmednagar, Akola, Amravati, Aurangabad, Beed, Bhandara, Buldhana, Chandrapur, Chatrapati Sambhaji Nagar, Dharashiv, Dhule, Gadchiroli, Gondia, Hingoli, Jalgaon, Jalna, Kolhapur, Latur, |

| S. No. | State/UT | No. of Samples | % of samples (Nitrate > 45mg/L) | No. of partially affected districts (Nitrate > 45mg/L) | Name of Partially affected districts |
|---|---|---|---|---|---|
| | | | | | Nagpur, Nanded, Nandurbar, Nashik, Osmanabad, Parbhani, Pune, Raigad, Sangli, Satara, Solapur, Thane, Wardha, Washim, Yavatmal |
| 16 | Nagaland | 67 | 10.45 | 5 | Kohima, Mokokchung, Phek, Tseminyu, Wokha |
| 17 | Odisha | 654 | 12.84 | 17 | Anugul, Balangir, Baleshwar, Bargarh, Boudh, Cuttack, Dhenkanal, Kalahandi, Kandhamal, Kendrapara, Khordha, Koraput, Nayagarh, Nuapada, Puri, Sambalpur, Sonapur |
| 18 | Pondicherry | 9 | 11.11 | 1 | Pondicherry |
| 19 | Punjab | 756 | 14.68 | 21 | Amritsar, Barnala, Bathinda, Faridkot, Fatehgarh Sahib, Fazilka, Ferozpur, Gurdaspur, Hoshiarpur, Jalandhar, Kapurthala, Ludhiana, Mansa, Moga, Muktsar, Pathankot, Patiala, Rupnagar, Sangrur, Sas Nagar, Tarn Taran |
| 20 | Rajasthan | 643 | 50.54 | 31 | Ajmer, Alwar, Banswara, Baran, Barmer, Bharatpur, Bhilwara, Bikaner, Bundi, Chittaurgarh, Churu, Dausa, Dhaulpur, Ganganagar, Hanumangarh, Jaipur, Jaisalmer, Jalore, Jhalawar, Jhunjhunu, Jodhpur, Karauli, Nagaur, Pali, Pratapgarh, Rajsamand, Sawai Madhopur, Sikar, Sirohi, Tonk, Udaipur |
| 21 | Tamil Nadu | 929 | 36.28 | 38 | Ariyalur, Chengalpattu, Chennai, Coimbatore, Cuddalore, Dharmapuri, Dindigul, Erode, Kallakurichi, Kancheepuram, Kanyakumari, Karur, Krishnagiri, Madurai, Nagapattinam, Namakkal, Nilgiris, Perambalur, Pudukkottai, Ramanathapuram, Salem, Sivaganga, Tenkasi, Thanjavur, Theni, Thiruvallur, Thiruvannamalai, Thoothukkudi, Tiruchirappalli, Tirunelveli, Tirupathur, Tiruppur, Tiruvallur, Tiruvarur, Trichy, Tuticorin, Viluppuram, Virudhunagar |
| 22 | Telangana | 1114 | 26.03 | 33 | Adilabad, Asifabad, Bhadradri Kothagudem, Hanamkonda, Jagtial, Jangaon, Jayashankar Bhupalapally, Jogulamba Gadwal, Kamareddy, Karimnagar, Kb Asifabad, Khammam, Mahabubabad, Mahabubnagar, Mancherial, Medak, Medchal Malkanjgiri, Mulugu, Nagarkurnool, Nalgonda, Narayanpet, Nirmal, Nizamabad, Peddapalli, Rajanna Sircilla, Ranga Reddy, |

| S. No. | State/UT | No. of Samples | % of samples (Nitrate > 45mg/L) | No. of partially affected districts (Nitrate > 45mg/L) | Name of Partially affected districts |
|---|---|---|---|---|---|
| | | | | | Sangareddy, Siddipet, Suryapet, Vikarabad, Wanaparthy, Warangal, Yadadri Bhuvanagiri |
| 23 | Tripura | 49 | 2.04 | 1 | North Tripura |
| 24 | Uttar Pradesh | 1333 | 8.03 | 48 | Agra, Aligarh, Amethi, Amroha, Auraiya, Baghpat, Balrampur, Banda, Bijnor, Budaun, Chitrakoot, Etah, Etawah, Fatehpur, Firozabad, G.B. Nagar, Ghaziabad, Ghazipur, Gorakhpur, Hamirpur, Hapur, Hathras, Jalaun, Jaunpur, Jhansi, Kanpur Dehat, Kanpur Nagar, Kasganj, Kaushambi, Lalitpur, Lucknow, Mahoba, Mainpuri, Mathura, Meerut, Mirzapur, Moradabad, Muzaffarnagar, Pilibhit, Prayagraj, Rampur, Sambhal, Sant Ravidas Nagar, Shamli, Siddharth Nagar, Sonbhadra, Unnao, Varanasi |
| 25 | Uttarakhand | 248 | 13.31 | 8 | Bageshwar, Champawat, Dehradun, Haridwar, Nainital, Pithoragarh, Us Nagar, Uttarkashi |
| 26 | West Bengal | 875 | 8.91 | 19 | Alipurduar, Bankura, Birbhum, Cooch Behar, Dakshin Dinajpur, Darjeeling, Hooghly, Howrah, Jalpaiguri, Jhargram, Malda, Murshidabad, Nadia, North 24 Parganas, Paschim Bardhaman, Paschim Medinipur, Purba Bardhaman, Purulia, South 24 Parganas |
| | **TOTAL** | **14978** | **20.71** | **502** | |

## STATEMENT-II

**The district-wise and parameter-wise number and percentage of groundwater samples exceeding the permissible limits in the State of Karnataka**

| .Sl. No. | District | Total No. of Samples | Electrical Conductivity | | Nitrate | | Fluoride | |
|---|---|---|---|---|---|---|---|---|
| | | | No. of Samples above Permissible Limit (> 3000 µS/cm) | % of Samples above Permissible Limit (>3000 µS/cm) | No. of Samples above Permissible Limit (> 45 mg/L) | % of Samples above Permissible Limit (> 45 mg/L) | No. of Samples above Permissible Limit (> 1.5 mg/L) | % of Samples above Permissible Limit (>1.5 mg/L) |
| 1 | Bagalkot | 15 | 6 | 40.0 | 7 | 46.7 | 5 | 33.33 |
| 2 | Ballari | 4 | 0 | 0.0 | 1 | 25.0 | 2 | 50.00 |
| 3 | Belagavi | 43 | 6 | 14.0 | 19 | 44.2 | 0 | 0.00 |
| 4 | Bengaluru Rural | 9 | 0 | 0.0 | 6 | 66.7 | 1 | 11.11 |
| 5 | Bengaluru Urban | 4 | 0 | 0.0 | 2 | 50.0 | 0 | 0.00 |
| 6 | Bidar | 8 | 0 | 0.0 | 7 | 87.5 | 0 | 0.00 |
| 7 | Chamarajanagara | 4 | 0 | 0.0 | 1 | 25.0 | 0 | 0.00 |
| 8 | Chikballapur | 8 | 0 | 0.0 | 3 | 37.5 | 1 | 12.50 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9 | Chikkamagaluru | 4 | 1 | 25.0 | 0 | 0.0 | 0 | 0.00 |
| 10 | Chitradurga | 21 | 6 | 28.6 | 12 | 57.1 | 3 | 14.29 |
| 11 | Dakshina Kannada | 1 | 0 | 0.0 | 1 | 100.0 | 0 | 0.00 |
| 12 | Davanagere | 19 | 0 | 0.0 | 7 | 36.8 | 2 | 10.53 |
| 13 | Dharwad | 11 | 5 | 45.5 | 10 | 90.9 | 2 | 18.18 |
| 14 | Gadag | 22 | 8 | 36.4 | 18 | 81.8 | 13 | 59.09 |
| 15 | Hassan | 6 | 0 | 0.0 | 4 | 66.7 | 0 | 0.00 |
| 16 | Haveri | 9 | 0 | 0.0 | 3 | 33.3 | 1 | 11.11 |
| 17 | Kalaburagi | 24 | 0 | 0.0 | 13 | 54.2 | 2 | 8.33 |
| 18 | Kodagu | 2 | 0 | 0.0 | 1 | 50.0 | 0 | 0.00 |
| 19 | Kolar | 25 | 0 | 0.0 | 8 | 32.0 | 4 | 16.00 |
| 20 | Koppal | 10 | 4 | 40.0 | 6 | 60.0 | 5 | 50.00 |
| 21 | Mandya | 26 | 0 | 0.0 | 3 | 11.5 | 0 | 0.00 |
| 22 | Mysuru | 23 | 0 | 0.0 | 13 | 56.5 | 1 | 4.35 |
| 23 | Raichur | 20 | 6 | 30.0 | 6 | 30.0 | 9 | 45.00 |
| 24 | Ramanagara | 5 | 0 | 0.0 | 3 | 60.0 | 1 | 20.00 |
| 25 | Shivamogga | 9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.00 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 26 | Tumakuru | 13 | 2 | 15.4 | 2 | 15.4 | 4 | 30.77 |
| 27 | Udupi | 1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.00 |
| 28 | Uttara Kannada | 2 | 0 | 0.0 | 0 | 0.0 | 0 | 0.00 |
| 29 | Vijayanagara | 3 | 1 | 33.3 | 1 | 33.3 | 0 | 0.00 |
| 30 | Vijayapura | 39 | 12 | 30.8 | 20 | 51.3 | 7 | 17.95 |
| 31 | Yadgir | 8 | 3 | 37.5 | 4 | 50.0 | 4 | 50.00 |
| | **Total** | **398** | **60** | **15.1** | **181** | **45.5** | **67** | **16.83** |

## STATEMENT – III

**District wise target details of under various organic inputs viz green manure seeds, organic fertilizers, bio-fertilizers, micronutrients and soil amendments being distributed to farmers through Raitha Samparka Kendras at subsidized rates as an initiative towards sustainable agriculture State sector and Central Sector schemes**

**(Physical-Hectare, Financial-Lakhs)**

| Sl. No. | District | Green Manure seeds | | Micronutrients & Soil Ammendments | | Organic Inputs | |
|---|---|---|---|---|---|---|---|
| | | Physical | Financial | Physical | Financial | Physical | Financial |
| 1 | Bagalkote | 2480.32 | 68.73 | 3340 | 77.50 | 614.60 | 15.36 |
| 2 | Bangalore Rural | 284.98 | 7.76 | 763 | 19.08 | 78.99 | 1.98 |
| 3 | Bengaluru Urban | 88.48 | 2.44 | 373 | 9.33 | 22.15 | 0.55 |
| 4 | Belagavi | 5096.39 | 132.54 | 5435 | 129.88 | 1258.53 | 31.46 |
| 5 | Vijaynagar | 1821.57 | 51.06 | 2516 | 56.90 | 412.69 | 10.32 |
| 6 | Bellary | 1524.51 | 43.93 | 2108 | 46.70 | 260.40 | 6.51 |
| 7 | Bidar | 2330.05 | 64.63 | 2210 | 55.25 | 572.87 | 14.32 |
| 8 | Vijayapura | 3423.18 | 93.37 | 4637 | 109.93 | 958.90 | 23.97 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | Chamarajanagar | 750.87 | 21.69 | 1130 | 28.25 | 128.81 | 3.22 |
| 10 | Chikkaballapur | 607.55 | 16.79 | 1390 | 32.75 | 147.25 | 3.68 |
| 11 | Chikkamagaluru | 1749.15 | 45.16 | 1311 | 32.78 | 123.29 | 3.08 |
| 12 | Chitradurga | 1632.04 | 44.45 | 2822 | 68.55 | 455.68 | 11.39 |
| 13 | Dakshina Kannada | 472.45 | 11.26 | 189 | 4.73 | 11.83 | 0.30 |
| 14 | Davanagere | 1659.62 | 47.54 | 1627 | 38.68 | 308.40 | 7.71 |
| 15 | Dharwad | 1951.08 | 53.65 | 2309 | 57.73 | 512.73 | 12.82 |
| 16 | Gadaga | 2024.75 | 54.05 | 2626 | 65.65 | 638.15 | 15.95 |
| 17 | Kalaburagi | 2995.55 | 79.10 | 3944 | 98.60 | 1003.85 | 25.10 |
| 18 | Hassan | 1908.53 | 55.21 | 2303 | 51.58 | 319.02 | 7.98 |
| 19 | Haveri | 2904.79 | 72.17 | 2960 | 68.00 | 665.58 | 16.64 |
| 20 | Kodagu | 436.46 | 9.98 | 168 | 4.20 | 20.32 | 0.51 |
| 21 | Kolar | 449.63 | 12.43 | 847 | 21.18 | 104.22 | 2.61 |
| 22 | Koppal | 2344.25 | 63.67 | 3419 | 85.48 | 665.85 | 16.65 |
| 23 | Mandya | 2024.35 | 52.47 | 1992 | 49.80 | 267.55 | 6.69 |
| 24 | Mysore | 1894.93 | 52.48 | 2311 | 57.78 | 483.25 | 12.08 |
| 25 | Raichuru | 2462.81 | 66.21 | 3589 | 89.73 | 746.53 | 18.66 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 26 | Bangalore south | 431.03 | 12.09 | 910 | 22.75 | 93.05 | 2.33 |
| 27 | Shivamogga | 1717.02 | 43.85 | 870 | 21.75 | 140.81 | 3.52 |
| 28 | Tumakur | 1614.45 | 44.67 | 2312 | 57.80 | 393.51 | 9.84 |
| 29 | Udupi | 528.65 | 12.48 | 291 | 7.28 | 47.40 | 1.19 |
| 30 | Uttara Kannada | 944.92 | 22.00 | 463 | 11.58 | 78.86 | 1.97 |
| 31 | Yadagir | 2304.36 | 57.43 | 2750 | 68.75 | 464.84 | 11.62 |
| | **Total** | **52858.69** | **1415.30** | **63915.00** | **1549.88** | **11999.90** | **300.00** |

## ओडिशा में मेडिकल कॉलेज की स्थापना

**3313. श्री रुद्र नारायण पाणी:**

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

(क) क्या देश के प्रत्येक जिले में मेडिकल कॉलेज स्थापित करने की सरकार की नीति अभी भी प्रभावी है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) वर्तमान में कुल कितने जिलों में मेडिकल कॉलेज और अस्पताल कार्यशील हैं;

(ग) क्या सरकार राज्य सरकारों द्वारा स्थापित मेडिकल कॉलेजों और अस्पतालों को कोई प्रोत्साहन प्रदान करती है;

(घ) यदि हाँ, तो इसका राज्य/संघ राज्यक्षेत्र-वार, विशेषकर ओडिशा के संबंध में ब्यौरा क्या है; और

(ङ) क्या ओडिशा राज्य सरकार का ढेंकनाल में खुलने वाले मेडिकल कॉलेजों और अस्पतालों को कोई विशेष पैकेज प्रदान करने का प्रस्ताव है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ङ): स्वास्थ्य और परिवार कल्याण मंत्रालय "मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना" हेतु एक केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है। इसके अंतर्गत ऐसे अल्पसेवित क्षेत्रों तथा आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई सरकारी अथवा निजी मेडिकल कॉलेज मौजूद नहीं है। केंद्र एवं राज्य सरकारों के बीच निधि साझाकरण का अनुपात पूर्वोत्तर एवं विशेष श्रेणी के राज्यों के लिए 90:10 तथा अन्य राज्यों के लिए 60:40 निर्धारित है। योजना के अंतर्गत परिकल्पित सभी 157 चिकित्सा महाविद्यालयों को तीन

चरणों में स्वीकृति प्रदान की जा चुकी है, जिनमें ओडिशा में सात (07) चिकित्सा महाविद्यालय भी शामिल हैं, अर्थात् बालासोर, बारीपदा (मयूरभंज), बोलांगीर, कोरापुट, पुरी (प्रथम चरण), जाजपुर (द्वितीय चरण) तथा कालाहांडी (तृतीय चरण)। इनमें से 139 चिकित्सा महाविद्यालय कार्यशील हो चुके हैं, जिनमें ओडिशा के स्वीकृत सभी सात चिकित्सा महाविद्यालय भी शामिल हैं।

इसके अतिरिक्त, ढेंकानाल, ओडिशा में सरकारी चिकित्सा महाविद्यालय (जीएमसी) राज्य सरकार द्वारा वित्तपोषित परियोजना है।

## INCIDENCE OF GESTATIONAL DIABETES MELLITUS

**3314. SHRI ESWARASAMY K:**

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

(a) whether the Government is aware of the rising incidence of Gestational Diabetes Mellitus (GDM) among pregnant women in India as indicated by recent clinical studies and national health surveys, if so, the details thereof;

(b) the prevalence data on GDM reported during the last five years, year-wise and State-wise;

(c) whether the Government has taken note of the significant variation between NFHS survey findings and hospital-based clinical estimates indicating possible under-diagnosis of GDM in the country, if so, the details thereof; and

(d) the steps taken by the Government under the National Health Mission (NHM), RMNCH+A framework and other maternal health programmes to ensure universal screening, early diagnosis and effective management of GDM at the primary healthcare level?

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

(a) to (c): The details of the ICMR-INDIAB National Study (ICMR-INDIAB-24) conducted on Prevalence of Gestational Diabetes Mellitus in India is available in the following link:

https://pmc.ncbi.nlm.nih.gov/articles/PMC12744553/

(d): Under National Health Mission (NHM), the Government of India has taken various initiatives/steps to ensure universal screening, early diagnosis and effective management of GDM at the primary healthcare level, which placed as below;

- The Government of India has released Guidelines on Diagnosis and Management of Gestational Diabetes Mellitus (GDM) in pregnant women in 2014 and revised Guidelines in 2018.
- Financial assistance is provided to States/UTs for ensuring the availability of logistics for GDM screening and for capacity-building of frontline healthcare providers, including Medical Officers, Staff Nurses, Community

Health Officers (CHOs), Auxiliary Nurse Midwives (ANMs), and Accredited Social Health Activists (ASHAs).

- Universal screening for Gestational Diabetes Mellitus (GDM) through the Oral Glucose Tolerance Test (OGTT) has been incorporated into the essential antenatal care (ANC) package for all pregnant women.
- Pregnant women identified as GDM are tracked till 45$^{th}$ day of delivery under Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA/Extended-PMSMA). Further, incentives are provided to ASHA and High Risk Pregnant (HRP) women for 3 additional follow-ups visit.
- Implementation and progress of GDM screening are monitored through supportive field visits and periodic National and State level review meetings.
- Universal GDM screening is promoted through regular Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) activities to enhance awareness and encourage early detection and timely management.

## AYUSH HEALTHCARE IN TRIBAL AREAS

**3315. DR. NAMDEO KIRSAN:**

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

(a) whether the Government has conducted any assessment regarding the availability and accessibility of AYUSH healthcare facilities, including Ayurvedic, Yoga, Unani, Siddha and Homoeopathy services in rural and tribal areas across the country;

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

(c) whether the Government proposes to establish new AYUSH hospitals, dispensaries and wellness centres in underserved districts during the current financial year, if so, the details thereof; and

(d) the details of funds allocated and utilised under various AYUSH schemes for the promotion and strengthening of AYUSH healthcare services during the last three years?

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

(a) and (b): Public Health being a State Subject, the primary responsibility to conduct assessment regarding the availability and accessibility of Ayush healthcare facilities, including Ayurvedic, Yoga, Unani, Siddha and Homoeopathy services in the country including rural and tribal areas, lies with respective State Government. However, Ministry of Ayush is regularly and vigorously monitoring the progress of implementation of various activities under National Ayush Mission (NAM) scheme through various methods as under: -

I. Collecting activity-wise physical/financial progress on regular interval from the State/UT Governments.

II. Conducting the field visits by central team of the Ministry of Ayush, time to time, to analyse the actual progress of implementation of different activities for which State Government has reported expenditure and submitted utilization certificates.

III. Regional Review Meetings with State/UTs under the Chairmanship of Hon'ble Minister/Secretary to assess the implementation status and to decide way forward.

IV. One to one meeting with States/UTs conducted for detailed review of physical and financial progress.

V. Mid-term evaluation of NAM scheme implementation/progress by NITI Aayog through third party who undertakes field visits in State/UTs.

(c): Public Health being a State Subject, the primary responsibility to establish new Ayush hospitals, dispensaries and wellness centres in the country including underserved districts, lies with respective State Government. However, under Centrally Sponsored Scheme of NAM there are provisions for establishment of 50/30/10 bedded Integrated Ayush hospitals & construction of building to establish new Ayush dispensary in the area where there are no Ayush facilities available. To avail the financial assistance suitable proposals are required to be submitted through State Annual Action Plan (SAAP), as per NAM guideline.

(d): The details of the funds allocated and utilised under various schemes of the Ministry of Ayush for the promotion and strengthening of Ayush healthcare services during the last three years are enclosed as **Statement**.

## STATEMENT

**The details of the funds allocated and utilised under various schemes of the Ministry of Ayush for the promotion and strengthening of Ayush healthcare services during the last three years**

(Rs. In Crore)

| S. No | Schemes/ Programmes | 2023-24 | | | 2024-25 | | | 2025-26 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | BE* | RE* | AE* | BE | RE | AE | BE | RE | AE (Prov.) |
| 1 | Information, Education and Communication | 41.00 | 39.85 | 33.12 | 43.20 | 33.12 | 29.82 | 43.20 | 73.00 | 83.62 |
| 2 | Promotion of International Cooperation | 44.27 | 27.64 | 22.85 | 137.42 | 137.07 | 103.86 | 136.00 | 142.75 | 115.12 |
| 3 | Champion Sector Scheme | 21.68 | 7.40 | 6.67 | - | - | - | - | - | - |
| 4 | Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants | 43.49 | 20.00 | 19.53 | 49.49 | 40.00 | 40.00 | 65.00 | 35.00 | 40.99 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | Ayush Oushadhi Gunvatta evum Uttapdan Sanvardhan Yojana (AOGUSY) | 20.00 | 12.26 | 11.59 | 25.00 | 15.00 | 13.92 | 27.00 | 17.75 | 17.69 |
| 6 | Ayurswasthya Yojana | 6.00 | 12.85 | 20.83 | 72.59 | 29.00 | 20.62 | 62.60 | 46.73 | 46.72 |
| 7 | Ayurgyan | 9.00 | 15.00 | 14.99 | 49.50 | 27.00 | 25.70 | 50.00 | 37.81 | 37.67 |
| 8 | National Ayush Mission | 1200.00 | 815.00 | 869.30 | 1200.00 | 1046.00 | 1137.65 | 1275.00 | 780.96 | 738.26 |

* BE-Budget Estimate, RE- Revised Estimate, AE- Actual Expenditure

## MANUFACTURING OF AYUSH DRUGS

**3316. SHRI NAVEEN JINDAL:**

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

(a) the total number of complaints received by the Government regarding false, misleading or unfounded advertisements issued by AYUSH drug manufacturers during each of the last three years;

(b) the action taken against the erring companies in this regard;

(c) whether the Government proposes to strengthen the regulatory/advisory framework to curb such advertisements; and

(d) if so, the details thereof?

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

(a) and (b): The Ministry of Ayush has been implementing the Pharmacovigilance Programme for Ayush drugs since 2018 to monitor the safety of Ayush medicines through surveillance, reporting and assessment of suspected adverse drug reactions, thereby promoting their safe and rational use. The Programme also monitors misleading advertisements relating to Ayush drugs to curb false and exaggerated claims and safeguard consumer interests. The Programme was incorporated under the Ayush Oushadhi Gunavatta Evam Uttpadan Samvardhan Yojana (AOGUSY) in 2021.The total number of complaints received by the Ministry regarding misleading advertisements related to Ayush drugs under Pharmacovigilance Program for Ayush drugs in last three years are attached at **Statement-I**.

Further, 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) in 2025. As per information received from State/UTs, the misleading advertisements reported on Ayush Suraksha Portal since its inception and action taken thereon are attached at **Statement-II**.

(c) and (d): As per the section 8 of Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954, States and UTs are empowered to notify officers to

enforce the provisions of Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules there under. It encompasses the provisions for prohibition of misleading advertisements and exaggerated claims of drugs and medicinal substances including Ayush medicines, which appear in the print and electronic media and Ministry of Ayush has issued advisories and gives direction to SLAs to enforce and regulate as per the provision of this Act.

Further, the following actions have been taken by the Ministry to strengthen the regulatory/advisory framework to curb misleading/objectionable advertisements-

I. Pharmacovigilance Program for Ayush drugs under Ayush Oushadhi Gunavatta evam Uttpadan Samvardhan Yojana (AOGUSY) is working through a three-tier network of a National Pharmacovigilance Centre (NPvCC), Five Intermediary Pharmacovigilance Centres (IPvCs) and 97 Peripheral Pharmacovigilance Centres (PPvCs) established across the country. To enhance public awareness regarding Ayush medicines and its objectionable advertisements, a total of 4,165 awareness programmes for Ayush professionals and Public have been conducted, benefiting 3,71,477 participants by Pharmacovigilance centres.

II. 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) in 2025.

III. Ministry of Ayush issued a public notice on 08.10.2024 & 24.08.2025, informing the general public about the facts regarding Ayush drugs/medicines and urging them to avoid patronizing misleading advertisements, which was published in 100 leading newspapers across India in Hindi, English, and several regional languages.

IV. Further Central Government has notified the Coordinator, National Pharmacovigilance Coordination Centre, All India Institute of Ayurveda, New Delhi, under Information Technology Act, 2000 as the nodal officer for the purpose of issuing notice to intermediaries in relation to any information, data or communication link residing in or connected to a computer resource controlled by the intermediary being used to commit the unlawful act, in respect to the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homeopathy Act, 2020.

V. Circulars and advisories with the objective of curbing the dissemination of false, misleading, or unsubstantiated information regarding Homoeopathy have been issued by The Board of Ethics and Registration for Homoeopathy (BERH), National Commission for Homoeopathy.

## STATEMENT-I

**The total number of complaints received by the Ministry regarding misleading advertisements related to Ayush drugs under Pharmacovigilance Program for Ayush drugs in last three years**

| S. No. | Year | No. of Misleading Advertisements received |
|---|---|---|
| 1. | 2023 | 7771 |
| 2. | 2024 | 10161 |
| 3. | 2025 | 16129 |
| | **Total** | **34061** |

## STATEMENT-II

**As per information received from State/UTs, the misleading advertisements reported on Ayush Suraksha Portal since its inception and action taken thereon**

| S. No. | State/UTs | No. of Misleading Advertisements received through Ayush Suraksha Portal | Action taken thereon |
|---|---|---|---|
| 1 | Madhya Pradesh | 1115 | 661 |
| 2 | Odisha | 447 | 447 |
| 3 | Kerala | 152 | 152 |
| 4 | Tripura | 70 | 68 |

| | | | |
|---|---|---|---|
| 5 | Delhi | 459 | 459 |
| 6 | Tamil Nadu | 3,079 | 3,079 |
| 7 | Uttarakhand | 300 | 300 |
| 8 | Uttar Pradesh | 44 | 44 |
| 9 | Meghalaya | Nil | - |
| 10 | Goa | Nil | - |
| 11 | Haryana | Nil | - |
| 12 | Manipur | Nil | - |

**SAMBAL AND SAMARTHYA COMPONENTS UNDER MISSION SHAKTI**

**3317. SHRI MALAIYARASAN D:**

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

(a) the current status of implementation of Mission Shakti, including the projects/services operational under its Sambal and Samarthya components in Tamil Nadu;

(b) the details of funds allocated, released and utilised for implementation of the said Mission in the said State during the last five years;

(c) the number of beneficiaries provided assistance through One Stop Centres, Women Helpline services and other women empowerment initiatives under the said Mission, district-wise including Kallakurichi Parliamentary Constituency;

(d) whether the Government has assessed the challenges faced in implementation of said Mission, including availability of trained personnel, infrastructure gaps and awareness among women, particularly in rural and remote areas of the State; and

(e) if so, the details of the steps being taken by the Government to enhance access to protection, rehabilitation, skill development and livelihood opportunities for women through this Mission in the said State?

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

(a) to (e): 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.

The ‘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.

The ‘Sambal’ has components of One Stop Centre (OSC), Women Helpline (WHL), Beti Bachao Beti Padhao (BBBP) and Nari Adalat.

1. **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 across the country. As on date, 991 One Stop Centres have been made operational across the country and since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.20 lakh women have been assisted through One Stop Centres across the country. As on date, 59 OSCs are operational in the State of Tamil Nadu; out of which one OSC is operational in Kallakurichi district and two OSCs are operational in Salem district, which have assisted over 1,82,957 women.

2. **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. Since inception (1st April, 2015 to 30th June, 2026), over 1.04 crore women have been assisted through Women Helplines across the country. In the State of Tamil Nadu, WHL has assisted over 2,59,509 women till 30th June, 2026.

3. **Beti Bachao Beti Padhao** helps to address Child Sex Ratio (CSR) and related issues of empowerment of girls and women. The scheme tries to create

mindset and behavioural changes towards the girl child by informing, influencing, motivating, engaging, and empowering various stakeholders. BBBP has transformed from a policy initiative into a national movement by mobilizing various stakeholders, including government agencies, media, civil society, and the public at large. As per latest reports of Health Management Information System (HMIS) of Ministry of Health & Family welfare (MoHFW), the Sex Ratio at Birth (SRB) is showing improving trends and has increased from 918 to 929 at national level during 2014-15 to 2025-26 (provisional). In the State of Tamil Nadu, the Sex Ratio at Birth (SRB) has increased from 917 to 937 during 2014-15 to 2025-26 (provisional).

As per UDISE data of Ministry of Education, Gross enrolment ratio of girls in the schools at secondary level has increased from 75.51% in 2014-15 to 83.4% in 2025-26. In the State of Tamil Nadu, the Gross enrolment ratio of girls in the schools at secondary level has increased from 93.82% in 2014-15 to 99.6% in 2025-26.

4. **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 scheme is demand driven and piloted in 50 Gram Panchayats each in the State of Assam and the Union Territory of Jammu & Kashmir in FY 2023-24.

In the State of Bihar, Jharkhand, Himachal Pradesh, Karnataka, Kerala, Manipur, Mizoram, Nagaland, Punjab, Sikkim, Tamil Nadu, Tripura and Uttar Pradesh, Nari Adalat is operational in 10 Gram Panchayats in each State. In FY 2025-26, 10 Gram Panchayats each in 4 States of Goa, Maharashtra, Odisha, Uttarakhand and 5 Gram Panchayats each in the UTs of Dadra and Nagar Haveli & Daman and Diu and Andaman & Nicobar Islands has also been approved for operationalization of Nari Adalat.

The 'Samarthya' has components of Shakti Sadan, Sakhi Niwas, Pradhan Mantri Matru Vandana Yojana (PMMVY), Palna and SANKALP: Hub for Empowerment of Women (SANKALP: HEW).

1. **Shakti Sadan:** Under the overarching 'Mission Shakti', erstwhile schemes of 'Swadhar Greh' – Home for women in difficult circumstances and 'Ujjawala'- Home for women rescued from Trafficking, have been merged w.e.f. 01.04.2022 and are now 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 women in such difficult situations, to enable them to overcome the adverse circumstances. Shakti Sadan is helpful towards support for women in distress, providing shelter and rehabilitation support including those affected of trafficking.

Under the Scheme, financial assistance is provided for running of Shakti Sadan in rented premises. At present, 46 Shakti Sadans are functional in the State of

Tamil Nadu benefiting around 2050 beneficiaries. There are 02 Shakti Sadans operational in Kallakurichi district of Tamil Nadu.

2. **Sakhi Niwas:** Sakhi Niwas Scheme (Working Women Hostel) under the overarching Mission Shakti, 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 and women undergoing job-related training. Provision of a Day Care Centre for the children of residents is an important component of the Scheme. At present, 59 Sakhi Niwas are operational in Tamil Nadu, benefiting around 3,341 women.

3. **Palna:** The Ministry introduced Palna Scheme w.e.f. 01 April 2022, for providing day care creche facilities in safe and secure environment to children (aged 06 months – 06 years) of all mothers irrespective of their employment status along with nutritional support, health and cognitive development of children, growth monitoring, immunization, education etc. State Government of Tamil Nadu has intimated that Standalone creches were operational till March, 2025 and AWCCs are not operational under Palna Scheme.

4. **PMMVY:** The Ministry of Women and Child Development is implementing Pradhan Mantri Matru Vandana Yojana (PMMVY) w.e.f. 01.01.2017 across 35 States and UTs in the country including Tamil Nadu (excluding Telangana, which is under process of onboarding on the PMMVY portal). 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. 1,135.63 crores have been extended to approximately 22.23 lakh women in the State of Tamil Nadu through this scheme since inception of the scheme (01.01.2017) till 31.07.2026. The details of the beneficiaries paid under the PMMVY Scheme in the State of Tamil Nadu during the last 5 Financial years is as below:

| S. No. | Financial Year | Beneficiaries paid |
|---|---|---|
| 1. | 2021-22 | 1,78,547 |
| 2. | 2022-23 | 1,35,752 |
| 3. | 2023-24 | 2,86,823 |
| 4. | 2024-25 | 5,50,556 |
| 5. | 2025-26 | 5,03,289* |

**Due to ongoing process at States and UTs level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system, the beneficiary payment data (for FY 2025-26) is only an estimate based on data from PFMS portal*

The district-wise details of the beneficiaries paid under the PMMVY Scheme during the last 5 Financial Years in the State of Tamil Nadu (including

Kallakurichi and Salem districts of the Kallakurichi Parliamentary Constituency) is at **Statement-I.**

5. **SANKALP: HEW:** The SANKALP: HEW (Hub for Empowerment of Women) 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.

As on date, total 35 State SANKALP: HEWs and 742 District SANKALP: HEWs are functional, including one District Hub for Empowerment of Women (DHEW) each in the Kallakurichi and Salem districts of the Kallakurichi Parliamentary Constituency. Further, 2,14,145 women have been assisted in the State of Tamil Nadu since FY 2024-25.

Mission Shakti is a Centrally Sponsored Scheme and implementation of this 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 funds released/ expenditure in the State of Tamil Nadu during the last five years under Mission Shakti is at **Statement-II.**

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. Further, to strengthen digital monitoring, the Ministry has developed the Mission Shakti Dashboard for real-time monitoring and effective implementation of the Scheme. The Dashboard facilitates monitoring of beneficiaries assisted, services provided, infrastructure, activities and facilities at the District, State and National levels.

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.

The Ministry has also undertaken measures to strengthen the capacity of Women Helpline and One Stop Centre functionaries through regular training, technical support and continuous handholding of States/UTs. Capacity building programmes have been organised with the support of NIMHANS, SPNIWCD and C-DAC, covering areas such as psycho-social counselling, gender sensitisation, ethical call management, case management, dashboard operations, referral mechanisms and convergence with various stakeholders. C-DAC also provides regional and hands-on training, technical support, dashboard support, troubleshooting and MIS/data analytics support to States/UTs.

Several steps have been undertaken by the Government of India to strengthen the implementation and awareness of the PMMVY scheme across the country. Some of these are as under:

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 Adhaar Bridge Payment System [ABPS] as PMMVY portal is enabled for Aadhar-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 compliant 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 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.

XII. Additionally, the Ministry of Women & Child Development conducts various awareness programs including those on Maternity Benefits through SANKALP: HEW scheme for all States and UTs. It includes various Information, Education and Communication (IEC) and Behavior Change Communication (BCC) activities such as Prabhat Pheri, Nukkad Natak, Newspaper Advertisements, Airing Radio Jingles, Selfie Campaign, Door to Door Campaign, Community Programmes which are conducted at field functionary levels. Further, the Ministry also runs

special campaign for registration of eligible beneficiaries in all the States and UTs under PMMVY on a periodic basis.

## STATEMENT-I

**Number of beneficiaries paid under the PMMVY Scheme during the last 5 Years**

| S. No. | Name of District | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26^ |
|---|---|---|---|---|---|---|
| 1 | ARIYALUR | 2,379 | 2,094 | 4,064 | 8,674 | 5,447 |
| 2 | CHENGALPATTU | - | - | 8,062 | 2,937 | 10,511 |
| 3 | CHENNAI | 13,461 | 7,731 | 11,480 | 34,478 | 25,416 |
| 4 | COIMBATORE | 9,492 | 7,039 | 18,373 | 36,652 | 24,426 |
| 5 | CUDDALORE | 7,259 | 5,933 | 12,444 | 25,400 | 13,130 |
| 6 | DHARMAPURI | 3,646 | 2,881 | 7,379 | 16,152 | 12,199 |
| 7 | DINDIGUL | 5,161 | 2,376 | 10,119 | 18,434 | 13,940 |
| 8 | ERODE | 4,491 | 3,116 | 4,508 | 19,183 | 11,403 |
| 9 | **KALLAKURICHI** | - | - | 6,404 | 2,237 | 5,124 |
| 10 | KANCHIPURAM | 9,508 | 7,204 | 5,096 | 20,863 | 17,714 |
| 11 | KANNIYAKUMARI | 3,888 | 2,232 | 7,276 | 11,394 | 8,856 |
| 12 | KARUR | 2,497 | 1,216 | 5,064 | 10,646 | 6,074 |
| 13 | KRISHNAGIRI | 4,741 | 4,290 | 8,250 | 16,328 | 11,045 |
| 14 | MADURAI | 10,405 | 6,132 | 14,647 | 24,248 | 22,208 |
| 15 | MAYILADUTHURAI | - | - | 4,560 | 891 | 3,352 |
| 16 | NAGAPATTINAM | 3,569 | 3,658 | 2,097 | 7,693 | 8,122 |
| 17 | NAMAKKAL | 4,016 | 2,863 | 6,479 | 16,677 | 9,465 |
| 18 | PERAMBALUR | 1,736 | 1,169 | 2,802 | 6,190 | 3,133 |
| 19 | PUDUKKOTTAI | 4,317 | 3,866 | 8,741 | 16,563 | 10,581 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 20 | RAMANATHAPURAM | 3,861 | 2,087 | 6,012 | 11,283 | 7,478 |
| 21 | RANIPET | - | - | 3,698 | 1,784 | 2,945 |
| 22 | **SALEM** | 8,621 | 6,702 | 15,899 | 26,064 | 23,487 |
| 23 | SIVAGANGA | 3,496 | 2,252 | 7,097 | 10,034 | 10,974 |
| 24 | TENKASI | - | - | 5,848 | 1,496 | 5,643 |
| 25 | THANJAVUR | 4,083 | 5,349 | 6,376 | 14,539 | 15,277 |
| 26 | THE NILGIRIS | 1,285 | 999 | 1,949 | 4,192 | 2,124 |
| 27 | THENI | 3,135 | 2,902 | 5,431 | 5,464 | 6,536 |
| 28 | THIRUVALLUR | 6,778 | 5,316 | 9,480 | 18,330 | 14,809 |
| 29 | THIRUVARUR | 2,731 | 2,728 | 6,116 | 10,421 | 7,243 |
| 30 | TIRUCHIRAPPALLI | 7,154 | 5,036 | 11,143 | 22,743 | 20,583 |
| 31 | TIRUNELVELI | 6,775 | 4,775 | 6,274 | 19,483 | 19,611 |
| 32 | TIRUPATHUR | - | - | 5,467 | 1,464 | 4,292 |
| 33 | TIRUPPUR | 5,848 | 5,033 | 9,178 | 21,914 | 13,779 |
| 34 | TIRUVANNAMALAI | 6,415 | 4,982 | 11,293 | 14,353 | 12,210 |
| 35 | TUTICORIN | 3,815 | 3,090 | 5,208 | 9,288 | 7,773 |
| 36 | VELLORE | 10,126 | 7,994 | 5,393 | 24,497 | 21,483 |
| 37 | VILLUPURAM | 9,193 | 8,310 | 9,039 | 22,188 | 17,958 |
| 38 | VIRUDHUNAGAR | 4,665 | 4,397 | 8,077 | 15,379 | 8,291 |

^*Data till 04.12.2025. District-wise payment data from 05.12.2025 is not available with the Ministry due to the ongoing process at State level in implementation of APIs related to PMMVY onboarding on SNA-SPARSH system.*

## STATEMENT-II

**Details of funds released/ expenditure in the State of Tamil Nadu during the last five years under Mission Shakti**

**(Rupees in Crores)**

| Sl. No. | Scheme | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|---|
| 1 | OSC | 5.20 | 6.97 | 11.59 | 10.60 | 18.32 |
| 2 | WHL | 0.51 | 0.46 | 0.49 | 0.02 | 0.38 |
| 3 | BBBP | 2.40 | 7.60 | 8.03 | 0.00 | 10.91 |
| 4 | PMMVY | 35.02 | 68.03 | NIL | 95.62 | 109.58 |
| 5 | Shakti Sadan | 0.00 | 0.00 | 15.17 | 11.54 | 13.00 |
| 6 | Sakhi Niwas | 12.04 | 17.63 | 4.52 | 8.14 | 6.93 |
| 7 | Palna | 0.00 | 2.83 | 1.74 | 5.88 | 2.14 |
| 8 | SANKALP: HEW | 0.00* | 3.05 | 7.47 | 0.11 | 6.76 |

*SANKALP: HEW was introduced w.e.f. 01.04.2022.

## दूर-दराज़ के इलाकों में प्राथमिक स्वास्थ्य सेवाओं को मज़बूत करना

**3318. श्री चिंतामणि महाराजः**

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

(क) क्या छत्तीसगढ़ में, सरगुजा जिले सहित, आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के तहत लाभार्थियों, उपचार और अस्पताल में भर्ती होने के मामलों में उल्लेखनीय वृद्धि हुई है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या केंद्रीय सरकार द्वारा राज्य के जनजातीय और दूर-दराज के क्षेत्रों जैसे सरगुजा जिले में आयुष्मान आरोग्य मंदिरों (एएएम) के माध्यम से प्राथमिक स्वास्थ्य सेवाओं, जांच, नैदानिक सेवाओं और स्वास्थ्य बीमा कवरेज को सुदृढ़ करने के लिए कोई विशेष कदम उठाए गए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) विभिन्न स्वास्थ्य योजनाओं में डिजिटल स्वास्थ्य सेवाओं का विस्तार और उन्हें एकीकृत करने के लिए आयुष्मान भारत डिजिटल मिशन (एबीडीएम) और अन्य डिजिटल स्वास्थ्य पहलों के तहत क्या प्रगति की गई है; और

(घ) देश के जनजातीय और ग्रामीण क्षेत्रों में स्वास्थ्य सेवाओं की उपलब्धता में सुधार लाने, लाभार्थियों के लिए जेब से होने वाले स्वास्थ्य खर्च को कम करने और सार्वभौमिक स्वास्थ्य कवरेज (यूएचसी) प्राप्त करने की दिशा में इस योजना की प्रमुख उपलब्धियां क्या हैं?

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

(क): सरगुजा जिले सहित, छत्तीसगढ़ में आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) के उपयोग में उल्लेखनीय वृद्धि हुई है। राज्य में निर्मित आयुष्मान कार्डों की संख्या वित्त वर्ष 2018-19 में 3.18 लाख थी जो वित्त वर्ष 2025-26 में बढ़कर 14.52 लाख हो गई है। इसी अवधि में योजना के अंतर्गत अधिकृत अस्पतालों में अधिकृत की गई भर्तियों की संख्या 3.42 लाख से बढ़कर 15.22 लाख हो गई है, जो पात्र लाभार्थियों के बीच योजना की बढ़ती पहुँच एवं उपयोग को दर्शाती है।

दिनांक 31.07.2026 की स्थिति के अनुसार, राज्य में कुल 2.47 करोड़ आयुष्मान कार्ड बनाए जा चुके हैं, जिनमें से 8.49 लाख आयुष्मान कार्ड सरगुजा जिले में बनाए गए हैं। इसके

अतिरिक्त, छत्तीसगढ़ स्थित अस्पतालों में कुल 93.17 लाख भर्तियों को अधिकृत किया गया जिनमें से 2.93 लाख भर्तियों सरगुजा जिले में अधिकृत की गई हैं।

(ख): राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत देश में 1.86 लाख आयुष्मान आरोग्य मंदिरों (एएएम) (जिसमें छत्तीसगढ़ राज्य में 5,898 तथा सरगुजा जिले में 218 आयुष्मान आरोग्य मंदिर शामिल हैं) के माध्यम से उप-स्वास्थ्य केन्द्रों एवं प्राथमिक स्वास्थ्य केन्द्रों को सुदृढ़ बनाकर व्यापक प्राथमिक स्वास्थ्य सेवाएँ प्रदान की जा रही हैं। ये आयुष्मान आरोग्य मंदिर प्रजनन एवं शिशु स्वास्थ्य सेवाओं, संचारी रोगों, गैर-संचारी रोगों तथा अन्य स्वास्थ्य संबंधी समस्याओं सहित विस्तारित स्वास्थ्य सेवाओं के अंतर्गत निवारक, संवर्धनात्मक, पुनर्वास एवं उपचार संबंधी सेवाएँ उपलब्ध कराते हैं।

(ग): भारत सरकार द्वारा सितंबर, 2021 में आयुष्मान भारत डिजिटल मिशन (एबीडीएम) का शुभारंभ एकीकृत एवं नागरिक-केंद्रित राष्ट्रीय डिजिटल स्वास्थ्य ईकोसिस्टम विकसित करने के उद्देश्य से किया गया था। एबी-पीएमजेएवाई, नि-क्षय, प्रजनन एवं शिशु स्वास्थ्य तथा गैर-संचारी रोग संबंधी कार्यक्रम सहित अनेक राष्ट्रीय स्वास्थ्य कार्यक्रमों के प्लेटफॉर्मों को एबीडीएम के साथ एकीकृत किया गया है। इसके अतिरिक्त, विभिन्न सरकारी एवं निजी अस्पताल प्रबंधन सूचना प्रणालियों को भी एबीडीएम के साथ एकीकृत किया गया है, जिससे इन प्रणालियों के माध्यम से आयुष्मान भारत स्वास्थ्य खाता (एबीएचए) बनाया जाना तथा डिजिटल स्वास्थ्य अभिलेखों का निर्माण एवं आदान-प्रदान संभव हो सका है, जिससे पूरे ईकोसिस्टम में निर्बाध अंतर-संचालन सुनिश्चित हो सके। दिनांक 31.07.2026 की स्थिति के अनुसार, देश में आयुष्मान भारत डिजिटल मिशन (एबीडीएम) की प्रगति निम्नानुसार हैः

(क) नागरिकों के लिए सृजित एबीएचए– 95.99 करोड़

(ख) नागरिकों के एबीएचए से संबद्ध स्वास्थ्य अभिलेख – 107.55 करोड़

(ग) स्वास्थ्य सेवा पेशेवर रजिस्ट्री में सत्यापित स्वास्थ्य सेवा पेशेवर – 10.33 लाख

(घ) स्वास्थ्य सुविधा केंद्र रजिस्ट्री में सत्यापित स्वास्थ्य सुविधा केंद्र – 5.40 लाख

(ङ) एबीडीएम-सक्षम सॉफ्टवेयर का उपयोग करने वाले स्वास्थ्य सुविधा केंद्र– 2.76 लाख

(घ): आयुष्मान भारत-प्रधानमंत्री जन आरोग्य योजना (एबी-पीएमजेएवाई) से देशभर में पैनलबद्ध सरकारी एवं निजी अस्पतालों के व्यापक नेटवर्क के माध्यम से पात्र लाभार्थियों के लिए गुणवत्तापूर्ण मध्यम एवं विशिष्ट स्वास्थ्य सेवाओं तक पहुँच में उल्लेखनीय सुधार हुआ है। दिनांक 31.07.2026 की स्थिति के अनुसार, योजना के अंतर्गत देशभर में कुल 38,374 अस्पताल पैनलबद्ध किए जा चुके हैं।

इसके अतिरिक्त, योजना के अंतर्गत, अस्पतालों में 12.69 करोड़ से अधिक भर्तियों को प्राधिकृत किया जा चुका है, जिनका कुल व्यय 1.92 लाख करोड़ रुपये से अधिक है। इससे पात्र लाभार्थी योजना के अंतर्गत कैशलेस उपचार की सुविधा प्राप्त कर रहे है।

## बिना प्रतिभूति जमानत के उपाय

**3319. श्री राजकुमार रोत :**

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

(क) देश में न्यायिक आदेशों के तहत वर्तमान में जेलों में बंद व्यक्तियों की कुल संख्या कितनी है, और राज्य-वार और श्रेणी-वार तथा राजस्थान के संबंध में जिला-वार और श्रेणी-वार इससे संबंधित ब्यौरा क्या है ;

(ख) देश में उक्त मामलों की संख्या कितनी है जहाँ व्यक्ति जमानत मिलने के बावजूद केवल प्रतिभूति जमा न कर पाने के कारण जेलों में बंद हैं, जिसका राज्य-वार तथा राजस्थान के संबंध में जिला-वार और श्रेणी-वार ब्यौरा क्या है ;

(ग) उक्त अनुसूचित जनजाति से संबंधित व्यक्तियों की संख्या कितनी है जो जमानत मिलने के बावजूद प्रतिभूति जमा न करने के कारण जेलों में बंद हैं, जिनका राज्य-वार और नाम-वार ब्यौरा तथा उन अपराधों की प्रकृति क्या है जिनके लिए वे हिरासत में हैं ;

(घ) क्या सरकार इस समस्या को ध्यान में रखते हुए उन गरीबों को, जो जमानत मिलने के बाद प्रतिभूति जमा करने में असमर्थ हैं, प्रतिभूति मुक्त जमानत देने का प्रस्ताव है ; और

(ङ) यदि हाँ, तो इस प्रस्ताव के कब तक कार्यान्वित होने की संभावना है और यदि नहीं, तो इसके क्या कारण हैं ?

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

(क) से (ग): देश भर की जेलों में करवासित व्यक्तियों की संख्या के संबंध में, राष्ट्रीय अपराध अभिलेख ब्यूरो (एनसीआरबी), गृह मंत्रालय द्वारा उपलब्ध कराए गए नवीनतम 31.12.2024तक) के राज्यवार/श्रेणीवार आंकड़े, जिसमें राजस्थान भी सम्मिलित है, **विवरण-I** में दिए गए हैं। एनसीआरबी द्वारा जिलावार आंकड़े अनुरक्षित नहीं किए जाते हैं। राष्ट्रीय विधिक सेवा प्राधिकरण (एनएएलएसए) द्वारा दी गई जानकारी के अनुसार, 30.06.2026 तक जमानत न देने के कारण जेलों में करवासित व्यक्तियों (विचाराधीन कैदियों) का राज्यवार ब्यौरे, जिसमें राजस्थान भी सम्मिलित है, **विवरण-II** में दिए गए हैं। जिलावार और श्रेणीवार विवरण एनएएलएसए द्वारा अनुरक्षित नहीं किए जाते हैं। इसके अतिरिक्त, अनुसूचित जनजातियों के संबंध में कोई पृथक जानकारी एनएएलएसए द्वारा या एनसीआरबी द्वारा अनुरक्षित नहीं की जाती है।

(घ) और (ङ): 'कारागार और कैदी' भारत के संविधान की सातवीं अनुसूची की दूसरी सूची की प्रविष्टि 4 के अधीन राज्य-सूची का विषय है। अतः, कारागारों और कैदियों का प्रशासन और प्रबंधन संबंधित राज्य सरकारों की जिम्मेदारी है। केंद्रीय सरकार इस संबंध में राज्य सरकारों के प्रयासों में सहयोग करती है। केंद्रीय सरकार द्वारा जमानत सुधारों को क्रियान्वित करने के लिए कई पहल की गई हैं। भारतीय नागरिक सुरक्षा संहिता (बीएनएसएस) की धारा 479 (1) यह उपबंध करता है कि "जहाँ कोई व्यक्ति, किसी विधि के अधीन किसी अपराध के लिए इस संहिता के अधीन (जो ऐसा अपराध नहीं है जिसके लिए उस विधि के अधीन मृत्युदंड या आजीवन कारावास एक दंड के रूप में विनिर्दिष्ट किया गया है) अन्वेषण, जांच या विचारण की अवधि के दौरान कारावास की उस अधिकतम अवधि के, जो उस विधि के अधीन उस अपराध के लिए विनिर्दिष्ट की गई है, आधे से अधिक की अवधि के लिए निरोध भोग चुका है, वहां वह न्यायालय द्वारा जमानत पर छोड़ दिया जाएगा" इसके अतिरिक्त, अंतर-संचालनीय आपराधिक न्याय प्रणाली (आईसीजेएस) के अधीन ई-जेल पोर्टल के माध्यम से प्रौद्योगिकी आधारित अलर्ट उत्पन्न किए जाते हैं और विचाराधीन कैदियों की समय पर रिहाई के लिए उचित कार्रवाई करने हेतु संबंधित अधिकारियों को भेजे जाते हैं।

सरकार उन गरीब कैदियों को वित्तीय सहायता प्रदान करने के उद्देश्य से, जो अधिरोपित जुर्माना का संदाय करने में असमर्थ हैं या आर्थिक तंगी के कारण जमानत प्राप्त करने में असमर्थ हैं, "गरीब कैदियों को सहायता" नामक एक स्कीम लागू कर रही है। इस स्कीम के कार्यान्वयन के लिए दिशानिर्देश और मानक संचालन प्रक्रिया (एसओपी) **1** लाख रुपये तक की जमानत सहायता का उपबंध करते हैं, साथ ही मामलों की कार्यवाही के लिए समयसीमा विहित की गई है और धन की निकासी और उपयोग की प्रक्रियाओं को सरल बनाया गया है। राष्ट्रीय विधिक सेवा प्राधिकरण (एनएएलएसए) ने सभी जिलों में विचाराधीन कैदियों और दोषियों की रिहाई की सिफारिश करने के लिए विचाराधीन समीक्षा समितियों (यूटीआरसी) की स्थापना की पहल की है। यूटीआरसी द्वारा देश भर में त्रैमासिक बैठकें आयोजित की जाती हैं।

# विवरण-I

| **31.12.2024 तक राज्य/संघ राज्य क्षेत्र के अनुसार जेल के कैदियों के प्रकार** | | | | | | |
|---|---|---|---|---|---|---|
| **क्र सं** | **राज्य/संघ राज्य क्षेत्र** | **दोषसिद्ध** | **विचाराधीन कैदियों** | **बंदी** | **अन्य** | **कुल** |
| 1 | आंध्र प्रदेश | 2,131 | 5,705 | 10 | 15 | 7,861 |
| 2 | अरुणाचल प्रदेश | 226 | 242 | 0 | 0 | 468 |
| 3 | असम | 3,500 | 8,144 | 13 | 17 | 11,674 |
| 4 | बिहार | 6,648 | 45,339 | 0 | 3 | 51,990 |
| 5 | छत्तीसगढ | 6,313 | 12,478 | 5 | 2 | 18,798 |
| 6 | गोवा | 95 | 519 | 1 | 0 | 615 |
| 7 | गुजरात | 5,231 | 12,286 | 249 | 0 | 17,766 |
| 8 | हरियाणा | 5,693 | 19,015 | 48 | 0 | 24,756 |
| 9 | हिमाचल प्रदेश | 1,042 | 1,942 | 0 | 0 | 2984 |
| 10 | झारखंड | 4,943 | 11,232 | 26 | 0 | 16,201 |
| 11 | कर्नाटक | 3,491 | 10,908 | 24 | 27 | 14,450 |
| 12 | केरल | 3,944 | 6,148 | 215 | 0 | 10,307 |
| 13 | मध्य प्रदेश | 21,760 | 23,132 | 92 | 108 | 45,092 |
| 14 | महाराष्ट्र | 7,066 | 31,523 | 414 | 0 | 39,003 |
| 15 | मणिपुर | 121 | 326 | 3 | 0 | 450 |
| 16 | मेघालय | 464 | 918 | 0 | 24 | 1,406 |
| 17 | मिजोरम | 639 | 917 | 0 | 0 | 1,556 |
| 18 | नागालैंड | 125 | 363 | 26 | 0 | 514 |
| 19 | ओडिशा | 3,736 | 12,879 | 1 | 1 | 16,617 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 20 | पंजाब | 6,695 | 23,922 | 2 | 44 | 30,663 |
| 21 | **राजस्थान** | **6,086** | **18,176** | **7** | **41** | **24,310** |
| 22 | सिक्किम | 151 | 151 | 0 | 0 | 302 |
| 23 | तमिलनाडु | 6,007 | 13,274 | 1,117 | 2 | 20,400 |
| 24 | तेलंगाना | 1,767 | 5,002 | 13 | 0 | 6,782 |
| 25 | त्रिपुरा | 489 | 1,261 | 8 | 3 | 1,761 |
| 26 | उत्तर प्रदेश | 27,474 | 59,194 | 94 | 0 | 86,762 |
| 27 | उत्तराखंड | 2,292 | 3,256 | 0 | 0 | 5,548 |
| 28 | पश्चिमी बंगाल # | 4,941 | 20,294 | 1 | 538 | 25,774 |
| 29 | अंदमान और निकोबार द्वीप समूह | 227 | 168 | 0 | 0 | 395 |
| 30 | चंडीगढ़ | 329 | 610 | 0 | 0 | 939 |
| 31 | दादरा नागर हवेली और दमण दीव | 3 | 111 | 0 | 0 | 114 |
| 32 | दिल्ली | 2,232 | 17,178 | 12 | 90 | 19,512 |
| 33 | जम्मू और कश्मीर | 170 | 4,552 | 660 | 1 | 5,383 |
| 34 | लद्दाख | 3 | 41 | 7 | 0 | 51 |
| 35 | लक्ष्द्वीप | 0 | 5 | 0 | 0 | 5 |
| 36 | पुदुचेरी | 104 | 229 | 0 | 0 | 333 |
| | **कुल (अखिल भारतीय)** | **1,36,138** | **3,71,440** | **3,048** | **916** | **5,11,542** |

· राज्यों/संघ राज्य क्षेत्रों द्वारा उपलब्ध कराए गए डेटा के अनुसार।

# पश्चिमी बंगाल से 2024 का डेटा न मिलने के कारण, 2023 का दिया गया डेटा इस्तेमाल किया गया है।

## विवरण-II

**जनवरी, 2026 से जून, 2026 की अवधि के दौरान न्यायालय से ज़मानत मिलने वाले विचाराधीन कैदियों की राज्य-वार संख्या, जो प्रतिभूति देने मे असमर्थ रहे हैं।**

| क्र . सं . | राज्य | सिफारिश किए गए कैदियों की कुल संख्या | रिहा किए गए कैदियों की कुल संख्या |
|---|---|---|---|
| 1 | अंदमान और निकोबार | 0 | 0 |
| 2 | आंध्र प्रदेश | 91 | 58 |
| 3 | अरुणाचल प्रदेश | 27 | 6 |
| 4 | असम | 477 | 299 |
| 5 | बिहार | 18 | 15 |
| 6 | चंडीगढ़ | 14 | 9 |
| 7 | छत्तीसगढ | 38 | 35 |
| 8 | दादरा और नागर हवेली | 0 | 0 |
| | दमण और दीव | 0 | 0 |
| 9 | दिल्ली | 186 | 117 |
| 10 | गोवा | 34 | 7 |
| 11 | गुजरात | 518 | 452 |
| 12 | हरियाणा | 95 | 86 |
| 13 | हिमाचल प्रदेश | 21 | 19 |
| 14 | जम्मू और कश्मीर | 52 | 24 |
| 15 | झारखंड | 118 | 107 |
| 16 | कर्नाटक | 93 | 47 |
| 17 | केरल | 234 | 109 |
| 18 | लद्दाख | 0 | 0 |

| | | | |
|---|---|---|---|
| 19 | लक्षद्वीप | 0 | 0 |
| 20 | मध्य प्रदेश | 104 | 90 |
| 21 | महाराष्ट्र | 1,082 | 567 |
| 22 | मणिपुर | 73 | 13 |
| 23 | मेघालय | 73 | 23 |
| 24 | मिजोरम | 16 | 1 |
| 25 | नागालैंड | 15 | 0 |
| 26 | ओडिशा | 376 | 171 |
| 27 | पुदुचेरी | 9 | 9 |
| 28 | पंजाब | 774 | 564 |
| 29 | **राजस्थान** | **196** | **140** |
| 30 | सिक्किम | 7 | 5 |
| 31 | तमिलनाडु | 555 | 262 |
| 32 | तेलंगाना | 311 | 104 |
| 33 | त्रिपुरा | 36 | 16 |
| 34 | उत्तर प्रदेश | 819 | 777 |
| 35 | उत्तराखंड | 30 | 28 |
| 36 | पश्चिमी बंगाल | 158 | 119 |
| **कुल** | | **6,650** | **4,279** |

## जन औषधि केंद्रों पर औषधियों की बिक्री

**3320. डॉ. राजीव भारद्वाजः**

क्या **रसायन और उर्वरक** मंत्री यह बताने की कृपा करेंगे किः

(क) पिछले दो वर्षों के दौरान प्रधानमंत्री भारतीय जन औषधि परियोजना (पीएमबीजेपी) के अंतर्गत बेचे गए उर्वरकों/दवाओं की मात्रा कितनी है;

(ख) कांगड़ा और चंबा जिलों सहित हिमाचल प्रदेश में वर्तमान में कार्यरत जन औषधि केंद्रों की जिला-वार संख्या कितनी है; और

(ग) पीएमबीजेपी के तहत खुदरा दुकानों पर कितनी सर्जिकल सामग्रियां ब्रांडेड विकल्पों की तुलना में कम कीमतों पर बेची जाती हैं?

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

(क): प्रधानमंत्री भारतीय जनऔषधि परियोजना (पीएमबीजेपी) के अन्तर्गत, पिछले दो वित्तीय वर्षों के दौरान अधिकतम खुदरा मूल्य (एमआरपी) पर ₹4274.66 करोड़ की कुल बिक्री हुई थी। इसका विवरण निम्नानुसार हैं:-

| **क्र.सं.** | **वित्तीय वर्ष** | **बिक्री (₹ करोड़ में)** |
|---|---|---|
| 1. | 2024-25 | 2022.47 |
| 2. | 2025-26 | 2252.19 |

(ख): दिनांक 30.06.2026 की स्थिति के अनुसार, हिमाचल प्रदेश में कुल 77 जन औषधि केंद्र (जेएके) खोले गए हैं। इनमें से 21 और 3 जेएके क्रमशः कांगड़ा और चंबा जिलों में खोले गए हैं। हिमाचल प्रदेश राज्य में खोले गए जेएके की जिला-वार संख्या **विवरण** में है।

(ग): योजना की उत्पाद बॉस्केट में 315 सर्जिकल वस्तुएं, चिकित्सा उपभोज्य सामग्रियां और चिकित्सा उपकरण शामिल हैं। उनके अधिकतम खुदरा मूल्य (एमआरपी) समकक्ष प्रमुख ब्रांडेड उत्पादों की तुलना में लगभग 50% से 80% कम हैं।

## विवरण

**हिमाचल प्रदेश राज्य में दिनांक 30.06.2026 की स्थिति के अनुसार खोले गए जन औषधि केन्द्रों की जिला-वार संख्या**

| क्र.सं. | जिले का नाम | जेएके की संख्या |
|---|---|---|
| 1. | बिलासपुर | 4 |
| 2. | चंबा | 3 |
| 3. | हमीरपुर | 9 |
| 4. | कांगड़ा | 21 |
| 5. | किन्नौर | 1 |
| 6. | कुल्लू | 2 |
| 7. | लाहौल और स्पीति | 1 |
| 8. | मंडी | 13 |
| 9. | शिमला | 6 |
| 10. | सिरमौर | 4 |
| 11. | सोलन | 5 |
| 12. | उना | 8 |
| **कुल** | | **77** |

## उच्चतर न्यायपालिका में सामाजिक विविधता और प्रतिनिधित्व

**3321. श्री मुरारी लाल मीना :**

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

(क) क्या सरकार को उच्च न्यायालयों और उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति में विभिन्न सामाजिक श्रेणियों, क्षेत्रों और महिलाओं के अपेक्षाकृत असमान प्रतिनिधित्व की जानकारी है, यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(ख) क्या सरकार के पास उच्च न्यायालयों और उच्चतम न्यायालय में न्यायाधीशों की सामाजिक श्रेणी, लिंग और क्षेत्रीय प्रतिनिधित्व के संबंध में समेकित आंकड़े हैं, यदि हां, तो तत्संबंधी ब्यौरा क्या है ;

(ग) क्या सरकार ने उच्चतर न्यायपालिका में अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़े वर्गों, महिलाओं और आर्थिक रूप से कमजोर वर्गों की भागीदारी में वृद्धि करने के संबंध में कोई अध्ययन या परामर्श किया है, यदि हां, तो इसके मुख्य निष्कर्ष क्या हैं ; और

(घ) उच्चतर न्यायपालिका में पारदर्शिता, समान अवसर और व्यापक सामाजिक प्रतिनिधित्व को बढ़ावा देने के लिए सरकार द्वारा क्या नीतिगत कदम उठाए जा रहे हैं ?

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

(क) से (घ): उच्चतम न्यायालय और विभिन्न उच्च न्यायालयों के न्यायाधीशों की नियुक्ति भारत के संविधान के अनुच्छेद 124, अनुच्छेद 217 तथा अनुच्छेद 224 के अधीन की जाती है, जो किसी जाति या वर्ग के व्यक्तियों के लिए आरक्षण का उपबंध नहीं करते हैं। अतः उच्चतम न्यायालय और उच्च न्यायालयों के न्यायाधीशों में किसी जाति या व्यक्तियों के किसी वर्ग के प्रतिनिधित्व से संबंधित श्रेणीवार आँकड़े केंद्रीय स्तर पर उपलब्ध नहीं हैं।

नियुक्ति की प्रक्रिया संबंधी ज्ञापन (एमओपी) के अनुसार, उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति हेतु प्रस्ताव आरंभ करने का उत्तरदायित्व भारत के मुख्य न्यायाधीश में निहित है, जबकि उच्च न्यायालयों में न्यायाधीशों की नियुक्ति हेतु प्रस्ताव आरंभ करने का उत्तरदायित्व संबद्ध

उच्च न्यायालय के मुख्य न्यायाधीश में निहित है। तथापि, सरकार न्यायपालिका में सामाजिक विविधता को बढ़ावा देने के लिए प्रतिबद्ध है और उच्च न्यायालयों में न्यायाधीशों की नियुक्ति में सामाजिक विविधता सुनिश्चित करने के लिए उच्च न्यायालयों के मुख्य न्यायाधीशों से अनुरोध करती रही है कि न्यायाधीशों की नियुक्ति हेतु प्रस्ताव प्रेषित करते समय अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़े वर्गों, अल्पसंख्यकों तथा महिलाओं से संबंधित उपयुक्त अभ्यर्थियों पर समुचित विचार किया जाए। उच्चतम न्यायालय और उच्च न्यायालयों में केवल उन्हीं व्यक्तियों की न्यायाधीश के रूप में नियुक्ति की जाती है, जिनकी संस्तुति उच्चतम न्यायालय के कोलेजियम द्वारा की जाती है।

## उर्वरकों की निर्बाध उपलब्धता

**3322. श्री सनातन पांडेय:**

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

(क) क्या सरकार को इस बात की जानकारी है कि उत्तर प्रदेश के किसान उर्वरकों की उपलब्धता, मूल्य वृद्धि और समय पर आपूर्ति से संबंधित समस्याओं का सामना कर रहे हैं और यदि हां, तो विशेषकर बलिया लोक सभा निर्वाचन क्षेत्र सहित जिला-वार तत्संबंधी ब्यौरा क्या है;

(ख) उक्त जिले में उर्वरकों के मूल्य निर्धारण की वर्तमान नीति के साथ-साथ पिछले तीन वर्षों के दौरान उत्तर प्रदेश, विशेषकर उक्त निर्वाचन क्षेत्र के संबंध में किसानों को प्रदान की गई उर्वरक सब्सिडी का ब्यौरा क्या है;

(ग) क्या सरकार द्वारा उक्त क्षेत्र में उर्वरकों की निर्बाध उपलब्धता सुनिश्चित करने, कालाबाजारी को रोकने और उक्त जिले में किसानों को उचित मूल्य पर उर्वरक उपलब्ध कराने के लिए कोई विशेष निगरानी तंत्र स्थापित किया गया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार द्वारा उत्तर प्रदेश में रसायन और उर्वरक उद्योग को बढ़ाने, निवेश प्रोत्साहन और रोजगार सृजन के लिए किसी नई परियोजनाओं/योजना को मंजूरी दी गई है; और

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसकी वर्तमान स्थिति क्या है?

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

(क) से (ङ): उत्तर प्रदेश राज्य सहित, देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

(i) प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। डीएएंडएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(ii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।

(iii) यूरिया और अन्य उर्वरकों की मांग (आवश्यकता) और उत्पादन के अंतर को आयात द्वारा पूरा किया जाता है। मौसम के लिए आयात को पहले ही निश्चित कर लिया जाता है ताकि समय पर उपलब्धता सुनिश्चित की जा सके।

(iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

(v) राज्यों के लिए रेलगाड़ियों में पर्याप्त रैक देने, उर्वरकों को प्राथमिकता देने और रेलगाड़ियों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय किया जाता है।

(vi) राज्य के भीतर जिला/ब्लॉक स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकारों द्वारा किया जाता है।

तदनुसार, चल रहे खरीफ 2026 मौसम के दौरान उत्तर प्रदेश में यूरिया, डीएपी, एमओपी तथा एनपीकेएस उर्वरकों की उपलब्धता पर्याप्त बनी हुई है। राज्य सरकार द्वारा उपलब्ध कराई गई जानकारी के अनुसार, चल रहे खरीफ मौसम 2026 के दौरान इन उर्वरकों की जिला-वार उपलब्धता का ब्यौरा **विवरण** में दिया गया है।

इसके अतिरिक्त, 'उर्वरकों में प्रत्यक्ष लाभ अंतरण' प्रणाली के अंतर्गत विभिन्न श्रेणियों के उर्वरकों पर 100 प्रतिशत सब्सिडी उर्वरक कंपनियों को लाभार्थियों को की गई वास्तविक बिक्री के आधार पर जारी की जाती है। यह सब्सिडी प्रत्येक खुदरा बिक्री केंद्र पर स्थापित पॉइंट ऑफ सेल (पीओएस) उपकरणों के माध्यम से लाभार्थियों के आधार प्रमाणीकरण के उपरांत जारी की जाती है। तदनुसार, उत्तर प्रदेश सहित देश के सभी किसानों को बिना किसी मनाही आधार पर सब्सिडीयुक्त दरों पर उर्वरकों की आपूर्ति सुनिश्चित की जा रही है। भारत सरकार द्वारा गत तीन वर्षों, अर्थात् वर्ष 2023-24 से 2025-26 तक संवितरित कुल उर्वरक सब्सिडी का विवरण निम्नानुसार है:

| | | | *आँकड़े करोड़ रुपये में* |
|---|---|---|---|
| **वित्त वर्ष** | **2023-24** | **2024-25** | **2025-26** |
| **संवितरित राशि** | 195420.51 | 177129.50 | 217175.73 |

इसके अतिरिक्त, यूरिया सब्सिडी स्कीम के तहत, किसानों को सांविधिक रूप से अधिसूचित अधिकतम खुदरा मूल्य (एमआरपी) पर यूरिया उपलब्ध कराया जाता है। 45 किग्रा यूरिया की बोरी का एमआरपी 242 रुपए प्रति बोरी (नीम लेपन के प्रभार और यथा लागू करों को छोड़कर) है। फार्म गेट पर यूरिया की सुपुर्दगी लागत और यूरिया इकाइयों द्वारा निवल बाजार प्राप्ति के बीच का अंतर भारत सरकार द्वारा यूरिया उत्पादक/आयातक को सब्सिडी के रूप में दिया जाता है। तदनुसार, देश के सभी किसानों को सब्सिडी प्राप्त दरों पर यूरिया की आपूर्ति की जा रही है।

इसके अतिरिक्त, सरकार ने 01.04.2010 से फॉस्फेटयुक्त एवं पोटाशयुक्त (पीएंडके) उर्वरकों के लिए पोषक तत्त्व आधारित सब्सिडी (एनबीएस) स्कीम लागू की है। एनबीएस स्कीम के अंतर्गत फॉस्फेटयुक्त एवं पोटाशयुक्त उर्वरकों के अधिकतम खुदरा मूल्य (एमआरपी) को नियंत्रण-मुक्त (Decontrolled) किया गया है तथा कंपनियाँ अपनी व्यावसायिक उतार चढ़ाव के अनुसार युक्तिसंगत स्तर पर एमआरपी निर्धारित करने के लिए स्वतंत्र हैं। अधिसूचित पीएण्डके उर्वरकों पर उनमें विद्यमान पोषक तत्त्वों की मात्रा के आधार पर, मौसम के दौरान पॉइंट ऑफ सेल (PoS) पर की गई बिक्री के लिए उत्पादकों/आयातकों को एनबीएस सब्सिडी प्रदान की जाती है, ताकि किसानों को उर्वरकों की पर्याप्त उपलब्धता सुनिश्चित की जा सके। पीएण्डके उर्वरकों के लिए एनबीएस सब्सिडी दरों का निर्धारण करते समय प्रमुख उर्वरकों एवं कच्चे माल की अंतरराष्ट्रीय कीमतों में उतार-चढ़ाव को भी ध्यान में रखा जाता है, जिससे उर्वरक किसानों के लिए सुलभ एवं वहनीय बने रहें।

डीएपी को, जो कि एक प्रमुख उर्वरक है, 1350 रूपए प्रति 50 किलोग्राम बोरी की किफायती कीमत पर उपलब्ध कराने के लिए, एनबीएस सब्सिडी के अतिरिक्त 3500 रु प्रति मीट्रिक टन का विशेष प्रावधान किया गया है जिसमें 'अन्य लागतों', जैसे कारखाने के गेट से फार्म गेट तक की लागत, अंतरराष्ट्रीय कीमतों में वृद्धि/कमी के कारण लाभ/नुकसान को कवर करने के लिए प्रावधान, एमआरपी में शामिल जीएसटी घटक के लिए प्रावधान और निवल एमआरपी (एमआरपी-जीएसटी) के 4% की दर से उचित रिटर्न का प्रावधान शामिल हैं। ये प्रावधान खरीफ 2026 मौसम के लिए एनबीएस सब्सिडी के अलावा आयातित और घरेलू डीएपी दोनों तथा आयातित टीएसपी के लिए भी किया गया है ताकि उर्वरकों की कीमतों को स्थिर रखा जा सके।

उर्वरकों की कालाबाजारी और अन्य कदाचारों के मामलों को रोकने के लिए, आवश्यक वस्तु अधिनियम, 1955 के अंतर्गत उर्वरकों को आवश्यक वस्तु घोषित किया गया है और उर्वरक नियंत्रण आदेश, 1985 के अंतर्गत अधिसूचित किया गया है। आवश्यक वस्तु अधिनियम के उपबंधों के अनुसार, राज्य सरकारों को उल्लिखित कदाचारों में शामिल लोगों के खिलाफ कार्रवाई करने की पर्याप्त शक्तियां दी गई हैं। इन कदाचारों के बारे में उर्वरक विभाग के स्तर पर मिली कोई भी शिकायत संबंधित राज्य सरकार को आवश्यक वस्तु अधिनियम, 1955 और उर्वरक नियंत्रण आदेश, 1985 के तहत उचित कार्रवाई करने के लिए भेजी जाती है।

उत्तर प्रदेश राज्य सरकार द्वारा उपलब्ध कराई गई जानकारी के अनुसार, चल रहे खरीफ मौसम 2026 के दौरान उत्तर प्रदेश राज्य में कालाबाजारी पर अंकुश लगाने के उद्देश्य से 9,896 निरीक्षण किए गए तथा दोषियों के विरुद्ध 36 प्रथम सूचना रिपोर्ट (FIRs) दर्ज की गई हैं।

इसके अतिरिक्त, केंद्रीय मंत्रिमंडल ने 24.07.2026 को 'भाव्य-रसायन (भारत औद्योगिक विकास योजना–रसायन)' योजना को चुनौती मार्ग (Challenge Route) के अंतर्गत देश में तीन समर्पित रसायन पार्कों (Chemical Parks) की स्थापना के लिए ₹3,030 करोड़ के कुल बजटीय परिव्यय के साथ अनुमोदित किया है। चुनौती मार्ग (Challenge Route) के अंतर्गत उत्तर प्रदेश

सहित सभी राज्य एवं संघ राज्य क्षेत्र योजना के दिशा-निर्देशों के अनुसार रसायन पार्क की स्थापना के लिए आवेदन करने के पात्र हैं। इस योजना के अंतर्गत प्रत्येक रसायन पार्क के लिए केंद्र सरकार द्वारा अधिकतम ₹1,000 करोड़ तक की वित्तीय सहायता प्रदान की जाएगी, बशर्ते संबंधित राज्य सरकार का न्यूनतम अंशदान ₹500 करोड़ हो।

# विवरण

| उत्तर प्रदेश में खरीफ़ 2026 मौसम (05.08.2026 तक) के दौरान उर्वरक की उपलब्धता की स्थिति | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | यूरिया | | | डीएपी | | | एनपीके | | | एमओपी | | |
| | | | | | | | | | | | | |
| 1 | आगरा | 42,435 | 21,968 | 20,466 | 15,530 | 5,584 | 9,946 | 14,697 | 1,825 | 12,872 | 8,435 | 1,166 | 7,270 |
| 2 | अलीगढ | 70,342 | 49,173 | 21,169 | 19,782 | 11,305 | 8,477 | 9,799 | 1,329 | 8,470 | 5,130 | 380 | 4,751 |
| 3 | अंबेडकरनगर | 43,160 | 29,465 | 13,695 | 7,366 | 4,922 | 2,445 | 3,943 | 950 | 2,993 | 183 | 62 | 121 |
| 4 | अमेठी | 33,286 | 22,528 | 10,758 | 8,114 | 4,353 | 3,760 | 2,858 | 984 | 1,873 | 112 | 25 | 87 |
| 5 | अमरोहा | 53,761 | 42,578 | 11,184 | 9,157 | 4,667 | 4,490 | 8,873 | 4,632 | 4,241 | 520 | 173 | 347 |
| 6 | औरैया | 36,354 | 18,465 | 17,889 | 13,285 | 5,520 | 7,765 | 4,272 | 526 | 3,746 | 1,996 | 1,284 | 713 |
| 7 | अयोध्या | 49,576 | 34,955 | 14,621 | 8,685 | 4,214 | 4,471 | 7,755 | 1,434 | 6,321 | 1,071 | 278 | 793 |
| 8 | आजमगढ़ | 55,785 | 27,039 | 28,746 | 13,686 | 5,947 | 7,738 | 10,636 | 2,189 | 8,447 | 545 | 74 | 472 |
| 9 | बागपत | 28,527 | 21,511 | 7,016 | 8,729 | 4,813 | 3,916 | 2,641 | 914 | 1,727 | 1,223 | 657 | 566 |
| 10 | बहराईच | 56,956 | 41,118 | 15,838 | 12,842 | 8,920 | 3,922 | 8,505 | 2,468 | 6,036 | 763 | 326 | 437 |
| 11 | बलिया | 35,324 | 13,759 | 21,565 | 9,578 | 2,914 | 6,664 | 6,717 | 1,006 | 5,711 | 1,303 | 101 | 1,203 |
| 12 | बलरामपुर | 43,260 | 29,872 | 13,387 | 5,563 | 1,377 | 4,186 | 2,034 | 472 | 1,562 | 85 | 35 | 50 |
| 13 | बाँदा | 19,956 | 3,922 | 16,035 | 5,717 | 2,219 | 3,498 | 3,464 | 649 | 2,815 | 90 | 23 | 68 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **14** | बाराबंकी | 97,430 | 83,607 | 13,823 | 22,863 | 12,794 | 10,069 | 38,327 | 11,908 | 26,419 | 7,756 | 1,832 | 5,924 |
| **15** | बरेली | 84,151 | 59,557 | 24,594 | 17,145 | 8,434 | 8,712 | 19,221 | 5,144 | 14,077 | 3,036 | 674 | 2,362 |
| **16** | बस्ती | 55,109 | 41,044 | 14,065 | 10,279 | 4,023 | 6,256 | 10,286 | 1,271 | 9,015 | 1,294 | 193 | 1,101 |
| **17** | भदोही | 11,127 | 5,925 | 5,202 | 4,242 | 1,635 | 2,607 | 1,389 | 231 | 1,158 | 100 | 10 | 90 |
| **18** | बिजनौर | 90,521 | 76,174 | 14,347 | 16,383 | 12,534 | 3,849 | 3,215 | 1,545 | 1,670 | 680 | 376 | 303 |
| **19** | शाहजहांपुर | 95,616 | 63,394 | 32,222 | 19,380 | 8,836 | 10,544 | 12,516 | 2,842 | 9,674 | 3,792 | 560 | 3,232 |
| **20** | बुलन्दशहर | 99,760 | 76,491 | 23,269 | 28,282 | 13,898 | 14,384 | 7,196 | 1,694 | 5,502 | 3,840 | 945 | 2,895 |
| **21** | चंदौली | 27,512 | 7,852 | 19,659 | 9,785 | 6,025 | 3,760 | 5,458 | 1,411 | 4,047 | 444 | 63 | 382 |
| **22** | चित्रकूट | 15,278 | 3,654 | 11,624 | 4,948 | 2,703 | 2,246 | 2,007 | 458 | 1,550 | 69 | 5 | 64 |
| **23** | देवरिया | 47,909 | 25,592 | 22,317 | 12,452 | 4,645 | 7,807 | 11,480 | 2,809 | 8,671 | 2,534 | 146 | 2,389 |
| **24** | एटा | 56,097 | 30,430 | 25,668 | 17,334 | 6,199 | 11,135 | 4,864 | 930 | 3,934 | 15,455 | 1,085 | 14,371 |
| **25** | इटावा | 37,971 | 16,163 | 21,808 | 11,424 | 3,578 | 7,846 | 2,335 | 288 | 2,047 | 283 | 50 | 232 |
| **26** | फर्रुखाबाद | 55,333 | 33,985 | 21,349 | 11,566 | 4,128 | 7,438 | 21,949 | 3,314 | 18,635 | 5,799 | 433 | 5,365 |
| **27** | फ़तेहपुर | 53,896 | 28,230 | 25,666 | 14,077 | 5,379 | 8,699 | 14,854 | 2,095 | 12,759 | 1,363 | 222 | 1,141 |
| **28** | फिरोजाबाद | 38,601 | 21,403 | 17,198 | 12,131 | 6,002 | 6,129 | 3,919 | 505 | 3,414 | 6,200 | 915 | 5,285 |
| **29** | गौतमबुद्धनगर | 15,544 | 9,661 | 5,883 | 4,664 | 1,473 | 3,191 | 759 | 464 | 295 | 161 | 74 | 88 |
| **30** | गाजियाबाद | 16,286 | 9,421 | 6,865 | 4,369 | 1,633 | 2,736 | 632 | 175 | 457 | 223 | 14 | 208 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **31** | गाजीपुर | 51,755 | 19,935 | 31,819 | 14,384 | 5,969 | 8,414 | 12,901 | 4,345 | 8,556 | 2,571 | 121 | 2,450 |
| **32** | गोंडा | 68,520 | 52,107 | 16,413 | 14,611 | 7,639 | 6,971 | 8,466 | 1,759 | 6,707 | 1,068 | 407 | 661 |
| **33** | गोरखपुर | 54,157 | 29,310 | 24,848 | 15,198 | 5,739 | 9,458 | 11,852 | 1,589 | 10,263 | 2,418 | 189 | 2,229 |
| **34** | हमीरपुर | 18,298 | 4,948 | 13,349 | 6,212 | 1,950 | 4,262 | 2,780 | 577 | 2,202 | 30 | 16 | 14 |
| **35** | हापुड | 28,898 | 21,037 | 7,861 | 8,975 | 3,992 | 4,983 | 2,231 | 694 | 1,537 | 641 | 224 | 417 |
| **36** | हरदोई | 97,618 | 65,575 | 32,043 | 17,178 | 10,742 | 6,436 | 12,119 | 2,614 | 9,505 | 675 | 230 | 445 |
| **37** | हाथरस | 43,553 | 27,101 | 16,452 | 14,038 | 8,812 | 5,226 | 4,194 | 909 | 3,285 | 6,413 | 1,309 | 5,104 |
| **38** | जालौन | 21,105 | 6,509 | 14,595 | 12,693 | 4,776 | 7,918 | 1,775 | 160 | 1,615 | 356 | 19 | 337 |
| **39** | जौनपुर | 56,306 | 23,692 | 32,614 | 12,687 | 5,347 | 7,340 | 8,563 | 1,470 | 7,093 | 2,619 | 128 | 2,491 |
| **40** | झांसी | 24,840 | 6,628 | 18,212 | 14,227 | 6,455 | 7,772 | 2,659 | 455 | 2,204 | 31 | - | 31 |
| **41** | कन्नौज | 43,926 | 25,019 | 18,906 | 13,049 | 5,534 | 7,515 | 19,034 | 3,879 | 15,155 | 4,529 | 929 | 3,600 |
| **42** | कानपुर देहात | 41,569 | 16,704 | 24,865 | 10,878 | 3,190 | 7,687 | 8,361 | 1,067 | 7,294 | 314 | 11 | 303 |
| **43** | कानपुर नगर | 45,499 | 18,584 | 26,915 | 15,074 | 5,067 | 10,007 | 20,900 | 2,636 | 18,265 | 2,057 | 72 | 1,985 |
| **44** | कासगंज | 42,282 | 30,972 | 11,310 | 10,976 | 6,131 | 4,845 | 3,622 | 969 | 2,653 | 1,214 | 151 | 1,064 |
| **45** | कौशांबी | 36,322 | 8,943 | 17,379 | 8,762 | 3,762 | 5,000 | 11,051 | 2,236 | 8,815 | 1,785 | 315 | 1,470 |
| **46** | खेरी | 135,572 | 118,215 | 17,357 | 14,678 | 10,189 | 4,489 | 23,797 | 10,760 | 13,037 | 2,637 | 1,624 | 1,013 |
| **47** | कुशीनगर | 62,136 | 44,634 | 17,503 | 12,983 | 6,369 | 6,615 | 11,340 | 3,684 | 7,656 | 1,768 | 734 | 1,034 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **48** | ललितपुर | 16,620 | 2,646 | 13,974 | 12,928 | 1,977 | 10,952 | 7,163 | 381 | 6,782 | 71 | 6 | 65 |
| **49** | लखनऊ | 26,967 | 14,787 | 12,180 | 9,318 | 4,177 | 5,141 | 4,775 | 703 | 4,072 | 666 | 42 | 624 |
| **50** | महाराजगंज | 63,181 | 41,943 | 21,239 | 18,365 | 12,334 | 6,032 | 9,588 | 2,261 | 7,327 | 1,641 | 241 | 1,400 |
| **51** | महोबा | 10,805 | 619 | 10,186 | 5,625 | 290 | 5,334 | 1,433 | 37 | 1,396 | - | - | - |
| **52** | मैनपुरी | 61,985 | 37,327 | 24,658 | 13,599 | 4,876 | 8,723 | 6,029 | 1,076 | 4,953 | 4,302 | 1,032 | 3,270 |
| **53** | मथुरा | 46,556 | 26,014 | 20,542 | 13,962 | 7,098 | 6,864 | 3,000 | 564 | 2,436 | 609 | 177 | 432 |
| **54** | मऊ | 29,541 | 14,849 | 14,692 | 8,662 | 3,050 | 5,612 | 5,919 | 1,353 | 4,566 | 482 | 40 | 442 |
| **55** | मेरठ | 62,717 | 48,420 | 14,297 | 15,319 | 7,992 | 7,327 | 8,378 | 1,347 | 7,030 | 2,366 | 618 | 1,748 |
| **56** | मिर्जापुर | 28,421 | 13,826 | 14,595 | 13,881 | 8,852 | 5,028 | 7,643 | 2,851 | 4,792 | 169 | 46 | 123 |
| **57** | मुरादाबाद | 68,241 | 50,050 | 18,192 | 7,247 | 3,208 | 4,038 | 16,374 | 4,609 | 11,765 | 2,825 | 378 | 2,447 |
| **58** | मुजफ्फरनगर | 65,627 | 54,770 | 10,857 | 14,207 | 8,101 | 6,107 | 2,188 | 1,449 | 739 | 945 | 530 | 416 |
| **59** | पीलीभीत | 80,665 | 59,861 | 20,804 | 13,081 | 7,372 | 5,709 | 6,813 | 2,578 | 4,235 | 1,167 | 776 | 391 |
| **60** | प्रतापगढ़ | 38,135 | 20,570 | 17,565 | 8,742 | 3,877 | 4,865 | 8,866 | 2,016 | 6,849 | 335 | 91 | 245 |
| **61** | प्रयागराज | 70,735 | 36,642 | 34,093 | 19,441 | 10,035 | 9,406 | 25,567 | 4,255 | 21,312 | 4,545 | 508 | 4,037 |
| **62** | रायबरेली | 53,899 | 30,712 | 23,187 | 14,044 | 7,925 | 6,119 | 14,016 | 2,621 | 11,395 | 351 | 40 | 311 |
| **63** | रामपुर | 56,314 | 45,641 | 10,674 | 10,058 | 4,724 | 5,334 | 10,222 | 4,792 | 5,429 | 1,060 | 238 | 821 |
| **64** | सहारनपुर | 64,943 | 46,412 | 18,531 | 20,533 | 12,811 | 7,722 | 4,479 | 2,095 | 2,384 | 1,165 | 595 | 570 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **65** | संभल | 85,428 | 61,579 | 23,849 | 12,955 | 5,482 | 7,472 | 25,360 | 7,233 | 18,127 | 1,727 | 597 | 1,130 |
| **66** | संतकबीरनगर | 31,155 | 16,644 | 14,510 | 7,223 | 2,289 | 4,934 | 3,531 | 506 | 3,026 | 467 | 71 | 396 |
| **67** | शाहजहांपुर | 121,995 | 92,353 | 29,642 | 18,317 | 9,005 | 9,312 | 10,625 | 4,059 | 6,566 | 2,494 | 1,248 | 1,247 |
| **68** | शामली | 36,945 | 27,617 | 9,328 | 5,679 | 3,950 | 1,729 | 781 | 433 | 347 | 369 | 235 | 134 |
| **69** | श्रावस्ती | 25,966 | 16,976 | 8,990 | 5,548 | 2,954 | 2,594 | 3,512 | 1,412 | 2,100 | 63 | 9 | 54 |
| **70** | सिद्धार्थनगर | 51,968 | 34,599 | 17,368 | 11,846 | 7,074 | 4,773 | 9,110 | 3,034 | 6,076 | 667 | 166 | 500 |
| **71** | सीतापुर | 85,702 | 73,313 | 12,389 | 22,416 | 15,643 | 6,773 | 19,788 | 5,251 | 14,538 | 1,783 | 700 | 1,083 |
| **72** | सोनभद्र | 24,491 | 12,437 | 12,055 | 12,897 | 9,382 | 3,515 | 5,501 | 1,979 | 3,522 | 194 | 65 | 129 |
| **73** | सुल्तानपुर | 41,412 | 25,551 | 15,861 | 7,473 | 3,592 | 3,881 | 5,528 | 868 | 4,661 | 279 | 52 | 227 |
| **74** | उन्नाव | 46,017 | 21,918 | 24,099 | 12,771 | 5,211 | 7,560 | 7,576 | 1,019 | 6,557 | 640 | 59 | 581 |
| **75** | वाराणसी | 23,186 | 9,502 | 13,684 | 8,232 | 4,276 | 3,956 | 8,779 | 1,677 | 7,102 | 1,699 | 111 | 1,588 |
| कुल | | **3,758,834** | **2,416,425** | **1,342,409** | **920,327** | **449,892** | **470,436** | **654,789** | **158,725** | **496,064** | **138,695** | **27,327** | **111,368** |

## CHILD CARE INSTITUTIONS

**3323. SHRI K RADHAKRISHNAN:**

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

(a) the number of registered Child Care Institutions functioning in the country, State-wise;

(b) whether the Government has conducted inspections of these institutions during the last three years, if so, the details of any violations detected therein;

(c) the details of the action taken against institutions found violating the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015; and

(d) the details of the measures being taken to strengthen monitoring and ensure the safety, rehabilitation and welfare of children residing in such institutions?

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

(a) to (d): The Ministry of Women and Child Development is the nodal Ministry for the administration of 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 all the States and

Union Territories. The Act creates statutory structures at the State and District levels which include State Child Protection Society, Child Welfare Committees, Juvenile Justice Boards, District Child Protection Units. It also provides for establishment of Child Care Institutions (CCIs).

Under the JJ Act 2015, the Child Welfare Committees (CWCs) have been empowered to take decisions with regard to the children in need of care and protection including orphaned, abandoned and surrendered children. They are also mandated to monitor the functioning of the Child Care Institutions (CCIs). Similarly, the Juvenile Justice Boards (JJBs) are empowered to take decisions regarding the welfare of children in conflict with law. The Act defines standards of care and protection to secure the best interest of children living in CCIs and aims to provide family environment through non-institutional care services which includes sponsorship, foster care and aftercare.

This Ministry is implementing Centrally Sponsored Scheme namely 'Mission Vatsalya' through the State Governments and Union Territory Administrations on pre-defined cost sharing basis between the Centre and the State Governments to deliver various services for children in difficult circumstances, which include both institutional and non-institutional care services.

Under Section 54 of the JJ Act, 2015, the State Governments and UT Administrations appoint Inspection Committees to assess the basic facilities and infrastructure of the Institutions for maintaining their standards. Also, Sections

32 to 34 of JJ Act, 2015 mention the procedure for mandatory reporting including offence for non-reporting and penalty.

The JJ Act, 2015 and Rules made thereunder provide for inspection of Child Care Institutions by State Level Inspection Committee and District Level Inspection Committee. The District Level Inspection Committee is constituted by the District Magistrate with Additional District Magistrate as Chairperson. The District Level Inspection Committee inspects all CCIs in the district and submits the report of the findings to the District Magistrate or the State Government for improvement and development of CCIs in accordance with the provisions of the JJ Act, 2015 and Rules made thereunder. The District Magistrate being the focal point in the district for implementation of the Act, takes follow up action on the report of inspection committees and ensure that corrective measures are taken in a time bound manner.

The Ministry of Women and Child Development 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 module of the Mission Vatsalya 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 the portal. 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 FIRs of missing children with data base of Mission Vatsalya Portal 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 child.

The number of Child Care Institutions (CCIs) funded under Mission Vatsalya Scheme State and UT-wise during FY 2025-26 is at **Statement.**

## STATEMENT

**STATE AND UT WISE CHILD CARE INSTITUTIONS (CCIs) FUNDED UNDER MISSION VATSALYA DURING FY 2025-26**

| S. No. | State | Number of registered CCIs funded under Mission Vatsalya |
|---|---|---|
| 1 | Andhra Pradesh | 98 |
| 2 | Arunachal Pradesh | 11 |
| 3 | Assam | 91 |
| 4 | Bihar | 99 |
| 5 | Chhattisgarh | 102 |
| 6 | Goa | 19 |
| 7 | Gujarat | 80 |

| | | |
|---|---|---|
| 8 | Haryana | 31 |
| 9 | Himachal Pradesh | 55 |
| 10 | Jammu and Kashmir | 60 |
| 11 | Jharkhand | 46 |
| 12 | Karnataka | 156 |
| 13 | Kerala | 44 |
| 14 | Madhya Pradesh | 107 |
| 15 | Maharashtra | 107 |
| 16 | Manipur | 99 |
| 17 | Meghalaya | 58 |
| 18 | Mizoram | 67 |
| 19 | Nagaland | 62 |
| 20 | Odisha | 184 |
| 21 | Punjab | 42 |
| 22 | Rajasthan | 147 |
| 23 | Sikkim | 28 |
| 24 | Tamil Nadu | 317 |
| 25 | Telangana | 67 |
| 26 | Tripura | 40 |
| 27 | Uttar Pradesh | 191 |
| 28 | Uttarakhand | 45 |
| 29 | West Bengal | 208 |
| 30 | Andaman & Nicobar | 14 |
| 31 | Chandigarh | 10 |

| | | |
|---|---|---|
| 32 | Dadra & Nagar Haveli and Daman & Diu | 4 |
| 33 | Ladakh | 9 |
| 34 | Lakshadweep | 0 |
| 35 | Delhi | 39 |
| 36 | Puducherry | 29 |

## KERALA AS GLOBAL HUB FOR AYURVEDA TOURISM

**3324. SHRI SHAFI PARAMBIL:**

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

(a) whether the Government has undertaken any special initiatives to promote Kerala as a global hub for Ayurveda and wellness tourism during the last five years;

(b) if so, the details of the funds allocated and released to Kerala, scheme-wise;

(c) the details of the research projects, Centres of Excellence, medicinal plant cultivation programmes and AYUSH institutions supported by the Central Government in the State; and

(d) the steps taken by the Government to promote evidence-based Ayurveda, international accreditation and exports of Ayurvedic products from Kerala?

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

(a) and (b): The Government has adopted a comprehensive strategy to promote Ayush-based tourism in the country. Ministry of Tourism has formulated a National Strategy and Roadmap for Medical and Wellness Tourism in consultation with other Ministries including Ministry of Ayush.

To facilitate international visitors seeking Ayush-based treatments, the Government introduced a separate category of Ayush Visa on 27 July 2023. Ministry of Ayush has also signed a Memorandum of Understanding (MoU) with India Tourism Development Corporation (ITDC), Ministry of Tourism to work together for the promotion of Medical Value Travel (MVT) in Ayurveda and other traditional systems of medicine. So far, Ministry of Ayush has organized two Medical Value Travel Summits, one for Western zone on 30.09.2024 at Mumbai with participation of States/UTs of Maharashtra, Gujarat, Rajasthan, Goa, and Dadra & Nagar Haveli and Daman & Diu, and the other for the Southern Zone on 26.05.2025 at Chennai with participation of States/UTs like Tamil Nadu, Kerala, Karnataka, Andhra Pradesh, Telangana, and Puducherry, with the aim of strengthening India’s position in Medical Value Travel.

(c): The research activities in the State are undertaken through the units/institutes under the respective Research Councils of the Ministry of Ayush. At present, 34 research programmes are being carried out at the National

Homoeopathy Research Institute in Mental Health (NHRIMH), Kottayam, which functions under the Central Council for Research in Homoeopathy (CCRH). Two institutes under the Central Council for Research in Ayurvedic Sciences (CCRAS) are functioning in the State of Kerala, namely the National Ayurveda Research Institute for Panchakarma (NARIP), Cheruthuruthy, and the Regional Ayurveda Research Institute (RARI), Thiruvananthapuram. CCRAS has undertaken various research projects in the State, including Medico-Ethno Botanical Surveys (MEBS), ethno-dietary studies, inventory of phytodiversity of medicinal plants, and programmes related to the cultivation of medicinal plants. The Clinical Research Unit of the Central Council for Research in Unani Medicine (CCRUM) is functioning at Edathala, Kerala, and provides healthcare services across geriatric, reproductive, and non-communicable disease sectors. The Siddha Regional Research Institute (SRRI) functioning under the Central Council for Research in Siddha (CCRS), situated in Poojapura, Thiruvananthapuram, Kerala is dedicated exclusively to research in Siddha medicine. The institute is actively involved in scientific validation of traditional Siddha formulations, evidence-based clinical studies, and standardization of Siddha medicines. This institute engages in Intramural Research (IMR) projects on clinical research, Drug Standardization Research and Medicinal Plants Research.

Under the National Ayush Mission (NAM), the Government of India extends financial assistance to the State of Kerala for strengthening Ayush

healthcare services through the State Annual Action Plans (SAAPs), which are approved annually in accordance with the provisions of the NAM Operational Guidelines. The support provided under NAM includes both recurring and non-recurring grants. Recurring grants cover the supply of medicines and contingencies to Ayush institutions, as well as human resource support for Ayush hospitals. Non-recurring grants include infrastructure development such as construction, renovation, upgradation and strengthening of Ayush healthcare facilities, along with the provision of equipment and furniture for Ayush institutions.

Under the 'Conservation, Development and Sustainable Management of Medicinal Plants' a Central Sector Scheme implemented by National Medicinal Plants Board (NMPB), Ministry of Ayush, project based financial support is provided for research activities on various aspects of medicinal plants to government as well as private universities/research institutions/organizations across the country. The details are at **Statement-I**.

Under Ayurswasthya Yojana, a Central Sector Scheme, implemented by Ministry of Ayush, two Centres of Excellence (CoE) projects have been approved in Kerala. The details are at **Statement-II**.

(d): The Government has taken the following steps to promote evidence-based Ayurveda, international accreditation, and exports of Ayurvedic products, including from Kerala:

I. To strengthen regulatory oversight, Ayush Vertical in Central Drugs Standard Control Organization (CDSCO) facilitates the issuance of the World Health Organization Certificate of Pharmaceutical Product (WHO-CoPP) for eligible Ayush drugs through joint inspections with State/UT Licensing Authorities and CDSCO.

II. Ayush Standard Mark and Ayush Premium Mark are awarded to Ayush drugs by Quality Council of India (QCI) based on third-party assessment of compliance with prescribed national and international quality standards respectively. Ayush Quality Mark Programme was launched in 2025 by the Ministry of Ayush to strengthen quality assurance, enhance consumer confidence, and improve the global recognition and competitiveness of Ayush products and services. Over the years 77 Ayush healthcare organizations in Kerala are accredited by National Accreditation Board for Hospitals (NABH), a constituent board of the QCI.

III. Ayurveda and Yoga have been included under Sectional Committee 2 of ISO/TC249 to focus on international standards of Ayurveda and Yoga, terminology, quality and safety of ingredients, extracts, finished products, Ayurveda-based dietary supplements, Yoga accessories etc.

IV. As reported by the Government of Kerala, a 14-member Ayurveda, Siddha and Unani (ASU) Standardization Committee has been constituted under the chairmanship of the Principal Secretary, Dept. of Ayush. The Committee has been tasked to examine the various challenges faced by the ASU drug manufacturing industry, to suggest practical solutions, and

make recommendations for improving standardization across the sector. As part of its mandate, the Committee organized a one-day stakeholder workshop on 15 February 2024, bringing together representatives from the Ayurveda drug manufacturing industry and other relevant stakeholders. The workshop facilitated the identification of existing issues and explored feasible corrective measures for strengthening quality assurance and regulatory compliance.

## STATEMENT-I

**Details of research project supported on various aspects of medicinal plants during last five years in Kerala**

| S.No. | Organization Name | Project Title | Sanctioned Amount (In Rs) |
|---|---|---|---|
| 1. | Vaidyaratnam Ayurveda College, Ollur, Thaikattussery, Thrissur, Kerala | Exploring the ayurveda concept of controversial drug (SandigdhaDravya) by pharmacognostical, phytochemical and DNA barcoding of source plants of ayurvedic drug “Murva” | 29,88,375/- |
| 2. | Arya Vaidya Sala, Kottakkal, Malappuram, Kerala | Identification of substitute /sustainable alternative species or plant part for selected rare medicinal plants by phytochemical and pharmacological evaluation | 33,01,830/- |
| 3. | KSCSTE – Jawaharlal Nehru Tropical Botanic Garden & Research Institute, Palode, Thiruvananthapuram, | Preparation of a Monograph on Selected Medicinal Plants Used as Substitutes/Adulterants in Ayurveda with Special Reference to Mesuaferrea L.: An Integrated Pharmacognostic, Phytochemical, and Pharmacological Approach | 19,45,430/- |

| | | | |
|---|---|---|---|
| | Kerala | | |
| 4. | Arya Vaidya Sala, Kottakal, Malappurm, Kerala | Functional characterization and Epigenetic regulation of standardized herbal extracts used in Ayurveda for cancer therapy. | 19,35,190/- |

## STATEMENT-II

**The details of Centres of Excellence (CoE) under Ayurswasthya Yojana in Kerala**

| S. No. | Name of Organization | Project Name | Fund released *(Amount in Rs.)* | |
|---|---|---|---|---|
| | | | Total approved Fund | Total released fund |
| 1. | Arya Vaidya Sala, Kottakkal | Setting up CoE in Cancer Research Arya Vaidya Sala, Kottakkal | Rs. 6,64,45,170/- | Rs.5,31,56,136/- |
| 2. | Kerala State Council for Science, Technology & Environment (KSCSTE) | Systematic Documentation of Traditional Knowledge (TK) related to plants used for Food, Ayush and Indigenous Medicine | Rs.1,90,81,000/- | Rs.1,90,81,000/- |

## ADOPTION OF AYUSH GRID IN NABARANGPUR, ODISHA

**3325. SHRI BALABHADRA MAJHI:**

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

(a) the details of the progress made in the implementation of various digital platforms and e-Governance tools, including the AYUSH Grid and My AYUSH Integrated Services Portal, and their implementation in the Nabarangpur Parliamentary Constituency of Odisha;

(b) the extent to which the AYUSH Grid has been adopted by States, Union Territories and health institutions and its impact on healthcare delivery in the Nabarangpur Parliamentary Constituency of Odisha; and

(c) the details of the Government's roadmap for the further digital transformation of the AYUSH Grid and its integration with national health programmes, including the measures proposed for the Nabarangpur Parliamentary Constituency, Odisha?

**THE MINISTER 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 Ayush Grid project serves as the IT backbone of the Ayush sector, driving digital transformation across healthcare, research & development, Ayush drug administration, medicinal plants, education & awareness, capacity building and global/media outreach.

Under this initiative, twenty-four e-governance platforms have been developed and made accessible across the country. The My Ayush Integrated Services Portal (MAISP), the master portal of the Ministry of Ayush available at https://www.maisp.ayush.gov.in , integrates all Ayush-related applications and services into a unified digital ecosystem. An AI-enabled chatbot (Beta version) has also been deployed to assist visitors and enhance user experience. The portal facilitates citizen-centric access to various services and schemes and

enables real-time monitoring and data-driven decision-making. (Details available at: maisp.ayush.gov.in)

Similarly, the Ayushman Bharat Digital Mission (ABDM)-compliant Ayush Hospital Management Information System (AHMIS) has been deployed to digitize healthcare delivery and improve the management of Ayush health facilities. The Ayush Anudan Portal has streamlined the submission, processing, approval, and monitoring of funding proposals under various Central Sector Schemes of the Ministry. The Ayush Research Portal serves as a centralized digital repository of over 43,000 curated Ayush research publications, facilitating easy access for researchers, practitioners, and policymakers. The Ayush Nivesh Saarthi Portal serves as a dedicated gateway for domestic and international investors in the Ayush sector, providing comprehensive information to promote investment opportunities. The e-Charak portal functions as a virtual marketplace and information platform for the medicinal plants sector, connecting farmers, collectors, buyers, manufacturers, and exporters.

The Y-Break Pro mobile application promotes holistic well-being in workplaces through short Yoga sessions. The mYoga application encourages regular Yoga practice by providing learning modules and guided sessions that can be accessed anytime and anywhere. The Yoga Portal serves as a dedicated digital platform for promoting Yoga as a holistic lifestyle practice and enhancing its accessibility to all. It provides authentic and structured information

on Yoga protocols, training modules, certified institutions, events, and research studies, ensuring credibility and ease of access for learners and practitioners.

Further, Yoga Sangam, hosted on the Yoga Portal during the International Day of Yoga (IDY) 2026, witnessed the registration of over 7.6 lakh organizations across the country. Among these, 441 organizations were registered from the Nabarangpur Parliamentary Constituency of Odisha**,** indicating active participation from the constituency in the nationwide Yoga celebration**.**

Collectively, all e-governance tools developed under the Ayush Grid are accessible to everyone and have strengthened service delivery, improved operational efficiency, and enhanced transparency and accountability.

(b)**:** The Ayush Grid has improved access to Ayush-based primary healthcare, including in rural and aspirational districts, by strengthening digital infrastructure and standardizing service delivery.

Through platforms such as the Ayush Hospital Management Information System (A-HMIS), patient registration, electronic health records, referrals and continuity of care are being enabled digitally. As on 31$^{st}$ July 2026, a total of 6,245 Ayush health facilities across the country have been onboarded onto AHMIS. Regional Research Institute in Unani Medicine, Regional Research Institute in Homoeopathy and Central Ayurveda Research Institute have on-boarded on AHMIS application in Odisha. Real-time dashboards and standardized reporting further support monitoring, planning and targeted

interventions by State and District authorities, thereby enhancing availability and accessibility of Ayush services in such areas.

Further, the PM GatiShakti portal has enabled GIS mapping of Ayush health facilities using PM Gatishakti Ayush Asset Mapping Tool to support planning and decision-making. As on 15 July 2026, a total of 6,002 facilities have been mapped on the portal among which 85 Standalone Ayush dispensaries and 150 AAMs are from Odisha State. In Yoga Sangam hosted on Yoga Portal during International Day of Yoga 2026, 441 organizations have been registered under Nabarangpur Parliamentary Constituency of Odisha.

The adoption of these digital platforms by Ayush healthcare institutions across States and Union Territories has enhanced the accessibility, quality, and continuity of Ayush services, including rural and aspirational districts.

(c): Ministry of Ayush is strengthening the Ayush Grid as a comprehensive digital ecosystem for the Ayush sector by enhancing digital platforms, promoting interoperability, adopting emerging technologies like Artificial Intelligence and Machine Learning, and enabling data-driven governance.

These efforts are aimed at improving service delivery, facilitating evidence-based policymaking, providing multilingual support in convergence with Digital India BHASHINI Division (DIBD) under Ministry of Electronics and Information Technology (MeitY), and ensuring seamless integration with national health programmes and digital health initiatives, including the Ayushman Bharat Digital Mission (ABDM).

## ADOPTION OF NANO FERTILIZERS

**3326. SHRI DHARAMBIR SINGH:**

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

(a) whether the Government has formulated any policy to promote large-scale adoption of Nano Fertilizers for improving nutrient-use efficiency and reducing conventional fertilizer consumption, if so, the details thereof;

(b) whether scientific field demonstrations and farmer awareness programmes are being conducted under the said programme, if so, the details thereof;

(c) the measures taken to encourage domestic manufacturing and research relating to Nano Fertilizers; and

(d) whether farmers of Bhiwani–Mahendragarh Parliamentary Constituency in Haryana are likely to benefit under the said programme, if so, the details thereof?

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

(a) to (c): In order to promote the use and large scale adoption of Nano Fertilizers among farmers across the country, the following measures have been undertaken by the Government:

- Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- Nano Fertilizers, like Nano Urea and Nano DAP, are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- For ease in application and utilization of Nano fertilizers, like Nano Urea and Nano DAP, 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.

**Measures undertaken by the State Governments:**

- Government of Gujarat provides a 50% subsidy on Nano Fertilizers to farmers under a special support initiative to encourage adoption of these advanced fertilizers.
- Government of Rajasthan provides a subsidy of 50% on spraying cost for spraying Nano Fertilizers.
- Government of Uttarakhand has mandated the use of Nano fertilizers in demonstrations under central sponsored schemes (ATMA, NFSM, and

Soil Health & Fertility) and state sponsored schemes (Chief Minister's State Development Scheme and the State Millet Policy).

- Government of Odisha is providing a financial assistance for the use of Nano Fertilizers under the following State Government schemes:

| Sl No | Scheme | Area (in Ha) | Nano fertilizer | Incentives (Rs /ha) |
|---|---|---|---|---|
| 1 | NFSNM(Food grain) 2026-27 | 4126 | Nano Urea | 500 |
| | | 2093 | Nano DAP | 1000 |
| 2 | Mission for Aatmanirbharta in Pulses 2026-27 | 15625 | Nano DAP | 1000 |
| 3 | Mukhyamantri Maka Mission (State Plan) 2026-27 | 9000 | Nano DAP | 1000 |
| | | 1500 | Nano Urea | 1000 |
| | | 50 | Nano Urea | 500 |
| 4 | Technology Mission on Cotton (State Plan) 2026-27 | 5000 | Nano DAP | 1200 |
| 5 | IAP Pulse (State Plan) | 7590 | Nano DAP | 1000 |

**Measures undertaken by the Nano Fertilizer Manufacturers:**

- Nano Fertilizer Manufacturers have undertaken extensive awareness and promotional activities to encourage the adoption of nano fertilizers across major agricultural states. These include farmer meetings, crop seminars, field demonstrations, field days, and institutional trials to educate farmers on product usage, nutrient efficiency, cost benefits, and crop performance.

- The Nano Fertilizer Manufacturers have also partnered with ICAR institutes, Krishi Vigyan Kendras (KVKs), State Agricultural Universities, and State Agriculture Departments to conduct research, field trials, and training programmes for extension workers, retailers, and other stakeholders to promote the correct use of Nano fertilizers.
- To further increase awareness, companies have used television campaigns, Kisan Melas, agricultural exhibitions, wall paintings, hoardings, dealer displays, mobile campaigns, printed literature, and digital platforms such as YouTube and Facebook. Special outreach programmes, including Kisan Goshthis, Viksit Bharat Sankalp Yatra activities, and village-level campaigns, have also been organized.
- Manufacturers such as IFFCO and Coromandel International Limited (CIL) have informed that farmer feedback has been collected through interactions and testimonials. According to the companies, farmers have generally reported positive experiences with nano fertilizers and have shown willingness to continue using them.

IFFCO has undertaken more than 120 'On Station (Main Experimental Station)' research trials of Nano Urea and more than 97 'research trials of Nano DAP in collaboration with Indian Council of Agricultural Research (ICAR) and State Agricultural Universities (SAUs) on major crops. Additionally, over 2.2 lakh Farmer Farmers Field Demonstrations of Nano fertilisers have also been

conducted by covering major crops during Kharif & Rabi seasons across the country.

Research and Development (R&D) studies have been undertaken with funding support from the Department of Fertilizers and fertilizer companies as below:

I. NPC has undertaken two studies in collaboration with the Department of Fertilizers to assess the performance and adoption of Nano Urea. The first study, under an MoU signed on 5 March 2024, evaluated the efficacy, utility and impact of Nano Urea in comparison to Conventional Urea across ten States. The second study, under an MoU signed on 14 November 2025, is evaluating the extent to which Nano Urea can replace Conventional Urea in the same ten States.

II. ICAR has undertaken two studies in collaboration with the Department of Fertilizers. The first study evaluates the impact of Nano Fertilizers on crop growth, soil health and nutrient uptake across diverse agro-ecological zones. The project involves several collaborating agricultural institutions across the country. Whereas, the second study evaluates the impact of Nano Urea on crop productivity, nitrogen use efficiency, crop yield and quality, nitrogen uptake, and its long-term effect on soil nitrogen balance and biological activity across diverse agro-ecological zones of India.

In addition to this, ICAR has also conducted a short-term multi-location evaluation across its institutes and Krishi Vigyan Kendras (KVKs) to assess the

agronomic efficiency of nano urea and its potential to supplement conventional chemical fertilizers.

(d): Haryana Agriculture and Farmers Welfare Department has informed that the farmers of Bhiwani–Mahendergarh Parliamentary Constituency are adopting Nano Fertilizers. Since inception (February 2021) up to 31.07.2026, a total of 73,844 bottles (500 ml equivalent) of Nano Urea and 11,411 bottles (500 ml equivalent) of Nano DAP have been sold in Bhiwani district. During the same period, 70,608 bottles (500 ml equivalent) of Nano Urea and 13,332 bottles (500 ml equivalent) of Nano DAP have been sold in Mahendragarh district.

**INTEGRATING MODERN HEALTHCARE AYUSH SYSTEMS IN TAMIL NADU**

**3327. SHRI C N ANNADURAI:**

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

(a) whether the Government is promoting Tamil Nadu as a major destination under the ‘Heal in India’ initiative by integrating modern healthcare with AYUSH systems, including Siddha, Ayurveda and Yoga and if so, the details thereof;

(b) the details of the Central assistance provided for upgrading hospitals, wellness centres, Siddha institutions and medical tourism infrastructure in Tamil Nadu under the initiative;

(c) whether the Government proposes to establish or strengthen dedicated centres offering Panchakarma, Siddha therapies, Yoga-based wellness and other holistic treatment facilities to attract domestic and international medical tourists in Tamil Nadu; and

(d) the steps taken by the Government to promote Tamil Nadu's traditional systems of medicine globally, enhance quality accreditation, develop skilled manpower and generate employment through medical value travel and wellness tourism under the ‘Heal in India’ initiative?

**THE MINISTER 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 has taken multiple initiatives towards integrating modern healthcare with Ayush systems across the country including Tamil Nadu which are as follows:

I. The Ayush Vertical under Directorate General of Health Services (DGHS), established by the Ministry of Ayush and Ministry of Health and Family Welfare (MoH&FW), serves as a dedicated institutional mechanism for planning, monitoring, and supervising Ayush-specific public health programs. This vertical provides technical support to both the Ministries in developing strategies for public health, healthcare, Ayush education, and training.

II. Government of India has adopted a strategy of Co-location of Ayush facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs), thus enabling the choice to the patients for different systems of medicines under a single window. The engagement of Ayush doctors/ paramedics and their training is supported by the MoH&FW under National Health Mission (NHM), while the support for Ayush infrastructure, equipment/ furniture and medicines are provided by the Ministry of Ayush under National Ayush Mission (NAM) as shared responsibilities.

III. National Commission for Indian System of Medicine (NCISM) has developed the 'Ayush Module -Internship electives' for MBBS students in Ayurveda, Unani and Siddha system of medicine. As per regulation 10 (7) of National Commission for Indian System of Medicine (Minimum Standards of Undergraduate Ayurveda Education) Regulations-2022, the proportion of modern advances in Syllabus for Ayurveda teaching content shall be up to 40 per cent. Homoeopathic Education Board under National Commission for Homeopathy (NCH) has taken various new initiatives like early clinical exposure, introduction of electives, faculty development program, foundation program, finishing program at end of internship, inclusion of new subjects like pharmacology and psychology to sensitize the students about different systems of medicine.

(b) and (c): Public health being a State subject, the primary responsibility to establish new Ayush dispensaries and Ayush Health and Wellness Centres,

now renamed as Ayushman Arogya Mandirs (Ayush) comes under the purview of State Government. However, Ministry of Ayush is implementing the Centrally Sponsored Scheme of NAM through State/UT Governments and supporting their efforts in overall development of Ayush system. The State/UT Governments may avail financial assistance by submitting suitable proposals through their State Annual Action Plans as per the provisions of NAM guideline. Under this scheme, the Government of India extended financial assistance to the State of Tamil Nadu of Rs. 308.91 crore from 2014-15 to 2025-26 for various activities including upgrading hospitals, wellness centres, Siddha institutions and medical tourism infrastructure.

Further, the National Institute of Siddha (NIS), Chennai, an autonomous institute under the Ministry of Ayush, has started the Bachelor of Siddha Medicine and Surgery (BSMS) programme with an annual intake of 60 seats from the academic year 2022–23 and is fully funded through grants-in-aid provided by the Ministry of Ayush for medical education, research, and healthcare services. The institute has an attached Ayothidoss Pandithar Hospital with inpatient bed strength of 220 and provides regular OPD services.

Central Council for Research in Siddha (CCRS), an apex body for research in Siddha under Ministry of Ayush, provides health care facilities for various health conditions through its peripheral Institutes / Units in Tamil Nadu. This organization is also fully funded by the Grant-in-aid provided by Ministry of Ayush.

(d): The Ministry has taken various initiatives to promote Ayush products, quality accreditation, and development of skilled manpower resulting in employment generation, which inter alia include the following:-

I. Ayush Export Promotion Council (AYUSHEXCIL) notified by Directorate General of Foreign Trade (DGFT), Ministry of Commerce and supported by Ministry of Ayush oversee exports of products of Ayurveda, Homoeopathy, Siddha, Sowa-Rigpa and Unani systems and address trade issues pertaining to these sectors. Council facilitates capacity building of its members on export procedures; organize Business to Business meetings, international events, roadshows, seminars, workshops on the export of Ayush products, and safeguard the scientific research in the field of Ayush healthcare.

II. The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayurvedic, Siddha, Sowa-Rigpa, Unani, and Homoeopathy (ASSU &H) 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 the Drugs Rules, 1945 for ASSU&H drugs respectively and also to follow the quality standards of drugs as prescribed in the Siddha Pharmacopoeia.

III. The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a subordinate organization under Ministry of Ayush, develops pharmacopoeial standards and formulary specifications for Ayush drugs, which serve as the official compendia for determining their identity, purity, and strength. Compliance with these standards is mandatory under the Drugs and Cosmetics Act, 1940 and the Rules made thereunder. PCIM&H also functions as the Appellate Drug Testing Laboratory for Ayush drugs and conducts regular capacity-building programmes for Drug Regulatory Authorities, Drug Analysts, and other stakeholders on standardization, quality control, and testing methodologies to strengthen the quality assurance system for Ayush drugs.

IV. Drug Testing Laboratories are approved by the Ministry of Ayush under Rules 160A to 160J of the Drugs Rules, 1945, for carrying out tests relating to the identity, purity, quality and strength of Ayush drugs. As on date, 118 private Drug Testing Laboratories have been approved by the Ministry across States and UTs for conducting such tests in accordance with the provisions of the Drugs Rules, 1945.

V. Ministry of Ayush is implementing a Central Sector Scheme, namely, Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards like WHO-GMP and NABL, respectively.

VI. To strengthen regulatory oversight, Ayush Vertical in CDSCO facilitates the issuance of the World Health Organization Certificate of

Pharmaceutical Product (WHO-CoPP) for eligible Ayush drugs through joint inspections with State/UT Licensing Authorities.

VII. Ayush Quality Mark Programme was launched by the Ministry of Ayush to strengthen quality assurance, enhance consumer confidence, and improve the Global recognition and competitiveness of Ayush products and services. Ayush Standard Mark and Ayush Premium Mark are awarded to Ayush Drugs by Quality Council of India (QCI) based on third-party assessment of compliance with prescribed national and international quality standards.

VIII. To develop skilled manpower in the Ayush sector through strengthening of education, training and capacity-building mechanisms, the National Commission for Indian System of Medicine (NCISM) and the National Commission for Homoeopathy (NCH) have prescribed standards for quality education, including faculty requirements, curriculum and clinical training for Ayurveda, Unani, Siddha and Homoeopathy institutions.

IX. 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.

X. Under the National Ayush Mission (NAM), financial assistance is provided to States/UTs for upgrading educational institutions, supporting Ayush hospitals and dispensaries, and improving infrastructure for skill

development. Continuing Medical Education (CME), skill upgradation programmes and training of healthcare professionals are also supported through Research Councils and National Institutes to enhance the quality and availability of trained Ayush manpower in the country.

## INLAND WATERWAYS IN NORTH-EAST REGION

**3328. SHRI BAIJAYANT PANDA:**

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

(a) whether the Government has undertaken any measures to strengthen trade and connectivity through inland waterways in the North-Eastern Region and if so, the details thereof;

(b) the details of the cargo movement on National Waterway-2; and

(c) whether the Government has undertaken any infrastructure and investment initiatives for the development of inland waterways in the North-Eastern Region and if so, the details thereof?

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

(a): The measures undertaken by Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and

Waterways to strengthen trade and connectivity through inland waterways in the North-Eastern Region (NER) are:

- Development and maintenance of National Waterway (NW) -2 (Brahmaputra River ) and NW-16 (Barak River).
- Development of permanent and floating terminals at Pandu, Jogighopa, Dhubri, Neamati, Bogibeel, Karimganj and other locations.
- Construction of floating terminals, community jetties and passenger facilities.
- Fairway development and Conservancy Works in NW-2 & NW-16.
- Installation of navigational aids and night navigation facilities on NW-2 and Day Channel marks in NW-16.
- Development of Inland Water Transport (IWT) infrastructure under the Central Sector Scheme (CSS) in NER States.
- Promotion of cargo movement through the Indo-Bangladesh Protocol (IBP) Route and integration of waterways with road and rail networks.

(b): Cargo transported on NW-2 includes coal, food grains, fertilizers, cement, fly ash, POL products, stone aggregates, over-dimensional cargo (ODC) and other general cargo. Cargo is also moved through the IBP Route connecting NER with Haldia/Kolkata Ports.

The details of the cargo movement on NW-2 are given below:

| Year | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|
| Cargo (in Million Ton) | 0.43 | 0.63 | 0.59 | 0.90 | 1.29 |

(c): For the comprehensive development of IWT infrastructure in NER, various projects have been undertaken by IWAI details of which are given at **Statement**.

## STATEMENT

**Details of various projects undertaken by IWAI for the comprehensive development of IWT infrastructure in NER**

**A. Major Completed Projects in NER:**

| Sl. No. | Project | Cost (₹ Cr.) |
|---|---|---|
| 1 | Construction of High-Level Jetty at Pandu | 43.89 |
| 2 | Construction of Jetty and allied works for Dhubri Terminals | 47 |
| 3 | Development of IWT Terminal at MMLP Jogighopa | 82.04 |
| 4 | Construction of Cargo-cum-Tourist Terminal at Bogibeel | 101 |
| 5 | Floating Tourist Jetty at Bogibeel & Pandu | 9.75 |
| 6 | Renovation of Existing Shore Facilities at Badarpur and Karimganj Terminal | 6.4 |
| 7 | Construction & Development of IWT Terminal at Sonamura | 6.91 |
| 8 | Customs & Immigration Building at Bogibeel | 8.87 |
| 9 | Customs & Immigration Building at Dhubri & Bogibeel | 9.31 |

| | | |
|---|---|---|
| 10 | Construction of Boundary Wall at Jogighopa Terminal | 12.33 |
| 11 | Renovation of Heritage Building at Dibrugarh | 6 |
| 12 | Operational & Maintenance of other works including terminals and fairway development (2014–2026) | 508.3 |
| 13 | Construction of Steel Gangway with Yoke System at Pandu | 2.88 |
| 14 | Approach Road to Pandu Jetty from NH-27 | 180 |

## B. Major Ongoing Projects in NER :

| Sl. No. | Project | Cost (₹ Cr.) | Present Status |
|---|---|---|---|
| 1 | Fairway Development in NER through DCI for NW-2 (Bangladesh Border to Pandu) | 143 | Work in progress (Physical Progress: 67.70%) |
| 2 | Ship Repair Facility at Pandu | 283.33 | Work in progress [Physical Progress: 98.46 % for civil works and total project completion 68% (Civil, Mechanical and Electrical works)] |
| 3 | Construction of Tourist Jetty at Bishwanath Ghat & Cargo-cum-Cruise Terminal at Neamati Ghat | 158 | Work awarded to IPRCL on Deposit Work basis. Tender under process. |
| 4 | Development of RCoE at Dibrugarh | 207.65 | Work awarded to IPRCL on Deposit Work basis.Tender under process. |
| 5 | Construction of Building for Regional Office, MSDC, Guest House and Office Space for ITAT at Fancy Bazar | 50 | Work awarded to IPRCL on Deposit Work basis. Tender under process. |
| 6 | Link Road connecting Pandu Terminal with Ship Repair Facility | 55 | Work in progress (Physical Progress: 27.00%) |
| 7 | Development & Maintenance of Fairway in Bhanga–Badarpur (10.5 km) stretch | 41.67 | Work in progress |

| | | | |
|---|---|---|---|
| | through DCI | | (Physical Progress: 67.70%) |
| 8 | Construction of Berthing Pontoon with Gangway at Badarpur Terminal | 2.57 | Work in progress (Physical Progress: 72.50%) |
| 9 | Construction of Crane Pontoon with Gangway at Karimganj Terminal | 4.42 | Work in progress (Physical Progress: 65.00%) |
| 10 | Procurement of One Survey Vessel for NW-16 | 4.97 | Work in progress (Physical Progress: 60.00%) |
| 11 | Procurement of Three Amphibian Dredgers for NW-16 & IBP Route | 30 | Tendering Stage |
| 12 | Procurement of Two (25×6 m) Steel Pontoons for River Brahmaputra (NW-2) | 3.4 | Work in progress (Physical Progress: 90.00%) |
| 13 | Procurement of Two SDB Vessels for River Brahmaputra (NW-2) | 2.88 | Work in progress (Physical Progress: 55.00%) |
| 14 | Project for Providing 10 Nos. RPL Passenger Vessels for River Barak | 13.02 | Work in progress (Physical Progress: 55.00%) |
| 15 | Construction of All-weather Approach Road from NH-15 to Bogibeel Terminal (DPR) | 0.43 | DPR Stage |
| 16 | DPR for Construction of Community Jetties on NW-30, NW-32, NW-50, NW-57 & NW-95 | 5.56 | Tendering Stage |

## AYUSH HOSPITALS IN TIRUCHIRAPPALLI

**3329. SHRI DURAI VAIKO:**

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

(a) whether the Government has any proposal to establish a 50 or 100-bedded Integrated AYUSH Hospital and Centre of Excellence in

Tiruchirappalli, considering its strategic location and the growing demand for AYUSH services and if so, the details thereof;

(b) whether the Government has received any proposal from the Government of Tamil Nadu for strengthening AYUSH infrastructure in Tiruchirappalli under the National AYUSH Mission (NAM);

(c) if so, the details thereof and the current status in this regard;

(d) whether the Government proposes to sanction financial assistance for establishing new AYUSH hospitals, wellness centres, research facilities and speciality treatment units in Tiruchirappalli; and

(e) if so, the details thereof along with the expected timeline for implementation 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): No such proposal.

(b) and (c): Under National Ayush Mission (NAM), as per the proposals received from State Government of Tamil Nadu through State Annual Action Plans, they have been supported for strengthening of AYUSH infrastructure for Ayushman Arogya Mandir (Ayush) [ AAM (Ayush)], Co-located Ayush units, Integrated Ayush Hospitals (IAH) and Ayush Educational Institution. As reported by State, the status of infrastructure support in Tamil Nadu including Tiruchirappalli district along with their status is placed at **Statement.**

(d) and (e): Public Health being State subject, the establishment of new Ayush hospitals, wellness centres, research facilities and speciality treatment units in Tiruchirappalli district comes under the purview of respective State Government. However, under NAM, State Government may avail financial assistance for establishment of 10/30/50 bedded Integrated Aysuh Hospitals by submitting suitable proposals through SAAP as per the provisions of NAM guidelines. Since, implementation of NAM Scheme is being done by State Government, accordingly, time line for implementation of approved activities is not being fixed by the Ministry.

## STATEMENT

**As reported by State, the status of infrastructure support in Tamil Nadu including Tiruchirappalli district**

| **Infrastructure support for Ayush Facilities under NAM in Tamil Nadu** | | | |
|---|---|---|---|
| **Sl. No** | **Facility** | **Number of Units** | **Current Status** |
| 1. | Ayushman Arogya Mandir (Ayush) | 650 | Functional |
| 2. | Co-located units | 126 | Functional |
| 3. | IAH | 5 | 3- Functional<br>2 -Under Construction |
| 4. | Ayush Educational Institutions | 1 | Under Construction |

| Infrastructure support for Ayush Facilities under NAM in Tiruchirappalli District | | | |
|---|---|---|---|
| **Sl. No** | **Scheme** | **No. of Units approved** | **Current Status** |
| 1. | Integrated Ayush Hospital | 0 | Nil |
| 2. | Co-located ISM wings | 3 | Functional |
| 3. | District Headquarter | 1 | Functional |
| 4. | Dispensary | 1 | Under Construction |
| 5. | New Ayush Educational Institution | 0 | Nil |
| 6. | AAM | 22 | Functional |

## IMPLEMENTATION OF MISSION VATSALYA IN RAJASTHAN

**3330. SHRI UMMEDA RAM BENIWAL:**

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

(a) the number of beneficiaries covered under Mission Vatsalya, since the inception of the Mission in Rajasthan including Barmer district;

(b) the details of funds sanctioned, released/utilised under the said Mission in the State, including Barmer district, during the said period;

(c) the details of Child Care Institutions, Specialised Adoption Agencies, Open Shelters and other child protection services supported thereunder in the State, including the said district; and

(d) the details of the measures being taken by the Government for effective implementation of Mission Vatsalya in the State, particularly in said district?

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

(a) to (d): Ministry of Women and Child Development is implementing a Centrally Sponsored Scheme namely 'Mission Vatsalya' in all States and Union Territories including the State of Rajasthan on predefined cost sharing basis between the Central and the State Governments to deliver various services for children in difficult circumstances. 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.

The Ministry has launched the revamped Mission Vatsalya Portal which is an integrated Digital platform for all the stakeholders related to child protection services. Mission Vatsalya portal is a technologically upgraded secure portal which provides digital working platform for various stakeholders across different levels at State and district. The earlier Khoya-Paya portal, TrackChild services and CARINGS portal for adoption has been brought under this unified portal.

The Mission Vatsalya scheme also provides for emergency outreach services (24x7x365) for children in difficult circumstances through Child Helpline (1098) which is integrated with Emergency Response Support System-112 (ERSS-112) Helpline of Ministry of Home Affairs and Women Helpline (181). Dedicated WCD-Control Room at State level for Child Helpline have been set up in all the 36 States and UTs.

District-wise data is not maintained centrally. The Number of beneficiaries supported under Mission Vatsalya scheme in the State of Rajasthan under Institutional and Non-Institutional Care services are as follows:

(As on 31.03.2026)

| **Children supported under Institutional Care** | | | | **Children supported under Non-Institutional Care (Sponsorship/Foster Care/ After Care)** | | | |
|---|---|---|---|---|---|---|---|
| **2022-23** | **2023-24** | **2024-25** | **2025-26** | **2022-23** | **2023-24** | **2024-25** | **2025-26** |
| 2560 | 2733 | 3958 | 4629 | 239 | 933 | 475 | 359 |

The details of funds released under Mission Vatsalya Scheme to the State of Rajasthan are as follows:

**(Rs. in Crore)**

| **2022-23** | **2023-24** | **2024-25** | **2025-26** |
|---|---|---|---|
| **Released** | **Released** | **Released** | **Released** |
| 66.00 | 42.84 | 74.98 | 30.43 |

The details of Child Care Institutions, Specialised Adoption Agencies (SAAs), Open Shelters (OSs) and other child protection services supported under Mission Vatsalya Scheme in the State of Rajasthan are as follows:

| Financial Year | Children Homes | SAAs | Open Shelters | District Child Protection Units | Child Welfare Committees | Juvenile Justice Boards |
|---|---|---|---|---|---|---|
| **2022-23** | 105 | 33 | 18 | 33 | 33 | 34 |
| **2023-24** | 95 | 33 | 13 | 33 | 33 | 34 |
| **2024-25** | 94 | 33 | 13 | 33 | 34 | 35 |
| **2025-26** | 90 | 46 | 11 | 41 | 41 | 42 |

## TURNAROUND TIME OF SHIPS

**3331. SHRI SRIBHARAT MATHUKUMILLI:**

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

(a) whether the Government has conducted any comparative assessment of the average turnaround time of ships at major ports of the country vis-à-vis leading international ports such as Singapore, Hong Kong, Rotterdam and Shanghai during the last five years;

(b) if so, the details thereof, port-wise and year-wise;

(c) whether it is true that despite significant improvement in turnaround time at major ports of the country, they continue to lag behind global best-performing ports, if so, the reasons therefor; and

(d) the steps taken and the time-bound action plan formulated by the Government to reduce turnaround time to match global benchmark levels?

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

(a) to (c): The average turnaround time of Major Ports improved from 52.87 hours in 2021–22 to 48.84 hours in 2025–26. The port-wise and year-wise details of turnaround time for the last five years are provided at **Statement.** The Container Port Performance Index (CPPI) published by the World Bank provides an objective and comparable assessment of container port performance based on the vessel's time in port. As per the CPPI 2025, Jawaharlal Nehru Port is ranked 22$^{nd}$ comparable with Singapore (21$^{st}$), Shanghai (23$^{rd}$) and higher than Rotterdam (333$^{rd}$).

(d): To further improve port efficiency and reduce vessel turnaround time, the Government has taken several measures. These include the construction of new berths and terminals, mechanization, modernization, and optimization of existing berths, terminals, and yards, as well as the creation of supporting infrastructure such as central parking plazas. Additionally, the One Nation One

Port Process (ONOP) has been implemented to standardize and simplify port procedures across all ports, thereby enhancing operational efficiency and reducing vessel turnaround times.

**STATEMENT**

**AVERAGE TURN AROUND TIME OF MAJOR PORTS**

**(In Hours)**

| Ports | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|
| Deendayal Port | 60.96 | 77.28 | 54.24 | 58.56 | 57.86 |
| Mumbai Port | 73.00 | 67.42 | 62.97 | 65.75 | 64.05 |
| Jawaharlal Nehru Port | 28.08 | 28.47 | 26 | 26.35 | 27.43 |
| Mormugao Port | 71.77 | 61.47 | 65.61 | 69.68 | 66.25 |
| New Mangalore Port | 45.99 | 43.09 | 40.44 | 40.37 | 43.23 |
| Cochin Port | 34.64 | 33.41 | 33.4 | 32.41 | 32.33 |
| V.O. Chidambaranar Port | 48.48 | 46.80 | 51.36 | 55.44 | 58.80 |
| Chennai Port | 53.19 | 48.22 | 44.92 | 48.69 | 44.72 |
| Kamarajar Port | 46.38 | 45.40 | 44.37 | 46.66 | 43.27 |
| Visakhapatnam Port | 73.83 | 73.19 | 65.86 | 69.19 | 65.32 |
| Paradip Port | 53.16 | 46.27 | 41.61 | 46.16 | 46.07 |
| Syama Prasad Mookerjee Port | 56.08 | 56.01 | 60.85 | 57.37 | 56.43 |
| **All Major Ports** | **52.87** | **52.9** | **48.06** | **49.47** | **48.84** |

## मुंबई पोर्ट में अवसंरचना को मजबूत करना

**3332. श्री बाल्या मामा सुरेश गोपीनाथ म्हात्रे :**

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

(क) बंदरगाह की अवसंरचना को मजबूत करने तथा देश की 'हरित बंदरगाह' पहल को आगे बढ़ाने के लिए पिछले दो वर्षों में मुंबई पोर्ट अथॉरिटी द्वारा शुरू की गई विभिन्न परियोजनाओं का ब्यौरा क्या है; और

(ख) शुरू की गई इन परियोजनाओं की लागत का वर्ष-वार ब्यौरा क्या है?

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

(क) और (ख): पत्तन अवसंरचना को दृढ़ करने के लिए मुंबई पत्तन प्राधिकरण (एमबीपीए) द्वारा पिछले दो वर्षों के दौरान शुरू की गई परियोजनाओं का ब्यौरा **विवरण** में संलग्न हैं।

मुंबई पत्तन प्राधिकरण द्वारा शुरू की गई हरित पत्तन पहलें नीचे दी गई हैं:

**(i) नवीकरणीय ऊर्जा:** कुल 1.4 मेगा वाट रूफ़टॉप सौर क्षमता चालू हैं। इसके अलवा, आरईएससीओ मॉडल के तहत, इंदिरा डॉक शेड पर 3 मेगा वाट की रूफ़टॉप सौर परियोजना कार्यान्वयनाधीन हैं। वर्तमान में, पत्तन की लगभग 57% ऊर्जा आवश्यकता, नवीकरणीय ऊर्जा के माध्यम से पूरी की जाती हैं।

**(ii) वैकल्पिक समुद्रीय ईंधन:** बीपीसीएल के सहयोग से बायोईंधन सम्मिश्रण शुरू किया गया है। हरित टग ट्रांजिशन प्रोग्राम (जीटीटीपी) के तहत हरित टग्स को शामिल किया जा रहा हैं। स्वच्छ समुद्रीय ईंधन संचालन को सुगम बनाने के लिए जवाहर द्वीप पर एलएनजी आयात का विकास और संचालन सुविधाएं प्रगति में हैं।

**(iv) वनरोपण और पारिस्थितिकी:** बास रोपण और अन्य रोपण अभियान किए जा रहे हैं। हरित क्षेत्र को बढ़ाने और तटीय इकोसिस्टम को बढ़ावा देने के लिए, सेवरी पर मैंग्रोव पार्क का विकास शुरू किया गया हैं।

**(v) स्वच्छ स्वदेशी ईंधन:** पत्तन के रिहायशी और आम-उपयोगकर्ता कनेक्शन में एलपीजी से पीएनजी का परिवर्तन किया जा रहा हैं।

**विवरण**

**पिछले दो वर्षों के दौरान शुरू की गई परियोजनाओं का ब्यौरा**

| क्र. सं. | 2025-26 में शुरू की गई परियोजना का विवरण | परियोजना की कुल लागत |
|---|---|---|
| 1. | डीबीएफओटी (पीपीपी) आधार पर इंदिरा डॉक में मुंबई अंतर्राष्ट्रीय क्रूज टर्मिनल (एमआईसीटी) का विकास, प्रचालन और रखरखाव। | 192 करोड़ रुपये |
| 2. | इंदिरा डॉक, मुंबई में ईपीसी मोड पर वर्तमान मुंबई अंतर्राष्ट्रीय क्रूज टर्मिनल (एमआईसीटी) का आधुनिकीकरण | 303 करोड़ रुपये |
| 3. | जवाहर द्वीप में तट सुरक्षा प्रदान करना। | 80.4 करोड़ रुपये |
| 4. | विकसित बाहरी मुंबई मरीना (ईपीसी भाग) | 470 करोड़ रुपये |
| | 2024-25 में शुरू की गई परियोजना का विवरण | |
| 5 | पीरपाऊ, मुंबई पत्तन प्राधिकरण में तीसरे रासायनिक बर्थ का निर्माण। | 161.00 करोड़ रुपये |
| 6 | मुंबई पत्तन पर समुद्री तेल टर्मिनल में एससीएडीए और पीएलसी स्वचालन प्रणाली | 25.84 करोड़ रुपये |
| 7 | मुंबई पत्तन के पीर पाऊ टर्मिनल पर अग्निशमन सुविधाओं का संवर्धन | 52.69 करोड़ रुपये |

**FUNDING FOR MUKHYAMANTRI AYUSHMAN AROGYA MANDIR IN RAJASTHAN**

**3333. DR. MANNA LAL RAWAT:**

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

(a) the current ratio of funding between the Central and State Governments under the Mukhyamantri Ayushman Arogya Yojana operational in the State of Rajasthan;

(b) the categories of families covered under the said scheme and the maximum amount upto which cashless medical facilities are being provided to each eligible family;

(c) the total number of beneficiaries or families registered under the said scheme in the State so far, along with the details of the annual expenditure borne by the Central and State Governments on the said scheme, year-wise; and

(d) whether the Union Government provides or is considering any proposal to provide a Central premium contribution in accordance with the actual insurance premium rate for all categories of beneficiaries, including SECC-2011 families, under the Mukhyamantri Ayushman Arogya Yojana, if so, the details thereof and the timeline by which it is likely to be implemented, and if not, the reasons therefor?

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

(a) to (d): Mukhyamantri Ayushman Arogya Yojana (MAAY) is the scheme of the State Government of Rajasthan and is implemented from their own budget.

Under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), a total of 66.37 lakh families in the state of Rajasthan are eligible for health insurance coverage of Rs. 5 lakh per family per year. In addition, 1.73 lakh ASHA, Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs), and 23.55 lakh senior citizens aged 70 years and above, are also covered under the scheme in the State of Rajasthan.

Further, under AB-PMJAY, the Central Government provides financial support based on a fixed premium ceiling of Rs. 1,052 per eligible family per annum. The cost of the scheme is shared between the Central and Rajasthan Government in the ratio of 60:40.

As on 31.07.2026, a total of Rs. 2563.15 crore has been released as central share to the State of Rajasthan for implementation of AB-PMJAY. The year-wise details of such release under AB-PMJAY are as under:

| Financial year | Fund released (in Crore) |
|---|---|
| 2019-20 | 200.07 |
| 2020-21 | 258.31 |
| 2021-22 | 96.39 |
| 2022-23 | 416.96 |
| 2023-24 | 606.04 |
| 2024-25 | 429.94 |
| 2025-26 | 450.27 |
| 2026-27(Till 31.07.2026) | 105.17 |

## VACANCIES OF AWWS AND AWHS

**3334. SHRIMATI JUNE MALIAH:**

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

(a) the sanctioned strength and vacancies of Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs), Supervisors and Child Development Project Officers in Paschim Medinipur;

(b) the reasons for such vacancies;

(c) the steps taken to fill these vacancies; and

(d) the time by which all vacancies are likely to be filled?

**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 ongoing scheme where continuous revamping and restructuring is undertaken for successful implementation of the scheme and to provide benefits to the end beneficiaries in an efficient manner. In the 15$^{th}$ Finance Commission (FC), various components such as nutritional support for children from 6 months to the age of 6 years, pregnant women and lactating mother and Adolescent Girls; Early Childhood Care and Education and Anganwadi infrastructure including modern, upgraded

Saksham Anganwadi have been reorganised under Mission Saksham Anganwadi and Poshan 2.0.

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 matter regarding filling up of vacant posts at various levels is regularly taken up with the State Governments and UT Administrations through sustained engagements and video conferences so as to ensure uninterrupted delivery of services to the end beneficiaries.

Details of sanctioned and vacant positions of Anganwadi Workers, Anganwadi Helpers (AWHs), Supervisors and Child Development Project Officers (CDPO) in State of West Bengal (including Paschim Medinipur) as per Poshan Tracker as on June, 2026 are as under:

| CDPO | | Supervisor | | AWW | | AWH | |
|---|---|---|---|---|---|---|---|
| **Sanctioned** | **Vacant** | **Sanctioned** | **Vacant** | **Sanctioned** | **Vacant** | **Sanctioned** | **Vacant** |
| 576 | 11 | 5060 | 330 | 119481 | 16691 | 119481 | 24498 |

## EMPLOYMENT OPPORTUNITY UNDER NAM

**3335. SHRI S VENKATESAN:**

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

(a) whether the Government is aware that candidates holding recognised medical postgraduate qualifications, such as MD Siddha (Yoga) awarded by the National Institute of Siddha (NIS) and recognized by the National Commission for Indian System of Medicine (NCISM) are not being provided adequate employment opportunities under the National AYUSH Mission (NAM);

(b) if so, the details thereof;

(c) whether any persons possessing qualifications that are not recognized as medical qualifications by the NCISM and NAM are being appointed and allowed to function as doctors under NAM, if so, the details thereof;

(d) whether the Government has issued any orders, rules or eligibility criteria permitting such appointments to function as medical doctors; and

(e) if so, the details thereof?

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

(a) and (b): Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/UT Governments and supporting their efforts by providing financial assistance for implementation of different activities which also includes support for deployment of Ayush doctors under different Ayush system including Siddha against their proposals submitting

through State Annual Action Plans (SAAPs), as per the provision of NAM guidelines. Since, Public Health being a State subject and the implementation of the NAM Scheme lies with the respective State/UT Governments. Therefore, deployment of the manpower comes in the purview of them.

(c): No such information is received from State/UT Governments.

(d) and (e): Question does not arise.

## MOBILE CANCER DETECTION/SCREENING VANS

**3336. SHRI G M HARISH BALAYOGI:**

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

(a) the details of the mobile cancer detection/screening vans functional under Government health programmes in Andhra Pradesh, especially in Konaseema district, State/UT-wise and district-wise;

(b) whether such mobile cancer detection/screening vans are integrated into the public health system under Central/State Government programmes, if so, the details thereof, State-wise;

(c) the details of areas covered by such mobile vans, especially rural and underserved areas along with the details of the criteria adopted by the Government for selection of such areas;

(d) the number of beneficiaries screened, cancer cases detected and referrals made through such mobile vans during the last two years, year-wise, especially in Andhra Pradesh;

(e) the funds sanctioned, released and utilised for mobile cancer detection and screening initiatives during the said period, State/UT-wise, including cost per van and cost per screening; and

(f) the steps taken/proposed to be taken by the Government to scale up and integrate mobile cancer detection and screening vans into the public health system, especially in rural and underserved areas?

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

(a) to (f): Public Health and Hospitals are State subject. Accordingly, deployment and operation of mobile cancer detection/screening vans are undertaken by the respective State/UT Governments based on their local requirements and priorities. Under the National Health Mission (NHM), the Government of India provides technical and financial assistance to the States/UTs, including Andhra Pradesh, based on the proposals received in their Programme Implementation Plans (PIPs) and subject to availability of resource envelope.

Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), implemented as part of the National Health Mission (NHM), individual aged 30 & above are screened for common NCDs, including oral, breast and cervical cancers, through various public health

facilities. States/UTs may also deploy mobile medical units as part of their public health service delivery, depending on local requirements and approved PIPs.

NP-NCD programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for NCDs. Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres were set up across the country. In addition, 524 Day Care Cancer Centres (DCCCs) are functional across the country to ensure cancer care accessibility at district hospital level.

## PROTECTION OF INDIAN SAILORS

**3337. SHRI TAMILSELVAN THANGA:**

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

(a) whether it is true that India is the third largest supplier of sailors to the world after Philippines and China, if so, the details thereof;

(b) whether it is true that last year alone around 1125 Indian sailors are reported to have been abandoned and many Indian sailors had been suffering from hunger and starvation for many months, if so, the details thereof; and

(c) whether the Union Government has taken any steps to save Indian sailors from abandonment, hunger and starvation in the middle of the ocean and to protect their life and jobs, if so, the details thereof and if not, the reasons therefor?

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

(a): As per the BIMCO/ICS *Seafarer Workforce Report 2026*, India is ranked as the second largest seafarer-supplying nation globally, with an estimated supply of over 3.11 lakh seafarers (officers and ratings).

(b): As per the ILO/IMO Joint Database on Abandonment of Seafarers 1,373 Indian seafarers on 172 vessels were reported to be affected in abandonment cases during the year 2025. As on 04.08.2026, issues of 119 vessels with 1010 seafarers have been resolved. In abandonment cases, shipowners are responsible under the Maritime Labour Convention (MLC), 2006 to provide food, water, wages, medical care and repatriation. In cases where seafarers face hardship, the Directorate General of Maritime Administration (DGMA) closely coordinates with Indian Missions abroad, RPSL agencies, shipowners, P&I Clubs and welfare organizations such as the International Transport Workers' Federation (ITF) to ensure provision of essential supplies and facilitate repatriation of affected seafarers.

(c): The Government has taken several measures to prevent seafarer abandonment and protect the welfare of Indian seafarers. These include strengthening the regulatory framework through amendments in the Merchant Shipping Act and issuance of regulatory notices/orders, mandatory verification of vessels prior to deployment, restriction and blacklisting of non-compliant vessels, enhanced monitoring of Recruitment and Placement Service Licence (RPSL) agencies, regular coordination with Indian Missions abroad for repatriation of stranded seafarers, awareness programmes for seafarers, and strict enforcement action against defaulting RPSLs. Further, welfare support mechanisms have been strengthened through financial assistance schemes for stranded seafarers and their families, besides continuous engagement with international organisations such as IMO, ILO and ITF for timely resolution of abandonment cases.

## PSKS AND RPOS IN TAMIL NADU

**3338. SHRI THARANIVENTHAN M S:**

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

(a) the total number of Regional Passport Offices (RPOs) and Passport Seva Kendras (PSKs) operational in India and specifically in Arani Parliamentary Constituency of Tamil Nadu;

(b) the average processing time for new passports, renewals and other related services in RPOs and PSKs;

(c) whether the Government has evaluated the impact of RPOs and PSKs on service accessibility, especially in rural and remote areas, if so, the details thereof;

(d) the steps taken by the Government to upgrade infrastructure, digital systems and staffing to improve service delivery; and

(e) the measures adopted to address citizen grievances, delays and complaints related to passport services?

**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 on date, 93 Passport Seva Kendras (PSKs) and 456 Post Office Passport Seva Kendras (POPSKs) are operational under 37 Regional Passport Offices (RPOs) across the country. Of these, 8 PSKs and 32 POPSKs are operational under 4 RPOs in Tamil Nadu, including the POPSK in Arani Lok Sabha Constituency.

The Ministry of External Affairs (MEA) has taken several steps to expand the service accessibility and upgrade the network of Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) across the country and to improve digital/online facilities for faster processing. MEA, in association with Department of Posts (DoP), has opened numerous Seva Kendras at the Head Post Offices (HPOs)/Post Offices (POs) in each Lok Sabha Constituency where there is no PSK or POPSK. In addition, the Ministry has made available

the ‘Apply anywhere in India’ scheme under which a passport can be applied for at any PSK/POPSK. The Passport Mobile Vans have been widely deployed to allow on-site passport processing in remote, rural, hilly and less serviced areas.

At PSKs, the applications for passports and related services are processed on the same day, subject to document submission and verification, and are forwarded to the concerned authorities for further processing. Details of average issuance time (excluding Police Verification time) for passports and related services RPO-wise/ State-wise are enclosed as **Statement.**

(d): The upgraded Passport Seva Programme Version 2.0 (PSP V2.0), along with the ePassport was implemented at all 37 RPOs and respective PSKs and POPSKs in the country, including in Tamil Nadu. The PSP V2.0 provides comprehensive digital platforms, including the Passport Seva Portal, Passport Seva Mobile Apps and a centralized citizen service call centre available through toll-free numbers, enabling applicants to access information, track application status and obtain responses to routine queries. These digital initiatives have substantially reduced the need for physical visits for administrative inquiries while improving accessibility, convenience and service delivery.

In order to address staffing issues, the Ministry is working proactively to fill vacancies through the Staff Selection Commission and through deputation from other services. It has also engaged young professionals, data entry operators and multi-tasking staff on contract basis in various RPOs.

(e): To address the issues regarding citizen grievances, delays, and complaints, the Ministry has set up Public Grievances Cells and monitors all

communications received through emails and social media closely. RPOs have been sensitised to promptly attend to all passport related grievances in a timely manner. Passport adalats are conducted to clear pending passport applications. Self-service kiosks/feedback screens have been installed at PSKs and POPSKs to capture feedback from citizens on service quality. A 24x7 call-centre offers guidance and support to applicants in 23 different languages (location wise).

## STATEMENT

### Average Passport Issuance Time (excluding Police Verification time) in Days

| Sl.No. | RPO Name | State | Normal | Tatkaal | PCC |
|---|---|---|---|---|---|
| 1 | RPO Ahmedabad | Gujarat | 11 | 4 | 1 |
| 2 | RPO Amritsar | Punjab | 10 | 4 | 1 |
| 3 | RPO Bareilly | Uttar Pradesh | 19 | 4 | 1 |
| 4 | RPO Bengaluru | Karnataka | 14 | 4 | 1 |
| 5 | RPO Bhopal | Madhya Pradesh | 11 | 2 | 1 |
| 6 | RPO Bhubaneswar | Odisha | 21 | 3 | 1 |
| 7 | RPO Chandigarh | Chandigarh | 16 | 4 | 1 |
| 8 | RPO Chennai | Tamil Nadu | 9 | 2 | 1 |
| 9 | RPO Cochin | Kerala | 4 | 1 | 1 |
| 10 | RPO Coimbatore | Tamil Nadu | 19 | 4 | 1 |
| 11 | RPO Dehradun | Uttarakhand | 22 | 3 | 1 |
| 12 | RPO Delhi | Delhi | 9 | 2 | 1 |
| 13 | RPO Ghaziabad | Uttar Pradesh | 9 | 3 | 1 |

| | | | | | |
|---|---|---|---|---|---|
| 14 | RPO Goa | Goa | 5 | 2 | 1 |
| 15 | RPO Guwahati | Assam | 19 | 4 | 1 |
| 16 | RPO Hyderabad | Telangana | 14 | 4 | 1 |
| 17 | RPO Jaipur | Rajasthan | 18 | 3 | 1 |
| 18 | RPO Jalandhar | Punjab | 8 | 2 | 1 |
| 19 | RPO Jammu | Jammu & Kashmir | 22 | - | 1 |
| 20 | RPO Kolkata | West Bengal | 19 | 4 | 1 |
| 21 | RPO Kota | Rajasthan | 16 | 3 | 1 |
| 22 | RPO Kozhikode | Kerala | 6 | 1 | 1 |
| 23 | RPO Lucknow | Uttar Pradesh | 16 | 3 | 1 |
| 24 | RPO Madurai | Tamil Nadu | 11 | 3 | 1 |
| 25 | RPO Mumbai | Maharashtra | 7 | 3 | 1 |
| 26 | RPO Nagpur | Maharashtra | 23 | 3 | 1 |
| 27 | RPO Patna | Bihar | 9 | 1 | 1 |
| 28 | RPO Pune | Maharashtra | 10 | 4 | 1 |
| 29 | RPO Raipur | Chhattisgarh | 21 | 4 | 1 |
| 30 | RPO Ranchi | Jharkhand | 11 | 4 | 1 |
| 31 | RPO Shimla | Himachal Pradesh | 9 | 3 | 1 |
| 32 | RPO Srinagar | Jammu & Kashmir | 7 | - | 1 |
| 33 | RPO Surat | Gujarat | 17 | 4 | 1 |
| 34 | RPO Tiruchirappalli | Tamil Nadu | 7 | 4 | 1 |
| 35 | RPO Trivandrum | Kerala | 7 | 2 | 1 |
| 36 | RPO Vijayawada | Andhra Pradesh | 13 | 3 | 1 |
| 37 | RPO Visakhapatnam | Andhra Pradesh | 12 | 2 | 1 |

## आयुष औषधियों का मानकीकरण

**3339. श्री अरूण गोविल**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) आयुष औषधियों के उत्पादन, गुणवत्ता, मानकीकरण और निर्यात को बढ़ावा देने के लिए सरकार द्वारा क्या कदम उठाए गए हैं;

(ख) पिछले पांच वर्षों के दौरान आयुष औषधियों के कुल निर्यात मूल्य और प्रमुख निर्यात गंतव्यों का वर्ष-वार ब्यौरा क्या है;

(ग) क्या सरकार आयुष औषधियों के निर्यात को और बढ़ावा देने के लिए किसी नई पहल या कार्य योजना को लागू कर रही है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार के पास उत्तर प्रदेश तथा मेरठ-हापुड़ क्षेत्र से आयुष औषधियों के उत्पादन या निर्यात के संबंध में कोई आँकड़े उपलब्ध 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): आयुष मंत्रालय ने आयुष दवाओं के उत्पादन, गुणवत्ता, मानकीकरण और निर्यात को बढ़ावा देने के लिए निम्नलिखित कदम उठाए हैं:

1. औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा औषधि नियम, 1945 में आयुष औषधियों के लिए विशेष विनियामक प्रावधान निर्धारित किए गए हैं। निर्माताओं के लिए यह अनिवार्य है कि वे विनिर्माण इकाइयों तथा औषधियों के लाइसेंस हेतु निर्धारित सभी आवश्यकताओं का पालन करें। इसमें औषधियों की सुरक्षा एवं प्रभावशीलता के प्रमाण प्रस्तुत करना, औषधि नियम, 1945 के अनुसूची न तथा अनुसूची ड-I के अनुसार क्रमशः आयुर्वेद, सिद्ध, सोवा-रिग्पा, यूनानी एवं होम्योपैथी

औषधियों के लिए बेहतर विनिर्माण प्रथाओं (जीएमपी) का अनुपालन करना तथा संबंधित औषध संहिता में निर्धारित गुणवत्ता मानकों का पालन करना शामिल है।

औषधि निरीक्षक अपने अधिकार क्षेत्र के अंतर्गत आने वाली विनिर्माण इकाइयों तथा खुदरा औषधि विक्रेताओं से नियमित रूप से औषधियों के नमूने एकत्रित करते हैं और उन्हें गुणवत्ता परीक्षण हेतु औषधि नियंत्रण विभाग की औषधि परीक्षण प्रयोगशाला में भेजते हैं। यदि कोई नमूना 'मानक गुणवत्ता का नहीं' पाया जाता है, तो ऐसी औषधियों की बाजार में बिक्री रोकने के लिए उचित कार्रवाई की जाती है। साथ ही, औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा उसके अंतर्गत बनाए गए नियमों के प्रावधानों के अनुसार कानूनी कार्रवाई भी प्रारंभ की जाती है। संबंधित राज्य/संघ राज्य क्षेत्रों के औषधि निरीक्षकों द्वारा लिए गए वैध नमूनों के परीक्षण हेतु राज्यों/संघ राज्य क्षेत्रों में 34 औषधि परीक्षण प्रयोगशालाएँ उपलब्ध हैं।

2. आयुष मंत्रालय के अधीनस्थ संगठन भारतीय चिकित्सा एवं होम्योपैथी भेषजसंहिता आयोग (पीसीआईएमएंडएच) आयुष औषधियों के लिए फार्माकोपियल मानक तथा फॉर्मुलरी विनिर्देश विकसित करता है। ये मानक आयुष औषधियों की पहचान, शुद्धता एवं शक्ति निर्धारित करने के लिए आधिकारिक संदर्भ ग्रंथ के रूप में कार्य करते हैं। इन मानकों का अनुपालन औषधि एवं प्रसाधन सामग्री अधिनियम, 1940 तथा उसके अंतर्गत बनाए गए नियमों के अनुसार अनिवार्य है। पीसीआईएम एंड एच आयुष औषधियों के लिए अपीलीय औषधि परीक्षण प्रयोगशाला के रूप में भी कार्य करता है। यह आयुष औषधियों की गुणवत्ता आश्वासन प्रणाली को सुदृढ़ करने के लिए औषधि नियामक प्राधिकरणों, औषधि विश्लेषकों तथा अन्य हितधारकों हेतु मानकीकरण, गुणवत्ता नियंत्रण एवं परीक्षण पद्धतियों पर नियमित रूप से क्षमता निर्माण कार्यक्रम आयोजित करता है।

3. आयुष औषधियों की पहचान, शुद्धता, गुणवत्ता और शक्ति से संबंधित परीक्षण करने के लिए औषधि परीक्षण प्रयोगशालाओं को आयुष नियमों, 1945 के नियम 160 क से 160 ञ के तहत आयुष मंत्रालय द्वारा अनुमोदित किया गया है । वर्तमान में, आयुष मंत्रालय द्वारा राज्यों एवं संघ राज्य

क्षेत्रों में 118 निजी औषधि परीक्षण प्रयोगशालाओं को औषधि नियम, 1945 के प्रावधानों के अनुसार ऐसे परीक्षणों को संचालित करने के लिए अनुमोदित किया गया है।

4. इसके अलावा, आयुष मंत्रालय आयुष औषधालयों और औषधि परीक्षण प्रयोगशालाओं को विश्व स्वास्थ्य संगठन के बेहतर विनिर्माण प्रथाओं (डब्ल्यूएचओ-जीएमपी) और राष्ट्रीय परीक्षण और अंशांकन प्रयोगशालाओं के लिए राष्ट्रीय प्रत्यायन बोर्ड (एनएबीएल) जैसे उच्च मानकों को प्राप्त करने में सहायता करने के लिए आयुष औषधि गुणवत्ता एवं उत्पादन संवर्धन योजना (एओजीयूएसवाई) नामक एक केंद्रीय क्षेत्र की योजना का कार्यान्वयन कर रहा है।

5. इसके अतिरिक्त, आयुष मंत्रालय ने आयुष उत्पादों की गुणवत्ता आश्वासन एवं निर्यात को बढ़ावा देने के लिए निम्नलिखित पहलें की हैं:

- विश्व स्वास्थ्य संगठन का फार्मास्युटिकल उत्पाद प्रमाणपत्र (डब्ल्यूएचओ-सीओपीपी) केंद्रीय औषधि मानक नियंत्रण संगठन (सीडीएससीओ) द्वारा आयुष वर्टिकल में तैनात औषधि निरीक्षकों द्वारा राज्यों/संघ राज्य क्षेत्रों के औषधि निरीक्षकों और सीडीएससीओ के साथ संयुक्त निरीक्षण के बाद हर्बल दवाओं के लिए डब्ल्यूएचओ तकनीकी रिपोर्ट श्रृंखला (टीआरएस) दिशानिर्देशों के अनुपालन के लिए जारी किया जाता है।
- आयुष मंत्रालय ने आयुष निर्यात संवर्धन परिषद (आयुषएक्ससिल) के माध्यम से आयुष गुणवत्ता चिह्न (एक्यूएम) पहल शुरू की है । इस ढांचे के तहत, आयुष गुणवत्ता चिह्न सक्षम सरकारी प्राधिकरणों, जैसे डब्ल्यूएचओ-जीएमपी, आयुष प्रीमियम मार्क और अन्य मान्यता प्राप्त प्रमाणन द्वारा जारी वैध गुणवत्ता प्रमाणन और वैधानिक अनुमोदन की जांच और सत्यापन के बाद प्रदान किया जा रहा है।
- आयुष दवाओं को आयुष मानक चिह्न और आयुष प्रीमियम चिह्न भारतीय गुणवत्ता परिषद (क्यूसीआई) द्वारा निर्धारित राष्ट्रीय और अंतरराष्ट्रीय गुणवत्ता मानकों के अनुपालन के अन्य पक्षीय मूल्यांकन के आधार पर प्रदान किए जाते हैं।

- आयुर्वेद और योग को आयुर्वेद और योग शब्दावली, सामग्री, अर्क, तैयार उत्पादों, आयुर्वेद आधारित आहार पूरक, योग सहायक उपकरण आदि की गुणवत्ता और सुरक्षा के अंतरराष्ट्रीय मानकों पर ध्यान केंद्रित करने के लिए आईएसओ/टीसी249 की अनुभागीय समिति 2 के तहत शामिल किया गया है।

(ख): पिछले पांच वर्षों के दौरान आयुष और हर्बल उत्पादों के कुल निर्यात मूल्य और प्रमुख निर्यात गंतव्यों का ब्यौरा वर्ष-वार **विवरण** पर दिया गया है।

(ग): आयुष मंत्रालय आयुष चिकित्सा पद्धतियों की वैश्विक पहुंच को बढ़ाने के उद्देश्य से "आयुष के लिए अंतरराष्ट्रीय सहयोग को बढ़ावा देने की केंद्रीय क्षेत्र की योजना का कार्यान्वयन कर रहा है। यह योजना भारतीय आयुष औषधि निर्माताओं एवं आयुष सेवा प्रदाताओं को आयुष उत्पादों और सेवाओं के निर्यात को बढ़ावा देने के लिए सहायता प्रदान करती है। यह चिकित्सा की आयुष पद्धतियों के अंतरराष्ट्रीय प्रचार, विकास और मान्यता को भी सुगम बनाता है; अंतरराष्ट्रीय हितधारकों और बाजार विकास के साथ जुड़ाव को बढ़ावा देता है; विदेशों में आयुष अकादमिक पीठ की स्थापना के माध्यम से शैक्षणिक सहयोग और अनुसंधान को बढ़ावा देता है; और चिकित्सा की आयुष पद्धतियों के बारे में वैश्विक जागरूकता, समझ और स्वीकृति को मजबूत करने के लिए प्रशिक्षण कार्यक्रम, कार्यशालाएं और संगोष्ठी आयोजित करने के लिए संगठन का समर्थन करता है।

इसके अतिरिक्त, आयुष मंत्रालय ने आयुष चिकित्सा पद्धतियों के अंतरराष्ट्रीय प्रचार एवं प्रसार के लिए 27 देशों के साथ देश स्तरीय समझौता ज्ञापन, 16 आयुष पीठ स्तर के समझौता ज्ञापन तथा 57 संस्थान-से-संस्थान स्तर के समझौता ज्ञापन पर हस्ताक्षर किए हैं।

(घ): आयुष मंत्रालय आयुष औषधियों के उत्पादन एवं निर्यात से संबंधित राज्य-वार जानकारी का संकलन या रखरखाव नहीं करता है।

## विवरण

**वाणिज्यिक आसूचना एवं सांख्यिकी महानिदेशालय (डीजीसीआईएस) के अनुसार, पिछले पाँच वर्षों के दौरान आयुष एवं हर्बल उत्पादों के कुल निर्यात मूल्य तथा प्रमुख निर्यात गंतव्यों का वर्षवार ब्यौरा**

| आयुष एवं हर्बल उत्पादों का निर्यात मूल्य | अप्रैल 2020- मार्च 2021 | अप्रैल 2021- मार्च 2022 | अप्रैल 2022- मार्च 2023 | अप्रैल 2023- मार्च 2024 | अप्रैल 2024- मार्च 2025 | अप्रैल 2025- मार्च 2026 |
|---|---|---|---|---|---|---|
| देश | मूल्य अमेरिकी डॉलर में | मूल्य अमेरिकी डॉलर में | मूल्य अमेरिकी डॉलर में | मूल्य अमेरिकी डॉलर में | मूल्य अमेरिकी डॉलर में | मूल्य अमेरिकी डॉलर में |
| यूएसए | 155288773 | 175434555 | 171782223 | 183494144 | 188541435 | 151566460 |
| जर्मनी | 48728505 | 55040517 | 57620613 | 62706059 | 70766835 | 64318725 |
| इटली | 21581559 | 24598012 | 28460362 | 36255641 | 41428324 | 36080325 |
| यूएई | 22392114 | 26509215 | 26804164 | 25126803 | 33079568 | 32429729 |
| वियतनाम | 12993529 | 9323499 | 1632711 | 4638837 | 6355158 | 24571563 |
| फ्रांस | 17410491 | 19524096 | 19604147 | 16237548 | 23610349 | 24525755 |
| रूस | 9811206 | 9876543 | 16479958 | 13771735 | 17339046 | 19233750 |
| यूनाइटेड किंगडम | 12891554 | 13144064 | 16628598 | 16196368 | 18177659 | 17109210 |
| नेपाल | 15436861 | 20995439 | 14548951 | 15682339 | 16540826 | 16429711 |
| चीन | 24396211 | 25930789 | 26913292 | 27949899 | 20001849 | 16266523 |

## CGHS WELLNESS CENTRE IN DURGAPUR

**3340. SHRI. KIRTI AZAD:**

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

(a) whether the Union Government has received any formal representations regarding the establishment of a CGHS Allopathic Wellness Centre at Durgapur, West Bengal, if so, the details thereof;

(b) the details of the action taken by the Government on repeated demands for the said centre along with the specific reasons for not acceding to the same;

(c) whether the Government has taken note of the observation by the Standing Committee on Health regarding serious regional imbalance in the distribution of CGHS facilities and the need for their rapid expansion in underserved areas by relaxing existing norms, if so, the details and the action taken thereon;

(d) whether the Government is aware that the establishment of the CGHS centre is likely to serve numerous Central Armed Police Forces (CAPFs) personnel and defence personnel, employees of Durgapur Steel Plant, Railway staff and other public employees in the Durgapur-Asansol and the surrounding areas, if so, the details thereof; and

(e) whether the Government has advised beneficiaries to continue using nearby covered cities, despite many existing centres remaining overburdened and understaffed, if so, the reasons therefor?

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

(a) to (e): The Government has received the representations regarding establishment of a new CGHS Wellness Centre in Durgapur.

The establishment of a new Wellness Centre is subject to the availability of sanctioned posts and approval of requisite budgetary provisions which falls under the ambit of the Department of Expenditure.

This Ministry has laid down a revised procedure for empanelment of Health Care Organizations (HCOs) for providing CGHS facilities to the eligible Central Government pensioners/ serving employees. The offer of empanelment is open to HCOs located in cities already covered under CGHS as well as those district headquarters, which are not covered under CGHS, across India. CGHS beneficiaries shall be entitled to avail medical services directly from such empanelled hospitals in accordance with the existing CGHS guidelines.

At present, there are 26 CGHS Wellness Centres (including AYUSH units and a polyclinic) functioning across the state of West Bengal (Darjeeling-01, Howrah-01, Jalpaiguri-01, Kolkata-18 and North 24 Parganas- 05).

The Government is committed towards achieving Universal Health Coverage for all citizens, as per National Health Policy, through its various programs like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

(ABPMJAY), Ayushman Arogya Mandir (erstwhile Ayushman Bharat Health & Wellness Centre), Ayushman Bharat Health Infrastructure Mission (ABHIM), Ayushman Bharat Digital Mission (ABDM), and National Health Mission (NHM) through its Rural and Urban components. In addition, All India Institute of Medical Sciences (AIIMS), Kalyani, Government Medical Colleges and District Hospitals are also functioning in the State of West Bengal to cater all the health needs.

Central Government serving employees residing in areas not covered under CGHS are eligible to avail medical treatment through the Authorized Medical Attendant (AMA) system under the Central Services (Medical Attendance) Rules, 1944. Pensioners residing in non-CGHS areas have the following options:

I. to avail Fixed Medical Allowance (FMA);
II. to avail CGHS facilities (OPD and IPD) by enrolling in the nearest CGHS-covered city on payment of the prescribed subscription; or
III. to avail FMA for OPD treatment and CGHS facilities for IPD treatment on payment of the prescribed subscription, in accordance with the extant CGHS guidelines.

**PENDENCY OF CENTRAL OUTLAYS UNDER NHM**

**3341. ADV FRANCIS GEORGE:**

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

(a) whether it is a fact that the Union Government has withheld the release of Rs. 616.28 crore due to the State of Kerala under the National Health Mission (NHM) for the financial year 2023–24, if so, the details thereof;

(b) the specific technical criteria, operational compliance parameters or delays in the submission utilisation certificates that have led to the prolonged pendency of these crucial healthcare funds;

(c) the total amount of Central funds disbursed to the State under the National Health Mission (NHM) during the last three financial years;

(d) whether the Government has received representations detailing the operational impact of the pending funds on primary health centres, if so, the details thereof; and

(e) the timeframe proposed by the Government to clear the verified outstanding dues to avoid disruption to the local health infrastructure crunch?

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

(a) to (e): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health & Family Welfare is implementing National Health Mission (NHM). Government provides technical and financial support to the States/UTs including Kerala for improvement in health infrastructure, availability of adequate human resources

to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups.

Further, Public Health & Hospitals, is a State subject, hence, the primary responsibility of providing basic health services to all the citizens lies with the respective State/UT Government including Kerala.

Release of funds under NHM is subject to compliance by States/UTs including Kerala of the guidelines prescribed in this regard by Department of Expenditure, Ministry of Finance. All the States/UTs execute a Memorandum of Understanding (MoU) with Government of India as per framework of National Health Mission (NHM), which mandates compliance by the States of the guidelines issued under NHM as per the Clause 10.3 and 10.10.

The details of Central Release under NHM from the F.Y. 2023-24 to F.Y. 2025-26 to the State of Kerala is given below:

(Rs. in cr.)

| Financial Year | Central Release |
|---|---|
| 2023-24 | 189.15 |
| 2024-25 | 1,351.78 |
| 2025-26 | 813.16 |

## उर्वरकों की उपलब्धता

**3342. श्रीमती मंजू शर्मा:**

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

(क) विगत तीन वर्षों के दौरान किसानों को उपलब्ध कराई गई यूरिया, डीएपी और अन्य उर्वरकों की मात्रा का वर्ष–वार और राज्य-वार ब्यौरा क्या है;

(ख) क्या सरकार को डीएपी/कीटनाशकों की कमी के संबंध में किसानों को कोई शिकायत प्राप्त हुई हैं;

(ग) यदि हां, तो विगत दो वर्षों के दौरान प्राप्त ऐसी शिकायतों की संख्या तथा उक्त कमी से सर्वाधिक प्रभावित क्षेत्रों का ब्यौरा क्या है;

(घ) क्या आयात संबंधी बाधाएं, घरेलू उत्पादन में कमी, वितरण संबंधी मुद्दे आदि उक्त कमी के कारण हैं; और

(ङ) उक्त कमी को दूर करने तथा किसानों को उर्वरकों की कीटनाशकों की समय पर उपलब्धता सुनिश्चित 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 (ङ): देश में उर्वरकों की समय पर और पर्याप्त उपलब्धता सुनिश्चित करने हेतु सरकार द्वारा प्रत्येक मौसम में निम्नलिखित उपाय किए जाते हैं:

(i) प्रत्येक फसल मौसम के प्रारंभ होने से पूर्व कृषि एवं किसान कल्याण विभाग (डीएएंडएफडब्ल्यू) सभी राज्य सरकारों के परामर्श से उर्वरकों की राज्य-वार और माह-वार आवश्यकता का आकलन करता है। डीएएंडएफडब्ल्यू द्वारा अनुमानित आवश्यकता के आधार पर, उर्वरक विभाग मासिक आपूर्ति योजना जारी करते हुए राज्यों को पर्याप्त मात्रा में उर्वरकों का आवंटन करता है और उपलब्धता की लगातार निगरानी करता है।

(ii) देश भर में सब्सिडी प्राप्त सभी प्रमुख उर्वरकों के संचलन की निगरानी एकीकृत उर्वरक प्रबंधन प्रणाली (आईएफएमएस) नामक एक ऑनलाइन वेब आधारित निगरानी प्रणाली द्वारा की जाती है।

(iii) यूरिया और अन्य उर्वरकों की मांग (आवश्यकता) और उत्पादन के अंतर को आयात द्वारा पूरा किया जाता है। मौसम के लिए आयात को पहले ही निश्चित कर लिया जाता है ताकि समय पर उपलब्धता सुनिश्चित की जा सके।

(iv) राज्य सरकारों को नियमित रूप से सलाह दी जाती है कि वे समय पर मांगपत्र जारी करके आपूर्ति को सुव्यवस्थित करने के लिए उत्पादकों और आयातकों के साथ समन्वय स्थापित करें।

(v) राज्यों के लिए रेलगाड़ियों में पर्याप्त रैक देने, उर्वरकों को प्राथमिकता देने और रेलगाड़ियों की समय पर निकासी के लिए रेल मंत्रालय के साथ नियमित समन्वय किया जाता है।

(vi) राज्य के भीतर जिला/ब्लॉक स्तर पर उर्वरकों का वितरण संबंधित राज्य सरकार द्वारा किया जाता है।

उपर्युक्त को देखते हुए, चल रहे खरीफ 2026 मौसम के दौरान देश में उर्वरकों अर्थात यूरिया, डीएपी, एमओपी और एनपीकेएस की उपलब्धता पर्याप्त बनी हुई है। पिछले 3 वर्षों में और चल रहे खरीफ 2026 मौसम (03.08.2026 की स्थिति के अनुसार) के दौरान इन उर्वरकों की उपलब्धता की स्थिति के संबंध में राज्य-वार जानकारी **विवरण** में दी गई है।

इसके अलावा, डीएएंडएफडब्ल्यू द्वारा दी गई सूचना के अनुसार, कीटनाशी अधिनियम, 1968 की धारा 5 के तहत गठित पंजीकरण समिति उचित कीमतों पर कीटनाशकों की उपलब्धता सुनिश्चित करने के लिए जेनेरिक कीटनाशकों के लिए पंजीकरण प्रमाण पत्र त्वरित रूप से प्रदान करती है। इसके अलावा, प्रमुख कीटनाशक संघों के परामर्श से डीएएंडएफडब्ल्यू द्वारा किए गए

आकलन के अनुसार, यह इंगित किया गया है कि चल रहे खरीफ 2026 मौसम के लिए देश में कीटनाशकों का पर्याप्त भंडार उपलब्ध है। वित्त वर्ष 2025-26 के लिए उपलब्ध आंकड़ों के अनुसार, डीसीपीसी द्वारा रिपोर्ट किया गया कीटनाशक उत्पादन 3,02,974 एमटी है, जबकि 2024-25 के दौरान यह 2,87,267 एमटी था।

## विवरण

**पिछले 3 वर्षों में और चल रहे खरीफ 2026 मौसम (03.08.2026 की स्थिति के अनुसार) के दौरान इन उर्वरकों की उपलब्धता की स्थिति के संबंध में राज्य-वार जानकारी**

आंकड़े एलएमटी में

| | | यूरिया | | | डीएपी | | | एमओपी | | | एनपीकेएस | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| क्र.सं | राज्य | आवश्यकता | उपलब्धता | डीबीटी बिक्री | आवश्यकता | उपलब्धता | डीबीटी बिक्री | आवश्यकता | उपलब्धता | डीबीटी बिक्री | आवश्यकता | उपलब्धता | डीबीटी बिक्री |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 15.73 | 17.89 | 14.99 | 4.13 | 4.86 | 4.20 | 1.84 | 1.81 | 1.31 | 13.28 | 17.87 | 14.02 |
| 3 | अरुणाचल प्रदेश | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 3.46 | 4.56 | 3.73 | 0.75 | 0.87 | 0.72 | 0.66 | 0.69 | 0.44 | 0.30 | 0.39 | 0.23 |
| 5 | बिहार | 22.63 | 27.46 | 23.24 | 6.82 | 7.78 | 6.51 | 2.28 | 1.75 | 1.39 | 4.50 | 6.09 | 4.39 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | छत्तीसगढ़ | 8.40 | 11.37 | 8.99 | 3.10 | 5.28 | 4.34 | 0.66 | 0.97 | 0.60 | 1.07 | 1.90 | 1.30 |
| 8 | दादरा और नगर हवेली | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.00 | 0.37 | 0.32 | 0.00 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | गोवा | 0.03 | 0.02 | 0.02 | 0.01 | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.04 | 0.03 | 0.02 |
| 12 | गुजरात | 24.71 | 26.78 | 24.30 | 5.86 | 6.71 | 6.29 | 1.30 | 1.00 | 0.80 | 6.00 | 8.93 | 6.97 |
| 13 | हरियाणा | 20.63 | 24.86 | 21.77 | 5.60 | 6.29 | 5.83 | 0.55 | 0.50 | 0.36 | 1.20 | 0.64 | 0.44 |
| 14 | हिमाचल प्रदेश | 0.68 | 0.82 | 0.68 | 0.01 | 0.01 | 0.01 | 0.05 | 0.05 | 0.03 | 0.37 | 0.39 | 0.32 |
| 15 | जम्मू और कश्मीर | 1.40 | 2.01 | 1.45 | 0.55 | 0.59 | 0.44 | 0.32 | 0.24 | 0.16 | 0.03 | 0.00 | 0.00 |
| 16 | झारखंड | 2.47 | 3.74 | 3.04 | 1.02 | 1.06 | 0.94 | 0.21 | 0.03 | 0.03 | 0.41 | 0.46 | 0.33 |
| 17 | कर्नाटक | 16.10 | 21.02 | 15.65 | 5.90 | 8.13 | 6.42 | 2.45 | 1.97 | 1.54 | 16.50 | 21.09 | 15.84 |
| 18 | केरल | 1.19 | 1.13 | 0.96 | 0.20 | 0.18 | 0.16 | 0.97 | 0.87 | 0.70 | 1.42 | 1.56 | 1.26 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 33.46 | 41.73 | 34.37 | 14.22 | 17.81 | 15.50 | 0.87 | 1.05 | 0.67 | 5.40 | 6.99 | 5.41 |
| 21 | महाराष्ट्र | 23.74 | 31.06 | 23.48 | 7.00 | 8.93 | 7.36 | 3.00 | 2.18 | 1.42 | 26.50 | 34.08 | 23.04 |
| 22 | मणिपुर | 0.30 | 0.26 | 0.25 | 0.04 | 0.01 | 0.01 | 0.05 | 0.02 | 0.02 | 0.00 | 0.01 | 0.00 |
| 23 | मेघालय | 0.02 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | मिजोरम | 0.07 | 0.15 | 0.13 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | ओडिशा | 5.46 | 7.70 | 5.84 | 2.33 | 3.12 | 2.74 | 1.03 | 0.93 | 0.66 | 2.80 | 3.16 | 2.42 |
| 27 | पुदुचेरी | 0.16 | 0.15 | 0.13 | 0.02 | 0.01 | 0.01 | 0.01 | 0.01 | 0.01 | 0.06 | 0.10 | 0.07 |
| 28 | पंजाब | 29.48 | 37.35 | 30.68 | 8.00 | 8.23 | 7.24 | 0.85 | 0.62 | 0.50 | 1.50 | 1.02 | 0.73 |
| 29 | राजस्थान | 24.28 | 29.23 | 25.39 | 8.95 | 9.80 | 9.37 | 0.23 | 0.20 | 0.15 | 1.11 | 1.40 | 1.08 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 10.23 | 11.86 | 10.11 | 2.95 | 3.22 | 2.71 | 2.45 | 2.05 | 1.63 | 7.30 | 10.19 | 7.94 |
| 32 | तेलंगाना | 18.94 | 23.77 | 19.03 | 3.80 | 4.34 | 3.68 | 2.00 | 1.18 | 0.92 | 15.99 | 17.09 | 13.62 |
| 33 | त्रिपुरा | 0.24 | 0.26 | 0.14 | 0.05 | 0.04 | 0.03 | 0.07 | 0.06 | 0.02 | 0.02 | 0.03 | 0.02 |
| 34 | उत्तराखंड | 1.84 | 2.67 | 2.31 | 0.35 | 0.49 | 0.38 | 0.08 | 0.08 | 0.04 | 0.35 | 0.24 | 0.20 |
| 35 | उत्तर प्रदेश | 76.15 | 91.83 | 74.53 | 24.50 | 25.76 | 21.61 | 2.35 | 1.62 | 1.21 | 9.50 | 10.13 | 7.93 |
| 36 | पश्चिम बंगाल | 14.32 | 17.34 | 12.20 | 4.02 | 3.83 | 3.20 | 3.35 | 2.85 | 1.83 | 10.65 | 12.74 | 9.20 |
| | **अखिल भारत** | **356.08** | **437.47** | **357.81** | **110.18** | **127.42** | **109.73** | **27.62** | **22.74** | **16.45** | **126.31** | **156.51** | **116.80** |

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

**वित्त वर्ष 2024-25 के दौरान उर्वरकों की राजय-वार आवश्यकता, उपलब्धता और डीबीटी बिक्री**

आंकड़े एलएमटी में

| | | यूरिया | | | डीएपी | | | एमओपी | | | एनपीकेएस | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **क्र.सं** | **राज्य** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 15.90 | 18.68 | 15.70 | 4.30 | 4.80 | 4.34 | 1.50 | 2.38 | 1.71 | 16.00 | 18.36 | 15.78 |
| 3 | अरुणाचल प्रदेश | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 3.28 | 4.48 | 4.10 | 0.61 | 0.70 | 0.62 | 0.47 | 0.80 | 0.57 | 0.55 | 0.63 | 0.48 |
| 5 | बिहार | 22.87 | 27.64 | 25.60 | 5.50 | 6.40 | 5.83 | 1.50 | 2.54 | 1.84 | 6.00 | 7.46 | 6.04 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | छत्तीसगढ़ | 8.90 | 12.03 | 10.07 | 4.10 | 4.19 | 3.83 | 0.73 | 1.13 | 0.76 | 1.80 | 2.84 | 2.34 |
| 8 | दादरा और नगर हवेली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.23 | 0.43 | 0.40 | 0.01 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 11 | गोवा | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.04 | 0.03 | 0.03 |
| 12 | गुजरात | 25.60 | 25.82 | 24.23 | 6.25 | 5.84 | 5.42 | 0.99 | 1.18 | 0.92 | 7.00 | 9.98 | 8.35 |
| 13 | हरियाणा | 21.50 | 25.32 | 22.65 | 5.80 | 5.49 | 5.34 | 0.60 | 0.74 | 0.47 | 1.70 | 1.31 | 1.03 |
| 14 | हिमाचल प्रदेश | 0.71 | 0.81 | 0.65 | 0.01 | 0.04 | 0.03 | 0.04 | 0.05 | 0.03 | 0.37 | 0.41 | 0.32 |
| 15 | जम्मू और कश्मीर | 1.48 | 2.05 | 1.36 | 0.49 | 0.58 | 0.43 | 0.22 | 0.26 | 0.14 | 0.04 | 0.02 | 0.01 |
| 16 | झारखंड | 2.65 | 4.11 | 3.73 | 0.90 | 0.87 | 0.84 | 0.06 | 0.05 | 0.03 | 0.65 | 1.08 | 0.85 |
| 17 | कर्नाटक | 17.25 | 22.63 | 19.17 | 5.64 | 6.55 | 5.86 | 1.95 | 3.08 | 2.21 | 16.20 | 25.46 | 20.90 |
| 18 | केरल | 1.11 | 1.37 | 1.15 | 0.17 | 0.21 | 0.20 | 0.82 | 1.06 | 0.83 | 1.37 | 1.50 | 1.26 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 35.38 | 42.43 | 38.09 | 16.57 | 12.70 | 11.66 | 1.05 | 1.59 | 1.08 | 8.50 | 11.94 | 9.77 |
| 21 | महाराष्ट्र | 23.73 | 32.72 | 26.41 | 7.50 | 7.13 | 6.47 | 2.30 | 3.45 | 2.22 | 30.00 | 37.86 | 28.79 |
| 22 | मणिपुर | 0.25 | 0.16 | 0.14 | 0.03 | 0.03 | 0.02 | 0.04 | 0.02 | 0.02 | 0.02 | 0.01 | 0.01 |
| 23 | मेघालय | 0.04 | 0.04 | 0.04 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 24 | मिजोरम | 0.08 | 0.25 | 0.20 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26 | ओडिशा | 6.05 | 8.15 | 6.67 | 2.86 | 2.83 | 2.56 | 0.85 | 1.11 | 0.77 | 2.75 | 4.04 | 3.28 |
| 27 | पुदुचेरी | 0.16 | 0.16 | 0.15 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.01 | 0.07 | 0.11 | 0.08 |
| 28 | पंजाब | 26.50 | 36.70 | 32.56 | 8.10 | 6.99 | 6.61 | 1.00 | 1.06 | 0.71 | 2.50 | 1.73 | 1.41 |
| 29 | राजस्थान | 26.20 | 29.43 | 26.40 | 8.50 | 7.11 | 6.90 | 0.21 | 0.28 | 0.20 | 2.25 | 3.04 | 2.55 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 10.91 | 12.61 | 10.92 | 2.70 | 2.98 | 2.56 | 2.24 | 2.56 | 1.94 | 10.54 | 10.19 | 8.49 |
| 32 | तेलंगाना | 20.20 | 22.15 | 20.08 | 3.90 | 3.91 | 3.64 | 1.30 | 1.44 | 1.14 | 17.00 | 17.54 | 14.97 |
| 33 | त्रिपुरा | 0.18 | 0.24 | 0.17 | 0.04 | 0.03 | 0.02 | 0.03 | 0.06 | 0.04 | 0.04 | 0.04 | 0.03 |
| 34 | उत्तराखंड | 2.03 | 2.60 | 2.31 | 0.30 | 0.52 | 0.40 | 0.08 | 0.08 | 0.04 | 0.40 | 0.28 | 0.21 |
| 35 | उत्तर प्रदेश | 77.00 | 91.72 | 79.18 | 24.05 | 21.55 | 19.51 | 1.72 | 2.50 | 1.76 | 14.50 | 12.85 | 10.50 |
| 36 | पश्चिम बंगाल | 13.80 | 19.05 | 15.77 | 3.55 | 3.62 | 3.12 | 2.50 | 3.41 | 2.57 | 11.00 | 15.25 | 12.24 |
| | **अखिल भारत** | **364.01** | **443.83** | **387.92** | **111.92** | **105.14** | **96.29** | **22.21** | **30.85** | **22.02** | **151.29** | **183.98** | **149.72** |

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

**वित्त वर्ष 2025-26के दौरान उर्वरकों की राज्य-वार आवश्यकता, उपलब्धता और डीबीटी बिक्री**

आंकड़े एलएमटी में

| | | यूरिया | | | डीएपी | | | एमओपी | | | एनपीकेएस | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **क्र.सं** | **राज्य** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 15.60 | 19.22 | 17.06 | 4.80 | 6.32 | 5.45 | 1.70 | 2.22 | 1.82 | 15.80 | 19.06 | 15.59 |
| 3 | अरुणाचल प्रदेश | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 3.35 | 5.13 | 4.60 | 0.56 | 0.95 | 0.72 | 0.57 | 0.78 | 0.55 | 0.58 | 0.55 | 0.40 |
| 5 | बिहार | 23.82 | 28.12 | 25.33 | 6.10 | 8.04 | 6.57 | 2.00 | 2.23 | 1.80 | 6.00 | 8.01 | 5.89 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | छत्तीसगढ़ | 10.00 | 12.41 | 9.81 | 4.10 | 4.29 | 3.25 | 1.10 | 1.33 | 0.82 | 2.40 | 4.34 | 2.57 |
| 8 | दादरा और नगर हवेली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.26 | 0.25 | 0.21 | 0.05 | 0.05 | 0.05 | 0.01 | 0.00 | 0.00 | 0.02 | 0.00 | 0.00 |
| 11 | गोवा | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.03 | 0.03 | 0.03 |
| 12 | गुजरात | 25.02 | 25.95 | 23.99 | 6.30 | 5.82 | 5.32 | 1.09 | 1.16 | 0.95 | 7.45 | 10.18 | 8.28 |
| 13 | हरियाणा | 21.67 | 26.08 | 23.20 | 5.53 | 6.10 | 5.46 | 0.58 | 0.67 | 0.44 | 1.57 | 1.10 | 0.82 |
| 14 | हिमाचल प्रदेश | 0.66 | 0.94 | 0.79 | 0.02 | 0.05 | 0.05 | 0.04 | 0.04 | 0.03 | 0.41 | 0.37 | 0.28 |
| 15 | जम्मू और कश्मीर | 1.46 | 2.24 | 1.60 | 0.46 | 0.61 | 0.43 | 0.21 | 0.35 | 0.21 | 0.03 | 0.06 | 0.02 |
| 16 | झारखंड | 2.90 | 3.73 | 3.22 | 0.80 | 1.13 | 0.93 | 0.07 | 0.07 | 0.05 | 0.65 | 1.02 | 0.76 |
| 17 | कर्नाटक | 18.77 | 21.55 | 18.85 | 5.98 | 7.79 | 6.09 | 2.27 | 3.25 | 2.46 | 17.10 | 27.20 | 21.35 |
| 18 | केरल | 1.14 | 1.30 | 1.14 | 0.20 | 0.31 | 0.22 | 0.90 | 1.07 | 0.87 | 1.30 | 1.60 | 1.25 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 40.42 | 47.16 | 42.43 | 15.00 | 13.09 | 11.47 | 1.50 | 1.51 | 1.08 | 16.50 | 14.70 | 11.16 |
| 21 | महाराष्ट्र | 26.77 | 32.37 | 27.27 | 7.20 | 8.06 | 5.81 | 2.70 | 3.37 | 2.55 | 30.00 | 41.95 | 29.63 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | मणिपुर | 0.20 | 0.24 | 0.19 | 0.03 | 0.05 | 0.04 | 0.06 | 0.02 | 0.01 | 0.02 | 0.02 | 0.02 |
| 23 | मेघालय | 0.03 | 0.03 | 0.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | मिजोरम | 0.07 | 0.11 | 0.11 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.01 | 0.02 | 0.02 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 |
| 26 | ओडिशा | 6.20 | 8.94 | 7.26 | 2.75 | 3.42 | 2.78 | 0.85 | 1.11 | 0.74 | 3.30 | 4.39 | 3.57 |
| 27 | पुदुचेरी | 0.15 | 0.15 | 0.14 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.09 | 0.11 | 0.08 |
| 28 | पंजाब | 29.92 | 35.36 | 31.39 | 7.35 | 8.13 | 6.66 | 1.10 | 1.02 | 0.61 | 2.00 | 1.67 | 1.29 |
| 29 | राजस्थान | 25.52 | 31.94 | 28.05 | 8.43 | 8.61 | 7.80 | 0.20 | 0.23 | 0.18 | 3.00 | 3.24 | 2.56 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 10.87 | 12.80 | 11.43 | 2.95 | 3.46 | 2.89 | 2.60 | 2.35 | 2.02 | 9.25 | 11.08 | 8.73 |
| 32 | तेलंगाना | 20.20 | 21.80 | 20.94 | 3.85 | 4.92 | 4.38 | 1.20 | 1.38 | 1.04 | 17.00 | 18.44 | 14.74 |
| 33 | त्रिपुरा | 0.18 | 0.24 | 0.17 | 0.03 | 0.05 | 0.03 | 0.04 | 0.05 | 0.02 | 0.05 | 0.05 | 0.03 |
| 34 | उत्तराखंड | 2.01 | 2.49 | 2.21 | 0.30 | 0.67 | 0.48 | 0.07 | 0.09 | 0.04 | 0.35 | 0.21 | 0.17 |
| 35 | उत्तर प्रदेश | 79.92 | 91.75 | 80.37 | 24.00 | 25.30 | 20.25 | 2.75 | 2.89 | 1.91 | 12.50 | 14.80 | 10.01 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36 | पश्चिम बंगाल | 14.30 | 18.43 | 14.76 | 3.59 | 4.47 | 3.65 | 3.20 | 3.35 | 2.34 | 11.10 | 14.80 | 11.14 |
| | **अखिल भारत** | **381.45** | **450.79** | **396.60** | **110.42** | **121.72** | **100.80** | **26.82** | **30.58** | **22.56** | **158.49** | **198.97** | **150.37** |

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

**चल रहे खरीफ़ मौसम 2026 (01.04.2026 से 03.08.2026 तक) के दौरान उर्वरकों की राज्य-वार आवश्यकता, उपलब्धता, डीबीटी बिक्री और अंतिम स्टॉक**

आंकड़े एलएमटी में

| | | यूरिया | | | | डीएपी | | | | एमओपी | | | | एनपीकेएस | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **क्र. सं** | **राज्य** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **31.08.26 के अनुसार अंतिम स्टॉक** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **31.08.26 के अनुसार अंतिम स्टॉक** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **31.08.26 के अनुसार अंतिम स्टॉक** | **आवश्यकता** | **उपलब्धता** | **डीबीटी बिक्री** | **31.08.26 के अनुसार अंतिम स्टॉक** |
| 1 | अंडमान और निकोबार द्वीप समूह | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | आंध्र प्रदेश | 4.07 | 6.92 | 3.18 | 3.75 | 0.93 | 1.91 | 1.00 | 0.91 | 0.45 | 0.81 | 0.35 | 0.46 | 2.45 | 7.09 | 3.00 | 4.09 |
| 3 | अरुणाचल प्रदेश | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | असम | 1.39 | 2.22 | 1.85 | 0.37 | 0.23 | 0.42 | 0.30 | 0.12 | 0.15 | 0.43 | 0.22 | 0.20 | 0.14 | 0.28 | 0.12 | 0.16 |

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| 5 | बिहार | 5.33 | 8.89 | 4.46 | 4.42 | 1.72 | 2.46 | 1.09 | 1.37 | 0.90 | 0.86 | 0.16 | 0.70 | 2.03 | 3.40 | 0.90 | 2.50 |
| 6 | चंडीगढ़ | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | छत्तीसगढ़ | 6.15 | 7.71 | 5.58 | 2.13 | 2.60 | 2.13 | 1.59 | 0.54 | 0.66 | 0.84 | 0.54 | 0.30 | 2.10 | 2.39 | 1.69 | 0.70 |
| 8 | दादरा और नगर हवेली | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | दमन और दीव | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | दिल्ली | 0.02 | 0.10 | 0.09 | 0.01 | 0.00 | 0.03 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | गोवा | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.02 | 0.02 | 0.02 | 0.00 |
| 12 | गुजरात | 6.84 | 9.20 | 6.78 | 2.41 | 2.63 | 2.35 | 1.75 | 0.60 | 0.33 | 0.43 | 0.23 | 0.20 | 3.54 | 4.37 | 2.56 | 1.82 |
| 13 | हरियाणा | 6.87 | 10.41 | 8.44 | 1.97 | 1.37 | 1.76 | 1.28 | 0.48 | 0.46 | 0.38 | 0.15 | 0.23 | 0.36 | 0.49 | 0.17 | 0.32 |

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| 14 | हिमाचल प्रदेश | 0.19 | 0.45 | 0.31 | 0.14 | 0.01 | 0.03 | 0.01 | 0.02 | 0.00 | 0.02 | 0.00 | 0.01 | 0.10 | 0.09 | 0.06 | 0.03 |
| 15 | जम्मू और कश्मीर | 0.63 | 1.15 | 0.82 | 0.34 | 0.18 | 0.29 | 0.20 | 0.09 | 0.08 | 0.15 | 0.11 | 0.04 | 0.02 | 0.06 | 0.03 | 0.04 |
| 16 | झारखंड | 1.53 | 2.25 | 1.28 | 0.97 | 0.45 | 0.43 | 0.29 | 0.15 | 0.05 | 0.06 | 0.01 | 0.05 | 0.55 | 0.62 | 0.33 | 0.29 |
| 17 | कर्नाटक | 7.16 | 9.54 | 5.31 | 4.23 | 2.91 | 3.46 | 2.54 | 0.93 | 1.42 | 1.65 | 0.86 | 0.79 | 8.14 | 12.87 | 7.62 | 5.25 |
| 18 | केरल | 0.34 | 0.73 | 0.44 | 0.29 | 0.07 | 0.18 | 0.10 | 0.07 | 0.24 | 0.51 | 0.32 | 0.19 | 0.57 | 0.60 | 0.36 | 0.24 |
| 19 | लक्षद्वीप | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | मध्य प्रदेश | 11.39 | 15.81 | 10.89 | 4.92 | 3.89 | 3.57 | 2.59 | 0.98 | 0.81 | 0.61 | 0.30 | 0.31 | 4.60 | 6.93 | 3.86 | 3.07 |
| 21 | महाराष्ट्र | 11.18 | 15.44 | 10.40 | 5.04 | 3.72 | 4.00 | 2.93 | 1.07 | 0.96 | 1.91 | 0.97 | 0.94 | 13.08 | 22.46 | 13.20 | 9.25 |
| 22 | मणिपुर | 0.11 | 0.18 | 0.13 | 0.05 | 0.02 | 0.02 | 0.01 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.01 | 0.02 | 0.01 | 0.01 |

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| 23 | मेघालय | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | मिजोरम | 0.03 | 0.01 | 0.00 | 0.01 | 0.02 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | नागालैंड | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | ओडिशा | 3.33 | 4.62 | 2.38 | 2.24 | 1.47 | 1.69 | 1.07 | 0.62 | 0.66 | 0.80 | 0.28 | 0.52 | 2.02 | 2.41 | 1.15 | 1.26 |
| 27 | पुदुचेरी | 0.04 | 0.06 | 0.05 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.02 | 0.05 | 0.03 | 0.02 |
| 28 | पंजाब | 12.60 | 16.28 | 13.18 | 3.10 | 1.66 | 2.61 | 1.49 | 1.12 | 0.62 | 0.64 | 0.24 | 0.41 | 0.51 | 0.61 | 0.21 | 0.41 |
| 29 | राजस्थान | 7.10 | 11.89 | 8.61 | 3.28 | 3.35 | 2.75 | 2.17 | 0.58 | 0.05 | 0.15 | 0.05 | 0.10 | 0.83 | 1.43 | 0.70 | 0.73 |
| 30 | सिक्किम | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | तमिलनाडु | 2.96 | 4.93 | 3.19 | 1.74 | 0.86 | 1.17 | 0.64 | 0.53 | 0.66 | 0.76 | 0.44 | 0.33 | 2.95 | 3.94 | 2.14 | 1.80 |

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| 32 | तेलंगाना | 7.65 | 8.43 | 4.83 | 3.60 | 2.12 | 2.25 | 1.89 | 0.36 | 0.62 | 0.56 | 0.17 | 0.39 | 7.60 | 8.12 | 5.08 | 3.04 |
| 33 | त्रिपुरा | 0.05 | 0.13 | 0.05 | 0.08 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.02 | 0.03 | 0.01 | 0.02 |
| 34 | उत्तराखंड | 0.75 | 0.98 | 0.80 | 0.18 | 0.15 | 0.30 | 0.15 | 0.14 | 0.04 | 0.05 | 0.01 | 0.05 | 0.12 | 0.04 | 0.02 | 0.02 |
| 35 | उत्तर प्रदेश | 27.70 | 37.60 | 23.73 | 13.87 | 5.83 | 9.25 | 4.44 | 4.80 | 1.65 | 1.39 | 0.27 | 1.12 | 2.35 | 6.59 | 1.57 | 5.02 |
| **36** | पश्चिम बंगाल | **3.76** | **7.84** | **3.89** | **3.95** | **0.92** | **1.50** | **0.70** | **0.80** | **0.89** | **1.56** | **0.46** | **1.11** | **2.42** | **5.92** | **2.19** | **3.74** |
| | **अखिल भारत** | **129.21** | **183.84** | **120.73** | **63.12** | **37.17** | **44.60** | **28.28** | **16.33** | **11.75** | **14.62** | **6.16** | **8.48** | **56.57** | **90.84** | **47.03** | **43.82** |

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता

2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

## IMPACT OF REDUCED OUTLAY FOR FERTILIZERS

**3343. SHRI Y S AVINASH REDDY:**

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

(a) whether Government is aware of the fact that the projected outlay for the Department of Fertilizers in 2025-26 was Rs. 1,84,704.63 crore but the Revised Estimate was Rs. 1,71,082.44 crore, representing a reduction of 7.38 per cent, if so, the details thereof;

(b) whether the said reduction affected both the Nutrient-Based Subsidy (NBS) Scheme and the Urea Subsidy Scheme; and

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

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

(a) to (c): The details of BE and RE for financial year 2025-26 is as under;

*(Figures in Rs. Crore)*

| Financial Year | Budget Estimates (BE) | Revised Estimates (RE) |
|---|---|---|
| **2025-26** | **Rs.1,84,082.44** | **Rs.2,15,148.63** |

The budgetary allocation for fertilizer subsidy is reviewed periodically, based on which, the process for seeking additional budgetary allocation, on requirement, is undertaken, as per the extant provision.

## EX PARTE CIVIL AND FAMILY COURT CASES

**3344. DR. AMAR SINGH:**

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

(a) whether the Government is aware that ex parte orders are being passed in civil and family court cases where one of the parties is unable to appear or effectively defend their case due to mental illness, intellectual disability, serious medical condition or other circumstances beyond their control;

(b) whether any guidelines or safeguards exist to enable courts to ascertain the capacity of such absent parties before proceeding ex parte, if so, the details thereof;

(c) whether the Government has collected data on such cases, if so, the details thereof and if not, the reasons therefor; and

(d) whether the Government proposes to amend the law or issue directions to ensure appointment of a guardian, legal aid counsel or other appropriate representation for vulnerable persons before ex parte orders are passed, so as to uphold the principles of natural justice?

**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): Ex parte proceedings in civil and family court cases are governed by the provisions of the Code of Civil Procedure, 1908 (CPC), the Family Courts Act, 1984, and other applicable laws. Under the CPC, a court may proceed ex parte only after being satisfied that summons has been duly served and the party has failed to appear in accordance with the prescribed procedure.

Adequate statutory safeguards already exist under the Code of Civil Procedure, 1908 (CPC), which provides remedies for setting aside an ex parte decree (*Order IX, Rule 13*) where sufficient cause for non-appearance is established. Further, where a party is of unsound mind or is otherwise incapable of protecting his or her interests on account of mental infirmity, the CPC contains provisions for representation through a next friend or guardian (*Order XXXII Rule 15, read with Rules 3 and 4*), as the case may be.

The courts exercise their judicial discretion in accordance with the facts of each case and the applicable law. No separate guidelines have been issued by the Central Government in this regard.

No centralized data is maintained by the Government regarding ex parte orders passed in civil or family court cases specifically involving persons suffering from mental illness, intellectual disability, serious medical conditions, or other similar circumstances beyond their control.

(d): Legal services institutions constituted under the Legal Services Authorities Act, 1987 provide free legal services to eligible persons in

accordance with the provisions of the Act and uphold the principles of natural justice. At present, there is no proposal under consideration of the Government to amend the law or issue separate directions in this regard.

## हिसार, हरियाणा में आयुष अस्पताल

**3345. श्री जय प्रकाश:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या सरकार इस बात से अवगत है कि हरियाणा के हिसार संसदीय क्षेत्र में आयुष अस्पतालों और औषधालयों में रोगियों की संख्या, उपचार की गुणवत्ता और उपचार के परिणामों की प्रभावी रूप से निगरानी करने हेतु एक सुदृढ़ तंत्र की आवश्यकता है;

(ख) यदि हाँ, तो विगत तीन वर्षों के दौरान हिसार संसदीय क्षेत्र में आयुष अस्पतालों और औषधालयों में उपचार प्राप्त करने वाले रोगियों की संख्या, उपलब्ध चिकित्सकों की संख्या, उपचारित प्रमुख रोगों तथा उपचार के परिणामों के मूल्यांकन का ब्यौरा क्या है;

(ग) क्या सरकार द्वारा आयुष संस्थानों में रोगियों के डिजिटल पंजीकरण, उपचार के परिणामों की निगरानी, गुणवत्ता मूल्यांकन और नियमित लेखापरीक्षा के लिए कोई प्रणाली लागू की गई है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का हिसार संसदीय निर्वाचन क्षेत्र में आयुष सुविधाओं को सुदृढ़ बनाने के साथ-साथ आयुष सेवाओं की गुणवत्ता, पारदर्शिता और जनविश्वास को बढ़ाने के लिए कोई नई कार्ययोजना लागू करने का विचार है और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय होने के कारण, हरियाणा के हिसार संसदीय

निर्वाचन क्षेत्र में आयुष अस्पतालों और औषधालयों में आने वाले रोगियों की संख्या, उपचार की गुणवत्ता और उपचार के परिणामों की प्रभावी निगरानी करना संबंधित राज्य सरकार के कार्यक्षेत्र में आता है। तथापि, मंत्रालय समुदाय को आयुष स्वास्थ्य परिचर्या सेवाओं की बेहतर पहुंच उपलब्ध कराने के लिए, राष्ट्रीय आयुष मिशन (एनएएम) की केन्द्रीय प्रायोजित योजना के माध्यम से एनएएम दिशा-निर्देशों के प्रावधानों के अनुसार, विभिन्न कार्यकलापों के अंतर्गत वित्तीय सहायता प्रदान करके राज्य सरकार के प्रयासों का समर्थन कर रहा है।

एनएएम के तहत, समुदाय की समग्र स्वास्थ्य देखभाल के लिए आयुष सुविधाओं द्वारा प्रदान की जा रही विभिन्न गतिविधियों/सेवाओं के कार्यान्वयन की प्रगति की समीक्षा करने के लिए हरियाणा सहित विभिन्न राज्यों/संघ राज्य क्षेत्र में केंद्रीय टीम के दौरे के अलावा नीति आयोग द्वारा तृतीय पक्ष समीक्षा और एनएबीएच मूल्यांकन भी किया जाता है।

हाल ही में 29 जून, 2026 से 1 जुलाई, 2026 के दौरान, एनएएम के तहत अवसंरचना के विकास, सेवा संवितरण, मानव संसाधन, डिजिटल एकीकरण, दवाओं की आपूर्ति और शासन तंत्र की प्रगति का आकलन करने के लिए राज्यों/संघ राज्य क्षेत्रों के वरिष्ठ अधिकारियों के साथ एक समीक्षा की गई है। इससे पहले भी ये समीक्षाएं 1 और 2 मई, 2025 को एनएएम कॉन्क्लेव के दौरान और सितंबर, 2025 के महीने में "राज्यों में राष्ट्रीय आयुष मिशन और क्षमता निर्माण" पर विभागीय शिखर सम्मेलन के दौरान आयोजित की गई थीं।

हरियाणा राज्य सरकार द्वारा दी गई सूचना के अनुसार, पिछले तीन वर्षों के दौरान हिसार संसदीय निर्वाचन क्षेत्र के अंतर्गत आयुष अस्पतालों और औषधालयों में उपचार प्राप्त करने वाले रोगियों की संख्या, उपलब्ध डॉक्टरों की संख्या और इलाज की गई प्रमुख बीमारियों का वर्ष-वार ब्यौरा **विवरण** पर दिया गया है।

(ग): आयुष मंत्रालय ने आयुष ग्रिड पहल के अंतर्गत, आयुष सुविधा केन्द्रों में अपनाए जाने के लिए आयुष अस्पताल प्रबंधन सूचना प्रणाली (एएचएमआईएस) विकसित की है। एएचएमआईएस आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के अंतर्गत राष्ट्रीय डिजिटल स्वास्थ्य पारिस्थितिकी तंत्र के अनुरूप है और निगरानी तथा सामुदायिक कल्याण के लिए रोगी

पंजीकरण, मानकीकृत निदान, सेवा संवितरण और डेटा प्रबंधन समर्थित है।

हरियाणा राज्य द्वारा दी गई सूचना के अनुसार, आयुष विंग, सिविल अस्पताल, हिसार में रोगियों का डिजिटल पंजीकरण चल रहा है और अन्य आयुष संस्थानों में रोगी पंजीकरण और उपचार रिकॉर्ड मैनुअल सिस्टम के माध्यम से किए जाते हैं। उपचार का विवरण प्रत्येक गुरुवार को *वृद्ध सेवा पोर्टल* पर अपलोड किया जाता है और ओपीडी डेटा हर महीने अस्पताल प्रबंधन सूचना प्रणाली (एचएमआईएस) पोर्टल पर अपलोड किया जाता है। इसके अलावा, राज्य सरकार द्वारा नियमित लेखा परीक्षा की गई है और उपचार के परिणाम उत्साहजनक हैं।

(घ): जन स्वास्थ्य राज्य का विषय होने के कारण, हिसार संसदीय निर्वाचन क्षेत्र सहित आयुष सुविधाओं को सुदृढ़ करने और आयुष सेवाओं में गुणवत्ता, पारदर्शिता और जनता के विश्वास को बढ़ाने के लिए किसी नई कार्य योजना का कार्यान्वयन हरियाणा राज्य सरकार के कार्यक्षेत्र में आता है।

हरियाणा राज्य सरकार द्वारा दी गई सूचना के अनुसार, हिसार निर्वाचन क्षेत्र में नए आयुर्वेदिक चिकित्सा अधिकारियों की नियुक्ति की गई है और नियमित स्वास्थ्य शिविरों का आयोजन किया जा रहा है। इसके अलावा, राज्य में आयुष में गुणवत्ता पारदर्शिता और जनता के विश्वास को बढ़ाने के लिए *वृद्ध सेवा एवं स्वास्थ्य पोर्टल*, संजीवनी योग कार्यक्रम भी शुरू किए गए हैं।

## विवरण

**पिछले तीन वर्षों के दौरान, हिसार संसदीय निवार्चन क्षेत्र के अंतर्गत आयुष अस्पतालों और औषधालयों में उपचार प्राप्त करने वाले रोगियों की संख्या, उपलब्ध डॉक्टरों की संख्या और इलाज की गई प्रमुख बीमारियों के बारे में वर्ष-वार ब्यौरा**

| क्र.सं. | वर्ष | कुल ओपीडी | डॉक्टरों की उपलब्धता | प्रति वर्ष आम बीमारी |
|---|---|---|---|---|
| 1 | 2023-24 | 429092 | 22 | कसा, उदार रोग, गैस्ट्रिटिस, त्वक विकार, संधिवात |
| 2 | 2024-25 | 409172 | 59 | |

| | | | | |
|---|---|---|---|---|
| 3 | 2025-26 | 591782 | 55 | |

**DEMAND FOR POPSK IN ISLAMPUR**

**3346. SHRI KARTICK CHANDRA PAUL**

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

(a) whether the Government is considering the establishment of a Post Office Passport Seva Kendra (POPSK) in Islampur Sub Division, West Bengal in view of demand from local residents for better accessibility to passport services, if so, the details thereof;

(b) whether any action has been taken regarding the establishment of POPSK in Islampur and if so, the details thereof, along with the future plans to address this demand; and

(c) the number of passports issued by the existing POPSK in Raiganj during the last five years, year-wise?

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

(a) and (b): Opening of Passport Offices (POs), Passport Seva Kendras (PSKs) and Post Office Passport Seva Kendras (POPSKs) is an on-going activity that depends upon factors including scalability of the existing PSK/POPSK, distance from the nearest POs/ PSKs/ POPSKs and the increasing volume of passport applications from a particular region. The Ministry of External Affairs (MEA) has taken several steps to expand and

strengthen the network of PSKs and POPSKs across the country, including in West Bengal. MEA, in association with the Department of Posts (DoP), has opened numerous Seva Kendras at the Head Post Offices (HPOs)/Post Offices (POs) in each Lok Sabha Constituency (LSC) where there is no PSK or POPSK, including in West Bengal. Under this initiative, a POPSK is already operational in Raiganj LSC, of which Islampur sub division is part.

(c): The number of passports issued by the Regional Passport Office, Kolkata *via* POPSK, Raiganj during the last five years is as under:

| **Data on Passports Issued Through POPSK, Raiganj** | |
|---|---|
| **Year** | **Number of Passports Issued** |
| 2021 | 2,688 |
| 2022 | 6,061 |
| 2023 | 6,298 |
| 2024 | 4,510 |
| 2025 | 2,825 |
| 2026 (till 30.06.2026) | 1,738 |

## बिहार में एमबीबीएस सीटों में वृद्धि

**3347. श्री दिनेश चंद्र यादव:**

**श्री कौशलेन्द्र कुमार:**

**श्री रामप्रीत मंडल:**

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

(क) वर्ष 2025-26 के बजट में की गई घोषणा के अनुसार आगामी पाँच वर्षों में 75,000 नई एमबीबीएस सीटें बढ़ाने की योजना के अंतर्गत बिहार में एमबीबीएस सीटों की संख्या बढ़ाने के लिए अब तक क्या कदम उठाए गए हैं तथा देशभर में इसकी वर्तमान स्थिति क्या है;

(ख) बिहार के उन सरकारी और निजी मेडिकल कॉलेजों का ब्यौरा जिनमें एमबीबीएस सीटों की संख्या बढ़ाने की प्रक्रिया चल रही है और प्रत्येक संस्थान में वर्तमान और प्रस्तावित सीटों की संख्या, आवश्यक अनुमोदनों की स्थिति तथा संभावित समय-सीमा क्या है; और

(ग) बिहार में एमबीबीएस सीटों की संख्या को बढ़ाने हेतु स्वीकृत निधियों और किए गए व्यय तथा नए मेडिकल कॉलेजों की प्रगति एवं वर्तमान संस्थानों के उन्नयन, राष्ट्रीय चिकित्सा आयोग से प्राप्त अनुमोदनों सहित उक्त योजना के कार्यान्वयन की वर्तमान स्थिति का जिला-वार ब्यौरा क्या है?

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

(क) से (ग): स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा "मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना" के लिए एक केंद्र प्रायोजित योजना (सीएसएस) चलाई जाती है। इस योजना के अंतर्गत ऐसे अल्प-सेवित क्षेत्रों तथा आकांक्षी जिलों को प्राथमिकता दी जाती है, जहाँ कोई सरकारी अथवा निजी मेजिकल कॉलेज नहीं है। इस योजना के अंतर्गत केंद्र एवं राज्य सरकारों में निधियों की भागीदारी का अनुपात पूर्वोत्तर एवं विशेष श्रेणी के राज्यों के लिए 90:10 तथा अन्य राज्यों के लिए 60:40 निर्धारित है। योजना के अंतर्गत परिकल्पित सभी 157 चिकित्सा कॉलेजों को तीन चरणों में अनुमोदन प्रदान किया जा चुका है, जिनमें बिहार राज्य के 08 मेडिकल कॉलेज भी शामिल हैं। इनके लिए कुल 1,628 करोड़ रुपये की लागत

स्वीकृत की गई है। इसके अतिरिक्त, नए स्नातकोत्तर (पीजी) विषय प्रारंभ करने तथा पीजी सीटों में वृद्धि के उद्देश्य से राज्य सरकार के मेडिकल कॉलेजों के सुदृढ़ीकरण एवं उन्नयन संबंधी केंद्र प्रायोजित योजना (सीएसएस) के अंतर्गत बिहार के 07 सरकारी चिकित्सा कॉलेजों में 314 पीजी सीटों का अनुमोदन किया गया है। इनके लिए कुल 212.42 करोड़ रुपये की लागत स्वीकृत की गई है।

सरकार ने वर्ष 2025-26 से 2028-29 तक प्रति सीट 1.50 करोड़ रुपये की बढ़ी हुई सीमा लागत के साथ 5000 स्नातकोत्तर (पीजी) सीटों की वृद्धि हेतु राज्य सरकार/केंद्र सरकार के मौजूदा चिकित्सा महाविद्यालयों/स्वतंत्र स्नातकोत्तर संस्थानों/सरकारी अस्पतालों के सुदृढ़ीकरण एवं उन्नयन के लिए केंद्रीय प्रायोजित योजना (सीएसएस) के चरण-III तथा 5023 एमबीबीएस सीटों की वृद्धि हेतु मौजूदा सरकारी चिकित्सा महाविद्यालयों के उन्नयन के लिए केंद्रीय प्रायोजित योजना (सीएसएस) के विस्तार को अनुमोदित किया है। इन योजनाओं के कार्यान्वयन के लिए दिशा-निर्देश नवंबर, 2025 में जारी किए गए हैं जिनके तहत बिहार सहित, राज्यों और संघ राज्य क्षेत्र से अनुरोध किया गया है कि समुचित अंतराल विश्लेषण के साथ व्यापक परियोजना रिपोर्ट भेजें। तथापि, अब तक बिहार राज्य से कोई प्रस्ताव प्राप्त नहीं हुआ है।

**PRADHAN MANTRI BHARATIYA JANAUSHADHI PARIYOJANA**

**3348. SHRI ARUN BHARTI:**
**SHRI RAJESH VERMA:**
**SHRIMATI SHAMBHAVI:**

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

(a) the operational progress of the Pradhan Mantri Bharatiya Janaushadhi Pariyojana (PMBJP) during the financial year 2025-2026 in the State of Bihar;

(b) the total number of new Janaushadhi Kendras (JAKs) sanctioned,

opened and currently functioning in the Government hospitals and rural blocks of Bihar during the last one year;

(c) the total sales volume and the estimated out-of-pocket expenditure, savings generated through the purchase of generic medicines in Bihar;

(d) whether the Government has received reports of supply chain disruptions leading to the frequent stock-out of critical chronic disease medicines at the Kendras in the said State; and

(e) the logistical steps being taken by the Government to establish regional central warehouses to ensure the uninterrupted supply of generic drugs 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): The operational progress of the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) in the State of Bihar during the financial year 2025-26 is as under:

- A Total of 410 Jan Aushadhi Kendras (JAKs) have been opened in the State of Bihar in the F.Y. 2025-26 including 3 Kendra in Government Hospitals and 309 Kendra in rural areas.
- Sales amounting to ₹219.18 crore have been recorded in the State of Bihar, resulting in estimated savings of approximately ₹876.72 crore of the citizens during the said period.

- In addition, to ensure the affordable availability of menstrual hygiene products for women, Jan Aushadhi Suvidha Sanitary Napkins are being made available through Jan Aushadhi Kendras at ₹1 per pad. During FY 2025–26, more than 1.17 crore Jan Aushadhi Suvidha Sanitary Napkins have been sold through Jan Aushadhi Kendras in the State of Bihar.

(d): Continuous monitoring of stock availability is undertaken, and timely corrective measures are implemented to minimize stock shortages and ensure the uninterrupted availability of essential medicines across the country, including Bihar.

In order to address any supply gaps and ensure smooth supply and availability of products at JAKs, the following measures are in place:

(i) Since September 2024, stocking by JAKs of 200 commonly used medicines, consisting of the 100 top-selling medicines in the scheme product basket and 100 fast-selling medicines in the market, has been incentivised, under which JAK owners are eligible for monthly incentive based on the stocks that they maintain for these medicines.

(ii) An end-to-end information-technology-enabled supply chain system is in place to connect a robust supply chain system consisting of five warehouses and a growing network of distributors across the country, currently numbering 42.

(iii) In addition, with a view to ensure availability of commonly used products, 400 fast-moving products are monitored regularly by Pharmaceuticals and Medical Devices Bureau of India (PMBI), the

scheme implementing agency, and demand for the same is estimated on a continuous basis. Further, steps have been taken to digitise the estimation method to augment the procurement process.

(e): At present, there is no proposal to establish any regional warehouse in the State of Bihar.

## वन स्टॉप केंद्रों का कार्यान्वयन

**3349. श्री दर्शन सिंह चौधरी:**

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

(क) क्या मंत्रालय द्वारा मिशन शक्ति के अंतर्गत संचालित वन स्टॉप केंद्रों (ओएससी), महिला हेल्पलाइनों और अन्य सहायता सेवाओं के कार्यान्वयन की समीक्षा की गई है, यदि हां, तो पिछले कुछ वर्षों के दौरान होशंगाबाद-नरसिंहपुर संसदीय निर्वाचन क्षेत्र में इन सेवाओं से लाभान्वित महिलाओं की संख्या सहित तत्संबंधी ब्यौरा क्या है;

(ख) क्या मंत्रालय द्वारा महिलाओं और बच्चों के विरुद्ध अपराधों की रोकथाम के उपायों की प्रभावशीलता तथा विभिन्न विभागों के बीच स्थापित समन्वय तंत्र की समीक्षा की गई है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार को ऐसे किसी मामले की जानकारी है जिसमें वन स्टॉप केंद्रों (ओएससी) के माध्यम से समझौता हो जाने के बाद भी महिलाओं को पुनः घरेलू हिंसा/उत्पीड़न का सामना करना पड़ा है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या ऐसे आदतन अपराधियों के विरुद्ध कठोर कानूनी कार्रवाई, विशेष निगरानी, पीड़िता की सुरक्षा तथा पुनरावृत्ति की रोकथाम के लिए कोई विशेष प्रावधान/नीति विद्यमान है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): सरकार देश में महिलाओं की सुरक्षा, संरक्षा, पुनर्वास तथा सशक्तिकरण को सर्वोच्च प्राथमिकता देती है। सरकार ने महिलाओं की शैक्षिक, सामाजिक, आर्थिक तथा राजनीतिक सशक्तिकरण संबंधी आवश्यकताओं का उनके जीवन-चक्र की निरंतरता के आधार पर समाधान करने के लिए बहुआयामी दृष्टिकोण अपनाया है, ताकि वे तीव्र गति एवं सतत राष्ट्रीय विकास में समान भागीदार बन सकें। 'महिला-नेतृत्व वाले विकास' की यह परिकल्पना वर्ष 2047 तक 'विकसित भारत' के लक्ष्य की प्राप्ति के लिए आवश्यक है।

मिशन शक्ति का उद्देश्य महिलाओं की सुरक्षा, संरक्षा तथा सशक्तिकरण के लिए किए जाने वाले कार्यकलापों को सुदृढ़ करना है। मिशन शक्ति के अंतर्गत दो वर्टिकल अर्थात - देशभर में महिलाओं की सुरक्षा एवं संरक्षा के लिए 'संबल' तथा महिलाओं के सशक्तिकरण के लिए 'सामर्थ्य' हैं।

वन स्टॉप सेंटर (ओएससी), मिशन शक्ति के अंतर्गत 'संबल' वर्टिकल का एक घटक है। यह हिंसा से प्रभावित तथा संकटग्रस्त महिलाओं को, निजी एवं सार्वजनिक दोनों स्थानों पर, एक ही छत के नीचे समेकित एवं तत्काल सहायता तथा सहयोग प्रदान करता है। इसके अंतर्गत देशभर की जरूरतमंद महिलाओं को चिकित्सा सहायता, कानूनी सहायता एवं परामर्श, अस्थायी आश्रय, पुलिस सहायता तथा मनोसामाजिक परामर्श जैसी सेवाएं प्रदान की जाती हैं। योजना के प्रारंभ, अर्थात् 1 अप्रैल, 2015 से 30 जून, 2026 तक देशभर में 991 वन स्टॉप सेंटर कार्यशील किए जा चुके हैं तथा इन ओएससी के माध्यम से 15.20 लाख से अधिक महिलाओं को सहायता प्रदान की गई है। वर्तमान में, मध्य प्रदेश राज्य में 63 वन स्टॉप सेंटर कार्यशील हैं, जिनमें होशंगाबाद–नरसिंहपुर संसदीय निर्वाचन क्षेत्र के नर्मदापुरम, नरसिंहपुर तथा रायसेन जिलों में एक-एक ओएससी शामिल हैं। योजना के प्रारंभ से अब तक राज्य में 1.65 लाख से अधिक महिलाओं को सहायता प्रदान की गई है।

महिला हेल्पलाइन (181) भी मिशन शक्ति के अंतर्गत 'संबल' वर्टिकल का एक घटक है। महिला हेल्पलाइन (181) आपातकालीन तथा गैर-आपातकालीन दोनों परिस्थितियों में महिलाओं को सहायता प्रदान करने के लिए 24 घंटे निःशुल्क दूरसंचार सेवाएं उपलब्ध कराती है। योजना के प्रारंभ से 30 जून, 2026 तक देशभर में 1.04 करोड़ से अधिक महिलाओं को सहायता प्रदान की गई है, जिनमें से 3.83 लाख महिलाएं मध्य प्रदेश की हैं।

सहायता सेवाओं तक निर्बाध पहुंच सुनिश्चित करने तथा तालमेल को सुदृढ़ करने के लिए, वन स्टॉप सेंटरों को महिला हेल्पलाइन के साथ एकीकृत किया गया है और अब तक 661 ओएससी का एकीकरण किया जा चुका है। इस एकीकरण के माध्यम से महिलाओं को समयबद्ध तथा समन्वित तरीके से उपयुक्त सेवाओं के लिए रेफर किया जा सकता है। इसके अतिरिक्त, त्वरित आपातकालीन प्रतिक्रिया तथा विभिन्न एजेंसियों के बीच प्रभावी समन्वय सुनिश्चित करने के लिए आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस-112), चाइल्ड हेल्पलाइन (1098) तथा अन्य संबंधित सेवा प्रदायगी तंत्रों के साथ भी महिला हेल्पलाइन का एकीकरण किया गया है। इसके अलावा, दीर्घकालिक संस्थागत सहायता, पुनर्वास तथा सुरक्षित आवास की आवश्यकता वाली महिलाओं को रेफर करने के उद्देश्य से वन स्टॉप सेंटर (ओएससी) को शक्ति सदन के साथ भी एकीकृत किया गया है, जिससे मिशन शक्ति के अंतर्गत देखभाल की निरंतरता सुनिश्चित की जा सके।

मिशन शक्ति एक केंद्र प्रायोजित योजना है तथा इस योजना का कार्यान्वयन राज्य सरकारों एवं संघ राज्य क्षेत्र प्रशासनों द्वारा किया जाता है। देशभर में मिशन शक्ति योजना के सुचारु संचालन के लिए पर्याप्त कार्मिक एवं अवसंरचनात्मक सहायता उपलब्ध कराई जाती है।

इसके अतिरिक्त, कार्यक्रम अनुमोदन बोर्ड (पीएबी) द्वारा वर्ष में एक बार राज्यों तथा संघ राज्य क्षेत्रों के साथ योजना के अंतर्गत संचालित गतिविधियों की प्रगति की निगरानी की जाती है तथा उद्देश्यों की प्राप्ति की स्थिति और महिलाओं एवं बच्चों को सेवाओं के प्रभावी प्रदायगी की समीक्षा की जाती है। इसके अलावा, मंत्रालय के अधिकारी समय-समय पर बैठकों, वीडियो

कॉन्फ्रेंसिंग तथा राज्यों/संघ राज्य क्षेत्रों के क्षेत्रीय दौरों के माध्यम से योजना की निरंतर समीक्षा करते हैं। मंत्रालय ने मिशन शक्ति डैशबोर्ड भी विकसित किया गया है, जो जिला, राज्य तथा राष्ट्रीय स्तर पर मिशन शक्ति के अंतर्गत संचालित योजनाओं के कार्यान्वयन की तत्समय (रियल टाइम) में निगरानी की सुविधा प्रदान करता है।

महिला एवं बाल विकास मंत्रालय किशोर न्याय (बालकों की देखरेख और संरक्षण) अधिनियम, 2015 (जेजे अधिनियम, 2015) के कार्यान्वयन के लिए नोडल मंत्रालय है। यह अधिनियम बच्चों की सुरक्षा, संरक्षा, गरिमा तथा कल्याण सुनिश्चित करने हेतु प्रमुख कानून है और इसका कार्यान्वयन सभी राज्यों तथा संघ राज्य क्षेत्रों द्वारा किया जाता है। इस अधिनियम के अंतर्गत राज्य एवं जिला स्तर पर कानूनी संरचनाओं का गठन किया गया है, जिनमें राज्य बाल संरक्षण सोसायटी, बाल कल्याण समितियां, किशोर न्याय बोर्ड (जेजेबी) तथा जिला बाल संरक्षण इकाइयां शामिल हैं। इस अधिनियम में बाल देखभाल संस्थाओं (सीसीआई) की स्थापना का भी प्रावधान है।

महिला एवं बाल विकास मंत्रालय कठिन परिस्थितियों में रह रहे बच्चों को विभिन्न सेवाएं देने के लिए सभी राज्यों तथा संघ राज्य क्षेत्रों में केंद्र एवं राज्य सरकारों के मध्य पूर्व-निर्धारित लागत-साझेदारी के आधार पर 'मिशन वात्सल्य' नामक एक केंद्र प्रायोजित योजना का कार्यान्वयन कर रहा है। यह योजना संस्थागत देखभाल तथा गैर-संस्थागत देखभाल प्रदान करती है। मिशन वात्सल्य योजना के अंतर्गत स्थापित बाल देखभाल संस्थाएं (सीसीआई) अन्य सुविधाओं के साथ-साथ आयु उपयुक्त शिक्षा, व्यावसायिक प्रशिक्षण तक पहुंच, मनोरंजन, स्वास्थ्य देखभाल तथा परामर्श आदि की सुविधाएं प्रदान करती हैं। गैर-संस्थागत देखभाल सेवा के अंतर्गत प्रायोजन, पालक देखभाल, दत्तक ग्रहण तथा पश्चात् देखरेख सहायता प्रदान की जाती है।

यह योजना कठिन परिस्थितियों में रह रहे बच्चों के लिए चाइल्ड हेल्पलाइन-1098 (24×7×365) के रूप में आपातकालीन संपर्क सेवाएं भी प्रदान करती है, जिसे गृह मंत्रालय की

आपातकालीन प्रतिक्रिया सहायता प्रणाली-112 (ईआरएसएस-112) हेल्पलाइन के साथ जोड़ा गया है।

इस मंत्रालय ने राज्यों तथा संघ राज्य क्षेत्रों के परामर्श एवं समन्वय से एकीकृत मिशन वात्सल्य पोर्टल विकसित किया गया है। लापता/पाए गए बच्चों के लिए ट्रैकचाइल्ड पोर्टल तथा लापता/देखे गए बच्चों के लिए खोया-पाया एप्लीकेशन का इस एकीकृत मिशन वात्सल्य पोर्टल के साथ एकीकरण किया गया है। ट्रैकचाइल्ड पोर्टल का कार्यान्वयन गृह मंत्रालय, रेल मंत्रालय, राज्य सरकारों एवं संघ राज्य क्षेत्र प्रशासनों, बाल कल्याण समितियों, किशोर न्याय बोर्डों, राष्ट्रीय विधिक सेवा प्राधिकरण आदि विभिन्न हितधारकों के सहयोग एवं सहभागिता से किया जाता है। इस संबंध में मानक प्रचालन प्रक्रिया (एसओपी) जारी की गई है। इसके अतिरिक्त, इसका एकीकरण गृह मंत्रालय की अपराध एवं अपराधी ट्रैकिंग नेटवर्क एवं प्रणाली (सीसीटीएनएस) के साथ भी किया गया है, जिससे संबंधित राज्य एवं संघ राज्य क्षेत्र की पुलिस द्वारा लापता बच्चों की एफआईआर का ट्रैकचाइल्ड के डेटाबेस से मिलान करके लापता बच्चों का पता लगाने तथा उनकी पहचान सुनिश्चित करने में आसानी होती है। इसके अलावा, खोया-पाया मॉड्यूल के माध्यम से कोई भी नागरिक किसी लापता अथवा देखे गए बच्चे के संबंध में सूचना दे सकता है।

बच्चों के प्रति अपराधों के संबंध में गृह मंत्रालय ने अनेक कदम उठाए गए हैं। हालिया वर्षों में, दिनांक 1.7.2024 से प्रभावी नए आपराधिक कानूनों के अंतर्गत भारतीय न्याय संहिता, 2023 (बीएनएस) में भी बच्चों के विरुद्ध अपराधों से निपटने के लिए अनेक कानूनी प्रावधान किए गए हैं। बच्चों के प्रति अपराधों के संबंध में गृह मंत्रालय ने समय-समय पर राज्यों/संघ राज्य क्षेत्रों को विभिन्न दिशा-निर्देश भी जारी किए गए हैं। इसके अतिरिक्त व्यक्तियों, रूप से महिलाओं एवं बच्चों के दुर्व्यापार के विरुद्ध कानून प्रवर्तन तंत्र को सुदृढ़ करने के लिए गृह मंत्रालय ने समय-समय पर विभिन्न प्रयास एवं उपाय किए गए हैं। ऐसा ही एक प्रयास के अंतर्गत देशभर में प्रत्येक राज्य एवं संघ राज्य क्षेत्र के प्रत्येक जिले में मानव दुर्व्यापार रोधी इकाई (एएचटीयू) की स्थापना की गई है। सीमा की रक्षा करने वाले बलों अर्थात बीएसएफ, एसएसबी तथा रेलवे

सुरक्षा बल (आरपीएफ) के साथ मिलकर मौजूदा एएचटीयू को मजबूत करने और राज्यों और संघ राज्य क्षेत्रों के सभी जिलों में नए एएचटीयू बनाने का काम किया जा रहा है। एएचटीयू व्यक्तियों के दुर्व्यापार की रोकथाम एवं उससे निपटने के लिए गठित एकीकृत कार्यबल हैं, जिनमें पुलिस, महिला एवं बाल कल्याण विभाग तथा राज्यों के अन्य संबंधित विभागों के प्रशिक्षित एवं संवेदनशील अधिकारियों का समूह शामिल होता है।

बच्चों के प्रति अपराध की रोकथाम के लिए गृह मंत्रालय द्वारा की गई अन्य पहलें निम्नलिखित हैं:

(i) भारत सरकार द्वारा क्राइम मल्टी एजेंसी सेंटर (क्रि-मैक) नामक राष्ट्रीय स्तर का संचार मंच स्थापित किया गया है, जो मानव दुर्व्यापार के मामलों सहित महत्वपूर्ण अपराधों से संबंधित सूचनाओं का देशभर में तत्समय (रियलटाइम) प्रसार करता है तथा पुलिस अधिकारियों के बीच अंतर-राज्यीय समन्वय को सुदृढ़ करता है।

(ii) गृह मंत्रालय की पहल के अंतर्गत, राष्ट्रीय मानव दुर्व्यापार अपराधी डेटाबेस (एनडीएचटीओ) रखा जाता है, ताकि कानून प्रवर्तन एजेंसियां तस्करों के प्रोफाइल की खोज कर सकें, जिसमें अपराध संबंधी पृष्ठभूमि, व्यक्तिगत विवरण आदि उपलब्ध होता है। तस्करों के संबंध में उपलब्ध आंकड़ों की खोज से ऐसे अपराधों की रोकथाम/पता लगाने में सहायता मिलती है।

(iii) अपराध एवं अपराधी ट्रैकिंग नेटवर्क एवं प्रणाली (सीसीटीएनएस): अपराधों एवं अपराधियों से संबंधित सूचनाओं की राष्ट्रीय स्तर पर संग्रहीत एवं साझा करने के लिए राज्यों/संघ राज्य क्षेत्रों की पुलिस को एक समान मंच उपलब्ध कराने के उद्देश्य से गृह मंत्रालय ने वर्ष 2009 में सीसीटीएनएस परियोजना का कार्यान्वयन प्रारंभ किया। सीसीटीएनएस सभी पुलिस थानों तथा उच्चतर पुलिस कार्यालयों को एक साझा डिजिटल मंच से जोड़ता है, ताकि अपराधों एवं अपराधियों से संबंधित सूचनाओं को संगृहीत एवं साझा किया जा सके, जिससे आपराधिक जांच समय पर एवं प्रभावी ढंग से

बहुत सहायता मिलती है तथा अपराध विश्लेषण एवं अनुसंधान के प्रयोजन के लिए इस डेटाबेस के उपयोग में सुगमता रहती है।

(iv) राष्ट्रीय यौन अपराधी डेटाबेस (एनडीएसओ): यह ज्ञात एवं आदतन यौन अपराधियों की पहचान के माध्यम से देशभर में यौन अपराधियों की जांच एवं ट्रैकिंग को सुगम बनाता है, ताकि विशेष रूप से महिलाओं एवं बच्चों के विरुद्ध अपराध एवं हिंसा को कम किया जा सके।

(v) यौन अपराधों के लिए जांच ट्रैकिंग प्रणाली (आईटीएसएसओ): यह 'यौन अपराधों के लिए जांच ट्रैकिंग प्रणाली' नामक एक ऑनलाइन विश्लेषणात्मक उपकरण है, जिसका उपयोग आपराधिक कानूनों के अनुसार, यौन उत्पीड़न के मामलों में समयबद्ध जांच की निगरानी एवं ट्रैकिंग के लिए किया जाता है।

(vi) आपातकालीन प्रतिक्रिया सहायता प्रणाली (ईआरएसएस): इससे एकल आपातकालीन नंबर (112) के माध्यम से संकटग्रस्त स्थान पर फील्ड रिसोर्सेस को कंप्यूटर की सहायता से भेजा जाता है तथा इसे 36 राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित किया गया है। विशेष रूप से महिलाओं के लिए 112 इंडिया मोबाइल ऐप भी प्रारंभ किया गया है, जिसमें संकट की स्थिति में त्वरित प्रतिक्रिया के लिए निकटतम स्वयंसेवकों, पूर्व-पंजीकृत आपातकालीन संपर्क सूत्रों तथा कानून प्रवर्तन एजेंसियों को आपातकालीन संकेत भेजने की सुविधा है।

(vii) साइबर अपराध: सरकार ने साइबर अपराधों से व्यापक एवं समन्वित तरीके से निपटने के लिए कानून प्रवर्तन एजेंसियों को एक रूपरेखा एवं प्रणाली तंत्र उपलब्ध कराने हेतु भारतीय साइबर अपराध समन्वय केंद्र (आई4सी) की स्थापना की है। सरकार ने सभी प्रकार के साइबर अपराधों की सूचना देने के लिए, विशेष रूप से महिलाओं एवं बच्चों के विरुद्ध साइबर अपराधों पर ध्यान केंद्रित करते हुए, राष्ट्रीय साइबर अपराध रिपोर्टिंग पोर्टल (www.cybercrime.gov.in) प्रारंभ किया है। इसके अतिरिक्त, राज्यों/संघ राज्य क्षेत्रों की क्षमता निर्माण के लिए 'महिलाओं एवं बच्चों के

विरुद्ध साइबर अपराध की रोकथाम (सीसीपीडब्ल्यूसी) योजना' के अंतर्गत वित्तीय सहायता भी प्रदान की गई है।

महिला एवं बाल विकास मंत्रालय, राज्य सरकारों तथा संघ राज्य क्षेत्र प्रशासनों के साथ मिलकर लाभार्थियों की बढ़ती मांग, दृश्यता तथा उन्हें समय पर सहायता उपलब्ध कराने के लिए निरंतर कार्य कर रहा है।

## REGULATION AND PATIENT SAFETY IN DENTAL IMPLANTOLOGY

**3350. SHRI PARSHOTTAMBHAI RUPALA:**

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

(a) whether the Government is aware of the absence of a comprehensive national regulatory framework governing dental implants, implant biomaterials, artificial teeth and implantology practices, resulting in potential patient-safety risks, if so, the details thereof;

(b) whether the Government proposes to mandate scientific evaluation of implant devices, including fatigue, biocompatibility, sterility and corrosion testing and establish a National Dental Implant Registry with mandatory device traceability and adverse-event reporting, on the lines of international best practices, if so, the details thereof; and

(c) whether the Government proposes to prescribe mandatory practitioner certification, accreditation of implant centres, standardized informed-consent protocols and ethical advertising norms for dental implant procedures, 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): All Medical Devices including dental implants, implant bio materials, artificial teeth etc., are regulated under the provisions of Drugs and Cosmetics Act 1940 and Medical Devices Rules 2017, regarding quality, safety & performance of the Medical Devices in the country.

Under the said rules, requirements of scientific evaluation of medical devices including implantable medical devices are prescribed and the manufacturer has to perform all the tests applicable as per existing standards for biocompatibility, sterility along with other tests as applicable for its compliance before grant of license. The scope of standards, essential principles for safety & performance and Quality Management System (QMS) are mandatory for ensuring the safety & quality of the medical device throughout the device life cycle. Further, the existing rules are aligned with global regulatory practices followed by stringent regulatory authorities.

As regard to adverse-event reporting mechanism, the Indian Pharmacopoeia Commission (IPC), functions as the National Coordination Centre (NCC) for the Materiovigilance Programme of India (MvPI). The programme collects and analyses suspected adverse event associated with medical devices, including devices used in dentistry to ensure medical device safety.

Further, as part of Quality Management System (QMS) implementation, the manufacturer has to adhere to the requirements of Quality Risk Management for vigilance reporting and all Adverse Events (AE) are monitored by the manufacturer as per their Quality Risk Management protocol. The manufacturer also needs to submit Post Market Surveillance (PMS) report mentioning all Adverse Events to the Licensing Authority, for ensuring Quality, safety & performance of the Medical Device throughout the product life cycle.

(c): As prescribed at present, any registered Dentist may perform dental implant procedures.

## GENDER BUDGETING CELLS

**3351. SUSHRI S JOTHIMANI:**

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

(a) The details of the Ministries/Departments and State/UT Governments that have established Gender Budgeting Cells (GBCs) as mandated;

(b) Whether the Ministry has set clear timelines/milestones for setting up of GBCs in all remaining Ministries/Departments and States/UTs, if so, the details thereof;

(c) Whether the Government has formulated any strategy for systematic collection of gender- disaggregated/intersectional data to strengthen gender-responsive policymaking;

(d) whether the Government proposes to conduct an independent audit of the performance of existing GBCs, including how effectively they have influenced budget decisions and outcomes for women; and

(e) if so, the details of the mechanisms being adopted for data collection, coordination with the Ministries/integration of such data into programme design and budget decisions?

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

(a) to (e): The Charter of Gender Budget Cells was issued by the Department of Expenditure, Ministry of Finance. It lays down guidelines for constitution, composition and functioning of Gender Budget Cells (GBC) in all Ministries/Departments. Gender Budget Cells in Ministries/Departments are set up with the objective of influencing and effecting a change in the policies, programmes in a way that could tackle gender imbalances, promote gender equality and development; and ensure that public resources through Ministry's budget are allocated and managed accordingly.

Gender Budget Cell is envisaged to function as focal unit for coordinating Gender Budgeting initiatives in a Ministry/Department. The Charter indicates that GBC may discharge functions such as, Identification of programme with a view to analyse gender issues addressed by them; Organizing discussions/consultations with all stakeholders for exchanging ideas and getting feedback on the efficacy of sectoral policies and programmes; Conduct performance audit for reviewing the actual physical/

financial targets of the programme etc. As per available information, Gender Budget Cells have been set up in 62 Central Ministries/Departments and 35 State/UTs.

Ministry of Women and Child Development provides capacity building and technical support to central Ministries/ Departments/ States/ UTs to advance their gender budgeting processes. Financial support is also provided by the Ministry to training institutes to conduct training programmes for the government officials on Gender Budgeting. Ministries/ Departments/ UTs utilize their resources for ensuring proper implementation of the Gender Budget provisions either by themselves or through Implementing Agencies. They also monitor the progress, from time to time, for achieving the objectives of their schemes/ programmes. These Ministries/Departments report data in Output-Outcome Monitoring Framework (OOMF), which is an outcome monitoring framework for schemes of Government of India, and also comprise gender related indicators in a few schemes of Ministries/Departments. Progress in gender related indicators is also assessed in national level sample surveys such as National Family Health Survey (NFHS), Periodic Labour Force Survey (PLFS) etc.

Every year Department of Economic Affairs, Ministry of Finance issues Budget Circular, which mandates all Ministries/Departments to report allocations for women and girls in the Gender Budget Statement in a prescribed format. The gender budget allocations, which are compiled as Statement 13 of the Expenditure Profile of Union Budget, are prepared by Ministries/Departments/UTs for their schemes/programmes. An allocation of

Rs. 5.01 lakh crore has been reported for welfare of women and girls in the Gender Budget Statement of Union Budget for FY 2026–27. This is an increase of 11.55% over the GBS allocation of Rs. 4.49 lakh crore in FY 2025–26. In FY 2026-27, a total of 53 central government Ministries/Departments and 5 UTs have reported allocations as against 49 Ministries/Departments and 5 UTs in FY 2025–26.

## PREVALENCE OF STAPHYLOCOCCI BACTERIA

**3352. DR. SAMBIT PATRA:**

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

(a) whether the Government has conducted any study to assess the spread and prevalence of Staphylococci bacteria in the country, if so, the details thereof;

(b) whether the Government proposes to formulate any policy to ensure comprehensive monitoring and reporting of environmental Antimicrobial Resistance (AMR), if so, the details thereof; and

(c) the details of the action plan undertaken or proposed to be undertaken by the Government to contain the spread of environmental antimicrobial resistance 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): Staphylococcus is a commonly found bacteria living harmlessly on skin of healthy human beings. Most of the time *Staphylococcus* does not cause any harm, but it can sometimes cause infections. It can also cause severe and even fatal infections particularly in healthcare settings, in high-risk patients like those on invasive devices or with weakened immune systems. Many *Staphylococcus* bacterial infections can be treated and cured with traditional antibiotics. Some strains of *Staphylococcus* are antibiotic-resistant and need to be treated with newer antibiotics.

The Indian Council of Medical Research (ICMR) has informed that it has conducted hospital-based surveillance through its Antimicrobial Resistance Surveillance and Research Network (AMRSN) across 20 tertiary care hospitals in the country. AMRSN collects and analyses *Staphylococcus aureus* isolates obtained from clinical specimens and publishes annual reports on antimicrobial resistance trends. Key findings are:

- In 2024, *Staphylococcus* species accounted for 13.2% of all bacterial isolates obtained from clinical specimens under the surveillance network.
- The proportion of *Staphylococcus* isolates has declined from 18.7% in 2017 to 13.2% in 2024. Similarly, the proportion of Staphylococcus aureus isolates decreased from 12.5% in 2017 to 8.65% in 2024.
- Based on four years of surveillance across the participating hospitals, *Staphylococcus aureus* (1.1%) infection was identified in 2,533 of 228,126 admitted patients. Of these, 1,190 infections were reported

among ICU patients, corresponding to 1.6% (1,190 of 73,671) of all ICU admissions.

(b) and (c): National Centre for Disease Control (NCDC) has informed that under the National Programme on AMR containment, it has established sentinel surveillance network for surveillance of AMR in 9 priority pathogens causing clinical infections, one of them being *Staphylococcus aureus,* the species responsible for most staphylococcal infections.

The Government has released the National Action Plan on Antimicrobial Resistance (NAP-AMR) 2.0 (2025-2029) for the containment of antimicrobial resistance (AMR). The Plan adopts One Health approach and includes environmental AMR surveillance as one of its strategic priorities to strengthen the monitoring and reporting of antimicrobial resistance across human, animal, food, and environmental sectors.

## VISA FOR RETIRED GOVERNMENT EMPLOYEES

**3353. SHRIMATI MALA ROY**

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

(a) whether the Government of India is aware that the Government of Canada has been holding back visa applications of retired Government employees of India, especially those who served in the Ministry of MEA and were posted in Canada;

(b) if so, whether a list of such cases has been prepared and the matter has been taken up with the Government of Canada; and

(c) whether the Government of India has considered or initiated any reciprocal measures to counter the delayed processing of visa applications by the Government of Canada?

**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, Government is aware of specific instances of delays in the processing of visa applications by the Government of Canada, including those of retired Government of India officials and retired officials of the Ministry of External Affairs who had previously served in Canada.

India and Canada remain engaged on this matter.

## RIVER DEVELOPMENT AND WATERWAY PROJECTS

**3354. SHRI SOUMENDU ADHIKARI:**

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

(a) whether the Government proposes to undertake a wide array of river-focused projects aimed at improving flood management, inland

waterway transportation, regional tourism and irrigation and if so, the details thereof;

(b) whether the Government has undertaken/proposes to undertake projects relating to river-linking, riverfront development, erosion control, desiltation of rivers and development of waterways in West Bengal; and

(c) if so, the details thereof?

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

(a) to (c): As informed by Ministry of Jal Shakti, the Government of India has formulated National Perspective Plan under which 30 Interlinking of Rivers (ILR) projects have been identified. These ILR projects generally help in improving flood management, inland waterway transportation, regional tourism including irrigation, drinking water and industrial water. Details of ILR projects to benefit West Bengal and their status is given below:

| **Sl. No** | **Name** | **States benefited** | **Status** |
|---|---|---|---|
| 1. | Manas-Sankosh-Tista-Ganga (M-S-T-G) link | Assam, West Bengal & Bihar | Feasibility Report (FR) completed |
| 2. | Jogighopa-Tista - Farakka link (Alternative to M-S-T-G) | Assam, West Bengal & Bihar | Pre Feasibility Report completed<br>(The proposal has been dropped) |

| | | | |
|---|---|---|---|
| 3. | Farakka -Sundarbans link | West Bengal | FR completed |
| 4. | Ganga (Farakka) - Damodar-Subarnarekha link | West Bengal, Odisha & Jharkhand | FR completed |
| 5. | Subarnarekha-Mahanadi link | West Bengal & Odisha | FR completed |

Further, the Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping & Waterways has undertaken projects for ensuring seamless navigation, improving multimodal connectivity and facilitating cargo and passenger movement on NWs in West Bengal. The details of projects completed/ undertaken in West Bengal by IWAI are given at **Statement**.

## STATEMENT

**Details of projects completed/ undertaken in West Bengal by IWAI**

**A. Completed Projects**

i.

| S. No. | Name of Project | Details |
|---|---|---|
| 1 | Development of Multimodal Terminal (MMT) at Haldia | Completed in 2023 |
| 2 | Development of New Navigational Lock Gate in Farakka | Completed in 2024 |
| 3 | Fairway Development | Farakka – Kahalgaon (LAD based dredging for 5 years completed) |

| | | |
|---|---|---|
| | | Completed in 2023 |
| 4 | Development of community jetties | Completed at 22 locations |
| 5 | Hydrographic survey (River Ichamati NW-44) | Completed in 2022-23 |
| 6 | Removal of Water Hyacinth from Tentulia to Kalanchi stretch for 23.38 km on Ichamati river in NW-44 | Completed in 2023-24 |
| 7 | Construction &installation of Gangway & pontoon in River Rupnarayan NW-86 | Completed in 2023-24 |
| 8 | Bank protection works in River Rupnarayan NW-86 | 100m length at Kolaghat terminal – Completed in 2022-23 |
| 9 | Procurement & Supply of 2NM LED lights Solar Operated in the river Rupnarayan NW-86 | Completed in 2023-24 |
| 10 | Construction of road from Kolaghat terminal to NH 41 for a length of 3.9 Km (except 01 no RCC culvert) in the river Rupnarayan NW-86 | Completed in 2022-23 |
| 11 | Fairway development, 24 hour navigation, Maintenance of Integrated Office Complex(Customs, Immigration-State police and IWAI) at Hemnagar in IBP route of Sunderban Waterways | Works carried our during the period 2014-15 to 2023-24 |
| 12 | Supply and installation of 04 nos. navigational buoys near Ghoramora island | Completed in 2023-24 |
| 13 | Works in River Ichamati (NW-44) | Night Navigational facilities from Bansjahari-Mallikpur to Bashirhat Bridge - 7.0 km completed. Design and Construction of Single Lane Bridge completed |
| 14 | Installation of 1 Ro-Pax jetty | Installed at Manikchak in 2026 |

## B.Ongoing Projects

| S. No. | Name of Project | Details |
|---|---|---|
| 1 | Development of additional community jetties at 5 locations | Being constructed at 5 locations - Completion by Sep-2026 (Cost: Rs.21.4 cr.) |

| | | |
|---|---|---|
| 2 | Onshore facilities for community jetties | Being constructed for 8 locations - (Cost: Rs.5.6 cr.) |
| 3 | Renovation/ Modernization of existing Navigational Lock at Farakka | Works ongoing - Completion by Q3-2026 (Cost: Rs. 210 cr.) |
| 4 | Fairway Maintenance | Farakka – Kahalgaon: Completion by Q2-2027 (Cost: Rs. 98 cr.)<br>Farakka – Katwa: Completion by Q2-2027 (Cost: Rs.58.5 cr.)<br>Katwa – Tribeni: Completion by Q2-2027 (Cost: Rs.57.8 cr.)<br>MMT-Haldia Access Channel: Completion by Q2-2027 (Cost: Rs.50.6 cr.) |
| 5 | Works in River Ichamati (NW-44) | Dredging by departmental Amphibian dredger– Cost: Rs.3.9 cr. |
| 6 | Works in River Rupnarayan (NW-86) | O&M of navigational lighted posts, snag/ caution marks with retro reflective sticker & project sign board |
| 7 | Development of Intermodal terminal at Balagarh | Ongoing through SMPK (Kolkatta Port) |
| 8. | Rail Connectivity for MMT Haldia | Construction for Phase I ongoing |

**आयुष्मान भारत डिजिटल मिशन (एबीडीएम) और यू-विन प्लेटफॉर्म के लिए बजट आवंटन**

**3355. श्री लालजी वर्मा:**

**श्री नीरज मौर्य:**

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

(क) देश में वित्तीय वर्ष 2025-26 के दौरान आयुष्मान भारत डिजिटल मिशन (एबीडीएम) और यू-विन प्लेटफॉर्म के अंतर्गत आवंटित कुल बजट का ब्यौरा तथा ग्रामीण स्वास्थ्य

केंद्रों की डिजिटल अवसंरचना पर किए गए वास्तविक व्यय का राज्य-वार और उत्तर प्रदेश का जिला-वार ब्यौरा क्या है;

(ख) देश के ग्रामीण क्षेत्रों में बिजली की कटौती और खराब इंटरनेट कनेक्टिविटी के कारण आयुष्मान भारत स्वास्थ्य खाता (एबीएचए) कार्ड बनाने तथा टीकाकरण ट्रैकिंग के लंबित मामलों का उत्तर प्रदेश सहित राज्य-वार प्रतिशत कितना है;

(ग) क्या सरकार ने जटिल पोर्टल प्रक्रियाओं अथवा सर्वर के बंद रहने के कारण पंजीकरण से वंचित गर्भवती महिलाओं और बच्चों को चिन्हित करने तथा उन्हें वैकल्पिक स्वास्थ्य लाभ प्रदान करने के लिए कोई ठोस कदम उठाए हैं और यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) दूरस्थ ग्रामीण क्षेत्रों में रहने वाले स्मार्टफोन और डिजिटल साक्षरता से वंछित गरीब और पिछड़े वर्गों को एकीकृत करने हेतु सरकार द्वारा कार्यान्वित विशेष योजनाओं का ब्यौरा क्या है?

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

(क) से (घ): आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के अंतर्गत राज्यों एवं संघ राज्य क्षेत्रों को एबीडीएम के कार्यान्वयन हेतु तैनात मानव संसाधनों के लिए सहायता, विभिन्न हितधारकों के क्षमता निर्माण तथा सूचना, शिक्षा एवं संचार (आईईसी) कार्यकलापों के संचालन के लिए वित्तीय सहायता प्रदान की जाती है। वित्तीय वर्ष 2025-26 के दौरान एबीडीएम के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार आवंटित बजट तथा किए गए व्यय का ब्यौरा **विवरण** में है।

समावेशन एबीडीएम के प्रमुख सिद्धांतों में से एक है। सरकार ने यह सुनिश्चित करने के लिए विभिन्न कदम उठाए हैं कि इस मिशन का लाभ प्रत्येक नागरिक तक पहुँचे। एबीडीएम में ऐसे क्षेत्रों के लिए सहायोग-आधारित व्यवस्था का प्रावधान किया गया है, जहाँ इंटरनेट

कनेक्टिविटी सीमित हो सकती है। एबीएचए के सृजन हेतु ऑफलाइन सुविधा भी उपलब्ध कराई गई है, जिससे कमजोर इंटरनेट कनेक्टिविटी वाले क्षेत्रों अथवा हार्डवेयर की अनुपलब्धता अथवा दोनों परिस्थितियों में भी सेवाएँ उपलब्ध कराई जा सकें। सरकार द्वारा संदर्भित पीएचआर (व्यक्तिगत स्वास्थ्य रिकॉर्ड) एप्लीकेशन, जैसे कि आरोग्य सेतु, बहुभाषी तथा उपयोगकर्ता-अनुकूल है, जिससे डिजिटल साक्षरता की कमी से उत्पन्न चुनौतियों का समाधान किया जा सके।

यू-विन अवसंरचना का विकास अंतर्राष्ट्रीय सहयोग के सौजन्यपूर्ण समर्थन से किया गया है। यू-विन की प्रमुख विशेषताओं में 'कभी भी' एवं 'कहीं भी' टीकाकरण सेवाओं की सुविधा, आयुष्मान भारत स्वास्थ्य खाता (एबीएचए) तथा बाल एबीएचए का सृजन, स्व-पंजीकरण मॉड्यूल, स्वचालित एसएमएस अलर्ट, क्यूआर-कोड आधारित ई-टीकाकरण प्रमाण-पत्र तथा टीकाकर्मियों द्वारा डेटा प्रविष्टि के लिए ऑफलाइन सुविधा शामिल हैं। ऑफलाइन सुविधा के माध्यम से कमजोर इंटरनेट कनेक्टिविटी वाले क्षेत्रों में लाभार्थियों का पंजीकरण तथा टीकाकरण संबंधी विवरण दर्ज किया जा सकता है। यह सुविधा इंटरनेट सेवा में व्यवधान अथवा विद्युत आपूर्ति बाधित होने की स्थिति में भी निर्बाध रूप से सेवाओं का संचालन सुनिश्चित करती है।

## <u>विवरण</u>

**वित्त वर्ष 2025-26 के दौरान आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के अंतर्गत राज्य/संघ राज्य क्षेत्र-वार आवंटित बजट एवं किए गए व्यय का ब्यौरा**

(करोड़ रुपये में)

| क्र.सं. | राज्य/संघ राज्य क्षेत्र | बजट आवंटन (वित्त वर्ष 2025-26) | वास्तविक व्यय (वित्त वर्ष 2025-26) |
|---|---|---|---|
| 1. | अंडमान और निकोबार द्वीप समूह | 2.18 | 0.49 |
| 2. | आंध्र प्रदेश | 7.90 | 7.90 |

| | | | |
|---|---|---|---|
| 3. | अरुणाचल प्रदेश | 2.19 | 1.34 |
| 4. | असम | 2.50 | 1.22 |
| 5. | बिहार | 8.37 | 8.37 |
| 6. | चंडीगढ़ | 2.19 | 0.58 |
| 7. | छत्तीसगढ़ | 2.88 | 1.95 |
| 8. | दिल्ली | 3.09 | 0.35 |
| 9. | दादरा और नगर हवेली और दमन एवं दीव | 2.18 | 0.28 |
| 10. | गोवा | 2.19 | 1.53 |
| 11. | गुजरात | 4.79 | 2.51 |
| 12. | हरियाणा | 2.67 | 2.42 |
| 13. | हिमाचल प्रदेश | 3.00 | 0.53 |
| 14. | जम्मू और कश्मीर | 3.05 | 0.80 |
| 15. | झारखंड | 4.01 | 2.66 |
| 16. | कर्नाटक | 4.80 | 1.34 |
| 17. | केरल | 2.87 | 1.94 |
| 18. | लद्दाख | 2.18 | 1.12 |
| 19. | लक्षद्वीप | 2.18 | 0.45 |
| 20. | मध्य प्रदेश | 3.68 | 3.68 |
| 21. | महाराष्ट्र | 5.17 | 3.43 |
| 22. | मणिपुर | 2.20 | 1.64 |
| 23. | मेघालय | 2.20 | 2.02 |
| 24. | मिजोरम | 2.19 | 1.41 |
| 25. | नागालैंड | 2.19 | 1.31 |
| 26. | ओडिशा | 4.64 | 0.00 |
| 27. | पुडुचेरी | 2.19 | 1.64 |

| | | | |
|---|---|---|---|
| 28. | पंजाब | 4.75 | 4.75 |
| 29. | राजस्थान | 6.22 | 6.22 |
| 30. | सिक्किम | 2.18 | 0.32 |
| 31. | तमिलनाडु | 4.05 | 2.81 |
| 32. | तेलंगाना | 3.24 | 0.84 |
| 33. | त्रिपुरा | 2.21 | 1.42 |
| 34. | उत्तर प्रदेश | 5.41 | 5.19 |
| 35. | उत्तराखंड | 3.03 | 1.57 |
| 36. | पश्चिम बंगाल | 5.05 | 2.29 |

## PROMOTION OF INTERNATIONAL YOGA DAY

**3356. SUSHRI SAYANI GHOSH:**

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

(a) the funds allocated, released and utilised for the promotion of the International Day of Yoga (IDY) in India and abroad since 2015, year-wise;

(b) the number of countries where International Day of Yoga events were organised during the last five years, indicating the number of events and estimated participants, country-wise and year-wise;

(c) the expenditure incurred by Indian Missions abroad for organising International Yoga Day celebrations during the said period, country-wise and year-wise;

(d) whether the Government has undertaken any assessment of the impact of International Yoga Day on promoting Yoga, Ayurveda, tourism and India's cultural diplomacy and if so, the details thereof;

(e) the details of the initiatives taken by the Government to promote yoga globally through international collaborations, academic institutions, certification programmes and wellness centres; and

(f) the details of the roadmap for further expanding the global outreach of yoga and other traditional Indian systems of wellness?

**THE MINISTER 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 International Day of Yoga (IDY) is observed through various activities undertaken by the Ministry of Ayush, its autonomous organisations and Indian Missions/Posts abroad. The year-wise expenditure incurred by the Ministry of Ayush and Indian Council for Cultural Relations (ICCR) for IDY are as under:

| Year | Expenditure by Ministry of Ayush for IDY (Rs.: in Cr.) | Expenditure by ICCR for IDY abroad (Rs.: in Cr.) |
|---|---|---|
| 2015 | 16.39 | 3.71 |
| 2016 | 18.03 | 4.96 |
| 2017 | 26.42 | 5.07 |
| 2018 | 15.59 | 6.06 |

| | | |
|---|---|---|
| 2019 | 17.55 | 5.38 |
| 2020 | 7.70 | 2.29 |
| 2021 | 2.84 | 5.33 |
| 2022 | 22.87 | 7.68 |
| 2023 | 24.16 | 14.85 |
| 2024 | 16.45 | 15.96 |
| 2025 | 57.38 | 18.13 |

(b) and (c): IDY has been celebrated in various countries with the support of Indian Missions/Posts abroad. The number of countries covered during the last five years, as furnished by ICCR, is as under:

| Year | Number of Countries | Expenditure incurred (Rs.: in Cr.) |
|---|---|---|
| 2021 | 166 | 5.33 |
| 2022 | 172 | 7.68 |
| 2023 | 183 | 14.85 |
| 2024 | 182 | 15.96 |
| 2025 | 163 | 18.13 |

The details regarding number of events organised and estimated participants, country-wise and year-wise, are maintained by the respective Missions/Posts.

(d): No comprehensive assessment specifically evaluating the impact of IDY on promotion of Yoga, Ayurveda, tourism and India's cultural diplomacy has been undertaken.

(e): The Government promotes Yoga globally through international cooperation, academic and research collaborations and development and dissemination of evidence-based Yoga protocols. MDNIY is a WHO Collaborating Centre for Traditional Medicine (Yoga) and undertakes activities for promotion of evidence-based Yoga. The Ministry undertakes collaborative research and facilitates the dissemination of standardized, evidence-based Yoga protocols. It also organizes and supports national-international conferences, seminars, workshops and research methodology training programmes for researchers and healthcare professionals. The Yoga Certification Board (YCB), under the Ministry of Ayush, promotes Yoga globally through its internationally accessible Certification and Accreditation Schemes. Under these schemes, YCB has accredited Yoga Institutions in 08 countries and certified Yoga Professionals from 95 countries. These initiatives support international collaborations and contribute to the promotion of classical Yoga and wellness across the world.

(f): Promotion of Yoga and other traditional Indian systems of wellness is undertaken through existing international cooperation, institutional collaborations, research and dissemination of evidence-based protocols.

## NABARD FUNDED HOSPITAL PROJECT

**3357. SHRI MADDILA GURUMOORTHY:**

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

(a) whether any National Bank for Agriculture and Rural Development (NABARD) funded Area Hospital construction, upgradation or infrastructure development projects have been sanctioned in the Tirupati Parliamentary Constituency, including Area Hospitals at Srikalahasti and Gudur and if so, the present physical and financial progress of each project;

(b) the number of NABARD funded Area Hospital projects that have been completed and those that remain under implementation in Andhra Pradesh, if so, the details thereof along with the reasons for delay, if any district-wise; and

(c) the steps taken by the Government to expedite the completion of pending NABARD- funded Area Hospital projects, including the timeline fixed for completion of the projects in Tirupati Parliamentary Constituency?

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

(a) to (c): As informed by the Government of Andhra Pradesh, the work of “Strengthening of 100 Bedded Area Hospital (AH) at Srikalahasthi” was

sanctioned for Rs. 12 Crore under National Bank for Agriculture and Rural Development (NABARD) and the work was completed & handed over to the user department. In addition, the work of “Strengthening of 100 Bedded AH at Gudur” was sanctioned for Rs. 21 crore under NABARD in Tirupati Parliamentary Constituency.

District-wise details of 46 NABARD funded projects in 44 Hospitals in Andhra Pradesh including Tirupati Parliamentary Constituency, as given by State Government, is enclosed as **Statement**.

## STATEMENT

### District-wise details of NABARD funded Hospital projects in Andhra Pradesh

(Rs. in Crore)

| S.No | District | Name of the Work | Administrative Sanction |
|---|---|---|---|
| 1 | Srikakulam | Upgradation of 50 - 100 bedded Community Health Centre (CHC) at Narasannapeta | 12.60 |
| 2 | | Upgradation of 30 - 100 bedded CHC at Seethampeta | 19.07 |
| 3 | | Strengthening of 100 bedded AH at Rajam | 6.80 |
| 4 | | Providing amenities like C.C Roads, Lift, Compound Wall and extra building in AH Palakonda | 3.00 |
| 5 | Vizianagaram | Upgradation of 30 - 100 bedded CHC at Gajapathinagaram | 17.00 |
| 6 | | Upgradation of 50 - 100 bedded CHC at S-Kota | 12.60 |
| 7 | Parvathipuram Manyam | Upgradation of 30 - 100 bedded CHC at Salur | 17.00 |
| 8 | Anakapalli | Strengthening of 100 bedded AH at Narsipatnam | 8.85 |
| 9 | ASR | Upgradation of 50 - 100 bedded CHC at Rampachodavaram | 12.60 |
| 10 | | Upgradation of 30 - 50 bedded CHC at Chintapalli | 3.00 |
| 11 | | Upgradation of 50 - 100 bedded CHC at Chintapalli | 22.00 |

| | | | |
|---|---|---|---|
| 12 | Visakhapatnam | Upgradation of 50 - 100 bedded CHC at Aganampudi | 16.50 |
| 13 | Kakinada | Strengthening of 100 bedded AH at Tuni | 10.20 |
| 14 | Konaseema | Strengthening of 100 bedded AH at Amalapuram | 5.76 |
| 15 | | Strengthening of 100 bedded AH at Ramachandrapuram | 6.78 |
| 16 | East Godavari | Up-gradation of 30 bedded CHC Hospital to 100 bedded Area Hospital building at Anaparthy | 13.85 |
| 17 | West Godavari | Upgradation of 50 - 100 bedded CHC at Bhimavaram | 10.15 |
| 18 | | Strengthening of 100 bedded AH at Tadepalligudem | 11.22 |
| 19 | | Upgradation of 50 - 100 bedded CHC at Palakol | 12.60 |
| 20 | Eluru | Strengthening of 100 bedded AH at Nuzvid | 21.15 |
| 21 | | Construction of Balance Fourth Floor of Block-B & Block-C at AH at Nuzvid | 4.00 |
| 22 | | Upgradation of 50 - 100 bedded CHC at Jangareddy Gudem | 9.19 |
| 23 | Krishna | Strengthening of 100 bedded AH at Gudivada | 10.28 |
| 24 | NTR | Upgradation of 50 bedded Community Health Center to 100 bedded AH at Nandigama | 26.80 |
| 25 | Bapatla | Upgradation of 100 bedded AH at Bapatla | 3.50 |
| 26 | Palnadu | Upgradation of 50 - 100 bedded CHC at Sattenapalli | 7.00 |
| 27 | | Up-gradation of 200 bedded AH to District Hospital at Narsaraopet | 57.00 |
| 28 | Prakasam | Upgradation of 50 - 100 bedded CHC at Giddaluru | 24.00 |
| 29 | | Upgradation of 30 - 100 bedded CHC at Yerragondapalem | 23.25 |
| 30 | Nellore | Strengthening of 100 bedded AH at Kandukur | 7.78 |
| 31 | | Strengthening of 100 bedded AH at Kavali | 15.00 |
| 32 | Tirupati | Strengthening of 100 bedded AH at Gudur | 21.00 |
| 33 | | Strengthening of 100 Bedded AH at Srikalahsti | 12.00 |
| 34 | Chittoor | Strengthening of 50 bedded CHC at Punganur | 5.50 |
| 35 | | Strengthening of 100 Bedded AH at Palamaneru | 16.00 |
| 36 | Annamayya | Up-gradation of 50 Bedded CHC to 100 Bedded AH at Piler | 24.00 |
| 37 | Satya Sai | Strengthening of 100 bedded AH at Kadiri | 17.85 |
| 38 | | Upgradation of 30-100 bedded CHC at Madakasira | 23.00 |

| | | | |
|---|---|---|---|
| 39 | | Upgradation of 50-100 bedded CHC at Dharmavaram | 12.60 |
| 40 | Ananthapuram | Upgradation of 30-100 bedded CHC at Rayadurgam | 17.00 |
| 41 | | Strengthening of 100 bedded AH at Guntakal | 13.35 |
| 42 | | Upgradation of 50-100 bedded CHC at Tadipatri | 24.00 |
| 43 | Kurnool | Upgradation of 50 - 100 bedded CHC at Yemmiganur | 12.60 |
| 44 | | Strengthening of 100 bedded AH at Adoni | 10.48 |
| 45 | Nandyal | Upgradation of 50 - 100 bedded CHC at Banaganapalli | 22.00 |
| 46 | | Construction of 100 bedded AH at Dhone | 26.00 |

## INITIATIVES FOR PROMOTION OF AYUSH

**3358. SHRI M MALLESH BABU:**

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

(a) the details of the new initiatives launched by the Government to promote the production, quality, research, marketing and global acceptance of Ayurveda, Siddha, Unani, Yoga, Naturopathy, Sowa-Rigpa and Homoeopathy (ASU&H) medicines in the country;

(b) the details of financial assistance, incentives and promotional schemes provided to manufacturers, start-ups and MSMEs engaged in the AYUSH medicine sector during the last three years, scheme-wise and State-wise, including Karnataka;

(c) the steps taken by the Government to strengthen quality control, standardisation, pharmacovigilance and export promotion of AYUSH medicines; and

(d) the measures taken by the Government to increase the availability of, public awareness of, certified AYUSH medicines through hospitals, Ayushman Arogya Mandirs, Jan Aushadhi outlets and digital platforms across the country?

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

(a): The Ministry of Ayush has launched several initiatives to promote the production, quality, research, marketing and Global acceptance of Ayush medicines. The major initiatives include:

1. Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY): Supports quality assurance, standardization, Good Manufacturing Practices (GMP), testing infrastructure, pharmacopoeial standards and capacity building of the Ayush drug sector.
2. AYURGYAN Scheme: Promotes evidence-based research, innovation, clinical studies and higher education in Ayush systems.
3. Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H): Development and publication of pharmacopoeial standards, formularies and quality standards for Ayush drugs.
4. International Cooperation Scheme (IC Scheme): Supports Indian Ayush drug Manufacturers/ Ayush Service providers to boost 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.

5. Ayush Export Promotion Council (Ayushexcil): Facilitates export of Ayush products and services by supporting exporters through International exhibitions, seminars, buyer-seller meets, and capacity building of manufacturers and service providers.

(b): Ministry of Ayush is implementing a Central Sector Scheme, namely, Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY) to support Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards like WHO Good Manufacturing Practices (WHO-GMP) and National Accreditation Board for Testing and Calibration Laboratories (NABL) respectively. The components of scheme are as follows: -

I. Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards.

II. Pharmacovigilance of ASU&H drugs including surveillance of misleading advertisements.

III. Strengthening of Central and State regulatory frameworks including Technical Human Resource & Capacity Building programs for Ayush drugs.

IV. 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 centers.

The details of financial assistance provided to Ayush Pharmacies and Drug Testing Laboratories including MSMEs during the last three years, State-wise including Karnataka is furnished at **Statement**.

(c): Following steps have been taken by the Ministry to strengthen quality control, standardisation, pharmacovigilance and export of Ayush medicines-

1. The Drugs & Cosmetics Act, 1940 and Drugs Rules, 1945 have exclusive regulatory provisions for Ayush 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 and Schedule M-I of the Drugs Rules, 1945 for Ayurvedic, Siddha, Sowa-rigpa, Unani and Homeopathy drugs respectively and to follow the quality standards of drugs as prescribed in the respective pharmacopoeia. Drug Testing Laboratories are approved by the Ministry of Ayush under Rules 160A to 160J of the Drugs Rules, 1945, for carrying out tests relating to the

identity, purity, quality and strength of Ayush drugs. As on date, 118 private Drug Testing Laboratories have been approved by the Ministry across States and Union Territories for conducting such tests in accordance with the provisions of the Drugs Rules, 1945.

2. Drug Inspectors collect medicine samples regularly from manufacturing firms or retail 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 medicines from the market and appropriate legal actions as per Drugs and Cosmetics Act, 1940 and Rules made thereunder. There are 34 Drug Testing Laboratories available in State/UTs for testing of the Legal Samples drawn by the Drug Inspectors of concerned State/UTs.

3. The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), a subordinate organization under Ministry of Ayush, develops pharmacopoeial standards and formulary specifications for Ayush drugs, which serve as the official compendia for determining their identity, purity, and strength. Compliance with these standards is mandatory under the Drugs and Cosmetics Act, 1940 and the Rules made thereunder. PCIM&H also functions as the Appellate Drug Testing Laboratory for Ayush drugs and conducts regular capacity-building programmes for Drug Regulatory Authorities, Drug Analysts, and other stakeholders on standardization, quality control, and testing methodologies to strengthen the quality assurance system for Ayush drugs.

4. The Pharmacovigilance Program for Ayush drugs under AOGUSY scheme functions through a nationwide three-tier network comprising 01 National Pharmacovigilance Co-ordination Centre (NPvCC), 05 Intermediary Pharmacovigilance Centres (IPvCs), and 97 Peripheral Pharmacovigilance Centres (PPvCs) established across the country. These centres are mandated to monitor suspected adverse drug reactions and report the misleading advertisements to the respective State Regulatory Authorities for suitable action against the defaulter(s). Further, through this program various stakeholders across the country are sensitised towards the quality of medicines, posologies and other drug-related issues. To strengthen the pharmacovigilance system for Ayush drugs, Ministry of Ayush has launched an IT enabled online portal “Ayush Suraksha” on 30th May 2025 to capture MLAs/OAs and report suspected Adverse Drug Reactions (ADRs) related to the Ayush medicine.

5. Further, Ministry of Ayush has undertaken the following initiatives to promote quality assurance and certification of Ayush products in order to promote export of Ayush medicines.

i. WHO Certificate of Pharmaceutical Product (WHO-CoPP) to Ayush drugs is issued by Central Drugs Standard Control Organization (CDSCO) after joint inspections of manufacturing units by Drug Inspectors posted in Ayush vertical along with drug inspectors of State/UTs and CDSCO for compliance with WHO Technical Report Series (TRS) guidelines for Herbal Medicines.

ii. Ministry of Ayush has launched Ayush Quality Mark (AQM) initiative through the Ayush Export Promotion Council (AYUSHEXCIL). Under this framework, the Ayush Quality Mark is being granted after scrutiny and verification of valid quality certifications and statutory approvals issued by the competent Government authorities, such as WHO-GMP, Ayush Premium Mark and other recognised certifications, as applicable.

(d): The Ministry of Ayush has taken the following measures to increase the availability of certified Ayush medicines and public awareness across the country;

1. Under centrally sponsored scheme of National Ayush Mission, State/UT Governments are being supported for supply of essentials Ayush medicines for Ayushman Arogya Mandirs (AAMs) and Government Ayush hospitals/dispensaries as per the proposal received in their State Annual Action Plan (SAAP).

2. The Ayush Export Promotion Council (AYUSHEXCIL), notified by Directorate General of Foreign Trade (DGFT), Ministry of Commerce and supported by Ministry of Ayush, has signed Memorandum of Understandings (MoUs) with quick-commerce platform Zepto on January 28, 2026, and the Spice Board of India on May 25, 2026, to promote digital domestic delivery and boosting International exports of Ayush Medicines respectively.

3. Public awareness initiatives through Information, Education and Communication (IEC) campaigns, observance of International Day of Yoga,

Ayurveda Day, Social Media campaign and other outreach programmes like national and international exhibitions, fairs and conferences etc.

## STATEMENT

**Details of financial assistance provided to the manufacturers including start-ups and MSMEs engaged in the AYUSH medicine sector during the last three years, State-wise, including Karnataka, under the component- "Strengthening and up-gradation of Ayush Pharmacies and Drug Testing Laboratories to achieve higher standards" of Ayush Oushadhi Gunvatta Evam Uttpadan Samvardhan Yojana (AOGUSY)**

| S. No. | F.Y. | State | Govt./Pvt./PSU | Particulars | Amount released (in Rs.) |
|---|---|---|---|---|---|
| 1 | 2023-24 | Madhya Pradesh | Pvt. | Shree Baidyanath Ayurved Bhawan Pvt. Ltd, Madhya Pradesh | 9,108,000 |
| 2 | | Kerala | Pvt. | Sitaram Ayurveda Pvt. Ltd, Thrissur, Kerala. | 5,000,000 |
| 3 | | Kerala | Pvt. | Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala | 5,000,000 |
| 4 | | Rajasthan | Pvt. | BJain Pharmaceuticals Private Limited, Alwar, Rajasthan | 5,000,000 |
| 5 | | Assam | PSU | Assam Ayurvedic Products, Guwahati, Assam (PSU) | 4,559,519 |
| 6 | | Jammu & Kashmir | Govt. | Govt. Pharmacy, Jammu & Kashmir | 10,500,000 |
| 7 | | Gujarat | Govt. | State Pharmacy, Rajpipla, Gujarat | 4,420,248 |
| 8 | | Arunachal | Govt. | State Pharmacy, Arunachal Pradesh | 6,702,164 |

| | | | | | |
|---|---|---|---|---|---|
| | | Pradesh | | | |
| | | **Total** | | | **105,153,187** |
| **9** | 2024-25 | Arunachal Pradesh | Govt. | State Pharmacy, Arunachal Pradesh | 7,042,077 |
| **10** | | Kerala | Pvt. | Pankajakasthuri Herbals India Private Limited, Poovachal, Kerala | 4,432,807 |
| **11** | | Tamil Nadu | Govt. | State Govt. Drug Testing Laboratory, Tamil Nadu | 5,100,000 |
| **12** | | Rajasthan | Pvt. | BJain Pharmaceuticals Private Limited, Alwar, Rajasthan | 14,454,189 |
| **13** | | Gujarat | Govt. | State Pharmacy, Rajpipla, Gujarat | 20,000,000 |
| **14** | | Tamil Nadu | PSU | State Govt. Pharmacy, Tamil Nadu Medicinal Plant Farms & Herbal Medicine Corporation Limited (TAMPCOL), Tamil Nadu | 4,500,000 |
| **15** | | Arunachal Pradesh | Govt. | State Pharmacy, Arunachal Pradesh | 3,108,000 |
| | | **Total** | | | **137,620,447** |
| **16** | 2025-26 | Punjab | Pvt. | Shree Dhanwantari Herbals Pvt. Ltd. | 28,500,000 |
| **17** | | Kerala | Pvt. | Sitaram Ayurveda Pvt. Ltd, Thrissur, Kerala. | 25,000,000 |
| **18** | | Arunachal Pradesh | Govt. | State Pharmacy, Arunachal Pradesh | 3,594,164 |
| **19** | | Kerala | PSU | The Pharmaceutical Corporation (IM) Kerala Ltd., Kuttanellur P.O Thrissur | 27,801,008 |
| **20** | | Madhya Pradesh | Govt. | State Govt. Pharmacy, Gwalior | 9,149,799 |
| | | **Total** | | | **167,459,733** |
| | | **Grand Total** | | | **410,233,367** |

## ALLOCATION OF FUNDS TO HEALTH PROGRAMMES

**3359. ADV DEAN KURIAKOSE:**

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

(a) the details of funds allocated and utilised under the various sub programmes such as RMNCH, Communicable Diseases, TB, One Health, NCD's, HIV/AIDS, Health system components under National Health Mission, (NHM) in Kerala during the last five financial years, year-wise;

(b) the details of funds allocated and utilised under the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in Kerala during the said years, year-wise;

(c) the details of funds allocated and utilised under the Ayushman Bharat Digital Mission in Kerala during said years; and

(d) the funds allocated and utilised under the Pradhan Mantri Swasthya Suraksha Yojana in Kerala during the said years?

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

(a) to (d): With the objective of attainment of universal access to equitable, affordable and quality health care services, the Ministry of Health & Family Welfare is implementing National Health Mission (NHM). Government

provides technical and financial support to the States/UTs including Kerala for improvement in health infrastructure, availability of adequate human resources to health facilities, to improve availability and accessibility to quality health care especially for the underserved and marginalized groups.

Public Health & Hospitals, is a State subject, hence, the primary responsibility of providing basic health services to all the citizens lies with the respective State/UT Government including Kerala.

As per DoE OM dated 23.12.2021 all pools and programs have been merged under “Flexible Pool for RCH & Health System Strengthening, National Health Programme and Urban Health Mission” from the FY 2022-23 onwards. Under NHM, funds are released to States/UTs including Kerala under flexible pools on a lump sum basis for the activities approved in State Programme Implementation Programme to provide greater flexibility to States including Kerala to utilize the funds as per their felt need and priorities. The details of SPIP Approval and Expenditure under Flexible Pool for RCH & Health System Strengthening, National Health programme and National Urban Health Mission under NHM from FY 2021-22 to FY 2025-26 for the State of Kerala is as below:

(Rs. in Crores)

| **Financial Year** | **SPIP Approval** | **Expenditure includes States share**<br><br>**(Flexible Pool for RCH & Health System Strengthening, National Health programme and National Urban Health Mission)** |
|---|---|---|

| | | |
|---|---|---|
| 2021-22 | 1,020.77 | 801.36 |
| 2022-23 | 1,791.33 | 1,120.60 |
| 2023-24 | 2,100.70 | 770.75 |
| 2024-25 | 1,527.34 | 930.84 |
| 2025-26 | 1,612.46 | 1,160.48 |

Note:

1. The above data is as per the available Financial Management Reports submitted by State and is provisional.
2. Expenditure includes expenditure against Central Release, State release & unspent balances at the beginning of the year. Expenditure is as per FMRs submitted by States/UTs and is provisional.

The funding of Ayushman Bharat Pradhan Mantri Jan Aarogya Yojana (AB PMJAY) is entirely demand driven. NHA releases funds for scheme implementation to the States/UTs on the basis of utilization certificates for previous releases and demand received from the State/UTs. The details of fund released from the FY 2021-22 to FY 2025-26 to the State of Kerala under the AB PMJAY is as below:

(Rs. in Crores)

| **Financial Year** | **Fund Released** |
|---|---|
| 2021-22 | 138.90 |
| 2022-23 | 151.34 |
| 2023-24 | 155.49 |
| 2024-25 | 153.28 |
| 2025-26 | 173.26 |

ABDM is a Central Sector Scheme, under which States and Union Territories are provided funds for supporting human resources deployed for

ABDM implementation, capacity building of various stakeholders and IEC (Information, Education & Communication).The amount of fund allocated and utilized for ABDM from the FY 2021-22 to FY 2025-26 to the State of Kerala is as below:

(Rs. in Crores)

| Financial Year | Fund Allocated | Utilized |
|---|---|---|
| 2021-22 | 0.55 | 0.00 |
| 2022-23 | 4.81 | 0.78 |
| 2023-24 | 5.25 | 1.72 |
| 2024-25 | 3.35 | 1.55 |
| 2025-26 | 2.87 | 1.95 |

The Pradhan Mantri Swasthya Suraksha Yojna (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. Further, under this scheme no funds have been allocated to the State Government of Kerala.

## FERTILIZERS TRANSPORTATION THROUGH COASTAL SHIPPING

**3360. SHRI RAJESHBHAI NARANBHAI CHUDASAMA:**

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

(a) the quantity of fertilizers transported via coastal shipping over the past five years, port-wise, including in Gujarat;

(b) the number of ports upgraded to facilitate fertilizer coastal shipping and any financial or policy incentives offered to promote small vessel/barge-based last-mile delivery;

(c) whether the Government has assessed the need for a fertilizer-specific port to streamline import, storage and distribution logistics; and

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

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

(a): The details are given in the **Statement**.

(b) to (d): Major Port Authorities have adequate infrastructure to facilitate fertilizer cargo through coastal Shipping. The Government has promoted Coastal Shipping through measures such as providing concessions in vessel and cargo related charges to coastal cargo vessels, introduction of green channel clearance for faster evacuation of coastal cargo, priority berthing policy to reduce turnaround time for coastal vessels, enactment of Coastal Shipping Act 2025 and reducing GST on bunker fuel used by Indian Flag vessel.

## STATEMENT

## THE QUANTITY OF FERTILIZERS TRANSPORTED VIA COASTAL SHIPPING OVER THE PAST FIVE YEAR PORT WISE

**(In Tonnes)**

| Sl. No. | Ports Name | Year-wise | | | | |
|---|---|---|---|---|---|---|
| | | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
| 1. | Deendayal Port Authority (DPA) | 6000 | 0 | 0 | 0 | 0 |
| 2. | Kamarajar Port Limited (KPL) | 0 | 0 | 0 | 0 | 0 |
| 3. | Mormugao Port Authority (MoPA) | 0 | 0 | 0 | 0 | 0 |
| 4. | New Mangalore Port Authority (NMPA) | 0 | 0 | 0 | 0 | 0 |
| 5. | Syama Prasad Mookerjee Port Authority (SMPA) | 0 | 0 | 0 | 0 | 0 |
| 6. | V.O.Chidambaranar Port Authority (VoCPA) | 0 | 0 | 0 | 0 | 0 |
| 7. | Cochin Port Authority (CoPA) | 53493 | 142490 | 158966 | 98613 | 180249 |
| 8. | Chennai Port Authority (ChPA) | 0 | 0 | 0 | 0 | 0 |
| 9. | Mumbai Port Authority (MbPA) | 0 | 0 | 0 | 0 | 0 |
| 10. | Paradip Port Authority (PPA) | 0 | 0 | 0 | 19997 | 0 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 11. | Jawaharlal Nehru Port Authority (JNPA) | 0 | 0 | 0 | 0 | 0 |
| 12. | Visakhaptnam Port Authority (VPA) | 2200 | 0 | 0 | 0 | 0 |

## NATIONAL CENTRE FOR VECTOR BORNE DISEASES CONTROL

**3361: SHRI RAJU BISTA**

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

(a) the total financial and technical assistance provided to West Bengal under the National Centre for Vector Borne Diseases Control (NCVBDC) during the last five years, year-wise;

(b) whether the Government has recorded rise in cases of vector-borne illnesses like dengue, malaria, Japanese Encephalitis and scrub typhus in the rural and tea-garden belts of North Bengal districts, if so, the details thereof; and

(c) the steps taken by the Government to evaluate and strengthen surveillance and vector control infrastructure in this regard?

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

(a) to (c): Public Health is a State Subject and the responsibility for strengthening of healthcare system lies with respective State/Union Territory Governments. However, under National Health Mission (NHM), Ministry of

Health and Family Welfare, Government of India provides financial and technical support to the States/UTs including West Bengal in an integrated manner for control of vector diseases, based on the Programme Implementation Plans (PIPs) submitted by the States/UTs within their overall resource envelope.

Financial assistance provided during the last five years, year-wise is as below:

| Financial Year | 2021-22 | 2022-23 | 2023-24 | 2024-25 | 2025-26 |
|---|---|---|---|---|---|
| Rs in Crores | 12.96 | 13.6 | 14.28 | 35.98 | 31.25 |

The National Center for Vector Borne Diseases Control (NCVBDC) under the Ministry of Health and Family Welfare administers an umbrella programme, namely, National Vector Borne Diseases Control Programme (NVBDCP) for prevention and control of vector borne diseases.

Total number of cases of Dengue, Malaria, Japanese Encephalitis and Scrub typhus reported from North Bengal districts during year 2023,2024 & 2025 is at **Statement.**

The following measures have been undertaken to prevent and control spread of vector borne diseases and to evaluate and strengthen surveillance and vector control infrastructure in the Country including in the rural and tea-garden belts of North Bengal districts:

- Provided Technical Guidelines for case management, prevention and control to the States for implementation.

- Disease Management involving early case detection with active, passive and sentinel surveillance followed by complete and effective treatment, strengthening of referral services, epidemic preparedness and rapid response.
- Integrated Vector Management including Indoor Residual Spraying with insecticide in selected high-risk areas, Long Lasting Insecticidal Nets in high malaria endemic areas, use of larvivorous fish, anti-larval measures, source reduction and fogging for combating outbreaks.
- Inter-Sectoral Convergence including high-level advocacy with allied ministries, Human Resource Development through capacity building and policy development.
- Behaviour Change Communication and dissemination of public health messages through various media platforms including social media, radio, newspapers and electronic media.
- States are trained to enter the data on Integrated Health Information Platform-Vector Borne Diseases (IHIP-VBD) portal for real time monitoring,
- Regular monitoring of disease situation is done through reviews and reports submitted by the States/UTs.
- For surveillance and free diagnosis of Dengue and JE, a network of Sentinel Surveillance Hospitals (SSHs) and Apex Referral laboratories (ARLs) are identified across the country. NCVBDC provides IgM test kits free of cost to all identified laboratories.

- The Government is actively collaborating with State Health Departments and Urban Local Bodies to enhance sanitation, strengthen mosquito control measures, and increase public awareness for the prevention and control of malaria and other vector-borne diseases.
- To tackle malaria outbreaks and prevent further spread, the Government has ensured adequate stocks of diagnostic kits and anti-malarial drugs at all health centers and hospitals across the country.

**STATEMENT**

**Cases reported from North West Bengal districts during year 2023, 2024 & 2025**

| S. No. | Name of the Disease | 2023 | 2024 | 2025 |
|---|---|---|---|---|
| 1 | Dengue | 10247 | 7195 | 3621 |
| 2 | Malaria | 953 | 2215 | 2886 |
| 3 | Japanese Encephalitis | 28 | 11 | 18 |
| 4 | Scrub Typhus | 1300 | 907 | 1251 |

**ASSESSMENT OF SHORTAGE OF MEDICAL PERSONNEL**

**3362. DR. KADIYAM KAVYA:**

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

(a) whether the Government has assessed the shortage of doctors, specialists, nursing officers and paramedical personnel in Central Government-supported healthcare institutions, including Government

Medical College and Mahatma Gandhi Memorial (MGM) Hospital, Warangal;

(b) if so, the details of the sanctioned strength, persons in position and vacancies, categorywise;

(c) the steps taken by the Government during the last three years to fill such vacancies, including recruitment, contractual appointments and other measures; and

(d) whether any proposal has been received from the Government of Telangana seeking additional Central assistance for strengthening human resources in such institutions 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): 'Public Health and Hospital' is a state subject. The primary responsibility of strengthening public healthcare system, including strengthening human resources lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/UTs, including Telangana, 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. Details of the approvals given for upgarading healthcare facilities

in Telangana are available at website of Ministry of Health and Family Welfare at the Uniform Resources Locator (URL) as under:

https://nhm.gov.in/index4.php?lang=1&level=0&linkid=60&lid=73

The details of doctors, specialists, nursing officers and paramedical personnel in Central Government and sanctioned strength, persons in position and vacancies can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

Under NHM, following types of incentives and honorarium are provided for encouraging doctors, specialists and nursing staff to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area allowances 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.

**TELE-LAW CONSULTATIONS AND NYAYA BANDHU REGISTRATIONS**

**3363. SHRI BASTIPATI NAGARAJU:**

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

(a) the details of Tele-Law consultations, Nyaya Bandhu registrations and the number of beneficiaries who received legal advice or pro bono legal assistance in Andhra Pradesh during the last three years, district-wise;

(b) the details of Tele-Law and Nyaya Bandhu infrastructure in Andhra Pradesh, district-wise;

(c) the details of legal literacy, awareness and outreach programmes conducted under Tele-Law and Nyaya Bandhu in Andhra Pradesh during the last three years, indicating the number of beneficiaries covered, district-wise;

(d) the details of legal issues handled under Tele-Law and Nyaya Bandhu in Andhra Pradesh, along with the number of cases resolved, pending and referred to other authorities, district-wise and category-wise; and

(e) the steps taken to strengthen the reach and utilisation of Tele-Law and Nyaya Bandhu services in Andhra Pradesh?

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

(a) to (e): The Designing Innovative Solutions for Holistic Access to Justice (DISHA) Scheme has been continued as DISHA 2.0 as a Central Sector Scheme for the period of 2026-2031 for pan India implementation, including Andhra Pradesh. Under the Tele-Law Programme, a total of 3,00,096 free pre-litigation legal advice has been given through a network of 13,361 Common Service Centres (CSCs) in the State of Andhra Pradesh during the last three years. The district-wise and category-wise details of legal issues handled under the Programme are placed at **Statement-I** and **Statement-II,** respectively. Under the Tele-Law Programme, a total of 2,822 awareness

camps were organised during last three years covering 72,942 beneficiaries in the State of Andhra Pradesh.

Under Nyaya Bandhu (Pro-Bono Legal Services) Programme, advocates voluntarily provide legal assistance to marginalized and disadvantaged sections of society covered under Section 12 of the Legal Services Authorities (LSA) Act, 1987, through the Nyaya Bandhu Application (available iOS/Android/UMANG Platform) and Nyaya Bandhu web portal. During the last three years, 136 advocates from the Bar Council of Andhra Pradesh, including 3 advocates under the Pro-Bono Panel of High Court of Andhra Pradesh have registered under Nyaya Bandhu (Pro-Bono Legal Services) Programme. District wise case registration details by beneficiaries under Nyaya Bandhu Programme is placed at **Statement- III.** The Pro-Bono Clubs Scheme under Nyaya Bandhu Programme has been implemented in 3 Law Schools in Andhra Pradesh, namely, Damodaram Sanjivayya National Law University, Vishakhapatnam, Vignan Institute of Law, Guntur and K.L.E.F. College of Law, Guntur. The information pertaining to the cases resolved, pending in courts and referred to other authorities and district wise information of Pro-Bono Advocates is not maintained.

The steps taken to strengthen the reach and utilisation of the Tele Law Programme and Nyaya Bandhu Programme across the country includes introduction of Nyaya Setu AI Chatbot, which is available in 22 Indian languages, dissemination of legal awareness and outreach through Pro Bono Clubs, Doordarshan, All India Radio, and National thematic webinars.

## STATEMENT-I

**District-wise details of Call Registered (CR) and Advice Given (AG) in Andhra Pradesh during the last three years.**

| Sr. No. | Districts | No. of CSCs | 2023-24 | | 2024-25 | | 2025-26 | |
|---|---|---|---|---|---|---|---|---|
| | | | CR | AG | CR | AG | CR | AG |
| 1 | Alluri Sitharama Raju | 430 | 6,989 | 6,943 | 9,984 | 9,882 | 266 | 249 |
| 2 | Anakapalli | 646 | 7,052 | 7,052 | 5,215 | 5,209 | 176 | 148 |
| 3 | Anantapur | 577 | 13,548 | 13,599 | 6,531 | 6,439 | 263 | 244 |
| 4 | Annamayya | 501 | 2,086 | 2,057 | 1,283 | 1,282 | 113 | 109 |
| 5 | Bapatla | 461 | 1,514 | 1,506 | 2,323 | 2,314 | 115 | 109 |
| 6 | Chittoor | 724 | 22,666 | 22,505 | 15,334 | 15,255 | 1,000 | 960 |
| 7 | East Godavari | 300 | 7,015 | 6,995 | 6,925 | 6,899 | 847 | 829 |
| 8 | Eluru | 572 | 219 | 219 | 653 | 653 | 4 | 4 |
| 9 | Guntur | 258 | 21,321 | 21,578 | 7,197 | 7,119 | 368 | 367 |
| 10 | Kakinada | 385 | 294 | 294 | 2,529 | 2,493 | 228 | 206 |
| 11 | Konaseema | 385 | 108 | 108 | 1,323 | 1,312 | 92 | 92 |
| 12 | Krishna | 491 | 7,458 | 7,449 | 4,742 | 4,743 | 374 | 358 |
| 13 | Kurnool | 484 | 26,996 | 27,037 | 10,865 | 10,822 | 738 | 691 |
| 14 | Nandyal | 489 | 235 | 236 | 2,080 | 2,073 | 43 | 42 |
| 15 | NTR | 288 | 917 | 912 | 5,762 | 5,729 | 460 | 436 |
| 16 | Palnadu | 527 | 692 | 694 | 4,320 | 4,283 | 314 | 313 |
| 17 | Parvathipuram Manyam | 452 | 383 | 382 | 1,253 | 1,253 | 80 | 77 |
| 18 | Prakasam | 730 | 7,874 | 7,860 | 9,742 | 9,700 | 238 | 227 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 19 | Spsr Nellore | 722 | 3,757 | 3,724 | 5,720 | 5,725 | 207 | 183 |
| 20 | Sri Sathya Sai | 467 | 442 | 434 | 2,050 | 2,046 | 110 | 106 |
| 21 | Srikakulam | 917 | 6,824 | 6,848 | 4,699 | 4,665 | 127 | 124 |
| 22 | Tirupati | 774 | 255 | 256 | 9,844 | 9,791 | 774 | 671 |
| 23 | Visakhapatnam | 79 | 5,150 | 5,115 | 382 | 461 | 8 | 6 |
| 24 | Vizianagaram | 777 | 10,497 | 10,491 | 7,250 | 7,274 | 718 | 653 |
| 25 | West Godavari | 367 | 2,698 | 2,701 | 3,556 | 3,532 | 356 | 351 |
| 26 | Y.S.R. | 556 | 3,866 | 3,902 | 687 | 687 | 3 | 3 |
| 27 | Markapuram | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | Polavaram | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | | **13,361** | **1,60,856** | **1,60,897** | **1,32,249** | **1,31,641** | **8,022** | **7,558** |

## STATEMENT-II

**Category-wise legal issues handled-Call registered (CR) and Advice Given (AG), under the Tele-Law Programme in Andhra Pradesh during the last three years**

| Sr. No. | Case Category | FY 2023-24 | | FY 2024-25 | | FY 2025-26 | |
|---|---|---|---|---|---|---|---|
| | | CR | AG | CR | AG | CR | AG |
| 1 | Accident Claims | 4,562 | 4,525 | 15,776 | 15,605 | 1,108 | 1,019 |
| 2 | Alternative Dispute Redressal | 3,557 | 3,506 | 8,138 | 8,119 | 822 | 788 |
| 3 | Banking Matters | 2,664 | 2,643 | 7,805 | 7,722 | 384 | 374 |
| 4 | Children related matters | 9,837 | 9,925 | 3,670 | 3,580 | 145 | 138 |
| 5 | Constitutional and Violation of Human rights Matters | 1,978 | 1,980 | 501 | 506 | 65 | 58 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6 | Consumer Matters | 7,087 | 7,017 | 16,826 | 16,707 | 1,361 | 1,271 |
| 7 | Corporate Matters | 200 | 194 | 436 | 436 | 59 | 51 |
| 8 | Criminal Procedures and offences | 3,182 | 3,189 | 1,604 | 1,599 | 75 | 68 |
| 9 | Deeds and Documentation | 192 | 187 | 1,118 | 1,113 | 202 | 194 |
| 10 | Environmental Laws and Animal Protection Laws | 389 | 383 | 1,134 | 1,122 | 61 | 60 |
| 11 | Family and Matrimonial Disputes | 18,745 | 18,912 | 8,783 | 8,726 | 524 | 502 |
| 12 | Government Schemes and Services and Document Updation | 25,469 | 25,258 | - | - | - | - |
| 13 | International Law related matters | 145 | 140 | 381 | 376 | 34 | 30 |
| 14 | Labour Laws and Service matters | 5,433 | 5,498 | 2,779 | 2,782 | 138 | 127 |
| 15 | Miscellaneous | 42,302 | 42,381 | 30,411 | 30,520 | 266 | 258 |
| 16 | Property Disputes | 23,225 | 23,292 | 15,381 | 15,368 | 1,390 | 1,289 |
| 17 | Protection for Women Laws | 5,326 | 5,357 | 1,407 | 1,398 | 242 | 234 |
| 18 | Revenue Matters | 5,139 | 5,097 | 11,466 | 11,381 | 595 | 558 |
| 19 | Senior Citizens related matters | 1,187 | 1,184 | 3,529 | 3,484 | 343 | 333 |
| 20 | Taxation Laws | 237 | 229 | 1,104 | 1,097 | 208 | 206 |
| | **Total** | **1,60,856** | **1,60,897** | **1,32,249** | **1,31,641** | **8,022** | **7,558** |

## STATEMENT-III

## District-wise details of case registration by beneficiaries under Nyaya Bandhu Programme during last three years

| **Sr. No.** | **District** | **Number of cases registered by beneficiaries under Nyaya Bandhu Scheme** *(from April, 2023 to March, 2026)* |
|---|---|---|
| 1 | Guntur | 33 |

| | | |
|---|---|---|
| 2 | Krishna | 16 |
| 3 | East Godavari | 14 |
| 4 | Chittoor | 14 |
| 5 | Anantapur | 10 |
| 6 | Kurnool | 10 |
| 7 | Srikakulam | 9 |
| 8 | Visakhapatnam | 9 |
| 9 | Prakasam | 4 |
| 10 | Nellore | 2 |
| | **Total** | **121** |

*Source: Nyaya Bandhu Dashboard (https://probono-doj.in/home/index)*

## पत्तनों पर राष्ट्रीय हरित हाइड्रोजन मिशन

**3364. श्रीमती कमलेश जांगड़े :**

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

(क) क्या राष्ट्रीय हरित हाइड्रोजन मिशन के अंतर्गत ग्रीन हाइड्रोजन हब के रूप में विकसित करने के लिए देश में किन्हीं प्रमुख पत्तनों की पहचान की गई है अथवा अनुमोदित किया गया है;

(ख) यदि हां, तो ऐसे पत्तनों का नाम क्या हैं और उनके चयन के लिए किन कारकों पर विचार किया गया है; और

(ग) क्या सरकार ने इन पत्तनों पर हाइड्रोजन से संबंधित अवसंरचना और परियोजनाओं के कार्यान्वयन के लिए कोई दिशानिर्देश या ढांचा जारी किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): राष्ट्रीय हरित हाइड्रोजन मिशन (एनजीएचएम) के तहत, नवीन और नवीकरणीय ऊर्जा मंत्रालय (एमएनआरई) ने निम्नलिखित महापत्तनों की हरित हाइड्रोजन हब के रूप में पहचान की हैं:-

I. दीनदयाल पत्तन (कांडला, गुजरात)

II. वी. ओ. चिदंबरनार पत्तन (तूतीकोरिन, तमिलनाडु) और

III. पारादीप पत्तन (ओडिसा)

नवीन और नवीकरणीय ऊर्जा मंत्रालय ने 27 जून 2025 के का. ज्ञा. संख्या. 353/12/2025-एनटी के माध्यम से राष्ट्रीय हरित हाइड्रोजन मिशन (एनजीएचएम) के तहत "भारत में हाइड्रोजन घाटी नवाचार क्लस्टर (एचवीआईसी) और हरित हाइड्रोजन हब की स्थापना के लिए संशोधित योजना दिशानिर्देश" जारी किए हैं। इन संशोधित योजना दिशानिर्देशो के अनुबंध-3 में हरित हाइड्रोजन केंद्र **(विवरण)** की मान्यता की प्रक्रिया संबंधी प्रावधान है।

## विवरण

# संशोधित योजना दिशानिर्देशो के अनुबंध-3 में हरित हाइड्रोजन केंद्र (विवरण) की मान्यता की प्रक्रिया संबंधी प्रावधान

F No. 353/12/2025-NT
Government of India
Ministry of New and Renewable Energy

(Hydrogen Division)

Atal Akshay Urja Bhawan, Lodhi Road, New Delhi 110003 Date: 27th June 2025

To

The Pay & Accounts Officer,
Ministry of New and Renewable Energy,
New Delhi- 110003

Subject: Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)

Sir/Madam,

I am directed to convey the sanction of the President of India for the implementation of the 'Revised Scheme for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)'.

2. Objectives:

Objectives of the Scheme are as follows:

### Component A: HVIC

i. The HVICs will be strategically established in distinct regions across the country, showcasing the diverse applications of GH2 in various sectors.

ii. Serving as test beds for innovative GH2 technologies, these clusters will also function as living labs, enabling experiential learning and insights from smallscale hydrogen implementations.

iii. HVIC would foster business innovation, new business models, and technoeconomic viability through strategic linkages that connect hydrogen producers to off-takers.

iv. It will be the responsibility of each HVIC to identify and arrange for necessary land and build-up space for the setting up of the HVIC at identified locations. There is no provision of funding towards the cost of acquisition of land for setting up HVIC.

V. In order to maintain a balance between demand and supply, HVICs are designed to create the requisite demand for the uptake of GH2 or its derivatives by developing the capability to localize and integrate the hydrogen value chain,

securing commitments from end-users for GH2 applications, and implementing a comprehensive plan for sustainability beyond NGHM funding.

vi. Outcomes of HVIC will enable in the development of future robust policy and regulatory frameworks essential for supporting and accelerating the implementation of various other components of the NGHM including the Hydrogen Hub for accelerating the GH2 ecosystem.

vii. Green Hydrogen (GH2) production will adhere to thestandards as defined by the Government of India (GoI).

## Component B: Green Hydrogen Hubs

i. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.

ii. Hydrogen hub might be located inland or near ports to enable exports of GH2 and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other end use industries in close vicinity.

iii. The Hydrogen hub should have a planned/announced capacity of at least 1 ,00,000 Metric Tonnes Per Annum (MTPA). Higher production capacity will get priority. iv. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilization will be encouraged.

v. The infrastructure, projects, and key resources will be mapped under the PM Gati Shakti portal to ensure optimal and coordinated development.

3. Implementation Methodology: The Scheme will be implemented as per the detailed Guidelines given at Annexure.

4. The expenditure on this scheme will be met from the budget provisions made under the National Green Hydrogen Mission Head.

5. DST shall nominate a Scheme Implementing Agency (SIA) for implementation of the HVIC scheme. The Ministry of New & Renewable Energy (MNRE) and its nominated Scheme Implementing Agency (SIA) will be the Implementing Agency for Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM).

6. The "Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)" will supersede the 'Scheme Guidelines for setting up Hydrogen Hubs in India under the National Green Hydrogen Mission (NGHM)', issued by MNRE on 15th March 2024 (vide F No 353/7/2024-NT).

7. This issues in exercise of the powers conferred on this Ministry and with the concurrence of IFD vide their Diary. No. 124 dated 26/06/2025.

8. This has the approval of Hon ble Minister of New and Renewable Energy.

Yours Sincerely,

(Prasad Chaphekar)

Deputy Secretary

Enclosed: Annexure

Copy to:

1 . All Central Government Ministries and Departments
2 All Members of the Empowered Group under the Mission
3 All Members of the Advisory Group under the Mission
4 CEO, NITI Aayog, Sansad Marg, New Delhi
5 State Nodal Agencies (SNAs) of all States/UTs
6 Major Public Sector Enterprises operating in Renewable Energy/Power Sector
7 Principal Director of Audit, Scientific Audit-II, DGCAR, I.P. Estate, Delhi- 1 10002
8 Director General (Local Bodies), Office of the Comptroller & Auditor General, Deen Dayal Upadhyay Marg, New Delhi
9 Solar Energy Corporation of India (SECI), 6th floor, Plate-B, NBCC office, Block tower-2, East Kidwai Nagar, New Delhi. 110023
10 Indian Renewable Energy Development Agency Limited (IREDA), 3rd floor, August Kranti Bhavan, Bhikaji Cama place, New Delhi-1 10066

Internal distribution

1 . PS to Hon'ble Minister of New and Renewable Energy and Consumer Affairs, Food and Public Distribution
2. PS to Hon'ble Minister of State of New and Renewable Energy and Power
3. PSO to Secretary, MNRE
4. All Joint Secretaries/Advisors/Group heads, MNRE
5. All Scientist-F/Scientist-E/Director, MNRE

6. All Scientist -D/Deputy Secretaries, MNRE
7. All Scientists-C/Under Secretaries, MNRE
8. All Scientist-B. MNRE
9. NIC, MNRE for uploading on the MNRE website
10. CA, MNRE for cash Section
11. Hindi Section of Hindi Version
12. Sanction Folder

(Prasad Chaphekar) Deputy Secretary

Annexure

Ministry of New and Renewable Energy

Government of India

## Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)

**Introduction**

1 .1 The National Green Hydrogen Mission (NGHM), hereafter mentioned as the 'Mission', was launched on 4th January 2023 having an outlay of Rs. 19,744 Crore with an aim to make India a Global Hub for production, usage, and export of Green Hydrogen (GH2) and its derivatives. It will contribute to India's goal to become Aatmanirbhar (self-reliant) through clean energy and serve as an inspiration for the global Clean Energy Transition. The Mission will lead to significant decarbonisation of the economy, reduced dependence on fossil fuel imports, and enable India to assume technology and market leadership in Green Hydrogen.

1 .2 Mission Innovation (MI) 2.0 is a global platform dedicated to driving a decade of action and investment in research, development, and demonstration to make clean energy affordable, attractive, and accessible to all, Department of Science and Technology (DST) serves as the nodal agency in India. Under MI 2.0, the Clean Hydrogen Mission—co-led by Australia, Chile, the European

Union, the United Kingdom, and the United States, with India (DST) as a core coalition member— aims to reduce the cost of clean hydrogen to USD 2 per kilogram by 2030. Additionally, MI 2.0 seeks to establish 100 hydrogen valleys worldwide by 2030.

**Background**

Hydrogen Valley Innovation Cluster (HVIC)

2.1 The Hydrogen Valley Innovation Cluster (HVIC) is a first-of-its-kind concept in India, conceptualized by the DST to demonstrate a complete GH2 value chain— encompassing production, storage, and transportation. As part of this initiative, HVIC will be implemented at the pilot level on a small scale. By deploying this approach across multiple pilot projects at distinctive geographical locations in India and for varying utilization, HVIC aims to validate its potential as a viable and scalable energy solution for various industrial applications.



2.2 The outcomes of this initiative are expected to provide valuable insights for establishing large-capacity Hydrogen Hubs in India. DST has developed HVIC initiative through extensive consultations with key stakeholders, including Government Ministries, departments, academicians, researchers, industry leaders, and start-ups. This initiative aligns with the objectives of MI and is also in line with the goals of the NGHM.

2.3. HVICs will function as living lab for innovating hydrogen supply chain from production to transport, storage and consumption. These will provide learnings for scale up to large size hubs of Green Hydrogen and its derivatives.

Green Hydrogen Hubs

2.4 As per the Mission document, the Mission will identify and develop regions capable of supporting large scale production and/or utilization of Hydrogen as Green Hydrogen Hubs. Along with other initiatives, the Mission envisages establishment and development of large-scale Hydrogen Hubs which will act

as a foundation for development of Hydrogen eco-system and will act as backbone of the decarbonisation efforts in the country. Given the technical and logistical challenges inherent in transporting hydrogen over long distances, a cluster-based production and utilization model would enhance the viability of Green Hydrogen projects in the initial years. This would, in turn, enable economies of scale and convergence of key infrastructure requirements in geographically proximate areas.

2.5 In line of the above, Ministry of New and Renewable Energy (MNRE) had issued Scheme Guidelines for setting up Hydrogen Hubs in India under NGHM, vide 0M no 353/7/2024-NT dated 15.03.2024. Under the scheme guidelines, it is planned to set up at least two such Green Hydrogen Hubs with a budgetary outlay of Rs 200 Cr by FY 25-26.

Revised Proposal

2.6 Given that the activities of HVIC are designed with the objective of providing valuable inputs for the establishment of large-capacity Hydrogen Hubs, it is proposed to initially implement HVIC projects at select potential locations on a pilot basis. This implementation will be supported through NGHM budget, with suitable amendments to the existing Hydrogen Hub scheme.

2.7 Consequent to the deliberations by the Empowered Group on 28th March 2025, it was decided to include the four recommended HVICs as part of the Hydrogen Hub activity component under the NGHM. These 'Revised Scheme Guidelines for setting up Hydrogen Valley Innovation Cluster (HVIC) and Green Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)' will supersede the 'Scheme Guidelines for setting up Hydrogen Hubs in India under National Green Hydrogen Mission (NGHM)', issued by MNRE on 15th March 2024 vide F No 353/7/2024-NT.

2.8 Accordingly, the revised scheme guidelines for setting up HVIC and Green Hydrogen hubs in India under NGHM, are categorised as follows:

A) Component A: Hydrogen Valley Innovation Cluster (HVIC)

This component deals with the inclusion of four recommended HVICs pilots as part of the Hydrogen Hub activity under NGHM, with an allocation of Rs 172.00 Cr. This component will be monitored and supervised by DST, which will designate an autonomous institute to function as the SIA.

B) Component B: Green Hydrogen Hubs. This component has two parts: Component BI: Preparation of Detailed Project Reports (DPRs): Support for preparation of DPRs for Green Hydrogen Hubs, with an allocation of Rs 28 Cr. Preparation of DPRs for Green Hydrogen hubs to be set up in each state shall be supported with a cap of Rs 3 Cr per DPR. Preferably one DPR will be supported for each state.

Component B2: Recognition of potential Green Hydrogen Hubs: MNRE may also recognize other potential locations as Green Hydrogen Hubs without any financial support so that they become eligible for other benefits/advantages, facilitated by Central/State Governments. Procedure for seeking recognition of Green Hydrogen Hubs is included in Annexure 3.

**Salient features of the revised scheme**

3.1 Component A: HVIC

3.1.1 The HVICs will be strategically established in distinct regions across the country, showcasing the diverse applications of GH2 in various sectors.

3.1.2 Serving as test beds for innovative GH2 technologies, these clusters will also function as living labs, enabling experiential learning and insights from smallscale hydrogen implementations.

3.1.3 HVIC would foster business innovation, new business models, and technoeconomic viability through strategic linkages that connect hydrogen producers to off-takers.

3.1.4 It will be the responsibility of each HVIC to identify and arrange for necessary land and build-up space for the setting up of the HVIC at identified locations. There is no provision of funding towards the cost of acquisition of land for setting up HVIC.

3.1.5 In order to maintain a balance between demand and supply, HVICs are designed to create the requisite demand for the uptake of GH2 or its derivatives

by developing the capability to localize and integrate the hydrogen value chain, securing commitments from end-users for GH2 applications, and implementing a comprehensive plan for sustainability beyond NGHM funding.

3.1.6 Outcomes of HVIC will enable in the development of future robust policy and regulatory frameworks essential for supporting and accelerating the implementation of various other components of the NGHM including the Hydrogen Hub for accelerating the GH2 ecosystem.

3.1.7 Green Hydrogen (GH2) production will adhere to the standards as defined by the Government of India (GoI).

3.2 Component B: Green Hydrogen Hubs

3.2.1 Hydrogen Hubs will help in boosting hydrogen production, to match domestic as well as export demands, and to achieve large-scale, commercially viable hydrogen ecosystems. This will accelerate the deployment of Green Hydrogen technologies, attract greater investments from the private sector, and promote production and usage of hydrogen to decarbonize the economy. A network of Green Hydrogen producers, users, and supporting infrastructure is a key feature of the Hydrogen Hub.

3.2.2 It is envisaged that the Hydrogen hubs will have pooling of resources from Government of India, State Governments, Local Government, and the industry, to help the development of the Hydrogen ecosystem in a coordinated manner.

Hydrogen hubs will lead to the creation of sufficient job opportunities.

3.2.3 Salient features of the Hydrogen Hubs are as follows:

I. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with

sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.

II. Hydrogen hub might be located inland or near ports to enable exports of GH2 and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other end use industries in close vicinity.

III. The Hydrogen hub should have a planned/announced capacity of at least 1 Metric Tonnes Per Annum (MTPA). Higher production capacity will get priority.

IV. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilization will be encouraged.

V. The infrastructure, projects, and key resources will be mapped under the PM Gati Shakti portal to ensure optimal and coordinated development.

**Procedures for selection**

4.1 Component A: HVIC

4.1 .1 In April 2023, a call for proposals for the HVICs was announced on the DST website. Subsequently, DST established a National Expert Advisory Committee (NEAC) to oversee the evaluation and selection process. The selection was based on merit, overall preparedness, resource mobilization capability, strategic partnerships, and the proposed implementation model.

4.1 .2 The evaluation process was conducted in two stages:

I. Soliciting Expression of Interest (EOI): An initial screening to assess the eligibility and preparedness of proposals.

II. Detailed Project Evaluation: A comprehensive assessment of the Detailed Project Report (DPR) submitted by shortlisted EOIs.

Based on these evaluations, the NEAC recommended four HVICs for financial support.

4.2 Component B: Green Hydrogen Hubs

4.2.1 Under this Component, SIA nominated by MNREwill invite proposals to prepare DPRs for the development of Green Hydrogen Hubs, as per the revised scheme guidelines.

4.2.2 Call for proposals: The proposals should be submitted directly to SIA. Each submitted project should contain the name of Executing Agency (EA). In case of consortium, a lead agency should be identified, which shall function as EA.

(i) The eligible agencies for sending project proposals for DPR preparation include CPSUs, State-PSUs, Private sector, State Corporations, Autonomous Bodies, JVs/Partnerships/Consortiums of such entities.

(ii) The necessary capabilities need to exist with the EAS for concerned DPR preparation. Details will be specified in the Call for Proposal.

4.2.3 Evaluation and award: The proposals will be evaluated by a Project Appraisal Committee in accordance with the detailed criteria specified in the Call for Proposals. The letter of Award shall be issued to the EA by the SIA upon receipt of administrative sanction from MNRE.

4.2.4 Under component B2, MNRE may also recognize potential hydrogen hubs without any financial support, based on the proposals submitted to MNRE directly. The proposal shall be submitted through the State Government or any other line ministries of the central government.

**Implementation Methodology**

5.1 Component A: HVIC

5.1.1 The recommendations of the National Expert Advisory Committee (NEAC), constituted by DST, for providing financial support to four HVICs shall be implemented with complete adherence to the overall objectives, goals, deliverables, resource mobilisation, and financial contribution as determined.

5.1 .2 DST shall nominate a Scheme Implementing Agency (SIA) for implementation of the Component A: HVIC under these scheme guidelines. The nominated SIA shall be responsible for managing the award and execution processes, monitoring fund disbursement and utilization, conducting review meetings and on-site visits, convening meetings of the Project Appraisal Committee and the Steering Committee, overseeing project progress reporting, and managing intellectual property in accordance with Government of India guidelines.

5.1.3 Execution and commissioning: Work shall be executed as per the approved scope of work and the sanction issued to this effect to each HVIC by SIA. The production of green hydrogen must be achieved after 18 months of receipt of the letter of Award/Sanction.

5.1 .4 Technical/ Regulatory approvals: Each selected HVIC will be solely responsible for obtaining the safety, environmental, and other approvals as and when required, to comply with the law of the land.

5.1 .5 Testing and Certification: Each HVIC shall get necessary testing and certification compliance from concerned agencies.

5.1 .6 SIA will be eligible for a fee up to 1% of the amount disbursed to HVICs

5.2 Partnership Model for Component A - HVIC

5.2.1 All HVICs will be implemented in consortium mode by engaging relevant partners from hydrogen value chain. The participation of R&D institutions will be essential to provide research and innovation elements to the HVIC pilots. Each HVIC will be managed by a not-for-profit, newly established Section 8 company-led, Lead institute should enable to create new section 8 company.

5.2.2 The various partners who may be engaged in HVICs include the following: i. Indian entities with expertise in the Hydrogen sector.

ii. Knowledge Clusters who are already engaged in the GH2 ecosystem.

iii. National / State funded R&D Labs.

iv. Industries working on the Hydrogen Value supply chain.

v. Central Government / State Government supported or recognized (Public or Private) academia and urban or other local bodies.

vi. GoI / State Government recognized not-for-profit (Societies/ Trusts or Research Foundations), having research and innovation as one of the imperative mandates;

R&D centers recognized as Scientific Industrial Research Organization (SIRO) by DSIR with Industry partners.

vii. GoI-funded incubators / Startups incubated — DPIIT registered in any of the recognized Technology Business in the hydrogen domain.

viii. Any other entity including private companies, startups, technology and service providers that can add value to HVIC can be a partner.

5.3 Mandatory Activities of each HVIC

The activities of each HVIC will include,

i. Production: Use diverse production methods - electrolysis and Bio-routes.

ii. Storage and Transportation: Focus on efficient, safe storage (compressed, pressurized, etc.) and transport systems (tube trailer, pipes etc).

iii. Utilization: Highlight applications in transport, ammonia production, chemical industries, Direct Reduction of Iron etc.

iv. Research and Innovation Pillars: Cover Research, Development and Innovation leading to development and demonstration of indigenous technologies, operational, and business innovations securing long-term off-take commitments.

v. Training / capacity building

5.4 Managing grant from NGHM budget

The letter of Award/Sanction shall be issued to each HVIC by DST, after the administrative approval by MNRE.

1. Section 8 company managing each HVIC shall function as the Lead under the scheme.

2. Fund Utilization: The lead institute will enable the creation of a Section-8 Company, to which grants will be released by SIA.

3. Funds can be used for:

a) CAPEX: Site preparation (example: fabrication and civil engineering, design, engineering, manufacture, supply, transportation, un-loading, storage, civil & structural works, erection, testing & commissioning), equipment, electrolyzer procurement, renewable energy plants and similar assets.

b) OPEX: Includes the following but not limited to manpower, plant engineering, raw material, fuel, utility, consumables, travel, and contingencies.

i. The funds for CAPEX and OPEX shall be utilised as per the approved timeline in DPR approved by the DST-constituted NEAC.

ii. Additional funds, if desired by any HVICs, can be sourced from external partners.



Note: It will be the responsibility of each HVIC to identify and arrange for necessary land and build-up space for the setting up of the HVIC at identified locations. There is no provision of funding under NGHM towards the cost of acquisition of land for setting up HVICS.

4. Sustainability Responsibility:

- Section-8 companies must ensure long-term viability of the HVIC by

i. Scaling production capacity.
ii. Identifying new partners and off-takers.
iii. Reducing hydrogen production costs through innovations.

5. Project Adjustments:

- Minor budget revisions may be made during implementation-based on NEAC/ Project Appraisal Committee recommendations, considering the nascent stage of India's GH2 ecosystem.

6. Public-Private Partnership (PPP): -

- Industry and academic partners willing to contribute towards the funding with respect to their specific area in the Hydrogen value chain would be preferred.

7. Each HVIC will be a PPP-driven project, to be co-funded by NGHM, Industry, and each Lead Applicant.

5.5 Disbursement of Financial Support from NGHM

5.5.1 Fund Disbursement of HVIC (Component A)

Each HVIC will be supported through Central Financial Assistance (CFA) under PPP mode till FY 25-26, while industry contributions (i.e. lead applicant/ Industry/ consortium) can be availed up to five years. Stages of disbursement of Central Financial Assistance from NGHM are as follows.

| S.No. | Stages of Disbursement | Percentage of CFA to be released |
|---|---|---|
| 1 | Date of issue of administrative approval/sanction | 40% |
| 2. | As per the utilisation of 80% of committed funding* | 40% |
| 3. | Production of first lot of Green Hydrogen | |
| | Total | 100% |

* This release is contingent upon the submission of the Utilization Certificate for 80% of the first instalment and a minimum expenditure of 30% of the contribution by the Lead Institution/ industry/consortium.

* DST to ascertain that Industry contribution is matching with the Government support.

5.5.2 DST may also specify further terms and conditions for the grant of financial assistance for general financial prudence.

5.5.3 Funds will be released to the SIAs by MNRE (through CNA) as recommended by NEAC, as mentioned in para 5.5.1 sl no 1. Further funds shall be released as per the recommendation of Project Appraisal Committee (PAC).

5.5.4 The amount of CFA will the total amount inclusive of all taxes.

5.5.5 Funds will be released to the section 8 company by the SIA on specified conditions and terms as stipulated by DST.

5.5.6 Section 8 company will remit the accrued interest and other charges to the Consolidated Fund of India as per rule 230 (8) of GFRs 2017.

5.5.7 The SIA shall be entitled to service charges at 1% of the sanctioned CFA, to be provided separately as part of Rs 172 crore allocated for the HVIC Component.

5.5.8 In addition, fund may also be utilized for workshop, result dissemination activities, progress review meeting etc. Up to 50% of the SIA allocation may be utilised towards such events over the course of the programme, subject to prior PAC approval and funded from within this allocation.

5.5.9 The allocation of funds across components is indicative &fungible and MNRE may reallocate funds between components as required.

**Fund Disbursement**

6.1 Component BI: Preparation of DPRs for Green Hydrogen Hubs

| S.No | Stages of Disbursement | Percentage of CFA to be released |
|---|---|---|
| 1 | Date of issue of administrative approval/sanction | 30% |
| 2. | Submission of draft DPR to be presented to Project Appraisal Committee (PAC) | 40% |
| 3 | On acceptance of final DPR | |
| | Total | 100% |

Component B: Rs 28 Cr shall be utilised for developing DPRs for Green Hydrogen Hubs (Component BI), with a cap of Rs 3 Cr per DPR.

MNRE may also recognize other locations as Green Hydrogen Hubs without any financial support so that they become eligible for other benefits/advantages, if any (Component B2).

Funds allocated under Component A may also be utilised for up to 1% of the service charges of the SIA, for Component BI.

The allocation of funds across components is indicative & fungible and MNRE may reallocate funds between components, as required.

**Other Provisions**

7.1 The grants released shall be exclusively earmarked for the project and should not be diverted for any other purpose.

7.2 If the Lead Applicant fails to utilize the grant for the purpose for which it has been sanctioned or fails to complete the project as per DPR, it shall refund the entire amount of the grant, with interest as per GFR to MNRE.

7.3 The Call for proposals should indicate a suitable timeline for completion of the project. Extension of up to one year may be granted for completion of the project on the basis of adequate justification, with the approval of the Steering Committee.

7.4 MNRE reserves the right to retract sanction or cancel or short-close projects in consultation with the Steering Committee in cases where the Lead Applicant(s) or the project(s) face unreasonable delays or fail to comply with the objectives/ provisions of this Scheme or the Mission.

**Monitoring Framework**

8.1 For Component A:

8.101 Steering Committee (SC)

8.1.2 Overall monitoring of the scheme and projects undertaken will be carried out by a Steering Committee (SC) under the Chairmanship of Secretary, DST (for Component A) and comprising of members viz., Mission Director, National Green Hydrogen Mission (NGHM), and other members as nominated. The Steering Committee shall have mandate for overall monitoring and implementation of this scheme and suggest modifications and course corrections for its successful implementation.

8.1.3 The SC will also facilitate/ recommend measures to resolve difficulties, if any.

8.1.4 In case of any ambiguity in the interpretation of any of the provisions of this scheme, the decision of MNRE shall be final.

8.2.1 Project Appraisal Committee (PAC):

8.2.2 For Component A, the PAC shall be constituted under the Chairmanship of Scientist G, DST, with other members nominated by DST and MNRE. The PAC shall monitor, review, and evaluate the project proposals and recommend projects for sanction of Central Financial Assistance (CFA). The PAC shall monitor HVICs on a quarterly basis for the utilisation of funds based upon the progress of the project. The PAC shall send its recommendations to MNRE for release of CFA for Component A. Further responsibilities of PAC under component A are listed under annexure 1.

8.2.3 DST shall also devise a monitoring mechanism to track the progress of components A— project progress report (annexure 2), that may be shared with MNRE.

8.3 For Component B:

8.3.1 Steering Committee (SC)

8.3.2 Overall monitoring of the scheme, and evaluation of projects undertaken will be done by a Steering Committee (SC) under the chairmanship of Secretary, Ministry of New and Renewable Energy (MNRE) and comprising of members viz., Mission Director, National Green Hydrogen Mission (NGHM), and other members as nominated. The Steering Committee shall be responsible for overall monitoring and implementation of the component B of the scheme, and suggest modifications and course corrections for its successful implementation.

8.3.3 In case of any ambiguity in the interpretation of any of the provisions of this scheme, the decision of MNRE shall be final. The SC will also facilitate/ recommend measures to resolve difficulties, if any.

8.4.1 Project Appraisal Committee:

8.4.2 A Project Appraisal Committee (PAC) under the Chairmanship of Mission Director, NGHM, shall monitor /review/ evaluate the project proposals and recommended projects for sanction of CFA. The PAC shall monitor projects on a

quarterly basis for the allocation of funds based upon the progress of the project. The PAC shall send recommendations for the release of CFA.

8.4.3 The SIA shall also devise a monitoring mechanism to track the progress on quarterly basis and submit to MNRE.

**Project Completion for Component A**

9.1 Each HVIC shall submit the Project Completion Report (PCR), to DST within one month of project completion. The PCR shall include the following:

1. Technical aspects of the project, including the hardware, software, and other technologies used.
2. Technical challenges encountered during the project, and how they were overcome.
3. Outcome of the project, comprising technical know-how generated along with the data collected during the execution of the project.
4. Recommendations for future projects, based on the lessons learned from the project.

Note: PAC may request that each HVIC include other relevant information deemed necessary to prepare a more comprehensive PCR.



**Guidelines for Safeguard of Intellectual Property for Component A**

DST will ensure (for each HVIC) the issue of safeguarding of any foreground Intellectual Property Rights, such as Publications, Patents, Registered Designs, or Trademarks, etc., which are generated through projects funded under this scheme.

10.1 Intellectual property rights, licensing, confidentiality, and non-compete

The operation of the consortium will be governed by a consortium agreement, signed between consortium members, and duly submitted to the concerned DST office.

1 . How ownership of intellectual property (e.g., patents or copyrights) generated as a result of the funded project activities will be assigned and shared.

2. How other intellectual property generated as a result of the funded project activities and that is not to be registered but to be protected (e.g., trade secrets) will be protected by all consortium members.

3. Terms for the use or modification of the above intellectual properties by other consortium members during and after the end of the project.

4. Terms for the use or modification of intellectual property that was owned by one or more consortium members and that was not generated as part of the funded project but will be utilized in the project.

5. Terms of confidentiality that all consortium members agree upon.

6. 'Non-compete' clauses, if any, that all consortium members agree upon.

10.2 Guidelines for safeguard of Intellectual property for Component B: The SIA shall issue the necessary guidelines for the safeguard of any Intellectual Property Rights such as Publications, Patents, Registered Designs or Trademarks etc. which are generated through projects funded under this scheme. The guidelines may also be a part of the Call for Proposals to be issued by the implementing agency.

**Power to Amend Revised Guidelines**

MNRE may make the necessary amendments in the scheme guidelines, as and when required, with the approval of Hon'ble Minister, New and Renewable Energy.

Annexure

1: Responsibilities of PAC for Component A

1 . Review HVIC project progress report (annexure 2), implementation and management.

2. Project Monitoring: Track the progress of HVIC projects to ensure alignment with objectives and timelines by convening regular meetings.

3. Periodic Reviews: Conduct regular reviews of funded projects to assess performance, and milestones achieved and recommend necessary adjustments.

4. Conflict Resolution: Address and resolve conflict arising during the execution of the scheme.

5. Ensuring effective collaboration and coordination with each Section 8 company to facilitate smooth operations and achieve the objectives of the HVIC.

6. Guiding the governance and operational aspects of the HVICs.

7. Coordinating the activities of the HVIC with other concerned government departments as necessary.

8. Project Budget Utilisation



2: Project Report

The project report shall include but not be limited to the following:

- Introduction: Overview of project and reporting period.
- Status Overview: Summary of progress, milestones achieved, and challenges.
- Key Accomplishments: Highlights of significant achievements.
- Work Completed: Breakdown of tasks completed.
- Work in Progress: Overview of ongoing activities.
- Status of objectives against the timeline suggested in the detailed project report
- Budget status: Funds received and utilization
- Issues and Solutions: Discussion of challenges and proposed solutions.
- Resource Utilization: Analysis of resource usage.
- Risks and Mitigation: Assessment of project risks and mitigation strategies.
- Changes to Plan: Any modifications to the project plan, scope, or timeline.
- Upcoming Milestones: Overview of next steps and milestones.
- Recommendations: Suggestions for future actions.

- Conclustion: Summary of key findings and conclusions



3: Procedure for Recognition of Green Hydrogen Hubs without any Financial Support (Component B2)

1.0 Background

1.1 The National Green Hydrogen Mission, hereafter mentioned as 'Mission', was launched on 4th January 2023 with an outlay of Rs. 19,744 Crore with an aim to make India a Global Hub for production, usage, and export of Green Hydrogen (GH2) and its derivatives. It will contribute to India's goal to become Aatmanirbhar (self-reliant) through clean energy and serve as an inspiration for the global Clean Energy Transition. Along with other initiatives, the Mission envisages the establishment and development of large-scale Hydrogen Hubs, which will act as a foundation for the development of the Hydrogen ecosystem and will act as the backbone of the decarbonization efforts in the country.

1.2 Given the technical and logistical challenges inherent in transporting hydrogen over long distances, a cluster-based production and utilization model would enhance the viability of Green Hydrogen projects in the initial years. This would, in turn, enable economies of scale and convergence of key infrastructure requirements in geographically proximate areas.

2.0 Hydrogen Hubs

2.1 Para 7.8 of the Mission Document states that the Mission will identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs. This scheme for the recognition to promote Green Hydrogen Hubs will focus on the development of supporting infrastructure at key locations. The Green Hydrogen Hubs and associated infrastructure will be planned in a manner so as to promote an integrated development of the region based on its potential. In this regard, the proposal shall be submitted through the State Government or any other line



ministries of the Central Government.

3.0 Purpose

This document prescribes broad eligibility parameters and procedures to be envisaged for recognizing Green Hydrogen Hubs by a competent executive agency (EA)

i. The Green Hydrogen Hubs can be established/set up in any part of the country considering strategic and economic advantages.

ii. The interested agency/company/public entity may submit their interest to MNRE.

iii. The proposal should provide adequate details about the land allotted by the State government, local authority, or outright purchase/lease by the developer.

iv. The necessary clearance or support may also be furnished, if applicable for establishing Green Hydrogen Hubs.

4.0 Development of Infrastructure

The development of the following core infrastructure for the common facility at Green Hydrogen Hubs should be considered;

i. Storage and transportation facilities for Green Hydrogen/its derivatives ii. Development or upgradation of pipeline infrastructure iii. Green Hydrogen powered vehicle re-fuelling facility iv. Hydrogen compression and/or liquefaction technologies, as required

v. Hydrogen storage systems, including bulk liquid, gaseous, materials-based technologies, or subsurface options (e.g., salt caverns, depleted oil and gas fields, unused coal mines etc.) vi. Water treatment facility and associated storage facility vii. Development of bunkering facilities in case of ports including provision of bunker barges for handling large vessels such as Very Large Crude Carriers (VLCC) viii. Infrastructure upgradation for shipping, including expansion of port/jetty infrastructure for exports.

ix. Power transmission infrastructure to the nearest existing grid substation and establishment of new dedicated substations

x. Land re-development xi. Energy Storage to manage RE intermittency xii. Effluent Treatment Plants xiii. Any other infrastructure required

5.0 Objectives of the scheme

i. To identify and develop regions capable of supporting large-scale production and/or utilization of Hydrogen as Green Hydrogen Hubs.

ii. Development of Green Hydrogen Projects inside the Hubs in an integrated manner to allow pooling of resources and achievement of scale iii. Enhance the cost-competitiveness of Green Hydrogen and its derivatives vis-a-vis fossil-based alternatives iv. Maximize production of Green Hydrogen and its derivatives in India within the stated financial support

v. Encourage large-scale utilization and exports of Green Hydrogen and its derivatives vi. Enhance the viability of Green Hydrogen assets across the value chain

6.0 Rationale and the Salient Features

6.1 Hydrogen Hubs will help in boosting hydrogen production, to match domestic as well as export demands, and to achieve large-scale, commercially viable hydrogen ecosystems. This will accelerate the deployment of Green Hydrogen technologies, attract greater investments from the private sector, and promote production and usage of hydrogen to decarbonize the economy. A network of Green Hydrogen producers, users, and supporting infrastructure is a key feature of the Hydrogen Hub.

6.2 It is envisaged that the Hydrogen hubs will have pooling of resources from Government of India, State Governments, Local Government, and the industry to help the development of the Hydrogen ecosystem in a coordinated manner. Hydrogen hubs will lead to the creation of sufficient job opportunities.

6.3 Salient features of the scheme are as follows:

i. Hydrogen hub is an identified geographical region where there exists a network of Hydrogen producers, end use (domestic or export) with sufficient supporting infrastructure of Hydrogen storage, processing, and transportation.

ii. Hydrogen hub might be located inland or near ports to enable exports of Green Hydrogen and its derivatives. Potential locations for such hubs would be regions having clusters of refineries/ fertilizer production plants and other enduse industries in close vicinity.

iii. The Hydrogen hub should have a planned/announced capacity of at least 1 MTPA. Higher production capacity will get priority.

iv. Leveraging existing infrastructure for Hydrogen production, transportation, storage, and utilization will be encouraged.

7.0 Technical/ Regulatory approvals: The EA shall be solely responsible for obtaining the safety, environmental, and other approvals as required.

8.0 Testing and Certification: The EA shall get necessary testing and certification compliance from concerned agencies.

9.0 Project Completion: EAS shall submit the Project Completion Report (PCR) to MNRE within three months of the completion of the project. PCR shall include the following: i. Technical aspects of the project, including the hardware, software, and other technologies used.

ii. Technical challenges encountered during the project, and how they were overcome.

iii. Outcome of the project comprising of technical know-how generated along with the data collected during the execution of the project.

IV. Recommendations for future projects, based on the lessons learned from the project.

## REFORM OF UNSC

**3365. ADV. CHANDRA SHEKHAR**

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

(a) the key diplomatic roadmap and outreach campaign launched for India's campaign for a non-permanent seat on the United Nations Security Council (UNSC) for the 2028–2029 term;

(b) the steps taken to build a global consensus on structural reforms of UNSC and text-based negotiations amidst increasing global polarization and institutional paralysis within multilateral bodies;

(c) the manner in which India plans to utilize expanded plurilateral forums, including expanded BRICS, Quad and I2U2, to advance the priorities of the Global South; and

(d) the financial and technical contributions committed by India towards international capacity-building programmes, including the training of more than 1.95 lakh individuals under capacity-building and scholarship initiatives?

**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’s approach to its ninth term for a non-permanent seat on the United Nations Security Council (UNSC) 2028-2029 is based on SHANTI –

Securing Holistic Advancement through Norms Trust Integrity. The six priorities for the 2028-2029 candidature are: (i) A Voice of Global South (ii) Advancing Reformed Multilateralism (iii) A Future Ready Peacekeeping (iv) Addressing Threats Posed Due to Misuse of AI (v) Securing Maritime Commons, and (vi) Countering Terror Financing.

Government of India accords highest priority to securing permanent membership for India in an expanded UNSC. This is consistently taken up by India both bilaterally and multilaterally at various levels, including at the highest levels. India has also been advocating for early commencement of text-based negotiations with clearly laid out timelines and milestones.

India has consistently acted as a bridge between the developed and developing worlds and as a voice of the Global South. The expanded plurilateral formats have been used as the voice of peace, security and prosperity for all. Understandings reached through these initiatives have enabled India to strengthen relations with partner countries and put forward India's viewpoint and shape the agenda on global issues such as reformed multilateralism, peace and security, climate change, transnational crime, fight against terrorism, cyber-security, energy and food security.

The Indian Technical and Economic Cooperation (ITEC) is India's flagship international capacity building programme, implemented by Ministry of External Affairs as a bilateral development partnership programme. Each year, approximately 12,000 slots are offered under the programme. It is

estimated that more than 2.25 lakh individuals have been trained under this programme.

**MONITORING OF ONE STOP CENTRES UNDER MISSION SHAKTI**

**3366. SHRIMATI DIMPLE YADAV:**

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

(a) the details of the prescribed infrastructure/minimum service standards for One Stop Centres under Mission Shakti including the status of compliance of the Sakhi One Stop Centre (SOSC) in Mainpuri, Uttar Pradesh;

(b) the details of inspections, monitoring visits/performance assessments conducted at the SOSCs in the said region during the last three years;

(c) the details of deficiencies, if any, identified during such inspections, monitoring visits/performance assessments, along with the action taken thereon, category-wise;

(d) the details of proposals received from the Government of Uttar Pradesh for strengthening infrastructure, staffing and service delivery of the SOSCs in the said area; and

(e) the current status thereof and the timeline fixed for addressing the identified deficiencies and ensuring full compliance with the operational guidelines of Mission Shakti?

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

(a): Under the Mission Shakti Guidelines, 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 and are required to meet the prescribed minimum infrastructure and service standards, including adequate space for counselling, temporary shelter, medical and legal support, accessibility for persons with disabilities, a dedicated vehicle with scheme branding, trained staff and convergence with the Police, Health Department and District Legal Services Authority to provide integrated support and assistance to women in distress. Since inception, i.e. 1st April, 2015 to 30th June, 2026, 1033 One Stop Centres are administratively approved out of which, 991 One Stop Centres have been made operational across the country and over 15.20 lakh women have been assisted in the country through these OSCs.

As on date, 124 One Stop Centres (OSCs) have been made operational in the State of Uttar Pradesh and over 3.42 lakh women have been assisted through these OSCs. In Mainpuri district of Uttar Pradesh, the One Stop Centre is functioning from a dedicated Government building with facilities as per the prescribed standards.

(b) to (e): Mission Shakti is a Centrally Sponsored Scheme and implementation of this scheme lies with the State Governments and UT Administrations. As per the Mission Shakti guidelines, the Central

Government provides financial Assistance to States and UTs. Adequate staff and infrastructure support is provided for smooth operationalization of OSCs across the country.

Inspections/Performance Assessments of the OSCs are conducted by various officials of the State Government and deficiencies observed during inspections are rectified promptly.

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. 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.

The Ministry has also developed the Mission Shakti Dashboard, which facilitates real-time tracking of functioning of the Schemes under the Mission Shakti at the district, State, and National levels.

The Ministry of Women and Child Development alongwith the State Governments and UT administrations is continuously working to strengthen the growing demand, visibility and timely support to the beneficiaries under the Mission Shakti.

## ZERO-DOSE UNDER UNIVERSAL IMMUNISATION PROGRAMME

**3367. DR. RAJ KUMAR CHABBEWAL:**

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

(a) whether the Government has taken note of global reports indicating that around 13.5 million children worldwide did not receive even a single routine vaccine dose during the latest reported year and if so, the details thereof;

(b) whether the Government has assessed the number of “zero-dose” children in India during the last five years, if so, the details thereof, year-wise and State/UT-wise;

(c) the steps taken under the Universal Immunisation Programme (UIP), Mission Indradhanush and other initiatives to identify and vaccinate zero-dose and under-immunized children, particularly in urban slums, tribal, remote and migrant populations;

(d) whether the Government has fixed targets and timelines to eliminate zero-dose children and strengthen routine immunisation coverage in line with global goals; and

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

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

(a) to (e): The Government of India is providing 11 vaccines against 12 vaccine preventable diseases, free of cost under the Universal Immunization Program (UIP) in all public health facilities. The Zero-dose children are infants under one year of age who have not received their first dose of the Pentavalent vaccine.

- The percentage Full Immunization Coverage (FIC) of India for the Financial Year 2025-26 is 97.9% (source HMIS as on 25th July 2026).
- The Pentavalent 1st dose coverage of the country is 97% (source HMIS as on 25th July 2026)
- The number of zero dose children in India for last 5 years is given in the **Statement**.

2. The steps taken under the Universal Immunization Program (UIP) to reduce the number of zero dose children particularly in urban slums, tribal, remote and migrant populations are placed below:

I. Regular review of the Program by the Central Government through Immunization Action Group (IAG), National Health Mission (NHM), National Program Coordination Committee (NPCC) and review by State Task Force on Immunization (STFI), District Task Force on Immunization (DTFI), and Block Task Force on Immunization (BTFI) to ensure coordinated and effective implementation.

II. Zero Dose Implementation Plan 2024 has been rolled out across 143 districts in 11 states with a high burden of unvaccinated children.

III. Pulse Polio Campaigns are held through National Immunization Days (NIDs) and Sub-National Immunization Days (SNIDs), India has maintained polio-free status since 2014.

IV. Village Health and Nutrition Days (VHNDs) are organised for immunization and outreach activities at the community level.

V. Regular IEC (Information, Education, and Communication) campaigns are undertaken to increase awareness and combat vaccine hesitancy.

**STATEMENT**

| Number of zero dose children in India for last 5 years * | | | | | |
|---|---|---|---|---|---|
| **Year** | **2021** | **2022** | **2023** | **2024** | **2025** |
| **Zero Dose Children in India** | **27,36,114** | **11,39,518** | **15,92,409** | **9,08,667** | **6,78,756** |

***Source: Global WUENIC Data**

## बिहार में आयुष दवाएं

**3368. श्री गोपाल जी ठाकुर:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या सरकार बिहार में आयुष चिकित्सा, अनुसंधान, शिक्षा और औषधीय पौधों की खेती को बढ़ावा देने तथा आयुष आधारित स्वास्थ्य और कल्याण सेवाओं का विस्तार करने के लिए कोई विशेष उपाय कर रही है; और

(ख) यदि हां, तो तत्संबंधी जिला-वार विशेषकर दरभंगा जिले में ब्यौरा क्या है?

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

(क) और (ख): आयुष मंत्रालय बिहार सहित राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से राष्ट्रीय आयुष मिशन (एनएएम) की केन्द्रीय प्रायोजित योजना का कार्यान्वयन कर रहा है और एनएएम दिशानिर्देशों के प्रावधानों के अनुसार, राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त उनके प्रस्तावों के अनुरूप देश में आयुष चिकित्सा पद्धतियों के संवर्धन और

विस्तार के लिए उन्हें वित्तीय सहायता प्रदान कर रहा है। मिशन में अन्य बातों के साथ-साथ निम्नलिखित कार्यकलापों के लिए प्रावधान किया गया है-

(i) आयुष स्वास्थ्य एवं कल्याण केंद्र जिन्हें अब आयुष्मान आरोग्य मंदिर (आयुष) [एएएम (आयुष)] कर दिया गया है।

(ii) प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं का सह-स्थापन।

(iii) मौजूदा एकल सरकारी आयुष अस्पतालों का उन्नयन।

(iv) मौजूदा सरकारी/पंचायत/सरकारी सहायता प्राप्त आयुष औषधालयों का उन्नयन/मौजूदा आयुष औषधालय (किराए पर/जीर्ण-शीर्ण आवास) के लिए भवन का निर्माण/उन क्षेत्रों में नए आयुष औषधालय स्थापित करने के लिए भवन का निर्माण जहां कोई आयुष सुविधाएं उपलब्ध नहीं हैं।

(v) (v)10/30/50 बिस्तरों वाले एकीकृत आयुष अस्पतालों की स्थापना।

(vi) सरकारी आयुष अस्पतालों, सरकारी औषधालयों और सरकारी/सरकारी सहायता प्राप्त शिक्षण संस्थागत आयुष अस्पतालों को आवश्यक दवाओं की आपूर्ति।

(vii) आयुष जन स्वास्थ्य कार्यक्रम।

(viii) उन राज्यों में नए आयुष कॉलेजों की स्थापना जहां सरकारी क्षेत्र में आयुष शिक्षण संस्थानों की उपलब्धता अपर्याप्त है।

(ix) आयुष स्नातक संस्थानों और आयुष स्नातकोत्तर संस्थानों का ढांचागत विकास/स्नातकोत्तर/फार्मेसी/पैरा-मेडिकल पाठ्यक्रम शामिल करना।

एनएएम के तहत, एसएएपी के माध्यम से बिहार राज्य सरकार से प्राप्त प्रस्ताव के अनुसार, आयुष मंत्रालय ने एसएएपी में अनुमोदित विभिन्न गतिविधियों के कार्यान्वयन के लिए वर्ष 2014-15 से 2025-26 तक बिहार राज्य को केंद्रीय हिस्से के रूप में 8414.14 लाख रुपये की धनराशि जारी की है। आयुष मंत्रालय ने बिहार राज्य के लिए 294 एएएम (आयुष) के

संचालन को मंजूरी दे दी है, जिसमें दरभंगा में 35 एएएम (आयुष) शामिल हैं। बिहार में एएएम (आयुष) का जिला-वार ब्यौरा **विवरण** पर दिया गया है।

आयुष मंत्रालय ने आयुर्वेदिक और होम्योपैथिक पद्धतियों में वैज्ञानिक तर्ज पर अनुसंधान, समन्वय, निरूपण, विकसित और बढ़ावा देने हेतु स्वायत्त संगठनों, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) और केंद्रीय होम्योपैथी अनुसंधान परिषद (सीसीआरएच) की स्थापना की है। सीसीआरएएस के तहत, बिहार की मुख्यधारा की स्वास्थ्य देखभाल पद्धति में आयुष को बढ़ावा देने के लिए, एक संस्थान, नामतः क्षेत्रीय आयुर्वेद अनुसंधान संस्थान, पटना, जो एक परिधीय संस्थान है, आयुर्वेद को बढ़ावा देने के लिए नैदानिक देखभाल प्रदान करता है और सूचना, शिक्षा और संचार (आईईसी) गतिविधियों का संचालन करता है। सीसीआरएच के तहत, बिहार राज्य में एक परिधीय केंद्र नैदानिक सत्यापन इकाई (होम्योपैथी), गुरु गोविंद सिंह अस्पताल, पटना में स्थित है।

इसके अलावा, राष्ट्रीय औषधीय पादप बोर्ड (एनएमपीबी), आयुष मंत्रालय, भारत सरकार, बिहार सहित देश भर में "औषधीय पादपों का संरक्षण, विकास और सतत प्रबंधन" नामक केन्द्रीय क्षेत्र की योजना कार्यान्वित कर रहा है। इस योजना का उद्देश्य विभिन्न गतिविधियों के लिए परियोजना आधारित सहायता प्रदान करना है। औषधीय पादपों की आपूर्ति श्रृंखला (अभिन्न घटक) में अग्रवर्ती और पश्चवर्ती श्रृंखला सीएसएस योजना के घटकों में से एक है जिसमें निम्नलिखित गतिविधियों का समर्थन किया जा रहा है।

1. औषधीय पादपों की खेती के लिए गुणवत्तापूर्ण रोपण सामग्री तैयार करने हेतु अवसंरचना।
2. किसानों को जागरूक करने के लिए सूचना, शिक्षा, संप्रेषण (आईईसी) कार्यकलाप।
3. औषधीय पादपों की विपणन क्षमता बढ़ाने, उपज में मूल्य जोड़ने, लाभप्रदता बढ़ाने और नुकसान को कम करने के लिए फसलोपरांत प्रबंधन और विपणन हेतु अवसंरचना।
4. गुणवत्ता परीक्षण और कच्चे माल का प्रमाणन।

## विवरण

## बिहार के लिए एसएएपी में अनुमोदित एएएम (आयुष) का जिला-वार ब्यौरा

| क्र.सं. | जिले का नाम | एएएम (आयुष) की इकाइयाँ |
|---|---|---|
| 1 | अररिया | 4 |
| 2 | अरवल | 2 |
| 3 | औरंगाबाद | 16 |
| 4 | बांका | 4 |
| 5 | बेगूसराय | 9 |
| 6 | भागलपुर | 8 |
| 7 | भोजपुर | 4 |
| 8 | बक्सर | 7 |
| **9** | **दरभंगा** | **35** |
| 10 | गया | 4 |
| 11 | गोपालगंज | 7 |
| 12 | जमुई | 3 |
| 13 | जहानाबाद | 4 |
| 14 | कैमूर (भबुआ) | 5 |
| 15 | कटिहार | 4 |
| 16 | खगड़िया | 2 |
| 17 | किशनगंज | 11 |
| 18 | लखीसराय | 1 |
| 19 | मधेपुरा | 2 |
| 20 | मधुबनी | 13 |
| 21 | मुंगेर | 4 |

| | | |
|---|---|---|
| 22 | मुजफ्फरपुर | 15 |
| 23 | नालंदा | 8 |
| 24 | नवादा | 10 |
| 25 | पश्चिम चंपारण | 4 |
| 26 | पटना | 22 |
| 27 | पूर्वी चंपारण (मोतिहारी) | 15 |
| 28 | पूर्णिया | 16 |
| 29 | रोहतास | 7 |
| 30 | सहरसा | 6 |
| 31` | समस्तीपुर | 9 |
| 32 | सारण | 2 |
| 33 | शेखपुरा | 1 |
| 34 | शिवहर | 1 |
| 35 | सीतामढ़ी | 6 |
| 36 | सिवान | 8 |
| 37 | सुपौल | 3 |
| 38 | वैशाली | 12 |
| | **कुल** | **294** |

## WIDESPREAD SLEEP DISORDERS

**3369. THIRU DR. S JAGATHRATCHAKAN:**

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

(a) whether the Government has examined the growing public-health challenge arising from widespread sleep disorders, including

insomnia, linked to changing lifestyles, workplace stress and irregular routines in the country, if so, the details thereof;

(b) the measures undertaken by the Government to address sleep-related health concerns through awareness campaigns, preventive healthcare initiatives and integration of sleep medicine into primary healthcare systems;

(c) the trends observed concerning the prevalence of sleep disorders and their impact on physical health, mental well-being, productivity and quality of life; and

(d) whether the Government has assessed the adequacy of existing healthcare infrastructure, specialist services and diagnostic facilities for addressing sleep-related conditions and the observations made thereon, 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 National Mental Health Survey (NMHS), conducted in 2016 by NIMHANS, provided critical data on mental health prevalence and treatment gaps helping in assessing the outcome indicators and in shaping future directions of the mental health treatment programmes. The Indian Council of Medical Research (ICMR) advances mental health research in

several areas, focusing on evidence-based psychosocial interventions and community-based approaches.

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 Government is also taking steps to strengthen mental healthcare services at primary healthcare level. The Government has upgraded more than 1.8 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. Further, wellness activities are also promoted at Ayushman Arogya Mandirs, these promote

mindfulness, relaxation and healthy lifestyle practices that contribute to better sleep and overall well-being.

Community-based health promotion initiatives such as Fit India and other wellness campaigns encourage physical activity and healthy living, which are important for maintaining healthy sleep patterns.

Besides the above, the Government has launched a “National Tele Mental Health Programme” on 10th October, 2022, to further improve access to quality mental health counselling and care services in the country. As on 27.07.2026, 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 42 lakhs calls have been handled on the helpline number.

Under the National Tele Mental Health Programme (NTMHP), individuals experiencing sleep disturbances associated with stress, anxiety, depression and other mental health conditions can access free 24×7 tele-mental health counselling, psychological support, guidance on healthy sleep practices and sleep hygiene, and referral to appropriate healthcare facilities, whenever required. Further, as part of routine counselling, Tele-MANAS counsellors promote behavioural measures to improve sleep, including healthy sleep habits and sleep hygiene.

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 wellbeing 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.

## UPGRADATION OF AYUSH WELLNESS CENTRES IN EASTERN UTTAR PRADESH

**3370. SHRI SHASHANK MANI:**

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

(a) the details of AYUSH Health and Wellness Centres, Integrated AYUSH Hospitals and dispensaries established or upgraded under the National AYUSH Mission (NAM) in Eastern Uttar Pradesh during the last three years, district-wise;

(b) the details of the funds allocated, released and utilised under the Mission in the region;

(c) the details of AYUSH medical officers and paramedical personnel recruited or deployed under the Mission; and

(d) the current status of the projects sanctioned under NAM in Eastern Uttar Pradesh?

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

(a) and (b): Under Centrally Sponsored Scheme of National Ayush Mission (NAM), as per the proposals received from State Government of Uttar Pradesh through State Annual Action Plans (SAAPs), 443 Ayush Health and Wellness Centres now renamed as Ayushman Arogya Mandir (Ayush) [AAM(Ayush)], 4 Integrated Ayush Hospitals and 97 Ayush Dispensaries have been approved in eastern Uttar Pradesh during the last three years. The district-wise number of units approved is furnished at **Statement-I.** As per proposals received from State Government of Uttar Pradesh through SAAPs under NAM, an amount of Rs. 28736.415 lakhs has been allocated/released to Uttar Pradesh from 2023-24 to 2025-26 for implementation of different approved activities in the State and as reported by State Government, an amount of Rs. 2661.383 lakhs has been utilized in eastern Uttar Pradesh. Under NAM, consolidated funds are being released to State Government and there is no provision of district-wise release of funds.

(c): Under NAM, as reported by State Government of Uttar Pradesh, 55 Ayush medical officers in Integrated Ayush Hospitals and 937 paramedical personnel in Integrated Ayush Hospitals, AAM (Ayush) and Yoga Wellness Centres have been recruited/deployed.

(d): The current status of the projects (Integrated Ayush Hospitals) sanctioned under NAM in Eastern Uttar Pradesh is furnished at **Statement-II.**

## STATEMENT-I

**The district-wise number of units approved for Ayushman Arogya Mandir (Ayush), Integrated Ayush Hospitals and Ayush Dispensaries during the last three years**

### (i) Status of approved Integrated Ayush Hospitals

| Sl. No. | Location (District) | System of medicine | No. of Beds |
|---|---|---|---|
| 1. | Jaunpur | Ayurveda, Unani, Homoeopathy and Yoga | 30 |
| 2. | Shravasti | Ayurveda, Unani, Homoeopathy and Yoga | 50 |
| 3. | Gorakhpur | Ayurveda, Unani, Homoeopathy and Yoga | 50 |
| 4. | Mirzapur | Ayurveda, Unani, Homoeopathy and Yoga | 50 |

### (ii) Status of approved Ayushman Arogya Mandir (Ayush)

| Sl. No. | Name of District | No. of AAM (Ayush) |
|---|---|---|
| 1. | Ambedkarnagar | 7 |
| 2. | Amethi | 12 |
| 3. | Ayodhya | 10 |
| 4. | Azamgarh | 17 |
| 5. | Bahraich | 18 |
| 6. | Ballia | 20 |

| | | |
|---|---|---|
| 7. | Balrampur | 6 |
| 8. | Basti | 16 |
| 9. | Bhadohi | 11 |
| 10. | Chandauli | 19 |
| 11. | Deoria | 15 |
| 12. | Ghazipur | 10 |
| 13. | Gonda | 11 |
| 14. | Gorakhpur | 31 |
| 15. | Jaunpur | 21 |
| 16. | Kaushambi | 6 |
| 17. | Kushinagar | 35 |
| 18. | Pratapgarh | 21 |
| 19. | Maharajganj | 28 |
| 20. | Mau | 13 |
| 21. | Mirzapur | 23 |
| 22. | Prayagraj | 17 |
| 23. | Sant kabir nagar | 18 |
| 24. | Shravasti | 9 |
| 25. | Siddharthnagar | 13 |
| 26. | Sonbhadra | 13 |
| 27. | Sultanpur | 11 |
| 28. | Varanasi | 12 |
| **Total** | | **443** |

## (iii) Status of approved Ayush Dispensaries

| Sl. No. | Name of District | No. of Ayush Dispensaries |
|---|---|---|
| 1 | Ambedkarnagar | 5 |
| 2 | Amethi | 7 |
| 3 | Ayodhya | 1 |
| 4 | Bahraich | 2 |
| 5 | Ballia | 6 |
| 6 | Balrampur | 5 |
| 7 | Basti | 1 |
| 8 | Bhadohi | 4 |
| 9 | Chandauli | 2 |
| 10 | Deoria | 15 |
| 11 | Ghazipur | 9 |
| 12 | Gonda | 3 |
| 13 | Gorakhpur | 7 |
| 14 | Jaunpur | 7 |
| 15 | Kaushambi | 1 |
| 16 | Kushinagar | 1 |
| 17 | Mau | 1 |
| 18 | Mirzapur | 1 |
| 19 | Sant kabirnagar | 1 |
| 20 | Shravasti | 1 |
| 21 | Siddharthnagar | 8 |
| 22 | Sultanpur | 7 |

| | | |
|---|---|---|
| 23 | Varanasi | 2 |
| | **Total** | **97** |

## STATEMENT-II

### The current status of the projects (Integrated Ayush Hospitals) sanctioned under NAM in Eastern Uttar Pradesh

| Sl. No. | Location (District) | System of medicine | No. of Beds | Status |
|---|---|---|---|---|
| 1. | Jaunpur | Ayurveda, Unani, Homoeopathy and Yoga | 30 | Under construction |
| 2. | Shravasti | Ayurveda, Unani, Homoeopathy and Yoga | 50 | Under construction |
| 3. | Gorakhpur | Ayurveda, Unani, Homoeopathy and Yoga | 50 | Under construction |
| 4. | Mirzapur | Ayurveda, Unani, Homoeopathy and Yoga | 50 | Under construction |

## CASES PENDENCY AND E-COURTS PROJECT

**3371. SHRI SASIKANTH SENTHIL:**

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

(a) whether a large number of cases are pending before the Supreme Court, High Courts and District and Subordinate Courts across the country;

(b) if so, the latest details of total pending cases, court-wise and State/UT-wise;

(c) whether the Government maintains data on long-pending cases and, if so, the number of cases pending for more than five years and more than ten years, court-wise;

(d) whether funds have been approved and utilised under the e-Courts Project for computerisation, digital case management, virtual hearings and related judicial infrastructure; and

(e) if so, the details thereof and the steps taken to reduce pendency, improve case disposal and strengthen judicial infrastructure?

**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 data available on the National Judicial Data Grid (NJDG), as on 30.07.2026, the total number of cases pending in courts, cases pending for more than five years and more than ten years before the Supreme Court and High Courts, court-wise and state-wise are at **Statement-I**. The total number of cases pending, cases pending for more than five years and more than ten years in the District & Subordinate Courts across the country, court-wise and state-wise are at **Statement-II**.

(d) and (e): The Government approved Phase III (2023–2027) of the e-Courts project with budget outlay of ₹7,210 crore. This phase envisions

transforming courts into digital and paperless courts, expanding video conferencing to all courts, jails and hospitals and integrating stakeholders of the criminal justice system. It also aims for universal saturation of eSewa Kendras, 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.

Till date, over 753 crore pages of court records have been digitized and 2,584 eSewa Kendras have been established to enhance citizen service delivery. Courts have conducted over 4.18 crore hearings through video conferencing facilities. Approximately 1.25 cr. cases have been filed electronically through the eFiling platform. For better digital case management, Digital Courts platform has been developed to provide the judges with a paperless court ecosystem.

Details of funds allocated and utilised under Phase III of the eCourts Mission Mode Project since its commencement, year-wise are as under:

**(Rs in crore)**

| **Funds under eCourts Project Phase III** | | |
|---|---|---|
| **Financial year** | **Budget Allocation** | **Expenditure** |
| **2023-24** | 825.00* | 768.25 |
| **2024-25** | 1200.00* | 1029.11 |
| **2025-26** | 1200.00* | 717.45 |
| **2026-27** | 1200.00 | 29.00 |
| **TOTAL** | **3225.00** | **2543.81** |

*Revised Estimates

The primary responsibility for development of infrastructure facilities for District and Subordinate Courts rests with the State Governments/UTs. However, to augment the resources of States/UTs, Central Government has been implementing a Centrally Sponsored Scheme (CSS) for the Development of Infrastructure Facilities for Judiciary in the District and Subordinate Courts since 1993-94. The Scheme covers five components, namely, Court Halls, Residential Units for Judicial Officers, Lawyers' Halls, Toilet Complexes and Digital Computer Rooms. Under the Scheme, funds amounting to Rs.12,858.25 Cr have been provided to the States/UTs till 30.06.2026 since inception of the Scheme. As on 30.06.2026, against sanctioned strength of 30,825 and working strength of 21,411 Judicial Officers, 22,639 Court Halls and 21,495 Residential Units for Judicial Officers are available.

## STATEMENT-I

**Cases pending in the Supreme Court and High Courts, as on 30.07.2026**

| Sl No. | Name of the Court | No. of pending cases | Pending for more than 10 years | Pending for more than 5 years |
|---|---|---|---|---|
| **Supreme Court of India** | | **95,954** | **9,425** | **14,352** |
| | **High Courts** | | | |
| 1 | Allahabad | 12,28,281 | 4,89,981 | 2,41,591 |
| 2 | Bombay | 6,43,385 | 1,84,909 | 1,33,472 |
| 3 | Calcutta | 1,99,363 | 75,100 | 33,899 |

| | | | | |
|---|---|---|---|---|
| 4 | Gauhati | 65,244 | 4,859 | 18,828 |
| 5 | Telangana | 2,43,119 | 36,300 | 65,390 |
| 6 | Andhra Pradesh | 2,53,706 | 56,037 | 60,137 |
| 7 | Chhattisgarh | 73,887 | 6,234 | 17,047 |
| 8 | Delhi | 1,26,177 | 20,581 | 21,654 |
| 9 | Gujarat | 1,75,833 | 25,313 | 44,542 |
| 10 | Himachal Pradesh | 1,05,243 | 8,541 | 32,273 |
| 11 | Jammu & Kashmir and Ladakh | 44,557 | 6,106 | 7,328 |
| 12 | Jharkhand | 73,368 | 14,938 | 14,076 |
| 13 | Karnataka | 3,35,879 | 22,362 | 55,689 |
| 14 | Kerala | 2,45,566 | 41,620 | 64,197 |
| 15 | Madhya Pradesh | 4,92,459 | 1,54,546 | 98,634 |
| 16 | Manipur | 6,276 | 133 | 969 |
| 17 | Meghalaya | 2,009 | 7 | 88 |
| 18 | Punjab and Haryana | 4,22,920 | 1,32,940 | 95,070 |
| 19 | Rajasthan | 7,01,385 | 1,32,303 | 1,64,606 |
| 20 | Sikkim | 323 | 4 | 12 |
| 21 | Tripura | 1,613 | 1 | 13 |
| 22 | Uttarakhand | 63,425 | 6,360 | 17,075 |
| 23 | Madras | 5,69,436 | 1,19,993 | 85,858 |
| 24 | Orissa | 1,70,346 | 38,936 | 30,724 |
| 25 | Patna | 2,23,170 | 39,465 | 50,187 |
| | **Total** | **64,66,970** | **16,17,569** | **13,53,359** |

**Source: National Judicial Data Grid (NJDG)**

## STATEMENT-II

## Cases pending in District & Subordinate Courts, as on 30.07.2026

| Sr No. | State | No. of pending cases | More than 10 years | More than 5 years |
|---|---|---|---|---|
| 1 | Andaman and Nicobar | 8,903 | 1,589 | 2,324 |
| 2 | Andhra Pradesh | 9,46,929 | 18,631 | 1,40,236 |
| 3 | Arunachal Pradesh | 15,877 | 1,474 | 2,414 |
| 4 | Assam | 5,95,122 | 10,682 | 55,404 |
| 5 | Bihar | 37,76,254 | 8,76,810 | 12,08,967 |
| 6 | Chandigarh | 1,00,147 | 448 | 5,929 |
| 7 | Chhattisgarh | 4,77,267 | 1,303 | 40,828 |
| 8 | Delhi | 17,29,177 | 44,142 | 2,18,871 |
| 9 | Goa | 63,494 | 4,564 | 12,180 |
| 10 | Gujarat | 16,14,861 | 56,519 | 1,86,749 |
| 11 | Haryana | 15,27,436 | 5,488 | 2,15,533 |
| 12 | Himachal Pradesh | 6,24,095 | 10,344 | 69,431 |
| 13 | Jammu and Kashmir | 3,65,645 | 20,767 | 63,876 |
| 14 | Jharkhand | 5,71,695 | 43,869 | 1,13,079 |
| 15 | Karnataka | 23,37,197 | 1,00,192 | 3,31,219 |
| 16 | Kerala | 17,87,816 | 47,686 | 2,89,169 |
| 17 | Ladakh | 1,745 | 12 | 98 |
| 18 | Lakshadweep | 601 | 27 | 73 |
| 19 | Madhya Pradesh | 21,42,280 | 36,080 | 3,48,670 |
| 20 | Maharashtra | 61,70,497 | 5,53,893 | 12,04,334 |

| | | | | |
|---|---|---|---|---|
| 21 | Manipur | 14,974 | 856 | 2,250 |
| 22 | Meghalaya | 19,533 | 2,481 | 3,137 |
| 23 | Mizoram | 9,654 | 25 | 555 |
| 24 | Nagaland | 4,100 | 309 | 889 |
| 25 | Odisha | 18,68,294 | 3,07,182 | 4,60,365 |
| 26 | Puducherry | 37,012 | 2,485 | 5,151 |
| 27 | Punjab | 10,26,857 | 4,148 | 63,559 |
| 28 | Rajasthan | 27,61,162 | 83,537 | 6,10,905 |
| 29 | Sikkim | 2,305 | 4 | 31 |
| 30 | Tamil Nadu | 17,89,467 | 63,691 | 2,04,421 |
| 31 | Telangana | 10,02,018 | 20,061 | 1,56,997 |
| 32 | The Dadra and Nagar Haveli and Daman and Diu | 8,652 | 394 | 1,507 |
| 33 | Tripura | 74,324 | 715 | 3,455 |
| 34 | Uttar Pradesh | 1,19,90,328 | 23,19,114 | 26,07,728 |
| 35 | Uttarakhand | 3,03,581 | 7,243 | 47,455 |
| 36 | West Bengal | 41,42,621 | 8,05,149 | 7,19,828 |
| | **Total** | **4,99,11,920** | **54,51,914** | **93,97,617** |

**Source: National Judicial Data Grid (NJDG)**

## आयुष अस्पतालों की प्रगति

**3372. श्री तारिक अनवर:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या सरकार ने वित्तीय वर्ष 2023-24 से अब तक राज्यों और संघ राज्यक्षेत्रों में राष्ट्रीय आयुष मिशन के अंतर्गत आयुष अस्पतालों, औषधालयों, एकीकृत आयुष अस्पतालों

और अन्य अनुमोदित परियोजनाओं के लिए जारी की गई केन्द्रीय सहायता और वास्तविक प्रगति का आकलन किया है, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या सरकार ने आयुष सेवाओं की गुणवत्ता में सुधार, दवाओं की उपलब्धता, मानव संसाधन सुदृढ़ीकरण और आयुष स्वास्थ्य संस्थानों के उन्नयन के लिए चलाए गए कार्यक्रमों की समीक्षा की है, यदि हां, तो इसके मुख्य निष्कर्ष क्या हैं; और

(ग) क्या सरकार का बिहार में विशेषकर सीमांचल क्षेत्र में आयुष स्वास्थ्य देखभाल सेवाओं का विस्तार करने, आयुष संस्थानों को सुदृढ़ करने और राष्ट्रीय आयुष मिशन के अंतर्गत अतिरिक्त केन्द्रीय सहायता या नई परियोजनाओं को स्वीकृति प्रदान 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): एनएएम के अंतर्गत समर्थित आयुष अस्पतालों, औषधालयों और एकीकृत आयुष अस्पतालों की कार्यक्षमता सहित विभिन्न गतिविधियों/कार्यक्रमों की प्रगति का आकलन करने के लिए, बिहार सहित सभी राज्यों/संघ राज्य क्षेत्रों में स्वास्थ्य क्षेत्र के अंतर्गत स्वास्थ्य और परिवार कल्याण  मंत्रालय और आयुष मंत्रालय की अम्ब्रेला योजनाओं को शामिल करते हुए सात (7) केंद्रीय प्रायोजित योजनाओं (सीएसएस) के अंतर्गत 2025 में नीति आयोग द्वारा 'राष्ट्रीय आयुष मिशन' (एनएएम) का मूल्यांकन किया गया था। हाल ही में, 29 जून 2026 से 1 जुलाई 2026 के दौरान राज्यों/संघ राज्य क्षेत्रों के वरिष्ठ अधिकारियों के साथ एक समीक्षा बैठक की गई। इसका उद्देश्य एनएएम के तहत अवसंरचना के विकास, सेवा प्रदायगी, मानव संसाधन, डिजिटल एकीकरण, दवाओं की आपूर्ति और शासन तंत्र की प्रगति का आकलन करना था। इससे पहले भी, 1-2 मई 2025 को एनएएम कॉन्क्लेव और सितंबर 2025 में "राष्ट्रीय आयुष मिशन और राज्यों में क्षमता निर्माण" पर विभागीय शिखर सम्मेलन के दौरान ऐसी समीक्षाएं की

गई थीं। इसके अलावा, एनएएम योजना की विभिन्न गतिविधियों/कार्यक्रमों की प्रगति की निगरानी के लिए समय-समय पर व्यक्तिगत बैठकें, आवधिक समीक्षा बैठकें और केंद्रीय टीम द्वारा फील्ड दौरे भी किए जा रहे हैं।

(ग): सार्वजनिक स्वास्थ्य राज्य का विषय है, इसलिए बिहार में, विशेषकर सीमांचल क्षेत्र में, आयुष स्वास्थ्य सेवाओं का विस्तार करने और आयुष संस्थानों को मजबूत करने की मुख्य जिम्मेदारी संबंधित राज्य सरकार की है। हालांकि, एनएएम के तहत, बिहार राज्य सरकार एनएएम दिशानिर्देशों के प्रावधान के अनुसार राज्य वार्षिक कार्य योजना (एसएएपी) के माध्यम से उपयुक्त प्रस्ताव प्रस्तुत करके विभिन्न गतिविधियों के लिए वित्तीय सहायता प्राप्त कर सकती है।

## OPERATIONALISATION OF PENDING TRAUMA CENTRES IN UTTAR PRADESH

**3373. SHRI PUSHPENDRA SAROJ:**

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

(a) the number of Trauma Care Centres sanctioned, operational and under construction under the Central Government schemes during the last five years, district-wise in Uttar Pradesh;

(b) the number of districts in Uttar Pradesh without a functional Trauma Care Centre or where sanctioned centres are yet to become operational, along with the reasons therefor;

(c) the details of deficiencies identified by the Union Government in Trauma Care infrastructure in the State, including availability of specialists, ICU beds, operation theatres, blood banks and emergency equipment, district-wise;

(d) the amount of Central funds sanctioned, released and utilised for Trauma Care facilities in the State during the last five years; and

(e) the measures taken and the timelines fixed by the Union Government to operationalise pending trauma care centres and bridge infrastructure and manpower gaps in the State?

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

(a) to (e): During the 11th Five Year Plan (2007-2012) and 12th Five Year Plan (2012-2017) under the “National Programme for Prevention & Management of Trauma and Burn Injuries” (NPPMT&BI), 196 Trauma Care Facilities (TCFs) were sanctioned in Government Hospitals/ Medical Colleges across the country. Out of 196, following 13 TCFs were sanctioned in Uttar Pradesh:

1) BRD Medical College, Gorakhpur

2) District Hospital, Faizabad

3) KGM College, Lucknow

4) LLR Hospital & GSVM College, Kanpur

5) District Hospital, Jaluan, Orai

6) MLB Medical College, Jhansi

7) District Hospital, Basti

8) SN Medical College, Agra

9) Shri BA District Hospital, Etawah

10) District Hospital, Fatehpur

11) MLN Medical College, Allahabad

12) LLRM Medical College, Meerut

13) District Hospital, Lalitpur

As reported by State Government, all the 13 TCFs are functional. There is no provision of identification of new trauma care facilities beyond 12th year plan in the NPPMT&BI scheme, however, financial support is provided in terms of release of the balance share of Central assistance within the total approved cost of the approved facilities/units. No new TCF were sanctioned, under the NPPMT&BI, during the last five years in Uttar Pradesh.

Health is a State subject. It is primary responsibility of the State to strengthen Trauma Care Facilities in the State. Manpower deployment at all Trauma Centres are arranged by State Government.

## एनसीडी के लिए प्रारंभिक जांच कार्यक्रम

**3374. श्रीमती कलाबेन मोहनभाई देलकर:**

**श्री संदिपनराव आसाराम भुमरे:**

**डॉ. शिवाजी बंडाप्पा कालगे:**

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

(क) देशभर में प्राथमिक और माध्यमिक स्वास्थ्य देखभाल सुविधाओं के अंतर्गत मधुमेह, उच्च रक्तचाप और कैंसर के प्रमुख रूपों के लिए शीघ्र जांच कार्यक्रमों की वर्तमान स्थिति क्या है;

(ख) जन स्वास्थ्य पहलों के भाग के रूप में पोषण शिक्षा को कितना संस्थागत बनाया गया है और महाराष्ट्र तथा संघ राज्यक्षेत्र दादरा और नगर हवेली तथा दमण और दीव में तत्संबंधी ब्यौरा क्या है;

(ग) सरकार द्वारा वायु प्रदूषण से निपटने और निवारक स्वास्थ्य उपाय के रूप में सुरक्षित पेयजल तक पहुंच सुनिश्चित करने के लिए अन्य संबंधित मंत्रालयों के समन्वय से क्या कदम उठाए गए हैं; और

(घ) क्या तृतीयक स्वास्थ्य परिचर्या और आईसीयू अवसंरचना पर व्यय के साथ निवारक स्वास्थ्य देखभाल पर व्यय की तुलना करने के लिए कोई लागत-लाभ मूल्यांकन किया गया है, यदि हां, तो तत्संबंधी निष्कर्ष क्या हैं और सरकार द्वारा विशेष रूप से महाराष्ट्र में इस पर क्या कार्रवाई की गई है?

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

(क) से (घ): स्वास्थ्य और परिवार कल्याण विभाग, भारत सरकार राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के अंतर्गत राज्यों और संघ राज्य क्षेत्रों को तकनीकी तथा वित्तीय सहायता प्रदान करता है। एनपी-एनसीडी के तहत, देशभर में 770 जिला एनसीडी क्लीनिक, 233 कार्डियक केयर यूनिट और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं। इसके अतिरिक्त, जिला स्तर पर कैंसर परिचर्या की सुलभता सुनिश्चित करने के लिए देशभर में 524 दैनिक परिचर्या कैंसर केंद्र (डीसीसीसी) कार्यशील हैं।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में व्यापक प्राथमिक स्वास्थ्य परिचर्या के भाग के रूप में सामान्य गैर-संचारी रोगों (एनसीडी) अर्थात् मधुमेह, उच्च रक्तचाप, मुख, स्तन तथा गर्भाशय ग्रीवा (सर्वाइकल) कैंसर की रोकथाम, नियंत्रण और जांच के लिए जनसंख्या-आधारित पहल शुरू की गई। इस पहल के अंतर्गत, 30 वर्ष से अधिक आयु के व्यक्तियों को जांच के लिए लक्षित किया जाता है। राष्ट्रीय एनसीडी पोर्टल के अनुसार, जुलाई 2026 तक 42.4 करोड़ लोगों की उच्च रक्तचाप के लिए, 42.21 करोड़ लोगों की मधुमेह के लिए, 36.11 करोड़ लोगों की मुख कैंसर के लिए, 16.94 करोड़ महिलाओं की स्तन कैंसर के लिए तथा 9.31 करोड़ महिलाओं की गर्भाशय ग्रीवा (सर्वाइकल) कैंसर के लिए जांच की जा चुकी है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) और पोषण अभियान के अंतर्गत महाराष्ट्र तथा दादरा और नगर हवेली एवं दमन और दीव संघ राज्य राज्य क्षेत्र सहित देशभर में, पोषण शिक्षा को जन स्वास्थ्य पहलों के एक अभिन्न घटक के रूप में संस्थागत किया गया है। आयुष्मान आरोग्य मंदिरों (एएएम), ग्राम स्वास्थ्य, स्वच्छता एवं पोषण दिवसों (वीएचएसएनडी) तथा सामुदायिक-आधारित मंचों के माध्यम से पोषण शिक्षा और परामर्श प्रदान करने के लिए जीवन-चक्र आधारित दृष्टिकोण अपनाया गया है। महिला और बाल विकास मंत्रालय के तालमेल से कार्यान्वित पोषण अभियान के अंतर्गत, भारतीय आयुर्विज्ञान अनुसंधान परिषद–राष्ट्रीय पोषण संस्थान (एनआईएन) द्वारा विकसित पोषण ई-लर्निंग मॉड्यूलों द्वारा समर्थित जन आंदोलन

दृष्टिकोण के माध्यम से व्यवहार परिवर्तन संचार को प्रोत्साहित किया जाता है। राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके), राष्ट्रीय किशोर स्वास्थ्य कार्यक्रम (आरकेएसके) तथा ईट राइट इंडिया पहल के माध्यम से पोषण शिक्षा को और अधिक सुदृढ़ किया गया है। इन कार्यकलापों को महाराष्ट्र तथा दादरा और नगर हवेली एवं दमन और दीव संघ राज्य क्षेत्र सहित सभी राज्यों और संघ राज्य क्षेत्रों में समान रूप से लागू किया जाता है।

पर्यावरण, वन और जलवायु परिवर्तन मंत्रालय ने वायु प्रदूषण से संबंधित समस्याओं के समाधान के लिए वर्ष 2019 में राष्ट्रीय स्वच्छ वायु कार्यक्रम (एनसीएपी) शुरू किया। जल शक्ति मंत्रालय, राज्यों की साझेदारी में, जल जीवन मिशन (जेजेएम) – हर घर जल कार्यक्रम का कार्यान्वयन कर रहा है, जिसका उद्देश्य देश के प्रत्येक ग्रामीण परिवार को कार्यात्मक नल जल कनेक्शन के माध्यम से पीने योग्य पानी उपलब्ध कराना है।

आयुष्मान आरोग्य मंदिर के माध्यम से व्यापक प्राथमिक स्वास्थ्य परिचर्या के अंतर्गत एनसीडी के निवारक पहलू को सुदृढ़ किया गया है, जिसके तहत महाराष्ट्र सहित, देशभर में, सामुदायिक स्तर पर स्वास्थ्य एवं कल्याण कार्यकलापों को बढ़ावा देने और लक्षित संचार के माध्यम से जागरूकता बढ़ाई जा रही है। एनसीडी के बारे में जन-जागरूकता बढ़ाने तथा स्वस्थ जीवनशैली को प्रोत्साहित करने के लिए अन्य पहलों में राष्ट्रीय एवं अंतरराष्ट्रीय स्वास्थ्य दिवसों का आयोजन तथा निरंतर सामुदायिक जागरूकता के लिए प्रिंट, इलेक्ट्रॉनिक और सोशल मीडिया का उपयोग शामिल है। इसके अतिरिक्त, फिट इंडिया मुवमेंट नियमित शारीरिक गतिविधि और स्वस्थ जीवनशैली को बढ़ावा देता है, जबकि खेलो इंडिया कार्यक्रम सभी आयु वर्गों के बीच खेल और फिटनेस को प्रोत्साहित करता है। स्वास्थ्य और आरोग्यता को बढ़ावा देने के लिए आयुष मंत्रालय द्वारा योग से संबंधित विभिन्न गतिविधियाँ भी संचालित की जाती हैं।

## एफएमजीई परीक्षाओं में पारदर्शिता

**3375. श्री कुलदीप इंदौरा:**

**श्री जिया उर रहमान:**

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

(क) क्या सरकार को 28 जून, 2026 को आयोजित एफएमजीई में पहली बार वीडियो आधारित प्रश्नों को शामिल करने, बिना किसी पूर्व सूचना के परीक्षा पैटर्न में परिवर्तन, एक अत्यंत लंबा और कठिन प्रश्न पत्र जिसके परिणामस्वरूप उत्तीर्ण प्रतिशत केवल 12.40 होने, मूल्यांकन में पारदर्शिता की कमी, उत्तर कुंजी का प्रकाशन न होना और भीषण गर्मी के दौरान परीक्षा केंद्रों पर अपर्याप्त सुविधाओं के संबंध में अभ्यावेदन और गंभीर शिकायतें प्राप्त हुई हैं;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार/आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड (एनबीईएमएस) द्वारा इन शिकायतों की जांच करने और इन शिकायतों की जांच करने के लिए क्या कार्रवाई की गई है;

(ग) क्या विगत तीन वर्षों के दौरान एफएमजीई अथवा अन्य राष्ट्रीय चिकित्सा परीक्षाओं में इसी प्रकार की शिकायतें प्राप्त हुई हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(घ) क्या सरकार परीक्षा में निष्पक्षता सुनिश्चित करने के लिए एफएमजीई जून 2026 की उत्तर कुंजी जारी करने, परीक्षा प्रक्रिया में और अधिक पारदर्शिता लाने और प्रभावित अभ्यर्थियों की मांग के अनुसार उचित राहत प्रदान करने के लिए 20 बोनस अंक प्रदान करने सहित सुधारात्मक उपाय करने पर विचार कर रही 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) से (ग): विदेशी चिकित्सा स्नातक परीक्षा (एफएमजीई) का आयोजन आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड (एनबीईएमएस) द्वारा उन विदेशी चिकित्सा स्नातकों (एफएमजी) के लिए जाँच परीक्षण विनियमों के प्रावधानों के अनुसार किया जाता है, जो राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) या संबंधित राज्य चिकित्सा परिषदों (एसएमसी) के साथ अस्थायी (प्रोविजनल) या स्थायी पंजीकरण प्राप्त करने की इच्छा रखते हैं। एफएमजीई के पाठ्यक्रम में एमबीबीएस पाठ्यक्रम के लिए एनएमसी द्वारा प्रकाशित क्षमता-आधारित स्नातक पाठ्यक्रम के अनुसार विषय/ज्ञान के क्षेत्र शामिल हैं।

एनबीईएमएस द्वारा प्रदत्त सूचना के अनुसार, वीडियो-आधारित प्रश्नों को एफएमजीई जून, 2026 परीक्षा से पहले अभ्यर्थी के लिए उपलब्ध कराए गए आधिकारिक डेमो टेस्ट में शामिल किया गया था, ताकि उन्हें परीक्षा के इंटरफ़ेस और पैटर्न से परिचित कराया जा सके और इसलिए, इसकी पूर्व सूचना दे दी गई थी।

एफएमजीई में उत्तीर्ण होने की दर कई कारकों पर निर्भर करती है, जिनमें प्रदान की गई आयुर्विज्ञान शिक्षा की गुणवत्ता, व्यक्तिगत अभ्यर्थी के ज्ञान का स्तर और परीक्षा में उसका प्रदर्शन शामिल हैं। एफएमजीई जून, 2026 में कुल उत्तीर्ण प्रतिशत 12.78% है। नए अभ्यर्थियों (जिन्होंने पहली बार परीक्षा दी है) में उत्तीर्ण प्रतिशत 35% से अधिक है।

इसके अतिरिक्त, एनबीईएमएस ने एफएमजीई जून, 2026 के आयोजन से पूर्व परीक्षा केंद्रों का ऑडिट किया, ताकि उनकी तैयारी और आवश्यक सुविधाओं की उपलब्धता सुनिश्चित की जा सके। सभी परीक्षा केंद्रों पर अभ्यर्थियों के लिए पर्याप्त व्यवस्थाएँ की गईं, जिनमें स्थानीय मौसम की परिस्थितियों के अनुसार, जहाँ आवश्यक था, कूलर जैसी अतिरिक्त शीतलन

व्यवस्थाओं का प्रबंध किया गया। सभी परीक्षा केंद्रों पर दोनों परीक्षा पालियों के दौरान अभ्यर्थियों के लिए पर्याप्त पेयजल की व्यवस्था भी सुनिश्चित की गई।

(घ) और (ङ): एफएमजीई परीक्षा एक संरचित प्रश्न बैंक के माध्यम से आयोजित की जाती है, जिसमें सत्यापित प्रश्नों का एक परिमित संग्रह होता है। एफएमजीई सूचना बुलेटिन के खंड 9.7 में विशेष रूप से प्रावधान किया गया है कि यह परीक्षा एक गैर-प्रकटीकरण समझौते के अंतर्गत आती है। प्रश्नपत्रों का प्रकटीकरण परीक्षा की अखंडता, गोपनीयता तथा भविष्य में इसके आयोजन को प्रभावित कर सकता है।

इसके अतिरिक्त, एफएमजीई का आयोजन अधिसूचित विनियमों और निर्धारित अर्हता मानदंडों के अनुसार कड़ाई से किया जाता है। विदेशी चिकित्सा स्नातकों (एफएमजी) से संबंधित पात्रता मानदंड, पाठ्यक्रम अथवा विनियामक ढांचे में किसी भी परिवर्तन के संबंध में एनएमसी द्वारा समय-समय पर, सांविधिक प्रावधानों तथा हितधारकों की आवश्यकताओं के अनुरूप विचार किया जाता है।

## EXCLUSIVE SPECIAL COURTS UNDER THE POA AND PCR ACTS

**3376. DR. BYREDDY SHABARI:**

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

(a) the number of Exclusive Special Courts notified and operational under the Protection of Civil Rights Act, 1955 and the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 since 2018, year-wise and State/UT-wise;

(b) the pendency, conviction rate and average disposal time of cases during the last five years, district-wise;

(c) the number of charge sheets filed and average time taken from FIR registration to filing of charge sheets during the same period, State/UT-wise;

(d) the sanctioned strength and vacancies of judicial officers, Special Public Prosecutors and court staff, State/UT-wise;

(e) the funds allocated, released and utilised for judicial infrastructure since 2018, year-wise and State/UT-wise; and

(f) whether the Government proposes to issue guidelines for time-bound trials, witness protection and victim compensation and, if so, the details thereof?

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

(a): Section 14 of the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities){PoA} Act, 1989 as amended by the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Amendment Act, 2015 specifies that for the purpose of providing for speedy trial, the State Government shall, with the concurrence of the Chief Justice of the High Court, establish an Exclusive Special Court for one or more districts, provided that in Districts where less number of cases under this Act is recorded, the State Government shall, with the concurrence of the Chief

Justice of the High Court, specifies for such Districts, the Court of sessions to be a Special Court to try the offences under the Act.

As per the information received from the States/UTs, the details of Exclusive Special Courts established under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989, from the financial year 2018-19 to 2024-25 are given at **Statement-I**.

(b) and (c): As per the data received from National Crime Record Bureau (NCRB), the details of Cases Chargesheeted (CCS), Cases in which Trials Completed (CTC), Conviction Rate (CVR) and Cases Pending at the end of the year (CPTEY) from 2019 to 2023 under the Protection of Civil Rights (PCR) Act, 1955 and the Scheduled Castes (SC) and the Scheduled Tribes (ST) (Prevention of Atrocities) {PoA} Act, 1989 for Schedule Castes are given at **Statement-II** and corresponding details for the Schedule Tribes is given at the **Statement -III.**

The State/UT-wise details of time taken for submitting the chargesheet under the Protection of Civil Rights (PCR) Act, 1955 and the Scheduled Castes (SC) and the Scheduled Tribes (ST) (Prevention of Atrocities) {PoA} Act, 1989 from 2019 to 2023 for Schedule Castes are given at **Statement-IV (A-E)** and corresponding details for the Schedule Tribes is given at the **Statement-V (A-E).**

(d): As regards the recruitment of judges/prosecutors and staff in courts, filling up of vacant positions of the judicial officers in District and Subordinate

courts, is the responsibility of the State Governments and the concerned High Courts. Under Section 14 of the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) [PoA] Act, 1989, the States/UTs are responsible for establishing Exclusive Special Courts with the concurrence of the Chief Justice of the concerned High Court.

(e): The Department of Social Justice and Empowerment runs a Centrally Sponsored Scheme (CSS) for the implementation of the Protection of Civil Rights (PCR) Act, 1955 and the Scheduled Castes (SC) and the Scheduled Tribes (ST) (Prevention of Atrocities) {PoA} Act, 1989, under which Central Assistance is provided to the States/UTs mainly for five components including Setting up and Functioning of Exclusive Special Courts.

As per the Scheme guidelines, central assistance is provided as per the actual requirement proposed by the State/UT Governments towards salary, office expenses etc. However, there is no provision for providing central assistance for procurement of land, construction of buildings and judicial infrastructure relating to these courts.

(f): The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 as amended from time to time provides for time bound trial under Section 14(2), witness protection under Section 15 A-Rights of victims and witnesses and Relief and rehabilitation of atrocity victims as per Rule 12 (4) of the PoA Rules, 1995 and as amended from time to time.

Further, as per Section 398 of BNSS, the State Governments are required to prepare and notify a Witness Protection Scheme with a view to ensure protection of the witness. Victim compensation is provided by the States and Union Territories through schemes framed under section 396 of Bharatiya Nagarik Suraksha Sanhita, 2023 (BNSS) (earlier 357A of the Code of Criminal Procedure, 1973), in addition to the relief and rehabilitation measures prescribed under the SC/ST (Prevention of Atrocities) Rules, 1995.

Moreover, the Government of India issues advisories to the State Governments/UT Administrations from time to time for effective implementation of the SC/ST (PoA) Act and Rules.

**STATEMENT-I**

**Details of Exclusive Special Courts established by States/UTs under the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 from the financial year 2018-19 to 2024-25**

| Sl. No. | States/UTs | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|---|---|---|---|---|---|---|---|---|
| 1. | Andhra Pradesh | 01 | 01 | 01 | 1 | 01 | 01 | 01 |
| 2. | Bihar | 05 | 05 | 05 | 14 | 14 | 14 | 14 |
| 3. | Chhattisgarh | 16 | NA | NA | NA | 11 | 11 | 11 |
| 4. | Gujarat | 16 | 16 | 16 | 16 | 16 | 16 | 16 |
| 5. | Himachal Pradesh | 0 | 03 | 0 | 0 | 0 | 0 | 0 |
| 6. | Jharkhand | 04 | | 04 | 04 | 02 | 02 | 02 |
| 7. | Karnataka | 08 | 08 | 08 | 08 | 08 | 08 | 11 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 8. | Madhya Pradesh | 43 | 43 | 43 | 11 | 11 | 11 | 11 |
| 9. | Maharashtra | 03 | 03 | 03 | 03 | 03 | 03 | 03 |
| 10. | Odisha | 03 | 05 | 03 | 03 | 03 | 03 | 03 |
| 11. | Punjab | 0 | 0 | 0 | 0 | 02 | 02 | 02 |
| 12. | Rajasthan | 25 | 31 | 31 | 31 | 31 | 31 | 31 |
| 13. | Tamil Nadu | 06 | 14 | 14 | 17 | 17 | 19 | 21 |
| 14. | Telangana | 0 | 0 | 0 | 0 | 10 | 10 | 10 |
| 15. | Uttar Pradesh | 40 | 65 | 65 | 65 | 65 | 74 | 74 |
| 16. | Kerala | 0 | 0 | 0 | 0 | 0 | 06 | 07 |
| **TOTAL** | | **170** | **194** | **193** | **176** | **194** | **211** | **217** |

Source: As received from Ministry of Social Justice & Empowerment.

## STATEMENT-II

**The State/UT-wise details of Cases Chargesheeted (CCS), Cases in which Trials Completed (CTC), Conviction Rate (CVR) and Cases Pending at the end of the year (CPTEY) from 2019-2023 under the PCR Act, 1955 and SC/ST PoA Act, 1989 for Schedule Castes**

| Sl. No. | State/UT | 2019 | | | | 2020 | | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total Crime/Atrocities against SCs | | | | Total Crime/Atrocities against SCs | | | | Total Crime/Atrocities against SCs | | | |
| | | CCS | CTC | CVR | CPTEY | CCS | CTC | CVR | CPTEY | CCS | CTC | CVR | CPTEY |
| 1 | Andhra Pradesh | 928 | 560 | 6.8 | 3935 | 1615 | 371 | 10 | 5179 | 1915 | 360 | 5.3 | 6722 |
| 2 | Arunachal Pradesh | 1 | 0 | - | 1 | 1 | 0 | - | 2 | 0 | 0 | - | 2 |
| 3 | Assam | 5 | 0 | - | 15 | 3 | 3 | 0 | 15 | 3 | 0 | - | 18 |
| 4 | Bihar | 4784 | 362 | 12.2 | 43555 | 5453 | 55 | 21.8 | 48953 | 4588 | 154 | 31.2 | 53387 |
| 5 | Chhattisgarh | 313 | 155 | 30.3 | 1125 | 280 | 48 | 47.9 | 1357 | 337 | 108 | 18.5 | 1586 |
| 6 | Goa | 4 | 2 | 0 | 23 | 1 | 0 | - | 23 | 3 | 1 | 0 | 25 |
| 7 | Gujarat | 1229 | 387 | 1.8 | 10032 | 1203 | 68 | 4.4 | 11166 | 1144 | 139 | 5.8 | 12166 |
| 8 | Haryana | 670 | 287 | 22.3 | 1517 | 632 | 48 | 12.5 | 2101 | 738 | 175 | 25.1 | 2663 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | Himachal Pradesh | 111 | 64 | 9.4 | 453 | 185 | 25 | 4 | 608 | 144 | 37 | 5.4 | 708 |
| 10 | Jharkhand | 209 | 91 | 18.7 | 1755 | 292 | 47 | 29.8 | 2000 | 460 | 52 | 53.8 | 2408 |
| 11 | Karnataka | 1131 | 670 | 3.9 | 8216 | 1208 | 370 | 4.6 | 9052 | 1556 | 628 | 1.6 | 9976 |
| 12 | Kerala | 634 | 167 | 8.4 | 3053 | 655 | 160 | 4.4 | 3543 | 1111 | 433 | 9.7 | 4196 |
| 13 | Madhya Pradesh | 5073 | 3065 | 31.5 | 20731 | 6718 | 1341 | 40.1 | 26108 | 7236 | 2571 | 28 | 30770 |
| 14 | Maharashtra | 1800 | 1054 | 7.1 | 9606 | 2133 | 331 | 11.8 | 11396 | 2357 | 419 | 10.7 | 13324 |
| 15 | Manipur | 0 | 0 | - | 3 | 0 | 0 | - | 3 | 0 | 0 | - | 3 |
| 16 | Meghalaya | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 17 | Mizoram | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 18 | Nagaland | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 19 | Odisha | 2365 | 9 | 22.2 | 12371 | 2088 | 136 | 3.7 | 14323 | 2032 | 145 | 0.7 | 16210 |
| 20 | Punjab | 76 | 36 | 13.9 | 213 | 97 | 24 | 16.7 | 285 | 96 | 24 | 25 | 350 |
| 21 | Rajasthan | 3194 | 1813 | 51.1 | 14644 | 3328 | 1174 | 48.7 | 16796 | 3726 | 1403 | 41.6 | 19116 |
| 22 | Sikkim | 2 | 0 | - | 7 | 0 | 1 | 0 | 6 | 1 | 2 | 0 | 5 |
| 23 | Tamil Nadu | 967 | 790 | 11.3 | 4867 | 968 | 512 | 25.2 | 5313 | 1050 | 566 | 18.4 | 5784 |
| 24 | Telangana | 1119 | 477 | 9 | 3448 | 1534 | 341 | 3.8 | 4637 | 1550 | 364 | 8.2 | 5813 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 25 | Tripura | 0 | 0 | - | 1 | 0 | 0 | - | 1 | 0 | 0 | - | 1 |
| 26 | Uttar Pradesh | 9931 | 2451 | 66.1 | 50776 | 10489 | 2576 | 70.7 | 58688 | 11358 | 2528 | 76.3 | 67512 |
| 27 | Uttarakhand | 68 | 25 | 68 | 244 | 64 | 0 | - | 308 | 87 | 2 | 0 | 393 |
| 28 | West Bengal | 89 | 15 | 0 | 595 | 128 | 2 | 0 | 721 | 122 | 7 | 0 | 836 |
| | **TOTAL STATE(S)** | **34703** | **12480** | **32.1** | **191186** | **39075** | **7633** | **42.4** | **222584** | **41614** | **10118** | **36** | **253974** |
| 29 | A&N Islands | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 30 | Chandigarh | 0 | 1 | 100 | 4 | 0 | 1 | 100 | 3 | 0 | 0 | - | 3 |
| 31 | D&N Haveli and Daman & Diu+ | 0 | 1 | 0 | 2 | 1 | 0 | - | 3 | 1 | 0 | - | 4 |
| 32 | Delhi | 51 | 21 | 9.5 | 277 | 59 | 3 | 0 | 333 | 100 | 2 | 0 | 429 |
| 33 | Jammu & Kashmir* | 0 | 0 | - | 3 | 0 | 0 | - | 3 | 3 | 0 | - | 6 |
| 34 | Ladakh | | | - | | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 35 | Lakshadweep | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 36 | Puducherry | 0 | 0 | - | 50 | 3 | 0 | - | 53 | 6 | 0 | - | 59 |
| | **TOTAL UT(S)** | **51** | **23** | **13** | **336** | **63** | **4** | **25** | **395** | **110** | **2** | **0** | **501** |
| | **TOTAL (ALL INDIA)** | **34754** | **12503** | **32** | **191522** | **39138** | **7637** | **42.4** | **222979** | **41724** | **10120** | **36** | **254475** |

**The State/UT-wise details of Cases Chargesheeted (CCS), Cases in which Trials Completed (CTC), Conviction Rate (CVR) and Cases Pending at the end of the year (CPTEY) from 2019-2023 under the PCR Act, 1955 and SC/ST PoA Act, 1989 for Schedule Castes**

| | | 2022 | | | | 2023 | | | |
|---|---|---|---|---|---|---|---|---|---|
| Sl. No. | State/UT | Total Crime/Atrocities against SCs | | | | Total Crime/Atrocities against SCs | | | |
| | | CCS | CTC | CVR | CPTEY | CCS | CTC | CVR | CPTEY |
| 1 | Andhra Pradesh | 1571 | 1050 | 4 | 7230 | 1496 | 864 | 3.1 | 7846 |
| 2 | Arunachal Pradesh | 0 | 0 | - | 2 | 0 | 0 | - | 2 |
| 3 | Assam | 3 | 0 | - | 21 | 4 | 0 | - | 25 |
| 4 | Bihar | 5135 | 339 | 43.1 | 58183 | 8371 | 599 | 30.1 | 65955 |
| 5 | Chhattisgarh | 358 | 327 | 77.4 | 1617 | 252 | 170 | 44.7 | 1699 |
| 6 | Goa | 7 | 2 | 0 | 30 | 4 | 2 | 0 | 32 |
| 7 | Gujarat | 1182 | 271 | 4.4 | 13073 | 1287 | 620 | 7.4 | 13731 |
| 8 | Haryana | 744 | 280 | 19.3 | 3118 | 806 | 352 | 19.3 | 3568 |
| 9 | Himachal Pradesh | 148 | 60 | 8.3 | 788 | 130 | 141 | 10.6 | 750 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 10 | Jharkhand | 318 | 143 | 19.6 | 2571 | 296 | 126 | 28.6 | 2731 |
| 11 | Karnataka | 1636 | 1113 | 1.3 | 10490 | 1718 | 1104 | 2.2 | 11091 |
| 12 | Kerala | 957 | 542 | 9.2 | 4575 | 957 | 816 | 13.5 | 4655 |
| 13 | Madhya Pradesh | 7588 | 3936 | 22.9 | 34412 | 8029 | 4895 | 21.6 | 37539 |
| 14 | Maharashtra | 2371 | 1010 | 8.8 | 14668 | 2790 | 991 | 8.9 | 16434 |
| 15 | Manipur | 0 | 0 | - | 3 | 0 | 0 | - | 3 |
| 16 | Meghalaya | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 17 | Mizoram | 5 | 0 | - | 5 | 0 | 0 | - | 5 |
| 18 | Nagaland | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 19 | Odisha | 3090 | 248 | 16.1 | 19051 | 2778 | 541 | 0.4 | 21283 |
| 20 | Punjab | 69 | 40 | 27.5 | 373 | 108 | 43 | 14 | 429 |
| 21 | Rajasthan | 4031 | 1598 | 39.5 | 21538 | 3480 | 2541 | 61.4 | 22470 |
| 22 | Sikkim | 0 | 2 | 50 | 3 | 2 | 0 | - | 5 |
| 23 | Tamil Nadu | 1297 | 654 | 21.1 | 6410 | 1502 | 945 | 12.2 | 6946 |
| 24 | Telangana | 1979 | 892 | 4.9 | 6880 | 1154 | 849 | 4.2 | 7169 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 25 | Tripura | 1 | 0 | - | 2 | 0 | 0 | - | 2 |
| 26 | Uttar Pradesh | 12996 | 3952 | 80.2 | 76556 | 13560 | 4557 | 65.6 | 85478 |
| 27 | Uttarakhand | 99 | 2 | 0 | 490 | 78 | 12 | 66.7 | 556 |
| 28 | West Bengal | 123 | 59 | 0 | 900 | 87 | 37 | 2.7 | 949 |
| | **TOTAL STATE(S)** | **45708** | **16520** | **34.1** | **282989** | **48889** | **20205** | **31.9** | **311353** |
| 29 | A&N Islands | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 30 | Chandigarh | 1 | 1 | 0 | 4 | 1 | 1 | 100 | 4 |
| 31 | D&N Haveli and Daman & Diu | 0 | 2 | 0 | 1 | 0 | 0 | - | 1 |
| 32 | Delhi | 99 | 15 | 0 | 511 | 115 | 91 | 33 | 532 |
| 33 | Jammu & Kashmir | 6 | 0 | - | 12 | 10 | 0 | - | 22 |
| 34 | Ladakh | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 35 | Lakshadweep | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 36 | Puducherry | 13 | 0 | - | 72 | 2 | 0 | - | 74 |
| | **TOTAL UT(S)** | **119** | **18** | **0** | **600** | **128** | **92** | **33.7** | **633** |
| | **TOTAL (ALL INDIA)** | **45827** | **16538** | **34** | **283589** | **49017** | **20297** | **31.9** | **311986** |

## STATEMENT-III

**The State/UT-wise details of Cases Chargesheeted (CCS), Cases in which Trials Completed (CTC), Conviction Rate (CVR) and Cases Pending at the end of the year (CPTEY) from 2019-2023 under the PCR Act, 1955 and SC/ST PoA Act, 1989 for Schedule Tribes**

| Sl. No. | State/UT | 2019 | | | | 2020 | | | | 2021 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Total Crime/Atrocities against STs | | | | Total Crime/Atrocities against STs | | | | Total Crime/Atrocities against STs | | | |
| | | CCS | CTC | CVR | CPTEY | CCS | CTC | CVR | CPTEY | CCS | CTC | CVR | CPTEY |
| 1 | Andhra Pradesh | 193 | 113 | 1.8 | 765 | 234 | 111 | 0.9 | 888 | 346 | 54 | 5.6 | 1179 |
| 2 | Arunachal Pradesh | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 3 | Assam | 1 | 0 | - | 47 | 0 | 0 | - | 47 | 9 | 0 | - | 56 |
| 4 | Bihar | 85 | 10 | 20 | 455 | 75 | 0 | - | 530 | 66 | 11 | 36.4 | 585 |
| 5 | Chhattisgarh | 387 | 134 | 29.1 | 1554 | 462 | 98 | 48 | 1913 | 512 | 111 | 24.3 | 2314 |
| 6 | Goa | 2 | 1 | 0 | 18 | 2 | 0 | - | 20 | 4 | 1 | 0 | 23 |
| 7 | Gujarat | 289 | 32 | 15.6 | 2450 | 253 | 7 | 14.3 | 2696 | 328 | 43 | 0 | 2981 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Haryana | 1 | 0 | - | 1 | 0 | 0 | - | 1 | 0 | 0 | - | 1 |
| 9 | Himachal Pradesh | 1 | 0 | - | 17 | 1 | 0 | - | 18 | 6 | 0 | - | 24 |
| 10 | Jharkhand | 242 | 31 | 32.3 | 1049 | 86 | 20 | 40 | 1115 | 144 | 27 | 63 | 1232 |
| 11 | Karnataka | 249 | 167 | 1.8 | 1705 | 262 | 76 | 1.3 | 1891 | 346 | 127 | 0 | 2109 |
| 12 | Kerala | 94 | 38 | 5.3 | 503 | 109 | 32 | 21.9 | 580 | 112 | 31 | 29 | 650 |
| 13 | Madhya Pradesh | 1845 | 1327 | 31.2 | 7940 | 2362 | 421 | 35.9 | 9881 | 2547 | 981 | 34.3 | 11442 |
| 14 | Maharashtra | 447 | 252 | 11.9 | 2815 | 633 | 96 | 12.5 | 3351 | 557 | 102 | 11.8 | 3805 |
| 15 | Manipur | 0 | 0 | - | 3 | 0 | 0 | - | 3 | 0 | 0 | - | 3 |
| 16 | Meghalaya | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 17 | Mizoram | 8 | 0 | - | 8 | 0 | 0 | - | 8 | 0 | 8 | 100 | 0 |
| 18 | Nagaland | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 19 | Odisha | 682 | 3 | 0 | 4662 | 575 | 8 | 0 | 5229 | 647 | 24 | 0 | 5852 |
| 20 | Punjab | 0 | 0 | - | 2 | 1 | 0 | - | 3 | 0 | 1 | 0 | 2 |
| 21 | Rajasthan | 832 | 434 | 44.7 | 3556 | 918 | 264 | 43.2 | 4209 | 950 | 277 | 45.1 | 4882 |
| 22 | Sikkim | 2 | 1 | 100 | 3 | 0 | 0 | - | 3 | 1 | 1 | 0 | 3 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | Tamil Nadu | 28 | 24 | 25 | 86 | 14 | 0 | - | 100 | 18 | 0 | - | 118 |
| 24 | Telangana | 420 | 226 | 13.7 | 988 | 407 | 81 | 2.5 | 1312 | 505 | 134 | 5.2 | 1681 |
| 25 | Tripura | 2 | 0 | - | 2 | 0 | 0 | - | 2 | 0 | 0 | - | 2 |
| 26 | Uttar Pradesh | 51 | 1 | 100 | 1081 | 3 | 1 | 100 | 1083 | 3 | 0 | - | 1086 |
| 27 | Uttarakhand | 7 | 1 | 100 | 22 | 11 | 2 | 100 | 31 | 4 | 0 | - | 35 |
| 28 | West Bengal | 49 | 5 | 0 | 390 | 69 | 2 | 0 | 457 | 73 | 15 | 0 | 515 |
| | **TOTAL STATE(S)** | **5917** | **2800** | **26.5** | **30122** | **6477** | **1219** | **28.5** | **35371** | **7178** | **1948** | **28.1** | **40580** |
| 29 | A&N Islands | 0 | 1 | 0 | 25 | 3 | 0 | - | 28 | 4 | 1 | 0 | 31 |
| 30 | Chandigarh | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 31 | D&N Haveli and Daman & Diu+ | 1 | 7 | 0 | 10 | 1 | 0 | - | 11 | 1 | 0 | - | 12 |
| 32 | Delhi | 0 | 0 | - | 11 | 3 | 0 | - | 14 | 3 | 0 | - | 17 |
| 33 | Jammu & Kashmir | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 34 | Ladakh | - | - | - | - | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 35 | Lakshadweep | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 36 | Puducherry | 0 | 0 | - | 0 | 0 | 0 | - | 0 | 0 | 0 | - | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **TOTAL UT(S)** | **1** | **8** | **0** | **46** | **7** | **0** | **-** | **53** | **8** | **1** | **0** | **60** |
| | **TOTAL (ALL INDIA)** | **5918** | **2808** | **26.4** | **30168** | **6484** | **1219** | **28.5** | **35424** | **7186** | **1949** | **28.1** | **40640** |

**The State/UT-wise details of Cases Chargesheeted (CCS), Cases in which Trials Completed (CTC), Conviction Rate (CVR) and Cases Pending at the end of the year (CPTEY) from 2019-2023 under the PCR Act, 1955 and SC/ST PoA Act, 1989 for Schedule Tribes**

| | | **2022** | | | | **2023** | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Sl. No.** | **State/UT** | **Total Crime/Atrocities against STs** | | | | **Total Crime/Atrocities against STs** | | | |
| | | **CCS** | **CTC** | **CVR** | **CPTEY** | **CCS** | **CTC** | **CVR** | **CPTEY** |
| 1 | Andhra Pradesh | 280 | 141 | 1.4 | 1314 | 296 | 134 | 3.7 | 1468 |
| 2 | Arunachal Pradesh | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 3 | Assam | 7 | 1 | 100 | 62 | 8 | 16 | 0 | 54 |
| 4 | Bihar | 102 | 24 | 4.2 | 663 | 124 | 2 | 100 | 785 |
| 5 | Chhattisgarh | 546 | 261 | 76.6 | 2599 | 342 | 207 | 30.9 | 2734 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | Goa | 1 | 1 | 100 | 23 | 1 | 2 | 0 | 22 |
| 7 | Gujarat | 286 | 75 | 8 | 3189 | 297 | 128 | 11.7 | 3356 |
| 8 | Haryana | 0 | 0 | - | 1 | 0 | 0 | - | 1 |
| 9 | Himachal Pradesh | 4 | 0 | - | 28 | 6 | 6 | 0 | 27 |
| 10 | Jharkhand | 121 | 68 | 30.9 | 1285 | 152 | 37 | 59.5 | 1400 |
| 11 | Karnataka | 341 | 391 | 0.8 | 2059 | 403 | 207 | 1.4 | 2252 |
| 12 | Kerala | 174 | 108 | 10.2 | 714 | 172 | 160 | 12.5 | 722 |
| 13 | Madhya Pradesh | 2913 | 1162 | 35.9 | 13192 | 2727 | 1489 | 27.3 | 14428 |
| 14 | Maharashtra | 591 | 207 | 12.6 | 4183 | 682 | 273 | 13.6 | 4587 |
| 15 | Manipur | 0 | 0 | - | 3 | 5 | 0 | - | 8 |
| 16 | Meghalaya | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 17 | Mizoram | 29 | 3 | 66.7 | 26 | 19 | 0 | - | 45 |
| 18 | Nagaland | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 19 | Odisha | 807 | 46 | 19.6 | 6613 | 696 | 111 | 0 | 7198 |
| 20 | Punjab | 0 | 2 | 0 | 0 | 0 | 0 | - | 0 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 21 | Rajasthan | 1109 | 398 | 46 | 5590 | 942 | 547 | 54.7 | 5982 |
| 22 | Sikkim | 1 | 1 | 0 | 3 | 0 | 2 | 0 | 1 |
| 23 | Tamil Nadu | 59 | 8 | 0 | 170 | 45 | 11 | 0 | 203 |
| 24 | Telangana | 575 | 275 | 6.5 | 1977 | 401 | 287 | 7.7 | 2080 |
| 25 | Tripura | 0 | 0 | - | 2 | 4 | 0 | - | 6 |
| 26 | Uttar Pradesh | 4 | 0 | - | 1090 | 5 | 0 | - | 1093 |
| 27 | Uttarakhand | 1 | 0 | - | 36 | 1 | 0 | - | 37 |
| 28 | West Bengal | 101 | 35 | 2.9 | 581 | 94 | 42 | 11.9 | 633 |
| | **TOTAL STATE(S)** | **8052** | **3207** | **28.1** | **45403** | **7422** | **3661** | **24.6** | **49122** |
| 29 | A&N Islands | 3 | 1 | 0 | 33 | 1 | 0 | - | 34 |
| 30 | Chandigarh | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| 31 | D&N Haveli and Daman & Diu | 4 | 2 | 0 | 14 | 3 | 1 | 0 | 16 |
| 32 | Delhi | 1 | 0 | - | 18 | 1 | 3 | 0 | 16 |
| 33 | Jammu & Kashmir | 1 | 0 | - | 1 | 0 | 0 | - | 1 |
| 34 | Ladakh | 0 | 0 | - | 0 | 0 | 0 | - | 0 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 35 | Lakshadweep | 1 | 0 | - | 0 | 0 | 0 | - | 0 |
| 36 | Puducherry | 0 | 0 | - | 0 | 0 | 0 | - | 0 |
| | **TOTAL UT(S)** | **10** | **3** | **0** | **66** | **5** | **4** | **0** | **67** |
| | **TOTAL (ALL INDIA)** | **8062** | **3210** | **28.1** | **45469** | **7427** | **3665** | **24.6** | **49189** |

## STATEMENT-IV-A

### State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Castes during 2019

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 20 | 6 | 22 | 25 | 9 | 0 | 82 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | Assam | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 4 | 3 | 5 | 5 | 8 | 0 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 7 | Gujarat | 34 | 35 | 35 | 0 | 1 | 0 | 105 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Haryana | 3 | 4 | 5 | 0 | 2 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 12 | 36 | 18 | 4 | 13 | 4 | 87 | 3 | 0 | 0 | 1 | 0 | 0 | 4 |
| 10 | Jharkhand | 13 | 30 | 4 | 21 | 22 | 0 | 90 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 11 | Karnataka | 19 | 97 | 28 | 37 | 14 | 3 | 198 | 0 | 0 | 4 | 0 | 0 | 0 | 4 |
| 12 | Kerala | 6 | 3 | 10 | 25 | 9 | 0 | 53 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 37 | 47 | 39 | 18 | 10 | 0 | 151 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 41 | 0 | 0 | 2 | 0 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 0 | 4 | 6 | 1 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 9 | 10 | 11 | 6 | 0 | 0 | 36 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 22 | 20 | 2 | 4 | 7 | 0 | 55 | 0 | 0 | 0 | 0 | 3 | 0 | 3 |
| 24 | Telangana | 3 | 7 | 23 | 45 | 32 | 5 | 115 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 759 | 947 | 101 | 219 | 0 | 0 | 2026 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 4 | 0 | 18 | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 3 | 3 | 5 | 4 | 4 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **950** | **1290** | **330** | **419** | **134** | **12** | **3135** | **3** | **1** | **4** | **1** | **3** | **1** | **13** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and D & | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | D | | | | | | | | | | | | | | |
| 32 | Delhi | 4 | 1 | 6 | 6 | 5 | 0 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | Ladakh | | | | | | | | | | | | | | |
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **4** | **1** | **6** | **6** | **5** | **0** | **22** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | **TOTAL (ALL INDIA)** | **954** | **1291** | **336** | **425** | **139** | **12** | **3157** | **3** | **1** | **4** | **1** | **3** | **1** | **13** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-IV-B

**State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Castes during 2020**

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 5 | 21 | 23 | 36 | 15 | 4 | 104 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Assam | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 10 | 10 | 10 | 10 | 0 | 0 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 37 | 19 | 10 | 2 | 0 | 0 | 68 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Haryana | 7 | 5 | 6 | 0 | 0 | 0 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 44 | 52 | 29 | 14 | 0 | 6 | 145 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 10 | Jharkhand | 5 | 9 | 8 | 6 | 53 | 37 | 118 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 14 | 45 | 39 | 63 | 17 | 0 | 178 | 1 | 0 | 2 | 0 | 0 | 0 | 3 |
| 12 | Kerala | 3 | 4 | 6 | 18 | 22 | 1 | 54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 25 | 49 | 67 | 31 | 4 | 2 | 178 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 4 | 8 | 9 | 3 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 13 | 18 | 3 | 0 | 1 | 0 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 1 | 2 | 4 | 3 | 3 | 1 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | Telangana | 2 | 5 | 18 | 39 | 50 | 10 | 124 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 663 | 507 | 527 | 40 | 16 | 0 | 1753 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27 | Uttarakhand | 0 | 2 | 14 | 0 | 0 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 1 | 6 | 5 | 5 | 7 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **830** | **758** | **779** | **278** | **191** | **61** | **2897** | **3** | **0** | **3** | **0** | **2** | **0** | **8** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and Daman & Diu | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 8 | 8 | 7 | 9 | 3 | 0 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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| 5 | | | | | | | | | | | | | | | |
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 3 |
| | **TOTAL UT(S)** | **8** | **8** | **7** | **9** | **3** | **0** | **35** | **0** | **0** | **0** | **3** | **0** | **0** | **3** |
| | **TOTAL (ALL INDIA)** | **838** | **766** | **786** | **287** | **194** | **61** | **2932** | **3** | **0** | **3** | **3** | **2** | **0** | **11** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-IV-C

### State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Castes during 2021

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 9 | 19 | 18 | 10 | 6 | 2 | 64 | 0 | 2 | 0 | 0 | 0 | 0 | 2 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Assam | 0 | 0 | 1 | 2 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 0 | 0 | 0 | 0 | 2 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 26 | 18 | 4 | 0 | 2 | 0 | 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Haryana | 12 | 2 | 8 | 4 | 0 | 0 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 33 | 47 | 39 | 2 | 2 | 0 | 123 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 10 | Jharkhand | 4 | 26 | 34 | 48 | 111 | 16 | 239 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 13 | 14 | 11 | 3 | 3 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Kerala | 0 | 24 | 21 | 41 | 36 | 3 | 125 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 38 | 54 | 44 | 29 | 31 | 2 | 198 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 1 | 2 | 3 | 7 | 2 | 1 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 11 | 8 | 3 | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 14 | 28 | 20 | 18 | 11 | 0 | 91 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 24 | Telangana | 5 | 13 | 12 | 16 | 9 | 9 | 64 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 1532 | 1533 | 290 | 0 | 0 | 0 | 3355 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 27 | Uttarakhand | 6 | 18 | 15 | 0 | 0 | 0 | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 1 | 5 | 2 | 6 | 7 | 0 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **1706** | **1813** | **525** | **186** | **222** | **35** | **4487** | **1** | **2** | **0** | **1** | **0** | **0** | **4** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and Daman & Diu | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 13 | 9 | 13 | 14 | 4 | 1 | 54 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | | | | | | | | | | | | | | | |
| 36 | Puducherry | 4 | 2 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **18** | **11** | **13** | **14** | **5** | **1** | **62** | **0** | **0** | **0** | **1** | **0** | **0** | **1** |
| | **TOTAL (ALL INDIA)** | **1724** | **1824** | **538** | **200** | **227** | **36** | **4549** | **1** | **2** | **0** | **2** | **0** | **0** | **5** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-IV-D

### State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Castes during 2022

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 11 | 23 | 37 | 8 | 7 | 0 | 86 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Assam | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 2 | 0 | 2 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 30 | 26 | 2 | 0 | 0 | 0 | 58 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Haryana | 8 | 8 | 2 | 1 | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 47 | 50 | 17 | 13 | 2 | 0 | 129 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Jharkhand | 0 | 32 | 23 | 15 | 49 | 1 | 120 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 5 | 18 | 13 | 5 | 5 | 1 | 47 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| 12 | Kerala | 5 | 6 | 11 | 2 | 2 | 0 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 60 | 134 | 48 | 36 | 11 | 1 | 290 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 1 | 2 | 4 | 4 | 5 | 1 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 18 | 11 | 3 | 0 | 1 | 0 | 33 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | Tamil Nadu | 1 | 7 | 23 | 22 | 16 | 0 | 69 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 24 | Telangana | 10 | 9 | 11 | 17 | 12 | 12 | 71 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 1221 | 928 | 533 | 0 | 0 | 0 | 2682 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 11 | 13 | 12 | 2 | 0 | 0 | 38 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 1 | 5 | 5 | 6 | 8 | 2 | 27 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **1435** | **1275** | **747** | **131** | **118** | **18** | **3724** | **1** | **1** | **1** | **0** | **0** | **0** | **3** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and D&D | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 9 | 15 | 18 | 15 | 3 | 0 | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 3 |
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36 | Puducherry | 2 | 2 | 0 | 0 | 0 | 0 | 4 | 3 | 2 | 1 | 0 | 0 | 0 | 6 |
| | **TOTAL UT(S)** | **12** | **17** | **18** | **15** | **3** | **0** | **65** | **3** | **3** | **3** | **0** | **0** | **0** | **9** |
| | **TOTAL (ALL INDIA)** | **1447** | **1292** | **765** | **146** | **121** | **18** | **3789** | **4** | **4** | **4** | **0** | **0** | **0** | **12** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-IV-E

## State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Castes during 2023

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Within 2 Months** | **2 to 3 Months** | **3 to 6 Months** | **6 to 12 Months** | **1 to 2 years** | **More than 2 years** | **Total Cases Chargesheeted** | **Within 2 Months** | **2 to 3 Months** | **3 to 6 Months** | **6 to 12 Months** | **1 to 2 years** | **More than 2 years** | **Total Cases Chargesheeted** |
| 1 | Andhra Pradesh | 5 | 12 | 16 | 4 | 10 | 9 | 56 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | Assam | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 2 | 16 | 5 | 0 | 0 | 7 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 12 | 3 | 1 | 0 | 1 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Haryana | 12 | 8 | 6 | 2 | 1 | 0 | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 47 | 25 | 27 | 11 | 1 | 0 | 111 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 10 | Jharkhand | 0 | 16 | 18 | 23 | 56 | 3 | 116 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 5 | 10 | 7 | 3 | 0 | 0 | 25 | 0 | 6 | 0 | 0 | 0 | 0 | 6 |
| 12 | Kerala | 1 | 6 | 10 | 8 | 0 | 0 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 3 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 44 | 106 | 85 | 44 | 9 | 0 | 288 | 0 | 0 | 1 | 1 | 0 | 0 | 2 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 3 | 7 | 9 | 11 | 2 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 7 | 8 | 13 | 4 | 0 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 1 | 8 | 9 | 13 | 8 | 4 | 43 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | Telangana | 0 | 11 | 10 | 12 | 4 | 0 | 37 | 0 | 0 | 0 | 1 | 0 | 0 | 1 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 1797 | 474 | 213 | 48 | 0 | 0 | 2532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 3 | 20 | 1 | 2 | 14 | 0 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 0 | 1 | 5 | 10 | 0 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **1937** | **730** | **433** | **195** | **118** | **25** | **3438** | **2** | **6** | **1** | **2** | **1** | **0** | **12** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | D&D | | | | | | | | | | | | | | |
| 32 | Delhi | 10 | 23 | 9 | 18 | 10 | 0 | 70 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 1 | 2 | 1 | 1 | 0 | 0 | 5 | 0 | 0 | 0 | 3 | 2 | 0 | 5 |
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **11** | **25** | **10** | **19** | **10** | **0** | **75** | **0** | **0** | **0** | **3** | **2** | **0** | **5** |
| | **TOTAL (ALL INDIA)** | **1948** | **755** | **443** | **214** | **128** | **25** | **3513** | **2** | **6** | **1** | **5** | **3** | **0** | **17** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-V-A

### State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Tribes during 2019

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 0 | 0 | 2 | 3 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Assam | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 5 | 4 | 1 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Haryana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Jharkhand | 14 | 55 | 9 | 7 | 103 | 4 | 192 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 11 | Karnataka | 1 | 15 | 1 | 2 | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Kerala | 0 | 0 | 3 | 2 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 4 | 5 | 4 | 3 | 2 | 0 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 6 | 3 | 3 | 1 | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 23 | Tamil Nadu | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | Telangana | 1 | 0 | 1 | 12 | 4 | 4 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 0 | 0 | 15 | 0 | 0 | 0 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 1 | 0 | 6 | 2 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **33** | **86** | **46** | **33** | **111** | **8** | **317** | **1** | **0** | **0** | **0** | **0** | **0** | **1** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and D&D | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | Ladakh | | | | | | | | | | | | | | |
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **0** | **0** | **0** | **0** | **0** | **1** | **1** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | **TOTAL (ALL INDIA)** | **33** | **86** | **46** | **33** | **111** | **9** | **318** | **1** | **0** | **0** | **0** | **0** | **0** | **1** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-V-B

## State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Tribes during 2020

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Within 2 Months** | **2 to 3 Months** | **3 to 6 Months** | **6 to 12 Months** | **1 to 2 years** | **More than 2 years** | **Total Cases Chargesheeted** | **Within 2 Months** | **2 to 3 Months** | **3 to 6 Months** | **6 to 12 Months** | **1 to 2 years** | **More than 2 years** | **Total Cases Chargesheeted** |
| 1 | Andhra Pradesh | 1 | 5 | 5 | 1 | 1 | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | Assam | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Haryana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Jharkhand | 0 | 1 | 5 | 4 | 6 | 1 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 4 | 11 | 2 | 9 | 1 | 0 | 27 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| 12 | Kerala | 1 | 0 | 2 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 6 | 9 | 15 | 5 | 0 | 0 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 10 | 9 | 0 | 0 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 2 | 8 | 0 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 0 | 0 | 0 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | Telangana | 0 | 3 | 3 | 12 | 7 | 1 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 0 | 0 | 17 | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 0 | 2 | 3 | 2 | 4 | 1 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **17** | **50** | **62** | **38** | **21** | **4** | **192** | **0** | **1** | **0** | **0** | **0** | **0** | **1** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and D&D | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 0 | 1 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **0** | **1** | **0** | **0** | **3** | **1** | **5** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | **TOTAL (ALL INDIA)** | **17** | **51** | **62** | **38** | **24** | **5** | **197** | **0** | **1** | **0** | **0** | **0** | **0** | **1** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT -V-C

### State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Tribes during 2021

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 0 | 3 | 1 | 0 | 0 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Assam | 0 | 0 | 1 | 2 | 2 | 1 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 3 | 2 | 5 | 0 | 0 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Haryana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Jharkhand | 4 | 16 | 13 | 24 | 26 | 3 | 86 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 2 | 1 | 0 | 0 | 2 | 1 | 6 | 0 | 2 | 2 | 0 | 0 | 0 | 4 |
| 12 | Kerala | 1 | 3 | 2 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 8 | 12 | 7 | 6 | 7 | 0 | 40 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 2 | 2 | 2 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | Telangana | 1 | 0 | 4 | 3 | 2 | 2 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 0 | 3 | 1 | 1 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **24** | **44** | **37** | **36** | **39** | **8** | **188** | **0** | **2** | **2** | **0** | **0** | **0** | **4** |
| 29 | A&N Islands | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and D & | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **2** | **1** | **0** | **1** | **1** | **0** | **5** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | **TOTAL (ALL INDIA)** | **26** | **45** | **37** | **37** | **40** | **8** | **193** | **0** | **2** | **2** | **0** | **0** | **0** | **4** |
| Source: Crime in India | | | | | | | | | | | | | | | |

## STATEMENT-V-D

## State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Tribes during 2022

| SL | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | Andhra Pradesh | 1 | 7 | 4 | 0 | 0 | 1 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2 | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Assam | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Bihar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Chhattisgarh | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Goa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Gujarat | 2 | 6 | 0 | 0 | 1 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Haryana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Himachal Pradesh | 2 | 1 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Jharkhand | 0 | 27 | 13 | 15 | 22 | 0 | 77 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 0 | 3 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Kerala | 3 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 7 | 7 | 10 | 5 | 1 | 0 | 30 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | Punjab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Rajasthan | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Tamil Nadu | 0 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24 | Telangana | 0 | 3 | 1 | 7 | 3 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tripura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Uttar Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Uttarakhand | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | West Bengal | 2 | 5 | 4 | 6 | 13 | 1 | 31 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL STATE(S)** | **20** | **60** | **35** | **37** | **40** | **2** | **194** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| 29 | A&N Islands | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | D&N Haveli and D&D | 1 | 1 | 0 | 1 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Delhi | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Jammu & Kashmir | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 35 | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36 | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL UT(S)** | **1** | **1** | **1** | **2** | **0** | **1** | **6** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | **TOTAL (ALL INDIA)** | **21** | **61** | **36** | **39** | **40** | **3** | **200** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| Source: Crime in India | | | | | | | | | | | | | | | |

**STATEMENT-V-E**

**State/UT-wise Time Taken for submitting Chargesheet under SC/ST (PoA) Act only & The Protection of Civil Rights Act under Crime against Scheduled Tribes during 2023**

| SL | | State/UT | The SC/ST (Prevention of Atrocities) Act only | | | | | | | The Protection of Civil Rights Act | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted | Within 2 Months | 2 to 3 Months | 3 to 6 Months | 6 to 12 Months | 1 to 2 years | More than 2 years | Total Cases Chargesheeted |
| 1 | | Andhra Pradesh | 0 | 1 | 4 | 0 | 2 | 3 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | | Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | | Assam | 0 | 0 | 2 | 2 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | | Bihar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | | Chhattisgarh | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | | Goa | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | | Gujarat | 2 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | | Haryana | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | | Himachal Pradesh | 6 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | | Jharkhand | 0 | 15 | 10 | 28 | 26 | 0 | 79 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | | Karnataka | 0 | 1 | 1 | 3 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | | Kerala | 2 | 2 | 2 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | | Madhya Pradesh | 16 | 2 | 0 | 0 | 0 | 0 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | | Maharashtra | 7 | 24 | 14 | 4 | 1 | 0 | 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | | Manipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 | | Meghalaya | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | | Mizoram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | | Nagaland | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | | Odisha | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20 | | Punjab | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | | Rajasthan | 4 | 4 | 3 | 1 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | | Sikkim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | | Tamil Nadu | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 24 | | Telangana | 0 | 1 | 0 | 5 | 1 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | | Tripura | 1 | 1 | 1 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | | Uttar Pradesh | 4 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | | Uttarakhand | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28 | | West Bengal | 2 | 6 | 6 | 4 | 6 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | **TOTAL STATE(S)** | **44** | **58** | **44** | **49** | **38** | **3** | **236** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| 29 | | A&N Islands | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | | D&N Haveli and D&D | 1 | 0 | 0 | 1 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | | Delhi | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | | Jammu & Kashmir | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34 | | Ladakh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 | | Lakshadweep | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36 | | Puducherry | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | **TOTAL UT(S)** | **2** | **0** | **1** | **1** | **0** | **1** | **5** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| | | **TOTAL (ALL INDIA)** | **46** | **58** | **45** | **50** | **38** | **4** | **241** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |

Source: Crime in India

## STUDENTS APPEARING FOR NEET-UG AND PG

**3377. SHRI ANTO ANTONY:**

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

(a) the number of students appearing for NEET-UG and NEET-PG separately, since 2015, year-wise;

(b) the number of medical colleges and total number of MBBS seats since 2015, separately for Government and private institutions, State/UT-wise and year-wise;

(c) the number of MBBS and post graduate seats per million population, State/UT-wise;

(d) the vacancy position of faculty in AIIMS and other Central Government medical institutions, Institution-wise and social-category-wise;

(e) whether the Government is aware of reports suggesting a shortage of faculties, delayed stipend payments and other challenges faced by Government medical colleges in the country, if so, the details thereof and the action taken thereon; and

(f) the steps taken by the Government to ensure equitable expansion of medical education 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): The number of students who appeared in NEET-UG and NEET-PG examinations since 2019 are attached as **Statement-I**.

(b) and (c): The Government has undertaken significant measures to expand medical education infrastructure across the country by increasing the number of medical colleges as well as undergraduate (UG) and postgraduate (PG) medical seats. The number of Medical Colleges have increased from 387 to 846; UG seats from 51,348 to 1,39,864 and PG seats from 31,185 to 86,360 from 2014 to as on date. The State/UT-wise details of medical colleges and MBBS seats, including Government and private institutions, as on 30.07.2026 are attached as **Statement-II**.

(d) to (f): Filling up of vacant faculty posts is a continuous process and depends upon various factors such as the availability of suitable and qualified candidates, reservation roster, and the location-specific requirements of the Institutes. To facilitate timely recruitment of faculty in AIIMS, the Government has, inter alia, constituted Standing Selection Committees (SSCs) in each Institute for selection of faculty, provided for engagement of retired faculty on a contractual basis up to the age of 70 years, and introduced the Visiting Faculty Scheme to augment teaching resources.

The National Medical Commission (NMC) has framed Medical Institutions (Qualification of Faculty) Regulation, 2025 to address the shortage of faculty in Medical Institutions. Further, Schedule IV of the Compulsory Rotatory Medical Internship (CRMI) Regulations provides that

interns shall be paid stipends as fixed by the appropriate authority applicable to the concerned institution, University or State. In addition, the NMC, through its Public Notice dated 12.03.2026, has reiterated the applicable regulatory provisions, penalty framework and directions of the Hon'ble Court regarding payment of stipends, with instructions to all Deans/Principals, State Medical Councils and Directorates of Medical Education (DMEs) to ensure strict compliance.

The Government has implemented following schemes to ensure equitable expansion of medical education in the country:

- Centrally Sponsored Scheme for establishment of new medical college by upgrading district/ referral hospital under which 139 new medical colleges are functional out of 157 approved medical colleges.
- Centrally Sponsored Scheme for strengthening/ upgradation of existing State Government/Central Government Medical Colleges to increase MBBS and PG seats.
- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) scheme has a component related to “Upgradation of Government Medical Colleges by construction of Super Specialty Blocks/Trauma care centres, etc.” Out of 75 projects, 71 projects are complete under this component. The other component is for setting up of new AIIMS, under which 22 AIIMS have been approved.

## STATEMENT-I

## The number of students who appeared in NEET-UG and NEET-PG examinations since 2019

| Year | Number of Candidates Appeared in NEET-UG | Number of Candidates Appeared in NEET-PG |
|---|---|---|
| 2019 | 1410755 | 143148 |
| 2020 | 1366945 | 160876 |
| 2021 | 1544273 | 166249 |
| 2022 | 1764571 | 182356 |
| 2023 | 2038596 | 200517 |
| 2024 | 2333297 | 216093 |
| 2025 | 2209318 | 230114 |
| 2026 | 1999895 | Exam is scheduled to be held on 30.08.2026 |

## STATEMENT-II

## THE STATE/UT-WISE LIST OF MBBS COLLEGES UNDER GOVERNMENT & PVT. (INCLUDING AIIMS & JIPMER) IN THE COUNTRY AS ON 30.07.2026.

| Sr. No | Name of the State/UT | Government Colleges | Government Seats | Private Colleges | Private Seats | Total Colleges | Total Seats |
|---|---|---|---|---|---|---|---|
| 1 | Andaman & Nicobar Islands | 1 | 114 | 0 | 0 | 1 | 114 |
| 2 | Andhra Pradesh | 20 | 3690 | 21 | 3950 | 41 | 7640 |
| 3 | Arunachal Pradesh | 1 | 100 | 0 | 0 | 1 | 100 |
| 4 | Assam | 16 | 1975 | 0 | 0 | 16 | 1975 |
| 5 | Bihar | 13 | 1835 | 14 | 2450 | 27 | 4285 |
| 6 | Chandigarh | 1 | 200 | 0 | 0 | 1 | 200 |
| 7 | Chhattisgarh | 16 | 1850 | 6 | 1200 | 22 | 3050 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 8 | Dadra & Nagar Haveli | 1 | 177 | 0 | 0 | 1 | 177 |
| 9 | Delhi | 9 | 1297 | 2 | 250 | 11 | 1547 |
| 10 | Goa | 1 | 250 | 0 | 0 | 1 | 250 |
| 11 | Gujarat | 24 | 4325 | 19 | 3500 | 43 | 7825 |
| 12 | Haryana | 9 | 1110 | 10 | 1900 | 19 | 3010 |
| 13 | Himachal Pradesh | 7 | 846 | 1 | 150 | 8 | 996 |
| 14 | Jammu & Kashmir | 11 | 1725 | 1 | 150 | 12 | 1875 |
| 15 | Jharkhand | 7 | 925 | 4 | 700 | 11 | 1625 |
| 16 | Karnataka | 24 | 4450 | 51 | 10955 | 75 | 15445 |
| 17 | Kerala | 14 | 1855 | 22 | 3849 | 36 | 5704 |
| 18 | Madhya Pradesh | 21 | 3145 | 14 | 3000 | 35 | 6145 |
| 19 | Maharashtra | 43 | 6125 | 44 | 7099 | 87 | 13224 |
| 20 | Manipur | 3 | 400 | 1 | 150 | 4 | 550 |
| 21 | Meghalaya | 2 | 100 | 1 | 150 | 3 | 250 |
| 22 | Mizoram | 1 | 100 | 0 | 0 | 1 | 100 |
| 23 | Nagaland | 1 | 100 | 0 | 0 | 1 | 100 |
| 24 | Orissa | 15 | 1975 | 6 | 1100 | 21 | 3075 |
| 25 | Puducherry | 3 | 423 | 7 | 1600 | 10 | 2023 |
| 26 | Punjab | 6 | 1025 | 7 | 950 | 13 | 1975 |
| 27 | Rajasthan | 34 | 4630 | 18 | 3600 | 52 | 8230 |
| 28 | Sikkim | 1 | 100 | 1 | 100 | 2 | 200 |
| 29 | Tamil Nadu | 38 | 5399 | 41 | 8650 | 79 | 14049 |
| 30 | Telangana | 37 | 4500 | 30 | 5850 | 67 | 10350 |
| 31 | Tripura | 1 | 200 | 2 | 300 | 3 | 500 |
| 32 | Uttar Pradesh | 51 | 5950 | 39 | 8300 | 90 | 14250 |
| 33 | Uttarakhand | 6 | 750 | 4 | 850 | 10 | 1600 |
| 34 | West Bengal | 26 | 4575 | 16 | 2850 | 42 | 7425 |
| | **Total** | **464** | **66221** | **382** | **73643** | **846** | **139864** |

## HARIT SAGAR GREEN PORT GUIDELINES

**3378. SHRI YADUVEER WADIYAR:**

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

(a) whether the Harit Sagar Green Port Guidelines are presently applicable only to Major Ports, if so, the details thereof, port-wise;

(b) whether the Government has formulated or proposes to formulate any policy, incentive or compliance framework to promote adoption of green port standards by non-major ports and private terminals, if so, the details thereof;

(c) whether the Government has prescribed any regulatory, tariff or operational framework to encourage the use of shore-to-ship power facilities by domestic and foreign vessels at Major Ports, if so, the details thereof; and

(d) the details of the monitoring mechanism adopted to assess compliance with the Harit Sagar Green Port Guidelines and the progress achieved thereunder?

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

(a) to (d): The 'Harit Sagar' Green Port Guidelines, 2023 lay down a broad framework for Major Ports to take various Green initiatives to reduce carbon intensity and to develop environment friendly ecosystem. The port-wise progress made by the Major Ports for compliance of the Harit Sagar Green port Guidelines is placed at **Statement**. Further, to institutionalize performance assessment, the Ministry has launched the Green Port Performance Index (GPPI) Framework in October, 2025 which establishes a standardized mechanism for benchmarking Major Ports across key sustainability indicators, including greenhouse gas emissions, renewable

energy, energy efficiency, water management, waste management, circular economy and ecosystem conservation.

MoPSW has also put in place technical safety and operational standards for the implementation of Shore-to-Ship Power Supply (SPS), through Directorate General of Shipping (DGS) Circular No. 09 of 2025, "Recommended Standards for Shore to Ship Power Supply (SPS) at Indian Ports and Ships", including port-specific Standard Operating Procedures (SOPs) and risk assessment.

**STATEMENT**

**The port-wise progress made by the Major Ports for compliance of the Harit Sagar Green port Guidelines**

| S.No | Ports | Port Equipment electrification (in %age) | | Share of Renewable Energy Consumption (Self-generated + Procurement from grid) (in %age) | |
|---|---|---|---|---|---|
| | | 2023 | 2026 | 2023 | 2026 |
| 1 | DPA | 88.9 | 89.47 | 31.2 | 55.49 |
| 2 | MbPA | 100 | 100 | 13.9 | 85.44 |
| 3 | JNPA | 13.4 | 22.78 | 2.7 | 57.88 |
| 4 | MgPA | 100 | 100 | 1.2 | 9.62 |
| 5 | NMPA | 100 | 100 | 100 | 100 |
| 6 | CoPA | 78.79 | 78.79 | 1 | 5.17 |
| 7 | VOCPA | 55.1 | 80.5 | 5 | 94 |
| 8 | ChPA | 9.52 | 11.11 | 2.4 | 2.18 |

| | | | | | |
|---|---|---|---|---|---|
| 9 | KPL | 77.78 | 79.2 | 50 | 66.9 |
| 10 | VPA | 80 | 83.3 | 34.9 | 51 |
| 11 | PPA | 59 | 68 | 0.1 | 0.25 |
| 12 | SMPA | 36.8 | 37.8 | 4.2 | 5.6 |

## SAKSHAM ANGANWADI CENTRES IN ANDHRA PRADESH

**3379. SHRI LAVU SRI KRISHNA DEVARAYALU:**

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

(a) the details of Anganwadi Centres (AWCs) that have been upgraded into Saksham Anganwadi Centres, State-wise and district-wise for Andhra Pradesh;

(b) the funds allocated and utilised for the upgradation of these AWCs, State-wise and district- wise for Andhra Pradesh;

(c) the details of training and support provided to Anganwadi Workers (AWWs) to enhance their skills and effectiveness in the upgraded Saksham AWCs; and

(d) whether Government has planned or proposed projects for the upgradation of additional AWCs, if so, the details thereof, State-wise and district-wise for Andhra Pradesh?

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

(a) to (d): Under Mission Saksham Anganwadi and Poshan 2.0, two lakh Anganwadi Centres (AWCs) located in Government buildings have been sanctioned for upgradation as Saksham Anganwadis for delivery of improved nutrition and for Early Childhood Care and Education in the 15th Finance Commission cycle. Saksham Anganwadi Centres (AWCs) are provided with infrastructure such as LED screens, water filtration system, Poshan Vatika, Early Childhood Care and Education (ECCE) material and Building as Learning Aid (BALA) paintings. A total of 9,958 Anganwadi Centres have been approved for upgradation as Saksham Anganwadis in the State of Andhra Pradesh.

The State wise details of AWCs approved for upgradation to Saksham AWCs and funds released for upgradation are placed at **Statement-I.**

The District wise list of AWCs approved for upgradation to Saksham AWCs in the State of Andhra Pradesh is placed at **Statement-II.**

The Ministry, through the Poshan Bhi Padhai Bhi (PBPB) initiative under Mission Saksham Anganwadi and Poshan 2.0, has adopted a phased implementation strategy for scaling up ‘Aadharshila’ and ‘Navchetana’ across all Anganwadi Centres. The major steps undertaken include capacity building of State Level Master Trainers (SLMTs) through PBPB Round 1 and Round 2 training programmes, cascade training of Anganwadi Supervisors

and Anganwadi Workers (AWWs) to ensure uniform implementation of the curricula, provision of Aadharshila (3–6 years) and Navchetana (0–3 years) curriculum packages, facilitator handbooks, activity based learning materials, and implementation guidelines to frontline functionaries and age appropriate Early Childhood Care and Education (ECCE) practices through the Aadharshila and Navchetana curricula. Aadharshila and Navachetana curricula are implementing from June 2025 in all AWCs of Andhra Pradesh.

## STATEMENT-I

## STATE WISE DETAILS OF AWCS APPROVED FOR UPGRADATION TO SAKSHAM AWCS AND FUNDS RELEASED FOR UPGRADATION

| S.No. | State/UT | Total No. of AWCs approved for upgradation | Total Fund released to States/UTs (Rs. in Lakh) |
|---|---|---|---|
| 1 | Andhra Pradesh | 9958 | 5974.80 |
| 2 | Bihar | 11529 | 6917.40 |
| 3 | Chhattisgarh | 11490 | 2067.50 |
| 4 | Gujarat | 13147 | 750.00 |
| 5 | Haryana | 2804 | 3.56 |
| 6 | Himachal Pradesh | 1030 | 286.39 |
| 7 | Jammu & Kashmir | 338 | 304.20 |
| 8 | Jharkhand | 16775 | 3028.88 |
| 9 | Karnataka | 17732 | 10639.20 |
| 10 | Kerala | 4152 | 1142.12 |

| | | | |
|---|---|---|---|
| 11 | Madhya Pradesh | 24662 | 6135.57 |
| 12 | Maharashtra | 14745 | 8847.00 |
| 13 | Odisha | 12140 | 7284.00 |
| 14 | Punjab | 353 | 56.88 |
| 15 | Rajasthan | 3514 | 102.93 |
| 16 | Tamil Nadu | 11972 | 7183.20 |
| 17 | Telangana | 5008 | 835.43 |
| 18 | Uttar Pradesh | 23697 | 11722.80 |
| 19 | Uttarakhand | 827 | 306.04 |
| 20 | West Bengal | 5359 | 2308.19 |
| 21 | Arunachal Pradesh | 152 | 136.80 |
| 22 | Assam | 5407 | 4866.30 |
| 23 | Manipur | 30 | 20.25 |
| 24 | Meghalaya | 121 | 108.90 |
| 25 | Mizoram | 1600 | 1440.00 |
| 26 | Nagaland | 149 | 134.10 |
| 27 | Sikkim | 435 | 391.50 |
| 28 | Tripura | 474 | 366.75 |
| 29 | Andaman & Nicobar | 140 | 140.00 |
| 30 | Goa | 24 | 0.00 |
| 31 | Puducherry | 135 | 39.00 |
| 32 | Chandigarh | 69 | 69.00 |
| 33 | Ladakh | 14 | 14.00 |
| 34 | Lakshadweep | 18 | 4.50 |

## STATEMENT-II

## DISTRICT WISE DETAILS OF AWCS APPROVED FOR UPGRADATION TO SAKSHAM AWCS IN THE STATE OF ANDHRA PRADESH

| District | 2022-23 | 2023-24 | 2024-25 |
|---|---|---|---|
| Anantapur | 0 | 0 | 185 |
| Anakapalli | 204 | 0 | 0 |
| Alluri Sitarama Raju (ASR) | 154 | 181 | 0 |
| Annamayya | 122 | 174 | 0 |
| Bapatla | 0 | 0 | 261 |
| Chittoor | 0 | 0 | 814 |
| East Godavari | 0 | 0 | 704 |
| Eluru | 0 | 0 | 855 |
| Guntur | 0 | 0 | 204 |
| Kakinada | 0 | 0 | 488 |
| Konaseema | 0 | 0 | 340 |
| Krishna | 0 | 0 | 743 |
| Kurnool | 0 | 27 | 119 |
| Nandyal | 0 | 0 | 101 |
| NTR | 0 | 63 | 377 |
| PVP Manyam | 113 | 516 | 0 |
| Palnadu | 0 | 0 | 67 |
| Prakasam | 0 | 82 | 160 |
| SPSR Nellore | 0 | 0 | 401 |
| Sri Sathya Sai | 0 | 0 | 154 |

| | | | |
|---|---|---|---|
| Srikakulam | 0 | 0 | 153 |
| Tirupati | 0 | 0 | 475 |
| West Godavari | 0 | 0 | 489 |
| YSR Kadapa | 0 | 720 | 0 |
| Vishakhapatnam | 42 | 0 | 0 |
| Vizianagaram | 287 | 0 | 0 |
| Kadapa | 183 | 0 | 0 |

## SHORTAGE OF UREA AND DAP

**3380. SHRI SURESH KUMAR SHETKAR:**

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

(a) whether the Government has identified the regions where Urea and DAP shortages were reported in the country during the last three years, if so, the details thereof and remedial action taken thereon, State/district-wise;

(b) whether the Government has strengthened enforcement mechanisms against diversion, illegal sale and misuse of subsidized Urea and DAP fertilizers, if so, the details of cases registered and action taken thereon;

(c) whether the Government proposes to provide additional financial assistance or special measures for small and marginal farmers affected by increasing fertilizer costs, if so, the details thereof and if not, the reasons therefor;

(d) whether the Government has reviewed the fertilizer import policy, long-term supply agreements and domestic manufacturing plans to ensure uninterrupted availability of DAP and other essential fertilizers, if so, the details thereof; and

(e) whether the Government has prepared a long-term fertilizer security roadmap for covering Urea and DAP production, import management, subsidy reforms and affordable availability for 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): 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. 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.

Further, the distribution of fertilizers within the State at district/block level is done by the respective State Government.

Accordingly, the availability of Urea and DAP has remained adequate across the States during the last three years. The State-wise information regarding the requirement, availability and sales of said fertilizers during the said period is placed at **Statement-I**.

(b): 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 diversion, illegal sale and misuse of fertilizers, as per provisions of EC Act. Any complaint received at Department of Fertilizers level regarding such malpractices is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Further, 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, diversion, hoarding and other malpractices on weekly basis.

Accordingly, information received from the DA&FW regarding the action taken by the State Governments to check diversion and other malpractices during the ongoing Kharif 2026 season, for the period from April 2026 to July 2026 (till 31.07.2026), is placed at **Statement-II**.

(c) to (e): 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 rate.

Further, the Government had announced New Investment Policy (NIP) – 2012 on 2nd January, 2013 and its amendment on 7thOctober, 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 269.42 LMTPA during 2026-27. 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 named as Assam Valley Fertilizer and Chemical Company Ltd. (AVFCCL). These two projects are under execution phase.

Also, 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 2025-26, 293.30 LMT of Urea was produced in the country.

Besides, on 15.07.2026, CCEA approved New Investment Policy for Urea (NIPU) for Aatmanirbhar Bharat-2026 for making fresh investments in Urea Sector.

In addition, 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 is decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The NBS 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 volatility in international prices of key fertilizers and raw materials is considered while fixing NBS rates for P&K fertilizers so that fertilizers remain affordable to the farmers.

Further, to make DAP being 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, pro 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 2026 season to keep the prices of fertilizers stable.

However, to reduce dependence on imported Phosphatic fertilizers and make country self-reliant measures have been taken to encourage domestic production through guidelines 18.01.2024 on reasonableness of MRP, wherein importers/manufacturers and integrated manufacturers are given reasonable profit of 8%, 10% and 12% respectively; 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; the number of P&K fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades; Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is being provided since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to the soil. Further the rates of of nutrients nutrients under NBS

scheme are decided on biannual basis to ensure availability of fertilizers under the Scheme.

Furthermore, India depends on import of fertilizers to meet its demand. Keeping in view of this, Government of India facilitates Indian fertilizer companies in entering into long term arrangements with overseas suppliers for assured supplies of fertilizers in the country.

In line with this, Indian companies have finalized agreements with Saudi Arabian and Russian companies for the annual supply of about 31 LMT and 26.50 LMT of DAP/NPKs respectively to India in this year.

For Muriate of Potash (MOP), Indian companies have finalized agreements for the supply of 4.80 LMT this year, sourced from Russia, Germany and Turkmenistan.

Besides, in order to strengthen the country's Urea supply, a Long-Term Arrangement (LTA) is made between Rashtriya Chemicals and Fertilizers Limited (RCF) and OQ Trading, Oman, for the supply of Urea for the period from August 2026 to February 2031.

# STATEMENT-I

## STATE WISE REQUIREMENT, AVAILABILITY & DBT SALES OF UREA & DAP FROM 2023-24 TO 2025-26

Fig. in LMT

| S.No | State | 2023-24 | | | | | | 2024-25 | | | | | | 2025-26 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | UREA | | | DAP | | | UREA | | | DAP | | | UREA | | | DAP | | |
| | | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 15.73 | 17.89 | 14.99 | 4.13 | 4.86 | 4.20 | 15.90 | 18.68 | 15.70 | 4.30 | 4.80 | 4.34 | 15.60 | 19.22 | 17.06 | 4.80 | 6.32 | 5.45 |
| 3 | Arunachal Pradesh | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 3.46 | 4.56 | 3.73 | 0.75 | 0.87 | 0.72 | 3.28 | 4.48 | 4.10 | 0.61 | 0.70 | 0.62 | 3.35 | 5.13 | 4.60 | 0.56 | 0.95 | 0.72 |
| 5 | Bihar | 22.63 | 27.46 | 23.24 | 6.82 | 7.78 | 6.51 | 22.87 | 27.64 | 25.60 | 5.50 | 6.40 | 5.83 | 23.82 | 28.12 | 25.33 | 6.10 | 8.04 | 6.57 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 7 | Chhattisgarh | 8.40 | 11.37 | 8.99 | 3.10 | 5.28 | 4.34 | 8.90 | 12.03 | 10.07 | 4.10 | 4.19 | 3.83 | 10.00 | 12.41 | 9.81 | 4.10 | 4.29 | 3.25 |
| 8 | Dadra and Nagar Haveli | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.00 | 0.37 | 0.32 | 0.00 | 0.05 | 0.04 | 0.23 | 0.43 | 0.40 | 0.01 | 0.05 | 0.04 | 0.26 | 0.25 | 0.21 | 0.05 | 0.05 | 0.05 |
| 11 | Goa | 0.03 | 0.02 | 0.02 | 0.01 | 0.01 | 0.01 | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 |
| 12 | Gujarat | 24.71 | 26.78 | 24.30 | 5.86 | 6.71 | 6.29 | 25.60 | 25.82 | 24.23 | 6.25 | 5.84 | 5.42 | 25.02 | 25.95 | 23.99 | 6.30 | 5.82 | 5.32 |
| 13 | Haryana | 20.63 | 24.86 | 21.77 | 5.60 | 6.29 | 5.83 | 21.50 | 25.32 | 22.65 | 5.80 | 5.49 | 5.34 | 21.67 | 26.08 | 23.20 | 5.53 | 6.10 | 5.46 |
| 14 | Himachal Pradesh | 0.68 | 0.82 | 0.68 | 0.01 | 0.01 | 0.01 | 0.71 | 0.81 | 0.65 | 0.01 | 0.04 | 0.03 | 0.66 | 0.94 | 0.79 | 0.02 | 0.05 | 0.05 |
| 15 | Jammu and kashmir | 1.40 | 2.01 | 1.45 | 0.55 | 0.59 | 0.44 | 1.48 | 2.05 | 1.36 | 0.49 | 0.58 | 0.43 | 1.46 | 2.24 | 1.60 | 0.46 | 0.61 | 0.43 |
| 16 | Jharkhand | 2.47 | 3.74 | 3.04 | 1.02 | 1.06 | 0.94 | 2.65 | 4.11 | 3.73 | 0.90 | 0.87 | 0.84 | 2.90 | 3.73 | 3.22 | 0.80 | 1.13 | 0.93 |
| 17 | Karnataka | 16.10 | 21.02 | 15.6 | 5.90 | 8.13 | 6.42 | 17.25 | 22.63 | 19.1 | 5.64 | 6.55 | 5.86 | 18.77 | 21.55 | 18.8 | 5.98 | 7.79 | 6.09 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 5 | | | | | | 7 | | | | | | 5 | | | |
| 18 | Kerala | 1.19 | 1.13 | 0.96 | 0.20 | 0.18 | 0.16 | 1.11 | 1.37 | 1.15 | 0.17 | 0.21 | 0.20 | 1.14 | 1.30 | 1.14 | 0.20 | 0.31 | 0.22 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 33.46 | 41.73 | 34.37 | 14.22 | 17.81 | 15.50 | 35.38 | 42.43 | 38.09 | 16.57 | 12.70 | 11.66 | 40.42 | 47.16 | 42.43 | 15.00 | 13.09 | 11.47 |
| 21 | Maharashtra | 23.74 | 31.06 | 23.48 | 7.00 | 8.93 | 7.36 | 23.73 | 32.72 | 26.41 | 7.50 | 7.13 | 6.47 | 26.77 | 32.37 | 27.27 | 7.20 | 8.06 | 5.81 |
| 22 | Manipur | 0.30 | 0.26 | 0.25 | 0.04 | 0.01 | 0.01 | 0.25 | 0.16 | 0.14 | 0.03 | 0.03 | 0.02 | 0.20 | 0.24 | 0.19 | 0.03 | 0.05 | 0.04 |
| 23 | Meghalaya | 0.02 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.04 | 0.04 | 0.04 | 0.01 | 0.00 | 0.00 | 0.03 | 0.03 | 0.03 | 0.00 | 0.00 | 0.00 |
| 24 | Mizoram | 0.07 | 0.15 | 0.13 | 0.01 | 0.00 | 0.00 | 0.08 | 0.25 | 0.20 | 0.01 | 0.00 | 0.00 | 0.07 | 0.11 | 0.11 | 0.01 | 0.00 | 0.00 |
| 25 | Nagaland | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.02 | 0.02 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 5.46 | 7.70 | 5.84 | 2.33 | 3.12 | 2.74 | 6.05 | 8.15 | 6.67 | 2.86 | 2.83 | 2.56 | 6.20 | 8.94 | 7.26 | 2.75 | 3.42 | 2.78 |
| 27 | Puducherry | 0.16 | 0.15 | 0.13 | 0.02 | 0.01 | 0.01 | 0.16 | 0.16 | 0.15 | 0.01 | 0.02 | 0.02 | 0.15 | 0.15 | 0.14 | 0.02 | 0.02 | 0.01 |
| 28 | Punjab | 29.48 | 37.35 | 30.68 | 8.00 | 8.23 | 7.24 | 26.50 | 36.70 | 32.56 | 8.10 | 6.99 | 6.61 | 29.92 | 35.36 | 31.39 | 7.35 | 8.13 | 6.66 |
| 29 | Rajasthan | 24.28 | 29.23 | 25.39 | 8.95 | 9.80 | 9.37 | 26.20 | 29.43 | 26.40 | 8.50 | 7.11 | 6.90 | 25.52 | 31.94 | 28.05 | 8.43 | 8.61 | 7.80 |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 10.23 | 11.86 | 10.11 | 2.95 | 3.22 | 2.71 | 10.91 | 12.61 | 10.92 | 2.70 | 2.98 | 2.56 | 10.87 | 12.80 | 11.43 | 2.95 | 3.46 | 2.89 |
| 32 | Telangana | 18.94 | 23.77 | 19.03 | 3.80 | 4.34 | 3.68 | 20.20 | 22.15 | 20.08 | 3.90 | 3.91 | 3.64 | 20.20 | 21.80 | 20.94 | 3.85 | 4.92 | 4.38 |
| 33 | Tripura | 0.24 | 0.26 | 0.14 | 0.05 | 0.04 | 0.03 | 0.18 | 0.24 | 0.17 | 0.04 | 0.03 | 0.02 | 0.18 | 0.24 | 0.17 | 0.03 | 0.05 | 0.03 |
| 34 | Uttarakhand | 1.84 | 2.67 | 2.31 | 0.35 | 0.49 | 0.38 | 2.03 | 2.60 | 2.31 | 0.30 | 0.52 | 0.40 | 2.01 | 2.49 | 2.21 | 0.30 | 0.67 | 0.48 |
| 35 | Uttar Pradesh | 76.15 | 91.83 | 74.53 | 24.50 | 25.76 | 21.61 | 77.00 | 91.72 | 79.18 | 24.05 | 21.55 | 19.51 | 79.92 | 91.75 | 80.37 | 24.00 | 25.30 | 20.25 |
| 36 | West Bengal | 14.32 | 17.34 | 12.20 | 4.02 | 3.83 | 3.20 | 13.80 | 19.05 | 15.77 | 3.55 | 3.62 | 3.12 | 14.30 | 18.43 | 14.76 | 3.59 | 4.47 | 3.65 |
| | **All India** | **356.08** | **437.47** | **357.81** | **110.18** | **127.42** | **109.73** | **364.01** | **443.83** | **387.92** | **111.92** | **105.14** | **96.29** | **381.45** | **450.79** | **396.60** | **110.42** | **121.72** | **100.80** |

1. Primary Indicator of comfortable availability: Availability > Requirement

2. Secondary Indicator of comfortable availability: Availability > DBT Sales

**STATEMENT-II**

**Cumulative Statement from April 26 to July 26 (as on 31.07.2026)**

**Action taken by the State Government to check black marketing, hoarding, quality check, diversion etc during the Kharif season from April 2026 to July 2026 as on date (31.07.2026)**

| | | Black Marketing | | | Hoarding | | | Sub Standard Quality | | | Diversion | | | | | Quantity of material seized (in terms of Bag) and grade of fertilizer | 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 | Conviction with details * | No of arrest made | | Show cause notice issued | No. of licenses cancelled/suspended | FIR registered |
| Andaman & Nicobar Islands | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Andhra | 5460 | 7 | 13 | 0 | 95 | 73 | 4 | 45 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 147 | 86 | 4 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Pradesh | | | | | | | | | | | | | | | | | | | |
| Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Assam | 3327 | 7 | 0 | 0 | 6 | 0 | 0 | 1 | 0 | 0 | 4 | 4 | 0 | NIL | 0 | 0 | 18 | 4 | 0 |
| Bihar | 18022 | 718 | 686 | 63 | 1 | 149 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 719 | 835 | 78 |
| Chhattisgarh | 5486 | 209 | 48 | 6 | 37 | 10 | 2 | 76 | 0 | 1 | 0 | 0 | 1 | NIL | 0 | 30029 | 322 | 58 | 10 |
| Dadar & Nagar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Delhi | 150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Goa | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Gujarat | 7822 | 39 | 0 | 2 | 4 | 5 | 0 | 17 | 0 | 8 | 2 | 0 | 7 | NIL | 0 | 0 | 62 | 5 | 17 |
| Haryana | 494 | 8 | 7 | 0 | 22 | 31 | 6 | 9 | 6 | 0 | 3 | 6 | 2 | NIL | 0 | 0 | 42 | 50 | 8 |
| Himachal Pradesh | 56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Jammu & Kashmir | 9226 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | NIL | 0 | 1562 | 0 | 0 | 1 |
| Jharkhand | 727 | 14 | 0 | 0 | 31 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | NIL | 0 | 0 | 45 | 3 | 1 |
| Karnataka | 17137 | 2132 | 2 | 0 | 0 | 0 | 0 | 78 | 0 | 0 | 5 | 0 | 7 | NIL | 0 | 4424 | 2215 | 2 | 7 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kerala | 651 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 0 | 0 | 4 | 0 | 2 | NIL | 0 | 2272 | 19 | 0 | 2 |
| Madhya Pradesh | 1021 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 9 | 23 | 22 | 0 | NIL | 0 | 0 | 23 | 22 | 13 |
| Maharashtra | 42353 | 850 | 575 | 19 | 728 | 222 | 1 | 563 | 426 | 40 | 16 | 20 | 7 | NIL | 0 | 0 | 2157 | 1243 | 67 |
| Manipur | 61 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Meghalaya | 330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Mizoram | 101 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 102 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Odisha | 10318 | 0 | 2 | 0 | 0 | 0 | 1 | 5 | 2 | 1 | 0 | 0 | 0 | NIL | 0 | 246 | 5 | 4 | 2 |
| Puducherry | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Punjab | 1912 | 10 | 0 | 0 | 0 | 0 | 0 | 57 | 8 | 4 | 49 | 0 | 8 | NIL | 0 | 0 | 116 | 8 | 12 |
| Rajasthan | 8450 | 712 | 22 | 2 | 139 | 28 | 6 | 126 | 0 | 1 | 167 | 1 | 6 | NIL | 2 | 5058 | 1144 | 51 | 15 |
| Tamilnadu | 5868 | 8 | 0 | 0 | 139 | 0 | 6 | 221 | 0 | 0 | 118 | 0 | 2 | NIL | 0 | 290 | 486 | 0 | 8 |
| Telangana | 11658 | 28 | 9 | 6 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 2 | 1 | NIL | 0 | 0 | 31 | 13 | 7 |
| Tripura | 1050 | 0 | 0 | 0 | 184 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 184 | 0 | 0 |
| Uttar Pradesh | 11181 | 1092 | 363 | 26 | 47 | 58 | 2 | 87 | 69 | 5 | 23 | 58 | 8 | NIL | 0 | 3826 | 1249 | 548 | 41 |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Uttarakhand | 376 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 2 | 1 | 1 |
| West Bengal | 16661 | 5 | 2 | 0 | 276 | 16 | 0 | 42 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 323 | 18 | 0 |
| Total | 180091 | 5840 | 1729 | 129 | 1709 | 594 | 43 | 1343 | 515 | 69 | 417 | 113 | 53 | 0 | 2 | 47707 | 9309 | 2951 | 294 |
| *** - Details to be submitted- case number, year of FIR and year of filing of case and date of order** | | | | | | | | | | | | | | | | | | | |
| **Above data has been compiled as reported by states** | | | | | | | | | | | | | | | | | | | |

## PROTECTION OF RIGHTS OF TRIBAL GROUPS IN TAMIL NADU

**3381. SHRI A MANI:**

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

(a) whether the Government has undertaken any measures to protect the rights and ensure equitable benefit-sharing of local communities, traditional healers and tribal groups in Tamil Nadu who possess traditional knowledge relating to Ayurveda and medicinal herbs, particularly in districts such as Dharmapuri and if so, the details thereof;

(b) the details of the mechanisms in place to regulate benefit-sharing arrangements between AYUSH manufacturing companies, herbal traders and such knowledge holders, including safeguards against unauthorised commercial exploitation;

(c) whether any financial assistance, royalties, capacity-building programmes or community development initiatives have been extended to eligible communities in Tamil Nadu during the last five years, district-wise and if so, the details thereof; and

(d) the further steps proposed to be taken by the Government to strengthen transparency, legal protection and fair compensation for traditional knowledge holders in the State?

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

(a) to (d): Ministry of Ayush is implementing Centrally Sponsored Scheme of National Ayush Mission (NAM) through State/ UT Government for overall development and promotion of Ayush systems across the country through States/ UTs including Tamil Nadu. Under NAM, Ministry of Ayush supports the efforts of State/ UT Government by providing financial assistance to them under different activities as per the provision of NAM guidelines against their submitted State Annual Plans (SAAPs). Public Health being State subject, improvement of infrastructure, training and capacity building for Ayush professionals comes under purview of respective State Government. However, the Research Council(s) of Ministry of Ayush namely Central Council for Research in Ayurvedic Sciences (CCRAS) provides Ayurveda healthcare services in tribal areas across the country through the Tribal Health Care Research Programme (THCRP) under the Tribal Sub Plan (TSP), implemented through 14 CCRAS institutes in 14 States, including the Dr Achanta Lakshmipathi Regional Ayurveda Research Institute (ALRARI), Chennai and Captain Srinivasa Murthy Central Ayurveda Research Institute (CSMCARI), Chennai in Tamil Nadu. The primary objective of the programme is to provide Ayurveda healthcare services directly to tribal communities. The Council also documents prevalent Local Health Traditions

(LHTs), Ethno-Medicinal Practices (EMPs), and folklore claims among tribal populations.

Moreover, Siddha Medicinal Plants Garden & Research Centre (SMPG&RC), Salem, Tamil Nadu functioning under Central Council for Research in Siddha (CCRS) also conducts Health Camps through Swasthya Rakshan Programme for the tribal hamlets of Palamalai Hills for 5 years. CCRS has taken initiatives to promote, validate and ensure Knowledge sharing through IMR projects for documenting folklore knowledge & traditional practitioners like “Survey on the traditional and common uses of medicinal plants from Dharmapuri District, Tamil Nadu” - The Dharmapuri District of Tamil Nadu, India, has a diverse range of tribal communities. The study was designed in Dharmapuri District to document the existing medico-ethnobotanical knowledge among the three tribal communities, the Malayali, Irula, and Kurumba, in the treatment of a wide range of common ailments. Siddha Medicinal Plants Garden (SMPG), Mettur Dam functioning under CCRS organised Awareness program for the Government Tribal Residential Schools (Elementary and High School), Ramanpatti, Palamalai, Tamil Nadu during 2024. Siddha Regional Research Institute (SRRI), Puducherry organised Tribal Ayush Awareness health camp at Jally home, Puducherry during 2025. Efforts have been made for screening and conducting research to manage anemia, malnutrition in tribal region with Siddha intervention and Siddha Aahaar. Health camp for screening anemia has been conducted

during June 2026 at Tribal hamlet of Kalrayan Hills, Salem, Tamil Nadu through CCRS.

**विशेषज्ञ और सामान्य चिकित्सकों की कमी**

**3382. श्री विजय बघेल:**

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

(क) क्या जवाहरलाल नेहरू चिकित्सालय एवं अनुसंधान केंद्र में विशेषज्ञ और सामान्य चिकित्सकों की भारी कमी के कारण मरीजों को समय पर इलाज नहीं मिल पा रहा है;

(ख) क्या अस्पताल में कई बुनियादी चिकित्सा सुविधाओं का अभाव है जिसमें मरीजों को सोनोग्राफी जांच के लिए लगभग दो महीने तक प्रतीक्षा करनी पड़ रही है और सीटी स्कैन मशीन लंबे समय से खराब पड़ी है और अन्य आवश्यक चिकित्सा उपकरणों की अपर्याप्त आपूर्ति हो रही है;

(ग) क्या अस्पताल में विटामिन डी और विटामिन बी ट्वेल्व सहित कई आवश्यक पैथोलॉजिकल जांच अनुपलब्ध हैं और साथ ही विभिन्न आवश्यक दवाओं की अनियमित आपूर्ति है;

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

(ङ) सरकार द्वारा चिकित्सकों के रिक्त पदों को शीघ्र भरने, आवश्यक चिकित्सा उपकरण प्रदान करने, सीटी स्कैन मशीन को चालू करने और अस्पताल में सभी आवश्यक नैदानिक सुविधाओं और दवाओं की नियमित उपलब्धता सुनिश्चित करने के लिए क्या कार्रवाई की गई है या किए जाने का प्रस्ताव है और 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): जवाहरलाल नेहरू अस्पताल और अनुसंधान केंद्र (जेएलएनएचआरसी), भिलाई स्टील अथॉरिटी ऑफ़ इंडिया लिमिटेड (सेल), इस्पात मंत्रालय के प्रशासनिक नियंत्रणाधीन है। सेल, इस्पात मंत्रालय द्वारा दी गई सूचना के अनुसार, जवाहरलाल नेहरू अस्पताल और अनुसंधान केंद्र (जेएलएनएचआरसी), भिलाई में आने वाले सभी रोगियों को नैदानिक आवश्यकता और निर्धारित प्रोटोकॉल के अनुसार समय पर उपचार प्रदान किया जाता है। अस्पताल में बुनियादी चिकित्सा सुविधाएं हैं और एक सीटी स्कैन मशीन कार्यशील है। अस्पताल में आवधिक खरीद और प्रतिस्थापन के माध्यम से आवश्यक चिकित्सा उपकरण बनाए रखे जाते हैं। जेएलएनएचआरसी, भिलाई में विटामिन डी और विटामिन बी12 सहित पैथोलॉजिकल परीक्षण वर्तमान में इन-हाउस उपलब्ध हैं। अस्पताल में आवश्यक दवाओं का पर्याप्त भंडार भी बनाए रखा जाता है और नियमित रूप से उसकी पूर्ति की जाती है।

सेल, इस्पात मंत्रालय द्वारा दी गई सूचना के अनुसार, जेएलएनएचआरसी, भिलाई में आवश्यकतानुसार विशेषज्ञ डॉक्टरों को नियमित और संविदात्मक तरीकों के माध्यम से नियुक्त किया जाता है। अस्पताल में निदान सुविधाओं, चिकित्सा उपकरणों और आवश्यक दवाओं की उपलब्धता की नियमित रूप से निगरानी और रखरखाव किया जाता है।

## ARTIFICIAL INTELLIGENCE (AI) BASED PROJECTS ACROSS TAMIL NADU

**3383. SHRI NAVASKANI K:**

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

(a) whether the Government has initiated any Artificial Intelligence (AI)-based pilot projects in the High Court of Madras and district courts across Tamil Nadu for case management, legal research, translation, transcription and reduction of case pendency and the details thereof;

(b) the details of AI-enabled e-Courts and digital justice initiatives implemented in Tamil Nadu, including the number of courts covered, funds allocated and measurable outcomes achieved;

(c) whether the District and Subordinate Courts in Ramanathapuram district have been covered under any AI-based judicial initiatives and if not, the reasons therefor;

(d) the safeguards adopted to ensure the ethical use of AI, prevent bias, protect judicial independence and secure sensitive judicial data; and

(e) whether the Government proposes to extend AI-enabled judicial services to Ramanathapuram district through additional infrastructure, training and technical support and if so, the details thereof?

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

(a) to (e): The eCourts Mission Mode Project, under the National e-Governance Plan, is being implemented by Department of Justice, Ministry of Law & Justice, in coordination with the eCommittee, Supreme Court of India. Under the Phase-III of the Project, there is provision for adoption of

emerging technologies, including Artificial Intelligence (AI) to enhance judicial efficiency.

e-Courts and Digital Initiatives like e-filing, NSTEP, e-Payment, etc, are functional in the courts in the State of Tamil Nadu for all Advocates/Litigants.

The operational framework, including safeguards to ensure the ethical use of AI, prevent bias, protect judicial independence and secure sensitive judicial data, governing the deployment and future use of AI-based solutions, is decided, in accordance with the Rules of Business and the policies of Supreme Court of India and respective High Courts.

The implementation of AI-enabled judicial services in District Courts falls strictly within the jurisdiction of the respective High Courts, which take decisions in consultation with, the eCommittee, Supreme Court of India. As per the information provided by the eCommittee, Supreme Court of India, no AI Based Pilot project has been initiated in the High Court of Madras and District and Subordinate Courts, across the State of Tamil Nadu, including District and Subordinate Courts in Ramanathapuram district.

## NHM SCHEMES AND FINANCIAL ASSISTANCE IN ODISHA

**3384. SHRI PRADEEP PUROHIT:**

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

(a) the details of programmes being implemented by the Union Government under the National Health Mission (NHM) in Odisha during the last two years, indicating the objectives and the funds released by the Central Government, year-wise and scheme-wise;

(b) the number of beneficiaries covered under various NHM schemes during the last two years in the State, district-wise, particularly in Bargarh and Jharsuguda, scheme-wise and year-wise;

(c) the details of financial assistance sanctioned, released and utilised under NHM for Odisha during the last two financial years, indicating the Central and State shares separately; and

(d) whether the Government has assessed the adequacy of NHM infrastructure, healthcare manpower and service delivery in Bargarh and Jharsuguda districts and if so, the details thereof, along with any proposals under consideration for strengthening healthcare facilities in these districts?

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

(a) to (d): 'Public Health and Hospital' is a state subject. The primary responsibility for strengthening public healthcare system, including infrastructure, healthcare mapower and service delivery lies with the respective State/Union Territories (UTs), including Odisha.

However, under National Health Mission (NHM), Ministry of Health and

Family Welfare provides technical and financial support to the States/UTs, including Odisha, to strengthen the public healthcare system based on the proposals received in the form of Programme Implementation Plans (PIPs). The Government of India provides approval for the proposal in the form of Record of Proceedings (RoPs) as per norms & available resources. The RoPs of the State of Odisha can be accessed at https://nhm.gov.in/index4.php?lang=1&level=0&linkid=45&lid=58

Ayushman Arogya Mandirs (AAMs) represent one of the most significant transformations in primary healthcare, serving as the cornerstone of universal health coverage in India. Going beyond basic curative care, these centres offer an expanded package of services, including screening and management of non-communicable diseases, maternal and child health, mental health, oral health, eye care, ENT care, and palliative care. By shifting the focus from curative care to community-based preventive and promotive health, Ayushman Arogya Mandirs are laying the foundation for a healthier and more resilient India.

The details of central release under the National Health Mission (NHM) during last two financial years from FY 2024-25 and 2025-26 to the State of Odisha is as follows:

**(Rs. In Crore)**

| **Financial Year** | **Central Release** | **Expenditure** |
|---|---|---|
| 2024-25 | 1,916.79 | 3,585.01 |
| 2025-26 | 1,760.71 | 4,330.21 |

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

The State/Union Territories (UTs)-wise details of healthcare facilities in the country, including districts Bargarh and Jharsuguda of Odisha, can be accessed at the following link of Health Dynamics of India (HDI), 2023-24: https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

To improve health infrastructure and services in public health facilities, government has laid down Indian Public Health Standards (IPHS). They 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. They are used as the reference point for public health care infrastructure planning and up-gradation in the States and UTs. The Ministry has developed an open-source toolkit and a web-based dashboard (www.iphs.mohfw.gov.in) launched under IPHS on 28th June 2024 to facilitate self- assessment by all levels of facilities including Ayushman Arogya Mandirs. The IPHS Dashboard is designed to monitor public health facilities' compliance with the IPHS 2022 standards and offers real-time updates, enabling oversight and data-driven decision-making to identify gaps and facilitate timely interventions.

Under NHM, the performance of various health programmes including NHM infrastructure, healthcare manpower and service delivery is regularly monitored in all the States/UTs, 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.

Also, Common Review Missions (CRM) are conducted annually to assess and monitor the progress and implementation status under the scheme.

## MARITIME SKILL DEVELOPMENT

**3385. SHRI GANESH SINGH:**

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

(a) the growth in the number of registered Indian seafarers since 2014, year-wise and the measures taken by the Government to make India a leading global supplier of skilled maritime manpower;

(b) the progress made in developing the country as a global hub for shipbuilding, ship repair and ship recycling, including the status of the Maritime Development Fund, proposed shipbuilding clusters and mega shipbuilding parks; and

(c) the present status of maritime education, training institutions, simulators and certification infrastructure for achieving the Maritime Amrit Kaal Vision 2047 target of 4 million Gross Tonnage shipbuilding capacity?

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

(a): As per Baltic and International Maritime Council (BIMCO) and the International Chamber of Shipping (ICS) Seafarer Workforce Report, India has improved to 2nd rank globally in year 2025 contributing 12.16% of global share of seafarers as compared to 5th rank contributing 5.2% of global share of seafarers in year 2015. The number of active Indian seafarers has shown a growth of nearly 176%, increasing from 1,17,090 in 2014 to 3,23,429 in 2025. The year-wise detail is as tabulated below:

| **Year** | **Seafarer** |
|---|---|
| 2014 | 117090 |
| 2015 | 126945 |
| 2016 | 143940 |
| 2017 | 154349 |
| 2018 | 208799 |
| 2019 | 234886 |
| 2020 | 224478 |
| 2021 | 205787 |
| 2022 | 250186 |
| 2023 | 285454 |
| 2024 | 307901 |
| 2025 | 323429 |

The Government through Directorate General of Maritime Administration (DGMA), a subordinate body under Ministry of Ports, Shipping

and Waterways has undertaken several strategic initiatives to position India as a leading global supplier of skilled maritime manpower. The details are as follows:

I. Nationwide awareness and outreach programmes have been undertaken, across schools, colleges, universities, National Cadet Corps (NCC) units and other educational institutions to promote maritime careers among students from both coastal and non-coastal regions.

II. Industrial Training Institutes (ITIs) have been integrated with Maritime Training Institutes (MTIs), creating a structured pathway for technically qualified youth to pursue maritime careers. Through this initiative, ITIs across the country have been linked with MTIs, enabling students from technical trades such as Electrician, Fitter, Welder, Machinist, Marine Engine Fitter, Refrigeration Technician and other engineering disciplines to undergo maritime training and transition into employment in the Merchant Navy and the maritime sector.

III. A structured framework has been prepared for Agniveers and retired personnel from Indian Navy, to transition into the Merchant Navy through recognition of their education, training and sea service, supplemented by bridge courses and certification, wherever required. This initiative facilitates the seamless induction of trained and experienced defence personnel into the merchant shipping sector,

thereby augmenting India's pool of highly skilled maritime professionals.

IV. e-Samudra digital platform has been operationalised to provide a comprehensive paperless e-Governance ecosystem covering maritime training, certification, examinations, ship registration, statutory approvals, licensing and other stakeholder services. The platform will streamline service delivery, improve transparency, reduce processing time, and enhance ease of doing business while strengthening the administration of maritime education, training and certification.

(b): A comprehensive Rs.69,725 crore Ship building package has been approved by the Government, to strengthen domestic capacity, maritime financing, shipyard development, skilling, and reforms. Key components of this includes:

I. Shipbuilding Financial Assistance Scheme (SBFAS) with Rs. 24,736 crores to enhance scope and address cost disadvantages faced by Indian shipyards against foreign shipyard.

II. Maritime Development Fund (MDF) of Rs. 25,000 crores comprising a Rs. 20,000 crore Maritime Investment Fund (MIF) and Rs. 5,000 crore Interest Incentivisation Fund to strengthen long-term financing in the sector. SBI ventures Limited has been appointed as the Fund manager for MIF.

III. Shipbuilding Development Scheme (SbDS) with Rs. 19,989 crores outlay to expand capacity to 4.5 million Gross Tonnage annually while supporting greenfield shipbuilding clusters.

National Shipbuilding Mission (NSbM), an interministerial body, has been established as the nodal agency to oversee the implementation of Shipbuilding schemes viz. Shipbuilding Financial Assistance Scheme (SBFAS) and Shipbuilding Development Scheme (SBDS) launched by Government of India. Under Shipbuilding Development Scheme, proposals for the development of greenfield shipbuilding clusters in Andhra Pradesh, Gujarat and Tamil Nadu, as well as three brownfield capacity expansion projects of various existing shipyards have been given in-principle approval, after appraisal by NSbM.

To strengthen the ship recycling ecosystem, Ministry of Ports, Shipping and Waterways has released financial assistance of Rs. 53.5 crore under the Ferrous Scrap Development Fund (FSDF) to 109 Indian ship recycling yards to support yards modernization. Assistance of Rs. 2.49 crore per annum is released from FSDF for development and operation of a multispecialty hospital at Alang, Gujarat. In addition, Rs. 12 lakh per annum under the FSDF is also released for maintenance and operation of another primary hospital at Alang, Gujarat. These measures have helped the yards to become Hong Kong Convention (HKC) compliant and at present 115 operational ship recycling yards at Alang are HKC compliant. The HKC compliance allows India to target a larger global market share by positioning

Indian ship recycling yards as safe, certified, and environmentally responsible destinations for global shipping fleets.

For enhancing competitiveness, Government of India has launched Shipbreaking Credit Note Scheme, under which ship owners receive a credit note equivalent to 40% of scrap value of recycled ship when the recycling is done at a HKC compliant Indian ship recycling yard. The credit note can be utilized towards payment of up to 5% of the value of a new ship built at an Indian shipyard, thus promoting both domestic ship recycling and shipbuilding.

(c): India has developed a comprehensive maritime education, training and certification ecosystem to support the future manpower requirements of the Maritime Amrit Kaal Vision 2047. The current ecosystem comprises 176 Maritime Training Institutes (MTIs), including 81 Pre-Sea Institutes and 95 Post-Sea Institutes, offering a wide range of officer and rating courses. The approved annual intake capacity stands at 23,717 candidates in pre-sea courses and 22,264 candidates in post-sea courses.

India also has a well-established simulator training ecosystem across DGMA approved Maritime Training Institutes, with 20 simulator-based courses being conducted nationwide. Modern training facilities include Full Mission Bridge Simulators, Full Mission Engine Room Simulators, Radar/ARPA, ECDIS, GMDSS, Liquid Cargo Handling, LNG/LPG, and Ship Manoeuvring Simulators, enabling trainees to gain practical experience in a controlled environment. Between 2020 and 2025, more than 1.15 lakh

candidates underwent various simulator-based training programmes, reflecting the growing importance of simulation-led competency development.

Further, the initiatives taken for Skill development are as follows:

- 150-hour OJT model has been introduced in Shipyards for ITI trainees and as part of these 727 trainees have already been trained till date in these yards.
- Training of Trainers (ToT) program has been implemented at 2 ITIs in West Bengal by Centre of Excellence in Maritime Shipbuidling (CEMS).
- A preliminary Skill Gap Study has been completed across 9 shipyards.
- Indian Ship Technology Centre (ISTC) has been established as a Section 8 company to facilitate skilling.
- A total of 92,697 candidates has been trained/skilled/upskilled during the last 3 years. The detailed institution-wise skilling progress achieved are placed at **Statement.**

# STATEMENT

## The detailed institution-wise skilling progress achieved

## Training and Upskilling of Employees

| S. No. | Organisation | No. of Employees (Skilled/ Upskilled in 2023-24) | No. of Employees (Skilled/ Upskilled in 2024-25) | No. of Employees (Skilled/ Upskilled in 2025-26) |
|---|---|---|---|---|
| 1 | Kamarajar Port Limited | 36 | 60 | 44 |
| 2 | Mormugao Port Authority | 589 | 828 | 499 |
| 3 | Chennai Port Authority | 528 | 857 | 679 |
| 4 | Visakhapatnam Port Authority | 2781 | 3525 | 2975 |
| 5 | Cochin Port Authority | 290 | 302 | 340 |
| 6 | Mumbai Port Authority | 1294 | 1300 | 1168 |
| 7 | Jawaharlal Nehru Port Authority | 619 | 477 | 574 |
| 8 | National Inland Navigation Institute & Maritime Skill Development Council | 2288 | 1697 | 2406 |
| | **TOTAL** | **6137** | **7349** | **6279** |

## Training and Skill development of New Trainees

| S. No. | Organisation | No. of Trainees (Trained in 2023-24) | No. of Trainees (Trained in 2024-25) | No. of Trainees (Trained in 2025-26) |
|---|---|---|---|---|
| 1 | Cochin Shipyard Ltd. | 655 | 571 | 1090 |
| 2 | JNPA Multi-Skill Development Centre | 663 | 970 | 792 |

| | | | | |
|---|---|---|---|---|
| 3 | Indian Register of Shipping (IRClass) | 811 | 1207 | 1399 |
| 4 | NTCPWC (IIT Madras) | 45 | 60 | 68 |
| 5 | Directorate General of Shipping (DGS) (through affiliated institutes) | 16,310 | 17,820 | 18,414 |
| 6 | CEMS (Exclusive of Major Ports) | 2479 | 3257 | 4968 |
| 7 | Major Ports (through CEMS) | 175 | 300 | 433 |
| 8 | IMU (with CGSSC support) | - | - | 445 |
| | **TOTAL** | **21,138** | **24,185** | **27,609** |

## OJT Trainees at Shipyards

| **Shipyard** | **OJT Trained** |
|---|---|
| Cochin Shipyard (CSL) | 100 |
| Swan Defence (SDHIL) | 230 |
| Goa Shipyard (GSL) | 22 |
| Hooghly Cochin (HCSL) | 60 |
| Mazagon Dock (MDL) | 57 |
| Garden Reach (GRSE) | 193 |
| Titagarh Naval Systems | 65 |
| **TOTAL** | **727** |

## FINANCIAL UTILISATION OF PHASE III OF THE E-COURTS MISSION MODE PROJECT

## 3386. SHRI SHYAMKUMAR DAULAT BARVE:

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

(a) the current implementation status and financial utilisation out of the allocated 7,210 crore budget for Phase III of the e-Courts Mission Mode Project across district and subordinate Courts;

(b) the concrete steps being taken by the Government under this phase to ensure universal saturation of e-Sewa Kendras, with particular focus on rural and marginalised populations;

(c) the total number of citizens who have accessed free legal advice through the Tele-Law initiative under the Designing Innovative Solutions for Holistic Access to Justice (DISHA) scheme as of date; and

(d) the measures taken during the recent National Consultation on the Tele-Law initiative to integrate technology-enabled legal services with grass-roots judicial infrastructure?

**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): Phase-III of the eCourts Mission Mode Project, covering the District and Subordinate Courts, is being implemented by the Department of Justice, Ministry of Law & Justice, in coordination with the eCommittee, Supreme Court of India, in a decentralized manner through the respective High Courts for the period 2023-24 to 2026-27. Against the total allocation of Rs. 3,225

crore, expenditure of Rs. 2,514.81 crore has been incurred under Phase III of eCourts Mission Mode Project during financial year 2023-24 to 2025-26. During the current financial year 2026-27, Rs. 1,200 crore have been allocated under the Scheme.

(b): Under Phase-III of the eCourts Mission Mode Project, e-Sewa Kendras are strengthened as citizen-centric facilitation centres to provide assisted access to various eCourts services including e-Filing, e-Payments, case status, cause lists, orders and judgments and other digital court services. The respective High Courts have established and operationalised e-Sewa Kendras in accordance with the approved implementation plan and local requirements, with the objective of enhancing accessibility to digital judicial services, particularly for litigants from rural, remote and underserved areas. Under Phase-III of the eCourts Mission Mode Project, as on 30.06.2026, 1806 e-Sewa Kendras are functional across 25 High Courts.

(c): The Designing Innovative Solutions for Holistic Access to Justice (DISHA) Scheme has been continued as DISHA 2.0 as a Central Sector Scheme for pan India implementation for the period of 2026-31. DISHA 2.0 provides an easy, accessible, affordable, technology enabled and people-centric legal services through its components viz. Tele- Law (Reaching the Unreached), Nyaya Bandhu (Pro Bono Legal Services) Programme and Legal Literacy and Legal Awareness Programme (LLLAP). A new vertical namely VIDHI (Vision for Integrated Delivery of Harmonized Legal Initiatives)- Sanjeevani has been introduced under the DISHA 2.0.

The Tele-Law connects people with panel lawyers through mobile-app (Tele-Law for Citizens/Lawyers) and Toll-Free No. 14454 for rendering free pre-litigation legal advice through use of video/tele conferencing facilities available at the Common Service Centres (CSCs)/Village Level Entrepreneurs (VLEs) at the panchayat level. Nyaya Sahayaks, who are active community based legal facilitators, have been engaged in the Aspirational Blocks to strengthen service delivery. As on 31.07.2026, a total of 1,13,56,204 pre-litigation legal advice has been enabled through the Tele-Law initiative under the DISHA 2.0 Scheme.

(d): The National Consultation on the Tele-Law Initiative under the DISHA Scheme was held on 29th March 2026. A key outcome of the Consultation was the launch of the Nyaya Setu AI Chatbot, developed in association with BHASHINI, to integrate technology-enabled legal services with grassroots justice delivery mechanisms. The Generative AI-powered multilingual and multimodal platform enables citizens to access information on legal processes, rights and available legal remedies through simple voice and text interactions across 22 Indian languages. It utilizes a Hybrid Retrieval-Augmented Generation (RAG) architecture to ensure that responses are grounded in statutory legal texts.

The Nyaya Setu AI Chatbot facilitates multilingual legal assistance through automated query handling, structured data capture and information on legal rights and remedies. Complementing the Tele-Law ecosystem, it strengthens technology-enabled, citizen-centric legal services by improving

accessibility, efficiency and inclusiveness, particularly for marginalized and underserved populations.

## महाराष्ट्र में अंतर्देशीय जल परिवहन

**3387. श्री अरविंद गणपत सावंत :**

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

(क) क्या सरकार का महाराष्ट्र में अंतर्देशीय जल परिवहन के विकास के लिए कोई नई परियोजना शुरू करने का विचार है और यदि हां, तो तत्संबंधी जिला-वार ब्यौरा क्या है;

(ख) क्या सरकार का महाराष्ट्र के आंतरिक क्षेत्रों को प्रमुख पत्तनों से जोड़ने के लिए मल्टी-मॉडल लॉजिस्टिक्स और ड्राई पोर्ट विकसित करने का विचार है; और

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

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

(क): पत्तन, पोत परिवहन और जलमार्ग मंत्रालय के तहत एक स्वायत्त निकाय, भारतीय अंतर्देशीय जलमार्ग प्राधिकरण (आईडब्ल्यूएआई) द्वारा महाराष्ट्र राज्य में अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) के विकास हेतु प्रस्तावित परियोजनाओं का विवरण निम्नानुसार है:

(i) राष्ट्रीय जलमार्ग-28 (दाभोल क्रीक-वाशिष्ठी नदी) का विकास

(ii) राष्ट्रीय जलमार्ग-89 (सावित्री नदी और बांकोट क्रीक) का विकास

(iii) जलयानों की आवाजाही की मॉनिटरिंग हेतु तीन स्थानों नामत: रायगढ़ जिले में राष्ट्रीय जलमार्ग-10 (अंबा नदी), रायगढ़ जिले में राष्ट्रीय जलमार्ग-83 (राजपुरी क्रीक) और रत्नागिरी जिले में राष्ट्रीय जलमार्ग-91 (शास्त्री नदी - जयगढ़ क्रीक) में जलयान ट्रैकिंग स्टेशनकी स्थापना।

(ख) और (ग): सरकार द्वारा महाराष्ट्र राज्य में आधुनिकीकरण और पत्तन संपर्कता हेतु शुरू की गई परियोजनाओं का ब्यौरा **विवरण** में दिया गया है।

## विवरण

**महाराष्ट्र राज्य में आधुनिकीकरण और पत्तन संपर्कता के लिए शुरू की गई परियोजनाओं का ब्यौरा**

| क्र. सं. | परियोजना | परियोजना लागत (करोड़ रू में) |
|---|---|---|
| 1 | पीर पाऊ में तीसरे केमिकल बर्थ का निर्माण | 161 |
| 2 | मैलेट बंडर मत्स्य हार्बर में नई मत्स्य जेट्टी का विकास | 96.60 |
| 3 | इंदिरा डॉक पर मुंबई अंतराष्ट्रीय क्रूज टर्मिनल (एमआईसीटी) का आधुनिकीकरण, विकास, प्रचालन और रखरखाव | 363.85 |
| 4 | मरीन ऑयल टर्मिनल पर एससीएडीए और पीएलसी ऑटोमेशन सिस्टम | 22.77 |
| 7. | पालघर जिले में खारवादेश्वरी जेट्टी के लिए अप्रोच मार्ग का निर्माण | 15.00 |
| 8. | नारंगी जेट्टी के लिए अप्रोच मार्ग का निर्माण | 29.41 |
| 9 | मुंबई पत्तन के पीर पाऊ टर्मिनल पर अग्निशमन सुविधाओं का संवर्धन | 52.69 |

## PASSPORT SEVA KENDRA IN GHAZIABAD

**3388. SHRI ATUL GARG:**

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

(a) the processing capacity and infrastructural upgrades executed at the Passport Seva Kendra and associated post office centers during last three years in the Ghaziabad Parliamentary Constituency;

(b) the total volume of passport applications processed, including Tatkaal requests, for the citizens residing in the dense urban sectors of the Ghaziabad district last year;

(c) the specific improvements achieved in reducing the police verification turnaround time through the digital integration of the Ghaziabad police commissionerate;

(d) whether the Ministry has identified capacity constraints leading to the non-availability of regular appointments within a fourteen-day window in Ghaziabad, if so, the details thereof; and

(e) the steps being taken by the Government to increase the daily application processing quotas and deploy additional personnel at the Ghaziabad passport centers?

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

(a): The Ministry of External Affairs (MEA) has taken several steps to expand and strengthen the network of Passport Seva Kendras (PSK) and Post Office Passport Seva Kendras (POPSK) across the country, including in Uttar Pradesh. There are 6 PSKs and 52 POPSKs in Uttar Pradesh, including one PSK in Ghaziabad. PSK Ghaziabad was upgraded and refurbished in November 2023. Over the last three years, the number of appointment slots offered by the PSK and POPSKs under the ambit of RPO Ghaziabad have been substantially increased in keeping with augmented infrastructure.

(b): During the year 2025, a total of 80,697 passport applications, including applications under the Tatkaal scheme, and 1,868 Police Clearance Certificate (PCC) applications were processed at PSK Ghaziabad.

(c): In view of the fact that Police Verification is a key component of the passport issuance process, the Ministry launched the Passport Seva Police App for use by State/UT police personnel tasked with conducting police verification, so as to enable expeditious digital submission of Police Verification Reports (PVR) direct from the Police Station to the concerned RPO. Under PSK Ghaziabad too, the PVRs are processed digitally through integration with the Ghaziabad Police Commissionerate.

(d) and (e): Due to rise in demand, the Ministry has taken several steps to speed up passport issuance, including **increase in the number of daily appointments, organization of special weekend drives,** walk-in appointments etc. Additional staff has been deployed to meet the growing demand. In addition, applicants can avail of the ***'Apply anywhere in India'*** scheme under which a passport can be applied for at any PSK/POPSK in India.

## DEMAND AND SUPPLY OF FERTILIZERS

**3389. SHRI VIJAYAKUMAR ALIAS VIJAY VASANTH:**
**SHRI K GOPINATH:**

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

(a) whether the Government has made any assessment regarding the availability, demand, actual consumption and supply gap of Urea and

DAP fertilizers in the country during the last three years and the current year, if so, the details of production and import, State-wise and year-wise;

(b) whether farmers have faced shortages, delayed supply and increased prices of said fertilizers during peak sowing seasons, if so, the details thereof and the reasons therefor along wtih the steps taken to ensure adequate availability of fertilizers;

(c) whether the Government has received complaints regarding non-availability, black marketing, hoarding or sale of said fertilizers at higher than prescribed rates, if so, the details thereof along with the action taken thereon and the distribution mechanism in place; and

(d) whether the Government has made any assessment regarding the impact of rising international fertilizer prices and import dependency on the availability and cost of DAP in the country, if so, the details of initiatives, subsidies provided along with, the corrective measures taken to promote balanced and efficient use of fertilizers?

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

(a) to (d): To ensure adequate availability of fertilizers and prevent any shortage during each cropping season, the Government undertakes the following measures across 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. 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.

II. 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).

III. The gap between demand (requirement) and production for Urea & other fertilizer is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

IV. The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

V. Regularly coordination is done 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.

Accordingly, the availability of Urea and DAP has remained adequate during the last three years and ongoing Kharif 2026 season. The State-wise information regarding the requirement, availability and sales of said fertilizers during the last three years and ongoing Kharif 2026 season is placed at **Statement-I**.

Further, under 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.

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 of P&K fertilizers are decontrolled and companies are free to fix MRP as per their business dynamics at a reasonable level. The NBS subsidy is provided 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 volatility in international prices of key fertilizers and raw materials is considered while fixing NBS rates for P&K fertilizers so that fertilizers remain affordable to the farmers.

However, to make DAP being 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 2026 season to keep the prices of fertilizers stable.

Furthermore, under the NBS 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.

However, to reduce dependence on imported Phosphatic fertilizers and make country self-reliant measures have been taken to encourage domestic production through guidelines 18.01.2024 on reasonableness of MRP, wherein importers/manufacturers and integrated manufacturers are given reasonable profit of 8%/10% and 12% respectively; 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; the number of P&K fertilizers covered under NBS Scheme has increased from 22 grades in 2021 to 28 grades; Freight Subsidy on SSP, which is an indigenously manufactured fertilizer, is being provided since Kharif, 2022 to promote SSP usage for providing Phosphatic or 'P' nutrient to

the soil. Further the rates of nutrients under NBS scheme are decided on biannual basis to ensure availability of fertilizers under the Scheme.

In order to promote the use of Nano Fertilizers among farmers across the country, the following measures have been undertaken by the Government:

- Use of Nano Fertilizers is promoted through different activities such as awareness camps, webinars, field demonstrations, Kisan Sammelans and films in regional languages etc.
- Nano Fertilizers, like Nano Urea and Nano DAP, are made available at Pradhan Mantri Kisan Samridhi Kendras (PMKSKs) by concerned companies.
- For ease in application and utilization of Nano fertilizers, like Nano Urea and Nano DAP, 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.

However, no subsidy is provided by the Government of India for Nano Fertilizers.

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 23,389 Camps/Kisan Sangoshthis across the Country during February 2025 to June 2026. Camps/Kian Sangoshthis are being organised 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.

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 over-pricing, black-marketing and hoarding of fertilizers, as per provisions of EC Act. Any complaints received at Department of Fertilizers level regarding such malpractices in fertilizers is sent to concerned State Government to take appropriate action under Essential Commodities Act, 1955 and Fertilizer Control Order, 1985.

Further, 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 over-pricing/black-marketing and other malpractices on weekly basis.

Accordingly, information received from the DA&FW regarding the action taken by the State Governments to check over-pricing/black-marketing and other malpractices during the ongoing Kharif 2026 season, for the period from April 2026 to July 2026 (till 31.07.2026), is placed at **Statement-II**.

## STATEMENT-I

## STATE WISE REQUIREMENT, AVAILABILITY & DBT SALES OF UREA & DAP DURING THE ONGOING KHARIF 2026 (TILL 03.08.26)

Fig. in LMT

| S.No | State | KHARIF 2026 (FROM 01.04.26 TO 03.08.26) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | UREA | | | | DAP | | | |
| | | Requirement | Availability | DBT Sales | CLOSING STOCK AS ON 03.08.26 | Requirement | Availability | DBT Sales | CLOSING STOCK AS ON 03.08.26 |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 4.07 | 6.92 | 3.18 | 3.75 | 0.93 | 1.91 | 1.00 | 0.91 |
| 3 | Arunachal Pradesh | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 1.39 | 2.22 | 1.85 | 0.37 | 0.23 | 0.42 | 0.30 | 0.12 |
| 5 | Bihar | 5.33 | 8.89 | 4.46 | 4.42 | 1.72 | 2.46 | 1.09 | 1.37 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 7 | Chhattisgarh | 6.15 | 7.71 | 5.58 | 2.13 | 2.60 | 2.13 | 1.59 | 0.54 |
| 8 | Dadra and Nagar Haveli | 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 |
| 10 | Delhi | 0.02 | 0.10 | 0.09 | 0.01 | 0.00 | 0.03 | 0.02 | 0.01 |
| 11 | Goa | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12 | Gujarat | 6.84 | 9.20 | 6.78 | 2.41 | 2.63 | 2.35 | 1.75 | 0.60 |
| 13 | Haryana | 6.87 | 10.41 | 8.44 | 1.97 | 1.37 | 1.76 | 1.28 | 0.48 |
| 14 | Himachal Pradesh | 0.19 | 0.45 | 0.31 | 0.14 | 0.01 | 0.03 | 0.01 | 0.02 |
| 15 | Jammu and kashmir | 0.63 | 1.15 | 0.82 | 0.34 | 0.18 | 0.29 | 0.20 | 0.09 |
| 16 | Jharkhand | 1.53 | 2.25 | 1.28 | 0.97 | 0.45 | 0.43 | 0.29 | 0.15 |
| 17 | Karnataka | 7.16 | 9.54 | 5.31 | 4.23 | 2.91 | 3.46 | 2.54 | 0.93 |
| 18 | Kerala | 0.34 | 0.73 | 0.44 | 0.29 | 0.07 | 0.18 | 0.10 | 0.07 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 11.39 | 15.81 | 10.89 | 4.92 | 3.89 | 3.57 | 2.59 | 0.98 |
| 21 | Maharashtra | 11.18 | 15.44 | 10.40 | 5.04 | 3.72 | 4.00 | 2.93 | 1.07 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 22 | Manipur | 0.11 | 0.18 | 0.13 | 0.05 | 0.02 | 0.02 | 0.01 | 0.01 |
| 23 | Meghalaya | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 |
| 24 | Mizoram | 0.03 | 0.01 | 0.00 | 0.01 | 0.02 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 3.33 | 4.62 | 2.38 | 2.24 | 1.47 | 1.69 | 1.07 | 0.62 |
| 27 | Puducherry | 0.04 | 0.06 | 0.05 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 |
| 28 | Punjab | 12.60 | 16.28 | 13.18 | 3.10 | 1.66 | 2.61 | 1.49 | 1.12 |
| 29 | Rajasthan | 7.10 | 11.89 | 8.61 | 3.28 | 3.35 | 2.75 | 2.17 | 0.58 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 2.96 | 4.93 | 3.19 | 1.74 | 0.86 | 1.17 | 0.64 | 0.53 |
| 32 | Telangana | 7.65 | 8.43 | 4.83 | 3.60 | 2.12 | 2.25 | 1.89 | 0.36 |
| 33 | Tripura | 0.05 | 0.13 | 0.05 | 0.08 | 0.02 | 0.02 | 0.01 | 0.01 |
| 34 | Uttarakhand | 0.75 | 0.98 | 0.80 | 0.18 | 0.15 | 0.30 | 0.15 | 0.14 |
| 35 | Uttar Pradesh | 27.70 | 37.60 | 23.73 | 13.87 | 5.83 | 9.25 | 4.44 | 4.80 |
| 36 | West Bengal | 3.76 | 7.84 | 3.89 | 3.95 | 0.92 | 1.50 | 0.70 | 0.80 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **All India** | **129.21** | **183.84** | **120.73** | **63.12** | **37.17** | **44.60** | **28.28** | **16.33** |
| 1. Primary Indicator of comfortable availability: Availability > Requirement | | | | | | | | | |
| 2. Secondary Indicator of comfortable availability: Availability > DBT Sales | | | | | | | | | |

# STATE WISE REQUIREMENT, AVAILABILITY & DBT SALES OF UREA & DAP FROM 2023-24 TO 2025-26

Fig. in LMT

| S.No | State | 2023-24 | | | | | | 2024-25 | | | | | | 2025-26 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | UREA | | | DAP | | | UREA | | | DAP | | | UREA | | | DAP | | |
| | | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales | Requirement | Availability | DBT Sales |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 15.73 | 17.89 | 14.99 | 4.13 | 4.86 | 4.20 | 15.90 | 18.68 | 15.70 | 4.30 | 4.80 | 4.34 | 15.60 | 19.22 | 17.06 | 4.80 | 6.32 | 5.45 |
| 3 | Arunachal Pradesh | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 3.46 | 4.56 | 3.73 | 0.75 | 0.87 | 0.72 | 3.28 | 4.48 | 4.10 | 0.61 | 0.70 | 0.62 | 3.35 | 5.13 | 4.60 | 0.56 | 0.95 | 0.72 |
| 5 | Bihar | 22.63 | 27.46 | 23.24 | 6.82 | 7.78 | 6.51 | 22.87 | 27.64 | 25.60 | 5.50 | 6.40 | 5.83 | 23.82 | 28.12 | 25.33 | 6.10 | 8.04 | 6.57 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | Chhattisgarh | 8.40 | 11.37 | 8.99 | 3.10 | 5.28 | 4.34 | 8.90 | 12.03 | 10.07 | 4.10 | 4.19 | 3.83 | 10.00 | 12.41 | 9.81 | 4.10 | 4.29 | 3.25 |
| 8 | Dadra and Nagar Haveli | 0.01 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | | | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.00 | 0.37 | 0.32 | 0.00 | 0.05 | 0.04 | 0.23 | 0.43 | 0.40 | 0.01 | 0.05 | 0.04 | 0.26 | 0.25 | 0.21 | 0.05 | 0.05 | 0.05 |
| 11 | Goa | 0.03 | 0.02 | 0.02 | 0.01 | 0.01 | 0.01 | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.02 | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 |
| 12 | Gujarat | 24.71 | 26.78 | 24.30 | 5.86 | 6.71 | 6.29 | 25.60 | 25.82 | 24.23 | 6.25 | 5.84 | 5.42 | 25.02 | 25.95 | 23.99 | 6.30 | 5.82 | 5.32 |
| 13 | Haryana | 20.63 | 24.86 | 21.77 | 5.60 | 6.29 | 5.83 | 21.50 | 25.32 | 22.65 | 5.80 | 5.49 | 5.34 | 21.67 | 26.08 | 23.20 | 5.53 | 6.10 | 5.46 |
| 14 | Himachal Pradesh | 0.68 | 0.82 | 0.68 | 0.01 | 0.01 | 0.01 | 0.71 | 0.81 | 0.65 | 0.01 | 0.04 | 0.03 | 0.66 | 0.94 | 0.79 | 0.02 | 0.05 | 0.05 |
| 15 | Jammu and kashmir | 1.40 | 2.01 | 1.45 | 0.55 | 0.59 | 0.44 | 1.48 | 2.05 | 1.36 | 0.49 | 0.58 | 0.43 | 1.46 | 2.24 | 1.60 | 0.46 | 0.61 | 0.43 |
| 16 | Jharkhand | 2.47 | 3.74 | 3.04 | 1.02 | 1.06 | 0.94 | 2.65 | 4.11 | 3.73 | 0.90 | 0.87 | 0.84 | 2.90 | 3.73 | 3.22 | 0.80 | 1.13 | 0.93 |
| 17 | Karnataka | 16.10 | 21.02 | 15.65 | 5.90 | 8.13 | 6.42 | 17.25 | 22.63 | 19.17 | 5.64 | 6.55 | 5.86 | 18.77 | 21.55 | 18.85 | 5.98 | 7.79 | 6.09 |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 18 | Kerala | 1.19 | 1.13 | 0.96 | 0.20 | 0.18 | 0.16 | 1.11 | 1.37 | 1.15 | 0.17 | 0.21 | 0.20 | 1.14 | 1.30 | 1.14 | 0.20 | 0.31 | 0.22 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 33.46 | 41.73 | 34.37 | 14.22 | 17.81 | 15.50 | 35.38 | 42.43 | 38.09 | 16.57 | 12.70 | 11.66 | 40.42 | 47.16 | 42.43 | 15.00 | 13.09 | 11.47 |
| 21 | Maharashtra | 23.74 | 31.06 | 23.48 | 7.00 | 8.93 | 7.36 | 23.73 | 32.72 | 26.41 | 7.50 | 7.13 | 6.47 | 26.77 | 32.37 | 27.27 | 7.20 | 8.06 | 5.81 |
| 22 | Manipur | 0.30 | 0.26 | 0.25 | 0.04 | 0.01 | 0.01 | 0.25 | 0.16 | 0.14 | 0.03 | 0.03 | 0.02 | 0.20 | 0.24 | 0.19 | 0.03 | 0.05 | 0.04 |
| 23 | Meghalaya | 0.02 | 0.05 | 0.04 | 0.00 | 0.00 | 0.00 | 0.04 | 0.04 | 0.04 | 0.01 | 0.00 | 0.00 | 0.03 | 0.03 | 0.03 | 0.00 | 0.00 | 0.00 |
| 24 | Mizoram | 0.07 | 0.15 | 0.13 | 0.01 | 0.00 | 0.00 | 0.08 | 0.25 | 0.20 | 0.01 | 0.00 | 0.00 | 0.07 | 0.11 | 0.11 | 0.01 | 0.00 | 0.00 |
| 25 | Nagaland | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.01 | 0.02 | 0.02 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 5.46 | 7.70 | 5.84 | 2.33 | 3.12 | 2.74 | 6.05 | 8.15 | 6.67 | 2.86 | 2.83 | 2.56 | 6.20 | 8.94 | 7.26 | 2.75 | 3.42 | 2.78 |
| 27 | Puducherry | 0.16 | 0.15 | 0.13 | 0.02 | 0.01 | 0.01 | 0.16 | 0.16 | 0.15 | 0.01 | 0.02 | 0.02 | 0.15 | 0.15 | 0.14 | 0.02 | 0.02 | 0.01 |
| 28 | Punjab | 29.48 | 37.35 | 30.68 | 8.00 | 8.23 | 7.24 | 26.50 | 36.70 | 32.56 | 8.10 | 6.99 | 6.61 | 29.92 | 35.36 | 31.39 | 7.35 | 8.13 | 6.66 |
| 29 | Rajasthan | 24.28 | 29.23 | 25.39 | 8.95 | 9.80 | 9.37 | 26.20 | 29.43 | 26.40 | 8.50 | 7.11 | 6.90 | 25.52 | 31.94 | 28.05 | 8.43 | 8.61 | 7.80 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | Tamil Nadu | 10.23 | 11.86 | 10.11 | 2.95 | 3.22 | 2.71 | 10.91 | 12.61 | 10.92 | 2.70 | 2.98 | 2.56 | 10.87 | 12.80 | 11.43 | 2.95 | 3.46 | 2.89 |
| 32 | Telangana | 18.94 | 23.77 | 19.03 | 3.80 | 4.34 | 3.68 | 20.20 | 22.15 | 20.08 | 3.90 | 3.91 | 3.64 | 20.20 | 21.80 | 20.94 | 3.85 | 4.92 | 4.38 |
| 33 | Tripura | 0.24 | 0.26 | 0.14 | 0.05 | 0.04 | 0.03 | 0.18 | 0.24 | 0.17 | 0.04 | 0.03 | 0.02 | 0.18 | 0.24 | 0.17 | 0.03 | 0.05 | 0.03 |
| 34 | Uttarakhand | 1.84 | 2.67 | 2.31 | 0.35 | 0.49 | 0.38 | 2.03 | 2.60 | 2.31 | 0.30 | 0.52 | 0.40 | 2.01 | 2.49 | 2.21 | 0.30 | 0.67 | 0.48 |
| 35 | Uttar Pradesh | 76.15 | 91.83 | 74.53 | 24.50 | 25.76 | 21.61 | 77.00 | 91.72 | 79.18 | 24.05 | 21.55 | 19.51 | 79.92 | 91.75 | 80.37 | 24.00 | 25.30 | 20.25 |
| 36 | West Bengal | 14.32 | 17.34 | 12.20 | 4.02 | 3.83 | 3.20 | 13.80 | 19.05 | 15.77 | 3.55 | 3.62 | 3.12 | 14.30 | 18.43 | 14.76 | 3.59 | 4.47 | 3.65 |
| | **All India** | **356.08** | **437.47** | **357.81** | **110.18** | **127.42** | **109.73** | **364.01** | **443.83** | **387.92** | **111.92** | **105.14** | **96.29** | **381.45** | **450.79** | **396.60** | **110.42** | **121.72** | **100.80** |
| 1. Primary Indicator of comfortable availability: Availability > Requirement | | | | | | | | | | | | | | | | | | | |
| 2. Secondary Indicator of comfortable availability: Availability > DBT Sales | | | | | | | | | | | | | | | | | | | |

## STATEMENT-II

**Action taken by the State Government to check black marketing, hoarding, quality check, diversion etc during the Kharif season from April 2026 to July 2026 as on date (31.07.2026)**

| | | Black Marketing | | | Hoarding | | | Sub Standard Quality | | | Diversion | | | | | | 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 | Conviction with details * | No of arrest made | Quantity of material seized (in terms of Bag) and grade of fertilizer | Show cause notice issued | No. of licenses cancelled/suspended | FIR registered |
| Andaman & Nicobar Islands | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Andhra Pradesh | 5460 | 7 | 13 | 0 | 95 | 73 | 4 | 45 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 147 | 86 | 4 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Arunachal Pradesh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Assam | 3327 | 7 | 0 | 0 | 6 | 0 | 0 | 1 | 0 | 0 | 4 | 4 | 0 | NIL | 0 | 0 | 18 | 4 | 0 |
| Bihar | 18022 | 718 | 686 | 63 | 1 | 149 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 719 | 835 | 78 |
| Chhattisgarh | 5486 | 209 | 48 | 6 | 37 | 10 | 2 | 76 | 0 | 1 | 0 | 0 | 1 | NIL | 0 | 30029 | 322 | 58 | 10 |
| Dadar & Nagar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Delhi | 150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Goa | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Gujarat | 7822 | 39 | 0 | 2 | 4 | 5 | 0 | 17 | 0 | 8 | 2 | 0 | 7 | NIL | 0 | 0 | 62 | 5 | 17 |
| Haryana | 494 | 8 | 7 | 0 | 22 | 31 | 6 | 9 | 6 | 0 | 3 | 6 | 2 | NIL | 0 | 0 | 42 | 50 | 8 |
| Himachal Pradesh | 56 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Jammu & Kashmir | 9226 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | NIL | 0 | 1562 | 0 | 0 | 1 |
| Jharkhand | 727 | 14 | 0 | 0 | 31 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | NIL | 0 | 0 | 45 | 3 | 1 |
| Karnataka | 17137 | 2132 | 2 | 0 | 0 | 0 | 0 | 78 | 0 | 0 | 5 | 0 | 7 | NIL | 0 | 4424 | 2215 | 2 | 7 |
| Kerala | 651 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 0 | 0 | 4 | 0 | 2 | NIL | 0 | 2272 | 19 | 0 | 2 |

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Madhya Pradesh | 1021 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 9 | 23 | 22 | 0 | NIL | 0 | 0 | 23 | 22 | 13 |
| Maharashtra | 42353 | 850 | 575 | 19 | 728 | 222 | 1 | 563 | 426 | 40 | 16 | 20 | 7 | NIL | 0 | 0 | 2157 | 1243 | 67 |
| Manipur | 61 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Meghalaya | 330 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Mizoram | 101 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Nagaland | 102 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Odisha | 10318 | 0 | 2 | 0 | 0 | 0 | 1 | 5 | 2 | 1 | 0 | 0 | 0 | NIL | 0 | 246 | 5 | 4 | 2 |
| Puducherry | 39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 0 | 0 | 0 |
| Punjab | 1912 | 10 | 0 | 0 | 0 | 0 | 0 | 57 | 8 | 4 | 49 | 0 | 8 | NIL | 0 | 0 | 116 | 8 | 12 |
| Rajasthan | 8450 | 712 | 22 | 2 | 139 | 28 | 6 | 126 | 0 | 1 | 167 | 1 | 6 | NIL | 2 | 5058 | 1144 | 51 | 15 |
| Tamilnadu | 5868 | 8 | 0 | 0 | 139 | 0 | 6 | 221 | 0 | 0 | 118 | 0 | 2 | NIL | 0 | 290 | 486 | 0 | 8 |
| Telangana | 11658 | 28 | 9 | 6 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 2 | 1 | NIL | 0 | 0 | 31 | 13 | 7 |
| Tripura | 1050 | 0 | 0 | 0 | 184 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 184 | 0 | 0 |
| Uttar Pradesh | 11181 | 1092 | 363 | 26 | 47 | 58 | 2 | 87 | 69 | 5 | 23 | 58 | 8 | NIL | 0 | 3826 | 1249 | 548 | 41 |
| Uttarakhan | 376 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 2 | 1 | 1 |

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| d | | | | | | | | | | | | | | | | | | |
| West Bengal | 16661 | 5 | 2 | 0 | 276 | 16 | 0 | 42 | 0 | 0 | 0 | 0 | 0 | NIL | 0 | 0 | 323 | 18 | 0 |
| Total | 180091 | 5840 | 1729 | 129 | 1709 | 594 | 43 | 1343 | 515 | 69 | 417 | 113 | 53 | 0 | 2 | 47707 | 9309 | 2951 | 294 |
| *** - Details to be submitted- case number, year of FIR and year of filing of case and date of order** | | | | | | | | | | | | | | | | | | | |
| **Above data has been compiled as reported by states** | | | | | | | | | | | | | | | | | | | |

## RISING CAESAREAN DELIVERIES

**3390. DR. BACHHAV SHOBHA DINESH:**

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

(a) whether the Government has taken cognisance of the consistently high and rising rates of caesarean section deliveries in private healthcare institutions, significantly exceeding the benchmark recommended by the World Health Organization;

(b) if so, the details of caesarean and normal deliveries reported during the last five years with specific reference to Maharashtra;

(c) whether the Government has undertaken any assessment of non-clinical factors contributing to this trend including institutional practices, financial incentives, medico-legal considerations and socio-cultural preferences influencing the elective caesarean procedures across the country, if so, the details thereof, State/UT-wise, and

(d) the regulatory, monitoring and corrective measures taken/proposed to be taken by the Government to discourage unnecessary caesarean deliveries and safeguard maternal and neonatal health outcomes?

**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 rate of caesarean section deliveries in private healthcare institutions and the details of caesarean section and total institutional deliveries reported over the last five years for Maharashtra, are placed at the **Statement**.

(c): As per the report of Population Research Centre (PRC) -JSS Institute of Economic Research Dharwad, Karnataka, under Ministry of Health & Family Welfare (MoHFW), Government of India, a study conducted on "Understanding the Context of Caesarean Delivery from the Providers' and Receivers' Perspectives'', mentions the main reasons behind the increase rate of C-section Deliveries in the country as;

- **Clinical Decision-Making by Doctor:** Clinical indications, such as maternal age, multiple pregnancies, fetal distress, previous C-sections, prolonged labour, placenta previa, as well as maternal complications have a greater likelihood of caesarean delivery.
- **Patient/Community Preferences**: These have decision-making role in the matter.

(d): Under the National Health Mission (NHM), various measures/initiatives have been taken to discourage unnecessary caesarean deliveries across all States/UTs. The key measures are:

- CGHS empaneled hospitals are required to prominently display information regarding the ratio of deliveries by Caesarean section vis-à-vis normal deliveries.

- Data Reporting and monitoring has been strengthened at health care facilities.
- Under National Quality Assurance Standards (NQAS), a dedicated C-section audit component is embedded in the assessment checklist for Maternity OTs for all Government Hospitals.
- Various training programs, including Daksh, Dakshta, Skilled Birth Attendant (SBA) and Nurse Practitioner Midwifery (NPM) have been instituted to ensure the availability of well-trained human resources, especially in remote areas in order to promote normal deliveries.

To improve the maternal and neonatal health outcomes, the Government of India has taken following initiatives under NHM:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** under which every pregnant woman and sick infant is entitled to free delivery, including caesarean section, in public health institutions along with provision of free transport, diagnostics, medicines, blood, other consumables & diet.
- **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

**Extended PMSMA (e-PMSMA)** strategy was launched for individual tracking of high-risk pregnant women till a safe delivery.

- **LaQshya** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
- **Surakshit Matritva Aashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths.
- **Optimizing Postnatal Care** aims to strengthen the quality of postnatal care by laying emphasis on detection of danger signs in mothers and incentivizing Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Monthly Village Health, Sanitation and Nutrition Day** is an outreach activity at Anganwadi centers for provision of maternal and childcare including nutrition in convergence with the Integrated Child Development Scheme (ICDS).
- **Outreach camps** are provisioned to improve the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for Maternal and Child health services and community mobilization as well as to track high-risk pregnancies.

- **Capacity Building** of staff in Skilled Birth Attendance (SBA), Daksh, Dakshata along with BEmONC, CEmONC and LSAS to provide comprehensive quality care during delivery at a health facility.
- **Strengthening of infrastructure,** including functionalization of First Referral Units (FRUs), setting up of Maternal and Child Health (MCH) Wings, operationalization of Obstetric High Dependency Units & Intensive Care Units (Obst. HDU & ICU), establishment of Birth Waiting Homes (BWHs) in difficult terrain, remote and tribal areas.

**STATEMENT**

**Details of Institutional Deliveries and C-sections in Maharashtra as per the National Family Health Survey (NFHS)**

| S.No. | Indicator | NFHS-5 (2019-21) | NFHS-6 (2023-24) |
|---|---|---|---|
| 1 | Institutional Births (%) | **94.7** | **96.4** |
| 2 | Births delivered by Caesarean Section (%) | **25.4** | **33.6** |
| 3 | Births in a Private health facility that were delivered by Caesarean Section (%) | **39.1** | **48.5** |

## सिजेरियन प्रसव दर को कम करने के उपाय

**3391. श्री भाऊसाहेब राजाराम वाकचौरे:**

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

(क) क्या सरकार को महाराष्ट्र के अहिल्यानगर जिले के शिरडी संसदीय निर्वाचन क्षेत्र से डॉ. प्रबोध जोशी द्वारा विकसित भारत में 'ऐविडेंस बेस्ड अपराइट बर्थिंग पोजीशन' का उपयोग करके 10,000 सफल प्रसव कराने के वैज्ञानिक अनुसंधान और परिणामों की जानकारी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या यह अनुसंधान सिजेरियन (सी-सेक्शन) प्रसव दर को कम करने और मातृ एवं बाल स्वास्थ्य परिणामों में सुधार लाने में प्रभावी सिद्ध हुआ है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार की देश के ग्रामीण क्षेत्रों में प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) में इस मॉडल को दोहराने और कार्यान्वित करने की योजना है;

(घ) क्या इस शोध के प्रचार-प्रसार के लिए प्रशिक्षण और सामग्री के प्रकाशन के लिए वित्तीय सहायता प्रदान किए जाने की संभावना है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) क्या सरकार का इस पद्धति को सुरक्षित मातृत्व की राष्ट्रीय नीति में एकीकृत करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ङ) महाराष्ट्र राज्य से प्राप्त जानकारी के अनुसार, जिला स्वास्थ्य प्रशासन, अहिल्यानगर को शिरडी संसदीय निर्वाचन क्षेत्र में किसी कार्यरत चिकित्सक द्वारा एविडेंस बेस्ड अपराइट इंडियन बर्थिंग पोजीशन के विकास के संबंध में कोई आधिकारिक सूचना प्राप्त नहीं हुई है। जिला स्वास्थ्य प्रशासन ने सी-सेक्शन प्रसव दरों को कम करने या मातृ एवं नवजात स्वास्थ्य परिणामों में सुधार का आकलन करने के लिए कोई मूल्यांकन रिपोर्ट तैयार या प्राप्त नही की है।

तथापि, भारत सरकार ने मिडवाइफरी-संचालित देखभाल इकाइयों (एमएलसीयू) की स्थापना के लिए सभी राज्यों/संघ राज्य क्षेत्रों को पहले ही ''मिडवाइफरी इकाइयों के संचालन संबंधी दिशा-निर्देश'' परिचालित कर दिए हैं। ये इकाइयॉ महिलाओं को वैज्ञानिक रूप से मान्य, साक्ष्य-आधारित वैकल्पिक प्रसव स्थितियों का विकल्प प्रदान करके फिजीयोलॉजिकल प्रसव को वढ़ावा देती हैं और इनसे अनावश्यक सिजेरियन प्रसव को कम करने की दिशा में योगदान देने की आशा है।

इसके अलावा, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, संबंधित राज्यों/संघ राज्य क्षेत्रों के कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के माध्यम से प्राप्त प्रस्तावों के आधार पर ऐसी मिडवाइफरी-संचालित देखभाल इकाइयों की स्थापना और संचालन के लिए वित्तीय सहायता प्रदान की जा रही है।

## ESTABLISHMENT OF ADDITIONAL CANCER HOSPITAL IN ASSAM

**3392. MD. RAKIBUL HUSSAIN:**

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

(a) whether the Government proposes to establish additional cancer hospitals and advanced oncology centres in Assam, if so, the details thereof;

(b) the present availability of radiotherapy, chemotherapy and cancer diagnostic facilities in Government hospitals of the said State;

(c) whether patients from Dhubri and adjoining districts continue to travel long distances for treatment, if so, the details thereof; and

(d) the steps taken by the Government to ensure affordable and timely cancer care?

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

(a) to (d): The Department of Health and Family Welfare 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 NCDs. Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres were set up across the country. In addition, 524 Day Care Cancer Centres (DCCCs) are functional across the country to ensure cancer care accessibility at district hospital level, out of which 06 DCCCs are functional in the state of Assam.

Further, the Department of Health and Family Welfare is implementing 'Strengthening of Tertiary Care Cancer Facilities' Scheme under the National Programme for Prevention and Control of Non-Communicable Diseases. Under the Scheme, support is provided to States and Union Territories for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in Government Medical Colleges/Hospitals or Regional

Cancer Centres. Till date 39 institutions (19 SCI and 20 TCCC), including Gauhati Medical College & Hospital, Guwahati, as a State Cancer Institute in Assam were approved across the country.

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 hospitilization 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.

Under 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 NP-NCD.

## चिकित्सकों की कमी

**3393. श्री सुखजिंदर सिंह रंधावा:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) क्या आयुष चिकित्सा पद्धति में चिकित्सकों और पराचिकित्सा कर्मचारियों की कमी है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) इन कमियों की पहचान करने और भर्ती करने के लिए उत्तरदायी कार्मिकों/प्राधिकारियों का ब्यौरा क्या है;

(ग) उपचार के तौर-तरीकों, योग और निवारक स्वास्थ्य देखभाल सेवाओं में भारी कमी के क्या कारण हैं;

(घ) क्या डिजिटल और रेफरल प्रणाली की कमियों के कारण अभी भी रोगी रेफरल ट्रैकिंग, डिजिटल रिकॉर्ड और अनुवर्ती तंत्र की कमी है; और

(ङ) यदि हां, तो तत्संबंधी ब्यौरा क्या है और सरकार द्वारा इस संबंध में क्या कदम उठाए जा रहे हैं?

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

(क) से (ग): चूंकि जन स्वास्थ्य राज्य का विषय है, इसलिए आयुष चिकित्सा पद्धति में पर्याप्त संख्या में चिकित्सकों/पैरामेडिकल कर्मचारियों का आकलन और उनकी भर्ती संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के अधिकार क्षेत्र में आती है । देश में आयुर्वेद, सिद्ध, यूनानी, सोवा-रिग्पा और होम्योपैथी के कुल पंजीकृत चिकित्सकों की राज्य/संघ राज्य क्षेत्र वार जानकारी **विवरण** पर दी गई है । आयुष मंत्रालय ने देशभर में आयुष स्वास्थ्य सेवाओं को मजबूत करने के लिए कई पहलें की हैं। इनमें गुणवत्तापूर्ण शिक्षा, अनुसंधान और रोगी देखभाल को बढ़ावा देने के लिए मंत्रालय के अंतर्गत अखिल भारतीय आयुर्वेद संस्थान (एआईआईए), आयुर्वेद शिक्षण एवं अनुसंधान संस्थान (आईटीआरए) और 05 अनुसंधान परिषदों सहित 12 राष्ट्रीय संस्थानों की स्थापना और उनका सुदृढ़ीकरण शामिल हैं । आयुर्वेद, योग, प्राकृतिक चिकित्सा, यूनानी, सिद्ध और होम्योपैथी तक पहुंच में सुधार करके प्रभावी और न्यायोचित आयुष स्वास्थ्य देखभाल सेवाएं प्रदान करने के उनके प्रयासों का समर्थन करने के लिए राष्ट्रीय आयुष मिशन (एनएएम) की केंद्र प्रायोजित योजना राज्य/संघ राज्य क्षेत्र सरकारों के माध्यम से

कार्यान्वित की जा रही है । अंतर्राष्ट्रीय योग दिवस के आयोजन और योग प्रमाणन बोर्ड की पहलों सहित राष्ट्रव्यापी जागरूकता अभियानों के माध्यम से योग को और बढ़ावा दिया जाता है । आयुष चिकित्सा शिक्षा को भारतीय चिकित्सा पद्धति राष्ट्रीय आयोग (एनसीआईएसएम) और राष्ट्रीय होम्योपैथी आयोग (एनसीएच) के विनियामकीय ढांचे के माध्यम से भी मजबूत किया गया है, जो गुणवत्तापूर्ण चिकित्सा शिक्षा और स्वास्थ्य देखभाल सेवाओं की प्रदायगी सुनिश्चित करने के लिए शिक्षण संकाय, अस्पतालों, अवसंरचना और अन्य शैक्षणिक आवश्यकताओं से संबंधित न्यूनतम मानकों को निर्धारित करता है।

(घ) और (ङ): आयुष मंत्रालय ने आयुष ग्रिड पहल के तहत आयुष स्वास्थ्य देखभाल सुविधा केन्द्रों में लागू किए जाने के लिए आयुष अस्पताल प्रबंधन सूचना प्रणाली (एएचएमआईएस) विकसित की है। एएचएमआईएस, आयुष्मान भारत डिजिटल मिशन (एबीडीएम) के तहत राष्ट्रीय डिजिटल स्वास्थ्य पारिस्थितिकी तंत्र के अनुरूप है और रोगी पंजीकरण, मानकीकृत निदान, नैदानिक सेवा प्रदायगी और व्यापक स्वास्थ्य डेटा प्रबंधन की सुविधा प्रदान करता है। यह पद्धति प्रभावी निगरानी, रिपोर्टिंग और रेफरल कार्यक्षमता का भी समर्थन करती है।

**विवरण**

**राज्यवार पंजीकृत आयुर्वेद, यूनानी, सिद्ध, सोवा-रिग्पा और होम्योपैथी चिकित्सकों (डॉक्टरों) की सूची**

| क्र. सं. | राज्य का नाम | आयुर्वेद | यूनानी | सिद्ध | सोवा-रिग्पा | होम्योपैथी | पंजीकृत चिकित्सकों की कुल संख्या |
|---|---|---|---|---|---|---|---|
| 1. | आंध्र प्रदेश | 2460 | 794 | 0 | 0 | 4229 | 7483 |
| 2. | अरुणाचल प्रदेश | 142 | 2 | 0 | 7 | 623 | 774 |
| 3. | असम | 1780 | 0 | 0 | 0 | 2095 | 3875 |
| 4. | बिहार | 2070 | 2969 | 0 | 0 | 36718 | 41757 |
| 5. | छत्तीसगढ़ | 5531 | 106 | 0 | 0 | 2343 | 7980 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 6. | दिल्ली | 5791 | 3163 | 0 | 0 | 6408 | 15362 |
| 7. | गोवा | 879 | 1 | 0 | 0 | 1046 | 1925 |
| 8. | गुजरात | 29957 | 253 | 0 | 0 | 39978 | 70188 |
| 9. | हरियाणा | 11920 | 74 | 0 | 0 | 1790 | 13784 |
| 10. | हिमाचल प्रदेश | 6881 | 5 | 0 | 0 | 725 | 7611 |
| 11. | जम्मू | 2393 | 2602 | 0 | 78 | 491 | 5564 |
| 12. | झारखंड | 332 | 96 | 0 | 0 | 1159 | 1587 |
| 13. | कर्नाटक | 45458 | 2122 | 15 | 0 | 16202 | 63797 |
| 14. | केरल | 11086 | 220 | 356 | 0 | 16333 | 27995 |
| 15. | मध्य प्रदेश | 18094 | 2492 | 0 | 0 | 24681 | 45267 |
| 16. | महाराष्ट्र | 111880 | 9676 | 1 | 0 | 91781 | 213338 |
| 17. | मेघालय | 162 | 0 | 0 | 0 | 482 | 644 |
| 18. | नागालैंड | 0 | 0 | 0 | 0 | 188 | 188 |
| 19. | मिजोरम | 28 | 0 | 0 | 0 | 0 | 28 |
| 20. | ओडिशा | 5102 | 66 | 0 | 0 | 10511 | 15679 |
| 21. | पंजाब | 13529 | 53 | 0 | 0 | 4386 | 17968 |
| 22. | राजस्थान | 13021 | 1380 | 0 | 0 | 10093 | 24494 |
| 23. | तमिलनाडु | 3112 | 763 | 8014 | 0 | 9705 | 21594 |
| 24. | तेलंगाना | 4690 | 2792 | 0 | 0 | 6025 | 13507 |
| 25. | त्रिपुरा | 122 | 0 | 0 | 0 | 809 | 931 |
| 26. | संघ राज्य क्षेत्र चंडीगढ़ | 0 | 0 | 0 | 0 | 202 | 202 |
| 27. | उत्तर प्रदेश | 46086 | 17995 | 0 | 0 | 41944 | 106025 |
| 28. | उत्तराखंड | 5146 | 219 | 0 | 10 | 1021 | 6396 |
| 29. | पश्चिम बंगाल | 2522 | 400 | 0 | 0 | 32617 | 35539 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 30. | अंडमान और निकोबार द्वीपसमूह | 0 | 0 | 0 | 0 | 11 | 11 |
| 31. | दादरा और नगर हवेली एवं दमन और दीव | 0 | 0 | 0 | 0 | 3 | 3 |
| 32. | मणिपुर | 0 | 0 | 0 | 0 | 101 | 101 |
| 33. | मिजोरम | 0 | 0 | 0 | 0 | 11 | 11 |
| 34. | पुदुचेरी | 0 | 0 | 0 | 0 | 13 | 13 |
| 35. | सिक्किम | 0 | 0 | 0 | 0 | 4 | 4 |
| 36. | लक्षद्वीप | 0 | 0 | 0 | 0 | 0 | 0 |
| 37. | लेह लद्दाख | 0 | 0 | 0 | 0 | 1 | 1 |
| | **कुल** | **350174** | **48242** | **8386** | **95** | **364729** | **771626** |

स्रोत: एनसीआईएसएम और एनसीएच

## UG AND PG SEATS IN MEDICAL COLLEGE

**3394. SHRI JANARDAN SINGH SIGRIWAL:**

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

(a) whether the Government has taken steps to increase the number of medical colleges along with Undergraduate (UG) and Postgraduate (PG) medical seats in the country during the last five years;

(b) if so, the details thereof indicating the increase in the number of medical colleges and UG and PG medical seats across the country, year-wise and State/UT-wise;

(c) the number of new medical colleges established or approved and the increase in UG and PG medical seats in Bihar during the last five years, year-wise; and

(d) whether the Government has any proposal to further increase the number of medical colleges along with UG and PG medical seats in Bihar and if so, the details thereof, locationwise, along with the timeline for its implementation?

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

(a) to (d): The Government has significantly increased the number of medical colleges and, consequently, the number of MBBS and PG seats in the country. The number of medical colleges has increased by 118.6%, from 387 before 2014 to 846 at present. Further, the number of MBBS seats has increased by 172.4%, from 51,348 before 2014 to 1,39,864 at present. Similarly, the number of PG seats has increased by 176.9%, from 31,185 before 2014 to 86,360 at present. In Bihar, the number of medical colleges has increased by 35%, from 20 to 27, while the number of MBBS seats has increased by 77.4%, from 2,415 to 4,285 during the last five years.

The measures/steps taken by the Government to augment the medical education facilities and to improve the medical standards in the country include: -

I. Centrally Sponsored Scheme (CSS) for establishment of new medical colleges by upgrading district/referral hospital under which 157 new medical colleges have been approved including 08 colleges in Bihar.

II. CSS for strengthening/ upgradation of existing State Government/ Central Government medical colleges to increase the number of MBBS (UG) and PG seats, under which support has been provided for increase of 4977 MBBS seats in 83 colleges with an approved cost of Rs. 5972.20 Cr, 4058 PG seats in phase-I in 72 colleges with an approved cost of Rs. 1498.43 cr and 4000 PG seats in phase-II in 65 colleges with an approved cost of Rs. 4478.25 Cr.

III. Also, Cabinet approved Phase-III of (CSS) for “Strengthening and upgradation of existing State Government/Central Government Medical Colleges/Standalone PG Institutes/Government Hospitals” to facilitate increase of 5000 PG seats with an enhanced cost ceiling of Rs. 1.5 Crore per seats and extension of existing CSS for UG Scheme for 5023 MBBS seats with a enhanced cost of Rs. 1.5 Crore per seats. The timeline for implementation of both the Scheme is 2028-2029.

IV. Under “Upgradation of Government medical colleges by construction of Super Specialty Blocks” component of Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), a total of 75 projects have been approved, of which 71 projects are complete.

V. Under the Central Sector Scheme for setting up of new AIIMS, 22 AIIMS have been approved. Undergraduate courses have started in 19 of these.

## सीमावर्ती क्षेत्रों में निजी स्वास्थ्य संस्थाओं का निरीक्षण

**3395. डॉ. आनंद कुमार गोंडः**

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

(क) क्या सरकार को इस बात की जानकारी है कि भारत-नेपाल सीमा से सटे बहराइच सहित उत्तर प्रदेश के सीमावर्ती जिलों में हाल ही में चलाए गए एक अभियान के दौरान नियामक मानदंडों का उल्लंघन करने पर अस्सी से अधिक अपंजीकृत नर्सिंग होम, अस्पतालों और पैथोलॉजी प्रयोगशालाओं को सील कर दिया गया था और कई अन्य संस्थाओं को नोटिस जारी किए गए थे;

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

(ग) पिछले तीन वर्षों के दौरान किए गए निरीक्षणों, पहचान किए गए अपंजीकृत स्वास्थ्य संस्थानों, जारी किए गए नोटिसों, सील किए गए संस्थाओं और उनके खिलाफ की गई कानूनी कार्रवाई का राज्य/संघ राज्यक्षेत्र-वार ब्यौरा क्या है;

(घ) क्या सरकार ने सीमावर्ती और ग्रामीण क्षेत्रों में निजी स्वास्थ्य संस्थाओं के लिए पंजीकरण और निरीक्षण तंत्र की प्रभावशीलता का आकलन किया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है; और

(ङ) देश में गुणवत्तापूर्ण और सुरक्षित स्वास्थ्य सेवाएं सुनिश्चित करने के लिए नियामक तंत्र को और मजबूत करने के लिए सरकार द्वारा क्या कदम उठाए जा रहे हैं?

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

(क) से (ग): 'जन स्वास्थ्य' और 'अस्पताल' राज्य के विषय हैं, इसलिए आवश्यकताओं के अनुसार पर्याप्त संख्या में स्वास्थ्य सुविधाओं की योजना बनाने, उन्हें लागू करने, उन्हें बनाए रखने और स्थापित करने की मुख्य जिम्मेदारी संबंधित राज्य सरकार की होती है। राष्ट्रीय स्वास्थ्य मिशन के तहत, राज्यों/संघ राज्य क्षेत्रों को उनकी स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए वित्तीय और तकनीकी सहायता प्रदान की जाती है।

उत्तर प्रदेश राज्य सरकार से प्राप्त जानकारी के अनुसार, 7 अस्पतालों का पंजीकरण रद्द (डीरजिस्टर) किया गया, 8 मामलों में प्राथमिकी दर्ज की गई, 11 अस्पताल सील किए गए और 97 अस्पतालों को नोटिस जारी किए गए। इसके अतिरिक्त, 7 प्रयोगशालाओं/नैदानिक केंद्रों (डायग्नोस्टिक सेंटरों) को सील किया गया तथा 24 प्रयोगशालाओं/नैदानिक केंद्रों को नोटिस जारी किए गए।

(घ): उत्तर प्रदेश राज्य सरकार द्वारा दी गई जानकारी के अनुसार, चिकित्सा संस्थानों का पंजीकरण जनहित स्वास्थ्य पोर्टल के माध्यम से किया जाता है। आवेदनों पर संबंधित जिला अधिकारियों द्वारा कार्रवाई की जाती है, और मुख्य चिकित्सा अधिकारी निर्धारित नियामक ढांचे के अनुसार पंजीकरण की स्वीकृति से पहले आवश्यकतानुसार सत्यापन/निरीक्षण करते हैं। यह ऑनलाइन व्यवस्था आवेदनों के व्यवस्थित प्रसंस्करण और निगरानी को भी सुगम बनाती है।

(ङ): राज्य द्वारा दी गई रिपोर्ट के अनुसार, उत्तर प्रदेश सरकार चिकित्सा संस्थानों में पंजीकरण, विनियमन, गुणवत्ता आश्वासन की निगरानी और रोगी सुरक्षा को सुदृढ़ करने के उद्देश्य से नैदानिक स्थापन अधिनियम/नियमों तथा स्पष्ट रूप से परिभाषित न्यूनतम मानकों से संबंधित उपयुक्त प्रावधानों सहित नियामक ढांचे को और अधिक सुदृढ़ करने के लिए कदम उठा रही है।

इसके अलावा, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत योजनाओं की कार्यान्वयन प्रगति और प्रदर्शन की नियमित रूप से समीक्षा बैठकों और कॉमन रिव्यू मिशन (सीआरएम) के माध्यम से किए जाने वाले क्षेत्रीय दौरों के जरिए निगरानी की जाती है। साथ ही, स्वास्थ्य

सूचकांकों और कार्यान्वयन की स्थिति का आकलन करने के लिए राष्ट्रीय परिवार स्वास्थ्य सर्वेक्षण और नमूना पंजीकरण प्रणाली जैसे आवधिक मूल्यांकनों का उपयोग किया जाता है।

## HONORARIUM OF AWWS AND AWHS

**3396. SHRI PRABHAKAR REDDY VEMIREDDY:**

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

(a) whether the Government proposes to revise the honorarium of Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) under the Anganwadi Services Scheme and if so, the details and timeline thereof;

(b) the State-wise details of additional honorarium paid by State Governments over and above the Central share, with special reference to Andhra Pradesh;

(c) whether the Government has reviewed the Centre–State cost-sharing pattern for payment of honorarium and incentives and if so, whether any proposal to enhance the Central share is under consideration;

(d) whether the Government proposes to enhance gratuity, retirement benefits, insurance and other welfare measures for AWWs and AWHs and if so, the details thereof; and

(e) the steps taken to ensure timely payment of honorarium and incentives to AWWs and AWHs in Andhra Pradesh?

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

(a) to (e): Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) are honorary workers drawn from the local community, who voluntarily come forward to render their services in the area of child care and development to help the local community, for which they are paid honorarium. This honorarium is increased from time to time. From 1st October, 2018, Government of India has enhanced the honorarium of AWWs at Anganwadi centres (AWCs) from Rs.3,000/- to Rs.4,500/- per month and AWHs from Rs.1,500/- to Rs.2,250/- per month as per the defined cost sharing ratio between the Centre and States and UTs. In addition, States and UTs are also paying additional monetary incentives and top ups to these functionaries from their own resources which vary from State to State. Details of additional top ups provided by States and UTs are at **Statement**.

Besides, performance linked incentive of Rs.500/- per month is provided to AWWs and Rs.250/- per month to AWHs.

Under Mission Saksham Anganwadi and Poshan 2.0, AWWs have been technologically empowered with the provision of smartphones for efficient monitoring and delivery of services. Poshan Tracker which is a mobile phone application that has digitized physical registers used by

Anganwadi workers. This improves the quality of their work while simultaneously enabling them for real-time monitoring of all activities going on in the Anganwadis.

To incentivize and encourage the AWWs and AWHs, various initiatives have been undertaken including the following:

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

(ii) Leave: 20 days' annual leave and paid maternity absence of 180 days and paid absence on abortion/ miscarriage once for 45 days.

(iii) State Governments and UT Administrations have been requested to encourage eligible AWWs and AWHs to get themselves enrolled under the Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Pension Scheme, which is a voluntary and contributory pension scheme for the unorganized sector in the country to ensure old age protection.

(iv) Social Security Insurance Schemes: Insurance benefits have been provided to AWWs and AWHs under Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover worth Rs.2.00 lakh (covers life risk, death due to any reason) in the age group of 18 to 50 years and under Pradhan Mantri Suraksha Bima Yojana for accidental cover of Rs.2.00

Lakh (accidental death and permanent full disability) /Rs.1.00 Lakh (partial but permanent disability) in the age group of 18-59 years.

(v) Retirement date: States and UTs have been requested to adopt a uniform retirement date i.e 30th April of each year with respect to AWWs and AWHs to ensure proper human resource planning.

(vi) Annual Healthcare coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to all AWWs and AWHs in pursuance to budget announcement in FY 2024-25.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme. The Central Government is responsible for policy and planning and the State Governments/UT Administrations are responsible for day-to-day program implementation of the scheme.

To improve transparency and accountability, Mission Saksham Anganwadi and Poshan 2.0 has been onboarded on SNA SPARSH which works on ´just in time´ method. Also, sustained engagement/ video conferences are held with all States and UTs regularly to monitor the utilization of funds under various components including honorarium and incentives.

# STATEMENT

## Details of additional top ups as provided by States and UTs

(In Rs.)

| S. No | State/UT | Additional Top-ups paid to AWW | Additional Top-ups paid to AWH |
|---|---|---|---|
| 1 | Andaman & Nicobar | 7,500 | 5,750 |
| 2 | Andhra Pradesh | 7,000 | 4,750 |
| 3 | Arunachal Pradesh | 3,000 | 3,000 |
| 4 | Assam | 3,500 | 1,750 |
| 5 | Bihar | 4,500 | 2,250 |
| 6 | Chandigarh | 3,600 | 1,800 |
| 7 | Chhattisgarh | 5,500 | 2,750 |
| 8 | Dadra & Nagar Haveli and Daman & Diu | 3,500 | 1,750 |
| 9 | Delhi | 6,720 | 3,360 |
| 10 | Goa | 15,000 - 23,000 | 8,500 - 11,500 |
| 11 | Gujarat | 5,500 | 3,250 |
| 12 | Haryana | 10,250 | 5,650 |
| 13 | Himachal Pradesh | 6,000 | 3,550 |
| 14 | Jammu & Kashmir | 600 | 300 |
| 15 | Jharkhand | 7,000 | 3,500 |
| 16 | Karnataka | 8,000 | 5,250 |
| 17 | Kerala | 8,300 | 6,800 |
| 18 | Ladakh | 1,300 | 650 |
| 19 | Lakshadweep | 5,500 | 4,750 |

| | | | |
|---|---|---|---|
| 20 | Madhya Pradesh | 8,500 | 4,250 |
| 21 | Maharashtra | 8,500 | 5,250 |
| 22 | Manipur | 1,000 | 600 |
| 23 | Meghalaya | 3,000 | 1,000 |
| 24 | Mizoram | 950 | 725 |
| 25 | Nagaland | NIL | NIL |
| 26 | Odisha | 5,500 | 2,750 |
| 27 | Puducherry | 1,950 | 2,125 |
| 28 | Punjab | 5,000 | 2,850 |
| 29 | Rajasthan | 6,061 | 4,041 |
| 30 | Sikkim | 7,000 | 4,500 |
| 31 | Tamil Nadu | 9,780 | 6,270 |
| 32 | Telangana | 9,150 | 5,550 |
| 33 | Tripura | 5,946-3,500 | 4,218-2,750 |
| 34 | Uttar Pradesh | 1,500 | 750 |
| 35 | Uttarakhand | 4,800 | 3,000 |
| 36 | West Bengal | 4,500 | 4,550 |

## INFRASTRUCTURE OF AWCS IN KOLHAPUR

**3397. SHRI SHAHU SHAHAJI CHHATRAPATI:**

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

(a) the number of Anganwadi Centres (AWCs) sanctioned, operational and upgraded under Saksham Anganwadi, taluka-wise in Kolhapur district, along with children regularly attending and workers therein;

(b) the stunting, wasting, underweight and anaemia reduction achieved in Kolhapur under POSHAN Abhiyan during 2022-26 against NFHS-5 baselines, taluka-wise; and

(c) the number of cases registered, services provided and outcomes achieved at the One Stop Centre and Women Helpline 181 in Kolhapur district during 2023-26?

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

(a) and (b): The district wise number of sanctioned and operational Anganwadi Centres (AWCs), children attending AWCs, Anganwadi Workers and malnutrition indicators (stunting, wasting and underweight) in children (0-5 years) and nutritional status of beneficiaries registered on Poshan Tracker is available at the link: https://www.poshantracker.in/statistics.

A total of 526 AWCs have been sanctioned for upgradation to Saksham Anganwadi in the district of Kolhapur.

(c): One Stop Centre (OSC) Scheme for women is being implemented since 1st April, 2015. 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 across the country. As on date, 991 One Stop Centres have been made operational across the country and, since inception, i.e. 1st April, 2015 to 30th June, 2026, over 15.20 lakh women have been assisted through One Stop Centres. The services provided include medical aid, legal aid and advice, temporary shelter, police

assistance and psycho-social counselling. As on date, 68 One Stop Centres are operational in the State of Maharashtra, including 02 One Stop Centres in Kolhapur district. During the last three years, i.e. 2023-24 to 2025-26, over 26,019 women have been assisted through One Stop Centres in the State of Maharashtra.

Women Helpline (181) provides 24-hour toll-free telecommunication services to support women in both emergency and non-emergency situations. Since inception, i.e. 1st April, 2015 to 30th June, 2026, over 1.04 crore women have been assisted through Women Helplines across the country. During the last three years, i.e. 2023-24 to 2025-26, over 3.55 lakh women have been assisted through Women Helpline in the State of Maharashtra.

## STUNTING, WASTING AND ANAEMIA AMONG CHILDREN

**3398. SHRIMATI APARAJITA SARANGI:**

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

(a) whether the Government has evaluated the progress of Mission Saksham Anganwadi & POSHAN 2.0 in reducing child stunting, wasting and anaemia, if so, the details thereof;

(b) the details of the children identified as malnourished and treated during the last three years, State/UT-wise including Odisha; and

(c) the details of the corrective measures proposed for high-burden districts?

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

(a) to (c): An outcome-based evaluation study of Mission Saksham Anganwadi and Poshan 2.0 was conducted by Development Monitoring and Evaluation Office (DMEO), NITI Aayog in 2025 in 12 States and one Union Territory. Evidence from institutional assessments and household surveys indicated that in its current form, Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0) represents the Government's latest effort to holistically combat malnutrition and promote child development, by building on past programs with a converged and strengthened approach. Also, a third-party evaluation and impact assessment of Poshan Abhiyaan, the predecessor programme to Mission Poshan 2.0, was conducted by NITI Aayog in 2020. It found the relevance of Poshan Abhiyaan to be satisfactory for tackling malnutrition in the country.

Ministry of Women and Child Development (MoWCD) under Mission Poshan 2.0 has rolled out the Poshan Tracker as an ICT-based tool for continuous monitoring of beneficiaries registered at Anganwadi Centres (AWCs). The application facilitates dynamic identification and monitoring of malnutrition indicators such as stunting, wasting, and underweight prevalence among children. The State-wise and year-wise information on nutrition indicators among children under 5 years is available at Poshan

Tracker public dashboard at the given link: https://www.poshantracker.in/statistics.

As informed by the State Government of Odisha, the recovery rate among discharged SAM children improved steadily from 54% in 2023 to 79% in 2024 and 82% in 2025. As of 5 August 2026, the cumulative recovery rate further increased to 83%, with 1,01,469 of the 1,22,789 discharged children reported as cured, indicating sustained improvement in treatment outcomes under Purna Aahara.

The State of Odisha has adopted a continuum of nutrition-specific and nutrition-sensitive interventions, with intensified identification, treatment and follow-up of children at risk. The following measures are prioritised in high-burden districts:

- Early identification and active case tracking: Strengthen regular growth monitoring at AWCs and conduct focused drives such as Ojan Utsav. Utilising Poshan Tracker for beneficiary registration, portability, monitoring and timely follow-up.
- Intensified treatment through Purna Aahara: Ensure uninterrupted provision of augmented energy-dense Take-Home Ration (THR) and one egg to SAM children for 112 days (16 weeks), supported by fortnightly counselling and growth monitoring. Review every non-responsive case individually.

- Clinical referral and protocol-based care: Refer children with medical complications to NRCs or health facilities for specialised management. Provision of medicines, deworming and other treatment as per the approved protocol, with post-discharge follow-up.
- Enhanced nutrition support for MAM and SUW children: Provision of age-specific additional support under SNP and MSPY, including Chhatua, premixes, eggs, bananas or seasonal fruits, and hot cooked meals to address acute and chronic dietary gaps.
- Last-mile coverage in hard-to-reach habitations: Expansion of effective implementation of Pada Pusti Karyakram by decentralising spot feeding in remote hamlets and tagged villages, including morning snacks and hot cooked meals for preschool children.
- Family counselling and behaviour change: Use home visits, recipe demonstrations, community events, Poshan Maah and Poshan Pakhwada to reinforce breastfeeding, appropriate complementary feeding, dietary diversity, hygiene and timely care-seeking.
- POSHAN Abhibhabaks: Senior district-level officers are assigned as POSHAN Abhibhabaks to monitor high-burden Anganwadi Centres, identify implementation gaps and facilitate timely corrective action.
- District Nodal Officer Monitoring: Department has assigned senior officers as nodal officer for each district who are regularly touring and monitoring the nutritional interventions in field.

- Technology-enabled THR Quality Assurance: Department is ensuring quality of THR through use of computer vision cameras installed in various THR producing units. Quality THR ensures adequate nutritional entitlements reach the beneficiaries.
- T2T2 (Target-2 Transform-2): T2T2 is an initiative of the Department of Women & Child Development, Government of Odisha, aimed at improving the overall functioning and service delivery of Anganwadi Centres across the State. Under the initiative, the two lowest-performing Anganwadi Centres in each ICDS Project are identified based on key performance indicators. These Centres are provided focused guidance, regular monitoring and need-based support to address operational gaps, improve performance across critical parameters and ensure effective delivery of services to beneficiaries.
- Convergence and accountability: Converge AWC services with health check-ups, VHSNDs, IFA supplementation, sanitation and social-protection support. Review high-burden areas regularly through block and district dashboards covering enrolment, treatment completion, recovery, non-response, referrals and stock continuity.

## AVERAGE DISPOSAL OF CASES BY FTSCs

**3399. SHRI SAPTAGIRI SANKAR ULAKA:**

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

(a) the average annual number of cases disposed of per FTSC during the same period, State/UT-wise;

(b) whether the Government has conducted any assessment regarding the disposal efficiency and pendency levels of FTSCs;

(c) if so, the details and findings thereof along with the steps taken by the Government to improve disposal rates and reduce pendency in FTSCs;

(d) the number of Fast Track Special Courts (FTSCs) functional in the country, since 2019, State/UT-wise and year-wise; and

(e) the number of POCSO and rape cases instituted and disposed of by FTSCs since 2019, State/UT-wise and year-wise?

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

(a) to (c): 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. As per the information received from the High Courts, the average annual disposal per FTSC has been around 7 cases. The State/UT-wise details of the average number of cases disposed of per FTSC are given at **Statement -I.**

The impact assessment of the FTSC Scheme has been assessed through third-party evaluations from time to time, while seeking extension of the Scheme, the last one having been conducted by the NITI Aayog. The third-party report of NITI has recommended continuation of the FTSC Scheme taking into consideration its effectiveness in achieving its core objectives of speedy disposal of cases relating to women and children, reduction of pendency, and providing a supportive environment for victims of sexual offences, particularly women and children.

Further, to strengthen the functioning of FTSCs, the Department conducts regular review meetings via Video Conferencing with the States/UTs and the High Courts. The Hon'ble Minister of Law & Justice has written to Hon'ble Chief Ministers and Chief Justices of the High Courts regarding need for timely action and strict compliance with timelines under the POCSO Act and Bharatiya Nagarik Suraksha Sanhita, 2023. In addition, the performance of FTSCs is a regular agenda item in the Inter-State Zonal Council meetings to improve inter-governmental coordination and expedite justice delivery.

(d) and (e): As per the information made available by the High Courts, as of 30.06.2026, 779 FTSCs, including 399 exclusive POCSO (e-POCSO) Courts, were functional in 29 States/UTs. Since the inception of the Scheme and up to 30.06.2026, these courts have disposed of 3,96,940 cases, while 2,56,097 cases remain pending. The State/UT-wise and year-wise details of functional FTSCs in the country are given at **Statement-II.** The State/UT-

wise and year-wise details of number of POCSO and rape cases instituted and disposed of by the FTSCs since 2023 are given at **Statement-III.**

## STATEMENT- I

### State/UT wise details of average number of cases disposed of per FTSC

| Sl. No. | States/UTs | Average disposal against the mandate of 165 cases per year ie 13.75 per month | |
|---|---|---|---|
| | | 2025 | 2026 (Jan-June) |
| 1 | **Andhra Pradesh** | 14 | 13 |
| 2 | **Assam** | 12 | 10 |
| 3 | **Bihar** | 10 | 11 |
| 4 | **Chandigarh** | 11 | 10 |
| 5 | **Chhattisgarh** | 8 | 8 |
| 6 | **Delhi** | 4 | 4 |
| 7 | **Goa** | 4 | 5 |
| 8 | **Gujarat** | 9 | 10 |
| 9 | **Haryana** | 9 | 9 |
| 10 | **Himachal Pradesh** | 4 | 6 |
| 11 | **J&K** | 2 | 1 |
| 12 | **Karnataka** | 9 | 8 |
| 13 | **Kerala** | 8 | 7 |
| 14 | **Madhya Pradesh** | 7 | 6 |
| 15 | **Maharashtra** | 5 | 6 |
| 16 | **Manipur** | 2 | 2 |
| 17 | **Meghalaya** | 3 | 3 |

| | | | |
|---|---|---|---|
| 18 | **Mizoram** | 2 | 1 |
| 19 | **Nagaland** | 1 | 5 |
| 20 | **Odisha** | 10 | 8 |
| 21 | **Puducherry** | 6 | 9 |
| 22 | **Punjab** | 9 | 7 |
| 23 | **Rajasthan** | 8 | 7 |
| 24 | **Tamil Nadu** | 11 | 9 |
| 25 | **Telangana** | 6 | 7 |
| 26 | **Tripura** | 3 | 1 |
| 27 | **Uttarakhand** | 6 | 8 |
| 28 | **Uttar Pradesh** | 6 | 4 |
| 29 | **West Bengal** | 5 | 3 |
| | **AVERAGE** | **7** | **7** |

## STATEMENT- II

**State/UT-wise and year-wise details of functional FTSCs in the country, since 2020**

| Sl. No. | States/UTs | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 |
|---|---|---|---|---|---|---|---|---|
| 1 | Andhra Pradesh | 8 | 10 | 14 | 16 | 16 | 16 | 16 |
| 2 | Assam | 7 | 15 | 17 | 17 | 17 | 17 | 17 |
| 3 | Bihar | 45 | 45 | 45 | 46 | 46 | 54 | 54 |
| 4 | Chandigarh | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 5 | Chhattisgarh | 15 | 15 | 15 | 15 | 15 | 15 | 15 |
| 6 | Delhi | 0 | 16 | 16 | 16 | 16 | 16 | 16 |
| 8 | Goa | 0 | 0 | 1 | 1 | 1 | 1 | 1 |
| 7 | Gujarat | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| 9 | Haryana | 16 | 16 | 16 | 16 | 16 | 18 | 18 |
| 10 | Himachal Pradesh | 3 | 6 | 6 | 6 | 6 | 6 | 6 |
| 11 | J&K | 0 | 4 | 4 | 4 | 4 | 4 | 4 |
| 12 | Jharkhand* | 20 | 22 | 22 | 22 | 22 | 0 | 0 |
| 13 | Karnataka | 14 | 18 | 30 | 31 | 30 | 30 | 30 |
| 14 | Kerala | 23 | 28 | 52 | 54 | 55 | 55 | 55 |
| 15 | Madhya Pradesh | 66 | 67 | 67 | 67 | 67 | 67 | 67 |
| 16 | Maharashtra | 25 | 34 | 39 | 19 | 6 | 37 | 38 |
| 17 | Manipur | 0 | 2 | 2 | 2 | 2 | 2 | 2 |
| 18 | Meghalaya | 0 | 5 | 5 | 5 | 5 | 5 | 5 |
| 19 | Mizoram | 0 | 3 | 3 | 3 | 3 | 3 | 3 |
| 20 | Nagaland | 0 | 1 | 1 | 1 | 1 | 1 | 1 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 21 | Odisha | 15 | 36 | 44 | 44 | 44 | 44 | 44 |
| 22 | Puducherry | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| 23 | Punjab | 3 | 12 | 12 | 12 | 12 | 12 | 12 |
| 24 | Rajasthan | 45 | 45 | 45 | 45 | 45 | 45 | 45 |
| 25 | Tamil Nadu | 14 | 14 | 14 | 14 | 14 | 20 | 20 |
| 26 | Telangana | 19 | 25 | 34 | 36 | 36 | 36 | 36 |
| 27 | Tripura | 3 | 3 | 3 | **3** | 3 | 3 | 3 |
| 28 | Uttar Pradesh | 218 | 218 | 218 | 218 | 218 | 218 | 218 |
| 29 | Uttarakhand | 4 | 4 | 4 | 4 | 4 | 4 | 7 |
| 30 | West Bengal | 0 | 0 | 0 | 3 | 6 | 8 | 9 |
| | **TOTAL** | **599** | **700** | **765** | **757** | **747** | **774** | **779** |
| * State of Jharkhand has exited the scheme vide letter dated 07.07.2026. | | | | | | | | |

## STATEMENT- III

### State/UT-wise and year-wise details of the number of POCSO and rape cases instituted and disposed of by the FTSCs since 2023

| Sl. No. | States/UTs | 2023 (Jan.-Dec.) | | 2024 (Jan. - Dec.) | | 2025 (Jan. - Dec.) | | 2026 (Jan. -June) | |
|---|---|---|---|---|---|---|---|---|---|
| | | Cases Registered | Cases Disposed | Cases Registered | Cases Disposed | Cases Registered | Cases Disposed | Cases Registered | Cases Disposed |
| 1 | Andhra Pradesh | 2279 | 2368 | 1419 | 2138 | 2159 | 2701 | 709 | 1226 |
| 2 | Assam | 3624 | 2300 | 3847 | 2685 | 2997 | 2393 | 1232 | 983 |
| 3 | Bihar | 6515 | 4464 | 6245 | 4556 | 7770 | 5836 | 4523 | 3425 |
| 4 | Chandigarh | 198 | 128 | 99 | 73 | 105 | 131 | 40 | 60 |
| 5 | Chhattisgarh | 1066 | 1450 | 1164 | 1365 | 1181 | 1410 | 1193 | 733 |
| 6 | Delhi | 1005 | 756 | 768 | 833 | 675 | 819 | 255 | 420 |
| 8 | Goa | 32 | 23 | 38 | 51 | 64 | 49 | 29 | 29 |
| 7 | Gujarat | 4003 | 4275 | 3593 | 4228 | 3217 | 3790 | 2079 | 2118 |
| 9 | Haryana | 1939 | 2094 | 2045 | 1911 | 2234 | 1779 | 970 | 937 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 10 | Himachal Pradesh | 214 | 299 | 237 | 432 | 262 | 306 | 101 | 225 |
| 11 | J&K | 76 | 41 | 164 | 112 | 82 | 102 | 75 | 34 |
| 12 | Jharkhand* | 2216 | 2189 | 2151 | 2313 | 929 | 979 | 0 | 0 |
| 13 | Karnataka | 3595 | 3713 | 3570 | 3553 | 3499 | 3260 | 1802 | 1437 |
| 14 | Kerala | 7255 | 7044 | 5462 | 6324 | 4153 | 4998 | 2697 | 2407 |
| 15 | Madhya Pradesh | 5896 | 8130 | 6238 | 6152 | 6213 | 5374 | 2892 | 2348 |
| 16 | Maharashtra | 2817 | 6811 | 1454 | 3716 | 44568 | 1009 | 35598 | 1354 |
| 17 | Manipur | 12 | 48 | 18 | 45 | 23 | 47 | 1 | 19 |
| 18 | Meghalaya | 204 | 135 | 252 | 265 | 257 | 164 | 108 | 83 |
| 19 | Mizoram | 120 | 60 | 63 | 73 | 83 | 62 | 25 | 23 |
| 20 | Nagaland | 5 | 6 | 9 | 11 | 19 | 12 | 17 | 29 |
| 21 | Odisha | 4626 | 5153 | 4264 | 5747 | 4614 | 5066 | 2165 | 2122 |
| 22 | Puducherry | 59 | 44 | 79 | 78 | 111 | 72 | 31 | 52 |
| 23 | Punjab | 1089 | 1502 | 1221 | 1127 | 1205 | 1277 | 450 | 533 |
| 24 | Rajasthan | 3533 | 4213 | 3615 | 4288 | 3206 | 4415 | 1278 | 1968 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 25 | Tamil Nadu | 2847 | 1861 | 2903 | 2670 | 7314 | 2211 | 2381 | 1075 |
| 26 | Telangana | 2486 | 1720 | 2461 | 2499 | 3160 | 2567 | 1367 | 1553 |
| 27 | Tripura | 88 | 163 | 66 | 89 | 121 | 109 | 38 | 26 |
| 28 | Uttar Pradesh | 23246 | 14898 | 33393 | 27640 | 41378 | 14848 | 16695 | 5209 |
| 29 | Uttarakhand | 351 | 383 | 606 | 437 | 484 | 290 | 160 | 220 |
| 30 | West Bengal | 75 | 48 | 1458 | 184 | 1853 | 424 | 827 | 168 |
| | **TOTAL** | **81471** | **76319** | **88902** | **85595** | **143936** | **66500** | **79738** | **30816** |
| * State of Jharkhand has exited the scheme vide letter dated 07.07.2026. | | | | | | | | | |

## MANAGEMENT OF NON-COMMUNICABLE DISEASES

**3400. SHRI B Y RAGHAVENDRA:**

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

(a) the major policy initiatives undertaken by the Government during the last decade to strengthen the prevention, early detection and management of Non-communicable diseases (NCDs), particularly diabetes, hypertension, cardiovascular diseases, cancers, chronic respiratory diseases, year-wise;

(b) the details of population-based screening programmes undertaken by the Government for major NCDs during the last ten years, indicating the cumulative number of individuals screened for diabetes, hypertension and common cancers, along with the role of Ayushman Arogya Mandirs in expanding such screening services;

(c) the measures taken by the Government to strengthen the continuum of care for NCD patients through digital health initiatives, including patient registries, telemedicine, follow-up mechanisms and other technology-enabled interventions;

(d) the progress achieved in strengthening NCD services including dedicated clinics, diagnostic facilities, trained healthcare personnel and their integration with primary healthcare; and

(e) the future roadmap of the Government for strengthening the prevention, early detection and management of NCDs?

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

(a) and (b): Public Health and Hospitals are state subject. 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 NCDs.

Under NP-NCD, the Government of India focuses mainly on Diabetes, Hypertension, common cancers (Oral, Breast and Cervical), Chronic Kidney Disease, ST-segment Elevation Myocardial Infarction (STEMI), Chronic Obstructive Pulmonary Disease, Non-Alcoholic Fatty Liver Disease (NAFLD) and Stroke.

Under NP-NCD, individuals of 30 years and above are screened for common NCDs including three common cancers (oral, breast and cervical cancer), Diabetes and Hypertension through various health facilities. Prevention, control & screening services are provided through trained frontline workers. The progress achieved in terms of population screening is attached at **Statement.**

(c): The Government has undertaken several digital initiatives under the NP-NCD and the Ayushman Bharat Digital Mission (ABDM) to strengthen the continuum of care for NCD patients. The NP-NCD Portal supports management of NCD services, including beneficiary registration, risk assessment, population-based screening, diagnosis, treatment, follow-up and programme monitoring. Teleconsultation services are provided through the eSanjeevani platform to improve access to specialist care, particularly in remote and underserved areas. Further, real-time dashboards and digital analytics facilitate monitoring of programme performance, while line lists generated through the portal support timely follow-up of patients by ASHAs and other frontline healthcare workers, thereby improving treatment adherence and continuity of care.

(d) and (e): Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres were set up across the country. In addition, 524 Day Care Cancer Centres (DCCCs) are functional across the country to ensure cancer care accessibility at district hospital level. Further NP-NCD gives financial support under NHM for awareness generation (IEC) activities.

Under the Strengthening of Tertiary Care Cancer Facilities Scheme, the Government has approved 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) to strengthen tertiary-level cancer care across the country.

To strengthen comprehensive cancer care, an integrated referral network between DCCCs and State SCIs/ TCCCs was setup. Under this hub-and-spoke model, SCIs/ TCCCs provide specialized cancer treatment, while DCCCs deliver chemotherapy, follow-up, supportive and palliative care closer to patients' homes.

## STATEMENT

**As on July 2026, Data on Population Screening under National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD):**

**(In Crores)**

| | |
|---|---|
| **Hypertension** | 42.40 |
| **Diabetes** | 42.21 |
| **Oral Cancer** | 36.11 |
| **Breast Cancer** | 16.94 |
| **Cervical Cancer** | 9.31 |

## उर्वरकों का घरेलू उत्पादन

**3401. श्री बृजेन्द्र सिंह ओला:**

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

(क) क्या गत तीन वर्षों के दौरान देश में उर्वरकों के घरेलू उत्पादन में अनुमानित मांग की तुलना में कमी आई है;

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

(ग) उक्त कमी की पूर्ति के लिए उर्वरक-वार आयात पर कितनी निर्भरता रही है;

(घ) क्या राजस्थान में बुवाई के पीक सीजन में उर्वरकों की समय पर उपलब्धता प्रभावित हुई थी, यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ङ) क्या बंद पड़े उर्वरक संयंत्रों के पुनरुद्धार तथा घरेलू उत्पादन क्षमता के विस्तार के लिए केंद्रीय बजट में किए गए प्रावधानों का उद्देश्य आपूर्ति संबंधी जोखिमों को कम करना है; और

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

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

(क) से (ग): पिछले तीन वर्षों के दौरान घरेलू उर्वरक उत्पादन, आवश्यकता और आयात का ब्यौरा नीचे दिया गया है:

| प्रमुख उर्वरकों का उत्पादन, आवश्यकता और आयात (आँकड़े 'एलएमटी' में) | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2023-24 | | | 2024-25 | | | 2025-26 | | |
| | उत्पादन | आवश्यकता | आयात | उत्पादन | आवश्यकता | आयात | उत्पादन | आवश्यकता | आयात |
| यूरिया | 314.09 | 356.08 | 70.42 | 306.67 | 364.01 | 56.47 | 293.26 | 381.45 | 103.50 |
| डीएपी | 42.93 | 110.18 | 55.67 | 37.69 | 111.92 | 45.69 | 39.01 | 110.42 | 61.94 |
| एनपीके | 101.85 | 126.31 | 22.17 | 121.05 | 151.29 | 22.72 | 128.37 | 158.49 | 37.08 |
| एमओपी | - | 27.62 | 28.69 | - | 22.21 | 35.41 | - | 26.82 | 29.00 |

(एनपीके के उत्पादन में अमोनियम सल्फेट और मिश्रित उर्वरक शामिल हैं।)

(घ): रबी 2025-26 और वर्तमान खरीफ 2026-27 मौसम के दौरान राजस्थान में प्रमुख उर्वरकों की स्थिति अर्थात आवश्यकता, उपलब्धता और बिक्री नीचे दी गई है:

| राजस्थान में रबी 2025-26 के दौरान उर्वरक की स्थिति | | | | | |
|---|---|---|---|---|---|
| क्र.सं | उत्पाद | उपलब्धता की स्थिति (आँकड़े 'एलएमटी' में) | | | |
| | | आवश्यकता | उपलब्धता | बिक्री | 31.03.26 के अनुसार शेष स्टॉक |
| 1 | यूरिया | 15.00 | 20.74 | 16.85 | 3.89 |
| 2 | डीएपी | 3.33 | 4.57 | 3.76 | 0.81 |
| 3 | एमओपी | 0.10 | 0.16 | 0.10 | 0.06 |
| 4 | एनपीके | 1.50 | 1.85 | 1.17 | 0.68 |
| राजस्थान में खरीफ 2026-27 (01.04.26 से 03.08.26 तक) के दौरान उर्वरक की स्थिति | | | | | |
| क्र.सं | उत्पाद | उपलब्धता की स्थिति (आँकड़े 'एलएमटी' में) | | | |
| | | आवश्यकता | उपलब्धता | बिक्री | 03.08.26 के अनुसार शेष स्टॉक |
| 1 | यूरिया | 7.10 | 11.89 | 8.61 | 3.28 |

| | | | | | |
|---|---|---|---|---|---|
| 2 | **डीएपी** | 3.35 | 2.75 | 2.17 | 0.58 |
| 3 | **एमओपी** | 0.05 | 0.15 | 0.05 | 0.10 |
| 4 | **एनपीके** | 0.83 | 1.43 | 0.70 | 0.73 |

1. सहज उपलब्धता का प्राथमिक संकेतक: उपलब्धता > आवश्यकता
2. सहज उपलब्धता का द्वितीयक संकेतक: उपलब्धता > बिक्री

(ङ) और (च): 2026-27 के केंद्रीय बजट में मुख्य रूप से यूरिया सब्सिडी, पीएंडके उर्वरकों के लिए पोषक तत्व आधारित सब्सिडी और ऑर्गेनिक उर्वरकों को बढ़ावा देने की स्कीमों को शामिल किया गया है।

## PLI SCHEME FOR PHARMACEUTICAL SECTORS

**3402. DR. SHARMILA SARKAR:**

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

(a) whether it is a fact that, despite the launch of the PLI schemes for the pharmaceutical sector, the disbursement of funds has remained limited, if so, the details thereof;

(b) the amount disbursed under the said schemes for Pharmaceutical sectors Bulk Drugs and Medical Devices during the last five years;

(c) whether the Government has any plan to reform the Medical Devices PLI scheme, including shifting from an exclusively PLI framework to a hybrid model that incorporates both Component-Linked Incentives (CLI) and PLI to boost and attract more interested manufacturing companies; and

(d) if so, the details thereof along with the steps taken in this regard?

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

(a): Under the PLI Scheme for Pharmaceuticals, the performance period commenced in FY 2022-23. Out of the total financial outlay of ₹15,000 crore for this scheme, an incentive amount of ₹6,659 crore has been disbursed till March 2026.

Under PLI Scheme for Bulk Drugs, out of the total outlay of ₹6,940 crore, an incentive amount of ₹87.70 crore has been disbursed till March 2026. Implementation of projects under the PLI Scheme for Bulk Drugs faced constraints on some accounts such as time consumed for land acquisition, environmental clearance, high utility costs, long gestation period for fermentation based bulk drugs etc. These factors collectively led to delayed commissioning of projects. Consequently, the disbursement of funds was affected as incentives are released based on sales of the eligible products manufactured from these projects.

(b): The details of amount disbursed since the inception of the schemes are as follows:

| Sl. No. | Name of scheme | Amount disbursed (₹ in crore) Till March, 2026 |
|---|---|---|
| 1 | PLI Scheme for Pharmaceuticals | 6,659 |
| 2 | PLI Scheme for Bulk Drugs | 87.70 |
| 3 | PLI Scheme for Medical Devices | 266.64 |

(c) and (d): No, Sir.

## TELE MENTAL HEALTH ASSISTANCE

**3403. CAPTAIN BRIJESH CHOWTA:**

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

(a) whether the Government has reviewed Tele Mental Health Assistance and Networking Across States (TELE-MANAS) and mental-health access and sanctioned capacity, services, beneficiaries, claims or staffing, as applicable, if so, the details thereof;

(b) the details of funds, posts, facilities, utilisation and outcomes during the last three years, year/district-wise;

(c) the details of pending approvals, vacancies, delays and the authority responsible; and

(d) whether the Government has any time-bound plan to close the identified service and infrastructure gaps in this regard, if so, the details thereof?

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

(a) to (d): Public Health and Hospitals are a state subject. The Government had 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) was set up across the country.

As on 27.07.2026, 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 42 lakh calls were handled on the helpline number since inception.

The implementation of Tele-MANAS was reviewed through regular monitoring by the Ministry of Health & Family Welfare and NIMHANS- the Apex Institute of National Tele Mental Health Programme.

Further, the World Health Organisation India has assessed the impact of the Tele Mental Health Assistance and Networking Across States (Tele-MANAS) in terms of its reach and user engagement across the country. A Rapid Assessment Report on Tele MANAS (2024) was published by WHO, which provides an overview of programme performance, reach, utilisation patterns and user experience. The report is available on the website of the Ministry (https://mohfw.gov.in/sites/default/files/Rapid%20Assessment%20report%20on%20TeleMANAS.pdf).

The details of funds allocated and utilized for NTMHP since inception and the details thereof is as under:

(In Rs. crores)

| Institute | 2022-23 | | 2023-24 | | 2024-25 | | 2025-26 | |
|---|---|---|---|---|---|---|---|---|
| | RE | Exp. | RE | Exp. | RE | Exp. | RE | Exp. |
| NTMHP | 120.98 | 65.49 | 65 | 32.91 | 45 | 42.29 | 45 | 44.10 |

The budget of NTMHP for States/UTs are released as part of the National Health Mission (NHM)with effect from 01.08.2025.

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 was 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.

The Government is continuously strengthening the National Tele Mental Health Programme (NTMHP) and Tele-MANAS to improve accessibility, quality and continuity of mental healthcare services across the country. The following measures are taken on an ongoing basis for strengthening the programme:

I. Strengthening of Tele-MANAS Cells across States/UTs under the National Health Mission (NHM);
II. Continuous recruitment, training, capacity building and supervision of Mental Health Counsellors and Mental Health Specialists;
III. Strengthening of digital infrastructure through the Tele-MANAS mobile application, video consultation services, multilingual support, accessibility features and integration with digital health platforms;

IV. Strengthening referral linkages between Tele-MANAS and District Mental Health Programme (DMHP), tertiary care institutions and other healthcare facilities to ensure continuity of care;

V. Regular monitoring and review of programme performance through key service delivery indicators.

## KUMBALAM-THEVARA BRIDGE PROJECT

**3404. SHRI HIBI EDEN:**

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

(a) whether the Government is aware that the Kumbalam–Thevara Bridge Project in Kochi, approved and budgeted by the Government of Kerala in 2016, was delayed for nearly ten years due to objections raised by the Inland Waterways Authority of India (IWAI), if so, the details thereof;

(b) whether the Government has examined the reasons for the prolonged delay in issuance of the No Objection Certificate (NOC) by the IWAI despite multiple revisions in the bridge design and alignment, if so, the details thereof and if not, the reasons therefor;

(c) whether it is a fact that the bridge design was revised six times and the alignment was changed five times to meet the requirements of the IWAI and if so, the details thereof;

(d) whether the Government proposes to put in place a time-bound mechanism for grant of NOCs by the IWAI to avoid delays in public infrastructure projects; and

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

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

(a) and (b): The Kerala Road Fund Board (KRFB) on 02.07.2020 intimated about the sanction of the Government of Kerala dated 31.10.2016 for construction of Kumbalam - Thevara Bridge and sought No Objection Certificate (NOC) from Inland Waterways Authority of India (IWAI). As the request was without General Arrangement Drawings (GAD), IWAI requested KRFB to apply for NOC as per the prescribed regulations.

KRFB did not submit GAD in compliance to the Inland Waterways Authority of India (Classification of Inland Waterways in India) Regulations, 2008 (amended in 2016 & 2022). Instead, KRFB requested IWAI to shift the navigational channel itself, which was not possible. Subsequently, KRFB submitted revised GAD on 25.11.2024 and accordingly, NOC was issued on 23.01.2025.

(c): Yes, the bridge design was changed 6 times by KRFB to meet the navigational requirements as per the Inland Waterways Authority of India (Classification of Inland Waterways in India) Regulations, 2008 (amended in 2016 & 2022).

(d) and (e): The online mechanism to process the cases in time-bound manner is already in place through 'NOC Portal For Cross Structures' available at IWAI website: iwai.gov.in and as per clause 6 (ii) of the Inland Waterways Authority of India (Classification of Inland Waterways in India) Regulations, 2022, the NOC is to be granted within 45 days, provided all requirements are met.

## कैंसर और जीवनशैली के कारण होने वाले रोगों के मामले

**3405. श्री राहुल कस्वां:**

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

(क) क्या सरकार ने गत दस वर्षों के दौरान देश में कैंसर, हृदय रोग, मधुमेह, उच्च रक्तचाप, दीर्घकालिक गुर्दा रोग तथा अन्य गैर-संचारी रोगों की बढ़ती प्रवृत्ति का वर्ष-वार कोई व्यापक विश्लेषण किया है, यदि हाँ, तो उसके प्रमुख निष्कर्ष क्या हैं;

(ख) क्या सरकार ने इन रोगों के प्रमुख जोखिम कारकों, जैसे मोटापा, तंबाकू सेवन, अस्वास्थ्यकर आहार, शारीरिक निष्क्रियता, वायु प्रदूषण तथा अन्य कारकों के संबंध में राष्ट्रीय स्तर पर कोई आकलन किया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार ने राज्यों में जांच (स्क्रीनिंग) कवरेज, जिला स्तर पर उपलब्ध नैदानिक सुविधाओं, कैंसर के उपचार संबंधी अवसंरचना, डायलिसिस सेवाओं, हृदय रोग के उपचार के लिए सुविधाओं तथा विशेषज्ञ मानव संसाधनों की उपलब्धता के संबंध में कोई अंतराल विश्लेषण (गैप एनालिसिस) किया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार शीघ्र जांच (अर्ली स्क्रीनिंग), निवारक स्वास्थ्य सेवाओं तथा जीवनशैली आधारित रोग नियंत्रण के लिए राष्ट्रीय स्तर पर किसी समेकित रणनीति को लागू करने पर विचार कर रही है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (घ): भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) की 2017 में प्रकाशित रिपोर्ट "इंडिया हेल्थ ऑफ दी नेशन्स स्टेट्स" के अनुसार, भारत में कैंसर, मधुमेह और हृदय रोग सहित गैर-संचारी रोगों (एनसीडी) की व्याप्तता दर 1990 में 30.5% से बढ़कर 2016 में 55.4% हो गई है। विस्तृत रिपोर्ट निम्नलिखित लिंक पर उपलब्ध है:

https://www.healthdata.org/sites/default/files/files/policy_report/2017/India_Health_of_the_Nation%27s_States_Report_2017.pdf

आईसीएमआर ने बताया है कि व्यवहार से संबंधित और जीवनशैली से संबंधित कई जोखिम कारक गैर-संचारी रोगों के बढ़ते भार के कारक होते हैं। इनमें तंबाकू का सेवन, शराब का हानिकारक उपयोग, कम शारीरिक गतिविधि, अस्वास्थ्यकर खान-पान की आदतें और नमक, चीनी और संतृप्त वसा का अत्यधिक सेवन शामिल हैं।

जन स्वास्थ्य और अस्पताल राज्य के विषय हैं। स्वास्थ्य और परिवार कल्याण विभाग राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के भाग के रूप में राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत देशभर के राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। यह कार्यक्रम गैर-संचारी रोगों के लिए बुनियादी ढांचे को सुदृढ़ करने, मानव संसाधन विकास, जांच, शीघ्र निदान, रेफरल, उपचार और स्वास्थ्य संवर्धन पर केंद्रित है। एनपी-एनसीडी के तहत देशभर में 770 जिला गैर-संचारी रोग क्लीनिक, 233 हृदय रोग परिचर्या इकाइयां और सामुदायिक स्वास्थ्य केंद्रों में 6,410 गैर-संचारी रोग क्लीनिक

स्थापित किए गए हैं। इसके अतिरिक्त, जिला अस्पताल स्तर पर कैंसर परिचर्या की सुलभता सुनिश्चित करने के लिए देशभर में 524 डे केयर कैंसर सेंटर (डीसीसीसी) कार्यरत हैं। एनपी-एनसीडी, एनएचएम के तहत मधुमेह सहित गैर-संचारी रोगों के लिए जागरूकता सृजन (आईईसी) गतिविधियों के लिए राज्यों/संघ राज्य क्षेत्रों द्वारा उनकी कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के अनुसार वित्तीय सहायता भी प्रदान करता है।

इसके अतिरिक्त, उन्नत कैंसर परिचर्या प्रदान करने के लिए देश के विभिन्न हिस्सों में 19 राज्य कैंसर संस्थान (एससीआई) और 20 विशिष्ट कैंसर परिचर्या केंद्र (टीसीसीसी) स्थापित किए गए। साथ ही, सभी 22 नए एम्स में निदान, चिकित्सा और शल्य चिकित्सा सुविधाओं के साथ कैंसर उपचार सुविधा केंद्रो को मंजूरी दी गई।

भारत सरकार एनपी-एनसीडी के तहत, मुख्य रूप से मधुमेह, उच्च रक्तचाप, सामान्य कैंसर (मुंह, स्तन और गर्भाशय ग्रीवा), क्रॉनिक किडनी रोग, एसटी-सेगमेंट एलिवेशन मायोकार्डियल इन्फार्क्शन (एसटीईएमआई), क्रॉनिक ऑब्सट्रक्टिव पल्मोनरी डिजीज, नॉन-अल्कोहोलिक फैटी लिवर डिजीज (एनएएफएलडी) और स्ट्रोक पर ध्यान केंद्रित करती है।

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत देश में सामान्य गैर-संचारी रोगों (एनसीडी) की रोकथाम, नियंत्रण और स्क्रीनिंग के लिए एक जनसंख्या-आधारित पहल शुरू की गई है, जिसमें तीन सामान्य कैंसर (मुख का कैंसर, स्तन कैंसर और गर्भाशय ग्रीवा कैंसर), मधुमेह और उच्च रक्तचाप शामिल हैं। इस पहल में, 30 वर्ष से अधिक आयु के व्यक्तियों को विभिन्न स्वास्थ्य केंद्रों पर स्क्रीनिंग के लिए लक्षित किया गया है। रोकथाम, नियंत्रण और जांच संबंधी सेवाएं प्रशिक्षित अग्रिम पंक्ति के कर्मियों द्वारा प्रदान की जाती हैं।

## UPGRADATION OF GOPALPUR PORT

**3406. DR. PRADEEP KUMAR PANIGRAHY:**

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

(a) the total volume of cargo handled at Gopalpur Port in Ganjam, Odisha, during the last two financial years, alongwith the current utilization rate of its deep-draft berths;

(b) the status of central regulatory and infrastructure support for developing dedicated terminal facilities to export rare earth minerals and process high-volume industrial commodities from the local economic zone; and

(c) the details of active connectivity projects being pursued under the Sagarmala programme to link Gopalpur Port seamlessly with the domestic hinterland and rail corridors along with the details of the progress of Bahuda Port?

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

(a) to (c). Ports other than Major Ports, also known as non-major or minor ports, are under the administrative control of the respective State Governments and their development falls within the State's jurisdiction and responsibility. Gopalpur Port is a non-major port under the jurisdiction of the Government of Odisha. As informed by Odisha Maritime Board, Gopalpur Port in Ganjam District, Odisha handled 5.99 Million Metric Tonnes (MMT) of cargo during financial year 2024-25 and 4.16 MMT during financial year 2025-26. The Port has berths capable of handling Panamax and Capesize

vessels with a permissible draft of up to 14.5 metres. Gopalpur Port has three multipurpose berths capable of handling a wide range of bulk, break-bulk and other cargoes, including rare earth minerals. The berth utilization varies depending upon cargo traffic and vessel calls. At present, there is no dedicated terminal facility for export of rare earth minerals or for handling high volume industrial commodities from the local economic zone.

In order to improve hinterland connectivity of Gopalpur Port, In-Principle approval has been accorded by the Ministry of Railways for Gopalpur Port–Rairakhol Rail Line. As regards Bahuda Port, DPIIT has communicated In-Principle approval for transfer of 6718.91 acres of land in Odisha and Andhra Pradesh for development of Bahuda Port.

## दुर्लभ रोगों के लिए वित्तीय सहायता

**3407. श्री ओमप्रकाश भूपालसिंह उर्फ पवन राजेनिंबालकरः**

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

(क) राष्ट्रीय दुर्लभ रोग नीति, 2021 के समूह-3 (क) के अंतर्गत शामिल ऐसे रोगियों, जिन्होंने 50 लाख रुपए तक की एकमुश्त वित्तीय सहायता की निर्धारित सीमा का पूर्ण उपयोग कर लिया है, की रोग-वार तथा राज्य/संघ राज्यक्षेत्र-वार संख्या क्या है;

(ख) क्या सरकार ने आजीवन उपचार की आवश्यकता वाले रोगियों के लिए निरंतर वित्तीय सहायता की जरूरत का कोई आकलन किया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार के विचाराधीन ऐसा कोई प्रस्ताव है, जिसके माध्यम से राष्ट्रीय दुर्लभ रोग नीति, 2021 के अंतर्गत उपलब्ध एकमुश्त वित्तीय सहायता की सीमा समाप्त कर चुके

उच्च जोखिम वाले रोगियों के उपचार की निरंतरता सुनिश्चित की जा सके, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) ऐसे रोगियों का निर्बाध उपचार सुनिश्चित करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं?

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

(क): आज की तारीख तक, समूह 3(क) वाली दुर्लभ बीमारियों से पीड़ित लगभग 155 रोगियों ने एनपीआरडी के तहत प्रदान की गई ₹50 लाख की वित्तीय सहायता का उपयोग कर लिया है। उत्कृष्टता केंद्र (सीओई) वार ब्यौरा **विवरण** में संलग्न है।

(ख) और (ग): स्वास्थ्य एक 'राज्य' विषय होने के कारण, स्वास्थ्य परिचर्या सेवाएँ प्रदान करने की प्राथमिक ज़िम्मेदारी राज्य सरकारों की है। तथापि, दुर्लभ रोगों से उत्पन्न चुनौतियों का उपशमन करने के लिए, दुर्लभ रोगों के लिए राष्ट्रीय नीति (एनपीआरडी), 2021 के तहत नामित उत्कृष्टता केंद्रों (सीओई) में अभिज्ञात दुर्लभ रोगों के उपचार के लिए प्रति रोगी ₹50 लाख तक की वित्तीय और चिकित्सा सहायता प्रदान की जाती है। उच्च लागत वाले दुर्लभ रोगों के लिए वित्तीय सहायता हेतु, "दुर्लभ रोगों से पीड़ित रोगियों के लिए क्राउड फंडिंग और स्वैच्छिक दान हेतु डिजिटल पोर्टल" शुरू किया गया है। संसाधनों की सीमितता को ध्यान में रखते हुए, आवंटित संसाधनों से सर्वोत्तम परिणाम प्राप्त करने के लिए जन स्वास्थ्य के परस्पर प्रतिस्पर्धी हितों में संतुलन बनाए रखना आवश्यक है। ऐसे रोगियों के निरंतर उपचार के संबंध में, मामला भारत के माननीय उच्चतम न्यायालय के समक्ष विचाराधीन है।

(घ): दुर्लभ रोगों से पीड़ित रोगियों के निरंतर उपचार को सुनिश्चित करने के लिए सरकार द्वारा निम्नलिखित कदम उठाए गए हैं:

- दुर्लभ रोगों से पीड़ित व्यक्तियों द्वारा व्यक्तिगत उपयोग या उत्कृष्टता केन्द्रों (सीओई) के माध्यम से आयातित दवाओं, औषधियों और विशेष चिकित्सा प्रयोजनों के लिए खाद्य पदार्थों (एफएसएमपी) पर मूल सीमा शुल्क (बीसीडी) और एकीकृत वस्तु एवं सेवा कर (आईजीएसटी) से पूर्ण छूट।
- नीति आयोग की "दुर्लभ रोगों के लिए दवाएं और खुराक: निर्माताओं के साथ जुड़ाव" समिति चुनिंदा दुर्लभ रोगों के लिए खुराक के रूपों (छोटे अणुओं) के स्वदेशी निर्माण को बढ़ावा देती है। परिणामस्वरूप, कुछ दवाएं भारतीय बाजार में आयातित संदर्भ सूचीबद्ध दवा (आरएलडी) की कीमत के 1/10वें भाग पर उपलब्ध हैं।
- भारतीय आयुर्विज्ञान अनुसंधान परिषद (आईसीएमआर) का दुर्लभ रोगों के लिए स्वदेशी चिकित्सा कार्यक्रम अध्ययन स्थलों को सीधे वित्त पोषण करके नैदानिक विकास के लिए स्वदेशी चिकित्सा को आगे बढ़ाता है, जिससे अंततः देश में किफायती दवाओं की उपलब्धता सुनिश्चित होती है।

## <u>विवरण</u>

**एनपीआरडी के तहत प्रदान की गई 50 लाख रुपये की वित्तीय सहायता का अधिकतम उपयोग कर चुके समूह 3(क) दुर्लभ रोगों से पीड़ित रोगियों की सीओई-वार संख्या**

| क्र.सं. | उत्कृष्टता केंद्र (सीओई) | ₹50 लाख की एकमुश्त वित्तीय सहायता का उपयोग कर चुके समूह 3 (क) के रोगियों की संख्या |
|---|---|---|
| • | अखिल भारतीय आयुर्विज्ञान संस्थान, नई दिल्ली | 25 |
| • | मौलाना आजाद मेडिकल कॉलेज, नई दिल्ली | 4 |
| • | संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ | 22 |
| • | निज़ाम आयुर्विज्ञान संस्थान, हैदराबाद में डीएनए फिंगरप्रिंटिंग और निदान केंद्र | 10 |
| • | किंग एडवर्ड मेडिकल अस्पताल, मुंबई | 6 |

| | | |
|---|---|---|
| • | स्नातकोत्तर चिकित्सा शिक्षा और अनुसंधान संस्थान, कोलकाता | 26 |
| • | इंदिरा गांधी अस्पताल के साथ मानव आनुवंशिकी केंद्र (सीएचजी), बेंगलुरु | 32 |
| • | बाल स्वास्थ्य संस्थान और बाल अस्पताल (आईसीएच एंड सीएच), चेन्नई | 15 |
| • | अखिल भारतीय आयुर्विज्ञान संस्थान (एआईआईएमएस), जोधपुर | 6 |
| • | श्री अवित्तम तिरूनल अस्पताल (एसएटी), गवर्नमेंट मेडिकल कॉलेज, तिरूवनंतपुरम | 9 |
| | कुल | **155** |

## FUND UTILISATION UNDER ICDS

**3408. SHRI G KUMAR NAIK:**

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

(a) the details of funds allocated, released/utilised under the Integrated Child Development Services (ICDS) during the period from 2004-05 to 2024-25, year-wise and State/UT-wise;

(b) whether States/UTs have contributed their prescribed/obligated share under the applicable funding pattern of the said Scheme during the said period, if so, the details thereof;

(c) the details of the expenditure incurred by each State/UT under the said Scheme during the said period, State/UT-wise and year-wise;

(d) whether any State/UT has incurred expenditure in excess of its prescribed/obligated share under the said Scheme, if so, the details thereof, State/UT-wise and year-wise; and

(e) whether the Government has undertaken any assessment of the reasons for this excess expenditure incurred since 2015-16, if so, the details thereof, year-wise?

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

(a) to (e): Mission Saksham Anganwadi and Poshan 2.0 is an ongoing scheme where continuous revamping and restructuring is undertaken for successful implementation of the scheme and to provide benefits to the end beneficiaries in an efficient manner. In the 15$^{th}$ Finance Commission (FC), various components such as (i) nutritional support for children from 6 months to the age of 6 years, pregnant women and lactating mother and Adolescent Girls; (ii) Early Childhood Care and Education and (iii) Anganwadi infrastructure including modern, upgraded Saksham Anganwadi have been reorganised under Mission Saksham Anganwadi and Poshan 2.0.

Mission Saksham Anganwadi and Poshan 2.0 is a Centrally Sponsored scheme being implemented from 2021-22. The implementation of the scheme falls under the ambit of State Governments and UTs administrations. Under the Mission, the Government of India releases grants-

in-aid to the States/UTs on the following cost-sharing ratio between Centre and States/UTs:

| Components under Anganwadi Services | | | |
|---|---|---|---|
| | General | Salary | SNP & SAG |
| States/UTs with Legislature | 60:40 | NA | 50:50 |
| NE/Himalayan States (including J&K) | 90:10 | 90:10 | 90:10 |
| UT Without Legislature | 100:0 | NA | 100:0 |

In addition, States and UTs are also paying additional monetary incentives and top-ups under General and SNP Components from their own resources which vary from State-to-State. State and UT wise details of funds released under Mission Saksham Anganwadi and Poshan 2.0 from FY 2021-22 to FY 2025-26 are placed at **Statement**.

Under Mission Saksham Anganwadi and Poshan 2.0, earlier funds were released through SNA module. In the SNA module, subsequent grant was released only after the State/UT had contributed their prescribed/obligated share under the applicable funding pattern of the said Scheme. Now, Mission Saksham Anganwadi and Poshan 2.0 has been onboarded on SNA SPARSH from 01.11.2025 which works on ´just in time´ method.

# STATEMENT

**(Rs in crore)**

**Fund released and utilised under Mission Saksham Anganwadi and Poshan 2.0 from F.Y. 2021-22 to F.Y.2025-26**

| SN | Name of the State/UT | 2021-22 | | 2022-23 | | 2023-24 | | 2024-25 | | 2025-26 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Funds released | Fund utilised | Funds released | Fund utilised | Funds released | Fund utilised | Funds released | Fund utilised | Funds released |
| 1 | Andaman and Nicobar Islands | 19.71 | 13.36 | 3.85 | 5.17 | 12.15 | 11.06 | 9.63 | 9.21 | 8.10 |
| 2 | Andhra Pradesh | 744.60 | 749.91 | 827.79 | 721.45 | 705.68 | 734.52 | 645.73 | 641.23 | 759.76 |
| 3 | Arunachal Pradesh | 170.83 | 230.77 | 137.78 | 145.74 | 162.06 | 139.34 | 102.61 | 99.58 | 118.5 |
| 4 | Assam | 1319.90 | 1432.19 | 1651.63 | 1717.00 | 2233.31 | 2804.16 | 2482.34 | 2605.14 | 1548.67 |
| 5 | Bihar | 1574.43 | 1608.02 | 1740.09 | 1586.61 | 1859.29 | 1703.55 | 2262.92 | 1659.24 | 905.43 |
| 6 | Chandigarh | 15.32 | 23.09 | 33.10 | 33.10 | 19.79 | 19.26 | 14.56 | 14.31 | 9.87 |
| 7 | Chhattisgarh | 606.73 | 522.72 | 668.96 | 571.80 | 579.46 | 664.31 | 733.30 | 730.29 | 518.22 |
| 8 | Dadra & Nagar Haveli and Daman & Diu | 9.33 | 9.56 | 5.80 | 5.80 | 11.97 | 11.57 | 9.13 | 9.07 | 5.92 |
| 9 | Delhi | 133.11 | 125.52 | 182.77 | 142.84 | 161.81 | 135.31 | 160.41 | 152.34 | 150.21 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 10 | Goa | 10.84 | 12.92 | 14.71 | 16.83 | 13.95 | 12.22 | 13.44 | 11.52 | 19.74 |
| 11 | Gujarat | 839.86 | 757.92 | 912.64 | 552.30 | 1126.80 | 658.81 | 601.32 | 598.35 | 699.13 |
| 12 | Haryana | 173.03 | 146.99 | 195.25 | 150.24 | 225.78 | 183.94 | 232.69 | 212.49 | 67.12 |
| 13 | Himachal Pradesh | 247.99 | 386.68 | 270.24 | 247.76 | 301.09 | 146.69 | 313.07 | 311.04 | 328.59 |
| 14 | Jammu & Kashmir | 405.74 | 704.57 | 479.01 | 416.23 | 530.88 | 595.21 | 662.79 | 634.78 | 401.62 |
| 15 | Jharkhand | 352.98 | 183.30 | 430.91 | 596.03 | 664.30 | 560.25 | 496.95 | 465.21 | 429.26 |
| 16 | Karnataka | 1003.70 | 984.62 | 765.87 | 885.65 | 912.96 | 729.26 | 886.85 | 875.36 | 863.64 |
| 17 | Kerala | 388.23 | 397.98 | 444.98 | 325.43 | 306.64 | 359.22 | 435.74 | 429.54 | 283.81 |
| 18 | Ladakh | 14.70 | 14.67 | 18.79 | 18.79 | 19.62 | 18.06 | 18.89 | 18.49 | 16.41 |
| 19 | Lakshadweep | 2.11 | 2.73 | 0.44 | 0.44 | 2.88 | 2.73 | 1.35 | 1.24 | 0.82 |
| 20 | Madhya Pradesh | 1085.47 | 1055.83 | 1011.57 | 1038.67 | 1123.11 | 1048.42 | 1144.54 | 1123.54 | 937.45 |
| 21 | Maharashtra | 1713.39 | 1609.02 | 1646.17 | 1589.97 | 1699.52 | 1219.66 | 1368.84 | 1354.26 | 1405.45 |
| 22 | Manipur | 228.92 | 177.28 | 135.95 | 167.74 | 201.28 | 224.68 | 342.87 | 316.82 | 199.99 |
| 23 | Meghalaya | 173.33 | 177.86 | 192.39 | 200.24 | 269.69 | 193.30 | 137.93 | 135.26 | 182.04 |
| 24 | Mizoram | 59.32 | 61.57 | 42.81 | 46.65 | 100.27 | 72.19 | 55.29 | 54.26 | 52.69 |
| 25 | Nagaland | 159.80 | 160.21 | 199.30 | 190.47 | 262.91 | 209.24 | 147.01 | 146.32 | 146.29 |
| 26 | Odisha | 1065.98 | 871.20 | 923.92 | 884.92 | 968.80 | 891.06 | 948.16 | 906.51 | 911.27 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 27 | Puducherry | 2.78 | 6.13 | 0.12 | 6.68 | 4.48 | 8.35 | 3.68 | 3.65 | 4.02 |
| 28 | Punjab | 383.52 | 177.94 | 75.31 | 247.25 | 307.87 | 220.55 | 265.48 | 262.45 | 190.73 |
| 29 | Rajasthan | 682.65 | 771.64 | 974.02 | 936.17 | 1091.96 | 880.87 | 741.85 | 735.82 | 843.51 |
| 30 | Sikkim | 25.73 | 24.59 | 20.33 | 24.09 | 33.49 | 23.77 | 18.07 | 18.02 | 18.21 |
| 31 | Tamil Nadu | 655.38 | 681.28 | 766.81 | 741.30 | 880.79 | 662.40 | 638.47 | 632.41 | 636.6 |
| 32 | Telangana | 482.33 | 479.30 | 550.69 | 503.33 | 507.87 | 522.99 | 430.76 | 419.75 | 209.2 |
| 33 | Tripura | 186.72 | 171.66 | 150.52 | 186.55 | 244.22 | 211.20 | 153.41 | 145.25 | 154.73 |
| 34 | Uttar Pradesh | 2407.55 | 2341.91 | 2721.87 | 2622.64 | 2668.69 | 2510.27 | 2694.62 | 2498.26 | 2145.42 |
| 35 | Uttarakhand | 353.65 | 336.03 | 425.84 | 364.77 | 288.24 | 426.34 | 216.33 | 207.52 | 271.05 |
| 36 | West Bengal | 668.35 | 1378.31 | 1227.59 | 1455.89 | 1237.56 | 1522.40 | 1513.80 | 1497.52 | 1333.9 |
| **Total** | | **18368.01** | **18789.28*** | **19849.82** | **19346.54** | **21741.17** | **20337.16** | **20904.83** | **19936.05** | **16777.37** |

* includes expenditure from previous years balances.

## AFTERCARE SUPPORT FOR CHILDREN

**3409. DR. INDRA HANG SUBBA:**

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

(a) the details of the schemes and programmes being implemented by the Government to support children who has attained the age of 18 years and left Child Care Institutions (CCIs), including provisions for education, higher studies, skill development, employment, housing and financial assistance;

(b) whether the Government has formulated/proposes to formulate a comprehensive aftercare and rehabilitation policy for such vulnerable young adults to facilitate their transition into independent living, if so, the details thereof;

(c) the number of beneficiaries who have received aftercare support under the relevant schemes during each of the last five years, State-wise including the number of beneficiaries from Sikkim; and

(d) whether the Government proposes to strengthen/expand aftercare support for children leaving CCIs on attaining the age of 18 years, if so, the details and timeline thereof?

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

(a) to (d): The Ministry of Women and Child Development is implementing the Mission Vatsalya Scheme under the Juvenile Justice (Care and Protection of Children) Act, 2015. The scheme, inter alia, provides for aftercare of children who have been in institutional care, in accordance with Section 2(5) read with Section 46 of the Act. These provisions mandate that children leaving Child Care Institutions (CCIs) on attaining the age of eighteen years are to be provided financial and other support to facilitate their reintegration into mainstream society.

Under Mission Vatsalya, aftercare support is extended to young persons above 18 years of age for a maximum period of three years (up to 21 years of age), which may be extended up to 23 years in exceptional cases or till the individual is suitably rehabilitated and mainstreamed, whichever is earlier.

Further, financial assistance of ₹4,000 per month per beneficiary is provided to Child Care Institutions/organisations/individuals engaged in aftercare services for implementing the Individual Aftercare Plan (IAP). This support is intended to meet basic needs such as food, clothing, healthcare, and shelter, as well as to facilitate age-appropriate education, vocational training, stipend, and other requirements of the young person.

The primary objective of aftercare services is to enhance the employability of such young persons by equipping them with necessary life skills and enabling their effective transition to independent living. In addition, State Governments and UT Administrations may supplement this support

through convergence with other schemes relating to housing, higher education, skill development, youth affairs, social justice, tribal development, financial services, industries, etc.

The number of beneficiaries under Non-Institutional Care, including those supported under aftercare services of Mission Vatsalya during the last five years, including in the State of Sikkim is given at **Statement**.

## STATEMENT

**THE NUMBER OF BENEFICIARIES UNDER NON-INSTITUTIONAL CARE, INCLUDING THOSE SUPPORTED UNDER AFTERCARE SERVICES OF MISSION VATSALYA DURING THE LAST FIVE YEARS, INCLUDING IN THE STATE OF SIKKIM**

| S. No. | Name of States and UTs | FY 2021-22 | FY 2022-23 | FY 2023-24 | FY 2024-25 | FY 2025-26 |
|---|---|---|---|---|---|---|
| 1 | Andhra Pradesh | 144 | 9150 | 10000 | 14187 | 14187 |
| 2 | Arunachal Pradesh | 318 | 840 | 1719 | 1318 | 1318 |
| 3 | Assam | 434 | 858 | 1919 | 2400 | 2400 |
| 4 | Bihar | 1646 | 504 | 4001 | 6001 | 6001 |
| 5 | Chhattisgarh | 1250 | 288 | 1137 | 1550 | 1550 |
| 6 | Goa | 13 | 27 | 62 | 93 | 93 |
| 7 | Gujarat | 1438 | 506 | 450 | 472 | 466 |
| 8 | Haryana | 1042 | 5155 | 643 | 880 | 880 |
| 9 | Himachal Pradesh | 563 | 1347 | 1352 | 2028 | 2028 |
| 10 | Jammu & Kashmir | 979 | 1398 | 4024 | 5092 | 5092 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 11 | Jharkhand | 1125 | 3086 | 4629 | 6793 | 6793 |
| 12 | Karnataka | 1375 | 3875 | 12449 | 18673 | 18673 |
| 13 | Kerala | 322 | 1133 | 1455 | 2182 | 2182 |
| 14 | Madhya Pradesh | 2188 | 2377 | 13715 | 20572 | 20572 |
| 15 | Maharashtra | 1688 | 9844 | 21680 | 32520 | 32520 |
| 16 | Manipur | 729 | 1120 | 1288 | 1932 | 1932 |
| 17 | Meghalaya | 489 | 1028 | 1083 | 1285 | 1285 |
| 18 | Mizoram | 396 | 591 | 1516 | 2011 | 2011 |
| 19 | Nagaland | 521 | 752 | 779 | 789 | 789 |
| 20 | Odisha | 1375 | 1772 | 3697 | 5545 | 5545 |
| 21 | Punjab | 263 | 612 | 4150 | 2483 | 2483 |
| 22 | Rajasthan | 1438 | 239 | 933 | 475 | 359 |
| 23 | Sikkim | 188 | 323 | 460 | 427 | 427 |
| 24 | Tamil Nadu | 1521 | 2975 | 5411 | 8116 | 8116 |
| 25 | Telangana | 1563 | 6454 | 4858 | 7287 | 7287 |
| 26 | Tripura | 364 | 305 | 1373 | 2059 | 2059 |
| 27 | Uttar Pradesh | 3313 | 1766 | 10000 | 15000 | 15000 |
| 28 | Uttarakhand | 572 | 847 | 1817 | 1631 | 1631 |
| 29 | West Bengal | 1083 | 1670 | 2750 | 4125 | 4125 |
| 30 | Andaman & Nicobar Islands | 51 | 0 | 1 | 0 | 25 |
| 31 | Chandigarh | 67 | 199 | 309 | 350 | 350 |
| 32 | Dadra & Nagar Haveli and Daman & Diu | 155 | 519 | 984 | 929 | 815 |
| 33 | Ladakh | 0 | 29 | 411 | 482 | 482 |
| 34 | Lakshadweep | 0 | 0 | 0 | 0 | 20 |
| 35 | NCT of Delhi | 521 | 980 | 635 | 952 | 846 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 36 | Puducherry | 197 | 106 | 171 | 256 | 256 |

## REVIVAL OF CLOSED FERTILIZER UNITS

**3410. SHRI ANURAG SHARMA:**

**SHRI BIPLAB KUMAR DEB:**

**SHRIMATI D K ARUNA:**

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

(a) the details of fertilizer manufacturing units that remained closed prior to 2014 and have been revived thereafter, unit-wise;

(b) the annual production capacity added through the revival of the Ramagundam, Gorakhpur, Sindri, Barauni and Talcher fertilizer plants after 2014, along with the total investment made and employment generated by each of the said unit;

(c) whether any closed fertilizer manufacturing units were revived during the period prior to 2014, if so, the details thereof, including the investment made and production capacity created;

(d) whether the Government has any proposal to establish a new fertilizer manufacturing plant to improve fertilizer availability, promote industrial development and generate employment in the Bundelkhand region; and

(e) if so, the details thereof along with the timeline for its implementation?

**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, under New Investment Policy (NIP) – 2012, total 4 urea units have been revived through Joint Venture (JV) route viz. Ramagundam urea unit of Ramagundam Fertilizers and Chemicals Ltd (RFCL) in Telangana and 3 urea units at Gorakhpur, Sindri and Barauni of Hindustan Urvarak & Rasayan Limited (HURL) in Uttar Pradesh, Jharkhand and Bihar, respectively. Each of these units has an installed capacity of 12.7 Lakh Metric Tonne per annum (LMTPA). As per the information received from units, the project cost is Rs.6338 crore for RFCL, Rs.9443.20 crore for Gorakhpur, Rs.8939.25 crore for Sindri and Rs.9512.15 crore for Barauni. This has provided direct and indirect employment to approx. 1500 personnels for each projects.

Further, Talcher Fertilizer Limited (TFL), a new Greenfield Urea plant with production capacity of 12.7 Lakh Metric Tonne urea Per Annum is being set up at Talcher, Odisha through Joint Venture (JV) route after revival of Talcher Unit of Fertilizer Corporation of India Limited (FCIL). Further, a new Brownfield Ammonia-Urea Complex namely Assam Valley Fertilizer chemical Company limited (AVFCCL) with 12.7 Lakh Metric Tonnes (LMT) annual capacity of Urea production is also being set up within the existing premises

of Brahmaputra Valley Fertilizer Corporation Limited (BVFCL), Namrup, Assam.

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 or establish/revive fertilizer manufacturing units as per their business dynamics.

In addition to this, on 15.07.2026, CCEA approved National Investment Policy for Urea-2026 for Aatmanirbhar Bharat (NIPU-2026) for making fresh investments in Urea Sector.

## पत्तन, जलमार्ग और पोत परिवहन में विकास परियोजनाएं

**3411. श्री रामभुआल निषाद :**

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

(क) गत तीन वर्षों तथा चालू वर्ष के दौरान देश के विभिन्न राज्यों में स्थापित नई पत्तन विकास परियोजनाओं, अंतर्देशीय जलमार्गों तथा पोत परिवहन अवसंरचना का राज्य/जिला-वार ब्यौरा क्या है;

(ख) क्या सरकार ने विशेषकर उत्तर प्रदेश में अंतर्देशीय जलमार्गों के विकास, नए टर्मिनलों के निर्माण तथा पत्तन संबंधी परियोजनाओं को बढ़ावा देने के लिए कोई योजना कार्यान्वित की है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) इन परियोजनाओं के लिए स्वीकृत, आवंटित तथा व्यय की गई निधियों का उत्तर प्रदेश सहित राज्य/जिला-वार ब्यौरा क्या है; और

(घ) क्या सरकार ने हाल ही में उत्तर प्रदेश के सुल्तानपुर सहित विभिन्न जिलों में जलमार्गों से संबंधित नई परियोजनाओं अथवा पोत परिवहन अवसंरचना के लिए प्रशासनिक स्वीकृति एवं वित्तीय मंजूरी प्रदान की है, यदि हाँ, तो प्रस्तावित समय-सीमा सहित तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग): सरकार ने अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) क्षेत्र के विकास के लिए कई नीतिगत एवं प्रोत्साहन संबंधी पहलें लागू की हैं, जिनमें मल्टी मॉडल टर्मिनल (एमएमटी)/इंटर मॉडल टर्मिनल (आईएमटी), जेट्टियों तथा फेयरवे के रखरखाव के अलावा राष्ट्रीय जलमार्ग (जेट्टी/टर्मिनल का निर्माण) विनियम, 2025 की अधिसूचना, जलवाहक योजना तथा टन भार कर लाभों का विस्तार शामिल है। राष्ट्रीय जलमार्ग-1 (रा.ज.-1) (हल्दिया से प्रयागराज) पर उत्तर प्रदेश में क्रियान्वित की गई परियोजनाओं सहित आईडब्ल्यूटी/नवीन पत्तन अवसंरचना परियोजनाओं का ब्यौरा **विवरण-I** में संलग्न है। असम में राष्ट्रीय जलमार्ग-2 एवं राष्ट्रीय जलमार्ग-16 पर पूर्वोत्तर क्षेत्रों में अंतर्देशीय जलमार्गों के माध्यम से व्यापार एवं संपर्कता को सुदृढ़ करने के लिए पूर्ण की गई तथा वर्तमान में क्रियान्वित की जा रही प्रमुख परियोजनाओं का ब्यौरा **विवरण-II** में संलग्न है। अन्य जलमार्गों पर परियोजनाओं का ब्यौरा **विवरण-III** के रूप में संलग्न है।

(घ): उत्तर प्रदेश में कार्यान्वयन हेतु हाल ही में अनुमोदित अंतर्देशीय जल परिवहन (आईडब्ल्यूटी) परियोजनाओं का विवरण निम्नानुसार है:

| **क्र.सं.** | **परियोजनाएं** | **समय-सीमा** |
|---|---|---|
| 1 | वाराणसी में पोत मरम्मत सुविधा का विकास | • कार्य 29.04.2026 को दिया गया<br>• निर्धारित समापन 2 वर्ष |
| 2 | वाराणसी में फ्रेट विलेज-मल्टीमॉडल लॉजिस्टिक्स पार्क का विकास | • पीपीपी बोली प्रगति में है।<br>• लेटर ऑफ़ अवार्ड का लक्ष्य अक्टूबर, 2026 है |

## विवरण- I

## राष्ट्रीय जलमार्ग-1 (रा.ज.-1) (हल्दिया से प्रयागराज) पर उत्तर प्रदेश में क्रियान्वित की गई परियोजनाओं सहित आईडब्ल्यूटी/नवीन पत्तन अवसंरचना परियोजनाओं का ब्यौरा

## नई पत्तन विकास परियोजनाओं और आईडब्ल्यूटी अवसंरचना परियोजनाओं का विवरण

## क.राष्ट्रीय जलमार्ग-1

| क्र. सं. | राज्य | ज़िला | परियोजना | स्थिति | लागत (करोड़ रुपये में) |
|---|---|---|---|---|---|
| 1 | उत्तर प्रदेश | वाराणसी | मल्टीमॉडल टर्मिनल वाराणसी | पूर्ण | 182.33 |
| 2 | उत्तर प्रदेश | वाराणसी/ चंदौली /गाजीपुर/बलिया | 15 सामुदायिक जेटी | पूर्ण | 14.23 |
| 3 | उत्तर प्रदेश | वाराणसी | पोत मरम्मत सुविधा वाराणसी | कार्य प्रगति पर है | 182.93 |
| 4 | उत्तर प्रदेश | वाराणसी | वाराणसी में 2 रिवर क्रूज़ टर्मिनल | डीपीआर प्रगति पर है | 200 |
| 5 | उत्तर प्रदेश | वाराणसी | क्षेत्रीय उत्कृष्टता केंद्र | डीपीआर प्रगति पर है | 250 |
| 6 | उत्तर प्रदेश | वाराणसी | फ्रेट विलेज का विकास- एमएमएलपी वाराणसी | पीपीपी बोली जारी है। | 188 |
| 7 | उत्तर प्रदेश | पाँच स्थान | क्विक पोंटून आपनिंग मैकेनिज्म | 1 स्थापित और 4 निर्माणाधीन | 51.61 |
| 8 | उत्तर प्रदेश | विभिन्न स्थान | फेयरवे विकास<br>क. मझौवा – गाज़ीपुर<br>ख. गाज़ीपुर से वाराणसी | जारी | 221.51 |
| 9 | उत्तर प्रदेश | वाराणसी | वाराणसी में हाइड्रोजन जलयानों का शुभारंभ | पूर्ण | 24 |
| 10 | उत्तर प्रदेश | अयोध्या | अयोध्या में रा.ज.-40 पर जेट्टी की संस्थापना और हाइब्रिड इलेक्ट्रिक जलयानों का प्रचालन कार्य पूरा हो गया है। | पूर्ण | 16 |
| 11 | उत्तर प्रदेश | मथुरा और वृंदावन | मथुरा और वृंदावन खंड के साथ रा.ज.-110 पर आईडब्ल्यूटी अवसंरचना का | पूर्ण | 12 |

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| | | | विकास और फेयरवे रखरखाव | | |
| 12 | उत्तर प्रदेश | वाराणसी, अयोध्या और प्रयागराज | प्रयागराज में जल मेट्रो परियोजना का विकास | जारी | व्यवहार्यता अध्ययन पूर्ण |
| 13 | बिहार | पाँच स्थान | क्विक पोंटून आपनिंग मैकेनिज्म | 1 स्थापित और 4 निर्माणाधीन | 55 |
| 14 | बिहार | पटना | पोत मरम्मत सुविधा पटना | कार्य प्रगति पर है | 210.56 |
| 15 | बिहार | पटना | पटना में रिवर क्रूज़ टर्मिनल | डीपीआर प्रगति पर है | 100 |
| 16 | बिहार | सरन | इंटरमॉडल टर्मिनल, कालूघाट | पूर्ण | 87.13 |
| 17 | बिहार | पटना | एनआईएनआई पटना का उन्नयन | पूर्ण | 6.35 |
| 18 | बिहार | विभिन्न स्थान | फेयरवे विकास<br>क. फरक्का – कहलगांव<br>ख. सुल्तानगंज – बाढ़<br>ग. बाढ़ – दीघा<br>घ. दीघा – मझौवा | जारी | 377.56 |
| 19 | बिहार | 21 स्थान | सामुदायिक जेट्टी का विकास | पूर्ण | 39.21 |
| 20 | झारखंड | साहिबगंज | मल्टीमॉडल टर्मिनल साहिबगंज | पूर्ण | 278.44 |
| 21 | झारखंड | 2 स्थानों | सामुदायिक जेटी का विकास | पूर्ण | 2.60 |
| 22 | पश्चिम बंगाल | हल्दिया | मल्टीमॉडल टर्मिनल, हल्दिया | पूर्ण | 508.36 |
| 23 | पश्चिम बंगाल | बालागढ़ | इंटरमॉडल टर्मिनल, बालागढ़ , पश्चिम बंगाल | कार्यान्वयनाधीन | 27.41 |
| 24 | पश्चिम बंगाल | मुर्शिदाबाद | फरक्का में नया नेविगेशनल लॉक | पूर्ण | 369.53 |
| 25 | पश्चिम बंगाल | मुर्शिदाबाद | मौजूदा लॉक गेट का आधुनिकीकरण | जारी | 172.95 |
| 26 | पश्चिम बंगाल | विभिन्न स्थान | फेयरवे विकास<br>क. त्रिवेणी – कटवा<br>ख. कटवा – फरक्का<br>ग. हल्दिया एक्सेस चैनल | जारी | 175.84 |
| 27 | पश्चिम | 22 स्थान | सामुदायिक जेटी का विकास | पूर्ण | 39.21 |

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|---|---|---|---|---|---|
| | बंगाल | | | | |

ख. **नए पत्तन अवसंरचना परियोजनाएँ**

| क्रम संख्या | राज्य | परियोजना | लागत (करोड़ रुपये में) |
|---|---|---|---|
| 1 | महाराष्ट्र | वधावन ग्रीन फील्ड डीप वाटर पोर्ट | 76220 |

## विवरण- II

**असम में राष्ट्रीय जलमार्ग-2 एवं राष्ट्रीय जलमार्ग-16 पर पूर्वोत्तर क्षेत्रों में अंतर्देशीय जलमार्गों के माध्यम से व्यापार एवं संपर्कता को सुदृढ़ करने के लिए पूर्ण की गई तथा वर्तमान में क्रियान्वित की जा रही प्रमुख परियोजनाओं का ब्यौरा**

**क. पूर्वोत्तर क्षेत्र में प्रमुख पूर्ण परियोजनाएं:**

| क्र. सं. | राज्य | ज़िला | परियोजना | स्थिति | लागत (करोड़ रुपये) |
|---|---|---|---|---|---|
| 1 | असम | कामरूप | पांडु में हाई लेवल जेट्टी का निर्माण | पूर्ण | 43.89 |
| 2 | असम | धुबरी | धुबरी टर्मिनल के लिए जेट्टी का निर्माण और संबद्ध कार्य | पूर्ण | 47 |
| 3 | असम | बोंगईगांव | जोगीघोपा में आईडब्ल्यूटी टर्मिनल का विकास | पूर्ण | 82.04 |
| 4 | असम | डिब्रूगढ़ | बोगीबील में कार्गो-सह-पर्यटक टर्मिनल का निर्माण | पूर्ण | 101 |
| 5 | असम | डिब्रूगढ़, कामरूप | बोगीबील और पांडु में फ्लोटिंग पर्यटक घाट | पूर्ण | 9.75 |
| 6 | असम | करीमगंज | करीमगंज टर्मिनल पर मौजूदा तटीय सुविधाओं का | पूर्ण | 6.4 |

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|---|---|---|---|---|---|
| | | | नवीनीकरण | | |
| 7 | त्रिपुरा | सिपाहीजाला | सोनमुरा , त्रिपुरा में आईडब्ल्यूटी टर्मिनल का निर्माण और विकास | पूर्ण | 6.91 |
| 8 | असम | डिब्रूगढ़ | बोगीबील में सीमा शुल्क एवं आव्रजन भवन | पूर्ण | 8.87 |
| 9 | असम | डिब्रूगढ़ | बोगीबील में सीमा शुल्क और आव्रजन भवन | पूर्ण | 9.31 |
| 10 | असम | बोंगईगांव | जोगीघोपा टर्मिनल पर चारदीवारी का निर्माण | पूर्ण | 12.33 |
| 11 | असम | डिब्रूगढ़ | डिब्रूगढ़ में हेरिटेज बिल्डिंग का नवीनीकरण | पूर्ण | 6 |
| 12 | असम | तिनसुकिया, धेमाजी , डिब्रूगढ़, लखीमपुर, माजुली, जोरहाट, शिवसागर , गोलाघाट , विश्वनाथ, सोनितपुर , नागांव, मोरीगांव , कामरूप (मेट्रो), कामरूप , नलबाड़ी , बारपेटा , गोलपारा, बोंगाईगांव , दक्षिण सलमारा - मनकाचर , और धुबरी | टर्मिनल और फेयरवे विकास सहित अन्य कार्यों का संचालन और रखरखाव (2014–2026) | पूर्ण | 508.3 |
| 13 | असम | कामरूप | पांडु में योक सिस्टम के साथ स्टील गैंगवे का निर्माण | पूर्ण | 2.88 |
| 14 | असम | कामरूप | रा.रा.-27 से पांडु जेट्टी तक पहुंच मार्ग | पूर्ण | 180 |

## ख. पूर्वोत्तर में जारी प्रमुख परियोजनाएं:

| **क्र. सं.** | **राज्य** | **ज़िला** | **परियोजना** | **स्थिति** | **लागत (करोड़ रुपये)** |
|---|---|---|---|---|---|
| 1 | असम | धुबरी, दक्षिण सलमारा – मनकाचर , गोलपारा बोंगाईगांव (जोगीघोपा), बारपेटा , कामरूप | रा.ज.-2 (बांग्लादेश सीमा से पांडु तक) के लिए डीसीआई के ज़रिए एनईआर में फेयरवे विकास | कार्य प्रगति पर है (वास्तविक प्रगति: 67.70%) | 143 |

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|---|---|---|---|---|---|
| 2 | असम | कामरूप | पांडु में पोत मरम्मत सुविधा | काम चल रहा है [वास्तविक प्रगति: सिविल कामों के लिए 98.46% और कुल प्रोजेक्ट पूरा होने का आंकड़ा 68% (सिविल, मैकेनिकल और इलेक्ट्रिकल काम)] | 283.33 |
| 3 | असम | जोरहाट | नीमाटी घाट पर कार्गो-सह-क्रूज टर्मिनल का निर्माण | आईपीआरसीएल को डिपॉजिट वर्क के आधार पर काम दिया गया है।निविदा प्रक्रियाधीन है। | 158 |
| 4 | असम | डिब्रूगढ़ | डिब्रूगढ़ में आरसीओई का विकास | आईपीआरसीएल को डिपॉजिट वर्क के आधार पर काम दिया गया है।निविदा प्रक्रियाधीन है। | 207.65 |
| 5 | असम | कामरूप | फैंसी बाजार में क्षेत्रीय कार्यालय, एमएसडीसी, गेस्ट हाउस और आईटीएटी के लिए कार्यालय स्थान के लिए भवन का निर्माण | आईपीआरसीएल को डिपॉजिट वर्क के आधार पर काम दिया गया है।निविदा प्रक्रियाधीन है। | 50 |
| 6 | असम | कामरूप | पांडु टर्मिनल को पोत मरम्मत सुविधा से जोड़ने वाली लिंक रोड | कार्य प्रगति पर है (वास्तविक प्रगति: 30.00%) | 55 |
| 7 | असम | करीमगंज | डीसीआई के माध्यम से भंगा-बदरपुर (10.5 किमी) खंड में फेयरवे का विकास और रखरखाव | कार्य प्रगति पर है (वास्तविक प्रगति: 67.70%) | 41.67 |
| 8 | असम | करीमगंज | बदरपुर टर्मिनल पर गैंगवे के साथ बर्थिंग पोंटून का निर्माण | कार्य प्रगति पर है (वास्तविक प्रगति: 72.50%) | 2.57 |
| 9 | असम | करीमगंज | करीमगंज टर्मिनल पर गैंगवे के साथ क्रेन पोंटून का निर्माण | कार्य प्रगति पर है (वास्तविक प्रगति: 65.00%) | 4.42 |
| 10 | असम | करीमगंज | एनडब्ल्यू-16 के लिए एक सर्वेक्षण पोत की खरीद | कार्य प्रगति पर है (वास्तविक प्रगति: 60.00%) | 4.97 |
| 11 | असम | करीमगंज | रा.ज.-16 और आईबीपी रूट के लिए तीन एम्फीबियन ड्रेजर की खरीद | निविदा चरण में | 30 |

| | | | | | |
|---|---|---|---|---|---|
| 12 | असम | धुबरी | ब्रह्मपुत्र नदी (रा.ज.-2) के लिए दो (25×6 मीटर) स्टील पोंटून की खरीद | कार्य प्रगति पर है (वास्तविक प्रगति: 90.00%) | 3.4 |
| 13 | असम | कामरूप | ब्रह्मपुत्र नदी (रा.ज.-2) के लिए दो एसडीबी जहाजों की खरीद | कार्य प्रगति पर है (वास्तविक प्रगति: 55.00%) | 2.88 |
| 14 | असम | सिलचर | बराक नदी के लिए 10 आरपीएल यात्री जहाज उपलब्ध कराने की परियोजना | कार्य प्रगति पर है (वास्तविक प्रगति: 55.00%) | 13.02 |
| 15 | असम | डिब्रूगढ़ | रा.रा.-15 से बोगीबील टर्मिनल तक ऑल-वेदर अप्रोच रोड का निर्माण (डीपीआर) | डीपीआर चरण के अंतर्गत | 0.43 |
| 16 | असम, मेघालय. | तिनसुकिया, डिब्रूगढ़, शिवसागर , गोलपाड़ा, कामरूप, मोरीगांव , नागांव, लखीमपुर , माजुली, पश्चिमी गारो हिल्स | रा.ज.-30, रा.ज.-32, रा.ज.-50, रा.ज.-57 और रा.ज.-95 पर सामुदायिक जेटी के निर्माण के लिए डीपीआर | निविदा चरण में | 5.56 |

## विवरण- III

## अन्य जलमार्गों पर परियोजनाओं का ब्यौरा

### क. अन्य रा.ज. पर पूर्ण टर्मिनल

| क्र. सं. | राज्य | ज़िला | परियोजना | स्थिति | लागत (करोड़ रुपये) |
|---|---|---|---|---|---|
| 1. | आंध्र प्रदेश | एनटीआर | 4 फ्लोटिंग स्टील पोंटून टर्मिनल | पूर्ण | 5.84 |
| 2. | आंध्र प्रदेश | एनटीआर | स्थायी रो-रो टर्मिनल | पूर्ण | 13.27 |
| 3. | गोवा | उत्तरी गोवा | रा.ज.-68 (मांडोवी नदी) पर 4 फ्लोटिंग कंक्रीट टर्मिनल | पूर्ण | 9.6 |

## ख. अन्य रा.ज. पर जारी टर्मिनल

| क्र. सं. | राज्य | ज़िला | विवरण | राष्ट्रीय जलमार्ग | कंक्रीट पोंटून का आकार | स्थिति | समय |
|---|---|---|---|---|---|---|---|
| 1 | गोवा | उत्तरी गोवा / दक्षिणी गोवा | 10 सामुदायिक जेट्टी का डिजाइन, निर्माण, आपूर्ति, स्थापना, परीक्षण और कमीशनिंग। | कुम्बरजुआ नहर (रा.ज.-27); मंडोवी नदी (रा.ज.-68); जुआरी नदी (रा.ज.-111) | 24 m x 6 m आकार की 10 कंक्रीट जेटी। | कास्टिंग पूरी हो गई है। इंस्टॉलेशन के लिए 10 में से 3 साइट्स फाइनल हो गई हैं। | 26 दिसंबर |
| 2 | गुजरात | नर्मदा / छोटा उदयपुर | 2 कंक्रीट जेट्टी का डिजाइन, निर्माण, आपूर्ति, स्थापना, परीक्षण और कमीशनिंग। | नर्मदा नदी (रा.ज.-73) | 1 जेटी मोखड़ी गांव में (36 m x 9 m) और 1 जेटी हफेश्वर मंदिर में (24 m x 6 m)। | कास्टिंग पूरी हो गई है। अप्रोच रोड के बाद इंस्टॉलेशन। | 26 दिसंबर |
| 2ए | गुजरात | सूरत | 2 कंक्रीट जेट्टी का डिजाइन, निर्माण, आपूर्ति, स्थापना, परीक्षण और कमीशनिंग। | तापी नदी (रा.ज.-100) | 1 जेटी सूरत कैसल में (36 mx 9 m) और 1 डुमास बीच पर (24 mx 6 m)। | कास्टिंग अभी शुरू होनी है। | 26 दिसंबर |
| 3 | जम्मू और कश्मीर | श्रीनगर/अनंतनाग/बांदीपोरा; जम्मू/ रियासी /कठुआ | 8 + 3 कंक्रीट जेट्टी का डिज़ाइन, कंस्ट्रक्शन, सप्लाई, इंस्टॉलेशन, टेस्टिंग और कमीशनिंग। | झेलम नदी (रा.ज.-49); चिनाब नदी (रा.ज.-26); रावी नदी (रा.ज.-84) | झेलम पर 8 जेटी (30 mx 6 m); अखनूर और रियासी में 2 जेटी (30 mx 6 m); सतवैन में 1 जेटी (24 mx 6 m) । | कास्टिंग चल रही है। | 26 दिसंबर |
| 4 | कर्नाटक | मैसूर / उत्तर कन्नड़ | 3 कंक्रीट जेट्टी का डिजाइन, निर्माण, आपूर्ति, स्थापना, परीक्षण | शरावती (रा.ज.-90); काबिनी (रा.ज.-51) | बीरमबल्ली और गेरोसुप्पा में 2 जेटी (36 m x 9 m) ; होन्नावर में 1 जेटी | कास्टिंग अभी शुरू होनी है। | 26 दिसंबर |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | और कमीशनिंग। | | (24 m x 6 m) । | | |
| 5 | ओडिशा | केंद्रपाड़ा | 3 कंक्रीट जेट्टी का डिजाइन, निर्माण, आपूर्ति, स्थापना, परीक्षण और कमीशनिंग। | महानदी (रा.ज.-64); बैतरणी (रा.ज.-14) | बहकुडा और मुसदिया में 2 जेट्टी (36 m x 9 m) ; गुप्ती घाट पर 1 जेट्टी (24 m x 6 m)। | कास्टिंग अभी शुरू होनी है। | मार्च-27 |
| 6 | पश्चिम बंगाल | उत्तर 24 परगना | इच्छामती नदी पर 08 एचडीपीई पोंटून के लिए डिज़ाइन और निरीक्षण। | इचामती नदी (रा.ज.-44) | हरीशपुर , बाजितपुर , कथाला , मेडे , पूर्णा, मीडिया, कबिलपुर और मीडिया फेरी घाटों पर 8 एचडीपीई पोंटून । | फैब्रिकेशन अभी शुरू होना बाकी है। | मार्च-27 |
| 7 | केरल | कोट्टायम / अलप्पुझा | 04 एचडीपीई पोंटूनों के लिए डिजाइन और निरीक्षण। | कोल्लम-कोट्टापुरम और पश्चिमी तट नहर (रा.ज.-3) | वैक्कोम , चेरथला ( थन्नीरमुकोम ), अलपुझा और कायमकुलम में 04 एचडीपीई पोंटून। | फैब्रिकेशन अभी शुरू होना बाकी है। | मार्च-27 |

## SETTING UP OF INTEGRATED VACCINE COMPLEX

**3412. SHRI T R BAALU:**

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

(a) whether the integrated vaccine complex unit set up by the Central Public Undertaking (PSU), HLL Biotech Limited (HBL), near Chengalpattu in Tamil Nadu at an estimated investment of Rs.900 crore has not yet commenced commercial production;

(b) if so, the details thereof and if not, the reasons therefor;

(c) whether any request has been received from private or Government sector organizations for operating the vaccine manufacturing unit; and

(d) if so, the details thereof, along with the Government's decision in this regard?

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

(a) to (d): The Government of India had approved for setting up of an Integrated Vaccine Complex (IVC) Project, HLL Biotech Ltd. (HBL) at Chengalpattu, Tamil Nadu. Efforts were made by the Government of India to explore various options for operationalizing HBL for vaccine manufacture. Accordingly, Expression of Interest, Requests for Proposals and proposals under the Public Private Partnership model were floated during the period 2020-2022. However, though a few companies initially showed interest, but they did not participate in the bidding process. Commercial production has not yet commenced.

## यूनिवर्सल आईवीएफ सेंटर्स में गैर-कानूनी इलाज

**3413. श्रीमती प्रतिभा सुरेश धानोरकरः**

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

(क) क्या स्वास्थ्य विभाग की जांच के दौरान चंद्रपुर शहर के 'बेबीस्योर' तथा 'इंदिरा आईवीएफ' को संसद द्वारा पारित सहायक प्रजनन प्रौद्योगिकी (विनियमन) अधिनियम, 2021 के प्रावधानों का उल्लंघन करते हुए बिना पंजीकरण के उपचार शुरू करते हुए पाया गया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है:

(ख) टियर-2 एवं टियर-3 शहरों में बिना लाइसेंस के आईवीएफ केंद्र संचालित कर जनता के साथ आर्थिक एवं मानसिक छल करने वाली संस्थाओं पर कड़ी निगरानी रखने के लिए सरकार के पास उपलब्ध तंत्र का ब्यौरा क्या है;

(ग) क्या सरकार का विचार आधिकारिक पंजीकरण प्रमाण-पत्र प्राप्त किए बिना अवैध रूप से उपचार प्रारंभ करने वाले ऐसे केन्द्रों का स्थायी रूप से लाइसेंस निरस्त करने तथा उन पर सीधे आपराधिक मामले दर्ज करने के संबंध में राज्य-सरकारों को कठोर दिशा-निर्देश जारी करने का है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या सरकार का विचार देश के आम नागरिकों को धोखाधड़ी से बचाने के उद्देश्य से सरकार सभी पंजीकृत आईवीएफ केंद्रों के नाम सरकारी डिजिटल पोर्टल पर प्रदर्शित करने का है, 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): महाराष्ट्र राज्य के समुचित प्राधिकारी जोकि एआरटी क्लीनिकों को पंजीकरण प्रदान करने के लिए सक्षम प्राधिकारी हैं, से प्राप्त जानकारी के आधार पर, बेबीश्योर और इंदिरा आईवीएफ क्लीनिक ने क्रमशः 19.01.2026 और 17.02.2026 को पंजीकरण के लिए आवेदन किया है। अनुमोदन प्रदान करने से पहले अनिवार्य निरीक्षण के दौरान, इन दोनों केंद्रों में कई कमियां पाई गईं। इन दोनों केंद्रों से कमियों को दूर किए जाने तक सभी कार्यों को रोकने के लिए कहा गया। तत्पश्चात बेबीश्योर क्लिनिक ने अदालत में मामला दायर किया और यह मामला

वर्तमान में न्यायाधीन है। इंदिरा आईवीएफ क्लीनिक ने निरीक्षण दल द्वारा पाई गई कमियों को दूर कर दिया है और पंजीकरण प्रदान करने से संबंधित मामला राज्य समुचित प्राधिकारी के विचाराधीन है।

(ख) और (ग): एआरटी (विनियमन) अधिनियम, 2021 के प्रावधानों का कार्यान्वयन और प्रवर्तन मुख्य रूप से राज्य/संघ राज्य क्षेत्र के समुचित प्राधिकारी के पास है।

एआरटी (विनियमन) अधिनियम, 2021 की धारा 13 में समुचित प्राधिकारी के कृत्य विहित हैं, जिसमें क्लिनिक या बैंक के पंजीकरण को मंजूरी देने, निलंबित करने या रद्द करने और क्लीनिकों/बैंकों द्वारा पूरा किए जाने वाले मानक को लागू करने की शक्ति परिकल्पित की गई है। इसके अलावा, समुचित प्राधिकारियों को इस अधिनियम के प्रावधानों, इसके तहत बनाए गए नियमों और विनियमों के उल्लंघन की शिकायतों की जांच करने और अधिनियम के प्रावधानों के अनुसार कानूनी कार्रवाई करने का अधिकार है।

इसके अलावा, एआरटी (विनियमन) अधिनियम, 2021 की धारा 15 किसी भी व्यक्ति को सहायक प्रजनन प्रौद्योगिकी शुरू करने के लिए किसी भी क्लिनिक या बैंक की स्थापना करने या किसी भी रूप में सहायक प्रजनन प्रौद्योगिकी प्रक्रियाओं को प्रस्तुत करने के लिए प्रतिबंधित करती है, जब तक कि ऐसा क्लिनिक या बैंक इस अधिनियम के तहत विधिवत पंजीकृत न हो।

इसके अलावा, एआरटी (विनियमन) अधिनियम, 2021 की धारा 34 के तहत उन केंद्रों के लिए दंडात्मक प्रावधान निर्धारित किए गए हैं जो आधिकारिक पंजीकरण प्रमाण पत्र प्राप्त करने से पहले अवैध रूप से उपचार शुरू करते हैं।

(घ): राष्ट्रीय एआरटी और सरोगेसी रजिस्ट्री पोर्टल पर संबंधित राज्य/संघ राज्य क्षेत्र समुचित प्राधिकारियों द्वारा अपलोड किए गए सभी पंजीकृत एआरटी क्लीनिकों, एआरटी बैंकों और

सरोगेसी क्लीनिकों के आंकड़े https://registry.artsurrogacy.gov.in पर सार्वजनिक डोमेन में उपलब्ध हैं।

**PSK IN AMTA**

**3414 SHRIMATI SAJDA AHMED:**

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

(a) whether the Government is aware of the poor infrastructure and inadequate public amenities at the Passport Seva Kendra (PSK) at Amta in West Bengal, if so, the details thereof;

(b) whether any inspection or assessment of the infrastructure of the said PSK has been carried out during the last three years and if so, the details thereof; and

(c) whether the Government proposes to upgrade the infrastructure of the PSK by improving the waiting area, seating capacity, drinking water, sanitation facilities, accessibility for senior citizen and persons with disabilities, parking and digital service facilities, if so, the timeline for carrying out these improvements 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 (c): A Post Office Passport Seva Kendra has been functional at Amta in Uluberia Lok Sabha Constituency in West Bengal since 18 February 2019. This is part of the initiative taken by the Ministry of External Affairs, in association with the Department of Posts, to open a Post Office Passport

Seva Kendra in each Lok Sabha Constituency, which does not have a Passport Seva Kendra (PSK)/Post Office Passport Seva Kendra (POPSK).

MEA is committed to render passport services at all PSKs & POPSKs in a citizen-friendly manner. Maintenance of all POPSKs is an ongoing process and is primarily the responsibility of Department of Posts. Inspection of POPSK, Amta was conducted by Department of Posts and RPO, Kolkata on 09 September 2025 and 14 July 2026. Following these inspections, some issues relating to maintenance and infrastructure upgrades in POPSK, Amta have been identified for resolution by Department of Posts. RPO, Kolkata is regularly pursuing with Department of Posts on these issues.

## OUT-OF-POCKET EXPENDITURE ON HEALTHCARE

**3415. ADV GOWAAL KAGADA PADAVI:**

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

(a) the definition of Out-of-Pocket Expenditure (OOPE) on health care incurred by households across the country, State/UT-wise;

(b) the details of OOPE on healthcare incurred per household in the country during the last five years, State/UT-wise; and

(c) the steps taken or proposed to be taken by the Government to reduce OOPE on healthcare by households?

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

(a): As per National Health Accounts (NHA), the definition of Household Out-of-Pocket Expenditure (OOPE) is the expenditure paid by the household/individuals at the point of receiving healthcare services. These include all expenditures on inpatient care, outpatient care, childbirth, antenatal care (ANC), postnatal care (PNC), family planning devices, therapeutic appliances, expenditure on patient's transportation, immunisation, over the counter drugs and other medical expenditures (e.g., blood, oxygen, etc.); and are net of reimbursements of any nature (insurance/philanthropic donations etc.).

(b): *National Health Accounts Estimates for India* published by Ministry of Health and Family Welfare do not maintain data on OOPE on healthcare incurred per household in the country. However, as per the available data from NHA Estimates, Per Capita OOPE incurred on health care in the country during the last five years is as below:

| Year | 2018-19 | 2019-20 | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|---|---|
| Per capita OOPE in (Rs.) at current prices | 2,155 | 2,289 | 2,415 | 2,600 | 2,767 |

Further, State-wise details of per capita Out-of-Pocket Expenditure are placed at **Statement**.

(c): Ministry of Health and Family Welfare (MoHFW) supplements the efforts of the States and Union Territories (UTs) in expanding affordable healthcare services and strengthening healthcare infrastructure across the country, through various Centrally Sponsored Schemes and Central Sector Schemes. Towards this end, MoHFW is implementing schemes such as National Health Mission (NHM), Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (AB PM-JAY), Pradhan Mantri- Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), Pradhan Mantri Swasthya Suraksha Yojana (PMSSY).

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. 1.87 lakh Ayushman Arogya Mandir (AAM) have been operationalized across the country to deliver the expanded range of comprehensive primary healthcare services that include preventive, promotive, curative, palliative and rehabilitative services. These include reproductive and child healthcare services, communicable and non-communicable diseases, and a wide array of other health concerns.

National Free Drugs Service Initiative and Free Diagnostics Service Initiative have been rolled out to ensure availability of essential drugs and diagnostic facilities, and reduce Out- of-Pocket Expenditure of the patients visiting public health facilities. This includes financial support to States/UTs for 113 drugs at AAM-Sub Health Centres, 179 at AAM-Primary Health Centres, 301 at Community Health Centres, 318 at Sub- District Hospitals

and 381 at District Hospitals. 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.

In addition, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) provides health cover of ₹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 PM-JAY have further expanded the beneficiary base, at their own cost. Further, 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 PM-JAY with Vay Vandana Card.

## STATEMENT

### State-wise details of per capita Out-of-Pocket Expenditure

| State wise Per Capita Out-of-Pocket Expenditure (OOPE) (in Rs.) | | | | | | |
|---|---|---|---|---|---|---|
| **S.No** | **State** | **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| 1 | Assam | 949 | 998 | 1064 | 1180 | 1237 |
| 2 | Andhra Pradesh | 3140 | 3254 | 3576 | 3834 | 4117 |
| 3 | Bihar | 811 | 863 | 911 | 984 | 1043 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4 | Chhattisgarh | 1175 | 1253 | 1356 | 1419 | 1475 |
| 5 | Gujarat | 1606 | 1687 | 1811 | 1942 | 2080 |
| 6 | Haryana | 2193 | 2358 | 2510 | 2647 | 2923 |
| 7 | Jammu and Kashmir | 1363 | 1450 | 1443 | 1581 | 1701 |
| 8 | Jharkhand | 1915 | 2000 | 2108 | 2243 | 2394 |
| 9 | Karnataka | 1625 | 1722 | 1810 | 1933 | 2049 |
| 10 | Kerala | 6772 | 7206 | 7669 | 7889 | 8388 |
| 11 | Madhya Pradesh | 1409 | 1500 | 1603 | 1739 | 1842 |
| 12 | Maharashtra | 2644 | 2779 | 2950 | 3184 | 3381 |
| 13 | Odisha | 1750 | 1926 | 2002 | 2133 | 2245 |
| 14 | Punjab | 3065 | 3313 | 3470 | 3668 | 3829 |
| 15 | Rajasthan | 1745 | 1856 | 1896 | 2048 | 2178 |
| 16 | Tamil Nadu | 1909 | 2034 | 2191 | 2280 | 2448 |
| 17 | Uttar Pradesh | 2481 | 2670 | 2775 | 3014 | 3219 |
| 18 | Uttarakhand | 1216 | 1317 | 1437 | 1560 | 1593 |
| 19 | West Bengal | 3208 | 3425 | 3648 | 4010 | 4183 |
| 20 | Telangana | 1982 | 2125 | 2234 | 2449 | 2697 |
| 21 | Himachal Pradesh | 3180 | 3397 | 3591 | 3844 | 4047 |

***Source: National Health Accounts Estimates 2018,2019,2020,2021,2022.***

Note: 1. The survey used in the estimates includes the 75th round Health and Morbidity Survey by the National Sample Survey Office (July 2017- June 2018) for computing Out-of-Pocket Expenditure (OOPE) and the survey on Health expenditure (2013-14) by Enterprises by Public Health Foundation of India and Annual Survey of Unincorporated Sector Enterprises (ASUSE) 2022-23 & 2023-24 for health expenditure by NGOs/NPISH. Expenditures computed from these surveys are used for arriving at health accounts estimates at the National level. However, when computing health accounts estimates/indicators at the sub-national level, especially for Union Territories, Small States, and the North-Eastern States, the values are not significant due to the small sample size adopted in the survey for these regions.

**REVIEWING OF THE NATIONAL LIST OF ESSENTIAL MEDICINES, 2022**

**3416. DR. MALLU RAVI:**

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

(a) whether the Government has reviewed the National List of Essential Medicines (NLEM), 2022 in view of advances in medical science, the changing disease burden and subsequent revisions to the WHO Model List of Essential Medicines, if so, the details thereof;

(b) whether it has assessed the impact of the delay in revising the NLEM on availability, affordability and price regulation of newer essential medicines, particularly for cancer, rare diseases and non-communicable diseases, including their accessibility in Nagarkurnool district, Telangana, if so, the details thereof, district-wise;

(c) whether the Government proposes to constitute an expert committee and institutionalise the periodic revision of the NLEM in line with global best practices, if so, the details thereof;

(d) whether representations have been received from medical experts, public health institutions and patient groups for inclusion of additional essential medicines, if so, the details thereof; and

(e) the timeline for the next NLEM revision, along with measures proposed by the Government to improve access to essential

medicines in underserved districts, particularly Nagarkurnool District, Telangana?

**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 List of Essential Medicines (NLEM), 2022 was notified by the Government after a comprehensive review carried out by the Standing National Committee on Medicines (SNCM) in consultation with experts from various disciplines and stakeholders. The revision took into consideration the country's disease burden, public health priorities, safety, efficacy, cost-effectiveness, contemporary knowledge of use of therapeutic products in health & hygiene of general public, various documents of medicines, availability of medicines including World Health Organization (WHO) Model List through an established expert consultative mechanism. NLEM, 2022 comprises 384 medicines, including 34 newly added medicines and deletion of 26 medicines from the earlier list.

Revision in NLEM is undertaken by the Government through an established expert consultative mechanism. During such revision, medicines across all therapeutic categories, are considered based on the prescribed criteria and available scientific evidence. These include drug approval status, banned drugs status in the country, safety & efficacy profile of drug, resistance patterns against antimicrobials, disease burden, medicines enlisted in National health programs, affordability, accessibility, cost-

effectiveness, better alternatives, therapeutic advances, safety concerns and representations received from various stakeholders which are discussed in respective expert group meetings.

The medicines included in NLEM are brought under price regulation by the National Pharmaceutical Pricing Authority in accordance with the provisions of the Drugs (Prices Control) Order, 2013, thereby improving their affordability.

The Government aims to improve access to essential medicines across the country, including districts such as Nagarkurnool, through price regulation of medicines included in the NLEM under the Drugs (Prices Control) Order, 2013, promotion of affordable generic medicines under the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) launched by the Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India. Under the scheme, dedicated outlets known as Jan Aushadhi Kendras (JAKs) have been opened across the country including in Nagarkurnool district, Telangana, for providing medicines at 50%-80% cheaper rates to the citizens.

Further, under the National Health Mission (NHM), financial support is provided to the States/UTs including various districts of Telangana for strengthening their healthcare delivery system including support for provision of free essential medicines in public health facilities based on the requirements posed by States/UTs in their Programme Implementation Plans (PIPs) within their overall resource envelope. Under Free Drugs Service

Initiative, Ministry has recommended facility wise Essential Drugs List (EDL) to be made available at the public healthcare facilities in the country to ensure widespread access to essential medicines.

## चिकित्सा शिक्षा की गुणवत्ता

**3417. श्री कौशलेन्द्र कुमार:**

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

(क) क्या सरकार का विचार देश में चिकित्सा शिक्षा की गुणवत्ता पर स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति द्वारा प्रस्तुत प्रतिवेदन में की गई सिफारिशों को लागू करने का है;

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

(ग) यदि नहीं, तो इसके क्या कारण हैं?

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

(क) से (ग): स्वास्थ्य और परिवार कल्याण पर विभाग-संबंधी संसदीय स्थायी समिति की "देश में चिकित्सा शिक्षा की गुणवत्ता" शीर्षक वाली रिपोर्ट में कई विषयगत क्षेत्रों में प्रमुख सिफारिशें दी गई हैं। इनमें निम्नलिखित शामिल हैं:

I. चिकित्सा शिक्षा की गुणवत्ता: वैश्विक परिप्रेक्ष्य
II. भारत में मेडिकल कॉलेजों और सीटें
III. मेडिकल कॉलेजों के आवंटन में असंतुलन

IV. मौजूदा पाठ्यक्रम का मूल्यांकन और स्वास्थ्य सेवा की आवश्यकताओं के लिए इसकी प्रासंगिकता, परिवर्तन की आवश्यकता

V. अनुसंधान सहायता और सुविधाएं

VI. चिकित्सा शिक्षा की वहनीयता

VII. संकाय की योग्यता और क्षमता

VIII. मेडिकल कॉलेजों की रेटिंग और मान्यता

राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) संसद के अधिनियम द्वारा गठित सर्वोच्च वैधानिक निकाय है, जिसे देश भर में चिकित्सा शिक्षा और चिकित्सा व्यवसाय को विनियमित करने और उसकी देखरेख करने की जिम्मेदारी सौंपी गई है। आयोग ने चिकित्सा शिक्षा मानकों का अनुरक्षण विनियम, 2023 (एमएसएमईआर 2023) के अनुसार देश में चिकित्सा शिक्षा की गुणवत्ता बढ़ाने के लिए कई उपाय किए हैं।

इसके अतिरिक्त, स्नातकोत्तर चिकित्सा शिक्षा विनियम, 2023 (पीजीएमईआर 2023) के अंतर्गत स्नातकोत्तर चिकित्सा शिक्षा बोर्ड (पीजीएमईबी) ने इनमें कई उपाय लागू किए हैं। जिला रेजीडेंसी कार्यक्रमों और परीक्षा/मूल्यांकन मानदंडों सहित प्रशिक्षण कार्यक्रमों की अधिसूचना; स्नातकोत्तर पाठ्यक्रमों के लिए नैदानिक कार्यभार, संकाय-छात्र अनुपात और बिस्तर/संकाय संबंधी आवश्यकताओं का निर्धारण; और वार्षिक मूल्यांकन, शास्ति लगाने और अपील तंत्र के प्रावधान के माध्यम से मानकों को बनाए रखने शामिल।

इसके अतिरिक्त, देश में चिकित्सा शिक्षा तक पहुंच में सुधार लाने के लिए सरकार ने निम्नलिखित योजनाएं लागू की हैं:

i केंद्र प्रायोजित योजना के तहत जिला/रेफरल अस्पताल को उन्नत कर नए मेडिकल कॉलेज की स्थापना, जिसके अंतर्गत अनुमोदित 157 मेडिकल कॉलेजों में से 139 नए मेडिकल कॉलेज कार्यशील हैं।

ii एमबीबीएस और स्नातकोत्तर सीटों की संख्या बढ़ाने के लिए मौजूदा राज्य सरकार/केंद्र सरकार के मेडिकल कॉलेजों को मजबूत करने/उन्नयन करने हेतु केंद्र प्रायोजित योजना।

iii प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएमएसवाई) में "सुपर स्पेशलिटी ब्लॉक/ट्रॉमा केयर सेंटर आदि के निर्माण द्वारा सरकारी मेडिकल कॉलेजों का उन्नयन" से संबंधित एक घटक है। इस घटक के अंतर्गत 75 परियोजनाओं में से 71 परियोजनाएं पूरी हो चुकी हैं। नए एम्स की स्थापना एक अन्य घटक है, जिसके तहत 22 एम्स को अनुमोदन दिया जा चुका है।

इसके अतिरिक्त, सरकार ने मेडिकल कॉलेजों की संख्या, स्नातक (यूजी) और स्नातकोत्तर (पीजी) सीटों में वृद्धि की है। वर्ष 2014 से आज तक मेडिकल कॉलेजों की संख्या 387 से बढ़कर 844 हो गई है; स्नातक सीटें 51,348 से बढ़कर 1,39,489 हो गई हैं और स्नातकोत्तर सीटें 31,185 से बढ़कर 86,360 हो गई हैं।

## महाराष्ट्र में खाद्य पदार्थों में मिलावट के मामले

**3418. डॉ. शिवाजी बंडाप्पा कालगे:**

**श्री निलेश ज्ञानदेव लंके:**

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

(क) क्या सरकार इस बात से अवगत है कि भारतीय खाद्य सुरक्षा एवं मानक प्राधिकरण के प्रयासों के बावजूद महाराष्ट्र राज्य में खाद्य पदार्थों में मिलावट के मामलों में कमी नहीं आ रही है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(ख) क्या फलों एवं सब्जियों को रासायनिक पदार्थों का उपयोग कर कृत्रिम रूप से पकाने की गतिविधियां बहुत बढ़ गई हैं, जिससे जनस्वास्थ्य पर गंभीर प्रतिकूल प्रभाव पड़ता है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) इस अवैध एवं खतरनाक गतिविधि पर नियंत्रण रखने के लिए सरकार द्वारा क्या कार्य-प्रणाली, तंत्र तथा पहचान की विधियां अपनाई जा रही हैं; और

(घ) गत पाँच वर्षों के दौरान फलों एवं सब्जियों को कृत्रिम रूप से पकाने के ऐसे कितने मामले वर्ष-वार प्रकाश में आए हैं तथा उन पर सरकार द्वारा क्या कार्रवाई की गई है?

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

(क) से (घ): भारतीय खाद्य सुरक्षा और मानक प्राधिकरण (एफएसएसएआई) को खाद्य पदार्थों के लिए विज्ञान आधारित मानक निर्धारित करने और मानव उपभोग के लिए सुरक्षित और पौष्टिक भोजन की उपलब्धता सुनिश्चित करने के लिए उनके विनिर्माण, भंडारण, वितरण, बिक्री और आयात को विनियमित करने का अधिकार है। खाद्य सुरक्षा और मानक (एफएसएस) अधिनियम, 2006 का कार्यान्वयन और प्रवर्तन केंद्र और राज्य सरकारों की साझा जिम्मेदारी है।

पिछले तीन वर्षों के दौरान महाराष्ट्र में अनुरूप नहीं पाए गए सभी खाद्य उत्पादों (मिलावट सहित) के विरुद्ध की गई प्रवर्तन कार्रवाई का ब्यौरा निम्नानुसार है:

| क्र.सं. | वर्ष | विश्लेषित नमूनों की संख्या | अनुरूप नहीं पाए गए नमूनों की संख्या | दीवानी मामले | आपराधिक मामले |
|---|---|---|---|---|---|
| | | | | जुर्माना लगाया गया | दोषसिद्धि की संख्या |
| 1 | 2025-26* | 7694 | 1335 | 2445 | 8 |
| 2 | 2024-25 | 5403 | 1250 | 1147 | 0 |
| 3 | 2023-24 | 5087 | 1174 | 154 | 0 |

*डेटा अनंतिम है।

खाद्य सुरक्षा और मानक (बिक्री पर प्रतिबंध और रोक) विनियम, 2011यह अधिदेशित करते हुए फलों के पकाने में कार्बाइड गैस के उपयोग पर रोग लगाता है, कि कोई भी व्यक्ति किसी भी विवरण के तहत, ऐसे फलों को न तो बेचेगा या बेचने के लिए पेश या प्रदर्शित करेगा या अपने परिसर में बिक्री के उद्देश्य से रखेगा जिन्हें एसीटिलीन गैस, जिसे आमतौर पर कार्बाइड गैस के रूप में जाना जाता है, के उपयोग के कृत्रिम रूप से पकाया गया हो; बशर्ते कि फलों को फसल, किस्म और परिपक्वता के आधार पर 100 पीपीएम (100ul/L ) तक की सांद्रता पर इथिलीन गैस के उपयोग से कृत्रिम रूप से पकाया जा सकता है।

इसी विनियम का उप-विनियम 2.3.6 ताजे फलों और सब्जियों की बिक्री का प्रावधान करता है, जिसमें कहा गया है कि “ताजे फल और सब्जियां सड़न और मोम, खनिज तेल और रंगों की परत से मुक्त होंगी। तथापि ताजे फलों पर मधुमक्खी का मोम (सफेद और पीला) या कार्नौबा मोम या शेलैक मोम की परत चढ़ाई जा सकती है, जो खाद्य सुरक्षा और मानक (पैकजिंग और लेबलिंग) विनियम, 2011 के विनियम 2.4.5 (44) में प्रदान किए गए अनुसार उचित लेबल घोषणा के तहत अच्छे विनिर्माण प्रथाओं के स्तर से अधिक न हो।

इसके अलावा, एफएसएसएआई ने फलों और सब्जी उत्पादों सहित विभिन्न खाद्य वस्तुओं के विश्लेषण के तरीकों पर मैनुअल प्रकाशित किया है, जो फलों और सब्जियों के उत्पादों के परीक्षण और विश्लेषण के लिए एक व्यापक मार्गदर्शिका के रूप में कार्य करता है।

चूंकि, 03 अप्रैल 2023, 21 नवंबर 2023, 16 मई 2025 और 16 अप्रैल 2026 की एडवाइजरी के माध्यम से 98 प्रतिशत खाद्य व्यवसाय राज्य खाद्य सुरक्षा प्राधिकरणों के नियामक नियंत्रण में हैं, इसलिए सभी राज्यों/संघ राज्य क्षेत्रों के खाद्य सुरक्षा आयुक्तों को निरीक्षण बढ़ाने और अपने संबंधित अधिकार क्षेत्र के भीतर फल बाजारों/मंडियों पर कड़ी निगरानी बनाए रखने का निर्देश दिया गया है। राज्य/संघ राज्य क्षेत्र अनधिकृत या निषिद्ध कृत्रिम पकाने वाले एजेंटों, सिंथेटिक रंगों और गैर-अनुमत मोम कोटिंग्स के उपयोग को रोकने के लिए ताजे फलों की बिक्री की सख्त निगरानी सुनिश्चित करने के लिए विशेष प्रवर्तन अभियान चलाते हैं।

वर्ष 2020-21 से 2024-25 के दौरान महाराष्ट्र सहित देश भर में कृत्रिम रूप से पकाए गए फलों के विरूद्ध किए गए निरीक्षण, जब्ती/नष्ट करने का विवरण इस प्रकार है: -

| वर्ष | **फलों में कृत्रिम पकाने वाले एजेंटों के उपयोग का पता लगाने के लिए पिछले पांच वर्षों में किए गए निरीक्षण** | विश्लेषित नमूने | **अनुरूप** नहीं पाए गए **नमूने (गैर-अनुमत एजेंटों के साथ कृत्रिम रूप से पके हुए पाए गए)** | जब्त/नष्ट किए गए **(किलोग्राम में)** |
|---|---|---|---|---|
| 2020-21 | 10032 | 479 | 10 | 5037.6 |
| 2021-22 | 11217 | 352 | 31 | 8428.6 |
| 2022-23 | 14185 | 704 | 9 | 10182 |
| 2023-24 | 17180 | 1450 | 45 | 19582.2 |
| 2024-25 | 20365 | 1953 | 54 | 42395.46 |

## एम्स और चिकित्सा महाविद्यालयों में संकाय सदस्यों की कमी

**3419. श्री मनसुखभाई धनजीभाई वसावा:**

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

(क) क्या देशभर के एम्स सहित नर्सिंग, दंत चिकित्सा तथा चिकित्सा महाविद्यालयों में संकाय सदस्यों की कमी है;

(ख) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं; और

(ग) इस संबंध में सरकार द्वारा क्या सुधारात्मक उपाय किए गए हैं?

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

(क) से (ग): नर्सिंग, दंत चिकित्सा और चिकित्सा संस्थानों में पर्याप्त संकाय क्षमता बनाए रखना संबंधित नियामक निकायों, अर्थात् भारतीय उपचर्या परिषद (आईएनसी), राष्ट्रीय दंत चिकित्सा आयोग (एनडीसी), राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा निर्धारित विनियमों और मानकों के माध्यम से शासित किया जाता है। आईएनसी, एनडीसी और एनएमसी क्रमशः नर्सिंग, दंत चिकित्सा और चिकित्सा संस्थानों के लिए न्यूनतम संकाय आवश्यकताएँ निर्धारित करते हैं। इनका अनुपालन संबंधित नियामक प्राधिकरणों द्वारा मान्यता/अनुमति प्रदान करने, नवीनीकरण करके और उसे जारी रखने के लिए समय-समय पर किए जाने वाले निरीक्षणों, आकलनों और अन्य नियामक तंत्रों के माध्यम से सुनिश्चित किया जाता है।

जन स्वास्थ्य राज्य का विषय है, देश में उपलब्ध चिकित्सा पेशेवरों को विभिन्न स्वास्थ्य सेवा व्यवस्थाओं में नियुक्त करने से संबंधित मामला राज्य सरकारों के अधिकार क्षेत्र में आता है।

संकाय पदों की भर्ती प्रक्रिया और उन्हें भरना एक सतत प्रक्रिया है। रिक्तियाँ सेवानिवृत्ति, त्यागपत्र, संस्थानों के विस्तार, नए पदों के सृजन तथा कुछ विशेषज्ञताओं और स्थानों में उपयुक्त पात्र उम्मीदवारों की अनुपलब्धता के कारण उत्पन्न होती हैं और संबंधित संस्थान समय-समय पर निर्धारित भर्ती नियमों के अनुसार रिक्त पदों को भरने के लिए आवश्यक कार्रवाई करते हैं।

इसके अतिरिक्त, राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) ने पर्याप्त संख्या में योग्य चिकित्सा संकाय की उपलब्धता सुनिश्चित करने के साथ-साथ समान शैक्षणिक मानकों को बनाए रखने के उद्देश्य से दिनांक 30.06.2025 को चिकित्सा संस्थान (संकाय की योग्यताएँ) विनियम, 2025 (एमआईक्यूएफ़-2025) अधिसूचित किए हैं। ये विनियम पात्र 220-बिस्तरों वाले सरकारी अस्पतालों को शिक्षण संस्थानों के रूप में कार्य करने की अनुमति देकर शिक्षण अवसंरचना के विस्तार का प्रावधान करते हैं, संकाय पात्रता मानदंडों को उदार बनाते हैं, योग्य चिकित्सा और गैर-चिकित्सा संकाय के व्यापक पूल को मान्यता देते हैं, निर्दिष्ट प्रशासनिक और

नियामक अनुभव को शिक्षण अनुभव के रूप में मानते हैं, साथ ही चिकित्सा शिक्षा प्रौद्योगिकी और जैव-चिकित्सा अनुसंधान में प्रशिक्षण को अनिवार्य बनाते हैं।

**UPGRADATION OF COMMUNITY HEALTH CENTRE (CHC) AT KADMAT ISLAND**

**3420. SHRI HAMDULLAH SAYEED:**

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

(a) whether the Government proposes to upgrade the Community Health Centre (CHC) at Kadmat Island, Lakshadweep, by establishing speciality healthcare facilities under the Public- Private Partnership (PPP) to improve healthcare services for the island's residents;

(b) whether any feasibility study or proposal has been undertaken by the Government in this regard and if so, the details thereof;

(c) if so, the details thereof;

(d) whether the Government proposes to provide specialist services such as general medicine, gynaecology, paediatrics, surgery, diagnostics and telemedicine under the proposed PPP model; and

(e) the timeline fixed for the implementation of the proposed upgradation along with the amount of funds earmarked for the project, if any?

**THE MINISTER 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 being a state subject, the primary responsibility to strengthen healthcare facilities in the States/UTs lies with the respective States/UTs. Under the National Health Mission (NHM), the Government of India provides need based technical and financial support to the States/UTs, including the Union Territory of Lakshadweep, based on the proposals made by the States/UTs in their Programme Implementation Plans (PIP) within the overall resource envelop duly approved by the National Programme Coordination Committee (NPCC).

The U.T. Administration of Lakshadweep has not submitted any proposal to upgrade the Community Health Centre (CHC) at Kadmat Island, Lakshadweep, in the Programme Implementation Plan (PIP) for the year 2026-27.

## IMPACT OF ULTRA-PROCESSED FOODS

**3421. SHRI VE VAITHILINGAM:**

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

(a) the details of the Government's position on recent studies indicating that ultra-processed foods may exhibit addiction-like behavioural characteristics comparable to those associated with tobacco products and other habit-forming substances;

(b) the scientific studies, expert consultations and health-risk assessments undertaken by the Government regarding the

relationship between ultra-processed food consumption and obesity, diabetes, cardiovascular diseases, mental-health concerns and other non-communicable disorders;

(c) the initiatives envisaged by the Government to improve public awareness, nutritional literacy and consumer understanding of the risks associated and excessive intake of ultra-processed foods, particularly among children and adolescents;

(d) the regulatory arrangements presently available for product labelling, advertising practices, marketing restrictions and the disclosure of nutritional content relating to ultra-processed foods; and

(e) the measures contemplated by the Government for reducing dependency risks, encouraging healthier dietary behaviour and strengthening preventive public-health interventions across the country?

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

(a) and (b): Based on the available global scientific evidence, Indian Council of Medical Research **(**ICMR) has indicated that higher consumption of ultra-processed foods (UPFs) is associated with a higher risk of adverse health outcomes, including overweight and obesity, type 2 diabetes, and cardiovascular diseases, as well as the mental disorders. These conditions

are multifactorial in origin, and high consumption of UPFs is considered one of several modifiable risk factors. Moreover, the available evidence is largely observational and does not, by itself, establish causality. However, ICMR has not carried out any specific study to assess whether ultra-processed foods exhibit addiction-like behavioural characteristics comparable to those associated with tobacco products and other habit-forming substances.

(c) to (e): ICMR has further informed that it has undertaken several initiatives to create awareness on the health risks associated with excessive intake of ultra-processed foods. The Dietary Guidelines for Indians, 2024 recommend limiting free sugar intake, avoiding frequent consumption of sugar-sweetened beverages, and minimizing intake of ultra-processed foods. The Guidelines also include dedicated guidance on identifying ultra-processed foods and reading food labels to enable informed consumer choices. ICMR also contributed to the development of model boards for the Sugar Boards initiative taken by the Ministry of Education and the Ministry of Health & Family Welfare. To translate these recommendations into action, ICMR has launched the "Let's Fix Our Food (LFOF)" initiative in collaboration with national and international partners to improve food environments for children and adolescents. The initiative promotes healthier school food environments, develops evidence-informed communication materials and policy briefs, engages with schools, parents, youth, policymakers and civil society, and advocates measures that encourage healthier food choices while discouraging consumption of foods high in sugar, fat and salt. In addition, ICMR conducts nutrition awareness activities through public

lectures, workshops, training programmes, observance of National Nutrition Month and other health campaigns, dissemination of information through media, development of nutrition education materials in regional languages to promote healthy dietary practices across different population groups.

Food Safety and Standards Authority of India (FSSAI) has informed that it has undertaken the following initiatives to encourage healthy eating habits among consumers:

I. ‘Eat Right India' movement is based 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).
II. 'Aaj se Thoda Kam' campaign encourages consumers to gradually reduce their intake of fat, salt, and sugar through dietary modifications.
III. Through “Stop Obesity” & “Fight Obesity” campaign on social media, a range of educational and awareness contents on obesity are shared.
IV. Testimonial clips featuring School Children, Youth, and Self-Help Group (SHG) members are posted on social media. Child-friendly animated videos are developed and published on social media to educate kids about the dangers of obesity and the value of healthy eating and regular physical activity.
V. The quiz named ‘Eat Right Quiz on Obesity’ in collaboration with MyGov has been launched in April 2025 to engage people in a fun &

interactive way while educating them on different aspects of obesity and healthy living.

VI. “#HarLabelKuchKehtaHai" awareness campaign is also carried out under the ‘Eat Right India’ movement to empower citizens with label literacy for informed choices. It aims to educate consumers on key elements like nutritional information (calories, fats, sugars, protein, serving size), ingredient lists, allergen warnings, and date markings.

FSSAI has further informed that it has notified the quality and safety standards of various food products which are harmonized with international standards such as CODEX. The sugar, salt and fat content of the food products are regulated by FSSAI under its existing rules and regulations. FSSAI has taken following steps to regulate food product labelling and advertising practices:

i. Notified Food Safety and Standards (Labelling and Display) Regulations, 2020 with following major provisions:

- Pre-packaged food shall not be described or presented on any label or in any labelling in a manner that is false, misleading or deceptive or is likely to create an erroneous impression regarding its character in any respect;
- Mandatorily declare nutritional information including Total fat, Added sugars, Total Sugars, Carbohydrate, protein, Energy and sodium content, along with the per-serve percentage contribution to the

Recommended Dietary Allowance (RDA) is required to be declared on the product label.

- All packaged foods are required to display the list of ingredients in descending order of their composition by weight or volume, including palm oil, preservatives, colours, and additives as applicable.

ii. Notified Food Safety and Standards (Advertising and Claims) Regulations, 2018 to regulate advertisements and claims with following major provisions:

- Advertisements and claims shall not undermine the importance of healthy lifestyles and no advertisement shall be made for food products which is deceptive to the consumers.
- Advertisements for food or beverages shall not be promoted or portrayed as a meal replacement unless otherwise specifically permitted.
- Claims must be truthful, unambiguous, meaningful, not misleading and help consumers to comprehend the information provided.
- Claims shall not state, suggest or imply that a balanced and varied diet cannot provide appropriate quantities of nutrients as required by the body.
- Where the claim benefit is related to or dependent on the method of preparation of the food the same shall be provided on the label.

- The claim that a food has certain nutritional or health attributes shall be scientifically substantiated.
- Schedule I to the said Regulations prescribes the conditions under which a nutrient or food component may be described using claims such as 'Low', 'High/Rich', 'Free', and 'Source'.
- Other types of claims not standardized under these regulations may require approval from the Food Authority and should be supported with sound scientific evidence.
- No claims shall be made which refer to the suitability of the food for use in the prevention, alleviation, treatment or cure of a disease, disorder or particular physiological condition unless specifically permitted under any other regulations made under Food Safety and Standards Act, 2006.
- There shall not appear in the label of any package, containing food for sale the words “recommended by the medical or nutrition or health professionals” or any words which imply or suggest that the food is recommended, prescribed, or approved by medical practitioners or approved for medical purpose.

Further, any deviation from the prescribed standards or violation of the provisions of the Food Safety and Standards Regulations (FSSR) attracts regulatory and punitive action against the non-compliant Food Business Operators (FBOs) in accordance with the Food Safety and Standards Act, 2006, and the rules and regulations made thereunder.

## MICROPLASTIC CONTAMINATION IN FOOD PRODUCTS

**3422. DR. THOL THIRUMAAVALAVAN:**

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

(a) whether the Government has any details regarding the project initiated by the Food Safety and Standards Authority of India (FSSAI), to assess microplastic contamination in food products and to develop methods for its detection, if so, the details thereof; and

(b) whether the Government has any data or details regarding detections made since the introduction of the aforementioned project, if so, the details thereof, along with the total number of such cases detected 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) and (b): 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 has funded the project by CSIR-Indian Institute of Toxicology Research, Lucknow, ICAR-Central institute of Fisheries Technology (ICAR-CIFT), Kochi and Birla Institute of Technology and Science (BITS), Pilani titled "Micro-and nano-plastics as emerging food contaminants: Establishing validated Methodologies and understanding the prevalence in different food matrices". The objectives of the project are:-

i. Development and validation of analytical methods for identification and quantification of micro/nano-plastics in foods matrices.
ii. Inter- and intra-laboratory comparison of developed methods in identified food matrices.
iii. Surveillance and determination of exposure levels of micro-/nano-plastics in identified foods matrices.

FSSAI has also notified the Food Safety and Standards (Packaging) Regulations, 2018, wherein, requirements for food-grade packaging are specified. It mandates that any material which comes in direct contact with food or likely to come in contact with food used for packaging, preparation, storing, wrapping, transportation and sale or service of food shall be of food grade quality. It also prescribes standards for plastic materials intended to come into contact with food products, which makes reference to the corresponding Bureau of Indian Standards (BIS) specifications. These standards are on par with international standards, thereby ensuring consistency with global food safety practices. Further, it specifies that all

packaging materials of plastic origin shall pass the prescribed overall migration limit of 60mg/kg or 10mg/dm2 when tested as per IS 9845 with no visible colour migration.

## RECOMMENDATIONS OF THE SUPREME COURT COLLEGIUM

**3423. SHRI SACHITHANANTHAM R:**

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

(a) whether the Government has received the recommendations of the Supreme Court Collegium for the appointment of 19 judges to the Madras High Court;

(b) if so, the present status of each recommendation; and

(c) the reasons for the delay, if any, in approving and notifying these appointments?

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

(a) to (c): Appointment of Judges to High Courts is made under Articles 217 and 224 of the Constitution of India and according to the procedure laid down in the Memorandum of Procedure (MoP) prepared in 1998 pursuant to the Supreme Court Judgment of October 6, 1993 (Second Judges case) read with their Advisory Opinion of October 28, 1998 (Third Judges case). As

per the MoP, the responsibility for initiation of proposals for appointment of Judges in the Supreme Court vests with the Chief Justice of India, while the responsibility for initiation of proposals for appointment of Judges in the High Courts vests with the Chief Justice of the concerned High Court, in consultation with two senior-most puisne Judges of the High Court. As per the MoP, the High Courts are required to make recommendations at least 06 months before the occurrence of a vacancy. However, this time limit is rarely observed. For appointments to the High Courts, the views of concerned State Government are obtained in accordance with the MoP. The recommendations also have to be considered in the light of such other reports as may be available to the Government in respect of the names under consideration. The recommendations of the High Court Collegium, the State Governments and the Government of India are then forwarded to the Supreme Court Collegium (SCC) for advice.

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

## SETTING UP OF NEW URBAN PRIMARY HEALTH CENTRES

**3424. SHRI SHRIRANG APPA CHANDU BARNE:**

**SHRI RAVINDRA DATTARAM WAIKAR:**
**SHRIMATI BHARTI PARDHI:**
**DR. SHRIKANT EKNATH SHINDE:**
**SHRI NARESH GANPAT MHASKE:**

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

(a) the total amount of funds allocated by the Centre under the Ayushman Arogya Mandirs (AAMs) scheme to set up new Urban Primary Health Centres (PHCs) in Maharashtra and Madhya Pradesh;

(b) the steps being taken by the Government under the 'Ayushman Bharat Digital Mission' (ABDM) to create a centralised digital health record system for all major hospitals across the said States;

(c) the current status of generating Ayushman Bharat Health Account (ABHA) IDs for the citizens of the said States and linking them to the OPD services and case papers of local hospitals;

(d) whether the Union Government proposes to increase the number of Mobile Health Units (MHUs) under the 'National Urban Health Mission' (NUHM) to provide immediate primary healthcare to poor patients in the slum areas of the said States, if so, the details thereof; and

(e) whether any specialised central technical support centre is proposed in the said States to utilise these digital records for data analytics to track and analyse future pandemic patterns, 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 total amount of funds released by the Union Government under the National Health Mission (NHM) including National Urban Health Mission (NUHM) for the Financial Year (FY) 2025-26 for the States of Maharashtra and Madhya Pradesh is Rs. 2,496.92 crore and Rs. 3,047.35 crore respectively.

Further, under the Fifteenth Finance Commission (XV-FC) Health Grants for FY 2025–26, funds amounting to Rs. 1,539.71 crore and Rs. 778.41 crore have been released to the States of Maharashtra and Madhya Pradesh, respectively.

Furthermore, the Records of Proceedings (RoPs) comprising of approvals on State Programme Implementation Plans (SPIPs) submitted by States, under NHM for all States, including Maharashtra and Madhya Pradesh, are available on the NHM website and can be accessed as per the link below. (https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744).

(b): The steps taken by the Union Government under the Ayushman Bharat Digital Mission (ABDM) to create a centralized digital health record system for all major hospitals in Maharashtra and Madhya Pradesh are as follows:

- ABDM, launched on 27th September, 2021 and implemented by the National Health Authority (NHA), provides a standards-based, interoperable, secure and consent-driven digital health ecosystem.
- It is a Central Sector Scheme, under which States and Union Territories are provided funds for supporting human resources deployed, capacity building of various stakeholders and IEC (Information, Education & Communication).
- The Mission has established the Ayushman Bharat Health Account (ABHA), Health Facility Registry (HFR), Healthcare Professionals Registry (HPR) and Health Information Exchange and Consent Manager (HIE-CM) to enable secure and consent-based exchange of health records across hospitals, including those in Maharashtra and Madhya Pradesh.

(c): As of 16th July 2026, for the State of Maharashtra, a total of 7.3 crore ABHAs have been created and 2.5 crore health records have been linked with ABHAs. 36,045 health facilities and 99,541 healthcare professionals have been registered on the HFR and the HPR respectively. Also, 16,053 public health facilities and 6,822 private health facilities use an ABDM enabled software.

Similarly, as of 16th July 2026, for the State of Madhya Pradesh, a total of 5.88 crore ABHAs have been created and 2.66 crore health records have been linked with ABHAs. 20,080 health facilities and 18,634 healthcare professionals have been registered on the HFR and the HPR respectively.

Also, 8,984 public health facilities and 2,327 private health facilities use an ABDM enabled software.

(d): Under NHM, including the NUHM, States/UTs have the flexibility to deploy Mobile Medical Units (MMUs)/Mobile Medical Vans (MMVs) based on the healthcare needs identified in their respective SPIPs.

The deployment of additional MMUs is undertaken by States/UTs as per assessed needs and available resources. As of 31st March, 2026 a total number of 103 and 72 MMUs/MMVs are operational under NHM for the States of Maharashtra and Madhya Pradesh respectively.

(e): The Government of India has created National-Level institutional and digital platforms that provide technical support to all States and Union Territories, including Maharashtra and Madhya Pradesh for disease-surveillance, analytics and pandemic preparedness.

Integrated Disease Surveillance Programme (IDSP), through the Integrated Health Information Platform (IHIP), provides realtime, case based digital surveillance system for reporting, analyzing and responding to epidemic-prone diseases across the country including the State of Maharashtra and Madhya Pradesh.

Further, the National Disease Modeling Consortium (NDMC), with Indian Institute of Technology (IIT) Bombay as the Anchor Institute, provides evidence-based disease modeling, forecasting and data analytics to support public health decision-making for priority diseases. The NDMC provides

technical support at the National level for priority public health programmes like Tuberculosis (TB), Malaria, Vector Borne Diseases, Anti-Microbial Resistance and Non-Communicable Diseases.

## जम्मू में आयुष पद्धतियों को बढ़ावा

**3425. श्री जुगल किशोर:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) जम्मू लोक सभा निर्वाचन क्षेत्र में आयुर्वेद, योग, यूनानी, सिद्ध, होम्योपैथी तथा अन्य आयुष पद्धतियों के विकास एवं संवर्धन के लिए सरकार द्वारा अब तक कार्यान्वित कार्यक्रमों एवं परियोजनाओं का पद्धति-वार ब्यौरा क्या है;

(ख) जम्मू लोक सभा निर्वाचन क्षेत्र में वर्तमान में संचालित आयुष अस्पतालों, औषधालयों, योग एवं वेलनेस केंद्रों, आयुष स्वास्थ्य एवं आरोग्य केंद्रों तथा अन्य आयुष संस्थानों की कुल संख्या तथा गत तीन वर्षों के दौरान उनके विस्तार एवं उन्नयन का ब्यौरा क्या है;

(ग) क्या सरकार ने जम्मू लोक सभा निर्वाचन क्षेत्र में आयुष सेवाओं को आधुनिक स्वास्थ्य प्रणाली के साथ एकीकृत करने, आयुष चिकित्सकों की उपलब्धता बढ़ाने तथा आम जनता को गुणवत्तापूर्ण आयुष सेवाएं उपलब्ध कराने के लिए कोई विशेष योजना अथवा पहल शुरू की है; और

(घ) यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय होने के कारण, जम्मू संसदीय निर्वाचन क्षेत्र में आयुर्वेद, योग, यूनानी, सिद्ध और होम्योपैथी (आयुष) पद्धतियों के पद्धतिवार विकास और

संवर्धन के लिए अब तक कार्यान्वित की गई परियोजनाओं की प्राथमिक जिम्मेदारी संबंधित संघ राज्य क्षेत्र सरकार की है। हालांकि, आयुष मंत्रालय जम्मू और कश्मीर सहित राज्य/संघ राज्य क्षेत्र की सरकारों के माध्यम से 2014 से राष्ट्रीय आयुष मिशन (एनएएम) की केंद्रीय प्रायोजित योजना को कार्यान्वित कर रहा है और राज्य वार्षिक कार्य योजनाओं (एसएएपी) के माध्यम से प्राप्त प्रस्तावों के सापेक्ष एनएएम दिशानिर्देशों के प्रावधान के अनुसार आयुष स्वास्थ्य सुविधाओं के लिए अवसंरचना के विकास और दवाओं की आपूर्ति सहित विभिन्न गतिविधियों के तहत वित्तीय सहायता प्रदान करके आयुष पद्धतियों के समग्र विकास और संवर्धन के लिए उनके प्रयासों का समर्थन कर रहा है।

जम्मू संसदीय निर्वाचन क्षेत्र में आयुष पद्धतियों के विकास और संवर्धन हेतु जम्मू और कश्मीर संघ राज्य सरकार द्वारा कार्यान्वित कार्यक्रमों और परियोजनाओं का पद्धति-वार ब्यौरा **विवरण-I** पर दिया गया है। इसके अलावा, पिछले तीन वर्षों के दौरान जम्मू संसदीय निवार्चन क्षेत्र में आयुष अस्पतालों, औषधालयों, योग एवं कल्याण केंद्रों, आयुष्मान आरोग्य मंदिरों (एएएम) (आयुष), अन्य आयुष संस्थानों और उनके विस्तार/उन्नयन की कुल संख्या **विवरण-II** में दी गई है।

(ग) और (घ): देश में चिकित्सा और कल्याण की पारंपरिक पद्धतियों को बढ़ावा देने के लिए भारत सरकार ने प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी), सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं के सह-स्थापन की एकीकृत कार्यनीति अपनाई है, जिससे रोगी एक ही स्थान पर चिकित्सा की विभिन्न पद्धतियों में से चयन कर सकें। जम्मू और कश्मीर संघ राज्य क्षेत्र द्वारा दी गई सूचना के अनुसार, जम्मू संसदीय निर्वाचन क्षेत्र में, 77 पीएचसी, 02 सीएचसी, 04 डीएच और एक संबद्ध अस्पताल (एएच) में मौजूदा सार्वजनिक स्वास्थ्य संस्थानों के भीतर आयुष सुविधाएं सह-स्थापित की गई हैं। इन सुविधाओं केंद्रों में, रोगियों को एक ही स्थान पर राष्ट्रीय आयुष मिशन (एनएएम) के तहत निशुल्क आयुष दवाओं के

प्रावधान सहित आयुष सेवाएं, राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत तैनात आयुष डॉक्टरों और फार्मासिस्टों के माध्यम से प्रदान की जा रही हैं।

## विवरण-I

**जम्मू संसदीय निर्वाचन क्षेत्र में आयुष पद्धतियों के विकास और संवर्धन हेतु जम्मू-कश्मीर संघ राज्य क्षेत्र सरकार द्वारा कार्यान्वित कार्यक्रमों और परियोजनाओं का पद्धति-वार ब्यौरा**

| क्र.सं. | जिला | कार्यान्वित कार्यक्रमों और परियोजनाओं का विवरण | |
|---|---|---|---|
| | | परियोजनाएं | कार्यक्रम |
| 1 | जम्मू | राजकीय आयुर्वेदिक मेडिकल कॉलेज एंड हॉस्पिटल, अखनूर, जम्मू | 1. 56 आयुष्मान आरोग्य मंदिर-आयुष (आयुर्वेद)<br>2. आयुष सार्वजनिक स्वास्थ्य कार्यक्रम (एमएसडी = 5, सुप्रजा = 3, आयुर्विद्या = 4 और कारुण्य = 4) |
| 2 | सांबा | 50 बिस्तरों वाला एकीकृत आयुष अस्पताल, नोनाथ सांबा | 1. 14 आयुष्मान आरोग्य मंदिर-आयुष (आयुर्वेद)<br>2. आयुष सार्वजनिक स्वास्थ्य कार्यक्रम (एमएसडी = 3, सुप्रजा = 1, आयुर्विद्या = 2 और कारुण्य = 2) |
| 3 | रियासी | | 1. 18 आयुष्मान आरोग्य मंदिर्-आयुष (आयुर्वेद)<br>2. आयुष सार्वजनिक स्वास्थ्य कार्यक्रम (एमएसडी = 4, सुप्रजा = 1, आयुर्विद्या = 3 और कारुण्य = 1) |
| 4 | राजौरी | | 1. 33 आयुष्मान आरोग्य मंदिर्-आयुष (आयुर्वेद)<br>2. आयुष सार्वजनिक स्वास्थ्य कार्यक्रम (एमएसडी = 3, सुप्रजा = 1, आयुर्विद्या = 3 और कारुण्य = 2) |

**विवरण-II**

**पिछले तीन वर्षों के दौरान, जम्मू संसदीय निर्वाचन क्षेत्र में आयुष अस्पतालों, औषधालयों, योग एवं कल्याण केंद्रों, आयुष्मान आरोग्य मंदिरों (एएएम), अन्य आयुष संस्थानों की कुल संख्या और उनके विस्तार/उन्नयन:**

| क्र.सं. | जिला | आयुष अस्पताल | आयुष औषधालय | योग एवं कल्याण केंद्र, | आयुष स्वास्थ्य एवं कल्याण केंद्र/आयुष्मान आरोग्य मंदिर एएएम(आयुष) | अन्य आयुष संस्थान |
|---|---|---|---|---|---|---|
| 1. | जम्मू | 1 | 9 | 2 | 56 | 2 |
| 2. | सांबा | 0 | 0 | 0 | 13 | 1 |
| 3. | रियासी | 0 | 0 | 0 | 18 | 0 |
| 4. | राजौरी | 0 | 1 | 0 | 33 | 0 |

## IMPACT OF EL NINO ON HEALTH

**3426. DR. D RAVI KUMAR:**

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

(a) whether the Government has assessed the likely impact of El Niño on heat-related illnesses in Tamil Nadu, if so, the details thereof;

(b) whether any heat action plans have been issued by the Government to the States in this regard, if so, the details thereof;

(c) the measures taken by the Government to strengthen public health facilities to manage heatstroke and dehydration in the said State; and

(d) the details of financial and technical assistance provided to Tamil Nadu in this regards?

**THE MINISTER 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 monitors the potential health impacts associated with extreme heat including those that may arise due to climatic phenomena such as El Niño in conjunction with weather forecasts issued by the India Meteorological Department (IMD).

El Niño conditions may contribute to above-normal temperatures and prolonged heat episodes, thereby increasing the risk of heat stress, heat exhaustion and heatstroke particularly among vulnerable populations such as elderly, pregnant women, children, persons with chronic diseases and outdoor workers.

The Government issued National Action Plan on Heat Related illnesses which provides detailed guidance on clinical management workflow, preparedness of health facilities and health sector on heat related matter. The details of the Action Plan may be seen at the following link: https://ncdc.mohfw.gov.in/uploads/pdf/heat12.pdf )

Under National Health Mission (NHM), the Government provides technical and financial support to States/UTs for strengthening their healthcare systems based on the proposals submitted by them in their

Program Implementation Plans, subject to norms & availability of resources. The details of the central assistance may be seen at the Link: https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=1377&lid=744.

Under NPCCHH, activities are targeted towards priority climate sensitive health issues including extreme heat. Measures taken by the Government to strengthen public health facilities to manage heatstroke and dehydration cases including in the State of Tamil Nadu are at **Statement.**

## STATEMENT

**Measures taken by the Government to strengthen public health facilities to manage heatstroke and dehydration cases including the State of Tamil Nadu**

I. National Heat-Related Illness Surveillance initiated on Integrated Health Information Platform (IHIP) reporting from States/UT.

II. Issuing seasonal advisories and standard treatment protocols.

III. Guidelines have been developed on Emergency Cooling for Severe Heat-Related Illnesses.

IV. Conduct of Clinical training of physicians and paediatricians in management workflow of heat stroke cases.

V. In-person District Nodal Officers' training were conducted for clinical management, surveillance reporting of HRI and implementation of health sector activities.

VI. Virtual refresher training sessions were conducted for State, District nodal officers under NPCCHH, on health facility preparedness, HRI management and surveillance reporting.

VII. Nation-wide virtual webinars on Clinical Aspects of Heat-Related Illnesses for Physician, Paediatricians, Medical Officers and State and District Public Health Officials were organized.

VIII. Information, education and communication (IEC) material on vulnerable population for prevention of heat-related illnesses is disseminated to States/UTs including the State of Tamil Nadu.

IX. Heat Action Day (June 2) and World Environment Day (June 5) were observed to engage various community and social media platforms for enhanced heat-health awareness.

X. Customized color-coded alert messages based on IMD's warning are circulated during the season every day to State and District level nodal officers in all States and districts inclusive of Tamil Nadu for further dissemination to health care facilities and action.

XI. State Government of Tamil Nadu ensures adequate stocks of Oral Rehydration Salts (ORS), Intravenous (IV) fluids, emergency medicines and other logistics at health facilities.

XII. Establishing triage and prompt referral mechanisms for severe heatstroke cases.

XIII. Strengthening emergency response through 108 ambulance services.

## FUNCTIONING OF ANGANWADI CENTRES IN THE TRIBAL AREAS

**3427. SHRI BHASKAR MURLIDHAR BHAGARE:**

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

(a) whether the Government has undertaken any assessment of the prevalence of malnutrition, anaemia, stunting and wasting among tribal children, adolescent girls and pregnant and lactating women in the tribal districts of Maharashtra, if so, the details thereof;

(b) the details of beneficiaries covered under nutrition and supplementary feeding programmes in the said areas of State during the last three years, district-wise;

(c) whether the Government has identified gaps in the functioning of Anganwadi Centres and school nutrition programmes in the said areas, if so, the details thereof;

(d) the details of funds allocated, released/utilised for tribal nutrition programmes in the State during the last three years, district-wise; and

(e) the details of the measures being taken to strengthen nutrition services, improve food quality, address anaemia and reduce malnutrition among Scheduled Tribes in Maharashtra, particularly in aspirational and tribal districts?

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

(a) to (e): In 2021, the World Bank conducted a survey on Poshan Abhiyaan in 11 priority states including Maharashtra, with highest burden of stunting among children and anaemia among women. The findings demonstrated that the services delivered through the Poshan Abhiyaan i.e. the receipt of relevant messages, home visits by the Anganwadi Worker, and attendance at community-based events were associated with improved nutrition behaviors. The survey also found that the program's nutrition messages reached more than 80% of women, and that 81% of women practiced exclusive breastfeeding for the first six months.

Mission Poshan 2.0 is a Centrally Sponsored Scheme under Ministry of Women and Child Development (MoWCD) for addressing the challenge of malnutrition in the country. The responsibility for implementation of various activities lies with the States and UTs. Regular reviews of the implementation of scheme are done by Ministry utilising the ‘Poshan Tracker’ digital application. The State-wise and year-wise details of beneficiaries covered under Supplementary Nutrition Programme (SNP) in the country including State of Maharashtra are available at the Poshan Tracker public dashboard: https://www.poshantracker.in/statistics.

The details of funds released under Mission Saksham Anganwadi and Poshan 2.0 for the State of Maharashtra are placed below:

| | | | Rupees in crores |
|---|---|---|---|
| Mission Saksham Anganwadi and Poshan 2.0 for Maharashtra | Funds released 2022-23 | Funds released 2023-24 | Funds released 2024-25 |
| | 1646.17 | 1699.52 | 1368.84 |

As informed by the State Government of Maharashtra, the following measures are implemented to reduce malnutrition in the State including aspirational and tribal districts:

- Supplementary Nutrition Programme: Children aged 6 months to 6 years and mothers are provided with 'Take Home Ration' (THR) and hot, freshly cooked meals at the Anganwadi Centres.
- Regular Health Check-ups: The nutritional status of children and mothers is regularly monitored by Anganwadi Workers by measuring their height and weight and regular health checkup is done with the help of Health Department.
- Dr. A.P.J. Abdul Kalam Amrit Ahaar Yojana: In tribal districts, pregnant women and lactating mothers are provided with a balanced diet, consisting of one square meal per day for 25 days a month, while children receive eggs or bananas 16 days a month.
- Initiatives for SAM Children: Energy Dense Nutritious Food and also as per need, medical treatment is provided to Severely Acute Malnourished (SAM) children provided through Village/Urban Child

Development Centres (VCDC/UCDC) and Nutrition Rehabilitation Centres (NRCs).

- POSHAN Abhiyaan: Various public awareness initiatives are conducted through technology (ICT-RTM) and public participation to improve the nutritional status of children and women.
- The First Golden 1,000 Days of Child: Public awareness is being created about the first 1,000 days of a child's life, from conception stage to two years of age.
- Joint Screening: To ensure complete immunization and optimal healthcare for children, joint health screening are conducted with the Department of Health atleast twice a year to deliver comprehensive screening and essential services.

**STUDENTS ENROLMENT IN SAINIK SCHOOL, PURULIA**

**3428. SHRI JYOTIRMAY SINGH MAHATO:**

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

(a) the current number of students enrolled at Sainik School, Purulia vis-a-vis its sanctioned capacity;

(b) whether the Government has undertaken any initiative to increase the intake capacity or expand the academic and residential facilities at Sainik School, Purulia and if so, the details thereof, along with the timeline for its implementation; and

(c) the pass percentage of students from Sainik School, Purulia during the last five years, along with the number of students admitted to the National Defence Academy (NDA) and other military training institutions, year-wise?

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

(a) to (c): Sainik School, Purulia has a sanctioned strength of 550 Cadets in the Academic Year (AY) 2026-27, against which 530 cadets are enrolled. Sainik Schools are permitted to enroll students in excess of the optimum strength of 525, keeping in view the available capacity for such increases. Accordingly, the sanctioned strength of Sainik School, Purulia has been increased to 610 for AY 2027-28.

The Sainik School Society which manages the Sainik Schools makes assessments of infrastructural gaps in academic and residential facilities, sports and training infrastructure/ facilities, etc, of Sainik Schools including Sainik School, Purulia for ensuring their upgradation, renovation, maintenance and augmentation, as and when required.

The pass percentage of cadets of Sainik School, Purulia in the Written Test and SSB for entry into National Defence Academy and other Military institutions have shown an increasing trend from 8.14% in 2021-22 to 39.53% in 2025-26; and from zero in 2021-22 to 6.97% in 2025-26 respectively.

## SERVICE CONDITIONS OF ASHA FACILITATORS

**3429. SHRI VISHALDADA PRAKASHBAPU PATIL:**

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

(a) whether the Government is aware that Accredited Social Health Activist (ASHA) facilitators play a key role in implementing national health programmes by supervising & guiding ASHA workers but receive only a limited travel allowance without any regular remuneration;

(b) if so, the details thereof;

(c) whether the Government has received any representations seeking inclusion of ASHA Facilitators in the Programme Implementation Plan (PIP), regular honorarium, social security benefits and retirement benefits, if so, the details thereof; and

(d) whether the Government proposes to review their service conditions and provide appropriate remuneration and social security benefits, if so, the details and the timeline 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 and Hospitals' is a state subject, the primary responsibility for strengthening public healthcare system, including the

engagement, deployment and salaries/remuneration of ASHA facilitators lies with respective State/Union Territories (UTs) Governments as per approved norms and guidelines.

However, ASHA Facilitators are engaged by the States/UTs under National Health Mission (NHM). The Government of India annually takes up review on National Health Programme (NHM) programs thorough the Program Implementation Plan (PIP) with States/ UTs and based on the proposals submitted by them and deliberations will take place through National Program Coordination Committee (NPCC). Based on such discussions, the government grants approval for various proposals to the States/UTs through the Record of Proceedings (RoP). The details of RoP can be accessed from the link below.

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

ASHA Facilitators are eligible for selected incentive provisions under NHM programmes. These include an incentive for Participatory Learning and Action meetings. The Government of India has approved an amount of Rs. 300 per visit for supervisory visit charges for ASHA facilitators.

ASHAs and ASHA Facilitators are covered under Pradhan Mantri Jeevan Jyoti Beema Yojana (PMJJBY) with a benefit of Rs. 2.00 Lakh in case of death of the insured, Pradhan Mantri Suraksha Beema Yojana (PMSBY) with a benefit of Rs.2.00 lakh for accidental death or permanent disability and Rs. 1.00 lakh for partial disability. Pradhan Mantri Shram Yogi Maan Dhan (PM-SYM) with pension benefit of Rs. 3,000/- pm after age of 60 years. ASHAs and ASHA Facilitators, along with their family members are

provided with health care annual coverage of Rs. 5 Lakhs under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

## बुंदेलखंड क्षेत्र में चिकित्सा उपकरणों की कमी

**3430. श्री नारायणदास अहिरवार:**

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

(क) क्या यह सच है कि देश के ग्रामीण क्षेत्रों विशेषकर बुंदेलखंड क्षेत्र में चिकित्सकों, विशेषज्ञ चिकित्सकों, नर्सों, आधुनिक चिकित्सा उपकरणों और अन्य स्वास्थ्य सुविधाओं की कमी के कारण लोगों को बेहतर चिकित्सा उपचार के लिए बड़े शहरों पर निर्भर रहना पड़ता है;

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

(ग) क्या सरकार को इस बात की जानकारी है कि उक्त क्षेत्र में चिकित्सकों और स्वास्थ्य कार्यकर्ताओं के पद रिक्त पड़े हैं और उक्त क्षेत्र के विभिन्न जिला अस्पतालों, सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) में मूलभूत सुविधाओं और उपकरणों की कमी है; और

(घ) यदि हां, तो सरकार द्वारा स्वास्थ्य अवसंरचना को सुदृढ़ करने, रिक्त पदों को भरने, आधुनिक चिकित्सा उपकरण उपलब्ध कराने और उक्त क्षेत्र में ग्रामीण नागरिकों को गुणवत्तापूर्ण और सुलभ स्वास्थ्य सेवाएं सुनिश्चित करने के लिए क्या ठोस कदम उठाए गए हैं और सरकार द्वारा अगले तीन वर्षों के लिए क्या कार्य योजना बनाए जाने पर विचार किया जा रहा 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 के विषय हैं और इसलिए, जन स्वास्थ्य प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी राज्य/संघ राज्य क्षेत्रों की है। तथापि, राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत स्वास्थ्य और परिवार कल्याण मंत्रालय राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर देश के ग्रामीण क्षेत्रों में स्वास्थ्य कर्मचारियों, चिकित्सा उपकरणों और अन्य स्वास्थ्य सुविधा केंद्रों के लिए सहायता प्रदान करने सहित जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए उत्तर प्रदेश और मध्य प्रदेश के सभी क्षेत्रों सहित राज्यों/संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्राप्त प्रस्ताव के लिए अनुमोदन प्रदान करती है। उत्तर प्रदेश और मध्य प्रदेश में जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने के लिए प्रदान किए गए अनुमोदनों का ब्यौरा स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट पर निम्नानुसार यूनिफार्म रिसोर्सेज लोकेटर (यूआरएल) पर उपलब्ध है:

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

देश भर में सामुदायिक स्वास्थ्य केन्द्रों (सीएचसी) और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) और जिला अस्पतालों में तैनात विशेषज्ञ डॉक्टरों और स्वास्थ्य कार्यकर्ताओं तथा उनकी रिक्तियों से संबंधित जिला-वार विवरण हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) 2023-24 के निम्नलिखित लिंक पर देखा जा सकता है:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

एनएचएम के अंतर्गत, गुणवत्तापूर्ण और सुलभ स्वास्थ्य सेवाएं सुनिश्चित करने के लिए, देश के ग्रामीण और दूरदराज के क्षेत्रों में काम करने के लिए डाक्टरों और स्वास्थ्य कार्यकर्ताओं को प्रोत्साहित करने हेतु निम्नलिखित प्रोत्साहन और मानदेय प्रदान किए जाते हैं -

- ग्रामीण और दूरदराज के क्षेत्रों में सेवा करने के लिए विशेषज्ञ डॉक्टरों को और उनके आवासीय क्वार्टरों हेतु दुर्गम क्षेत्र भत्ता, ताकि उन्हें ऐसे क्षेत्रों में जन स्वास्थ्य सुविधा केन्द्रों में सेवा करना आकर्षक लगे।
- ग्रामीण और दूरदराज के क्षेत्रों में सिजेरियन सेक्शन करने के लिए विशेषज्ञों की उपलब्धता बढ़ाने हेतु स्त्री रोग विशेषज्ञों/आपातकालीन प्रसूति परिचर्या (ईएमओसी) प्रशिक्षित बाल रोग विशेषज्ञों और एनेस्थेटिस्ट/जीवन रक्षक एनेस्थीसिया कौशल (एलएसएएस) प्रशिक्षित डॉक्टरों को मानदेय भी प्रदान किया जाता है।
- डाक्टरों के लिए विशेष प्रोत्साहन, समय पर प्रसवपूर्व जांच (एएनसी) जांच और रिकार्डिंग सुनिश्चित करने के लिए सहायक नर्स और मिडवाइफ (एएनएम) के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य कार्यकलाप आयोजित करने के लिए प्रोत्साहन।
- राज्यों को विशेषज्ञों को आकर्षित करने के लिए परस्पर सहमति से वेतन देने की भी अनुमति है, जिसमें "यू क्वोट वी पे" जैसी रणनीतियां संबंधी स्वतंत्रता शामिल है।
- एनएचएम के अंतर्गत दुर्गम क्षेत्रों में सेवारत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्रवेश के लिए वरीयता और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।
- विशेषज्ञों की कमी को दूर करने के लिए, एनएचएम के अंतर्गत डाक्टरों को बहु-कौशल बढ़ाने संबंधी सहायता प्रदान की जाती है। स्वास्थ्य परिणामों में सुधार प्राप्त करने के लिए एनएचएम के तहत मौजूदा मानव संसाधन (एचआर) का कौशल उन्नयन एक अन्य प्रमुख कार्यनीति है।

इसके अलावा, ग्रामीण आबादी को समान स्वास्थ्य परिचर्या सुविधा प्रदान करने के लिए एमबीबीएस पाठ्यक्रम में परिवार दत्तक ग्रहण कार्यक्रम (एफएपी) को शामिल किया गया है। एफएपी में मेडिकल कॉलेज गांवो को गोद लेते हैं और एमबीबीएस छात्र इन गांवो के भीतर परिवारों को गोद लेते हैं। यह गोद लिए गए परिवारों के टीकाकरण, विकास निगरानी, मासिक धर्म स्वच्छता, आयरन-फोलिक एसिड अनुपूरण, स्वस्थ जीवन शैली प्रथाओं, पोषण, वेक्टर नियंत्रण और औषधि सेवन के लिए नियमित फॉलो-अप को सुलभ बनाता है। यह संचालित किए जा रहे सरकारी स्वास्थ्य कार्यक्रमों के बारे में परिवारों को शिक्षित करने में भी मदद करता है।

राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) के जिला रेजिडेंसी कार्यक्रम (डीआरपी) के तहत मेडिकल कॉलेजों के द्वितीय/तृतीय वर्ष के पीजी छात्रों को जिला अस्पतालों में तैनात किया जाता है।

प्रधानमंत्री आयुष्मान भारत स्वास्थ्य अवसंरचना मिशन (पीएम-एबीएचआईएम) केन्द्रीय क्षेत्र (सीएस) के कुछ घटकों वाली एक अन्य केंद्र प्रायोजित योजना (सीएसएस) है, जिसका योजना अवधि (2021-22 से 2025-26 तक) के लिए परिव्यय 64,180 करोड़ रूपए है। पीएम-एबीएचआईएम के तहत किए गए उपायों का उद्देश्य प्राथमिक, माध्यमिक और विशिष्ट सभी स्तरों पर निरंतर परिचर्या प्रदान करके स्वास्थ्य प्रणालियों और संस्थानों की क्षमताओं को विकसित करने पर ध्यान केंद्रित करना है ताकि स्वास्थ्य प्रणालियों को वर्तमान और भविष्य की वैश्विक महामारियों/आपदाओं के प्रति प्रभावी ढंग से प्रतिक्रिया के लिए तैयार किया जा सके।

पंद्रहवें वित्त आयोग (एफसी-XV) के तहत स्वास्थ्य क्षेत्र के विशिष्ट घटकों के लिए स्थानीय सरकारों के माध्यम से अनुदानों की सिफारिश की गई है और इन्हें वित्त वर्ष 2021-22 से वित्त वर्ष 2025-26 तक की अवधि के लिए विस्तार किया गया है ताकि जमीनी स्तर पर स्वास्थ्य प्रणाली का सुदृढ़ीकरण किया जा सके।

## MAXIMUM UTILISATION OF KOLLAM PORT

**3431. SHRI N K PREMACHANDRAN:**

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

(a) whether the Union Government proposes to initiate action for utilizing the maximum potential of Kollam Port, if so, the details of action taken thereon;

(b) whether the Government proposes to utilize the port for Passenger and tourism including ship service links to Lakshadweep, if so, the details of action taken thereon;

(c) whether the Government proposes to utilize the Kollam port as coastal shipping hub connecting to Vizhinjam Port to reduce logistics costs and road conjunction, if so, the details of action taken thereon;

(d) whether the Government has initiated any action to generate employment in logistics, warehousing, ship repairing and tourism considering the potential of Kollam Port, if so, the details of action taken thereon; and

(e) whether the Government has initiated any action to improve berth capacity cargo handling equipments, if so, the details of action taken thereon?

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

(a) to (e): Ports other than Major Ports, also known as non-major or minor ports, are under the administrative control of the respective State Governments and their development falls within the State's jurisdiction and responsibility. Kollam Port is a non-major port under the jurisdiction of the Government of Keralam. Therefore, development and operational matters relating to the Port are primarily within the purview of the State Government. The Government of Keralam has informed that they have accorded in-principle approval for development of the Port under the Public-Private Partnership (PPP) model. Under the Sagarmala Programme, Ministry of Ports, Shipping and Waterways under the Sagarmala Scheme has partially funded Government of Keralam's project for Development of Multipurpose Berth at Kollam Port with financial assistance of Rs. 7.24 Cr (total project cost of Rs. 15.15 Cr) for construction of 101m long and 21m wide wharf and other ancillary facilities.

Development of Kollam Port is expected to attract investments in port operations, logistics, warehousing, tourism and allied maritime activities, thereby generating employment opportunities.

## DEVELOPING OF RIVER BASED TOURISM

**3432. SHRI VAMSI KRISHNA GADDAM:**

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

(a) whether the Government proposes to examine the feasibility of developing river-based tourism, ferry safety measures and inland water transport facilities along the Godavari-linked regions near Dharmapuri and adjoining areas and if so, the details thereof;

(b) whether the Government proposes to develop safe jetties, regulated ferry points, life jackets, rescue systems and riverbank facilities in the said region and if so, the details thereof;

(c) whether the proposed initiatives are likely to promote tourism, pilgrimage and local livelihoods;

(d) whether the Government proposes to coordinate with the Ministry of Tourism, the Ministry of Jal Shakti and the State Government for their implementation and if so, the details thereof, and

(e) whether the Government has conducted any feasibility study in this regard and if so, the details thereof along with the timeline, if any, fixed therefor?

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

(a) to (e): The Government has developed Roll on-Roll off (Ro-Ro) terminal, Floating jetties and steel pontoons to promote tourism, pilgrimage and local livelihoods in Andhra Pradesh. Inland Waterways Authority of India (IWAI), an autonomous organization under the Ministry of Ports, Shipping and Waterways has developed a Ro-Ro terminal at Muktyala on National

Waterway (NW)-4 (Krishna river) to facilitate Ro-Ro movement. IWAI has also constructed and handed over four (4) Floating jetties to Andhra Pradesh Tourism Development Corporation (APTDC) during the year 2024 to facilitate the tourism activities. Further, the works for construction of Ro-Ro terminal at Harishchandrapuram in Andhra Pradesh and supply & installation of three (3) floating steel pontoons for promotion of the tourism activities in Telangana region of Krishna river (NW-4) have been awarded. IWAI has entrusted the work of updation of the Detailed Project Report (DPR) for the development of NW-4 which covers the Godavari river regions near Dharmapuri and adjoining areas, for outlining the contours of development of inland water transport facilities with targeted completion by March, 2027. Further course of action shall be taken, as per outcome and recommendations of the DPR.

**PROPOSAL FOR NEET PA ENTRANCE TEST**

**3433. SHRI SUBBARAYAN K:**

**SHRI SELVARAJ V:**

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

(a) whether the Government is aware of the proposal of the Central Sanskrit University (CSU) to conduct the first ever National Eligibility-cum-Entrance Test for Pre-Ayurveda (NEET PA) this year creating a new Gurukul based pathway to the Bachelor of Ayurveda Medicines and Surgery (BAMS) degree; and

(b) if so, the details thereof?

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

(a) and (b): The National Commission for Indian System of Medicine, a statutory body established under the National Commission for Indian System of Medicine Act, 2020 notified the National Commission for Indian System of Medicine (Pre-Ayurveda- Programme for Bachelor of Ayurvedic Medicine and Surgery) Regulations, 2024 to introduce a seven and half years Bachelor of Ayurvedic Medicine and Surgery programme to be conducted in the Ayurveda Gurukulam. Under this programme all Ayurveda Gurukulams shall be affiliated to the Central Sanskrit University, Janakpuri, New Delhi.

Accordingly, the Central Sanskrit University has issued the Information Bulletin for National Eligibility-cum-Entrance Test for Pre-Ayurveda (NEET PA) for academic session 2026-27. The details are available at https://www.sanskrit.nic.in/uploads/2026_07_24_Information_Bulletin_V3.pdf .

## आशा औषधि किटों की अनुपलब्धता

**3434. श्री अरुण कुमार सागर:**

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

(क) क्या उत्तर प्रदेश के शाहजहाँपुर जिले में मातृ एवं शिशु स्वास्थ्य की समग्र स्थिति गंभीर है और प्रसवपूर्व देखभाल (एएनसी) जांच, स्तनपान की दर तथा कम वजन वाले

नवजात शिशुओं जैसे मुख्य प्रदर्शन संकेतक (केपीआई) राष्ट्रीय और राज्य के औसत से नीचे हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ख) क्या आशा औषधि किटों की अनुलब्धता और राष्ट्रीय गुणवत्ता आश्वासन मानकों (एनक्यूएएस) के अनुपालन के निम्न स्तर ने इस क्षेत्र में स्वास्थ्य सेवा प्रदाय प्रणाली को और कमजोर कर दिया है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है;

(ग) क्या सरकार का उत्तर प्रदेश के शाहजहाँपुर जिले को स्वास्थ्य क्षेत्र में सुधारों के लिए शीर्ष प्राथमिकता देने और मातृ एवं शिशु स्वास्थ्य सेवाओं, आशा कार्यकर्ताओं के सशक्तिकरण तथा स्वास्थ्य अवसंरचना को सुदृढ़ करने के लिए एक विशेष केंद्रीय सहायता पैकेज प्रदान करने का प्रस्ताव है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है; और

(घ) क्या उक्त सहायता पैकेज में व्यापक वित्तीय सहायता, एक सुदृढ़ निगरानी तंत्र और क्षमता निर्माण संबंधी उपाय शामिल किए जाने की संभावना है, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है?

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

(क): उत्तर प्रदेश के शाहजहाँपुर जिले सहित राष्ट्रीय और राज्य स्तर पर मातृ एवं शिशु स्वास्थ्य के अंतर्गत प्रमुख प्रदर्शन संकेतक (केपीआई) **विवरण** में दिए गए हैं।

(ख): उत्तर प्रदेश राज्य से प्राप्त रिपोर्ट के अनुसार, शाहजहाँपुर जिले सहित राज्य भर में सभी आशाकर्मियों को आशा दवा किट प्रदान की जाती हैं।

आशा दवा किट उन्हें प्राथमिक संपर्क में उपचारात्मक देखभाल प्रदान करने और लक्षणों से राहत दिलाने, आवश्यकता पड़ने पर समय पर रेफरल की सुविधा प्रदान करने और

प्रोटोकॉल, जिनका पालन करने के लिए उन्हें प्रशिक्षित किया गया है, के अनुसार मामलों का प्रबंधन करने में सक्षम बनाती है।

इसी प्रकार, मंत्रालय ने स्वास्थ्य सेवाओं की गुणवत्ता में सुधार लाने के लिए आयुष्मान आरोग्य मंदिर-उप स्वास्थ्य केंद्रों से लेकर जिला अस्पतालों तक, सभी जन स्वास्थ्य सुविधा केंद्रों में राष्ट्रीय गुणवत्ता आश्वासन मानकों (एनक्यूएएस) को लागू किया है।

(ग) और (घ): राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, भारत सरकार संबंधित राज्य/संघ राज्य क्षेत्र द्वारा प्रस्तुत वार्षिक कार्यक्रम कार्यान्वयन योजना (पीआईपी) के आधार पर मातृ एवं शिशु स्वास्थ्य सेवाओं, आशा सशक्तिकरण और स्वास्थ्य सेवा अवसंरचना को सुदृढ़ करने के लिए राज्यों और संघ राज्य क्षेत्रों को तकनीकी एवं वित्तीय सहायता प्रदान करती है।

उत्तर प्रदेश के शाहजहांपुर जिले सहित सभी राज्यों/संघ राज्य क्षेत्रों में कार्यान्वित की जा रही विभिन्न योजनाओं और पहलों का विवरण नीचे दिया गया है:

- **जननी सुरक्षा योजना (जेएसवाई)** संस्थागत प्रसव को बढ़ावा देने के लिए एक मांग प्रोत्साहन और सशर्त नकद हस्तांतरण योजना है।
- **जननी शिशु सुरक्षा कार्यक्रम (जेएसएसके)** के तहत जन स्वास्थ्य संस्थानों में प्रसव कराने वाली सभी गर्भवती महिलाओं को सीज़ेरियन सेक्शन सहित पूर्णत: नि:शुल्क प्रसव की सुविधा प्रदान की जाती है। इस सुविधा में नि:शुल्क दवाएं, उपभोग्य वस्तुएं, अस्पताल में रहने के दौरान नि:शुल्क भोजन, नि:शुल्क निदान, नि:शुल्क परिवहन और आवश्यकता पड़ने पर नि:शुल्क रक्त आधान शामिल हैं। एक वर्ष तक के रोगी शिशुओं के लिए भी इसी प्रकार की सुविधाएं उपलब्ध हैं।
- **प्रधानमंत्री सुरक्षित मातृत्व अभियान (पीएमएसएमए)** के तहत गर्भवती महिलाओं को प्रत्येक महीने की 9 तारीख को एक निश्चित दिन विशेषज्ञ/चिकित्सा अधिकारी द्वारा नि:शुल्क, सुनिश्चित और गुणवत्तापूर्ण प्रसवपूर्व जांच की सुविधा प्रदान की जाती है।

- विस्तारित पीएमएसएमए रणनीति के माध्यम से गर्भवती महिलाओं, विशेष रूप से उच्च जोखिम वाली गर्भवती महिलाओं (एचआरपी) को गुणवत्तापूर्ण प्रसवपूर्व परिचर्या (एएनसी) सुनिश्चित की जाती है और पीएमएसएमए दौरे के अलावा अतिरिक्त 3 दौरों के लिए वित्तीय प्रोत्साहन के माध्यम से पहचान की गई उच्च जोखिम वाली गर्भवती महिलाओं और उनके साथ आने वाली आशा कर्मियों के लिए सुरक्षित प्रसव प्राप्त होने तक व्यक्तिगत एचआरपी ट्रैकिंग सुनिश्चित की जाती है।

- **सुरक्षित मातृत्व आश्वासन (सुमन)** का उद्देश्य जन स्वास्थ्य सुविधा केंद्र में आने वाली प्रत्येक महिला और नवजात शिशु को नि:शुल्क और बिना किसी भी प्रकार की सेवा से वंचित किए सुनिश्चित, गरिमापूर्ण, सम्मानजनक और गुणवत्तापूर्ण स्वास्थ्य परिचर्या प्रदान करना है, ताकि सभी निवार्य मातृ एवं नवजात मृत्यु को समाप्त किया जा सके।

- **प्रसवोत्तर परिचर्या का अनुकूलन**, माताओं में खतरे के संकेतों की पहचान पर जोर देकर और मान्यता प्राप्त सामाजिक स्वास्थ्य कार्यकर्ताओं (आशा) को ऐसी उच्च जोखिम वाली प्रसवोत्तर माताओं की शीघ्र पहचान, रेफरल और उपचार के लिए प्रोत्साहित करके प्रसवोत्तर परिचर्या की गुणवत्ता को सुदृढ़ करना है।

- **मासिक ग्राम स्वास्थ्य, स्वच्छता एवं पोषण दिवस (वीएचएसएनडी)** आंगनवाड़ी केंद्रों में एक मासिक जागरूकता कार्यक्रम है, जिसका उद्देश्य आईसीडीएस के समन्वय से पोषण सहित मातृ एवं शिशु परिचर्या सेवाएं प्रदान करना है।

- विशेष रूप से जनजातीय और दुर्गम क्षेत्रों में स्वास्थ्य परिचर्या सेवाओं की पहुंच बढ़ाने के लिए, **जागरूकता शिविर** आयोजित किए जाते हैं। इस मंच का उपयोग मातृ एवं शिशु स्वास्थ्य सेवाओं के प्रति जागरूकता बढ़ाने, सामुदायिक लामबंदी करने और उच्च जोखिम वाली गर्भावस्थाओं पर नज़र रखने के लिए किया जाता है।

I. **मातृ एवं शिशु संरक्षण (एमसीपी) कार्ड और सुरक्षित मातृत्व पुस्तिकाएं** गर्भवती महिलाओं को आहार, आराम, गर्भावस्था के खतरे के संकेत, लाभ योजनाओं और संस्थागत प्रसव के बारे में शिक्षित करने के लिए वितरित की जाती है।

II. **बुनियादी ढांचे का सुदृढीकरण**, जिसमें **प्राथमिक रेफरल इकाइयों (एफ़आरयू)** का संचालन, मातृ एवं शिशु स्वास्थ्य (एमसीएच) विंग की स्थापना, प्रसूति उच्च निर्भरता इकाइयों और गहन परिचर्या इकाइयों (प्रसूति एचडीयू और आईसीयू) का संचालन, और दुर्गम भूभाग, दूरस्थ और जनजातीय क्षेत्रों में प्रसव प्रतीक्षा गृहों (बीडबल्यूएच) की स्थापना शामिल है, ताकि स्वास्थ्य सुविधा केंद्रों तक पहुंच में सुधार हो और संस्थागत प्रसव को बढ़ावा मिले।

III. **सुविधा आधारित नवजात परिचर्या:** विशेष नवजात शिशु देखभाल इकाइयाँ/नवजात गहन चिकित्सा इकाइयाँ जिला अस्पताल और मेडिकल कॉलेज स्तर पर स्थापित की जाती हैं, बीमार व छोटे बच्चों की देखभाल के लिए नवजात स्थिरीकरण इकाइयाँ(एनबीएसयू) प्रथम रेफरल इकाइयों(एफ़आरयू)/सामुदायिक स्वास्थ्य केंद्रों(सीएचसी) में स्थापित की जाती हैं। 'शून्य अलगाव' सुनिश्चित करने के लिए माँ-नवजात शिशु देखभाल इकाइयाँ (एमएनसीयू) स्थापित की गई हैं, जिससे परिवार की भागीदारी वाली देखभाल को बढ़ावा देते हुए बीमार और छोटे नवजात शिशुओं को उनकी माताओं के साथ रखते हुए 24×7 एकीकृत देखभाल प्रदान की जा सके।

IV. **कंगारू मदर केयर (केएमसी)** को कम वजन वाले/समय से पहले जन्मे (प्री-टर्म) शिशुओं के लिए सुविधा केंद्र और सामुदायिक स्तर पर लागू किया गया है इसमें माँ या परिवार के किसी सदस्य के साथ शुरुआती और लंबे समय तक बिल्कुल समीप रखने और सिर्फ और लगातार स्तनपान शामिल है।

V. **समग्र शिशु बाल स्वास्थ्य कार्यक्रम(एसएसबीएसके):** गृह आधारित नवजात शिशु देखभाल(एचबीएनसी) और छोटे बच्चों की गृह-आधारित देखभाल(एचबीवाईसी) कार्यक्रम के तहत, बच्चों के पालन-पोषण की प्रथाओं में सुधार करने और समुदाय में

बीमार नवजात शिशुओं तथा छोटे बच्चों की पहचान करने के लिए आशाकर्मियों द्वारा गृह दौरे किए जाते हैं। इन पहलों को आगे बढ़ाते हुए, स्वास्थ्य और परिवार कल्याण मंत्रालय ने हाल ही में समग्र शिशु बाल स्वास्थ्य कार्यक्रम(एसएसबीएसके) की शुरुआत की है, यह एक एकीकृत राष्ट्रीय कार्यक्रम है जो जन्म से लेकर 36 महीने तक के प्रत्येक बच्चे के लिए एचबीएनसी और एचबीवाईसी को गृह एवं समुदाय-आधारित देखभाल के एक सिंगल कंटिन्युअम में जोड़ता है, जिसका विजन "पहले तीन साल सम्पूर्ण देखभाल" है।

VI. **सोशल अवेयनेस एंड एक्शन्स टू न्यूट्रलाइज़ निमोनिया सक्सेसफुली (सांस)** पहल निमोनिया के कारण बचपन में होने वाले रोग और मृत्यु दर को कम करने के लिए 2019 से लागू की गई है।

VII. **'स्टॉप डायरिया अभियान'** के तहत बच्चों में डायरिया की रोकथाम के लिए ओआरएस (ओआरएस) और जिंक को बढ़ावा देना और बचपन में होने वाले डायरिया के कारण होने वाली रुग्णता और मृत्यु दर को कम करना है।

VIII. **राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) 2.0:** राष्ट्रीय बाल स्वास्थ्य कार्यक्रम (आरबीएसके) 0-10 साल के बच्चों के लिए जीवित रहने की गुणवत्ता को बेहतर बनाने के लिए बच्चों की स्वास्थ्य जांच और दोषों रोगों, कमियों और विकास में देरी जैसी समस्याओं के लिए शुरूआती इलाज की सेवाएं प्रदान करता है। हाल ही में, स्वास्थ्य और परिवार कल्याण मंत्रालय ने बाल स्वास्थ्य से जुड़ी नई प्राथमिकताओं को शामिल करने के लिए कार्यक्रम के दायरे का विस्तार करते हुए 'आरबीएसके 2.0 परिचालन दिशानिर्देश' जारी किए हैं। इस पहल के तहत, मंत्रालय ने 'बच्चों में डायबिटीज मेलिटस पर मार्गदर्शन दस्तावेज' भी जारी किया है, जो बच्चों में मधुमेह की जांच, निदान, उपचार और दीर्घकालिक प्रबंधन के लिए एक मानकीकृत राष्ट्रीय फ्रेमवर्क प्रदान करता है।

**आशाकर्मियों का सशक्तिकरण नीचे उल्लिखित विभिन्न उपायों के माध्यम से संभव बनाया जाता है;**

- **सहभागिता:** आशाकर्मी, मुख्यतः महिलाएं अपने समुदायों से चुनी जाती हैं, जिससे स्थानीय महिलाओं की स्वास्थ्य को बढ़ावा देने और बदलाव का समर्थन करने की क्षमता का उपयोग होता है। आशाकर्मियों को अपने काम और समुदायों में सक्रिय भागीदारी के माध्यम से मिलने वाले अनुभव और सामाजिक स्वीकृति से सशक्त बनाया जाता है।
- **आर्थिक सशक्तिकरण:** आशा कार्यक्रम महिलाओं को अपने समुदाय की सेवा करते हुए आय अर्जित करने का साधन प्रदान करता है, जो विशेष रूप से सीमित आर्थिक अवसरों वाले क्षेत्रों की महिलाओं के लिए लाभकारी है। यह वित्तीय स्वतंत्रता व्यक्तिगत, पारिवारिक और सामुदायिक कल्याण में भी योगदान देती है।
- **नेतृत्व और निर्णय लेने की क्षमता:** आशाकर्मी बैठकें आयोजित करके, समुदायों को संगठित करके और स्वास्थ्य अधिकारों का समर्थन करके नेतृत्व का अनुभव प्राप्त करती हैं। यह नेतृत्व उन्हें आत्मविश्वास और स्वायत्तता प्रदान करता है, जिससे उनकी भूमिका स्वास्थ्य सेवा से परे विस्तारित होती है और महिला सशक्तिकरण में योगदान देती है।
- **सामाजिक बाधाओं को तोड़ना:** आशाकर्मियों की भागीदारी पारंपरिक लैंगिक भूमिकाओं को चुनौती देती है, स्वास्थ्य देखभाल संबंधी निर्णय लेने में महिलाओं की क्षमता को उजागर करती है और समुदायों के भीतर धारणाओं को बदलती है।
- **स्वास्थ्य सेवा सशक्तिकरण का माध्यम:** आशाकर्मी समुदाय और जन स्वास्थ्य प्रणाली के बीच की खाई को पाटती हैं। मातृ एवं शिशु स्वास्थ्य, परिवार नियोजन, स्तन कैंसर, गर्भाशय ग्रीवा कैंसर और किशोर स्वास्थ्य आदि के लिए उनका समर्थन महिलाओं को स्वास्थ्य को प्राथमिकता देने और सोच-समझकर निर्णय लेने के लिए सशक्त बनाती है।

**निगरानी तंत्र:**

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, सरकार मातृ एवं शिशु स्वास्थ्य सेवाओं को सुदृढ़ करने के लिए केंद्रीय सहायता पैकेज की निगरानी एक मजबूत, बहुस्तरीय ढांचे के माध्यम से करती है, जिसमें सभी राज्यों/संघ राज्य क्षेत्रों के साथ एनपीसीसी बैठकों के दौरान अनुमोदित लक्ष्य की तुलना में राज्यवार प्रमुख उपलब्धियों की समीक्षा, आउटपुट-आउटकम मॉनिटरिंग फ्रेमवर्क (ओओएमएफ) के माध्यम से प्रदर्शन का नियमित मूल्यांकन शामिल है, इसके अतिरिक्त, वार्षिक साझा समीक्षा मिशन (सीआरएम) कार्यक्रम कार्यान्वयन, स्वास्थ्य प्रणाली सुदृढ़ीकरण और प्रमुख संकेतकों पर प्रगति का स्वतंत्र, जमीनी आकलन प्रदान करते हैं, जिससे कमियों की पहचान, सुधार और राज्य एवं जिला स्तर पर जवाबदेही को मजबूत करने में मदद मिलती है।

## विवरण

**उत्तर प्रदेश के शाहजहाँपुर जिले सहित राष्ट्रीय और राज्य स्तर पर मातृ एवं शिशु स्वास्थ्य के अंतर्गत प्रमुख प्रदर्शन संकेतक (केपीआई)**

| **प्रमुख प्रदर्शन संकेतक (केपीआई)** | **राष्ट्रीय स्तर (एनएफएस-6) उत्तर प्रदेश राज्य** | **राष्ट्रीय स्तर (एनएफएस-6) शाहजहाँपुर जिला** | **राष्ट्रीय स्तर (एनएफएस-5)** |
|---|---|---|---|
| प्रथम तिमाही में प्रसवपूर्व जांच कराने वाली माताएँ (%) * | 76.2 | 70.6 | 61.4 |
| कम से कम 4 प्रसवपूर्व देखभाल जांच कराने वाली माताएँ (%) * | 65.2 | 51.8 | 35.3 |
| 3 वर्ष से कम आयु के जिन बच्चों को जन्म के एक घंटे के भीतर स्तनपान कराया गया (%) * | 50.1 | 43.1 | 27.6 |
| 6 माह से कम आयु के जिन बच्चों को केवल स्तनपान कराया गया (%) * | 55.8 | 34.6 | 55.1 |

| | | | |
|---|---|---|---|
| कम जन्म भार वाले नवजात (2500 ग्राम से कम) (%) ** | 13.8 | 10.9 | 14.6 |

स्रोत- *एनएफएचएस 6 और **एचएमआईएस वित्त वर्ष 2025-26

(जिलावार एनएफएचएस-6 के आंकड़े अभी उपलब्ध नहीं हैं)

## LEGAL AID AND ACCESS TO JUSTICE

**3435. SHRI DEVUSINH CHAUHAN:**

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

(a) the utilisation rate of the funds released to State Legal Services Authorities (SLSA) during 2025-26 and the reasons for underutilisation, if any, State-wise;

(b) the number of legal aid applications rejected by District Legal Services Authorities (DLSA) and the grounds for such rejection;

(c) the average time taken for the disposal of legal aid cases as compared with regular litigation; and

(d) the details of the internal review, if any, of the quality and effectiveness of legal aid counsel empanelled under the scheme?

**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 State/UTs-wise details of funds allocated by National Legal Services Authority (NALSA) to State Legal Services Authorities (SLSAs) for implementation of various legal aid schemes and programmes are at

**Statement**. The under utilisation of funds by some of the SLSAs was because of administrative and operational challenges due to introduction of Public Financial Management System (PFMS) Treasury Single Account (TSA) Hybrid Model which affected processing of payments.

(b): Under Section 13(1) of the Legal Services Authorities Act, 1987, applications for legal aid are examined by the concerned Legal Services Authority and legal services are provided to persons specified under Section 12 of the said Act. The data regarding the number of legal aid applications rejected by the District Legal Services Authorities (DLSAs) is not maintained by NALSA.

(c): The disposal of cases in courts depends on several factors which, inter-alia, include availability of adequate number of Judges and Judicial Officers, supporting court staff and physical infrastructure, complexity of facts involved, nature of evidence, cooperation of stakeholders vis Bar, investigating agencies, witnesses, and litigants and proper application of rules and procedures.

(d): The Legal Aid Defense Counsel Scheme (Modified Scheme), 2022 provides a robust framework for monitoring and evaluation of performance of the Legal Aid Defense Counsels through the Monitoring and Mentoring Committees (MMCs).

# STATEMENT

## The State/UTs-wise details of funds allocated by National Legal Services Authority (NALSA) to State Legal Services Authorities (SLSAs) for implementation of various legal aid schemes and programmes

**Grants allotted to various State Legal Services Authorities (SLSAs) during the financial year 2025-26 - Legal Aid Defense Counsel System (LADCS) Scheme code- 4287**

| S. No. | Name of the SLSA | Amount Allotted | Amount utilised | Utilisation Rate (in %) |
|---|---|---|---|---|
| 1 | Andhra Pradesh SLSA | 5,12,57,000 | 3,29,71,896 | 64.33 |
| 2 | Arunachal Pradesh SLSA | 2,12,85,000 | 2,09,76,500 | 98.55 |
| 3 | Assam SLSA | 23,46,23,000 | 22,38,96,791 | 95.43 |
| 4 | Bihar SLSA | 10,56,64,000 | 9,59,22,898 | 90.78 |
| 5 | Chhattisgarh SLSA | 10,00,00,000 | 9,48,19,729 | 94.82 |
| 6 | Goa SLSA | 1,36,89,000 | 1,02,13,951 | 74.61 |
| 7 | Gujarat SLSA | 15,07,62,000 | 14,34,53,855 | 95.15 |
| 8 | Haryana SLSA | 6,78,63,000 | 6,59,50,045 | 97.18 |
| 9 | Himachal Pradesh SLSA | 3,60,50,000 | 3,52,66,382 | 97.83 |
| 10 | Jammu and Kashmir SLSA | 8,15,00,000 | 7,54,68,755 | 92.60 |
| 11 | Jharkhand SLSA | 9,75,00,000 | 9,15,48,497 | 93.90 |
| 12 | Karnataka SLSA | 16,37,84,000 | 12,89,78,863 | 78.75 |
| 13 | Kerala SLSA | 6,99,00,000 | 6,47,88,820 | 92.69 |
| 14 | Madhya Pradesh SLSA | 15,44,76,000 | 14,25,39,896 | 92.27 |
| 15 | Maharashtra SLSA | 20,09,27,000 | 18,10,16,962 | 90.09 |
| 16 | Manipur SLSA | 2,08,72,000 | 2,08,72,000 | 100.00 |
| 17 | Meghalaya SLSA | 5,68,10,000 | 5,61,80,933 | 98.89 |
| 18 | Mizoram SLSA | 3,60,87,000 | 2,98,13,150 | 82.61 |
| 19 | Nagaland SLSA | 1,98,20,000 | 1,98,20,000 | 100.00 |

| | | | | |
|---|---|---|---|---|
| 20 | Odisha SLSA | 5,75,00,000 | 5,47,42,769 | 95.20 |
| 21 | Punjab SLSA | 11,04,49,000 | 10,53,57,356 | 95.39 |
| 22 | Rajasthan SLSA | 13,27,22,000 | 12,33,86,928 | 92.97 |
| 23 | Sikkim SLSA | 1,14,80,000 | 1,13,91,020 | 99.22 |
| 24 | Tamil Nadu SLSA | 19,10,00,000 | 17,30,54,424 | 90.60 |
| 25 | Telangana SLSA | 11,80,00,000 | 11,44,28,557 | 96.97 |
| 26 | Tripura SLSA | 4,99,73,000 | 4,84,38,627 | 96.93 |
| 27 | Uttar Pradesh SLSA | 16,50,00,000 | 14,56,90,458 | 88.30 |
| 28 | Uttarakhand SLSA | 3,23,00,000 | 2,85,16,709 | 88.29 |
| 29 | West Bengal SLSA | 4,35,72,000 | 4,18,35,976 | 96.02 |
| 30 | Andaman and Nicobar SLSA | 5,00,000 | 5,00,000 | 100.00 |
| 31 | Chandigarh SLSA | 60,00,000 | 59,38,413 | 98.97 |
| 32 | Dadra & Nagar Haveli SLSA | 7,38,000 | 7,22,013 | 97.83 |
| 33 | Daman and Diu SLSA | 10,20,000 | 10,20,000 | 100.00 |
| 34 | Delhi SLSA | 6,50,00,000 | 6,26,78,393 | 96.43 |
| 35 | Puducherry SLSA | 41,15,000 | 38,85,439 | 94.42 |
| 36 | Ladakh SLSA | 22,00,000 | 21,88,320 | 99.47 |
| **TOTAL** | | **267,44,38,000** | **245,82,75,325** | **91.92** |

**Grants allotted to various State Legal Services Authorities during the Financial Year 2025-26 from National Legal Aid Fund under the Scheme Code- 2298.**

| S. No. | Name of the SLSA | Amount Allotted | Amount utilised | Utilisation Rate (in %) |
|---|---|---|---|---|
| 1 | Andhra Pradesh SLSA | 3,35,00,000 | 3,34,93,163 | 99.98 |
| 2 | Arunachal Pradesh SLSA | 8,30,00,000 | 8,30,00,000 | 100.00 |
| 3 | Assam SLSA | 4,10,00,000 | 4,09,57,375 | 99.90 |
| 4 | Bihar SLSA | 7,75,00,000 | 7,75,00,000 | 100.00 |
| 5 | Chhattisgarh SLSA | 80,00,000 | 76,91,691 | 96.15 |
| 6 | Goa SLSA | 81,00,000 | 76,48,003 | 94.42 |

| | | | | |
|---|---|---|---|---|
| 7 | Gujarat SLSA | 19,05,00,000 | 19,05,00,000 | 100.00 |
| 8 | Haryana SLSA | 7,15,00,000 | 7,13,94,488 | 99.85 |
| 9 | Himachal Pradesh SLSA | 2,75,00,000 | 2,75,00,000 | 100.00 |
| 10 | Jammu and Kashmir SLSA | 7,40,00,000 | 7,39,99,286 | 100.00 |
| 11 | Jharkhand SLSA | 13,25,00,000 | 13,25,00,000 | 100.00 |
| 12 | Karnataka SLSA | 9,30,00,000 | 9,30,00,000 | 100.00 |
| 13 | Kerala SLSA | 13,20,00,000 | 13,20,00,000 | 100.00 |
| 14 | Madhya Pradesh SLSA | 1,00,00,000 | 99,50,000 | 99.50 |
| 15 | Maharashtra SLSA | 3,50,00,000 | 3,50,00,000 | 100.00 |
| 16 | Manipur SLSA | 6,70,00,000 | 6,70,00,000 | 100.00 |
| 17 | Meghalaya SLSA | 4,07,00,000 | 4,07,00,000 | 100.00 |
| 18 | Mizoram SLSA | 7,90,00,000 | 7,90,00,000 | 100.00 |
| 19 | Nagaland SLSA | 3,80,00,000 | 3,79,90,000 | 99.97 |
| 20 | Odisha SLSA | 4,40,00,000 | 4,40,00,000 | 100.00 |
| 21 | Punjab SLSA | 10,25,00,000 | 10,25,00,000 | 100.00 |
| 22 | Rajasthan SLSA | 8,75,00,000 | 8,74,99,934 | 100.00 |
| 23 | Sikkim SLSA | 1,25,00,000 | 1,24,97,047 | 99.98 |
| 24 | Tamil Nadu SLSA | 1,30,00,000 | 1,30,00,000 | 100.00 |
| 25 | Telangana SLSA | 60,00,000 | 60,00,000 | 100.00 |
| 26 | Tripura SLSA | 4,50,00,000 | 4,48,39,203 | 99.64 |
| 27 | Uttar Pradesh SLSA | 10,35,00,000 | 10,35,00,000 | 100.00 |
| 28 | Uttarakhand SLSA | 10,40,00,000 | 10,40,00,000 | 100.00 |
| 29 | West Bengal SLSA | 13,13,00,000 | 13,13,00,000 | 100.00 |
| 30 | Andaman and Nicobar SLSA | 27,00,000 | 20,21,455 | 74.87 |
| 31 | Chandigarh SLSA | 21,00,000 | 21,00,000 | 100.00 |
| 32 | Delhi SLSA | 15,25,00,000 | 15,25,00,000 | 100.00 |
| 33 | Puducherry SLSA | 80,00,000 | 80,00,000 | 100.00 |
| 34 | Lakshadweep SLSA | 20,00,000 | 19,99,918 | 100.00 |
| 35 | Ladakh SLSA | 82,50,000 | 78,21,332 | 94.80 |

| | | | | |
|---|---|---|---|---|
| 36 | Supreme Court Legal Services Committee (SCLSC) | 3,50,00,000 | 3,46,17,098 | 98.91 |
| 37 | Mediation and Conciliation Project Committee (MCPC) | 60,00,000 | 53,85,007 | 89.75 |
| **TOTAL** | | **210,76,50,000** | **210,44,05,000** | **99.85** |

## SHORTAGE OF FERTILIZERS IN CHHATTISGARH

**3436. SHRIMATI JYOTSNA CHARANDAS MAHANT:**

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

(a) the total demand, sanctioned allocation and actual supply of Urea and Di-Ammonium Phosphate (DAP) to Chhattisgarh for the current Kharif season;

(b) whether the Union Government has received representations from the State Government regarding acute shortages and localized supply-chain disruptions of chemical fertilizers during peak sowing periods, if so, the details thereof, State-wise;

(c) the details of buffer stocks maintained within the said State to prevent panic-buying and black-marketing, district-wise; and

(d) the corrective steps taken by the Central Government to bridge the demand-supply gap and accelerate railway rake movements for timely delivery to cooperative societies?

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

(a) to (d): To ensure adequate availability of fertilizers and prevent any shortage during each cropping season, the Government undertakes the following measures across 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. 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.

II. 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).

III. The gap between demand (requirement) and production for Urea & other fertilizer is met through imports. The import for the season is also finalized well in advance to ensure timely availability.

IV. The State Governments are regularly advised to coordinate with manufacturers and importers for streamlining the supplies through timely placement of indents.

V. Regularly coordination is done 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, the availability of all the fertilizers viz. Urea, DAP, MOP and NPKS has remained adequate across the States/UTs, including the State of Chhattisgarh, in the Rabi 2025-26 season and during the ongoing Kharif 2026 season. The information regarding requirement, availability, sales and closing stock of these fertilizers in the States/UTs during Rabi 2025-26 season is placed at **Statement-I** whereas the said information for Kharif 2026 season, i.e. from 01.04.2026 to 03.08.2026, is placed at **Statement-II**.

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

Moreover, DA&FW, in consultation with the State Governments, is regularly monitoring the enforcement action taken by States against the cases of Black marketing, Hoarding, Sub-standard and Diversion on weekly basis. As informed by DA&FW, the number of show cause notices issued,

license suspended/cancelled and FIRs registered against defaulters involved in said malpractices in Chhattisgarh during the period April, 2026 to July, 2026 (till 31.07.2026) to are 322, 58 and 9 respectively.

# STATEMENT-I

## STATE WISE REQUIREMENT, AVAILABILITY, SALES & CLOSING STOCK OF FERTILIZERS DURING THE RABI 2025-26

Fig. in LMT

| S. No. | State | UREA | | | | DAP | | | | MOP | | | | NPKS | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Requirement | Availability | DBT Sales | Closing Stock as on 31.03.26 | Requirement | Availability | DBT Sales | Closing Stock as on 31.03.26 | Requirement | Availability | DBT Sales | Closing Stock as on 31.03.26 | Requirement | Availability | DBT Sales | Closing Stock as on 31.03.26 |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 9.38 | 11.71 | 9.56 | 2.16 | 2.20 | 3.78 | 2.89 | 0.89 | 1.00 | 1.35 | 0.96 | 0.40 | 9.50 | 12.61 | 9.14 | 3.47 |
| 3 | Arunachal Pradesh | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 1.65 | 2.79 | 2.26 | 0.52 | 0.28 | 0.68 | 0.45 | 0.23 | 0.36 | 0.51 | 0.28 | 0.23 | 0.35 | 0.36 | 0.21 | 0.15 |
| 5 | Bihar | 13.50 | 17.37 | 14.59 | 2.78 | 3.90 | 6.13 | 4.66 | 1.47 | 1.50 | 1.83 | 1.40 | 0.44 | 3.50 | 5.69 | 3.58 | 2.11 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **7** | **Chhattisgarh** | **2.88** | **5.17** | **2.56** | **2.62** | **1.00** | **2.16** | **1.11** | **1.05** | **0.50** | **0.64** | **0.14** | **0.51** | **0.60** | **2.15** | **0.38** | **1.77** |
| 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 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.15 | 0.15 | 0.11 | 0.03 | 0.03 | 0.03 | 0.02 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.02 | 0.00 | 0.00 | 0.00 |
| 11 | Goa | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.01 | 0.01 | 0.00 |
| 12 | Gujarat | 13.90 | 15.91 | 13.94 | 1.96 | 2.90 | 3.41 | 2.91 | 0.50 | 0.64 | 0.77 | 0.56 | 0.22 | 4.50 | 5.83 | 3.93 | 1.90 |
| 13 | Haryana | 11.60 | 14.77 | 11.88 | 2.89 | 2.70 | 3.35 | 2.70 | 0.64 | 0.30 | 0.38 | 0.14 | 0.23 | 1.20 | 0.52 | 0.25 | 0.27 |
| 14 | Himachal Pradesh | 0.33 | 0.59 | 0.44 | 0.15 | 0.01 | 0.03 | 0.02 | 0.00 | 0.04 | 0.03 | 0.02 | 0.01 | 0.26 | 0.26 | 0.17 | 0.09 |
| 15 | Jammu and kashmir | 0.68 | 1.33 | 0.69 | 0.65 | 0.24 | 0.41 | 0.22 | 0.18 | 0.13 | 0.24 | 0.09 | 0.15 | 0.02 | 0.04 | 0.01 | 0.04 |
| 16 | Jharkhand | 1.20 | 1.81 | 1.30 | 0.51 | 0.25 | 0.67 | 0.47 | 0.20 | 0.02 | 0.04 | 0.02 | 0.02 | 0.30 | 0.51 | 0.25 | 0.26 |
| 17 | Karnataka | 7.60 | 10.48 | 7.78 | 2.70 | 1.98 | 4.19 | 2.49 | 1.70 | 0.97 | 1.76 | 0.98 | 0.78 | 7.20 | 13.52 | 7.67 | 5.85 |
| 18 | Kerala | 0.62 | 0.71 | 0.55 | 0.16 | 0.08 | 0.20 | 0.11 | 0.09 | 0.50 | 0.60 | 0.40 | 0.20 | 0.61 | 0.95 | 0.61 | 0.34 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 23.00 | 28.90 | 24.17 | 4.74 | 7.50 | 7.62 | 6.00 | 1.61 | 1.00 | 1.02 | 0.58 | 0.44 | 11.50 | 8.63 | 5.09 | 3.54 |
| 21 | Maharashtra | 11.25 | 16.65 | 11.55 | 5.09 | 2.60 | 4.96 | 2.71 | 2.25 | 1.50 | 1.78 | 0.96 | 0.82 | 12.00 | 23.14 | 10.84 | 12.31 |
| 22 | Manipur | 0.09 | 0.12 | 0.07 | 0.05 | 0.01 | 0.03 | 0.02 | 0.01 | 0.05 | 0.02 | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 | 0.01 |
| 23 | Meghalaya | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | Mizoram | 0.00 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 1.90 | 3.65 | 1.96 | 1.68 | 0.75 | 1.46 | 0.82 | 0.64 | 0.25 | 0.57 | 0.21 | 0.36 | 0.90 | 1.63 | 0.81 | 0.82 |
| 27 | Puducherry | 0.08 | 0.08 | 0.07 | 0.01 | 0.01 | 0.01 | 0.01 | 0.00 | 0.01 | 0.01 | 0.01 | 0.00 | 0.05 | 0.08 | 0.05 | 0.03 |
| 28 | Punjab | 15.00 | 19.43 | 15.45 | 3.97 | 4.50 | 5.77 | 4.30 | 1.47 | 0.60 | 0.70 | 0.29 | 0.41 | 1.50 | 1.01 | 0.63 | 0.38 |
| 29 | Rajasthan | 15.00 | 20.73 | 16.85 | 3.89 | 3.33 | 4.57 | 3.76 | 0.81 | 0.10 | 0.15 | 0.10 | 0.06 | 1.50 | 1.85 | 1.17 | 0.68 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 31 | Tamil Nadu | 6.50 | 7.74 | 6.37 | 1.37 | 1.55 | 2.16 | 1.60 | 0.57 | 1.80 | 1.39 | 1.06 | 0.32 | 5.14 | 7.17 | 4.82 | 2.35 |
| 32 | Telangana | 10.40 | 12.01 | 11.15 | 0.86 | 1.45 | 2.55 | 2.00 | 0.54 | 0.65 | 0.93 | 0.60 | 0.34 | 7.00 | 9.47 | 5.78 | 3.71 |
| 33 | Tripura | 0.10 | 0.15 | 0.08 | 0.07 | 0.01 | 0.03 | 0.01 | 0.02 | 0.03 | 0.03 | 0.01 | 0.02 | 0.02 | 0.03 | 0.02 | 0.02 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 34 | Uttarakhand | 1.01 | 1.34 | 1.06 | 0.28 | 0.15 | 0.44 | 0.26 | 0.18 | 0.05 | 0.06 | 0.02 | 0.04 | 0.20 | 0.12 | 0.08 | 0.04 |
| 35 | Uttar Pradesh | 40.00 | 51.51 | 40.14 | 11.37 | 14.00 | 17.60 | 12.55 | 5.05 | 1.50 | 2.25 | 1.26 | 0.99 | 7.50 | 11.16 | 6.37 | 4.80 |
| 36 | West Bengal | 8.20 | 12.43 | 8.76 | 3.67 | 1.99 | 3.19 | 2.37 | 0.83 | 2.20 | 2.54 | 1.53 | 1.01 | 7.00 | 10.66 | 7.01 | 3.65 |
| | **All India** | **196.06** | **257.59** | **203.39** | **54.22** | **53.43** | **75.41** | **54.47** | **20.93** | **15.69** | **19.63** | **11.62** | **8.01** | **82.38** | **117.43** | **68.88** | **48.59** |

## STATEMENT-II

**STATE WISE REQUIREMENT, AVAILABILITY, SALES & CLOSING STOCK OF FERTILIZERS DURING THE ONGOING KHARIF 2026 (FROM 01.04.26 TO 03.08.26)**

Fig. in LMT

| | | UREA | | | | DAP | | | | MOP | | | | NPKS | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| S. No. | State | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 | Requirement | Availability | DBT Sales | Closing Stock as on 03.08.26 |
| 1 | Andaman and Nicobar Islands | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2 | Andhra Pradesh | 4.07 | 6.92 | 3.18 | 3.75 | 0.93 | 1.91 | 1.00 | 0.91 | 0.45 | 0.81 | 0.35 | 0.46 | 2.45 | 7.09 | 3.00 | 4.09 |
| 3 | Arunachal Pradesh | 0.02 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 4 | Assam | 1.39 | 2.22 | 1.85 | 0.37 | 0.23 | 0.42 | 0.30 | 0.12 | 0.15 | 0.43 | 0.22 | 0.20 | 0.14 | 0.28 | 0.12 | 0.16 |
| 5 | Bihar | 5.33 | 8.89 | 4.46 | 4.42 | 1.72 | 2.46 | 1.09 | 1.37 | 0.90 | 0.86 | 0.16 | 0.70 | 2.03 | 3.40 | 0.90 | 2.50 |
| 6 | Chandigarh | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| **7** | **Chhattisgarh** | **6.15** | **7.71** | **5.58** | **2.13** | **2.60** | **2.13** | **1.59** | **0.54** | **0.66** | **0.84** | **0.54** | **0.30** | **2.10** | **2.39** | **1.69** | **0.70** |
| 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 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 9 | Daman and Diu | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 10 | Delhi | 0.02 | 0.10 | 0.09 | 0.01 | 0.00 | 0.03 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 11 | Goa | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.02 | 0.02 | 0.02 | 0.00 |
| 12 | Gujarat | 6.84 | 9.20 | 6.78 | 2.41 | 2.63 | 2.35 | 1.75 | 0.60 | 0.33 | 0.43 | 0.23 | 0.20 | 3.54 | 4.37 | 2.56 | 1.82 |
| 13 | Haryana | 6.87 | 10.41 | 8.44 | 1.97 | 1.37 | 1.76 | 1.28 | 0.48 | 0.46 | 0.38 | 0.15 | 0.23 | 0.36 | 0.49 | 0.17 | 0.32 |
| 14 | Himachal Pradesh | 0.19 | 0.45 | 0.31 | 0.14 | 0.01 | 0.03 | 0.01 | 0.02 | 0.00 | 0.02 | 0.00 | 0.01 | 0.10 | 0.09 | 0.06 | 0.03 |
| 15 | Jammu and kashmir | 0.63 | 1.15 | 0.82 | 0.34 | 0.18 | 0.29 | 0.20 | 0.09 | 0.08 | 0.15 | 0.11 | 0.04 | 0.02 | 0.06 | 0.03 | 0.04 |
| 16 | Jharkhand | 1.53 | 2.25 | 1.28 | 0.97 | 0.45 | 0.43 | 0.29 | 0.15 | 0.05 | 0.06 | 0.01 | 0.05 | 0.55 | 0.62 | 0.33 | 0.29 |
| 17 | Karnataka | 7.16 | 9.54 | 5.31 | 4.23 | 2.91 | 3.46 | 2.54 | 0.93 | 1.42 | 1.65 | 0.86 | 0.79 | 8.14 | 12.87 | 7.62 | 5.25 |
| 18 | Kerala | 0.34 | 0.73 | 0.44 | 0.29 | 0.07 | 0.18 | 0.10 | 0.07 | 0.24 | 0.51 | 0.32 | 0.19 | 0.57 | 0.60 | 0.36 | 0.24 |
| 19 | Lakshadweep | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 20 | Madhya Pradesh | 11.39 | 15.81 | 10.89 | 4.92 | 3.89 | 3.57 | 2.59 | 0.98 | 0.81 | 0.61 | 0.30 | 0.31 | 4.60 | 6.93 | 3.86 | 3.07 |
| 21 | Maharashtra | 11.18 | 15.44 | 10.40 | 5.04 | 3.72 | 4.00 | 2.93 | 1.07 | 0.96 | 1.91 | 0.97 | 0.94 | 13.08 | 22.46 | 13.20 | 9.25 |
| 22 | Manipur | 0.11 | 0.18 | 0.13 | 0.05 | 0.02 | 0.02 | 0.01 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.01 | 0.02 | 0.01 | 0.01 |
| 23 | Meghalaya | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 24 | Mizoram | 0.03 | 0.01 | 0.00 | 0.01 | 0.02 | 0.00 | 0.00 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 25 | Nagaland | 0.01 | 0.01 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 26 | Odisha | 3.33 | 4.62 | 2.38 | 2.24 | 1.47 | 1.69 | 1.07 | 0.62 | 0.66 | 0.80 | 0.28 | 0.52 | 2.02 | 2.41 | 1.15 | 1.26 |
| 27 | Puducherry | 0.04 | 0.06 | 0.05 | 0.01 | 0.00 | 0.01 | 0.00 | 0.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.02 | 0.05 | 0.03 | 0.02 |
| 28 | Punjab | 12.60 | 16.28 | 13.18 | 3.10 | 1.66 | 2.61 | 1.49 | 1.12 | 0.62 | 0.64 | 0.24 | 0.41 | 0.51 | 0.61 | 0.21 | 0.41 |
| 29 | Rajasthan | 7.10 | 11.89 | 8.61 | 3.28 | 3.35 | 2.75 | 2.17 | 0.58 | 0.05 | 0.15 | 0.05 | 0.10 | 0.83 | 1.43 | 0.70 | 0.73 |
| 30 | Sikkim | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31 | Tamil Nadu | 2.96 | 4.93 | 3.19 | 1.74 | 0.86 | 1.17 | 0.64 | 0.53 | 0.66 | 0.76 | 0.44 | 0.33 | 2.95 | 3.94 | 2.14 | 1.80 |
| 32 | Telangana | 7.65 | 8.43 | 4.83 | 3.60 | 2.12 | 2.25 | 1.89 | 0.36 | 0.62 | 0.56 | 0.17 | 0.39 | 7.60 | 8.12 | 5.08 | 3.04 |
| 33 | Tripura | 0.05 | 0.13 | 0.05 | 0.08 | 0.02 | 0.02 | 0.01 | 0.01 | 0.02 | 0.02 | 0.01 | 0.02 | 0.02 | 0.03 | 0.01 | 0.02 |
| 34 | Uttarakhand | 0.75 | 0.98 | 0.80 | 0.18 | 0.15 | 0.30 | 0.15 | 0.14 | 0.04 | 0.05 | 0.01 | 0.05 | 0.12 | 0.04 | 0.02 | 0.02 |
| 35 | Uttar Pradesh | 27.70 | 37.60 | 23.73 | 13.87 | 5.83 | 9.25 | 4.44 | 4.80 | 1.65 | 1.39 | 0.27 | 1.12 | 2.35 | 6.59 | 1.57 | 5.02 |
| 36 | West Bengal | 3.76 | 7.84 | 3.89 | 3.95 | 0.92 | 1.50 | 0.70 | 0.80 | 0.89 | 1.56 | 0.46 | 1.11 | 2.42 | 5.92 | 2.19 | 3.74 |
| | **All India** | **129.2** | **183.84** | **120.73** | **63.12** | **37.17** | **44.60** | **28.28** | **16.33** | **11.75** | **14.62** | **6.16** | **8.48** | **56.57** | **90.84** | **47.03** | **43.82** |

## रॉबर्ट्सगंज में स्वास्थ्य देखभाल प्रणाली

**3437. श्री छोटेलाल:**

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

(क) क्या उत्तर प्रदेश के सोनभद्र जिले के राबट्र्सगंज संसदीय निर्वाचन क्षेत्र में स्वास्थ्य देखभाल प्रणाली की स्थिति दयनीय है जहां जिला अस्पताल और प्राथमिक स्वास्थ्य केन्द्रों (पीएचसी) में न तो चिकित्सक और न ही दवाएं पर्याप्त रूप से उपलब्ध हैं; और

(ख) यदि हां, तो उक्त निर्वाचन क्षेत्र में स्वास्थ्य देखभाल सेवाएं कब तक सुचारू रूप से कार्य करना शुरू कर देंगी?

**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 के विषय हैं तथा आवश्यकतानुसार पर्याप्त संख्या में स्वास्थ्य परिचर्या केंद्र स्थापित करने की प्राथमिक जिम्मेदारी संबंधित राज्य सरकार की है। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के अंतर्गत, राज्यों/संघ राज्य क्षेत्रों को उनकी स्वास्थ्य देखभाल प्रणाली को सुदृढ़ करने के लिए, उनके पास उपलब्ध संसाधन के दायरे में वित्तीय और तकनीकी सहायता प्रदान की जाती है, इसमें उनकी कार्यक्रम कार्यान्वयन योजना (पीआईपी) में प्राप्त प्रस्तावों के आधार पर उप-केंद्र (एससी), प्राथमिक स्वास्थ्य केंद्र (पीएचसी) और सामुदायिक स्वास्थ्य केंद्र (सीएचसी) जैसी नई स्वास्थ्य सुविधाओं की स्थापना भी शामिल है।

उत्तर प्रदेश सरकार द्वारा दी गई सूचना के अनुसार, उत्तर प्रदेश के सोनभद्र जिले के रॉबर्ट्सगंज संसदीय निर्वाचन क्षेत्र में बुनियादी स्वास्थ्य सेवाएं उपलब्ध हैं। स्वीकृत 155 पदों के

सापेक्ष में 112 नियमित डॉक्टर, एनएचएम के तहत 30 डॉक्टर, 2 वॉक-इन डॉक्टर और नीट यूजी बॉन्ड के तहत 30 डॉक्टर कार्यरत हैं। सोनभद्र जिले के ग्रामीण क्षेत्रों में कुल 42 प्राथमिक स्वास्थ्य केंद्र (पीएचसी) कार्यशील हैं, जहां सभी श्रेणियों के डॉक्टर (एलोपैथिक / एमओ-सीएचसी / आयुष) काम कर रहे हैं। इसके अतिरिक्त, आवश्यक औषधि सूची (ईडीएल) के अनुसार जिला अस्पताल और सभी प्राथमिक स्वास्थ्य केंद्रों में पर्याप्त दवाएं उपलब्ध हैं।

राज्य सरकार ने यह भी सूचित किया है कि स्थित जिला संयुक्त अस्पताल, सोनभद्र को स्वायत्तशासी राज्य चिकित्सा महाविद्यालय से संबद्ध किया गया है।

हेल्थ डाइनेमिक्स ऑफ इंडिया (एचडीआई), 2023-24 के अनुसार, उत्तर प्रदेश सहित सभी राज्यों/संघ राज्य क्षेत्रों के ग्रामीण/शहरी क्षेत्रों में कार्यशील स्वास्थ्य परिचर्या केंद्रों और उपलब्ध संसाधनों का विवरण निम्नलिखित लिंक पर देखा जा सकता है:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

**PREVENTION AND CONTROL OF NCDs**

**3438. SHRIMATI POONAMBEN HEMATBHAI MAADAM:**

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

(a) whether the Government has undertaken comprehensive measures to strengthen the prevention and control of non-communicable diseases in the country, if so, the details thereof; and

(b) whether population-based screening programmes have been expanded for hypertension, diabetes and common cancers, if so, the details thereof?

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

(a) and (b): The Department of Health and Family Welfare, under the National Health Mission (NHM), provides technical and financial support to States and Union Territories for the prevention and control of major non-communicable diseases (NCDs), namely hypertension, diabetes, oral cancer, breast cancer and cervical cancer, through the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

Under the NP-NCD, the Government of India focuses mainly on Diabetes, Hypertension, common cancers (Oral, Breast and Cervical), Chronic Kidney Disease, ST-segment Elevation Myocardial Infarction (STEMI), Chronic Obstructive Pulmonary Disease, Non-Alcoholic Fatty Liver Disease (NAFLD) and Stroke.

The programme focuses on strengthening infrastructure, human resource development, screening, early diagnosis, referral, treatment, and health promotion for Non-Communicable Diseases (NCDs) Under NP-NCD, 770 District NCD Clinics, 233 Cardiac Care Units and 6,410 NCD clinics at Community Health Centres were set up across the country. In addition, 524

Day Care Cancer Centres (DCCCs) are functional across the country to ensure cancer care accessibility at district hospital level.

A population-based initiative for prevention, control and screening for common NCDs including three common cancers (oral cancer, breast cancer and cervical cancer), Diabetes and Hypertension has been rolled out in the country under NHM. In this initiative, persons more than 30 years of age are targeted for their screening at various health facilities. Prevention, control & screening services are provided through trained frontline workers.

## हिमाचल प्रदेश में मेडिकल कॉलेज

**3439. श्री सुरेश कुमार कश्यप:**

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

(क) हिमाचल प्रदेश में वर्तमान में कुल कितने सरकारी और निजी चिकित्सा महाविद्यालय चल रहे हैं और उनमें उपलब्ध स्नातक और स्नातकोत्तर सीटों तथा उनसे संबद्ध अस्पतालों का ब्यौरा क्या है;

(ख) राज्य में जिला अस्पतालों, सामुदायिक स्वास्थ्य केन्द्रों, प्राथमिक स्वास्थ्य केन्द्रों और उप-स्वास्थ्य केन्द्रों की कुल संख्या कितनी है और चिकित्सकों, विशेषज्ञ डाक्टरों, नर्सिंग और अन्य स्वास्थ्य देखभाल कर्मचारियों की स्वीकृत और कार्यरत संख्या का संस्थान-वार ब्यौरा क्या है;

(ग) विगत तीन वर्षों के दौरान राज्य में प्रतिवर्ष कुल कितने चिकित्सकों ने चिकित्सा स्नातक और स्नातकोत्तर की पढ़ाई पूरी की है और राज्य की सरकारी स्वास्थ्य सेवाओं में नियुक्त किए गए चिकित्सकों का ब्यौरा क्या है; और

(घ) राज्य में चिकित्सकों और विशेषज्ञों की कमी को दूर करने तथा चिकित्सा शिक्षा और स्वास्थ्य देखभाल सेवाओं को सुदृढ़ करने के लिए सरकार द्वारा क्या कदम उठाए गए हैं अथवा उठाए जाने का विचार है?

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

(क) से (ग): राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) द्वारा दी गई जानकारी के अनुसार, वर्तमान में हिमाचल प्रदेश राज्य में सात सरकारी मेडिकल कॉलेज हैं जिनमें 846 एमबीबीएस सीटें हैं और एक निजी मेडिकल कॉलेज है जिसमें 150 एमबीबीएस सीटें हैं। इसके अलावा, हिमाचल प्रदेश में छह सरकारी मेडिकल कॉलेजों में 307 स्नातकोत्तर सीटें और एक निजी मेडिकल कॉलेज में 93 स्नातकोत्तर सीटें हैं।

जन स्वास्थ्य एवं अस्पताल राज्य सूची के अंतर्गत आते हैं, अत: जन स्वास्थ्य प्रणाली को सुदृढ़ करने का मुख्य दायित्व राज्य/संघ राज्य क्षेत्रों का है। स्वास्थ्य और परिवार कल्याण मंत्रालय, हिमाचल प्रदेश के सभी क्षेत्रों सहित अन्य राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए तकनीकी और वित्तीय सहायता प्रदान करता है, जिसमें कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर देश के ग्रामीण क्षेत्रों में स्वास्थ्य परिचर्या कर्मचारियों, चिकित्सा उपकरणों और अन्य स्वास्थ्य सुविधा केंद्रों के लिए सहायता भी शामिल है।

हिमाचल प्रदेश सहित पूरे देश में सामुदायिक स्वास्थ्य केंद्रों (सीएचसी), उप-स्वास्थ्य केंद्रों, प्राथमिक स्वास्थ्य केंद्रों (पीएचसी) और जिला अस्पतालों में स्वीकृत और कार्यरत डॉक्टरों, विशेषज्ञ डॉक्टरों, नर्सिंग और अन्य स्वास्थ्य परिचर्या कर्मचारियों और उनके रिक्त पदों

से संबंधित विवरण हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) 2023-24 के निम्नलिखित लिंक पर देखे जा सकते हैं:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

**पिछले तीन शैक्षणिक वर्षों के दौरान एमबीबीएस और स्नातकोत्तर (एमडी/एमएस) पाठ्यक्रम पूरा करने वाले डॉक्टरों की संख्या से संबंधित विवरण केंद्रीय स्तर पर नहीं रखा जाता है।**

(घ): स्वास्थ्य और परिवार कल्याण मंत्रालय, मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना के लिए केंद्र प्रायोजित योजना (सीएसएस) का संचालन करता है। इस योजना में अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है जहां कोई सरकारी या निजी मेडिकल कॉलेज मौजूद नहीं है। इस योजना के तहत हिमाचल प्रदेश में चंबा, हमीरपुर और नाहन में तीन मेडिकल कॉलेजों को अनुमोदन दिया गया है और तीन कार्यशील हैं। इसके अतिरिक्त, मौजूदा राज्य/केंद्रीय सरकारी मेडिकल कॉलेजों के उन्नयन हेतु सीएसएस के तहत एमबीबीएस और स्नातकोत्तर सीटों की संख्या बढ़ाने के लिए हिमाचल प्रदेश को निम्नलिखित के लिए वित्तीय सहायता प्रदान की गई है:

- छह मेडिकल कॉलेजों में 120 एमबीबीएस सीटों की वृद्धि, जिसकी कुल स्वीकृत लागत ₹144 करोड़ है; और
- एक मेडिकल कॉलेज में 17 स्नातकोत्तर सीटों की वृद्धि, जिसकी कुल स्वीकृत लागत ₹14.50 करोड़ है।

इसके अतिरिक्त, प्रधानमंत्री स्वास्थ्य सुरक्षा योजना (पीएमएसएसवाई) के तहत बिलासपुर में अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स) की स्थापना की गई है। इसके अतिरिक्त, सुपर स्पेशलिटी ब्लॉकों के निर्माण के जरिए से सरकारी मेडिकल कॉलेजों के उन्नयन

संबंधी घटक के तहत टांडा और शिमला के सरकारी मेडिकल कॉलेजों के लिए दो परियोजनाओं को मंजूरी दी गई है।

## संयुक्त राष्ट्र सुरक्षा परिषद की स्थायी सदस्यता

**3440. श्री रामप्रीत मंडल**

क्या **विदेश** मंत्री यह बताने की कृपा करेंगे किः

(क) सरकार द्वारा संयुक्त राष्ट्र सुरक्षा परिषद (यूएनएससी) में भारत को स्थायी सदस्यता दिलाने के लिए क्या पहल की जा रही है;

(ख) क्या चीन द्वारा संयुक्त राष्ट्र सुरक्षा परिषद में भारत की उक्त स्थायी सदस्यता का कभी भी समर्थन नहीं किए जाने की संभावना है; और

(ग) क्या भारत मौजूदा परिस्थितियों में कोई और पहल करने पर विचार कर रहा 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): भारत सरकार, विस्तारित संयुक्त राष्ट्र सुरक्षा परिषद (यूएनएससी) में भारत के लिए स्थायी सदस्यता हासिल करने को सर्वोच्च प्राथमिकता देती है। भारत इस मुद्दे को लगातार द्विपक्षीय और बहुपक्षीय स्तरों पर, और उच्चतम स्तरों सहित विभिन्न स्तरों पर उठाता रहा है। इस संबंध में भारत का संपर्क यूएनएससी के सभी पांच स्थायी सदस्यों सहित कई देशों के साथ रहा है।

यूएनएससी के विस्तार के लिए संयुक्त राष्ट्र चार्टर में संशोधन की आवश्यकता है। भारत का दृढ़ विश्वास है कि उसके पास एक ऐसे सुधारे गए और विस्तारित यूएनएससी का स्थायी सदस्य बनने की सभी योग्यताएं हैं, जो समकालीन वैश्विक वास्तविकताओं को दर्शाती हैं।

भारत लगातार इस बात पर ज़ोर देता रहा है कि विस्तारित और सुधारे गए यूएनएससी में स्थायी और अस्थायी दोनों श्रेणियों का विस्तार किया जाए और विकासशील देशों - विशेषकर 'ग्लोबल साउथ' - को अधिक प्रतिनिधित्व मिले। भारत स्पष्ट समय-सीमा और लक्ष्यों के साथ पाठ-आधारित बातचीत जल्द शुरू करने की भी बात करता रहा है।

## MAINTENANCE OF NAVIGABLE DEPTH IN WATERWAYS

**3441. SHRI RAJIV PRATAP RUDY:**

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

(a) whether the Government has entered into joint agreements/operational frameworks between the Inland Waterways Authority of India (IWAI) and the Dredging Corporation of India (DCI) to maintain navigable depths across major channels and if so, the details thereof;

(b) the total number of specialized shallow-depth dredgers deployed, capital dredging contracts executed and cargo channels kept open country-wide, State/UT-wise;

(c) the specific progress achieved, volume of river sediment cleared and Least Available Depth (LAD) maintained along National Waterway-1 particularly in the State of Bihar;

(d) the details of the operational frameworks used to include long-term fairway development contracts and river training measures to ensure safe round-the-year navigation; and

(e) whether the Government has taken steps to introduce high-capacity dredging tech, scale up operations into tributary rivers and prevent traffic disruptions for commercial and cruise vessels and if so, the details thereof?

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

(a): The Memorandum of Understanding (MoU)/ operational frameworks has been signed between the Inland Waterways Authority of India (IWAI) and the Dredging Corporation of India Limited (DCI) to maintain navigable depths in navigation channels of National Waterway (NW)-1 (Ganga-Bhagirathi-Hooghly River system), NW-2 (Brahmaputra River) & NW-16 (Barak River), details of which are given at **Statement.**

(b): At present, a total of 34 shallow-depth dredgers have been deployed to carry out maintenance dredging as per details given below:

**(i)** NW-1: End-to-end fairway development is being undertaken through contract dredging to ensure the required navigational depth for safe and efficient vessel movement. 17 dredgers deployed through dredging contract agencies and 7 departmental dredgers are engaged for maintenance dredging on NW-1.

**(ii)** NW-2 and NW-16: For maintenance of navigable channels of the required navigational depth, a total of 07 dredgers are deployed in the North Eastern Region, with 05 dredgers deployed on NW-2 and 02 dredgers on NW-16 under contract with DCI.

**(iii)** NW-3 (West Coast Canals in Keralam): The work for dredging and widening of narrow canals in the stretch between Edapallikota and Kollam on NW-3 has been taken up through contract by deployment of 1 private dredger. In addition, 02 departmental dredgers have been deployed for maintenance dredging at various locations in NW-3 in Keralam.

(c): Dredging works on NW-1 are being undertaken in a phased manner from Tribeni to Varanasi to facilitate maintenance of navigable fairways. In the stretch from Tribeni to Barh, dredging is being carried out under Assured Depth Contracts for maintaining a Least Available Depth (LAD) of 3.0 m, while in the stretch from Barh to Varanasi, dredging is being undertaken under Quantity-Based Contracts for maintaining a minimum LAD of 2.5 m. Under the Quantity-Based Dredging Contracts, 42.68 lakh cubic metres of sediment has been dredged, of which 22.81 lakh cubic metres pertains to the stretch falling in Bihar.

(d): IWAI follows a long-term, reach-specific fairway development framework on NW-1 based on hydrographic surveys, river morphology and traffic requirements. The framework includes performance-based and quantity-based dredging contracts, supported by river conservancy measures such as

bandalling, channel training and deployment of navigational aids, wherever technically feasible. The strategy is reviewed periodically to optimise interventions in accordance with river behaviour and environmental safeguards, with the objective of facilitating safe and reliable navigation throughout the year. The fairway development contracts have been given for three years with the provision to extend the same for another two years.

(e): IWAI has adopted specialised shallow-draft dredgers, modern hydrographic survey systems and continuous channel monitoring for maintenance of navigable fairways. Dredging operations are planned and prioritised based on navigational requirements and prevailing river conditions, including in tributary waterways whereever required. Considering the dynamic morphology, seasonal sedimentation and environmentally regulated stretches of alluvial rivers, dredging operations are undertaken in a calibrated manner to minimise disruption to commercial and cruise vessel movement while ensuring sustainable river management.

## STATEMENT

### MoU/ Operational frameworks signed between the IWAI and DCI to maintain navigable depths

| National Waterway (NW) | Details of MoUs |
|---|---|
| 1. NW -1 | The fairway development work for maintaining the Haldia Access Channel to the Multimodal Terminal Haldia has been entrusted by the Inland Waterways Authority of India to the Syama Prasad Mookerjee Port, Kolkata (SMPK). Further, under the operational arrangement between SMPK and the DCI, maintenance dredging is being executed by DCI |

| | |
|---|---|
| | under supervision and monitoring of SMPK. |
| 2. NW - 2 and other NWs in the North Eastern Region (NER) | Pursuant to the MoU, IWAI awarded dredging works to DCI for a period of three years for maintenance of the fairway through dredging in the stretches from Bangladesh Border to Jogighopa and Jogighopa to Pandu on NW-2, and Bhanga to Badarpur on NW-16. |

## SHORTAGE OF DOCTORS IN GOVERNMENT HOSPITALS

**3442. SHRI M K RAGHAVAN:**

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

(a) whether the Government has conducted any assessment of the shortage of doctors, specialists and nursing staff in Government hospitals across the country, State/UT-wise;

(b) if so, the details thereof and the steps taken by the Government to fill the existing vacancies within a fixed timeline;

(c) whether the Government has assessed the average waiting period for major surgeries in Government hospitals across the country; and

(d) if so, the details thereof State-wise and the measures taken to reduce waiting time through additional infrastructure and manpower in this regard?

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

(a) to (d): Health is a State subject. The primary responsibility of strengthening public healthcare system, including vacancies lies with the respective State/UT Governments. The Ministry of Health and Family Welfare provides technical and financial support to the States/Union Territoriesz 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.

The State/Union Territories-wise details of doctors, specialists and nursing staff in Government hospitals across the country can be accessed at the following link of HDI 2023-24:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

Under NHM, following types of incentives and honorarium are provided for encouraging doctors, specialists and nursing staff to practice in rural and remote areas of the country to address the shortage of staff:

- Hard area allowances 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.

In addition to the National Health Mission (NHM), Government of India has on-going schemes to strengthen the healthcare infrastructure and manpower to reduce waiting time:

I. **Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** is a Centrally Sponsored Scheme (CSS) with certain

Central Sector (CS) components, has been implemented to strengthen India's public health system through reforms that integrate health service delivery, public health action and health research, thereby enhancing the capacity of public health systems to effectively respond to pandemics and other public health emergencies.

II. **The Pradhan Mantri Swasthya Suraksha Yojna (PMSSY):** It aims at correcting regional imbalances in the availability of affordable teritiary healthcare services and to augment facilities for quality medical education in the country. The scheme has two components, namely, (i) Setting up of All India Institute of Medical Sciences (AIIMS); and (ii) Up-gradation of existing Government Medical Colleges/Institutions (GMCIs). So far setting up of 22 New AIIMS and 75 projects of upgradation of GMCIs have been approved under the scheme in various phases.

III. Under Centrally Sponsored Scheme for '**Establishment of new Medical Colleges attached with existing district/referral hospitals'**, a total of 157 Medical Colleges have been approved in the country.

## HEALTHCARE SERVICES FOR TRIBAL WOMEN

**3443. SHRIMATI PRIYANKA GANDHI VADRA:**

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

(a) whether the Government has evaluated the impact of existing interventions to improve maternal health among tribal women, if so, the details thereof including the key gaps identified in this regard;

(b) the details of institutional deliveries, anaemia among pregnant and lactating mothers and maternal mortality among tribal women since 2019 across the country;

(c) whether the Government proposes to implement targeted interventions to improve access as well as the quality of prenatal and postnatal healthcare services for tribal women, especially Particularly Vulnerable Tribal Groups (PVTGs), if so, the details thereof; and

(d) the details of the initiatives taken by the Government to address undernutrition among pregnant and lactating tribal women?

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

(a): Under National Health Mission (NHM), the Government assesses the impact of existing interventions to improve maternal health across the country including tribal women through a robust, multi-layered framework that includes review of State wise key deliverables against approved target during NPCC Meetings with all States/UTs, regular assessment of performance through the Output-Outcome Monitoring Framework (OOMF) , in addition annual Common Review Missions (CRMs) provides independent,

on-ground assessments of programme implementations, health system strengthening, and progress on key indicators.

(b): The details of institutional deliveries, anaemia among pregnant and lactating mothers and maternal mortality across the country including tribal women since 2019 is placed at **Statement**.

(c) and (d): Under the National Health Mission (NHM), the Government of India implements targeted interventions to improve access, quality of prenatal & postnatal healthcare services and undernutrition among pregnant & lactating women across the country including tribal and Particularly Vulnerable Tribal Groups (PVTGs) women, through the following interventions:

- **Janani Suraksha Yojana (JSY)** is a demand promotion and conditional cash transfer scheme for promoting institutional delivery.
- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman 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.
- **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 Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Functionalization of First Referral Units (FRUs)** by ensuring manpower, blood storage units, referral linkages to improve the access to quality of care for pregnant women
- **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 the Ministry of Women and Child Development.

- **Outreach camps** are provisioned for improving the reach of health care services, especially in tribal and hard-to-reach areas. This platform is used to increase awareness for the Maternal & Child health services, community mobilization as well as to track high-risk pregnancies.
- **Birth Waiting Homes (BWH)** are established in remote and tribal areas to promote institutional delivery and improve access to healthcare facilities.
- **Mother and Child Protection (MCP) Card and Safe Motherhood Booklet** are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries.
- **Regular IEC/BCC** is also a part of all the schemes for greater demand generation. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- **Anemia Mukt Bharat Abhiyaan:** The Government of India has recently released the Anemia Mukt Bharat Abhiyaan –Operational guidelines during the 16$^{th}$ Central Council of Health and Family Welfare (CCHFW) meeting on 29$^{th}$ June 2026 to address the high prevalence of anemia through a 7X7X7 strategy, moving ahead from

the older 6X6X6 strategy of Anemia Mukt Bharat programme. The seven beneficiary groups are low birth weight babies (0-6 months), children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (20-49 years) in a life cycle approach.

- Provision of affordable, accessible and quality care to all Sickle Cell Disease (SCD) patient under National Sickle Cell Anaemia Elimination Mission (NSCAEM) for reduction in the prevalence of SCD along with awareness creation, targeted screening in affected districts of tribal areas and counselling through collaborative efforts of Central Ministries and State Governments.

- **Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- are provided directly to the Bank/ Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for the 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 the second child subject to the second child being a girl.

- The **Ministry of Tribal Affairs** has sanctioned 15 Centres of Competence (CoCs) across the country, as part of its effort to achieve

the objectives of National Mission to Eliminate Sickle Cell Anaemia by 2047.

- **Pradhan Mantri Janjati Adivasi Nyaya Maha Abhiyan (PM JANMAN)** has 11 critical interventions for Particularly Vulnerable Tribal Groups (PVTGs) families and habitations, for provision of basic facilities, including one ANM in Multi-Purpose Centers (MPCs) with basic drugs & diagnostics, up to 10 MMUs/district in PVTG areas under NHM and saturation of PVTGs as beneficiaries under PMJAY.
- **Dharti Aaba Janjatiya Gram Utkarsh Abhiyan** (DA-JGUA) aims to provide Ayushman Card to the uncovered tribal household under PMJAY and provision of MMUs to cover left-out villages under NHM in tribal majority villages and villages with significant ST population of Aspirational blocks.
- Under **National Health Mission** (NHM), tribal areas have relaxed norms for establishment of healthcare infrastructure and human resources for need-based intervention.

## STATEMENT

**The Details of Coverage under Key Maternal Health Indicators**

| Indicator | Source | Status |
|---|---|---|
| Institutional Deliveries | NFHS-6 (2023–24) | 90.6% |
| Pregnant Women (15–49 years) who | NFHS-5 (2019–21) | 52.2% |

| | | |
|---|---|---|
| are Anaemic (Hb <11.0 g/dl) | | |
| Maternal Mortality Ratio (MMR) | SRS (2019–21) | 93 per 1,00,000 live births |
| | SRS (2020–22) | 88 per 1,00,000 live births |
| | SRS (2021–23) | **88 per 1,00,000 live births** |
| | SRS (2022–24) | **87 per 1,00,000 live births** |

## चिकित्सा अधिकारियों और चिकित्सकों के रिक्त पद

**3444. श्री रमाशंकर बिद्यार्थी राजभर:**

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

(क) विगत तीन वर्षों के दौरान प्रत्येक वर्ष देश भर के जिला अस्पतालों में चिकित्सा अधिकारियों और विशेषज्ञ चिकित्सकों के स्वीकृत और रिक्त पदों का राज्य-वार ब्यौरा क्या है;

(ख) आयुष्मान भारत योजना के अंतर्गत पैनलबद्ध निजी अस्पतालों द्वारा उपचार से मना किए जाने के संबंध में कितनी शिकायतें प्राप्त हुई हैं;

(ग) देवरिया और बलिया जिलों में गहन चिकित्सा इकाई (आईसीयू), डायलिसिस और कैंसर उपचार सुविधाओं की उपलब्धता की वर्तमान स्थिति क्या है; और

(घ) क्या सरकार का विचार प्रत्येक जिला अस्पताल की गुणवत्ता रैंकिंग सार्वजनिक करने का 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 है। जन स्वास्थ्य परिचर्या प्रणाली को सुदृढ़ करने की प्राथमिक जिम्मेदारी, जिसमें रिक्तियों को भरना भी शामिल है, संबंधित राज्य/संघ राज्य क्षेत्र की सरकारों की है। स्वास्थ्य और परिवार कल्याण मंत्रालय, राष्ट्रीय स्वास्थ्य मिशन के तहत कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के रूप में प्राप्त प्रस्तावों के आधार पर ग्रामीण क्षेत्रों में जन स्वास्थ्य परिचर्या प्रणाली को मजबूत करने के लिए राज्यों/संघ राज्य क्षेत्रों को तकनीकी और वित्तीय सहायता प्रदान करता है। भारत सरकार मानदंडों और उपलब्ध संसाधनों के अनुसार कार्यवाही रिकॉर्ड (आरओपी) के रूप में प्रस्तावों को मंजूरी प्रदान करती है।

देश भर के जिला अस्पतालों में चिकित्सा अधिकारियों और विशेषज्ञ डॉक्टरों के स्वीकृत और रिक्त पदों का राज्य-वार विवरण एचडीआई 2023-24 के निम्नलिखित लिंक पर देखा जा सकता है:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

पैनलबद्ध करने की निबंधन और शर्तों के अनुसार, अस्पताल योजना के पात्र लाभार्थियों को उपचार देने से इनकार नहीं कर सकते। पैनलबद्ध अस्पताल द्वारा उपचार से इनकार किए जाने की स्थिति में, लाभार्थी शिकायत दर्ज करा सकते हैं। एबी-पीएमजेएवाई के तहत, लाभार्थियों को स्वास्थ्य सेवाओं का उपयोग करने में आने वाली समस्याओं को हल करने के लिए जिला, राज्य और राष्ट्रीय स्तर पर एक त्रिस्तरीय शिकायत निवारण प्रणाली बनाई गई है। प्रत्येक स्तर पर शिकायतों के निवारण के लिए एक समर्पित नोडल अधिकारी और शिकायत निवारण समिति मौजूद है।

लाभार्थी वेब आधारित पोर्टल केंद्रीकृत शिकायत निवारण प्रबंधन प्रणाली (सीजीआरएमएस), केंद्रीय और राज्य कॉल सेंटर (14555), ईमेल, राज्य स्वास्थ्य एजेंसियों (एसएएच) को पत्र आदि सहित विभिन्न माध्यमों का उपयोग कर अपनी शिकायतें दर्ज करा सकते हैं। शिकायत की प्रकृति के आधार पर, योजना के तहत उपचार प्राप्त करने में लाभार्थियों को सहायता प्रदान करने सहित आवश्यक कार्रवाई की जाती है।

स्वास्थ्य और परिवार कल्याण मंत्रालय ने राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, देश भर के जिला अस्पतालों में डायलिसिस केंद्र स्थापित करके और पात्र रोगियों को नि:शुल्क डायलिसिस सेवाएं प्रदान करके हीमोडायलिसिस सेवाओं तक पहुंच में सुधार करने के लिए प्रधानमंत्री राष्ट्रीय डायलिसिस कार्यक्रम (पीएमएनडीपी) शुरू किया है।

राज्यों/संघ राज्य क्षेत्रों द्वारा दिनांक 30.06.2026 तक की दी गई जानकारी के अनुसार, यह कार्यक्रम वर्तमान में सभी 36 राज्यों/संघ राज्य क्षेत्रों में 751 जिलों (जिनमें 44 संबद्ध जिले शामिल हैं) में 1,856 हीमोडायलिसिस केंद्रों के माध्यम से कार्यान्वित किया जा रहा है, जिनमें 13,535 हीमोडायलिसिस मशीनें कार्यशील हैं। उत्तर प्रदेश राज्य में, सभी 75 जिलों में डायलिसिस केंद्र कार्यशील हैं।

राष्ट्रीय गैर-संचारी रोग रोकथाम एवं नियंत्रण कार्यक्रम (एनपी-एनसीडी) के तहत, देश भर में 770 जिला एनसीडी क्लीनिक, 233 कार्डियक केयर यूनिट और सामुदायिक स्वास्थ्य केंद्रों में 6,410 एनसीडी क्लीनिक स्थापित किए गए हैं। इसके अतिरिक्त, जिला स्तर पर कैंसर परिचर्या की सुलभता सुनिश्चित करने के लिए वित्त वर्ष 2025-26 के दौरान देश भर में 297 डे केयर कैंसर सेंटर (डीसीसीसी) को मंजूरी दी गई। उत्तर प्रदेश राज्य में, देवरिया और बलिया सहित कुल 67 डीसीसीसी को मंजूरी दी गई है।

भारत सरकार ने जन स्वास्थ्य केंद्रों में स्वास्थ्य सेवाओं में सुधार लाने के लिए, भारतीय जन स्वास्थ्य मानक (आईपीएचएस) 2022 निर्धारित किए हैं। इन मानकों में सेवाओं, बुनियादी

ढांचे, मानव संसाधन, निदान, उपकरण, दवाओं आदि के लिए मानदंड शामिल हैं। एनएचएम इन कमियों को दूर करने के लिए सहायता प्रदान करता है, जिससे इन सुविधाओं के लिए आवश्यक मानकों की पहुंच और पूर्ति सुनिश्चित हो सके। बेहतर सेवा प्रदायगी के लिए आयुष्मान आरोग्य मंदिरों (एएएम) सहित सभी स्वास्थ्य केंद्रों के लिए राष्ट्रीय गुणवत्ता आश्वासन मानक (एनक्यूएएस) भी शुरू किए गए हैं।

## SCHEMES FOR WELFARE OF PREGNANT WOMEN

**3445. SHRI MADHAVANENI RAGHUNANDAN RAO:**

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

(a) whether the Government has introduced or proposes to introduce any new schemes for the care, nutrition and welfare of pregnant women, if so, the details thereof;

(b) the details of the existing Central Government schemes through which financial assistance, nutritional support, healthcare and maternal benefits are being provided to pregnant women including the number of beneficiaries and funds released to Telangana during the last five years;

(c) whether the Government has detected any cases of misuse, irregularities and diversion of benefits under these schemes, if so, the details thereof, including the number of cases reported in Telangana and action thereon; and

(d) the corrective measures taken by the Government to ensure transparency, proper implementation and timely delivery of benefits to eligible pregnant women in Telangana?

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

(a): Under the National Health Mission (NHM), the Government of India implements various schemes/initiatives for the healthcare, nutrition support, and welfare of pregnant women across the country, including Telangana, key amongst which are as follows:

- **Janani Shishu Suraksha Karyakram (JSSK)** entitles all pregnant woman deliver 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.
- **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 Accredited Social Health Activists (ASHAs) for prompt detection, referral & treatment of such high-risk postpartum mothers.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a Centrally Sponsored Maternity Benefit Scheme under which cash incentives of ₹5,000/- are provided directly to the Bank/ Post Office account of the beneficiary in Direct Benefit Transfer (DBT) mode for the 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 the second child subject to the second child being a girl.

- **Mission Saksham Anganwadi and Poshan 2.0** to address the challenges of malnutrition; the Government has subsumed Anganwadi Services, Poshan Abhiyaan and the Scheme for Adolescent Girls (14–18 years in Aspirational Districts and the North-Eastern Region) under the umbrella Mission Saksham Anganwadi and Poshan 2.0 (Mission Poshan 2.0).

  Under the Mission, Supplementary Nutrition is provided to Pregnant Women, Lactating Mothers, Children (6 months to 6 years) and Adolescent Girls in accordance with the nutrition norms prescribed under Schedule II of the National Food Security Act (NFSA), 2013. The nutrition norms were revised in January 2023 to provide a more comprehensive and balanced supplementary nutrition package based on the principles of diet diversity, quality protein, healthy fats and essential micronutrients, including Calcium, Zinc, Iron, Dietary Folate, Vitamin A, Vitamin B6 and Vitamin B12. Additional supplementary nutrition is also provided to Severely Acutely Malnourished (SAM) children as per the provisions of the NFSA.

- **SUMAN Roadmap 2030:** The SUMAN Roadmap 2030 adopts a life-cycle approach by integrating interventions across the continuum of care, covering pre-pregnancy care, antenatal care, intrapartum care and post-natal care.

- **Anemia Mukt Bharat Abhiyaan:** The Government of India has recently released the Anemia Mukt Bharat Abhiyaan –Operational guidelines during the 16th Central Council of Health and Family Welfare (CCHFW) meeting on 29th June 2026 to address the high prevalence of anemia through a 7X7X7 strategy, moving ahead from the older 6X6X6 strategy of Anemia Mukt Bharat programme. The seven beneficiary groups are low birth weight babies (0-6 months), children (6-59 months), children (5-9 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (20-49 years) in a life cycle approach.

(b): The details of the number of beneficiaries, funds released to Telangana during the last five years are placed at **Statement I, II** and **III.**

(c) and (d): Under National Health Mission (NHM), the Government ensured transparency, proper implementation and timely delivery of benefits to eligible pregnant women across the country including Telangana by a robust, multi-layered framework that includes review of State wise key deliverables against approved target during NPCC Meetings with all States/UTs, regular assessment of performance through the Output-Outcome Monitoring Framework (OOMF). In addition, annual common review Missions (CRMs) provides independent, on-ground assessments of programme implementations, health system strengthening, and progress on key indicators.

Popularizing the various schemes through regular Information, Education & Communication (IEC) & Behaviour Change Communication (BCC) strategies including mass media. Field level workers like ANMs, ASHAs and CHOs are promoting programmes at the ground level through interpersonal communication.

Under POSHAN Abhiyan, following measures are undertaken;

I. Implementation of the Poshan Tracker as a digital governance tool for real-time monitoring and tracking of beneficiaries and Anganwadi services.

II. Introduction of the Nominee Module in the Poshan Tracker to ensure uninterrupted distribution of Take-Home Ration (THR) to Pregnant Women, Lactating Mothers and Adolescent Girls when the registered beneficiary is unable to collect the ration personally.

III. Provision of smartphones to all Anganwadi Workers and other field functionaries along with annual data recharge support for effective use of the Poshan Tracker application.

## STATEMENT-I

**Year-wise Total number of beneficiaries benefited under the Schemes**

| Financial Year | Number of beneficiaries benefited under JSSK (Source-HMIS) | Number of Pregnant women who received Antenatal care under PMSMA (Source-PMSMA Portal) |
|---|---|---|
| 2021-22 | 2,43,327 | 2,47,983 |

| | | |
|---|---|---|
| 2022-23 | 3,03,767 | 2,96,350 |
| 2023-24 | 2,26,002 | 2,66,049 |
| 2024-25 | 1,40,510 | 2,56,045 |
| 2025-26 | 1,35,431 | 2,85,838 |

## STATEMENT-II

**Year-wise State Programme Implementation Plan (SPIP) Approvals under the National Health Mission (NHM) for Maternal Health in Telangana**

| Financial Year | Budget approval (in Lakh) |
|---|---|
| 2021-22 | 11,847.17 |
| 2022-23 | 15,721.74 |
| 2023-24 | 15,640.91 |
| 2024-25 | 10,594.48 |
| 2025-26 | 12,019.40 |

Note –The above data is as per the available Financial Management Reports (FMR) submitted by the state and is provisional

## STATEMENT-III

**Year-wise fund release to the State of Telangana under Mission Saksham Anganwadi and Poshan 2.0**

| Financial Year | Budget approval (in Crores) |
|---|---|
| 2021-22 | 482.33 |
| 2022-23 | 550.69 |

| | |
|---|---|
| 2023-24 | 507.87 |
| 2024-25 | 430.76 |
| 2025-26 | 209.2 |

Source: As per the report from Mission Sakti, MoWCD

## राष्ट्रीय टीकाकरण कार्यक्रम

**3446. श्रीमती लवली आनंद:**

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

(क) क्या सरकार ने डेंगू की रोकथाम के लिए हाल ही में अनुमोदित डेंगू के टीके को राष्ट्रीय प्रतिरक्षण कार्यक्रम अथवा अन्य सरकारी स्वास्थ्य कार्यक्रमों के अंतर्गत शामिल करने का निर्णय लिया है और यदि हां, तो तत्संबंधी ब्यौरा क्या है;

(ख) बिहार राज्य विशेषकर शिवहर जिले सहित देश भर में उक्त टीके की उपलब्धता, मूल्य निर्धारण, सरकारी खरीद और पहुंच सुनिश्चित करने के लिए क्या तंत्र स्थापित किए गए हैं; और

(ग) क्या सरकार का डेंगू की बढ़ती घटनाओं को रोकने के लिए टीकाकरण, वेक्टर नियंत्रण, रोग निगरानी और जन जागरूकता को शामिल करते हुए एक व्यापक कार्य योजना लागू करने का विचार है और यदि हां, तो तत्संबंधी ब्यौरा क्या है?

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

(क) से (ग) : राष्ट्रीय टीकाकरण कार्यक्रम (एनआईपी) के तहत किसी भी टीके को शामिल करना रोग भार, टीके संबंधी सुरक्षा, प्रभावकारिता, लागत-प्रभावशीलता, कार्यक्रम संबंधी

व्यवहार्यता तथा अन्य प्रासंगिक जन स्वास्थ्य घटकों का ध्यान रखते हुए, वैज्ञानिक साक्ष्यों पर विचार करने के बाद राष्ट्रीय टीकाकरण तकनीकी सलाहकार समूह (एनटीएजीआई) की सिफारिशों पर आधारित होता है।

वर्तमान तिथि तक, डेंगू का टीका राष्ट्रीय टीकाकरण कार्यक्रम या डेंगू की रोकथाम के लिए किसी अन्य सरकारी स्वास्थ्य कार्यक्रम के अंतर्गत शामिल नहीं है।

सरकार राष्ट्रीय वेक्टर जनित रोग नियंत्रण केंद्र (एनसीवीबीडीसी) के माध्यम से डेंगू की रोकथाम और नियंत्रण के लिए एकीकृत कार्यनीति का कार्यान्वयन करती है। इस कार्यनीति में रोग की सघन निगरानी, एकीकृत वेक्टर प्रबंधन, शीघ्र निदान एवं मामला प्रबंधन, जन जागरूकता व सामुदायिक भागीदारी, अंतर-क्षेत्रीय समन्वय, तथा प्रकोपों से निपटने हेतु तत्परता एवं त्वरित अनुक्रिया शामिल हैं।

**आयुष पद्धतियों को आधुनिक स्वास्थ्य सेवा प्रणाली के साथ एकीकृत करना**

**3447. श्री चन्द्र प्रकाश जोशी:**

**क्या आयुष मंत्री यह बताने की कृपा करेंगे कि:**

(क) देश भर में आयुष पद्धतियों को आधुनिक स्वास्थ्य परिचर्या प्रणाली (एलोपैथी) के साथ एकीकृत करने और जिला और ब्लॉक स्तर के अस्पतालों में आयुष विंग स्थापित करने की दिशा में अब तक हुई प्रगति का ब्यौरा क्या है;

(ख) राजस्थान राज्य के संबंध में तत्संबंधी जिला-वार सांख्यिकीय ब्यौरा क्या है;

(ग) आयुष प्रणालियों को अंतर्राष्ट्रीय मान्यता दिलाने के प्रयासों के रूप में वर्ष 2025-26 के दौरान औषधीय पौधों औरस्वास्थ्य पर्यटन के प्रमुख केन्द्र राजस्थान से आयुष उत्पादों और सेवाओं के निर्यात का ब्यौरा क्या है; और

(घ) चित्तौड़गढ़ संसदीय निर्वाचन क्षेत्र में औषधीय पौधों की खेती करने वाले किसानों की आय में वृद्धि करने के लिए स्थानीय रूप से स्थापित आयुष आधारित प्रसंस्करण इकाई

और आयुष्मान आरोग्य मंदिरों (आयुष) के साथ-साथ राष्ट्रीय आयुष मिशन के अंतर्गत राजसहायता लाभ प्राप्त करने वाले किसानों की कुल संख्या का जिला-वार ब्यौरा क्या है?

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

(क) और (ख): जन स्वास्थ्य राज्य का विषय है, इसलिए देश भर में आयुष पद्धतियों को आधुनिक स्वास्थ्य देखभाल पद्धति (एलोपैथी) के साथ एकीकृत करना तथा जिला एवं ब्लॉक स्तर के अस्पतालों में 'आयुष शाखा' की स्थापना करना संबंधित राज्य/संघ राज्य क्षेत्र सरकारों के क्षेत्राधिकार में आता है। तथापि, भारत सरकार ने प्राथमिक स्वास्थ्य केंद्रों (पीएचसी), सामुदायिक स्वास्थ्य केंद्रों (सीएचसी) और जिला अस्पतालों (डीएच) में आयुष सुविधाओं के सह-स्थापन की कार्यनीति अपनाई है, जिससे मरीजों को एक ही स्थान पर चिकित्सा की विभिन्न पद्धतियों के चयन का अवसर मिलता है। आयुष डॉक्टरों/पैरामेडिक्स का नियोजन और उनका प्रशिक्षण राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत स्वास्थ्य और परिवार कल्याण मंत्रालय द्वारा समर्थित है, जबकि आयुष मंत्रालय द्वारा साझा जिम्मेदारियों के रूप में राष्ट्रीय आयुष मिशन (एनएएम) के तहत आयुष बुनियादी ढांचे, उपकरणों/फर्नीचर और औषधियों के लिए सहायता प्रदान की जाती है। देश भर के उन अस्पतालों जहाँ आयुष सेवाएँ सह-स्थित हैं की संख्या का राज्य/संघ राज्य क्षेत्र-वार ब्यौरा, **विवरण** पर दिया गया है।

(ग): जी नहीं। राजस्थान से आयुष उत्पादों और सेवाओं के निर्यात का विवरण संबंधित राज्य सरकार द्वारा रखा जाता है तथा मंत्रालय के पास ऐसा कोई आंकड़ा उपलब्ध नहीं है।

(घ): एनएएम योजना के तहत, औषधीय पौधों की खेती का कोई प्रावधान नहीं है। तथापि, राजस्थान राज्य सरकार से प्राप्त प्रस्तावों के अनुसार, राजस्थान में 2019 आयुष्मान आरोग्य मंदिर (आयुष) [एएएम(आयुष)] को क्रियाशील बनाकर विभिन्न उपचारों के माध्यम से समुदाय

को समग्र स्वास्थ्य देखभाल सेवाएं प्रदान करने हेतु सहायता दी गई है। इसके अलावा, एएम(आयुष) के अंतर्गत सुविधा केंद्रों में औषधीय उद्यान स्थापित करने का प्रावधान है, ताकि समुदाय को आम बीमारियों में इसके महत्व और उपयोग के बारे में जागरूक किया जा सके।

## विवरण

**एमआईएस-एनएचएम 31.12.2025 के अनुसार देश भर में जिन अस्पतालों में आयुष सेवाएं सह-स्थापित हैं, उनकी राज्य/संघ राज्य क्षेत्र-वार संख्या का ब्यौरा**

| क्र.सं | राज्य/संघ राज्य क्षेत्र | डीएच | सीएचसी | ब्लॉक स्तर पर या उससे ऊपर, लेकिन जिला स्तर से नीचे सीएचसी के अलावा | पीएचसी | एससी से ऊपर, लेकिन ब्लॉक स्तर से नीचे की अन्य स्वास्थ्य सुविधाएं: | कुल |
|---|---|---|---|---|---|---|---|
| 1 | बिहार | 36 | 0 | 0 | 0 | 1348 | 1384 |
| 2 | छत्तीसगढ | 18 | 98 | 0 | 454 | 0 | 570 |
| 3 | हिमाचल प्रदेश | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | जम्मू-कश्मीर | 13 | 14 | 0 | 373 | 571 | 971 |
| 5 | झारखंड | 21 | 188 | 0 | 97 | 225 | 531 |
| 6 | मध्य प्रदेश | 36 | 95 | 0 | 275 | 0 | 406 |
| 7 | ओडिशा | 0 | 351 | 0 | 886 | 0 | 1237 |
| 8 | राजस्थान | 2 | 56 | 4 | 127 | 1 | 190 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | उत्तर प्रदेश | 91 | 691 | 0 | 687 | 31 | 1500 |
| 10 | उत्तराखंड | 13 | 53 | 7 | 44 | 0 | 117 |
| 11 | अरुणाचल प्रदेश | 16 | 34 | 0 | 50 | 5 | 105 |
| 12 | असम | 18 | 7 | 4 | 71 | 500 | 600 |
| 13 | मणिपुर | 7 | 17 | 1 | 85 | 0 | 110 |
| 14 | मेघालय | 11 | 25 | 0 | 54 | 0 | 90 |
| 15 | मिजोरम | 12 | 9 | 1 | 10 | 38 | 70 |
| 16 | नगालैंड | 9 | 20 | 0 | 9 | 0 | 38 |
| 17 | सिक्किम | 4 | 1 | 0 | 4 | 0 | 9 |
| 18 | त्रिपुरा | 3 | 21 | 11 | 84 | 0 | 119 |
| 19 | आंध्र प्रदेश | 9 | 105 | 0 | 273 | 0 | 387 |
| 20 | गोवा | 2 | 6 | 2 | 22 | 1 | 33 |
| 21 | गुजरात | 0 | 0 | 0 | 868 | 0 | 868 |
| 22 | हरियाणा | 22 | 102 | 0 | 106 | 5 | 235 |
| 23 | कर्नाटक | 20 | 190 | 139 | 163 | 0 | 512 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 24 | केरल | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | महाराष्ट्र | 23 | 238 | 0 | 20 | 0 | 281 |
| 26 | पंजाब | 22 | 66 | 18 | 87 | 8 | 201 |
| 27 | तमिलनाडु | 37 | 388 | 0 | 475 | 0 | 900 |
| 28 | तेलंगाना | 3 | 100 | 0 | 449 | 0 | 552 |
| 29 | पश्चिम बंगाल | 13 | 295 | 54 | 387 | 95 | 844 |
| 30 | अंडमान एवं निकोबार द्वीप | 3 | 4 | 0 | 20 | 0 | 27 |
| 31 | चंडीगढ़ | 1 | 2 | 2 | 33 | 0 | 38 |
| 32 | दादरा एवं नागर हवेली व दमन और दीव | 2 | 1 | 1 | 14 | 1 | 19 |
| 33 | दिल्ली | 0 | 0 | 0 | 0 | 208 | 208 |
| 34 | लद्दाख | 2 | 7 | 0 | 32 | 0 | 41 |
| 35 | लक्षद्वीप | 2 | 3 | 0 | 4 | 0 | 9 |
| 36 | पुदुचेरी | 4 | 4 | 0 | 39 | 0 | 47 |
| **कुल** | | **475** | **3191** | **244** | **6302** | **3037** | **13249** |

## राजस्थान में जिला मानसिक स्वास्थ्य कार्यक्रम

**3448. श्री हरीश चंद्र मीना:**

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

(क) वर्तमान में राजस्थान के कितने जिलों में जिला मानसिक स्वास्थ्य कार्यक्रम (डीएमएचपी) संचालित है;

(ख) 31 मार्च, 2026 तक इस कार्यक्रम के अंतर्गत कितने जिलों में मानसिक स्वास्थ्य देखभाल प्रकोष्ठ स्थापित किए गए हैं;

(ग) क्या टोंक और सवाई माधोपुर जिलों के जिला अस्पतालों में आवश्यक मनोचिकित्सकों एवं परामर्शदाताओं वाले कार्यशील डीएमएचपी दल उपलब्ध हैं, यदि हाँ, तो तत्संबंधी ब्यौरा क्या है और यदि नहीं, तो इसके क्या कारण हैं;

(घ) वर्ष 2025-26 के दौरान राजस्थान से टेली-मानस सेवाओं के माध्यम से कितनी कॉल प्राप्त हुईं तथा उक्त जिलों से कितने मामलों को प्रत्यक्ष मानसिक स्वास्थ्य देखभाल हेतु रेफर किया गया; और

(ङ) उक्त जिला अस्पतालों में मनोचिकित्सकों, मनोवैज्ञानिकों तथा परामर्शदाताओं के रिक्त पदों को भरने के लिए सरकार द्वारा क्या कदम उठाए गए हैं?

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

(क) से (ङ): जन स्वास्थ्य और अस्पताल राज्य के विषय हैं। राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, जिला मानसिक स्वास्थ्य कार्यक्रम (डीएमएचपी) के माध्यम से नागरिकों

को मानसिक स्वास्थ्य सेवाएँ प्रदान की जाती हैं। वर्तमान में, राजस्थान में जिला मानसिक स्वास्थ्य कार्यक्रम (डीएमएचपी) टोंक और सवाई माधोपुर सहित सभी 41 ज़िलों में कार्यशील है।

वर्ष 2025-26 के दौरान राजस्थान से टेली-मानस सेवाओं के माध्यम से प्राप्त कॉलों की संख्या और उन ज़िलों से वैयक्तिक रूप से मानसिक स्वास्थ्य देखभाल के लिए भेजे गए मामलों की संख्या निम्नानुसार है:

| जिले का नाम | कॉलों पर की गई कार्रवाई की कुल संख्या | वैयक्तिक रूप से रेफ़रल की संख्या |
|---|---|---|
| टोंक | 299 | 14 |
| सवाई माधोपुर | 393 | 16 |

राष्ट्रीय मानसिक स्वास्थ्य कार्यक्रम (एनएमएचपी) के विशिष्ट परिचर्या घटक के अंतर्गत, मानसिक स्वास्थ्य विशेषज्ञता संबंधी स्नातकोत्तर विभागों में छात्रों की संख्या बढ़ाने तथा विशिष्ट स्तर की उपचार सुविधाएँ प्रदान करने के लिए 25 उत्कृष्टता केंद्रों को स्वीकृति दी गई है। इसके अतिरिक्त, सरकार ने मनोचिकित्सा विशेषज्ञताओं में 47 स्नातकोत्तर विभागों को सुदृढ़ करने के लिए 19 सरकारी मेडिकल कॉलेजों/संस्थानों को भी सहायता प्रदान की है।

राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत, देश के ग्रामीण एवं दूरस्थ क्षेत्रों में जन स्वास्थ्य संस्थानों में विशेषज्ञ चिकित्सकों को कार्य करने के लिए निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं:

I. ग्रामीण और दूरस्थ क्षेत्रों में सेवा प्रदान करने वाले विशेषज्ञ चिकित्सकों को दुर्गम क्षेत्र भत्ता और उन्हें आवासीय सुविधा भी प्रदान की जाती है ताकि उन्हें ऐसे क्षेत्रों के जन स्वास्थ्य केंद्रों में सेवा देना आकर्षक लगे।

II. विशेषज्ञों को आकर्षित करने के लिए राज्यों को "यू कोट वी पे" जैसी लचीली कार्यनीतियों सहित आपसी सहमति से वेतन तय करने की अनुमति भी दी गई है।

III. दुर्गम क्षेत्रों में कार्यरत कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में वरीयता प्रवेश जैसे गैर-मौद्रिक प्रोत्साहन देने की व्यवस्था।

IV. विशेषज्ञों की कमी को दूर करने के लिए एनएचएम के तहत चिकित्सकों के बहु-कौशल विकास को भी बढ़ावा दिया जाता है।

## चिकित्सकों और पैरामेडिकल स्टाफ की रिक्तियां

**3449. श्री संदिपनराव आसाराम भुमरे:**

**श्री संजय उत्तमराव देशमुखः**

**श्रीमती कलाबेन मोहनभाई देलकर:**

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

(क) क्या देशभर में केन्द्र और राज्य सरकार के अस्पतालों में राज्य/संघ राज्य क्षेत्र-वार स्वीकृत संख्या में से विशेषज्ञ चिकित्सकों, चिकित्सकों, नर्सों और पैरामेडिकल स्टाफ के हजारों पद रिक्त पड़े हैं और यदि हां, तो तत्संबंधी ब्यौरा क्या है और इसके क्या कारण हैं;

(ख) उक्त रिक्त पदों का ब्यौरा क्या है और इन रिक्तियों को भरने के लिए क्या कदम उठाए गए हैं;

(ग) क्या सरकार ने देशभर के सरकारी अस्पतालों, विशेषकर ग्रामीण, जनजातीय और दूर-दराज के क्षेत्रों में विशेषज्ञ चिकित्सकों की उपलब्धता और नर्सिंग स्टाफ की कमी दूर

करने को सुनिश्चित करने के लिए वित्तीय प्रोत्साहन, अनिवार्य सेवा प्रावधान या विशेष भर्ती योजनाओं जैसे उपाय लागू किए हैं;

(घ) यदि हां, तो विशेषकर महाराष्ट्र में यवतमाल-वाशिम संसदीय निर्वाचन क्षेत्र और संघ राज्यक्षेत्र दादरा और नगर हवेली तथा दमन और दीव सहित तत्संबंधी राज्य-वार ब्यौरा क्या है;

(ङ) विगत तीन वर्षों के दौरान देश में नए चिकित्सा महाविद्यालयों की स्थापना, जिला अस्पतालों के उन्नयन और अभिघात परिचर्या केन्द्रों की स्थापना के लिए सरकार द्वारा कितनी परियोजनाओं को स्वीकृति प्रदान की गई है; और

(च) महाराष्ट्र सहित देशभर के विभिन्न राज्यों तथा दादरा और नगर हवेली तथा दमन और दीव संघ राज्यक्षेत्र सहित इस संबंध में राज्य/संघ राज्यक्षेत्र-वार कितनी-कितनी धनराशि आवंटित की गई है और कितनी प्रगति हुई है?

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

(क) से (च): जन स्वास्थ्य एवं अस्पताल राज्य सूची के अंतर्गत आते हैं, इसलिए जन स्वास्थ्य प्रणाली को सुदृढ़ करने का मुख्य दायित्व राज्य/संघ राज्य क्षेत्रों का है। तथापि, राष्ट्रीय स्वास्थ्य मिशन के तहत, स्वास्थ्य और परिवार कल्याण मंत्रालय महाराष्ट्र और दादरा एवं नगर हवेली तथा दमन एवं दीव संघ राज्य क्षेत्रों सहित राज्यों/संघ राज्य क्षेत्रों को जन स्वास्थ्य प्रणाली को सुदृढ़ करने हेतु तकनीकी एवं वित्तीय सहायता प्रदान करता है, इसमें स्वास्थ्य परिचर्या कर्मचारियों के लिए सहायता, देश के ग्रामीण, जनजातीय और दूरस्थ क्षेत्रों में स्वास्थ्य केंद्रों की स्थापना एवं उन्नयन शामिल है। यह सहायता राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत प्राप्त कार्यक्रम कार्यान्वयन योजनाओं (पीआईपी) के प्रस्तावों पर आधारित होती है। भारत सरकार मानदंडों

और उपलब्ध संसाधनों के अनुसार कार्यवाही अभिलेख (आरओपी) के रूप में प्रस्तावों को स्वीकृति प्रदान करती है।

महाराष्ट्र और दादरा एवं नगर हवेली तथा दमन एवं दीव संघ राज्य क्षेत्रों में जन स्वास्थ्य प्रणाली को सुदृढ़ करने के लिए दिए गए अनुमोदनों का विवरण स्वास्थ्य और परिवार कल्याण मंत्रालय की वेबसाइट पर निम्नलिखित यूनिफॉर्म रिसोर्स लोकेटर (यूआरएल) पर उपलब्ध है:

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

महाराष्ट्र और दादरा एवं नगर हवेली तथा दमन एवं दीव संघ राज्य क्षेत्रों सहित पूरे देश भर के स्वास्थ्य केंद्रों में विशेषज्ञ डॉक्टरों, चिकित्सकों, नर्सों और पैरामेडिकल स्टाफ की स्वीकृत संख्या और रिक्तियों से संबंधित विवरण हेल्थ डायनामिक्स ऑफ इंडिया (एचडीआई) 2023-24 के निम्नलिखित लिंक पर देखे जा सकते हैं:

https://www.mohfw-dohfw.gov.in/static/uploads/2026/05/57202cf30629539e4d0fb0a2f700ac62.pdf

राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत, महाराष्ट्र और दादरा और नगर हवेली तथा दमन और दीव संघ राज्य क्षेत्र सहित देश के ग्रामीण, जनजातीय और दूरस्थ क्षेत्रों में काम करने के लिए डॉक्टरों और स्वास्थ्य कर्मियों को प्रोत्साहित करने हेतु निम्नलिखित प्रकार के प्रोत्साहन और मानदेय प्रदान किए जाते हैं, ताकि देश भर के सरकारी अस्पतालों में, विशेष रूप से ग्रामीण, जनजातीय और दूरस्थ क्षेत्रों में, विशेषज्ञ डॉक्टरों की उपलब्धता सुनिश्चित की जा सके और नर्सिंग स्टाफ की कमी को दूर किया जा सके;

I. ग्रामीण और दूरदराज के क्षेत्रों के में सेवा करने और उनके आवासीय क्वार्टरों के लिए विशेषज्ञ डॉक्टरों को दुर्गम क्षेत्र भत्ता दिया जाता है ताकि वे ऐसे क्षेत्रों में जन स्वास्थ्य केंद्रों में सेवा करने के लिए प्रेरित हों।

II. ग्रामीण और दूरदराज के क्षेत्रों में सीज़ेरियन सेक्शन कराने के लिए विशेषज्ञों की उपलब्धता बढ़ाने हेतु स्त्रीरोग विशेषज्ञों/आपातकालीन प्रसूति देखभाल (ईएमओसी)

प्रशिक्षित, बालरोग विशेषज्ञों और एनेस्थेटिस्ट/जीवन रक्षक एनेस्थीसिया कौशल (एलएसएएस) प्रशिक्षित डॉक्टरों को मानदेय भी प्रदान किया जाता है।

III. अनेक प्रकार के प्रोत्साहन जैसे कि डॉक्टरों के लिए विशेष प्रोत्साहन, समय पर प्रसव पूर्व जाँच (एएनसी) जाँच और रिकॉर्डिंग सुनिश्चित करने के लिए सहायक नर्स और मिडवाइफ (एएनएम) के लिए प्रोत्साहन, किशोर प्रजनन और यौन स्वास्थ्य कार्यकलापों का संचालन करने के लिए प्रोत्साहन।

IV. राज्यों को विशेषज्ञों को आकर्षित करने के लिए "यू कोट, वी पे" जैसी लचीली कार्यनीतियों सहित, परस्पर सहमति से वेतन तय करने की अनुमति भी दी गई है।

V. एनएचएम के तहत, दुर्गम क्षेत्रों में सेवा दे रहे कर्मचारियों के लिए स्नातकोत्तर पाठ्यक्रमों में प्रवेश में वरीयता और ग्रामीण क्षेत्रों में आवास व्यवस्था में सुधार जैसे गैर-मौद्रिक प्रोत्साहन भी शुरू किए गए हैं।

VI. विशेषज्ञों की कमी को दूर करने के लिए, एनएचएम के तहत, डॉक्टरों के बहु-कौशल को बढ़ावा दिया जाता है। स्वास्थ्य परिणामों में सुधार लाने के लिए एनआरएचएम के तहत मौजूदा मानव संसाधन कौशल उन्नयन एक अन्य प्रमुख कार्यनीति है।

इसके अतिरिक्त, ग्रामीण आबादी को समान स्वास्थ्य परिचर्या सेवाओं की उपलब्धता सुनिश्चित करने के उद्देश्य से एमबीबीएस पाठ्यक्रम में परिवार दत्तक ग्रहण कार्यक्रम को शामिल किया गया है। इसके अंतर्गत मेडिकल कॉलेज गांवों को तथा एमबीबीएस विद्यार्थी उन गांवों के परिवारों को गोद लेते हैं। इससे गोद लिए गए परिवार के सदस्यों का टीकाकरण, शारीरिक विकास की निगरानी, मासिक धर्म स्वच्छता, आयरन-फोलिक एसिड अनुपूरण, स्वस्थ जीवनशैली, पोषण, वाहक नियंत्रण तथा दवा सेवन करने के लिए नियमित देख-रेख होती है। साथ ही, यह उन परिवारों को सरकार की विभिन्न स्वास्थ्य योजनाओं के बारे में जानकारी देने में भी मदद करता है।

राष्ट्रीय आयुर्विज्ञान आयोग (एनएमसी) के जिला रेजीडेंसी कार्यक्रम के तहत, मेडिकल कॉलेजों के द्वितीय/तृतीय वर्ष के स्नातकोत्तर छात्रों को जिला अस्पतालों में तैनात किया जाता है।

महाराष्ट्र और दादरा एवं नगर हवेली तथा दमन एवं दीव के संघ राज्य क्षेत्रों सहित देश भर के राज्यों/संघ राज्य क्षेत्रों के लिए वित्त वर्ष 2023-24 से 2025-26 तक राष्ट्रीय राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्य-वार केंद्रीय निर्गत और व्यय का ब्यौरा **विवरण** में दिया गया है।

केंद्र प्रायोजित योजना (सीएसएस) के तहत 'मौजूदा जिला/रेफरल अस्पतालों से संबद्ध नए मेडिकल कॉलेजों की स्थापना' के लिए उन अल्पसेवित क्षेत्रों और आकांक्षी जिलों को प्राथमिकता दी जाती है, जहां कोई मौजूदा सरकारी या निजी मेडिकल कॉलेज नहीं है। केंद्र और राज्य सरकारों के बीच निधि आवंटन की व्यवस्था पूर्वोत्तर और विशेष श्रेणी के राज्यों के लिए 90:10 के अनुपात में और अन्य राज्यों के लिए 60:40 के अनुपात में है। इस योजना के तहत, परिकल्पित सभी 157 मेडिकल कॉलेजों को मंजूरी मिल चुकी है, जिनमें महाराष्ट्र के गोंदिया और नंदुरबार जिलों के 2 मेडिकल कॉलेज भी शामिल हैं। ये दोनों मेडिकल कॉलेज कार्यशील हैं।

## विवरण

**वित्त वर्ष 2023-24 से 2025-26 तक राज्यों/ संघ राज्य क्षेत्रों के लिए राष्ट्रीय स्वास्थ्य मिशन (एनएचएम) के तहत राज्य/संघ राज्य क्षेत्र-वार केंद्रीय आवंटन और व्यय**

**(करोड़ रुपये में)**

| क्र.सं. | जिले | 2023-24 | | 2024-25 | | 2025-26 | |
|---|---|---|---|---|---|---|---|
| | | केंद्रीय निर्गत | व्यय | केंद्रीय निर्गत | व्यय | केंद्रीय निर्गत | व्यय |
| 1 | अंडमान और निकोबार द्वीप समूह | 37.84 | 40.71 | 49.99 | 44.41 | 44.41 | 48.48 |
| 2 | आंध्र प्रदेश | 1,096.01 | 2,833.44 | 1,319.61 | 2,439.82 | 1,162.85 | 2,764.51 |
| 3 | अरुणाचल प्रदेश | 404.55 | 399.44 | 388.86 | 472.93 | 349.93 | 411.14 |
| 4 | असम | 2,257.06 | 2,626.87 | 2,076.25 | 2,607.54 | 2,318.22 | 2,601.84 |
| 5 | बिहार | 2,032.95 | 4,010.97 | 2,367.18 | 4,466.31 | 2,508.99 | 4,287.22 |
| 6 | चंडीगढ़ | 30.58 | 31.85 | 43.43 | 37.29 | 50.53 | 49.53 |
| 7 | छत्तीसगढ़ | 875.8 | 1,743.79 | 969.11 | 1,784.09 | 1,159.42 | 2,121.60 |
| **8** | **दादरा और नगर** | **39.92** | **41.96** | **40.96** | **40.47** | **49.12** | **43.02** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **हवेली तथा दमन एवं दीव** | | | | | | |
| 9 | दिल्ली | 150.54 | 338.41 | 240.39 | 365.44 | 346.34 | 547.04 |
| 10 | गोवा | 48.97 | 84.53 | 55.06 | 95.17 | 51.2 | 90.2 |
| 11 | गुजरात | 1,506.96 | 4,040.00 | 1,324.86 | 3,198.15 | 1,362.72 | 2,757.10 |
| 12 | हरियाणा | 524.01 | 1,221.41 | 562.49 | 1,127.06 | 636.01 | 1,402.07 |
| 13 | हिमाचल प्रदेश | 470.36 | 629.76 | 523.7 | 654.52 | 572.05 | 653.43 |
| 14 | जम्मू और कश्मीर | 805.22 | 956.95 | 1,040.76 | 1,110.30 | 1,017.14 | 1,180.71 |
| 15 | झारखंड | 958.06 | 1,992.91 | 964.31 | 1,986.59 | 984.57 | 1,873.32 |
| 16 | कर्नाटक | 1,187.60 | 2,741.98 | 1,295.81 | 2,478.23 | 1,268.26 | 2,513.61 |
| 17 | केरल | 189.15 | 1,246.25 | 1,351.78 | 1,422.88 | 813.16 | 1,743.43 |
| 18 | लक्षद्वीप | 3.79 | 7.1 | 9.68 | 10 | 12.94 | 10.4 |
| 19 | मध्य प्रदेश | 2545.68 | 5202.61 | 2430.91 | 5225.77 | 3,047.35 | 5,628.05 |
| **20** | **महाराष्ट्र** | **2,729.30** | **5,001.70** | **2,417.95** | **4,364.86** | **2,496.92** | **5,149.77** |
| 21 | मणिपुर | 169.12 | 159.32 | 279.16 | 295.79 | 255.54 | 366.92 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 22 | मेघालय | 261.39 | 305.83 | 297.95 | 393.01 | 336.52 | 377.57 |
| 23 | मिजोरम | 134.42 | 179.84 | 159.96 | 174.67 | 179.13 | 206.88 |
| 24 | नागालैंड | 184.84 | 196.69 | 204.47 | 243.6 | 187.95 | 228.1 |
| 25 | ओडिशा | 1,901.77 | 3,356.68 | 1,916.79 | 3,585.01 | 1,760.71 | 4,330.21 |
| 26 | पुदुचेरी | 30.8 | 45.74 | 26.27 | 49.27 | 30.83 | 56.4 |
| 27 | पंजाब | 91.49 | 1,428.94 | 878.21 | 1,027.72 | 724.47 | 1,146.42 |
| 28 | राजस्थान | 2,785.46 | 4,350.63 | 2,398.62 | 4,772.33 | 2,360.80 | 4,540.21 |
| 29 | सिक्किम | 68.17 | 75.77 | 81.67 | 89.59 | 99.18 | 117.93 |
| 30 | तमिलनाडु | 1,996.06 | 3,104.16 | 1,742.67 | 3,461.74 | 1,714.44 | 3,191.61 |
| 31 | त्रिपुरा | 264.31 | 309.62 | 268.67 | 279.35 | 331 | 382.15 |
| 32 | उत्तर प्रदेश | 4,928.14 | 10,572.60 | 5,853.43 | 10,377.16 | 5,686.12 | 11,069.32 |
| 33 | उत्तराखंड | 711.33 | 709.79 | 604.05 | 760.15 | 620.69 | 722.3 |
| 34 | पश्चिम बंगाल | 890.42 | 3,641.98 | 688.44 | 3,583.07 | 1,324.66 | 3,588.42 |
| 35 | तेलंगाना | 564.93 | 1,288.75 | 1,110.43 | 1,872.42 | 868.92 | 1,452.06 |
| 36 | लद्दाख | 120.44 | 119.67 | 135.98 | 150.5 | 142.24 | 138.98 |

नोट:

1. उपरोक्त निर्गत केंद्र सरकार के अनुदानों से संबंधित हैं और इनमें राज्य सरकार का अंशदान शामिल नहीं है।
2. व्यय में केंद्रीय निर्गत, राज्य निर्गत और वर्ष के प्रारंभ में अव्ययित शेष शामिल है। व्यय राज्यों/संघ राज्य क्षेत्रों द्वारा प्रस्तुत किए गए एफएमआर के अनुसार है और यह अनंतिम है।

## न्यायाधीशों की नियुक्ति में पारदर्शिता

**3450. श्री राजेश रंजन :**

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

(क) क्या सरकार का उच्चतम न्यायालय और उच्च न्यायालयों में महिलाओं, अनुसूचित जातियों, अनुसूचित जनजातियों और अन्य पिछड़े वर्गों का प्रतिनिधित्व बढ़ाने के लिए किसी नीति या पहल का प्रस्ताव है;

(ख) क्या सरकार का उच्च न्यायालयों और उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति प्रक्रिया को अधिक पारदर्शी और समयबद्ध बनाने के लिए कोई सुधारात्मक कदम उठाने का प्रस्ताव है;

(ग) क्या सरकार राज्यों, उच्च न्यायालयों और अन्य हितधारकों के परामर्श से न्यायिक सुधारों के लिए एक दीर्घकालिक राष्ट्रीय कार्य योजना तैयार कर रही है; और

(घ) यदि हाँ, 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): उच्चतम न्यायालय और विभिन्न उच्च न्यायालयों के न्यायाधीशों की नियुक्ति भारत के संविधान के अनुच्छेद 124, अनुच्छेद 217 तथा अनुच्छेद 224 के अधीन की जाती है, जो किसी जाति या वर्ग के व्यक्तियों के लिए आरक्षण का उपबंध नहीं करते हैं।

नियुक्ति की प्रक्रिया संबंधी ज्ञापन (एमओपी) के अनुसार, उच्चतम न्यायालय में न्यायाधीशों की नियुक्ति हेतु प्रस्ताव आरंभ करने का उत्तरदायित्व भारत के मुख्य न्यायाधीश में निहित है, जबकि उच्च न्यायालयों में न्यायाधीशों की नियुक्ति हेतु प्रस्ताव आरंभ करने का उत्तरदायित्व

संबद्ध उच्च न्यायालय के मुख्य न्यायाधीश में निहित है। तथापि, सरकार न्यायपालिका में सामाजिक विविधता को बढ़ावा देने के लिए प्रतिबद्ध है और उच्च न्यायालयों में न्यायाधीशों की नियुक्ति में सामाजिक विविधता सुनिश्चित करने के लिए उच्च न्यायालयों के मुख्य न्यायाधीशों से अनुरोध करती रही है कि न्यायाधीशों की नियुक्ति हेतु प्रस्ताव प्रेषित करते समय अनुसूचित जातियों, अनुसूचित जनजातियों, अन्य पिछड़े वर्गों, अल्पसंख्यकों तथा महिलाओं से संबंधित उपयुक्त अभ्यर्थियों पर समुचित विचार किया जाए। उच्चतम न्यायालय और उच्च न्यायालयों में केवल उन्हीं व्यक्तियों की न्यायाधीश के रूप में नियुक्ति की जाती है, जिनकी संस्तुति उच्चतम न्यायालय के कोलेजियम द्वारा की जाती है।

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**माननीय अध्यक्ष :** सदन की कार्यवाही आज बारह बजे तक के लिए स्थगित की जाती है ।

**11.04 hrs**

*The Lok Sabha then adjourned till Twelve of the Clock.*

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**12.00 hrs**

*The Lok Sabha re-assembled at Twelve of the Clock.*

(Shri Dilip Saikia *in the Chair*)

... (व्यवधान)

**माननीय सभापति :** माननीय सदस्यगण, कई माननीय सदस्यों द्वारा विभिन्न विषयों पर स्थगन प्रस्ताव की सूचनाएं प्राप्त हुई हैं। माननीय अध्यक्ष जी ने स्थगन प्रस्ताव की किसी भी सूचना के लिए अनुमति प्रदान नहीं की है।

... (व्यवधान)

**12.01 hrs**

*At this stage, Dr. T. Sumathy alias Thamizhachi Thangapandian, Shrimati Sanjna Jatav and some other hon. Members came and stood on the floor near the Table.*

... (व्यवधान)

**12.02 hrs**

**PAPERS LAID ON THE TABLE**

**माननीय सभापति :** अब पत्र सभा पटल पर रखे जाएंगे।

आइटम नंबर 2 – माननीय श्री अर्जुन राम मेघवाल जी।

... (व्यवधान)

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL):** Hon. Chairperson, Sir, with your kind permission, I rise to lay on the Table a copy each of the following Notifications (Hindi and English versions) under Section 32 of the India

International Arbitration Centre Act, 2019:-

(1) The India International Arbitration Centre (Transaction of Business of Committees) Regulations, 2025 published in Notification No. F. No. A-60011/106/2025-IIAC in Gazette of India dated 24th December, 2025.

[Placed in Library, See No. LT 7615/18/26]

(2) The India International Arbitration Centre (Criteria for Admission to the panel of arbitrators) Amendment Regulations, 2025 published in Notification No. F. No. A-60011/3/2023-IIAC in Gazette of India dated 24th December, 2025.

[Placed in Library, See No. LT 7616/18/26]

*...(Interruptions)*

**आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) :** महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखता हूँ:-

(1) मानव अंग और ऊतक प्रतिरोपण अधिनियम, 1994 की धारा 24 की उप-धारा (3) के अंतर्गत मानव अंग और ऊतक प्रतिरोपण (दूसरा संशोधन) नियम, 2026, जो दिनांक 15 जुलाई, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि. 630(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7617/18/26]

(2) खाद्य सुरक्षा और मानक अधिनियम, 2006 की धारा 93 के अंतर्गत निम्नलिखित अधिसूचनाओं की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) :-

(एक) खाद्य सुरक्षा और मानक (खाद्य कारबार का अनुज्ञापन और रजिस्ट्रीकरण) संशोधन विनियम, 2026, जो दिनांक 11 मार्च, 2026 के भारत के राजपत्र में अधिसूचना संख्या आरसीडी-01002/1/2021-विनियामक-एफएसएसएआई-भाग (1) में प्रकाशित हुए थे।

[Placed in Library, See No. LT 7618/18/26]

(दो) खाद्य सुरक्षा और मानक (विक्रय प्रतिषेध और निर्बंधन) संशोधन विनियम, 2026, जो दिनांक 27 मई, 2026 के भारत के राजपत्र में अधिसूचना संख्या एसएस-टी0एफए(एनओटीआई)/3/2024-मानक-एफएसएसएआई में प्रकाशित हुए थे।

[Placed in Library, See No. LT 7619/18/26]

(तीन) खाद्य सुरक्षा और मानक (लेबलिंग और प्रदर्शन) पहला संशोधन विनियम, 2026, जो दिनांक 24 मार्च, 2026 के भारत के राजपत्र में अधिसूचना संख्या फा.सं. एसटीडी/एसपी-08/ए1.2022/एन-01 में प्रकाशित हुए थे।

[Placed in Library, See No. LT 7620/18/26]

(चार) खाद्य सुरक्षा और मानक (संदूषक, आविष और अवशिष्ट) संशोधन विनियम, 2026, जो दिनांक 19 मई, 2026 के भारत के राजपत्र में अधिसूचना संख्या फा.सं. 01/एसपी-02/एसएंडएस/अधिसूचना संदूषक/2021-22 में प्रकाशित हुए थे।

[Placed in Library, See No. LT 7621/18/26]

(पांच) खाद्य सुरक्षा और मानक (वेगन फूड) संशोधन विनियम, 2026, जो दिनांक 25 मई, 2026 के भारत के राजपत्र में अधिसूचना संख्या फा.सं. एसएस-टी0टी1 (एनओटीआई)/1/2025-मानक-एफएसएसएआई में प्रकाशित हुए थे।

[Placed in Library, See No. LT 7622/18/26]

(छह) खाद्य सुरक्षा और मानक (खाद्य कारबार का अनुज्ञापन और रजिस्ट्रीकरण) दूसरा संशोधन विनियम, 2026, जो दिनांक 24 जून, 2026 के भारत के राजपत्र में अधिसूचना संख्या फा. सं.आरईजी-11013/1/2026-विनियमन-एफएसएसएआई में प्रकाशित हुए थे।

[Placed in Library, See No. LT 7623/18/26]

(3) (एक) चित्तरंजन नेशनल कैंसर इंस्टीट्यूट (सीएनसीआई), कोलकाता के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(दो) चित्तरंजन राष्ट्रीय कैंसर संस्थान (सीएनसीआई), कोलकाता के वर्ष 2024-2025 के वार्षिक लेखाओं की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा उन पर लेखापरीक्षा प्रतिवेदन।

(तीन) चित्तरंजन राष्ट्रीय कैंसर संस्थान (सीएनसीआई), 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 7624/18/26]

(5) कंपनी अधिनियम, 2013 की धारा 394 की उप-धारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

(एक) एचएलएल बायोटेक लिमिटेड, तिरुवनंतपुरम के वर्ष 2024-2025 के कार्यकरण की सरकार द्वारा समीक्षा।

(दो) एचएलएल बायोटेक लिमिटेड, तिरुवनंतपुरम का वर्ष 2024-2025 का वार्षिक प्रतिवेदन, लेखापरीक्षित लेखे तथा उन पर नियंत्रक-महालेखापरीक्षक की टिप्पणियाँ।

(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 7625/18/26]

… (व्यवधान)

**स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री; तथा रसायन और उर्वरक मंत्रालय में राज्य मंत्री (श्रीमती अनुप्रिया पटेल) :** महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:-

(1) (एक) केंद्रीय पेट्रोरसायन अभियांत्रिकी एवं प्रौद्योगिकी संस्थान (सीआईपीईटी), चेन्नई के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

(दो) केंद्रीय पेट्रोरसायन अभियांत्रिकी एवं प्रौद्योगिकी संस्थान (सीआईपीईटी), चेन्नई के वर्ष 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 वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7626/18/26]

(3) कंपनी अधिनियम, 2013 की धारा 394 की उप-धारा 1(ख) के अंतर्गत निम्नलिखित पत्रों की एक-एक प्रति (हिन्दी तथा अंग्रेजी संस्करण):-

(एक) कर्नाटक एंटीबायोटिक्स एंड फार्मास्युटिकल्स लिमिटेड, बेंगलुरु के वर्ष 2023-2024 के

कार्यकरण के सरकार द्वारा समीक्षा के बारे में विवरण।

(दो) कर्नाटक एंटीबायोटिक्स एंड फार्मास्युटिकल्स लिमिटेड, बेंगलुरु का वर्ष 2023-2024 का वार्षिक प्रतिवेदन, लेखापरीक्षित 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 वाला विवरण (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7627/18/26]

(5) ओषधि और प्रसाधन सामग्री अधिनियम, 1940 की धारा 38 के अंतर्गत औषधि (छठा संशोधन) नियम, 2026, जो दिनांक 18 जून, 2026 के भारत के राजपत्र में अधिसूचना संख्या सा.का.नि. 496(अ) में प्रकाशित हुए थे, की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण)।

[Placed in Library, See No. LT 7628/18/26]

… (व्यवधान)

**THE MINISTER OF STATE IN THE MINISTRY OF PORTS, SHIPPING AND WATERWAYS (SHRI SHANTANU THAKUR):** Hon. Chairperson, Sir, with your kind permission, I rise to lay on the Table:-

(1) A copy of the Notification No. S.O.3258(E) (Hindi and English versions) published in Gazette of India dated 20th June, 2026, appointing the 1st day of July, 2026, as the date on which the provisions of the Jan Vishwas (Amendment of Provisions) Act, 2026, in so far as it relates to amendments in the Merchant Shipping Act, 2025, as specified against serial number 79 of the Schedule to the said Act, shall come into force, issued under sub-section (2) of Section 1 of the Jan Vishwas (Amendment of Provisions) Act, 2026.

[Placed in Library, See No. LT 7629/18/26]

(2) A copy of the Notification No. S.O.3259(E) (Hindi and English versions) published in Gazette of India dated 20th June, 2026, appointing the 1st day of July, 2026 as the date on which the provisions of the Jan Vishwas (Amendment of Provisions) Act, 2026, in so far as it relates to the amendments in the Coastal Shipping Act, 2025, as specified against serial number 78 of the Schedule to the said Act, shall come into force, issued under sub-section (2) of Section 1 of the Jan Vishwas (Amendment of Provisions) Act, 2026.

[Placed in Library, See No. LT 7630/18/26]

(3) A copy of the Notification No. S.O.3260(E) (Hindi and English versions) published in Gazette of India dated 20th June, 2026, appointing the 1st day of July, 2026 as the date on which the provisions of the Jan Vishwas (Amendment of Provisions) Act, 2026, in so far as it relates to amendments in the Seamen's Provident Fund Act, 1966, as specified against serial number 33 of the Schedule to the said Act, shall come into force, issued under sub-section (2) of Section 1 of the Jan Vishwas (Amendment of Provisions) Act, 2026.

[Placed in Library, See No. LT 7631/18/26]

(4) A copy each of the following Notifications (Hindi and English versions) under sub-section (3) of Section 320 of the Merchant Shipping Act, 2025:-

(i) The Merchant Shipping (Life-Saving Appliances and Arrangements) Rules, 2026 published in Notification No. G.S.R.

671(E) in Gazette of India dated 27th July, 2026.

[Placed in Library, See No. LT 7632/18/26]

(ii) The Merchant Shipping (Port State Control and Flag State Implementation) Rules, 2026 published in Notification No. G.S.R. 672(E) in Gazette of India dated 27th July, 2026.

[Placed in Library, See No. LT 7633/18/26]

(iii) The Merchant Shipping (Passenger Ship Construction, Fire Appliances and Survey) Rules, 2026 published in Notification No. G.S.R. 624(E) in Gazette of India dated 13th July, 2026.

[Placed in Library, See No. LT 7634/18/26]

(5) A copy of the Indian Ports Rules, 2026 (Hindi and English versions) published in Notification No. G.S.R. 645(E) in Gazette of India dated 21st July, 2026 under sub-section (1) of Section 81 of the Indian Ports Act, 2025.

[Placed in Library, See No. LT 7635/18/26]

… (*Interruptions*)

**THE MINISTER OF STATE IN THE MINISTRY OF DEFENCE (SHRI SANJAY SETH):** Hon. Chairperson, Sir, with your kind permission, I rise to lay on the Table:-

(1) A copy of the Annual Report (Hindi and English versions) of the Centre for Land Warfare Studies, New Delhi, for the year 2025-2026, alongwith Audited Accounts.

(2) A copy of the Review (Hindi and English versions) by the Government of

the working of the Centre for Land Warfare Studies, New Delhi, for the year 2025-2026.

[Placed in Library, See No. LT 7636/18/26]

… (*Interruptions*)

**महिला और बाल विकास मंत्रालय में राज्य मंत्री (श्रीमती सावित्री ठाकुर) :** महोदय, मैं निम्नलिखित पत्र सभा पटल पर रखती हूँ:-

(1) (एक) राष्ट्रीय बाल अधिकार संरक्षण आयोग, नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) राष्ट्रीय बाल अधिकार संरक्षण 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 7637/18/26]

(3) (एक) केंद्रीय दत्तक-ग्रहण संसाधन प्राधिकरण (सीएआरए), नई दिल्ली के वर्ष 2024-2025 के वार्षिक प्रतिवेदन की एक प्रति (हिन्दी तथा अंग्रेजी संस्करण) तथा लेखापरीक्षित लेखे।

(दो) केंद्रीय दत्तक-ग्रहण संसाधन प्राधिकरण (सीएआरए), नई दिल्ली 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 7638/18/26]

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… (व्यवधान)

**12.02½ hrs**

## MESSAGE FROM RAJYA SABHA

**SECRETARY GENERAL:** Sir, I have to report the following message received from the Secretary General of Rajya Sabha :-

"In accordance with the provisions of sub-rule (6) of rule 186 of the Rules of Procedure and Conduct of Business in the Rajya Sabha, I am directed to return herewith the Appropriation (No. 3) Bill, 2026 which was passed by the Lok Sabha at its sitting held on the 04th August, 2026 and transmitted to the Rajya Sabha for its recommendations and to state that this House has no recommendations to make to the Lok Sabha in regard to the said Bill."

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*…(Interruptions)*

**12.03 hrs**

## COMMITTEE ON ESTIMATES

8th and 9th Reports

**SHRI M. MALLESH BABU (KOLAR):** Sir, I rise to present the following Reports (Hindi and English versions) of the Committee on Estimates (2026-27):-

(1) Eighth Report on the subject 'Supply and Distribution of Natural Gas - Challenges and Prospects' pertaining to the Ministry of Petroleum and Natural Gas.

(2) Ninth Report on Action Taken by the Government on the Observations/ Recommendations contained in the 6th Report (18th Lok Sabha) of the Committee on the subject 'Promotion of Climate Resilient Agriculture, Natural and Organic Farming through KVKs' pertaining to the Department of Agricultural Research & Education, Ministry of Agriculture and Farmers Welfare.

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*…(Interruptions)*

**12.03½ hrs**

## COMMITTEE ON EMPOWERMENT OF WOMEN

Statements

**श्रीमती दग्गुबाती पुरंदेश्वरी (राजामुन्दरी) :** सभापति महोदय, मैं महिला सशक्तीकरण संबंधी समिति के निम्नलिखित प्रतिवेदनों के अध्याय 1 और अध्याय 5 में अंतर्विष्ट सिफारिशों पर

सरकार द्वारा अन्तिम की-गई-कार्रवाई को दर्शाने वाले अन्तिम की-गई-कार्रवाई विवरण (हिन्दी और अंग्रेजी संस्करण) सभा पटल पर रखती हूं:-

(1) 'राष्ट्रीय महिला आयोग और राज्य महिला आयोगों का कार्यकरण' विषय के बारे में महिला सशक्तीकरण संबंधी समिति (2022-23) के आठवें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई के संबंध में समिति (2025-26) का पहला प्रतिवेदन (अठारहवीं लोक सभा)।

(2) 'जनजातीय महिलाओं हेतु स्वास्थ्य सुविधाएं' विषय के बारे में महिला सशक्तीकरण संबंधी समिति (2022-23) के सातवें प्रतिवेदन (सत्रहवीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई के संबंध में समिति (2025-26) का दूसरा प्रतिवेदन (अठारहवीं लोक सभा)।

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… (व्यवधान)

**12.03¾hrs**

## COMMITTEE ON WELFARE OF OTHER BACKWARD CLASSES

10th Report

**श्री गणेश सिंह (सतना) :** सभापति महोदय, मैं संचार मंत्रालय से संबंधित 'डाक विभाग के अंतर्गत सार्वजनिक क्षेत्र के उपक्रमों और अन्य संगठनों में रोजगार में अन्य पिछड़े वर्गों (ओबीसी) का प्रतिनिधित्व सुनिश्चित करने और उनके कल्याण के लिए किए गए उपाय' विषय के बारे में अन्य पिछड़े वर्गों के कल्याण संबंधी समिति का दसवां प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूं।

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… (व्यवधान)

**12.04 hrs**

## STANDING COMMITTEE ON DEFENCE

24th to 28th Reports

**श्री वीरेन्द्र सिंह (चन्दौली) :** सभापति महोदय, मैं रक्षा संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूं : -

(1) 'सामान्य रक्षा बजट, सीमा सड़क संगठन, भारतीय तटरक्षक, रक्षा सम्पदा संगठन, भूतपूर्व सैनिक कल्याण तथा रक्षा अनुसंधान एवं विकास संगठन (मांग सं. 19, 20 और 21)' के बारे में रक्षा मंत्रालय की वर्ष 2026-27 की अनुदानों की मांगों पर 19वें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 24वां प्रतिवेदन (18वीं लोक सभा)।

(2) 'थल सेना, वायु सेना, नौ सेना, संयुक्त स्टाफ, भूतपूर्व सैनिक अंशदायी स्वास्थ्य योजना तथा सशस्त्र बल चिकित्सा सेवा महानिदेशालय (मांग सं. 20 और 21)' के बारे में रक्षा मंत्रालय की वर्ष 2026-27 की अनुदानों की मांगों पर 20वें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 25वां प्रतिवेदन (18वीं लोक सभा)।

(3) 'रक्षा सेवाओं, रक्षा आयोजना, खरीद नीति और रक्षा पेंशन संबंधी पूंजीगत परिव्यय (मांग सं. 21 और 22)' के बारे में रक्षा मंत्रालय की वर्ष 2026-27 की अनुदानों की मांगों पर 21वें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 26वां प्रतिवेदन (18वीं लोक सभा)।

(4) 'सार्वजनिक क्षेत्र के रक्षा उपक्रम, आयुध निदेशालय (समन्वय और सेवाएं) – नए डीपीएसयू, गुणवत्ता आश्वासन महानिदेशालय, वैमानिक गुणवत्ता आश्वासन महानिदेशालय तथा राष्ट्रीय कैडेट कोर (मांग सं. 20 और 21)' के बारे में रक्षा मंत्रालय की वर्ष 2026-27

की अनुदानों की मांगों पर 22वें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 27वां प्रतिवेदन (18वीं लोक सभा)।

(5) 'सैनिक स्कूलों, राष्ट्रीय इंडियन मिलिट्री कॉलेज (आरआईएमसी) और राष्ट्रीय मिलिट्री स्कूलों की समीक्षा' विषय के बारे में 23वें प्रतिवेदन (18वीं लोक सभा) में अंतर्विष्ट टिप्पणियों/सिफारिशों पर सरकार द्वारा की-गई-कार्रवाई के संबंध में रक्षा संबंधी स्थायी समिति का 28वां प्रतिवेदन (18वीं लोक सभा)।

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… (व्यवधान)

**12.04½ hrs**

## STANDING COMMITTEE ON LABOUR, TEXTILES AND SKILL DEVELOPMENT

Statements

**SHRI BASAVARAJ BOMMAI (HAVERI):** Chairman, Sir, with your kind permission, I rise 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) Eleventh Report (Eighteenth Lok Sabha) on Action Taken by the Government on the Observations / Recommendations of the Committee contained in their Fifty-fourth Report (Seventeenth Lok Sabha) on 'Schemes/Programmes of Central Silk Board for Development and Promotion of Silk Industry' pertaining to the Ministry of Textiles.

(2) Thirteenth Report (Eighteenth Lok Sabha) on Action Taken by the Government on the Observations/Recommendations of the Committee contained in their First Report (Eighteenth Lok Sabha) on 'Demands for Grants (2024-25)' of the Ministry of Labour and Employment.

(3) Eighteenth Report (Eighteenth Lok Sabha) 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.

(4) Twentieth Report (Eighteenth Lok Sabha) 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.

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*…(Interruptions)*

**12.05 hrs**

## STANDING COMMITTEE ON COMMERCE

201st and 202nd Reports

**श्री रमेश अवस्थी (कानपुर) :** माननीय सभापति जी, मैं वाणिज्य संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूं:-

(1) 'भारत में व्यापार करना: भविष्य की राह' के बारे में 201वां प्रतिवेदन।

(2) उद्योग और आंतरिक व्यापार संवर्धन विभाग, वाणिज्य और उद्योग मंत्रालय से संबंधित 'अनुदानों की मांगें (2026-27) (मांग संख्या 11)' के बारे में समिति के 196वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 202वां प्रतिवेदन।

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… (व्यवधान)

**12.05½ hrs**

## STANDING COMMITTEE ON HOME AFFAIRS

259th to 261st Reports

**श्री सतीश कुमार गौतम (अलीगढ़) :** माननीय सभापति जी, मैं गृहकार्य संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखता हूं:-

(1) 'साइबर अपराध – जटिलताएं, सुरक्षा और रोकथाम' विषय के बारे में समिति के 254वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 259वां प्रतिवेदन।

(2) 'जम्मू-कश्मीर संघ राज्यक्षेत्र में प्रशासनिक शासन, सामाजिक-आर्थिक विकास और आंतरिक सुरक्षा की समीक्षा;तथा लद्दाख संघ राज्यक्षेत्र में सीमा सुरक्षा प्रबंधन और तैयारी' के बारे में 260वां प्रतिवेदन।

(3) 'आपदा प्रबंधन' के बारे में 261वां प्रतिवेदन।

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… (व्यवधान)

**12.06 hrs**

## STANDING COMMITTEE ON SCIENCE AND TECHNOLOGY, ENVIRONMENT, FORESTS AND CLIMATE CHANGE

412th to 415th Reports

**श्री त्रिवेन्द्र सिंह रावत (हरिद्वार) :** माननीय सभापति जी, मैं विज्ञान और प्रौद्योगिकी, पर्यावरण, वन और जलवायु परिवर्तन संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) सभा पटल पर रखेंगे:-

(1) 'हिमालयी क्षेत्र में जंगल की आग, इसके दुष्प्रभाव और शमन के उपाय' के बारे में 412वां

प्रतिवेदन।

(2) 'दिल्ली एनसीआर में जल प्रदूषण तथा इसके शमन के लिए विभिन्न एजेंसियों द्वारा उठाए गए कदम' के बारे में 402वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 413वां प्रतिवेदन।

(3) सीएसआईआर-केंद्रीय वैज्ञानिक उपकरण संगठन (सीएसआईआर-सीएसआईओ) और सीएसआईआर-इंस्टीट्यूट ऑफ जीनोमिक्स एंड इंटीग्रेटिव बायोलॉजी (सीएसआईआर-आईजीआईबी) के कार्यकरण की समीक्षा' के बारे में 403वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की -गई-कार्रवाई संबंधी 414वां प्रतिवेदन।

(4) 'टाटा मेमोरियल सेंटर (टीएमसी), भाभा एटॉमिक रिसर्च सेंटर (बीएआरसी) और न्यूक्लियर पावर कॉर्पोरेशन ऑफ इंडिया लिमिटेड (एनपीसीआईएल) के कार्यकरण की समीक्षा' के बारे में 404वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की-गई-कार्रवाई संबंधी 415वां प्रतिवेदन।

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… (व्यवधान)

**12.06½ hrs**

## STANDING COMMITTEE ON HEALTH AND FAMILY WELFARE

175th to 177th Reports

**डॉ. राजेश मिश्रा (सीधी) :** माननीय सभापति जी, मैं स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी और अंग्रेजी संस्करण) सभा पटल पर रखता हूं:-

(1) स्वास्थ्य और परिवार कल्याण मंत्रालय से संबंधित 'पूर्वोत्तर भारत में वेक्टर जनित रोगों का अध्ययन' के बारे में 175वां प्रतिवेदन।

(2) स्वास्थ्य और परिवार कल्याण मंत्रालय से संबंधित 'सार्वजनिक और निजी क्षेत्र में स्वास्थ्य सेवाओं की वहनीयता और पहुंच' के बारे में 176वां प्रतिवेदन।

(3) स्वास्थ्य एवं परिवार कल्याण मंत्रालय से संबंधित 'भारत में क्रोनिक किडनी रोग की व्यापकता-रोकथाम, निदान, उपचार और प्रबंधन' के बारे में 177वां प्रतिवेदन।

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… (व्यवधान)

**12.07 hrs**

## STANDING COMMITTEE ON PERSONNEL, PUBLIC GRIEVANCES, LAW AND JUSTICE

165th and 166th Reports

**श्री दिनेशभाई मकवाणा (अहमदाबाद पश्चिम) :** माननीय सभापति जी, मैं कार्मिक, लोक शिकायत, विधि और न्याय संबंधी स्थायी समिति के निम्नलिखित प्रतिवेदन (हिन्दी तथा अंग्रेजी संस्करण) प्रस्तुत करता हूं:-

(1) 'वैकल्पिक विवाद समाधान परितंत्र की सहायता के लिए संस्थागत तंत्र का सृजन और विकास' विषय के बारे में 165वां प्रतिवेदन।

(2) 'देश में न्यायाधिकरण प्रणाली के कार्यकरण की समीक्षा' विषय के बारे में 166वां प्रतिवेदन।

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… (व्यवधान)

**12.08 hrs**

## BUSINESS OF THE HOUSE

**THE MINISTER OF STATE OF THE MINISTRY OF LAW AND JUSTICE; AND MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI ARJUN RAM MEGHWAL):** Hon. Chairperson, Sir, with your kind permission, I rise to announce that tentative Government Business during the remaining part of the 8th Session of 18th Lok Sabha, will consist of:-

1. Consideration of any item of Government Business carried over from today's Order Paper:- [it contains – Consideration and passing of the Micro, Small and Medium Enterprises Development (Amendment) Bill, 2026, as passed by Rajya Sabha]
2. Consideration and passing of the Mines and Minerals (Development and Regulation) Amendment Bill, 2026, after its introduction.
3. Consideration and passing of the Tribunals Reforms Bill, 2026, after its introduction.

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… (*Interruptions*)

**12.09 hrs**

## STATEMENTS BY MINISTERS

**(i) Status of implementation of recommendations contained in the 170th Report of the Standing Committee on Health and Family Welfare on Action Taken by the Government on the recommendations/ observations contained in the 163rd Report of the Committee on 'Demands for Grants (2025-26) (Demand No.46)' pertaining to Department of Health and Family Welfare, Ministry of Health and Family Welfare***

**आयुष मंत्रालय के राज्य मंत्री; तथा स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (श्री प्रतापराव गणपतराव जाधव) :** माननीय सभापति जी, मैं स्वास्थ्य और परिवार कल्याण विभाग, स्वास्थ्य और परिवार कल्याण मंत्रालय से संबंधित 'अनुदानों की मांगें (2025-26) (मांग संख्या 46)' के बारे में स्वास्थ्य और परिवार कल्याण संबंधी स्थायी समिति के 163वें प्रतिवेदन में अंतर्विष्ट सिफारिशों/टिप्पणियों पर सरकार द्वारा की-गई-कार्रवाई के संबंध में समिति के 170वें प्रतिवेदन में अंतर्विष्ट सिफारिशों के कार्यान्वयन की स्थिति के बारे में वक्तव्य सभा पटल पर रखता हूं।

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… (व्यवधान)

**12.09½ hrs**

**(ii)(a) Status of implementation of recommendations contained in the 20th Report of the Standing Committee on Coal, Mines and Steel on 'Demands for Grants (2026-27)' pertaining to Ministry of Steel***

**THE MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES;**

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* Laid on the Table and also placed in Library, See No. LT 7610/18/26 and 7611/18/26 respectively.

**AND MINISTER OF STATE IN THE MINISTRY OF STEEL (SHRI BHUPATHI RAJU SRINIVASA VARMA):** Respected Chairperson, Sir, with your permission, I rise to lay a statement regarding the status of implementation of recommendations contained in the 20th Report of the Standing Committee on Coal, Mines and Steel on 'Demands for Grants (2026-27)' pertaining to Ministry of Steel

**(b) Status of implementation of recommendations contained in the 21st Report of the Standing Committee on Coal, Mines and Steel on 'Organisational structure and performance of Steel Authority of India Limited (SAIL)-A Review' pertaining to Ministry of Steel***

**THE MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES; AND MINISTER OF STATE IN THE MINISTRY OF STEEL (SHRI BHUPATHI RAJU SRINIVASA VARMA):** Respected Chairperson, Sir, with your permission, I rise to lay a statement regarding the status of implementation of recommendations contained in the 21st Report of the Standing Committee on Coal, Mines and Steel on 'Organisational structure and performance of Steel Authority of India Limited (SAIL)-A Review' pertaining to Ministry of Steel

**(c) Status of implementation of recommendations contained in the 324th Report of the Standing Committee on Industry on 'Promotion of Electric Vehicles in the Country' pertaining to Ministry of Heavy Industries***

**THE MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES; AND MINISTER OF STATE IN THE MINISTRY OF STEEL (SHRI BHUPATHI**

* Laid on the Table and also placed in Library, See No. LT 7612/18/26 and 7613/18/26 respectively.

**RAJU SRINIVASA VARMA):** Respected Chairperson, Sir, with your permission, I rise to lay a statement regarding the status of implementation of recommendations contained in the 324th Report of the Standing Committee on Industry on 'Promotion of Electric Vehicles in the Country' pertaining to Ministry of Heavy Industries

**(d) Status of implementation of recommendations/ observations contained in the 325th Report of the Standing Committee on Industry on Action Taken by the Government on the recommendations contained in the 324th Report of the Committee on 'Promotion of Electric Vehicles in the Country' pertaining to Ministry of Heavy Industries***

**THE MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES; AND MINISTER OF STATE IN THE MINISTRY OF STEEL (SHRI BHUPATHI RAJU SRINIVASA VARMA):** Respected Chairperson, Sir, with your permission, I rise to lay a statement regarding the status of implementation of recommendations/observations contained in the 325th Report of the Standing Committee on Industry on Action Taken by the Government on the recommendations contained in the 324th Report of the Committee on 'Promotion of Electric Vehicles in the Country' pertaining to Ministry of Heavy Industries.

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* Laid on the Table and also placed in Library, See No. LT 7614/18/26.

… (*Interruptions*)

**माननीय सभापति :** माननीय सदस्यगण, नियम 377 के अधीन महत्वपूर्ण मामले उठाने का यह समय है। आप सभी से मेरा निवेदन है, कृपया अपने आसन पर जाकर बैठिए। 377 जो महत्वपूर्ण मुद्दे हैं, आदरणीय सभी सांसदों का, उस विषय पर सदन के द्वारा अपने क्षेत्र, अपने प्रदेश और देश के लोगों के जो महत्वपूर्ण विषय हैं, ऐसे विषय पर आप उनको बोलने का मौका जरूर देंगे। मैं फिर से आपसे निवेदन करता हूँ, कृपया आप जाकर अपने आसन पर बैठिए।

… (व्यवधान)

**HON. CHAIRPERSON:** Please go to your seats; please cooperate to continue the House.

(*Interruptions*)

**12.10 hrs**

## MATTERS UNDER RULE 377*

**माननीय सभापति :** माननीय सदस्यगण, जिन्हें आज नियम 377 के अधीन मामलों को उठाने की अनुमति प्रदान की गई है, वे तत्काल व्यक्तिगत रूप से मामले का अनुमोदित पाठ सभा पटल पर प्रस्तुत करें।

… (व्यवधान)

### (i) Need to expedite commencement of proposed Kamakhya Corridor Project in Guwahati, Assam

**SHRIMATI BIJULI KALITA MEDHI (GUWAHATI):** I wish to draw the attention of the Government to the urgent need for the early commencement of the proposed Kamakhya Corridor Project at the revered Maa Kamakhya Temple in

* Treated as laid on the Table.

Guwahati, Assam, one of India's Most sacred Shakti Peethas, attracting millions of devotees and tourists every year. The proposed corridor will significantly improve pilgrim amenities, facilitate better crowd management, enhance connectivity, preserve the temple's heritage, and strengthen the local economy through tourism and employment generation. The project will also contribute to the vision of promoting India's rich spiritual and cultural heritage. While the proposal has received wide public support, devotees and residents are keen to know the expected timeline for the commencement and implementation of the project. Early execution will help to meet the growing needs of pilgrims, particularly during the Ambubachi Mahotsav and other major religious occasions. I, therefore, urge the Government to inform the House about the present Status of the Kamakhya Corridor Project the expected date of Commencement, and the proposed timeline for its completion, and to ensure that the project is taken up at the earliest in the larger public interest.

**(ii) Need to take comprehensive steps to harness water resources of various river basins in Jharkhand for irrigation purpose**

**DR. NISHIKANT DUBEY (GODDA):** The second state irrigation commission has made an assessment of the water resource in Jharkhand and identified 16 river basins which can be harnessed through major, medium and minor irrigation scheme and had identified potential for these Reservoir Schemes viz. 1. Kalipur 2. Bhurbhuri 3. Bishanpur 4. Jamunia 5. Banslai 6. Dumaria beer in Godda 7. Pakaria Beer in Godda 8. Sugga Bathan 9. Krishnasagar Following old and ongoing projects which needs your help: 1. Punasi: Waiting

for forest clearance in Delhi. 2. Triveni: Tender of brick lining is awaited. 3. Suga Bathan: DPR is in process, project started in1978. 4. Sundar Dam: 5. Harna beer: Closed since 1980. 6. Budhai: Foundation stone laid in1978, clearance awaited in CWC. 7. Saidapur & Tardihabeer: DPR is awaited. 8. Darhwa & Dahuabeer: Money given through 13th Finance Commission. 9. Kajhia, Sonepur, Bhoura Bandh, Lahtan Pakaria Ext. 10. Krishnasagar: Work started in1985. 11. Trikut Jalashaya: waiting for Forest clearance. 12. Raja Bandh & Mahagama Canal: Pending since 1985. 13. 200 Lift irrigation projects of minor irrigation. Major ponds: Centre allocating funds in Repair, Renovation and Restoration (RRR) Policy and Series Check dams under Accelerated Irrigation Benefit Programme (AIBP), as much as 90%, but state unable to take advantage.

**(iii) Need to extend SC/ST/OBC reservation in contractual and outsourced jobs in Government Departments and PSUs**

**श्री अशोक कुमार रावत** (**मिश्रिख**): मैं कार्मिक मंत्रालय के कार्यालय ज्ञापन (OM No. 41034/4/2022-Estt.(Res-I)) दिनांक 21 नवंबर 2022 की ओर ध्यान आकर्षित करना चाहता हूँ। इसके तहत 45 दिन या उससे अधिक की सभी अस्थायी नियुक्तियों में SC, ST और OBC आरक्षण देना अनिवार्य है। परंतु, संसदीय समिति की रिपोर्ट के अनुसार, विभिन्न विभागों और PSUs में संविदा व आउटसोर्सिंग नियुक्तियों में इस नीति का उचित अनुपालन नहीं हो रहा है। आज केंद्रीय कार्यालयों में लगभग 40% कार्यबल संविदा या आउटसोर्स आधारित है। इन वंचित वर्गों के कर्मचारियों को न तो उचित मानदेय मिल रहा है और ना ही PF, बीमा या पेंशन जैसे सामाजिक लाभ। आरक्षण नियमों के कड़ाई से पालन न होने के कारण समाज के शोषित और पिछड़े युवाओं के संवैधानिक अधिकारों का हनन हो रहा है। अतः सरकार से मांग है कि: सभी

सरकारी विभागों और सार्वजनिक उपक्रमों में संविदा व आउटसोर्स नियुक्तियों में SC/ST/OBC आरक्षण का शत-प्रतिशत पालन कराया जाए। इस व्यवस्था की नियमित निगरानी के लिए एक स्पष्ट और पारदर्शी कानून या तंत्र बनाया जाए ताकि भविष्य में इन वर्गों के संवैधानिक अधिकारों का हनन न हो।

**(iv) Need to adopt a uniform National Framework to declare Cancer as a notifiable disease**

**DR. K. SUDHAKAR (CHIKKBALLAPUR):** I wish to draw the attention of the Government to the urgent need to declare cancer as a notifiable disease across the country. India is witnessing a rapid rise in cancer cases, with an estimated 14.6 lakh new cases reported in 2022, and one in every nine Indians likely to develop cancer during their lifetime. The increasing burden is driven by an aging population, unhealthy lifestyles, tobacco and alcohol consumption, environmental pollution, and infection-related cancers. Although cancer is a non-communicable disease and does not spread from person to person, mandatory reporting of every diagnosed case is crucial for effective public health planning. A comprehensive national cancer registry would generate reliable data, enabling evidence-based policymaking, targeted screening and timely treatment. It is encouraging that 17 States have already declared cancer a notifiable disease, recognising the importance of systematic surveillance. I, therefore, urge the Ministry of Health and Family Welfare to consider adopting a uniform national framework to notify cancer across India and integrate reporting with the National Cancer Registry Programme, thereby strengthening early detection, improving treatment outcomes, and reducing the

country's growing cancer burden.

**(v) Regarding establishment of a State Level Coordinating Agency under National Action Plan for Drug Demand Reduction in Rajasthan**

**SHRI P. P. CHAUDHARY (PALI):** I wish to draw the attention of the Hon'ble Minister of Social Justice and Empowerment to a critical gap in Rajasthan's drug de-addiction infrastructure. I commend the Ministry's efforts under the National Action Plan for Drug Demand Reduction (NAPDDR), through which around 35 de-addiction facilities are supported in Rajasthan. However, despite this network, the State does not have a State Level Coordinating Agency (SLCA), which, under NAPDDR guidelines, serves as the nodal "Kshamta Kendra" for technical support, monitoring, preparation of the Annual Action Plan, capacity building, and coordination of awareness programmes. The absence of an SLCA in Rajasthan may weaken oversight, delays monitoring, and affects institutional coordination. Further, the last National Survey on the Extent and Pattern of Substance Use in India was conducted in 2018. Conducting regular national surveys will enable timely identification of emerging trends, facilitate better planning of de-addiction services, and ensure that resources are directed to areas of greatest need. I therefore urge the Hon'ble Minister to designate a State Level Coordinating Agency for Rajasthan and also to institute a comprehensive national survey on substance use at regular biennial intervals to strengthen policy formulation and de-addiction services.

## (vi) Need to issue the Commemorative Postage Stamp on martyr Baji Rout on the occasion of his birth centenary year

**श्री रुद्र नारायण पाणी** (**धेन्कानल**): सर्वकनिष्ठ शहीद बाजी राउत की जन्मशताब्दी चल रही है। 05 अक्टूबर 1926 को उनका जन्म ओडिशा के ढेंकानाल जिले के भुबन के पास नीलकंठपुर में हुआ था। एक बार अत्याचार करने हेतु अंग्रेज़ फ़ौज नीलकंठपुर तक पहुँच गई थी। नदी पार करने हेतु उन्होंने नौका चलाने के लिए 12 साल के वीर बालक बाजी राउत को आदेश दिया; लेकिन बाजी राउत ने स्पष्ट मना कर दिया, जिससे अंग्रेज़ फ़ौज ने गोली मारकर उनकी हत्या कर दी। बहादुर बाजी राउत जी की शहादत 11 अक्टूबर 1938 को हुई थी। वे मात्र 12 वर्ष 6 दिन के थे। जन्मशताब्दी के अवसर पर एक स्मारक डाक टिकट जारी किए जाने हेतु मैंने पिछले सत्र में माँग/अनुरोध किया था। मुझे बताया गया है कि यह प्रस्ताव फिलाटेली एडवाइजरी कमेटी को भेज दिया गया है। अतः फिर से विनम्र निवेदन है कि इस पर तुरंत विचार किया जाए एवं कार्यवाही हो, ताकि 05 अक्टूबर 2026 अथवा ज़्यादा से ज़्यादा 11 अक्टूबर 2026 तक शत-वार्षिकी स्मारक डाक टिकट का प्रकाशन हो जाए। अब मात्र दो महीने रह गए हैं, यदि युद्ध स्तर पर प्रयास नहीं होगा, तो यह कार्य अधूरा रह जाएगा।

## (vii) Need for scientific and modern technology based construction of roads in Himachal Pradesh

**डॉ. राजीव भारद्वाज** (**कांगड़ा**): सड़क एवं परिवहन मंत्री जी के ध्यान में लाना चाहता हूं कि हिमाचल में फोरलेन सड़कों के निर्माण के लिए पहाड़ों की कटाई के कारण भू-स्खलन और पर्यावरण समस्या उत्पन्न हो रही है। सड़कों के नाम पर हिमाचल की वादियों को अंदर से तोड़ा जा रहा है। हर दिन दर्जनों ब्लास्ट पहाड़ों की चुप्पी को तोड़ते हैं। मेरा मंत्री जी से अनुरोध है कि कृपा कर हिमाचल प्रदेश में सड़क निर्माण कार्य के लिए विशेष तकनीक पर जोर देना चाहिए जिससे पहाड़ों की कटाई किए बिना सड़कों का निर्माण कार्य हो। हाल में ही परवानु फोरलेन पर पहाड़ों से भूसंखलन रोकने के लिए Turf Reinforcement Mats तकनीक अपनाई जा रही है जिससे यदि

पहाड़ धरकता है तो वह सड़क तक नहीं आएगा ऐसे ही मैक मैट ग्रीन हाइड्रोस्टिक और मैश विधि से धरकते पहाड़ों को रोका जा सकता है और इससे वाहन चालकों के लिए जोखिम भी कम होगा। मेरा मंत्री जी से अनुरोध है कृपया कर हिमाचल के सड़क निर्माण कार्यों में ऐसे वैकल्पिक विधि का प्रयोग कर नई शुरुआत की जाए तो प्रदेश की प्राकृतिक सौगात की रक्षा भी होगी तथा पर्यावरण संरक्षण की दिशा में भी बड़ा कदम होगा।

**(viii) Need to relax the provisions under PM Fasal Bima Yojana to enable the farmers for hassle-free access to insurance benefits under the scheme**

**श्रीमती स्मिता उदय वाघ (जलगांव)**: मैं अपने जलगांव लोक सभा क्षेत्र सहित पूरे देश के करोड़ों किसानों से जुड़े एक अत्यंत महत्वपूर्ण विषय पर सरकार का ध्यान आकर्षित करना चाहती हूँ। मैं सरकार की किसान हितैषी नीतियों तथा प्रधानमंत्री फसल बीमा योजना के माध्यम से किसानों को सुरक्षा प्रदान करने के प्रयासों का स्वागत करती हूँ, लेकिन आज भी लाखों ऋणी किसान इस योजना के वास्तविक लाभ से वंचित हैं। ऋणी किसान ऋण लेते समय जिस फसल का उल्लेख करता है, अनियमित वर्षा, विलंबित मानसून अथवा प्राकृतिक परिस्थितियों के कारण कई बार उसे वास्तविक बुवाई के समय फसल बदलनी पड़ती है। दुर्भाग्यवश, बैंक बदली हुई फसल का बीमा स्वीकार नहीं करते और CSC पर भी ऋणी किसान शपथ-पत्र की शर्त के कारण बीमा नहीं करा पाता। परिणामस्वरूप सबसे अधिक सुरक्षा की आवश्यकता रखने वाला किसान ही फसल बीमा से बाहर रह जाता है। इसके अलावा, 21 दिनों के ड्राई स्पैल, अतिवृष्टि, आंधी-तूफान, कीट एवं रोग प्रकोप जैसे ट्रिगर आधारित प्रावधान समाप्त होने से वास्तविक नुकसान उठाने वाले किसानों को समय पर राहत नहीं मिल रही है। अतः मैं सरकार से दृढ़ता के साथ मांग करती हूँ कि ऋणी किसानों के लिए शपथ-पत्र की अनिवार्यता तत्काल समाप्त की जाए, वास्तविक बोई गई फसल के आधार पर बीमा कराने की अनुमति दी जाए, बैंकों एवं CSC केंद्रों को इस संबंध में स्पष्ट निर्देश जारी किए जाएँ तथा फसल बीमा योजना में ड्राई स्पेल, अतिवृष्टि, आंधी-तूफान, कीट एवं रोग

प्रकोप जैसे ट्रिगर आधारित प्रावधान पुनः लागू किए जाएँ। यह केवल जलगांव की नहीं, बल्कि पूरे देश के करोड़ों किसानों की न्याय संगत और अत्यंत आवश्यक मांग है।

**(ix) Need to establish a modern Central Skill Development and Employment Centre in Jaipur, Rajasthan**

**श्रीमती मंजू शर्मा** (**जयपुर**): मैं सरकार का ध्यान मेरे संसदीय क्षेत्र जयपुर शहर के युवाओं के कौशल विकास एवं रोजगार के अवसरों की ओर आकर्षित करना चाहती हूँ। जयपुर राजस्थान का प्रमुख शैक्षणिक, औद्योगिक, पर्यटन एवं सेवा क्षेत्र का केंद्र है। यहां बड़ी संख्या में युवा शिक्षा प्राप्त कर रहे हैं, लेकिन बदलते समय की आवश्यकताओं के अनुरूप उन्हें अत्याधुनिक तकनीकी कौशल से जोड़ना आवश्यक है। मैं केंद्र सरकार से आग्रह करती हूँ कि जयपुर में एक केंद्रीय कौशल विकास एवं रोजगार केंद्र स्थापित किया जाए, जहां युवाओं को आईटी, आर्टिफिशियल इंटेलिजेंस; एआई, सेमीकंडक्टर, इलेक्ट्रॉनिक्स, रोबोटिक्स, साइबर सुरक्षा तथा पर्यटन क्षेत्र से जुड़े आधुनिक प्रशिक्षण प्रदान किए जा सकें। ऐसे केंद्र के माध्यम से युवाओं को उद्योगों की मांग के अनुरूप प्रशिक्षित किया जा सकेगा और उन्हें देश एवं विदेश में रोजगार के बेहतर अवसर प्राप्त होंगे। युवा शक्ति हमारे देश की सबसे बड़ी ताकत है। जयपुर के युवाओं को आधुनिक कौशल से सशक्त बनाना आत्मनिर्भर भारत और विकसित भारत 2047 के संकल्प को मजबूत करेगा। अतः मैं सरकार से आग्रह करती हूँ कि जयपुर में एक अत्याधुनिक केंद्रीय कौशल विकास एवं रोजगार केंद्र स्थापित करने की दिशा में शीघ्र पहल की जाए।

**(x) Need to regularise the services of Daily Labour Rolls (DLRs) recruited on compassionate ground in Paradip Port Authority, Odisha**

**SHRI BIBHU PRASAD TARAI (JAGATSINGHPUR):** There are hundreds of employees, who are working as Daily Labour Rolls (DLRs) in Paradip Port Authority, whose fathers/husbands were the regular employees of Port and served for a long period. As per the Government rules, the eligible legal heirs

of the deceased employees are to be given regular employment in PPA. Under this regulation every year 5% of the regular vacancy in each Class III & IV base posts needs to be filled up from the list of compassionate candidates. However, the Port management engaging them on DLR basis paying through contractors. There are judgments, which came in favour of DLR employees, Paradip Port management has not been implementing the same. DLRs, who are qualified as per the existing Recruitment Rules have been working continuously for more than 25 years are deprived of being treated as regular employee of the Port. In the absence of regular service they have also been demanding for “Same work same pay” before Port management, which is also not been taken into consideration. Given the urgency and looking at the plights of the DLR workers, Concerned Union Minister may kindly look into the matter seriously and instruct the port authority to regularize their services as per Recruitment Rules.

**(xi) Need to establish an Integrated Textile and Apparel Park in Boudh district, Odisha**

**SHRI SUKANTA KUMAR PANIGRAHI (KANDHAMAL):** I wish to draw the attention of the Government to the urgent need for establishing Integrated Textile and Apparel Park in Boudh district of Odisha. The Government’s 5F vision (Farm to Fibre to Factory to Fashion to Foreign), PM MITRA, SAMARTH, and PM Vishwakarma are transforming India’s textile sector. Odisha has also emerged as a major textile investment destination with investment proposals exceeding ₹7,800 crore, creating the potential for over

53,000 jobs. However, Boudh and the adjoining districts of Kandhamal, Nayagarh and Subarnapur remain outside the organised textile manufacturing ecosystem despite their rich tradition of handloom weaving, appliqué craft, rural artisans, SHGs and an abundant workforce. The absence of common processing facilities, dyeing units, design centres, testing laboratories, garment manufacturing, warehousing and marketing infrastructure has constrained value addition, private investment and employment, particularly for women and tribal youth. I, therefore, urge the Union Government to establish an Integrated Textile and Apparel Park in Boudh with Common Facility Centres, plug-and-play manufacturing units, skill development under SAMARTH, design and incubation centres, logistics and export support through convergence with appropriate Central schemes. The project would generate substantial employment, strengthen MSMEs, promote exports, reduce regional disparities and accelerate inclusive industrial growth in Odisha.

**(xii) Need to provide funds for development of Dairy and Animal Husbandry sectors in Khajuraho Parliamentary Constituency, Madhya Pradesh**

**श्री विष्णु दत्त शर्मा** (**खजुराहो**): खजुराहो लोकसभा क्षेत्र, जो बुंदेलखंड के अर्ध-शुष्क एवं सूखा-प्रवण क्षेत्र में स्थित है, मुख्यतः ग्रामीण एवं पशुपालन आधारित अर्थव्यवस्था पर निर्भर है, जहाँ अधिकांश छोटे एवं सीमांत किसान डेयरी से आय अर्जित करते हैं। किंतु कम उत्पादक नस्लें, चारा संकट, वैज्ञानिक पोषण की कमी तथा दुग्ध संग्रहण एवं प्रसंस्करण अवसंरचना के अभाव के कारण किसानों को उचित मूल्य नहीं मिल पाता। अतः सरकार से आग्रह है कि खजुराहो हेतु एक समेकित डेयरी विकास पैकेज प्रारंभ किया जाए, जिसमें Rashtriya Gokul Mission के अंतर्गत

नस्ल सुधार, National Livestock Mission के माध्यम से चारा सुरक्षा तथा National Programme for Dairy Development के तहत दुग्ध अवसंरचना सुदृढ़ीकरण सुनिश्चित हो। साथ ही, Animal Husbandry Infrastructure Development Fund के माध्यम से एफपीओ आधारित प्रसंस्करण इकाइयों को प्रोत्साहन एवं व्यापक डीपीआर, बेसलाइन सर्वे तथा योजना निर्माण हेतु तकनीकी सहायता प्रदान की जाए, जिससे किसानों की आय व रोजगार में वृद्धि सुनिश्चित हो।

**(xiii) Need to strengthen infrastructure for smooth and swift procurement of paddy in Kalahandi Parliamentary Constituency, Odisha**

**SHRIMATI MALVIKA DEVI (KALAHANDI):** It is needed to strengthen paddy procurement infrastructure in my Parliamentary Constituency, Kalahandi comprising Kalahandi and Nuapada districts of Odisha, which are among the major paddy-producing regions of the State. During every procurement season, farmers face considerable hardship due to inadequate storage capacity, shortage of covered warehouses, delayed movement of procured paddy, and insufficient availability of railway rakes for evacuation. These bottlenecks often result in congestion at procurement centres, delay in lifting paddy, and inconvenience to thousands of farmers, particularly during the peak procurement period. Since procurement season is approaching, I urge the Central Government to extend necessary support by providing additional storage capacity through FCI/CWC or other Central agencies, augmenting scientific warehousing facilities, and ensuring the timely allotment of adequate railway rakes for swift transportation of procured paddy from Kalahandi and Nuapada. Early planning and coordination with the State Government will help

ensure seamless procurement operations, protect farmers' interests, minimise post-procurement losses, and enable timely payments. I therefore request the Government to take expeditious steps before the next harvesting season to facilitate smooth and efficient paddy procurement in the Kalahandi Parliamentary Constituency.

**(xiv) Need to expedite interlinking of Narmada and Tapi rivers along with implementation of Jalola dam project to address water crisis in Nandurbar, Maharashtra**

**ADV. GOWAAL KAGADA PADAVI (NANDURBAR):** This is regarding the recent decision of the Union Government, in coordination with the Governments of Maharashtra, Gujarat and Madhya Pradesh, for the release of Maharashtra's long-pending share of 10.89 TMC of Narmada water, comprising approximately 5 TMC through the Ukai system and 5.89 TMC from the Sardar Sarovar Project. I seek to clarify whether this decision has attained finality and whether all concerned States have formally accepted its implementation. I also seek clarification on whether, under the Narmada Water Disputes Tribunal Award, 1979, and the subsequent legal position, Maharashtra is entitled to 27% of the hydroelectric power, while Gujarat is entitled to 41%, and whether these figures are factually correct. I request the Government to inform this House whether any proposal has been approved or is under consideration for linking the Narmada and Tapi river systems, and whether the proposed Jalola Dam Project, along with canals and weirs at Shelkui, Mojra, Velkhedi, Lekhada and Rajbardi, has been sanctioned to

ensure optimum utilization of Maharashtra's allocated waters for irrigation and drinking water in Nandurbar district. I urge the Government to place the complete implementation of projects and my Nandurbar receive the full benefit of their rightful share of Narmada waters.

**(xv) Need for a coordinated and comprehensive mechanism to curb drug trafficking and rising substance abuse among youth across the country**

**SHRI SHAFI PARAMBIL (VADAKARA):** I rise to draw the attention of the Government to the alarming rise in drug abuse among students and young people across the country. What was once confined to a few pockets has now emerged as a serious public health, social and law-and-order challenge affecting schools, colleges and communities alike. Drug trafficking networks operate across state boundaries, making isolated efforts by individual states inadequate. A lack of effective coordination in intelligence sharing, enforcement, rehabilitation and awareness has enabled these networks to expand and target vulnerable youth. I urge the union government to establish a robust Center-State coordination mechanism involving the Ministry of Home Affairs, the Ministry of Education, the Ministry of Social Justice and Empowerment, state Governments, law enforcement agencies and educational institutions. This mechanism should facilitate real-time intelligence sharing, coordinated enforcement against interstate drug syndicates, strengthened surveillance along trafficking routes, and common protocols for prevention and rehabilitation. Equal emphasis must be placed on preventive education, counselling, de-addiction services, parental awareness and community

participation. Every school and college should have access to trained counsellors and structured anti-drug awareness programmes. We must act collectively and decisively to protect an entire generation from the devastating consequences of drug addiction.

**(xvi) Need for mandatory digital mode payment of fees from commercial vehicles at Interstate check posts to control illegal collection of money**

**डॉ. प्रशांत यादवराव पडोले** (**भन्डारा-गोंदिया**): देशभर के माल परिवहन से जुड़े लाखों वाहन चालकों एवं व्यापारियों से संबंधित एक अत्यंत गंभीर विषय सरकार के संज्ञान में लाना चाहता हूँ। महाराष्ट्र–छत्तीसगढ़ सीमा, विशेषकर सिरपुर क्षेत्र में, भारी वाहनों से तथाकथित "मैकेनिकल पास" के नाम पर अवैध धन वसूली की लगातार शिकायतें मिल रही हैं। वाहन चालकों के अनुसार, इस वसूली का कोई स्पष्ट वैधानिक आधार नहीं है तथा अधिकांश मामलों में कोई अधिकृत रसीद भी नहीं दी जाती । ऐसी ही शिकायतें मध्य प्रदेश के छिंदवाड़ा, सिवनी तथा अन्य अंतर्राज्यीय सीमाओं से भी प्राप्त हुई हैं । इससे परिवहन लागत बढ़ रही है, जिसका सीधा प्रभाव किसानों, व्यापारियों और आम उपभोक्ताओं पर पड़ रहा है । सबसे गंभीर बात यह है कि इन अंतर्राज्यीय जांच चौकियों पर प्रवर्तन एवं ओवरलोड वाहनों की जांच संबंधित RTO के अधिकार क्षेत्र में होती है । यदि अवैध वसूली हो रही है, तो संबंधित अधिकारियों की भूमिका और जवाबदेही की निष्पक्ष जांच आवश्यक है । अतः मैं केंद्र सरकार से आग्रह करता हूँ कि इस पूरे प्रकरण की उच्चस्तरीय जांच कराई जाए, दोषी अधिकारियों के विरुद्ध कठोर कार्रवाई की जाए तथा सभी अंतर्राज्यीय जांच चौकियों पर डिजिटल भुगतान, अनिवार्य ई-रसीद और तकनीक आधारित निगरानी व्यवस्था लागू कर ऐसी अवैध वसूली पर तत्काल रोक लगाई जाए।

**(xvii) Need to restore Maulana Azad National fellowship scheme for students belonging to minority communities to pursue M. Phil and Ph. D programmes**

**श्री लालजी वर्मा** (**अम्बेडकर नगर**): मैं सरकार का ध्यान इस ओर आकर्षित करना चाहता हूँ कि वर्ष 2009 में प्रारंभ की गई मौलाना आज़ाद नेशनल फेलोशिप (एम्एएन्एफ) योजना आर्थिक रूप से कमजोर अल्पसंख्यक समुदाय के मेधावी विद्यार्थियों को एम. फिल एवं पीएचडी स्तर पर उच्च शिक्षा और शोध के लिए वित्तीय सहायता प्रदान करने की एक महत्वपूर्ण योजना थी। वर्ष 2022 से इस योजना के अंतर्गत नए आवेदन स्वीकार किए जाने बंद कर दिए गए। इसके परिणामस्वरूप अनेक योग्य एवं प्रतिभाशाली अल्पसंख्यक छात्र-छात्राओं के समक्ष उच्च शिक्षा एवं शोध जारी रखने में गंभीर आर्थिक कठिनाइयाँ उत्पन्न हो गई हैं। उच्च शिक्षा तक समान अवसर उपलब्ध कराना संविधान के सामाजिक न्याय एवं समानता के मूल्यों के अनुरूप है। आर्थिक अभाव किसी भी योग्य विद्यार्थी की शिक्षा में बाधा नहीं बनना चाहिए। अतः सरकार से मेरा आग्रह है कि मौलाना आज़ाद नेशनल फेलोशिप (एम्एएन्एफ) योजना को पुनः प्रारंभ करने अथवा उसके स्थान पर समान उद्देश्य वाली प्रभावी फेलोशिप योजना प्रारंभ करने पर शीघ्र निर्णय लिया जाए ताकि आर्थिक रूप से कमजोर अल्पसंख्यक वर्ग के मेधावी विद्यार्थियों का भविष्य सुरक्षित हो तथा उन्हें उच्च शिक्षा एवं शोध के समान अवसर प्राप्त हो।

**(xviii) Need to ensure fair enforcement of section 317 of the Bharatiya Nyaya Sanhita, 2023 to protect genuine jewellery traders**

**श्री रमाशंकर विद्यार्थी राजभर (सलेमपुर) :** मैं नियम 377 के माध्यम से देशभर के सर्राफा व्यवसायियों, विशेषकर उत्तर प्रदेश के स्वर्ण व्यापार से जुड़े दुकानदारों एवं कारीगरों की गंभीर समस्या की ओर सरकार का ध्यान आकर्षित करना चाहता हूँ। सर्राफा व्यवसाय एक वैध एवं सम्मानित व्यापार है तथा इससे जुड़े व्यापारी जीएसटी, आयकर सहित सभी वैधानिक करों का भुगतान करते हैं। इसके बावजूद भारतीय न्याय संहिता की धारा 317 के कथित दुरुपयोग के

कारण अनेक व्यवसायियों को अनावश्यक उत्पीड़न का सामना करना पड़ रहा है। कई मामलों में चोरी के आरोपी के केवल मौखिक बयान के आधार पर दुकानदारों को थाने बुलाकर पूछताछ की जाती है तथा बिना पर्याप्त साक्ष्य के चोरी का माल खरीदने के आरोप में कार्रवाई की जाती है। इससे व्यापारियों की प्रतिष्ठा एवं आजीविका प्रभावित होती है। अतः सरकार से मांग है कि अनजाने में चोरी का आभूषण खरीदने वाले व्यवसायी को, बरामदगी होने पर, परिस्थितियों के अनुसार सरकारी गवाह बनाने की व्यवस्था की जाए; प्रत्येक जनपद में व्यापारी नोडल अधिकारी नियुक्त हो; उत्तर प्रदेश में स्वर्ण कला बोर्ड गठित किया जाए तथा गरीब कारीगरों एवं दुकानदारों को तिजोरी खरीदने हेतु सब्सिडी प्रदान की जाए।

**(xix) Need to put in place a coordinated contingency strategy to ensure adequate supply of domestic fuel across the country**

**PROF. SOUGATA RAY (DUM DUM):** India faces renewed risks to its crude oil supplies as escalating Houthi threats in the Red Sea raise concerns over attacks on Saudi shipments and disruption of a vital maritime route. Any prolonged insecurity could increase shipping costs, extend delivery times and put upward pressure on international crude prices, directly affecting India's import bill, inflation and domestic fuel prices. Saudi Arabia remains an important source of crude for India, making diversification essential to energy security. However, India has several options to cushion the impact. Increased imports of Russian crude, which have already become an important component of India's energy basket, can provide an alternative source. Supplies from Iraq, the United Arab Emirates, the United States and other producers can also be expanded where commercially viable. India should closely monitor developments, strengthen strategic petroleum reserves,

diversify import routes and suppliers, and ensure adequate domestic fuel availability. I urge upon the government to expedite a coordinated contingency strategy to protect consumers of the country and maintain economic stability.

**(xx) Need for an integrated approach to address the problems being faced by the Silk weaving and Textile sector in Arani Parliamentary Constituency, Tamil Nadu**

**SHRI THARANIVENTHAN M. S. (ARANI):** I wish to draw the attention of the Government to the problems faced by the silk weaving and textile sector in the Arani Parliamentary Constituency of Tamil Nadu. Arani is renowned across the country for its traditional silk sarees and provides livelihood to thousands of weavers, dyeing units, traders, and workers. However, the industry is facing severe challenges due to inadequate common infrastructure, particularly the absence of adequate Common Effluent Treatment Plant (CETP) facilities and modern textile support infrastructure. The lack of proper effluent treatment facilities has increased the operational burden on small and medium dyeing units, affecting production, employment, and environmental sustainability. The weavers and entrepreneurs also require better infrastructure, common processing facilities, skill development, and marketing support to remain competitive. I, therefore, urge the Government to establish and strengthen Common Effluent Treatment Plant facilities, improve infrastructure for the textile and silk weaving clusters, and extend suitable financial and technological assistance to protect the livelihood of thousands of families and preserve the rich handloom heritage of Arani.

**(xxi) Need to establish a National Maize Board and ensure MSP backed procurement of Maize from farmers in Andhra Pradesh and other parts of country**

**DR. BYREDDY SHABARI (NANDYAL):** I would like to state that Maize has emerged as a strategic crop for India. Once viewed only as a cereal, it is now central to food, fuel and fodder. As the third-largest cereal after rice and wheat, it supports food security, the poultry and livestock sector, and India's ethanol blending programme, while requiring less water and offering greater climate resilience. This presents a major opportunity for Rayalaseema and Andhra Pradesh. Over the past three decades, maize cultivation in the State has expanded significantly, with remarkable growth in production and productivity. However, maize still lacks the institutional support available to rice and wheat. Farmers face absence of assured procurement centres, price volatility, dependence on private traders, and no mechanism to balance food, feed and ethanol demand. In Nandyal and across Rayalaseema, farmers are often forced to sell below remunerative prices due to inadequate procurement infrastructure. Therefore, I urge the Government to establish a National Maize Board to ensure MSP-backed procurement, set up procurement centres in major producing regions, stabilise prices, coordinate maize use across sectors, promote dryland-specific varieties, and provide maize farmers with the same institutional support available to other major crops.

## (xxii) Need to stop illegal construction around Pospoli, Powai and Vihar Lakes in Mumbai

**श्री रविन्द्र दत्ताराम वायकर** (**मुम्बई उत्तर-पश्चिम**): मुंबई के पवई तालाब, पासपोली और विहार तालाब क्षेत्र में चल रहे अवैध निर्माण और इन अत्यंत संवेदनशील क्षेत्रों में हो रहे भारी निर्माण कार्यों और ध्वनि प्रदूषण से यहाँ के शहरी वन्यजीव आवास को अपूरणीय क्षति पहुँच रही है,जो माननीय मुंबई उच्च न्यायालय द्वारा वर्ष 2022 में दिए गए आदेशों का सीधा उल्लंघन है। यह क्षेत्र वन्यजीव (संरक्षण) अधिनियम, 1972 की अनुसूची-1 के तहत संरक्षित 'मगरमच्छ' प्रजाति का मुख्य जीवन यापन और प्रजनन आवास है, जिसके अस्तित्व पर अब गंभीर खतरा पैदा हो गया है । विहार तालाब संजय गांधी राष्ट्रीय उद्यान (SGNP) के इको-सेंसिटिव जोन का एक अहम हिस्सा है, जहाँ राष्ट्रीय वन्यजीव बोर्ड (NBWL) की पूर्व अनुमति के बिना निर्माण करना एक गंभीर कानूनी अपराध है। इसके अलावा,IUCN की रेड लिस्ट में शामिल कई दुर्लभ पक्षियों के प्राकृतिक आवास नष्ट हो रहे हैं, जबकि वर्तमान में पवई तालाब को 'रामसर स्थल' का दर्जा मिलने की प्रक्रिया जारी है। मेरा केंद्र सरकार और पर्यावरण मंत्रालय से विनम्र आग्रह है कि वह तत्काल हस्तक्षेप करते हुए सभी निर्माण कार्यों पर 'स्टॉप-वर्क नोटिस' जारी करे। साथ ही, नुकसान का मूल्यांकन करने के लिए एक केंद्रीय तथ्य-अन्वेषण समिति भेजी जाए और वन्यजीव आवास नष्ट करने वाले दोषी अधिकारियों तथा विकासकर्ताओं पर वन्यजीव संरक्षण अधिनियम की धारा 51 के तहत कड़ी दंडात्मक कार्रवाई सुनिश्चित की जाए।

## (xxiii) Need to strengthen the procurement system, integrated logistics & storage facilities for various crops in Punjab

**SHRI MALVINDER SINGH KANG (ANANDPUR SAHIB):** I would like to draw the attention of the Government towards the urgent need to strengthen the procurement system for crops other than wheat and paddy in Punjab. Despite repeated appeals for crop diversification, farmers remain hesitant because

they lack assured procurement, stable markets, and remunerative prices for crops such as maize, pulses, oilseeds, cotton, and horticultural produce. Without a reliable marketing system, farmers are unable to shift towards sustainable agriculture even when such diversification is environmentally desirable. The absence of adequate storage, processing, and value-addition facilities further discourages diversification. I therefore urge the Government to establish an assured procurement mechanism for diversified crops at remunerative prices, expand food processing infrastructure, create integrated storage and logistics facilities, and provide financial incentives to farmers adopting sustainable cropping patterns. These measures will improve farmers' incomes while reducing pressure on groundwater resources.

## (**xxiv**) **Need to ensure effective implementation of provisions of Schedule V to the Constitution in States**

**श्री राजकुमार रोत** (**बांसवाड़ा**): मैं सरकार का ध्यान संविधान के अनुच्छेद 244(1) के अंतर्गत लागू पाँचवीं अनुसूची के प्रभावी एवं पूर्ण क्रियान्वयन की ओर आकर्षित करना चाहता हूँ। पाँचवीं अनुसूची का उद्देश्य अनुसूचित क्षेत्रों में रहने वाले आदिवासी समुदायों के जल, जंगल, जमीन, संस्कृति तथा स्वशासन की रक्षा करना है। किंतु अनेक राज्यों में इसके प्रावधानों का अपेक्षित रूप से क्रियान्वयन नहीं हो रहा है। राज्यपालों की विशेष संवैधानिक शक्तियों, जनजातीय सलाहकार परिषदों तथा अनुसूचित क्षेत्रों के प्रशासन संबंधी प्रावधानों का समुचित उपयोग नहीं होने से आदिवासी समुदाय अपने संवैधानिक अधिकारों से वंचित हो रहे हैं। संविधान के अनुसार इन क्षेत्रों के प्रशासन में राज्यपाल की विशेष भूमिका तथा केंद्र सरकार की निगरानी का प्रावधान है। अतः मैं केंद्र सरकार से आग्रह करता हूँ कि पाँचवीं अनुसूची के सभी प्रावधानों के प्रभावी क्रियान्वयन हेतु कार्ययोजना बनाई जाए, सभी पाँचवीं अनुसूची राज्यों में अनुपालन की नियमित समीक्षा की जाए,

राज्यपालों की वार्षिक रिपोर्टों पर आवश्यक कार्रवाई सुनिश्चित की जाए तथा अनुसूचित क्षेत्रों में आदिवासियों के संवैधानिक अधिकारों की रक्षा के लिए ठोस एवं प्रभावी कदम उठाए जाएं।

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… (व्यवधान)

**12.12 hrs**

## THE MICRO, SMALL AND MEDIUM ENTERPRISES DEVELOPMENT (AMENDMENT) BILL, 2026*

**THE MINISTER OF MICRO, SMALL AND MEDIUM ENTERPRISES (SHRI JITAN RAM MANJHI):** Hon. Chairperson, Sir, I rise to move:

> "That the Bill further to amend the Micro, Small and Medium Enterprises Development Act, 2006, as passed by Rajya Sabha, be taken into consideration."

**माननीय सभापति :** प्रश्न यह है :

> "कि सूक्ष्म, लघु और मध्यम उद्यम विकास अधिनियम, 2006 का और संशोधन करने वाले विधेयक, राज्य सभा द्वारा यथापारित, पर विचार किया जाए।"

*प्रस्ताव स्वीकृत हुआ।*

… (व्यवधान)

**माननीय सभापति :** अब सभा विधेयक पर खंडवार विचार करेगी।

… (व्यवधान)

**माननीय सभापति :** जिन माननीय सदस्यों ने इस विधेयक पर संशोधन का प्रस्ताव दिया है, मैं ऐसे माननीय सांसदगण का नाम पढ़ूँगा और आपसे निवेदन है कि आप अपनी सीट पर जाकर

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* Published in the Gazette of India, Extraordinary, Part-II, Section-2 dated 07.08.2026.

संशोधन प्रस्ताव को सबमिट करें।

श्रीमती प्रतिमा मण्डल, श्री मनोज कुमार जी ने संशोधन दिए हैं। अगर आप दोनों संशोधन प्रस्तुत करना चाहते हैं, तो आपसे निवेदन है, आप संशोधन यहाँ पर प्रस्तुत करें।

… (व्यवधान)

**माननीय सभापति :** अगर आप प्रस्तुत करना नहीं चाहेंगे, तो मैं सभी खंडों को सभा के निर्णय के लिए एक साथ ले रहा हूँ।

… (व्यवधान)

**माननीय सभापति :** प्रश्न यह है:

"कि खंड 2 से 17 विधेयक का अंग बने।"

*प्रस्ताव स्वीकृत हुआ।*

खंड 2 से 17 विधेयक में जोड़ दिए गए।

*खंड 1, अधिनियमन सूत्र और विधेयक का पूरा नाम विधेयक में जोड़ दिए गए।*

… (व्यवधान)

**माननीय सभापति :** माननीय मंत्री जी, अब आप प्रस्ताव करें कि विधेयक को पारित किया जाए।

**श्री जीतन राम माँझी :** महोदय, मैं प्रस्ताव करता हूँ :

"कि विधेयक पारित किया जाए।"

**माननीय सभापति :** प्रश्न यह है :

"कि विधेयक पारित किया जाए।"

*प्रस्ताव स्वीकृत हुआ।*

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… (व्यवधान)

**संसदीय कार्य मंत्री; तथा अल्पसंख्यक कार्य मंत्री (श्री किरेन रिजिजू) :** माननीय सभापति जी, आज सबेरे से ये लोग होम मिनिस्टर साहब का नाम ले-लेकर नारा लगा रहे हैं। … (व्यवधान)

मैं एक बात बहुत ही क्लियर्ली कहना चाहता हूँ कि ये लोग हंगामा करके गायब हो जाते हैं। होम मिनिस्टर श्री अमित शाह जी सुबह-सुबह पार्लियामेंट में आते हैं और वे देर रात ही यहां से वापस जाते हैं।... (व्यवधान) वे दिनभर पार्लियामेंट में ही रहते हैं। इसलिए इनका नारा लगाने का जो तरीका है, वह गलत है।... (व्यवधान)

दूसरी बात, होम मिनिस्टर श्री अमित शाह ऐसे इंसान हैं, जिनका नाम सुनकर सारे आतंकवादी, उग्रवादी कांप उठते हैं। जिस दिन यहां चर्चा शुरू होगी, जब माननीय गृह मंत्री जी का यहां जवाब होगा, तो आप लोग सुन नहीं पाएंगे। आप लोग क्या होम मिनिस्टर का नाम लेते हैं ! ... (व्यवधान)

नियम के तहत जो बिज़नेस होता है, उसी से संबंधित मंत्री को सदन में आना होता है। आप यहां डिमांड और डायरेक्शन नहीं दे सकते हैं कि कौन-से मंत्री को आना है और किनको जवाब देना है। इसे सरकार और चेयर तय करती है।... (व्यवधान)

इसलिए आप लोगों के द्वारा हाउस और देश को ...* करने का यह ...* बंद करना चाहिए।... (व्यवधान)

**माननीय सभापति :** सदन में ऐसा विरोध हमारे लोकतंत्र के लिए उचित नहीं है। आप लोग हर रोज़ पोस्टर और बैनर लेकर सदन को बाधित करते हैं और बिज़नेस नहीं चलाने देते हैं। आप लोगों का यह रवैया ठीक नहीं है।

मैं बार-बार चेयर से आप लोगों से अनुरोध करता हूँ। आप लोग अपने-अपने आसन पर जाइए और बैठिए। सदन में चर्चा-संवाद हो, आप भी अपने विषय को यहॉं पर रखिए।

... (व्यवधान)

**माननीय सभापति :** आप लोग मन बनाकर आये हैं कि सदन चलने नहीं देंगे। यह ठीक नहीं है।

... (व्यवधान)

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* Not recorded.

**माननीय सभापति :** सभा की कार्यवाही सोमवार, दिनांक 10 अगस्त, 2026 को प्रात: 11 बजे तक के लिए स्थगित की जाती है।

**12.17 hrs**

*The Lok Sabha then adjourned till Eleven of the Clock on Monday, August 10, 2026/ Sravana 19,1948 (Saka).*

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